



**The Families at Risk Review
Think Family
Implications for tackling complex
disadvantage**

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Why we did the Review, what we found out, what was done about it, ongoing dilemmas

- Review commissioned by Number 10 in 2007
- Purpose to investigate the nature of families who had not been helped by the wide range of family and social policy reforms since 1997:
 - Who are they
 - How many
 - What are their problems
 - What can be done about it



A short history of public service reform.....

- 19th century clean water, for everyone, and everyone gets the same
- 20th century universal NHS: for everyone, but based on clinical need, style of delivery same for everyone
- 20th century education: for everyone, but structured around 'talent', nature of offer determined by the State
- 21st century childcare: co funded, flexible, designed in collaboration with benefit system

All these reforms were largely successful. But a significant minority still missed out.



Why haven't we cracked the problems of exclusion

Inequality gaps widen as policy success for the many leaves a few even further behind

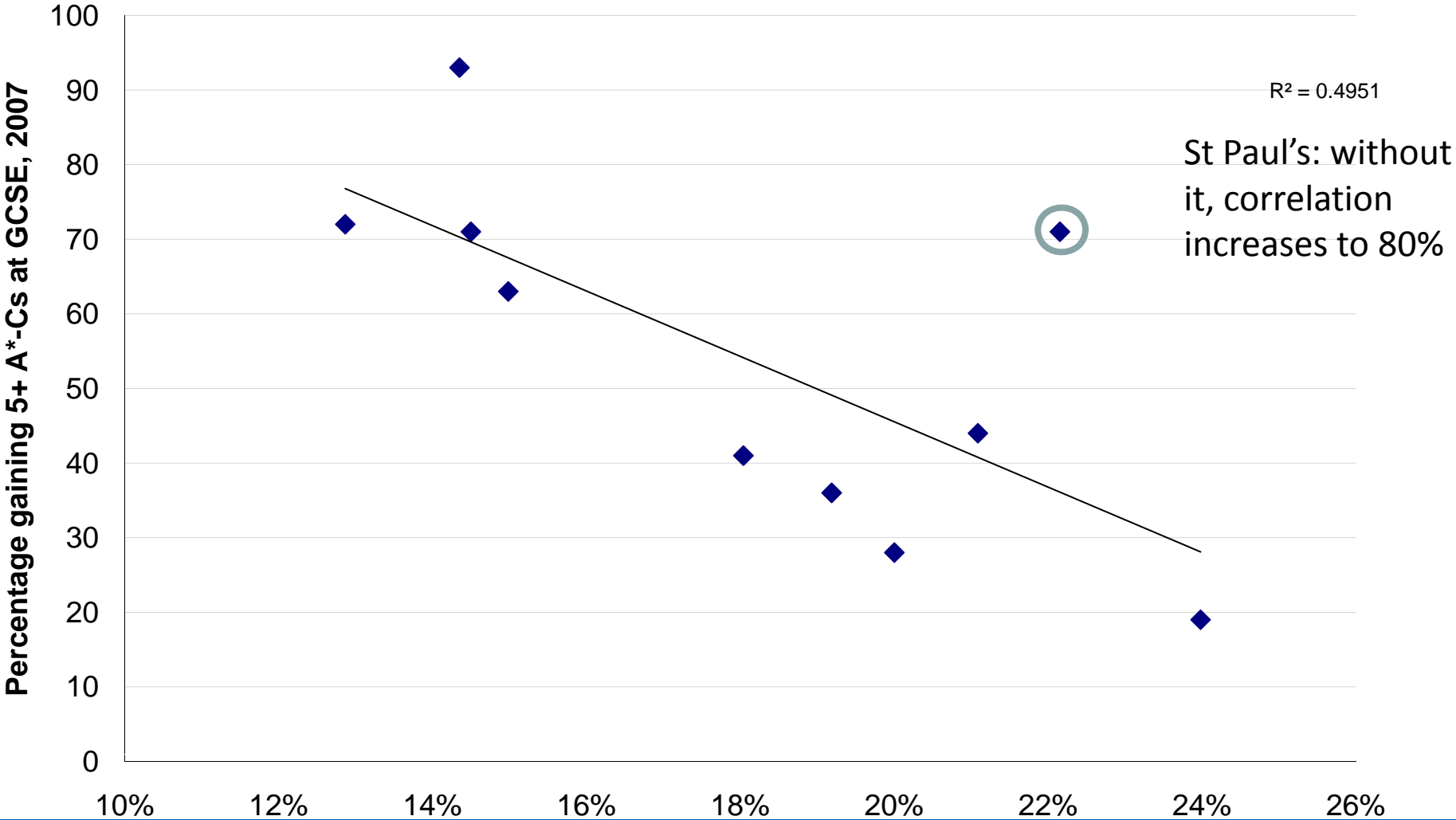
- Even with the recession, most people in Britain are healthier, wealthier, and wiser (?) than thirty years ago
- Successive successful policies have left behind individuals and families with increasingly complex, inter-related and persistent problems
- Public health messages and policies that work for the many, still miss some; need to address a highly segmented market; a more nuanced approach to targeting



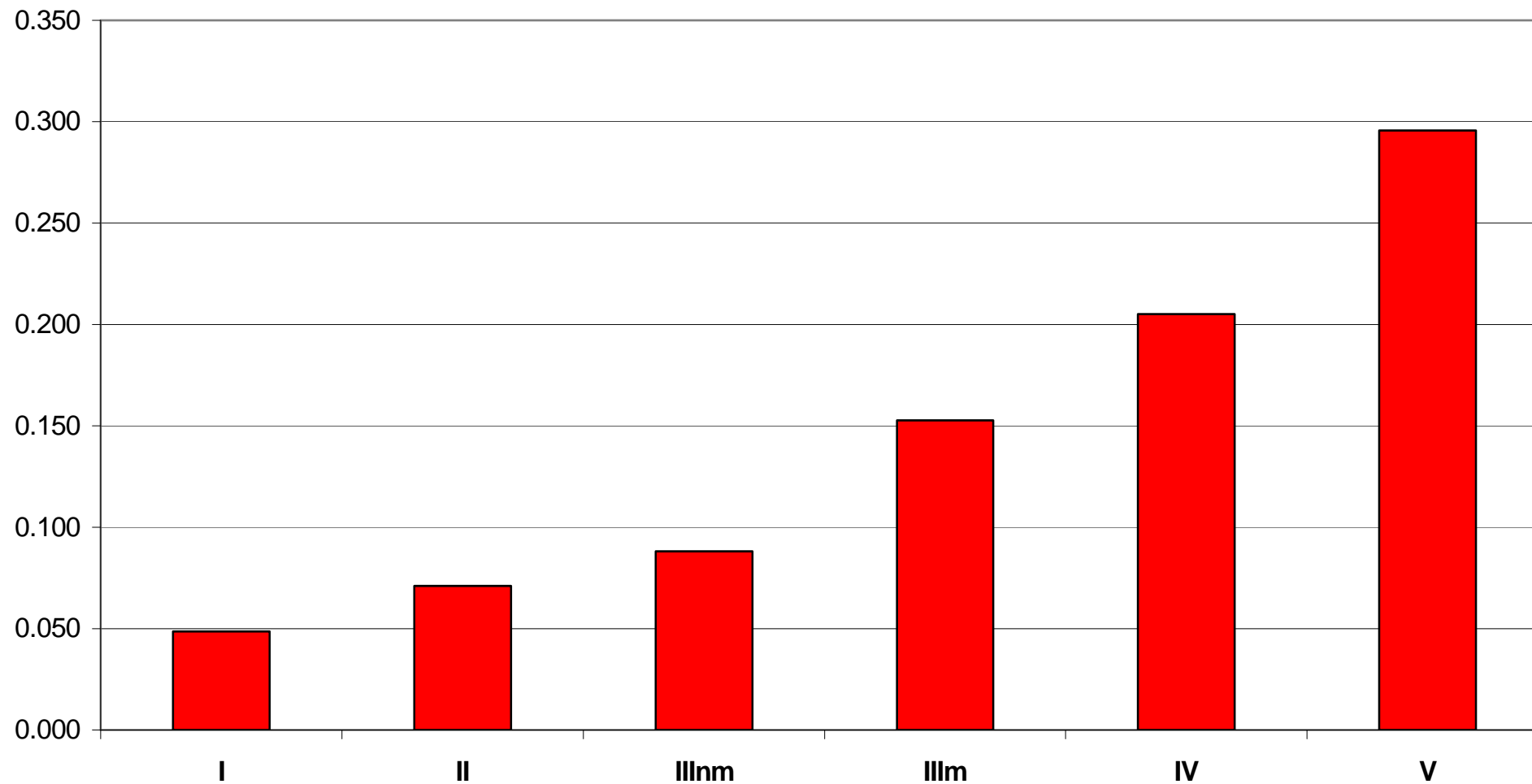
What we know about disadvantage and transfer of disadvantage

- Inequalities interact with each other: poor mental or physical health in childhood leads to poor educational outcomes, leads to poor employment prospects, leads to poor health in adulthood
- Clear gradient, disadvantage not only in the bottom quintile, but very bottom 2-3% characterised by complex and inter related problems
- Children fall in and out of risk during childhood; stuff happens
- Disadvantage has negative impact across generations

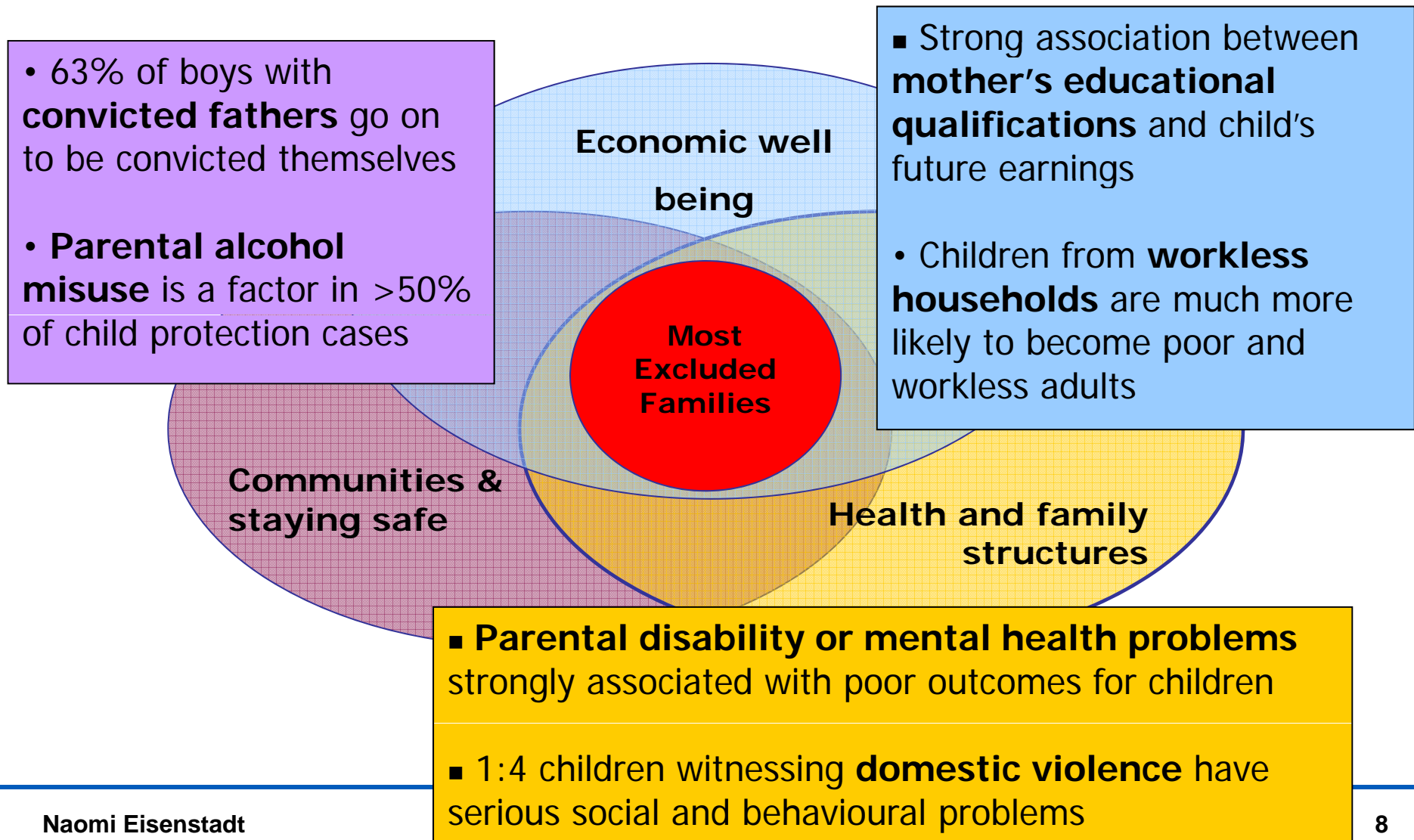
Interrelationship: health and education inequality



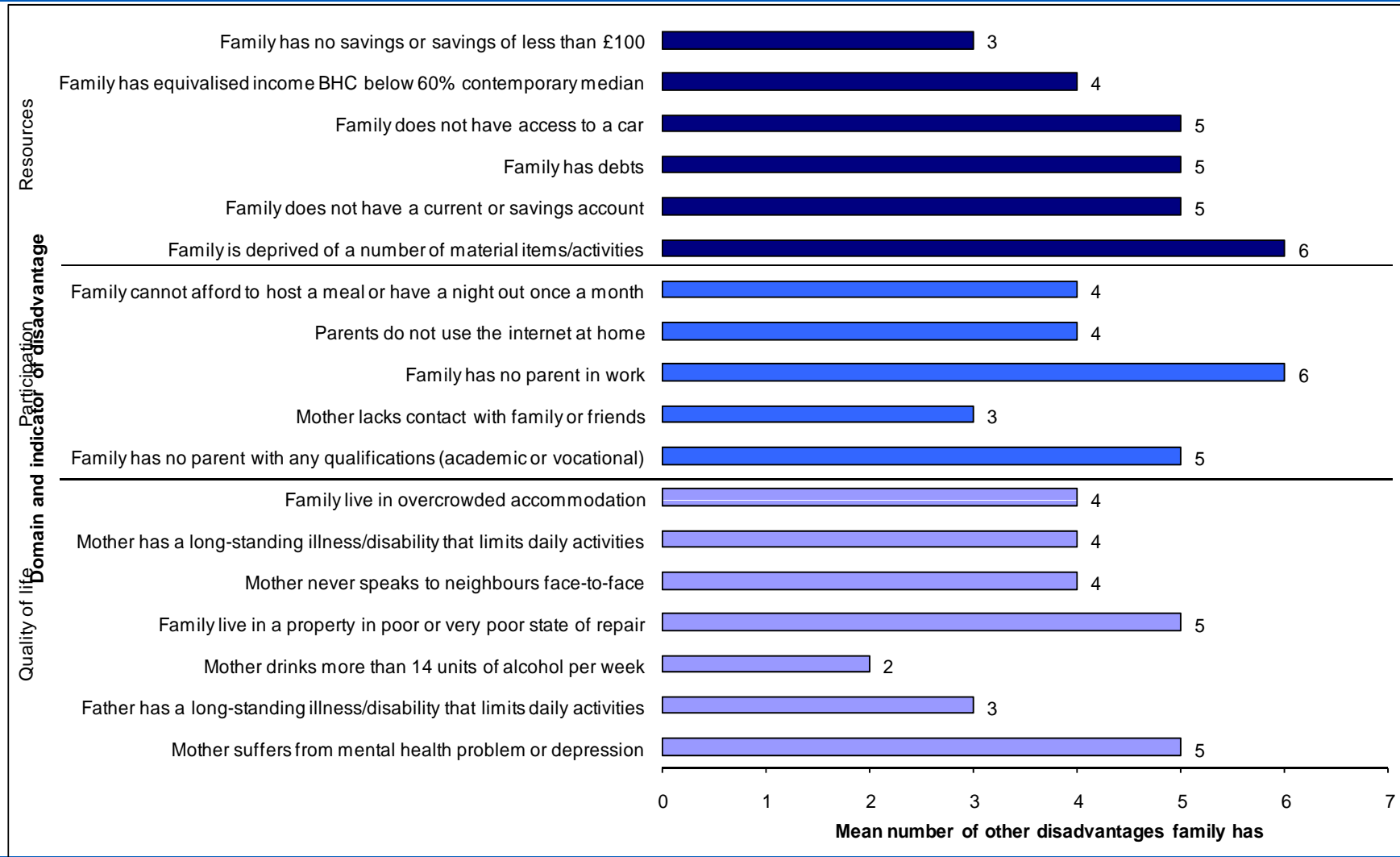
Probability of multiple deprivation at 30 years, by birth SES, 1970 Cohort Study



Most risk factors for poor outcomes relate to adults in the family



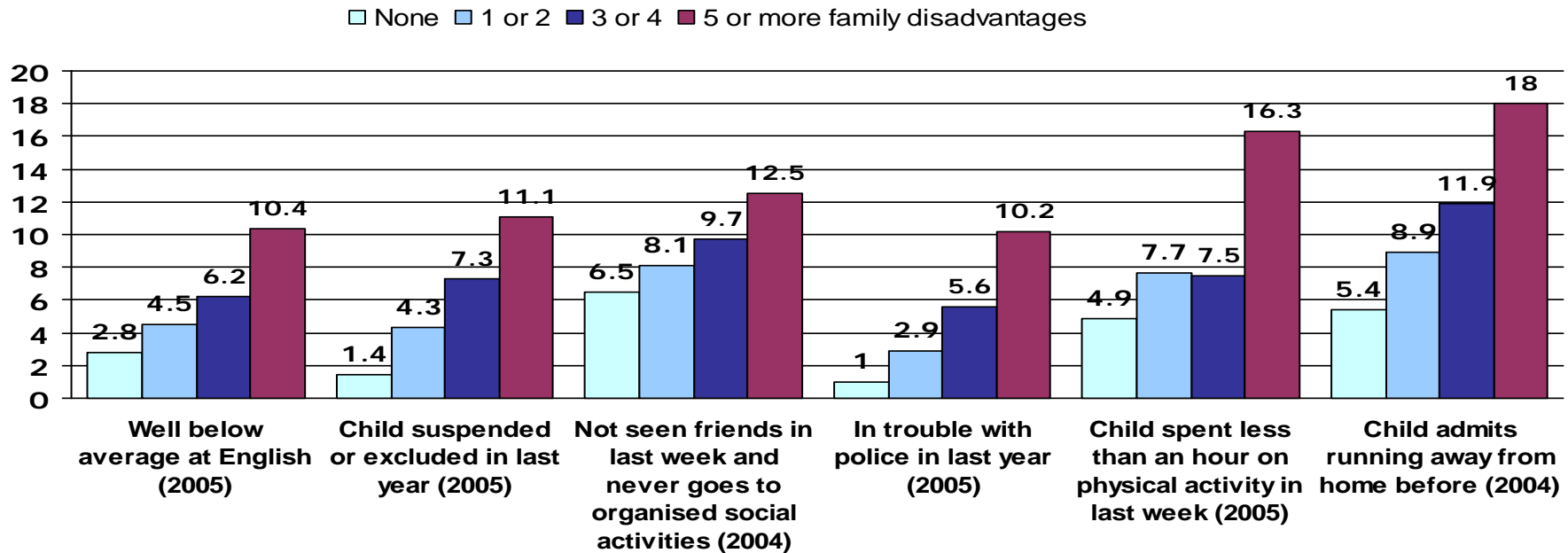
How disadvantages clump together



Children from families facing multiple disadvantages are at greater risk of a range of negative outcomes

7 Key disadvantages that
In combination lead to poor
outcomes For children

- Worklessness
- Poor housing
- Mother or father has no qualifications
- Mother has mental health problems
- One adult with long term disability or illness
- Below 60% median income
- Cannot afford a number of food and clothing items



Significant developments in children's services and in adult services, but no coherent in approach; Service integration for children created new silos

✓ Children's services

Investing in the individual child

- integration of children's services
- Investment in education
- Expansion of early years provision

Opportunities and outcomes for children and families



✓ Parenting support

Promoting effective parenting

- Increased investment in parenting support
- National Academy of Parenting Practitioners
- Expansion of Family Intervention Projects

Adults' services ?

- Do adults' services recognise and respond to the parental and family roles of their clients?
- Are we exploiting the opportunities to tackle the parent-based drivers of poor child and family outcomes?

Government, parents and families

- **Are parents:**
 - Consumers?
 - Clients?
 - Pupils?
 - Co-producers?
- **Are parents really mothers?**
- **Are fathers providers? Male role models? Benefits cheats?**
- **What about the rest of the family?**
- **Do services aimed at adults see ‘parents’?**



The Role of Government: supporting parents and parenting; critical to have mix of universal and targeted approaches

Reduce pressures

- Rights and legal protection
- Financial support
- Support in kind
- Access to maternity and paternity leave
- Flexible working and flexible childcare
- Targeted benefits

Enhance capabilities

- Information and guidance
- Skills and training
- Intervention

All families

- Before and after birth, midwife and health visitor support,

Some families who seek help

- Parenting initiatives

Highest Risk Families

- Family Intervention projects
- Family Nurse Partnerships

Intervening to safeguard children



We are learning from frontline services about what appears to be making a difference. Case example, Family Intervention Projects designed specifically for very high risk families close to care proceedings or eviction

Key Components:

- **Dedicated key worker** with low case load and persistent and assertive working style who takes the lead in engaging families and coordinating agencies and services
- **Whole family assessment** which ensures the needs of the whole family are met and regularly reviewed
- A **contract** which sets out the changes in behaviour that are expected and the support that will facilitate change
- **Intensive and structured support** which enables key workers to engage, assess and focus intensively on their families for as long as is needed
- A **coordinated and integrated response** where agencies commit to working together, sharing appropriate and relevant information, agreeing objectives and dedicating resources to resolve a client's difficulties



The Dundee Families project, established in 1997 by the NCH charity, has successfully helped families with multiple disadvantages and who cause problems for their communities, supporting them to resolve their issues ranging from a lack of basic parenting skills to alcohol and drug addiction. 53 of these projects have now been rolled out across England

Family Intervention projects: what have we learned

(Nat Cen Evaluation commissioned by DCSF)

Early outcomes

Of 90 families in the study

- Proportion of families involved in criminal activities and Antil social behaviour declined from 61% to 7%
- Proportion subject to ASB orders declined from 45% to 23%
- At risk of eviction declined from 60% to 18%
- Educational problems (truancy, excusion etc) reduced from 37% to 18%

Features critical to success

- Recruitment and retention of high quality staff
- Small caseloads
- Having a dedicated key worker who manages a family and works intensively with them
- Staying involved as long as is necessary
- Scope to use resources flexibly
- Using sanctions with support
- Effective multi agency relationships

Think Family: The key characteristics

1. No wrong door

Contact with any service offers an open door into a system of joined up support

2. Look at the whole family

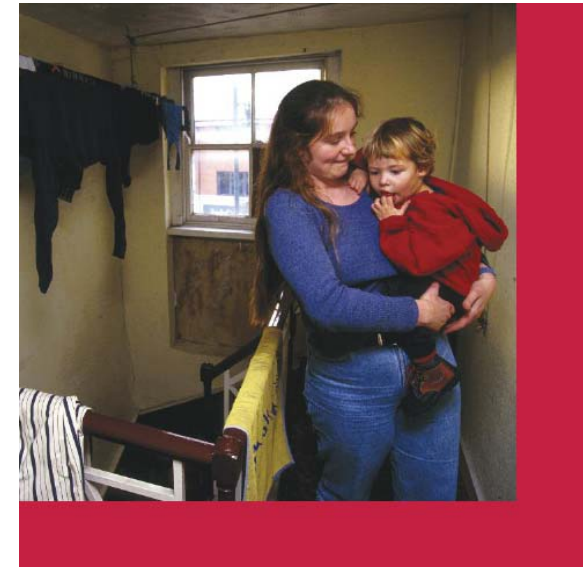
Services working with both adults and children take into account family circumstances and responsibilities

3. Build on family strengths

Practitioners work in partnership with families recognising and promoting resilience and helping them to build their capabilities

4. Provide support tailored to need

Tailored and family-centred packages of support that knit together relevant interventions are offered to all families at risk



Policy Actions in England from the Families at Risk Review.

- £16m family pathfinders programme to test out think family systems reforms and enhance support for young carers
- £30m to expand family learning programmes
- £18m to expand Family Intervention Projects
- Actions on improving identification of need and access to support
- Development of child wellbeing index to improve targeting
- NICE guidelines on mental health
- Better support for children in families affected by drugs
- New director at DCSF and new division on families at risk
- Expansion of Think Family reforms to all local authorities
- Publication of Think Family Toolkit
- Publication of guidance on children of offenders
- Families and Relationships Green Paper with strong emphasis on Think Family Approach



Think Family: Fit with and differences from Whanau Ora

- Emphasis on service integration
- Measurable outcomes
- Social and economic gains
- Flexibility and responsiveness
- System response
- Whole family approach
- All children, poor children, children with complex problems
- Separate Maori strategy, focused approach and self governance
- What learning is generalisable, without weakening resolve for focus

Challenges to delivery of this approach

- What changes do we need in the workforce to make no wrong door really work?
- How do we deal with the sometimes genuine tensions between child and adult best interests?
- How do we make 'joining up' work at the front line without impossibly complex lines accountability?
- Measuring outcomes becomes very bureaucratic
- Key to adult issues: housing, employment, maternal mental health, all very expensive
- In times of fiscal constraint, more to be gained by collaboration, but also stronger resistance to share budgets.
- This stuff is hard....

