

# **Policy review of children and young people**

## **A discussion paper**

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January 2007



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department for  
**education and skills**





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#### **HM Treasury contacts**

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For general enquiries about HM Treasury and its work, contact:

Correspondence and Enquiry Unit  
HM Treasury  
1 Horse Guards Road  
London  
SW1A 2HQ

Tel: 020 7270 4558

Fax: 020 7270 4861

E-mail: [public.enquiries@hm-treasury.gov.uk](mailto:public.enquiries@hm-treasury.gov.uk)

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#### **Department for Education and Skills contacts**

Department for Education and Skills

Public communications Unit

Castle View House

East Lane

Runcorn

WA7 2GJ

Tel: 0870 000 2288

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# EXECUTIVE SUMMARY

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The Government is committed to improving the life chances of children and young people. The Review of Children and Young People is assessing progress made to improve outcomes and what further action needs to be taken as part of the 2007 Comprehensive Spending Review and beyond. This document presents evidence the Review has collected to date.

## **Fulfilling the potential of all children**

*Preventing problems* or intervening as soon as they are identified is essential to sustain children's life chances. Positive outcomes are self-reinforcing, that is they are likely to lead to even better outcomes later or improve a child's resilience against poor outcomes. A preventative approach therefore needs to develop the full potential in all children. Analysis produced for this review shows that while a small number of children remain at risk of poor outcomes throughout their childhood many develop poor outcomes later. This suggests that support needs to be available at all ages of childhood – and that universal services such as schools and health services need to play a key role to monitor and identify children who are at risk of or begin to develop problems.

The Review has examined how well public services currently operate towards providing support that is prioritised towards prevention. *Every child matters*, the Government's programme of reform of services for children, is bringing about significant improvements, and the Review identifies a number of areas where more can be done:

- the framework in which public services operate could place more emphasis than it does currently on rewarding or incentivising support which is preventative; in particular
- more could be done to build children's resilience to poor outcomes in key areas, including enhancing educational attainment and building social and emotional skills; and
- parents and communities are vital to create a supportive environment in which children and young people can develop; more can be done to build their capacity to fulfil this role.

*Young people* continue to be exposed to new or changing influences as they develop towards adulthood. Experiences outside of formal learning, particularly participation in positive activities are important for young people's development. *Youth Matters* set out the Government's priorities to support young people outside of schools, including action to give young people more say about how their needs are met.

This Review identifies a number of areas where further progress needs to be made to achieve more participation from young people in activities which boost their resilience to poor outcomes, including:

- continued work to reduce barriers that currently stop some young people participating in any positive activities;
- raising the standards and consistency in the quality of what is made available at local level; and
- building on existing good practice, to involve young people in the design and decision-making processes behind their provision, working with adults and communities;

### **Supporting vulnerable groups**

Some groups of children tend to be particularly vulnerable to poor outcomes. The Review is considering in more depth progress made and remaining challenges for policy in relation to two groups: disabled children; and families caught in a cycle of low achievement.

*Disabled children* are diverse in their characteristics. Many disabled children experience more than one disability. On average, they experience poorer outcomes compared to their non-disabled peers, such as fewer qualifications. The Review has found many approaches, both national and local, which are improving the support available for disabled children and their families. For example, the provision of key workers and allowing greater control by disabled children and their families over the purchase of services is helping to create services that respond to need. However, responsiveness to need is not a universal experience, good practice needs to be spread, and more needs to be done to:

- develop a clearer and more coherent understanding of the disabled children population at local level, combined with a stronger evidence base on interventions to improve outcomes for disabled children. In particular the role of earlier intervention to prevent outcomes from deteriorating;
- allow disabled children and their families to influence the way services are delivered in their local area; and
- ensure public services cooperate appropriately at local level to deliver effective packages of support.

#### *Families caught in a cycle of low achievement*

Research carried out for this Review identifies a small minority of families with multiple problems leading to particularly harmful outcomes for the children in the family, family members and potentially the wider community. It is essential to support them on a sustained basis, if services are ultimately to shift resources and focus to a more preventative approach. It is also important if the Government is to break the cycle of disadvantage across generations. The Review has found that there are often barriers and challenges that prevent effective support for these families. Key challenges identified include:

- improving coordination of public services, particularly links between services for children and for adults, to address the root causes of problems in these families;
- ensuring services are able to engage effectively with these families through building their trust, where this is a barrier to engagement, and ensuring services can balance support and sanctions to gain optimum engagement; and
- providing sufficient support and motivation to front-line professionals to engage in what are often extremely challenging circumstances.

The Review has drawn on a wide range of evidence including a public Call for Evidence, which received responses from many interested organisations and individuals, as well as consultation events. The Review will continue to build on the analysis set out in this document. The Review will report in spring 2007 with recommendations to inform and influence the outcome of the 2007 Comprehensive Spending Review.

# INTRODUCTION

**I.1** The Government is determined to ensure that every child gets the best start in life and the ongoing support they and their families need to allow them to fulfil their potential, irrespective of circumstances. Enabling all children to fulfil their potential, ensuring no talents are wasted matters:

- for individual children and young people – childhood is valuable in itself but it is also a vital platform for outcomes later in adult life;
- communities can benefit from harnessing the talent and energy of children and young people, giving them sufficient opportunities to build their skills and make a contribution; and
- for society, investing in children and young people helps raise economic prosperity for all and break the cycle of deprivation so that children born into disadvantaged households do not grow up to have families of their own which under-achieve.

**I.2** *Support for parents: the best start for children*, published jointly by HM Treasury and the Department for Education and Skills (DfES) alongside the 2005 Pre-Budget Report, set out the progress that the Government has made in improving outcomes for children and young people but also identified that more needed to be done. For example, since 1997 improvements have been seen in a range of areas of children's lives through Government action to:

- lift 700,000 children out of relative poverty in the six years to 2004-05;
- almost double the stock of childcare to 1.28 million places in the nine years to 2006;
- introduce a national entitlement to free early years education, with 98 per cent of 3 and 4 year olds taking this up in 2006;
- raise primary and secondary school standards, so that in 2006 58 per cent achieved 5+ A\*-C GCSEs compared with 45 per cent in 1997;
- reduce teenage pregnancy – an 11 per cent reduction in under 18 conceptions between 1998 and 2004;
- reduce accidents affecting children – in 2005 there were 49 per cent fewer deaths or serious injuries in road accidents compared with the annual average between 1994 and 1998.

**I.3** But there remain challenges across a number of areas. Some challenges are long term in nature, persisting over decades. For example, while progress has been made, 2.6 million children are still living in poverty. Educational attainment has increased, but the attainment gap between pupils from different socio-economic groups remains. The Government is also responding to new challenges. For example, levels of obesity are rising. In 1997 only 10.9 per cent of children under 11 were obese but on current trends by 2010 one in five children will be obese.

**I.4** *Support for parents: the best start for children* identified key factors that are particularly influential on children's outcomes:

- **family prosperity** – having parents with qualifications, in employment and with a decent household income increases a child’s chances of well-being during childhood and success as an adult;
- **parenting** – what parents do rather than who they are – has a significant influence on child outcomes, particularly when children are young;
- **the wider community** – the neighbourhoods and communities in which children and families live affect development and outcomes through, for example, housing quality and safety as well as the social environment outside of the immediate family; and
- **services** – public services, education and health in particular, can help all children to achieve their potential.

**1.5** The Government has initiated reforms in each of these areas as a means to improve outcomes. For example:

- tax credits are raising income for the least well off, making strong links with employment and tackling the inter-generational cycle of deprivation;
- the first ever Childcare Act, which received Royal Assent in July 2006, will place duties on Local Authorities from April 2008 to secure sufficient childcare to meet the needs of working parents; to provide parents with information and help in their parenting roles; to improve the outcomes for all children up to the age of 5; and reduce inequalities;
- the Local Government White Paper<sup>1</sup> has set out proposals to ensure local communities have greater influence over the way public services are delivered in their local area and how priorities for action are set; and
- the Government has set itself a goal that every primary and secondary school will provide access to a range of extended services from 8am to 6pm by September 2010, with half of primary and a third of secondary schools offering this by September 2008. The Government has already made substantial progress towards this target – over 3,000 schools are providing the core offer of extended services.

## A principled approach

**1.6** The Government’s strategy for breaking the cycle of deprivation and securing improved outcomes for children and young people is guided by three underpinning principles.

### Rights and responsibilities

**1.7** Parents are responsible for raising their children in a loving, supportive, safe, healthy and financially secure environment. Their role is central to the well-being and development of their children through to adulthood; a role that can be challenging for all parents at times. All parents, fathers and mothers, have the right to support from government in meeting their responsibilities if they need it. Children and young people also have rights and responsibilities. The Government places an expectation on them to attend school, behave in an acceptable way, and aim for good attainment. In return, young people have a right to expect good quality support in and outside of school including positive activities and opportunities to improve themselves. Young people should also expect national and local government to listen to their views and have access to activities and opportunities that are attractive to them.

<sup>1</sup> *Strong and prosperous communities*, Department for Communities and Local Government, October 2006.

**Progressive universalism** **I.8** Those children and families who need it should receive additional support, be it financial or otherwise, in order to address the persistent gap in outcomes between the lowest and the highest socio-economic groups. This means offering a continuum of support, with greater personalisation of services that tailors support in accordance with every child's and family's requirements.

**Prevention** **I.9** Preventing negative outcomes from arising in the first instance reduces the costs of failure, which fall on the taxpayer when more intensive and expensive interventions become necessary. The costs of failure are also borne by society more widely, for example the lost economic contribution, poor health, or the effects in some cases of anti-social behaviour.

**Every child matters** **I.10** These principles are being pursued in the context of the Government's *Every child matters: change for children* programme that aims to provide improved support and opportunities for all children and young people. Launched in November 2004, following the *Every child matters* Green Paper in September 2003, the programme encompasses systemic reforms including clearer local and national accountability through Children's Trusts and appointment of Directors of Children's Services to improve integration and coordination of local service delivery. As well as accountability, the programme aims to support families and carers, providing necessary interventions before children reach crisis point and building services around children, young people and families. The reforms also recognise and act on the importance of prevention and early intervention.

## TOWARDS THE 2007 COMPREHENSIVE SPENDING REVIEW

**I.11** In July 2005, the Government announced that a second Comprehensive Spending Review would be undertaken, reporting in 2007. It will set the departmental spending plans and priorities for the years 2008-09, 2009-10 and 2010-11 and offers an opportunity for a fundamental review of the balance and pattern of public expenditure. Budget 2006 announced that the 2007 Comprehensive Spending Review would be informed by a series of policy reviews, one of which was a review of children and young people, building on the Government's strategy to improve their outcomes. The terms of reference of the Review are set out in Annex A.

**I.12** This Review represents an important opportunity to take stock of the progress already made and identify key challenges to be tackled. That includes considering the role of the factors set out in paragraph 1.4 to support better outcomes. This document reports on the evidence and analysis that has been gathered to date to inform the Review of Children and Young People.

**I.13** In setting the preparatory work for the 2007 Comprehensive Spending Review, the Government recognises there are new challenges the UK will need to address. A recent Government analysis considered five long-term challenges – demographic and socio-economic change, intensification of cross-border economic competition, the rapid pace of innovation and technology diffusion, continued global uncertainty and increasing pressures on natural resources and global climate.<sup>2</sup> In the context of children, young people and families, three of these long-term challenges are directly relevant and present both risks and opportunities.

<sup>2</sup> *Long-term opportunities and challenges for the UK: analysis for the 2007 Comprehensive Spending Review*, HM Treasury, November 2006.

**Demographic and socio-economic change** **I.14** Family composition is changing. The rate of family breakdowns has increased and there are more single parent families. Family size has been declining – a trend that is expected to continue. This could change the importance of peer groups or role models outside the immediate family and the role of services to support young people. Rising female participation in the labour market is challenging traditional gender roles, potentially changing the help that parents need to support their children effectively. An aging population is likely to increase the demand for public services – making it even more important to fully assess priorities across all public services.

**Globalisation and innovation** **I.15** Labour market changes, globalisation and technological change are increasing the importance of formal qualifications – the educational attainment gap is likely to increasingly translate directly into greater income and life chance differentials. Non-cognitive skills (such as communication or team working) are also seen as a priority – in surveys of employers, skills gaps are often identified in the areas of communication, customer handling and team working skills. Technology is allowing more disabled children to live longer, challenging public services to devise more diverse packages of care which allow disabled children to achieve more.

**I.16** The long-term challenges analysis discusses in more detail both the potential challenges ahead and the implications for public services.<sup>3</sup> Ensuring higher aspirations and achievement for all children and young people will provide a firm foundation for society to meet those challenges. Crucially, *Support for parents: the best start for children* recognised that a stronger focus on delivering a more preventative system would be central to work to improve outcomes for children and young people.

## FULFILLING THE POTENTIAL OF ALL CHILDREN

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**Consequences for individuals** **I.17** For children and young people, the failure to prevent problems from developing or getting worse has adverse consequences for their life chances. Evidence recently commissioned for the Government has shown that childhood problems can be strong predictors of poor and costly adult outcomes, including multiple adult deprivation or being in a workless household.<sup>4</sup> Remedying a problem later can be more challenging, such as if it requires reversing learnt behaviours. Problems left to deteriorate for too long may never be tackled effectively, even in adulthood.

**I.18** Having a happy and fulfilling childhood is important in itself. But it is also an important objective for a preventative system – positive outcomes are self-reinforcing. Children achieving at school, developing strong relationships within their family, their friends or participating in the community set the foundations to achieve even more in the future. A preventative approach therefore needs to raise aspirations and fulfil the potential of all children – helping children to develop will also make them more resilient and protect them against poor outcomes.

**Costs to society** **I.19** Allowing poor outcomes and social disadvantage to develop for individuals creates high costs for society as a whole. Estimating the costs of poor outcomes is difficult. However, looking at just four poor outcomes – being looked after, teenage pregnancy, youth offending and not being in education, employment or training (NEET) – gives some idea of their scale:<sup>5</sup>

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<sup>3</sup> Ibid.

<sup>4</sup> *Predicting adult life outcomes from earlier signals: identifying those at risk*, Feinstein and Sabates, 2006.

<sup>5</sup> These figures are indicative, are based on a number of assumptions and are not directly comparable due to the different methodology used in their derivation.

- children in care experience many poor outcomes, including poor educational attainment. It is estimated that if attainment of all children in care could be raised to that of all children, there might be a gain to society of around £6 billion in terms of increased productivity over these children's lifetimes. An attainment 'uplift', to the level of children eligible for free school meals might still yield a gain of around £3.5 billion;
- the costs of teenage pregnancy are particularly difficult to measure, but it has been estimated that the cost of under-18 pregnancies to the NHS alone is £63 million a year and this figure does not take into account other public finance costs, or the wider costs that society might incur;
- youth offending also creates large costs. For example, a place in a Young Offender Institution costs over £50,000 per year and the Audit Commission estimated that if effective early intervention had been provided for just one in ten of those young people sentenced to custody each year, public services alone could have saved over £100 million annually; and
- the additional lifetime costs of being NEET at age 16-18 have been estimated at around £8.1 billion in terms of public finance costs. It should be noted that these figures are based on a number of assumptions and do not include potential health and crime effects.

**I.20** New analysis commissioned for this Review, research and consultation with providers of services for children and young people confirms the importance of prevention as an approach and the need for further progress to be made in ensuring it is delivered in practice.

### **10 year strategy for youth services**

**I.21** Prevention and earlier intervention does not just mean supporting children in the early years of life. Young people continue to be exposed to new or changing influences as they develop towards adulthood. For example, the effects of peers can become more pronounced – as young people begin to gain some independence from their families, their friends become a more important influence. Many young people who end up with poor outcomes in adulthood may only start to experience difficulties in their adolescence.

**I.22** Attainment in school makes an important contribution to boost young people's wider outcomes and is the focus of significant public investment. However, experiences outside of formal learning, particularly participation in positive activities and access to support are also important in helping young people reach their potential. How young people spend their leisure hours can make a difference to their skills, aspirations and confidence and readiness for adulthood or employment. Part of the Review will develop a strategy for services for young people. It will consider what action needs to be taken to ensure that positive activities for young people aged 13-19 is of high quality and can fulfil the crucial function of helping them negotiate a successful transition to adulthood.

**I.23** A genuinely preventative approach needs to apply to all children and young people – helping them to achieve their potential. However, the Review recognises that some groups of children and young people will face particular challenges.

## **Supporting vulnerable groups**

**I.24** There are a number of groups of children who tend to be particularly vulnerable to poor outcomes. Their outcomes have not always improved as much as they need to in order to put their life chances on an equal footing with those of their peers. Part of the reason for this is that difficulties facing some groups are not dealt with early enough and are allowed to

reach crisis point. The Review is considering in more depth the progress made and the remaining challenges for policy in relation to two particularly vulnerable groups: disabled children; and families caught in a cycle of low achievement.

**Review of disabled children** **I.25** In many cases preventing a disability from developing is not possible. It may, for example, result from a genetic condition. There are over 570,000 disabled children in England, approximately 5 per cent of the population aged 0 to 18 years of age. They come from diverse backgrounds, though they are more likely to be brought up in poorer socio-economic households than non-disabled children. The population contains a diverse range of disabilities and it is common for disabled children to experience more than one disability at the same time. They are more likely to experience poorer outcomes than their non-disabled peers. For example, they are less likely to attain at school and experience poorer rates of employment on reaching adulthood, even when the comparison is only with those disabled children with non-cognitive impairments.

**I.26** It is particularly relevant to consider the progress made in supporting disabled children in the context of the 2007 Comprehensive Spending Review. One of the challenges identified relates to technology. For disabled children, new technology can assist participation in society and achieving more and for some it can also support a longer life span. This also represents a challenge for services – understanding when and how to support a population of disabled children with diverse needs. The Review is examining the role public services can play, working with disabled children and their families, to improve outcomes. It aims to identify key challenges for policy and how existing good practice on meeting the needs of disabled children can be built upon.

**Review of families caught in a cycle of low achievement** **I.27** Research carried out for this Review identifies a small minority of families with multiple, severe problems and confirms existing evidence that the more problems present in a family the greater the likelihood that their children are also experiencing poor outcomes. The presence of multiple problems can often reinforce the severity of individual problems.

**I.28** It is important that the Government supports effectively those families with multiple problems who are already experiencing poor outcomes because:

- their family environment is harmful to themselves and to their children – generating a cycle of deteriorating outcomes between household members and across generations;
- they can create harm to their local communities, for example, if family members are involved in anti-social behaviour or crime; and
- these families need or are using significant resources from public services, representing a high cost to the taxpayer and a diversion of funding away from more preventative services.

**I.29** The challenge for public services to support these families effectively can be considerable. For example, to make a sustainable difference to outcomes it may be necessary to tackle all the problems of the family together or at the same time.

**I.30** It is important to consider support for these families, and the challenges public services can face, alongside any move to a more preventative approach – prevention is undermined or will be more challenging for public services the more focus and support they also need to provide to acute family needs. The Review is exploring the number and characteristics of families with multiple problems, the barriers they experience to helping themselves and what more the Government can do to support them to improve their outcomes on a sustainable basis.

**I.31** Chapters 2 to 6 set out the analysis from each part of the Review and the issues that need to be addressed in order to raise outcomes further for children and young people. Some of the challenges identified are specific to a particular group such as disabled children. Others are common to different parts of the review. Chapter 7 brings together and summarises the challenges identified across the Review.

## Review process and next steps

**I.32** This document reports on the evidence that has been gathered to date to inform the Review of Children and Young People. It provides a discussion of the issues and challenges raised by that evidence. The Review is drawing on a number of sources of evidence, including:

- research studies and evaluations of interventions to support children, young people and families;
- consultation with groups of young people, particularly those who have difficulty accessing services;
- consultation events with parents, practitioners, commissioners of services from public agencies or the third sector, academics and others with relevant expertise;
- smaller workshops, meetings and visits to experts or projects in relevant fields;
- a public Call for Evidence to support the Review's analysis – around 200 organisations responded – Annex B provides details of those organisations and individuals that responded; and
- some new research commissioned to support the Review which is referred to, where relevant, in this document.

**I.33** The Review will continue to build on the analysis set out in this document. The aim will be to identify how Government should respond to the challenges identified. The Review will report in spring 2007 with recommendations to inform and influence the outcome of the 2007 Comprehensive Spending Review.

**I.34** The work of the Review has been informed by input from a wide range of sources, set out above. Ministers and officials at HM Treasury and the Department for Education and Skills are grateful for the many contributions already made. The Review continues to welcome feedback. Any comments on this document or further views on how the Government should respond can be sent to: [cypreview@hm-treasury.gov.uk](mailto:cypreview@hm-treasury.gov.uk).



# 2

## THE DYNAMIC NATURE OF CHILDHOOD RISK

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### INTRODUCTION

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**2.1** Poor outcomes do not occur randomly. They have their roots in the risks and experiences that children are exposed to from before birth and then right through childhood. The correlations between indicators of risk and poor outcomes – which show children’s vulnerability to adverse social and economic circumstances – is well established.<sup>1</sup>

**2.2** *Every child matters* recognised this and is already acting to deliver better prevention and early intervention. In order to build on this progress and entrench a preventative approach, policy-makers and providers of services need to know how to build resilience of children against developing problems and how to identify as early as possible those that might be already experiencing poor outcomes.

**2.3** This chapter examines the existing evidence and new research to understand how to develop a more preventative approach, covering:

- the factors most likely to influence outcomes;
- how those factors vary throughout childhood; and
- the implications for public services in supporting children and young people.

### DEFINING PREVENTION

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**2.4** There are indicators or ‘risk factors’ that can help to identify whether children are more likely to develop problems in adolescence or adulthood. The precise set of indicators for specific poor adult outcomes varies. However, some indicators are common across a range of poor outcomes. Some of the most important indicators are:

- low income, or coming from a low socio-economic background;
- low attainment;
- poor social and emotional skills;
- poor parenting;
- low birth weight;
- poor health;
- poor parental mental health; and
- living in a deprived neighbourhood.

**2.5** Multiple indicators are especially predictive of poor outcomes – the more indicators a child has, the more likely he or she is to experience poor outcomes. Some indicators, such as low attainment, are poor outcomes in themselves but can also signal a higher likelihood of other poor outcomes. Children from lower socio-economic backgrounds are more likely to be exposed to a wider range of indicators that might signal a higher level of risk. These can accumulate and problems can get worse if support is not available.

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<sup>1</sup> *Childhood Risks and Protective Factors in Social Exclusion*, Bynner, John, *Children and Society* Volume 15 (2001) pp 285-301.

**2.6** Prevention and early intervention are two approaches that public services can take to act on these indicators:

- prevention is the process of boosting positive outcomes for children and young people by focusing on promoting key “protective factors” (see paragraph 2.10 below) that help boost children’s own capacity to avoid developing problems, i.e. they help boost children’s *resilience* to potential poor outcomes. For example, promoting high attainment is a preventative intervention – children who do well at school are less likely to go on and develop poor outcomes, even if they are disadvantaged in other respects compared to their peers. Prime examples of preventative services include health visitors, providing care to all new families; Sure Start Children’s Centres; and schools – the universal service for all children after age five. As prevention is about building resilience for all children, the role of universal services is fundamental; and
- early intervention means intervening as soon as possible to tackle problems that have already emerged for children and young people. Early interventions therefore target specific children and families with an identified need for additional support once problems have already begun to develop, such as might be shown by a drop in attainment or behavioural difficulties. Targeted early interventions can either be delivered by bespoke services (such as intermediate “tier two” child and adolescent mental health services – CAMHS) or by universal services.

### FACTORS WHICH INFLUENCE CHILDHOOD AND LATER LIFE OUTCOMES

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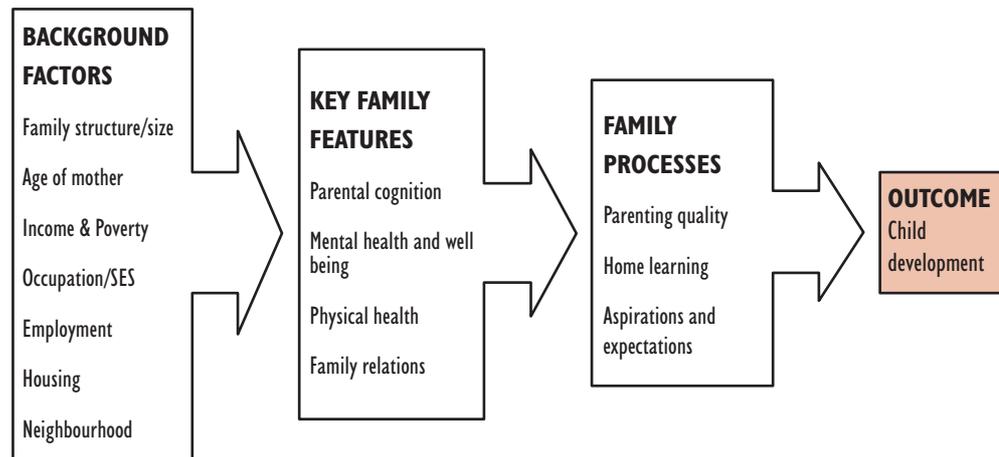
**2.7** Although it is possible to statistically analyse childhood indicators of potential poor outcomes and to use these analyses to forecast potential outcomes for groups of at risk children on average, it is never possible to predict the outcome for any individual child. Forecasts can be made of likely outcomes and these forecasts can be used to assess the cost-effectiveness and social value of a set of possible interventions, but this is not the same as suggesting that the future for any individual child is set in stone.

**2.8** Chart 2.1 shows how children and young people’s development can be influenced in many ways and at a range of inter-related levels:

- background ‘environmental’ factors indirectly impact on children’s development by setting the overall context in which other factors operate. For example, high socio-economic status (SES) is related to higher levels of physical and mental health. Conversely, living in a deprived neighbourhood may directly and adversely impact on parental mental health (e.g. through increased stress) and consequently parenting quality. Interventions to help improve key background factors are therefore vital in securing better outcomes;
- the family provides the immediate everyday context in which children develop, especially in the early years. Good familial physical and mental health, and well functioning, affectionate and mutually reinforcing family relations will be positive influences on a child’s development. Positive background factors increase the likelihood that these key features of the family will also be positive contributors to a child’s development. Equally, negative background factors increase the likelihood of risks at the family level; and

- the quality of family processes, such as parenting; the home learning environment; and aspirations and expectations – are all influenced by key family features and key background factors, so if risk factors are observable at the background and family levels, there is a greater likelihood that there will be risk factors at the family process level.

**Chart 2.1: Childhood indicators can operate at different levels**



Source: Feinstein, Duckworth and Sabates, 2004.

**2.9** Indicators that signal a higher likelihood of poor outcomes can show themselves at any of these three levels. Casuality is not understood in all cases, though knowledge is growing. Some indicators are common to many poor outcomes. Intervening on these common ‘risk factors’ may therefore have multiple benefits in terms of helping prevent a wide range of poor outcomes occurring.

**‘Protective’ factors 2.10** Protective factors can mitigate against the impact of a range of indicators of poor outcomes. They are not, therefore, simply the inverse of those indicators. For example, if an indicator is low attainment, one protective factor that could mitigate against it would be positive parenting, enabling children to develop the necessary social and emotional skills (such as good communication skills) that would help facilitate higher achievement at school. Equally higher attainment – a key protective factor – mitigates against a range of indicators of potential poor outcomes, such as coming from a low SES background.

**2.11** This Review has identified three priority areas of protection that can be influenced by public services:

- higher attainment – especially for those children who are still falling behind at school;
- better social and emotional skills – for example children’s ability to communicate effectively and to control their emotions; and
- positive parenting – recognising that what parents do rather than who they are is vitally important to children’s development.

These three priorities are discussed in more detail in Chapter 3.

## CHANGES IN RISK THROUGHOUT CHILDHOOD

**2.12** The indicators that signal a higher likelihood of potential poor outcomes can come from different sources at different times in children's lives.

**2.13** This is true for children even before they are born. During pregnancy the behaviours and lifestyle of a child's mother can have long-term impacts on later life outcomes for children. One of the most predictive indicators of poor adult outcomes is low birth weight. Babies below average weight are at higher risk of health complications throughout childhood. Recent evidence suggests that causes of low birth weight include mothers smoking during pregnancy and in the home, poor diet and excessive alcohol or drug consumption during pregnancy<sup>2,3,4,5</sup>. The role of universal public services is crucial – in this case health services such as midwives and health trainers, in promoting healthy lifestyles of mothers and promoting a healthy home environment for the unborn baby and its family.

**2.14** The very early years (between conception and age three) are especially crucial to children's development:

*"...studies show that the foundations of adult health are laid in early childhood and before birth. Slow growth and poor emotional support raise the lifetime risk of poor physical health and reduce physical, cognitive and emotional functioning in adulthood ... insecure emotional attachment and poor stimulation can lead to reduced readiness for school, low educational attainment, and problem behaviour, and the risk of social marginalization [sic] in adulthood."*<sup>6</sup>

**2.15** From birth onwards as children develop and they have more independent experience of the world, new indicators can begin to show. These can be particularly associated with the impact of parents' behaviours on brain development. Recent research in neuroscience also shows that the first three years of a child's life are critical in terms of the development of the brain's capacity to learn both cognitive and social and emotional skills:

*"...the emotional and social qualities of early experiences are significant because they have permanent effects on the child's brain ... High stress-reactivity causes cognitive disruption and high levels of emotionality, which interfere with intellectual and social functioning."*<sup>7</sup>

**2.16** More generally, as young children develop, *"they begin to talk, to assert themselves, to explore the world around them, and to extend their emotional and social bonds to people other than their parents"*.<sup>8</sup> This wider range of experiences means young children can begin to have wider indicators of poor outcomes, such as the early signs of behavioural difficulties, including hyper-activeness or attention deficit disorders.<sup>9</sup>

<sup>2</sup> Review of the Health Inequalities Infant Mortality Target, Department of Health, forthcoming.

<sup>3</sup> Epidemiology of preterm birth, Tucker J, McGuire W. BMJ 2004;329:675-678.

<sup>4</sup> Research agenda for preterm birth: Recommendations from the March of Dimes, Green N, Damus K, Simpson J, Iams J, Reece A, Hobel C, Merkatz I, Greene M, Schwarz R and the March of Dimes Scientific Advisory Committee on Prematurity. Am J Obstetrics Gynaecology 2005;193:626-35.

<sup>5</sup> Substance use during pregnancy: time for policy to catch up with research, Lester M, Andreozzi L, Appiah L. Harm Reduction Journal 2004: 1:5

<sup>6</sup> The solid facts (second edition), Ed Wilkinson and Marmot, World Health Organization Europe, 2003.

<sup>7</sup> The importance of caregiver-child interactions for the survival and healthy development of young children – A review, World Health Organization, 2004.

<sup>8</sup> Youth violence: A report of the Surgeon General, Chapter 4 "Risk factors in Childhood" – see [www.surgeongeneral.gov/library/youthviolence/chapter4/dec2.html](http://www.surgeongeneral.gov/library/youthviolence/chapter4/dec2.html).

<sup>9</sup> Childhood Risks and Protective Factors in Social Exclusion, Bynner, John, Children and Society Volume 15 (2001) pp285-301.

**2.17** Research has also shown that the key risk periods for children are at major transitions in their lives. The first big transition is when they leave the security of the family and enter primary school.<sup>10</sup> Other children then become more important in their lives, though still not as important as family members,<sup>11</sup> and then as they move through primary school and into secondary school they are exposed to new academic and social situations they must learn to cope with, such as learning to get along with a wider group of peers and dealing with the pressures that peers can exert in late childhood and early adolescence.<sup>12</sup> Chapter 4 discusses the impact of peers on young people in more detail.

**2.18** Low attainment during school years is a strong indicator of children having poor outcomes in later life. For example, available evidence suggests that learning to read during the primary school years is crucial. Pupils entering secondary school without basic literacy skills struggle to access the curriculum and are at substantial risk of falling further behind their peers. Longitudinal research has found that pupils registering in the bottom 20 per cent of reading skills at age ten, for example, are up to four times more likely not to be entered for any public examinations at age 16 than good readers at age ten with similar social disadvantage risk factors.<sup>13</sup>

**2.19** This is reflected in longer-term life outcomes, with poor reading skills in primary school associated with higher unemployment, lower average wages and poorer health outcomes. Analysis by KPMG estimates that the average long-term cost to the taxpayer of a child failing to learn to read by the end of primary school is between £44,797 and £53,098 per individual.<sup>14</sup>

**2.20** The Literacy Strategy, and now the Primary National Strategy, have supported major gains in the number of children achieving expected levels at Key Stages 1 and 2. Proposals set out in the Rose Review on the use of synthetic phonics will further raise standards and are now being implemented through the primary framework for literacy and mathematics. The evidence also suggests that those children who have fallen behind at an early stage need extra support. They can benefit significantly from intensive tuition and can be brought up to nationally expected levels with such support. Recognising this, in the 2006 Pre-Budget Report, the Government announced that the Every Child a Reader programme would be updated to reflect Jim Rose's recommendations and rolled out nationally between 2008-09 and 2010-11, benefiting over 30,000 children.

**A preventative system 2.21** Preventing poor adult outcomes is important, but it should not be the sole focus of policy. Equally important is ensuring all children have a happy and fulfilling childhood as an end in itself. Those same indicators that can signal poor adult outcomes might also signal that their childhood is not as fulfilling as it could be. Understanding the patterns of children moving in and out of risk is therefore important, as it will help the process of designing a system that ensures no child's potential is wasted.

**2.22** Evidence shows that although experience during the early years is vitally important, life chances continue to be forged throughout children's lives. Problems can build up cumulatively over time. Chart 2.2 shows how continuity in anti-social behaviour can build throughout a lifetime leading to very poor outcomes for the children concerned. At each age

<sup>10</sup> *Preventing drug abuse among children and adolescents*, National Institute of Drug Abuse (NIDA), 2005 – see [www.nida.nih.gov/prevention/risk](http://www.nida.nih.gov/prevention/risk).

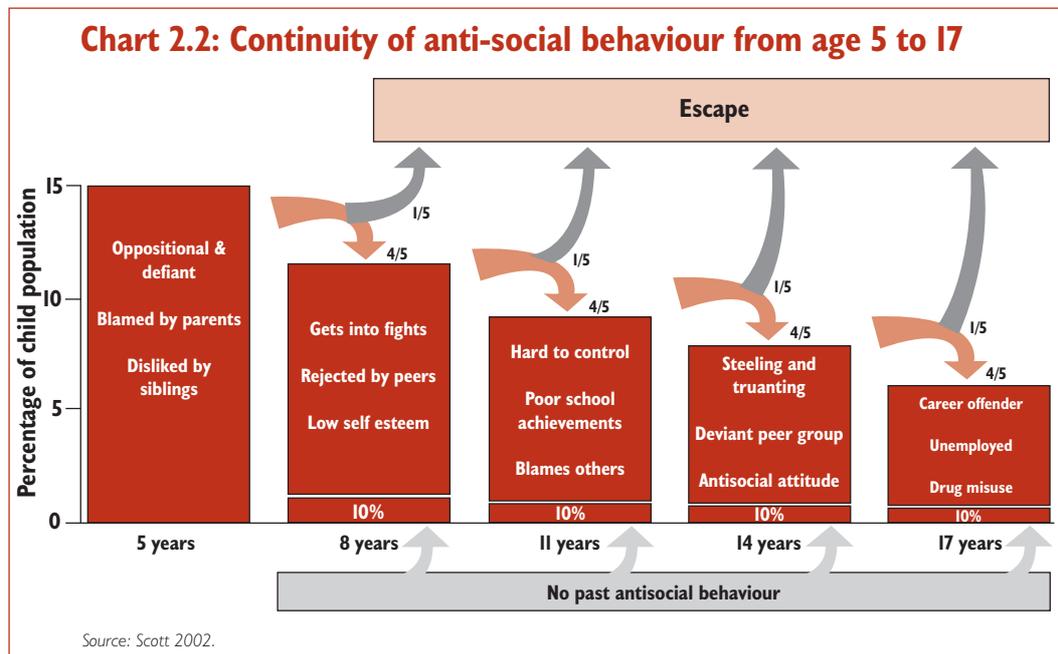
<sup>11</sup> *Youth violence: A report of the Surgeon General*, Chapter 4 "Risk factors in Childhood" – see [www.surgeongeneral.gov/library/youthviolence/chapter4/dec2.html](http://www.surgeongeneral.gov/library/youthviolence/chapter4/dec2.html).

<sup>12</sup> *Preventing drug abuse among children and adolescents*, National Institute of Drug Abuse (NIDA), 2005 – see [www.nida.nih.gov/prevention/risk](http://www.nida.nih.gov/prevention/risk).

<sup>13</sup> *Basic skills and social exclusion*, Parsons, S. and Bynner, J. 2002

<sup>14</sup> *The long term costs of literacy difficulties*, The KPMG Foundation 2006

group, some children ‘escape’ from displaying such behaviour so they are not present at the next age group. However, at the next age group, there is some onset from the general population – i.e. from those who had not displayed any anti-social behaviour in the past.



**2.23** To help build on this existing body of research, this Review has commissioned new analysis to develop further understanding of the dynamism of risk through the different ages of childhood<sup>15</sup>.

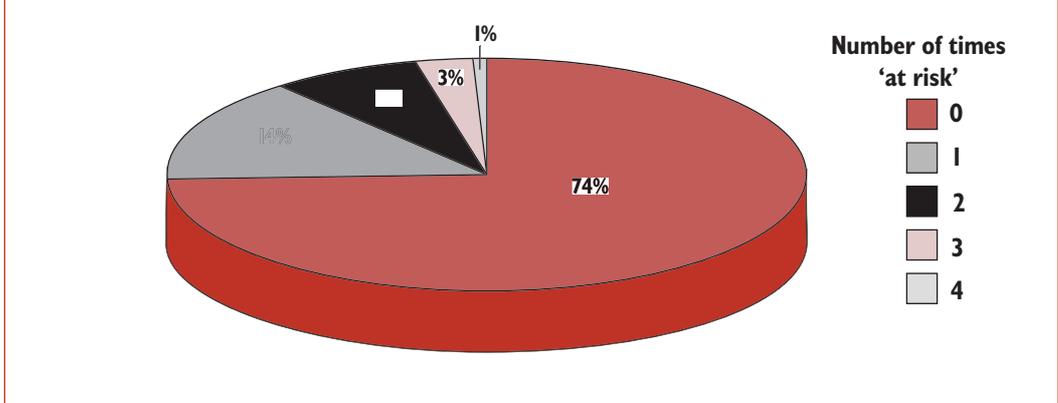
### CONTINUITY AND DYNAMISM IN CHILDHOOD RISK

**Number of times 'at risk' 2.24** Chart 2.3 shows the persistence of indicators of poor outcomes throughout childhood – based on data from a longitudinal study of children born in 1970. Being deemed ‘at risk’ means that at the point at which data were collected (birth, age five, age ten and age 16), they exhibited some of the most important indicators known to be predictive of a particular poor adult outcome, or range of outcomes.

**2.25** This chart represents all children that took part in the longitudinal study. This analysis suggests that only a very small minority (around 1 per cent) could be identified as having indicators that signal a higher likelihood of a particular poor outcome (in this case, multiple adult deprivation by age 30) at each of the four stages in childhood at which data were collected. However, 14 per cent can be identified once, 8 per cent twice and 3 per cent three times – a total of 26 per cent of children signalling they could have a higher likelihood of poor outcomes at some point during childhood. Most children – some 74 per cent in this study – are never observed as having indicators that signal poor outcomes.

<sup>15</sup> Predicting adult life outcomes from earlier signals: modelling pathways through childhood, Feinstein, forthcoming.

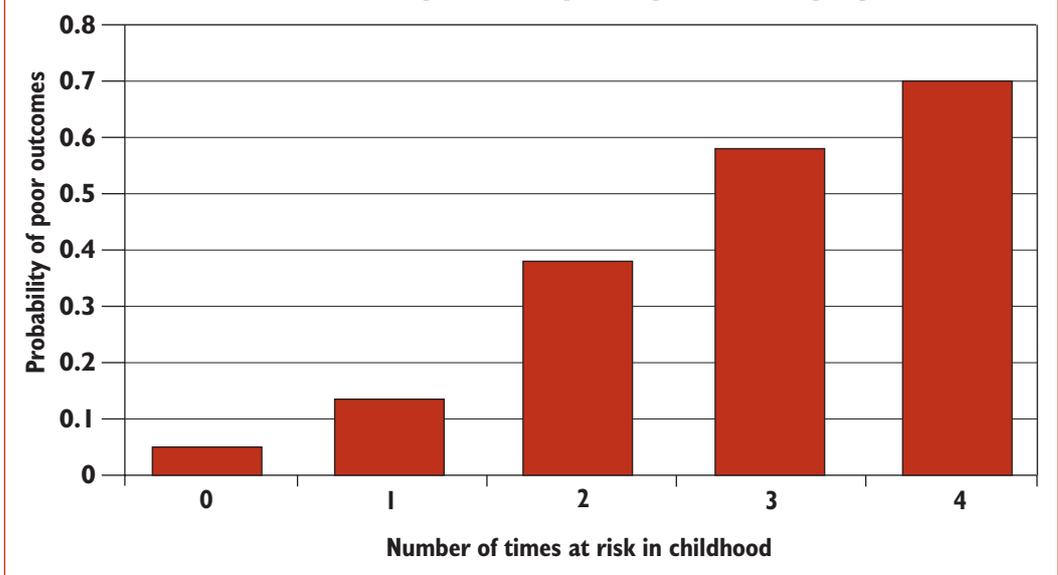
**Chart 2.3: Risk factors associated with multiple deprivation at age 30: number of times identified at risk in childhood**



**2.26 Compounding of risk** The research also reports on how the likelihood of poor outcomes increases with the number of times in childhood at which individuals indicate a higher likelihood of poor outcomes. This shows a near-linear relationship between the number of times throughout childhood a person has these indicators, and their likelihood of experiencing poor adult outcomes.

**2.27** For example, the data showed that the probability of experiencing the outcome of multiple deprivation at age 30 (Chart 2.4) rises from 5 per cent for those who never displayed any of the observable indicators in childhood to 39 per cent for those who were identified twice and 70 per cent for those who were identified four times. For some vulnerable children therefore, persistence of 'risk' through childhood leads to a very high probability of poor adult outcomes.

**Chart 2.4: Probability of multiple deprivation by age 30**



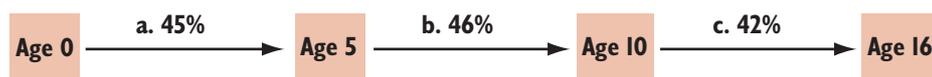
**2.28** Research also examined the relationship between children having some indicators that might signal a higher likelihood of poor outcomes at one age (e.g. birth) and children also having indicators at a later age (e.g. five years old). The results paint a very complex picture of how indicators of potential poor outcomes can fluctuate throughout childhood. They point to two main conclusions which at first glance are contradictory, but in fact merely reflect the

complexity of these fluctuations, and which have important implications for the role which children's services might have in supporting all children.

**Continuity of signalling 2.29** First, the analysis shows that some children display continuity in having indicators of potential poor outcomes. For those children, having indicators at one age, compared with the general population, is quite predictive of them also having indicators of poor outcomes at a later stage – and ultimately later in life. Chart 2.5 shows that those identified as having a range of indicators that signal a higher likelihood of multiple deprivation at age 30 (in this case defined as the 14 per cent of the population exhibiting the most indicators):

- a. at birth, have a 45 per cent probability of still displaying indicators of poor outcomes at age five;
- b. at age five, have a 46 per cent probability of still displaying indicators of poor outcomes at age ten; and
- c. at age ten, have a 42 per cent probability of still displaying indicators of poor outcomes at age 16.

**Chart 2.5: Probability of signalling a higher likelihood of poor outcomes at next age, given prior signalling.**



**Dynamism of signalling 2.30** Second, taking the population as a whole, the analysis shows that there is considerable mobility at each stage where data are collected in the children displaying the indicators that could signal potential poor outcomes. Throughout childhood there is significant onset of children displaying such indicators from the general population. This means that while a substantial portion of those having indicators at one age are likely to still have indicators at a later age, a substantial proportion – around half – will not previously have done so.

**2.31** For example, in the survey of children born in 1970:

- of those who at age five were identified as ‘at risk’ of multiple deprivation by age 30, 52 per cent would have been accurately predicted to be so classified on the basis of their birth data (the true positive rate). Thus, 48 per cent of those displaying such indicators at age five would not have been identified from their birth data;
- of those who at age ten were identified as ‘at risk’ of multiple deprivation by age 30, 54 per cent of those at risk could have been correctly predicted from their age five data, meaning 46 per cent would not have been identified from their age five data; and
- of those who at 16 were identified as ‘at risk’ of multiple deprivation by age 30, 56 per cent of those at risk could have been correctly predicted from their age ten data, meaning 44 per cent would not have been identified from their age ten data.

**Policy implications 2.32** The policy implications of these two findings – continuity for some, dynamism for others – could be significant. Reducing the number of children having indicators of potential

poor outcomes at any one age depends on the system of public services being able to carry out two distinct, but inter-related functions:

1. identify and address the needs of those children who are already experiencing poor outcomes; and
2. monitor children to identify those who may be more likely to experience poor outcomes in the future.

**2.33** To be able to do this, the system needs to be capable of providing a continuum of support across services throughout childhood and to be able to intervene quickly when poor outcomes do arise. Recent evidence on child brain development, along with other research, has shown the importance of high quality early years provision in boosting children's development and building a preventative system. Alongside this, public services need to identify problems as soon as they emerge and have in place services able to address them.

**2.34** In addition, the report commissioned for this Review suggests:

*“A policy which focused on ... birth at the expense of continued monitoring and tracking with the potential for the adjustment and tailoring of resources in the light of new information would be inefficient”.*<sup>16</sup>

**2.35** In other words, even if the system was successful in (a) identifying all children indicating they had a higher likelihood of poor outcomes at one age and (b) preventing them from also having indicators of poor outcomes in the next age group, new interventions would still be needed to deal with those who will begin to signal a higher likelihood of poor outcomes at the later age but who had not done so before.

**The optimum intervention schedule** **2.36** The need to identify children experiencing poor outcomes, and to monitor children to identify who might be showing signs of developing poor outcomes, implies a key role for universal services. These services, such as health visitors, GPs, Children's Centres and especially schools – which have constant contact with children and young people throughout childhood – could play the primary role in identifying which children might be vulnerable, monitoring their progress and working with other specialised services to deliver more targeted interventions. Chapter 3 discusses how public services respond now.

**2.37** Where it is possible to design and deliver cost effective interventions, for the system to be most preventative it should be capable of delivering a schedule of interventions that start from birth to boost preventative factors but can also provide support at all ages during childhood where needed. This:

- could help children have a happier and more enjoyable childhood by promoting resilience for all and helping those who might have problems as early as possible;
- could help reduce the need for later interventions by preventing children experiencing poor outcomes (prevention); and
- could enable interventions to support as early as possible the significant proportion of children whose need was not apparent at earlier ages (early intervention).

**2.38** Targeted and specialist services are a vital part of a system of prevention and early intervention, but a preventative schedule of intervention cannot be delivered by these

<sup>16</sup> *Predicting adult life outcomes from earlier signals: modelling pathways through childhood*, Feinstein, forthcoming.

services alone. By their very nature, they do not provide services to the majority of children. A preventative schedule of support can only be delivered through a whole system approach with the full engagement of universal services, especially schools. Schools are already central to the *Every child matters* reforms and the development of personalisation and extended schools is progressing rapidly. Going forward the Review will look further at their role in a preventative system.

### **NEXT STEPS: MOVING TO A MORE PREVENTATIVE SYSTEM**

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**2.39** As indicated at the start of this chapter, the system can become more preventative in two ways:

1. it can intervene to promote positive outcomes for all children (prevention); and
2. it can intervene in a more targeted way to tackle emerging poor outcomes for more at-risk children (early intervention).

**2.40** Chapter 3 examines how well the current system promotes positive outcomes for all children and provides early intervention when problems arise.

## INTRODUCTION

**3.1** Chapter 2 explained the dynamic nature of childhood risk and why universal services are a vital element of developing a more preventative system. This chapter examines how the system of public services for children and families responds now, the barriers to better prevention, and potential policy implications:

- **at the system level** to ensure that the right structures, incentives, performance management systems, funding streams and workforce are in place to deliver better prevention and early intervention across the whole system;
- **at the service level** to ensure a continuum of support exists to help all children build resilience to risk and that the front-line workforce has the right skills, knowledge and confidence to deliver better prevention and early intervention; and
- **at the user level** to ensure that public services are effective at reaching out to service users, especially vulnerable families, and responsive to users' needs.

## SYSTEM LEVEL REFORM

**3.2** Low income is the most predictive indicator for signalling potential poor adult outcomes. The Government has lifted 700,000 children out of relative poverty since 1998-99 – a 17 per cent decline after housing costs, and 23 per cent before housing costs. This has been the biggest fall in any EU country. However, more needs to be done to meet the target of halving child poverty by 2010 and eradicating it by 2020, in line with the strategy published in the *Child Poverty Review*.<sup>1</sup> The Government will continue to provide financial support for families and promote work for those who can, alongside tackling the inter-generational transmission of disadvantage. This Review is focussing on the role of parents, communities and public services to improve outcomes for children and young people.

**3.3** Understanding the barriers to delivering a truly preventative system of public service requires an examination of the motivations, incentives, and capacity of the system as a whole. Without the right incentives services will not be encouraged to act preventatively, for example, to engage with those who are not traditionally reached by services or to close the gaps between those who do well and those who do not.

**3.4** Forthcoming research from the Joseph Rowntree Foundation (JRF) suggests, “*the relationship between poverty and education is not the result of one or more specific functional problems which can somehow be ‘fixed’... policy needs to simultaneously address a whole series of factors and at different levels if it is to have any meaningful impact.*”<sup>2</sup>

**3.5** In short, there is no ‘magic bullet’ to delivering a more preventative system. The picture is very complex, and it is unlikely that a single intervention, at whatever level, could deliver a more preventative system.

<sup>1</sup> *The Child Poverty review*, HM Treasury, July 2004.

<sup>2</sup> *Education and Poverty: Mapping the terrain and making the links to educational policy*, Carlo Raffo, Alan Dyson, Helen Gunter, Dave Hall, Lisa Jones and Afroditi Kalambouka, University of Manchester/JRF (unpublished).

**Barriers to a preventative system** 3.6 The Call for Evidence to inform this Review, carried out over the summer of 2006, indicated that key stakeholders from Local Authorities, the health system and the third sector thought there were various barriers to better prevention and early intervention. The main views of respondents were that:

- all government departments need to give a clearer, unified message that prevention and early intervention should be top priorities for public services;
- pre-existing service silos stifle the development of both integrated and preventative services. Whilst good progress is being made through *Every child matters*, engagement with universal services – and in particular schools and health services – can still be difficult to achieve, although there are many examples of good practice;
- some central government-set targets, while helping to deliver a focus on the most vulnerable, such as children in care, also mean that services prioritise acute need over prevention;
- this prioritising of acute need is compounded at the local level by the ways in which the performance of local services is measured;
- there are problems with funding: both in terms of the scope of funding and the ability to prioritise funding for prevention and early intervention. It was suggested that further work could be done to promote better pooling and alignment of funding, especially where some services, e.g. health services, need to make hard decisions about which activities to prioritise; and
- there is a lack of capacity in the workforce to deliver prevention and early intervention, both in terms of insufficient numbers of staff in the right areas (in particular in ‘middle tier’ services), and in terms of the lack of bespoke skills and knowledge that would enable staff to deliver preventative services.

3.7 These views also reflect the findings of fieldwork (see Box 3.1) which revealed specific examples both of innovative preventative ways of working and of opportunities missed to deliver preventative and early interventions. General themes characterising the response of services include:

- an ability for the system to identify risk, but sometimes a shortage of the right type of support to follow up or respond to an identified need;
- variable integrated working between universal and targeted services;
- sometimes a lack of responsiveness to service users and, for some parents, *fear* of local services; and
- despite long-recognised difficulties in the system, changing ways of working *is* possible and *can* have a very positive impact on delivering better services to children and young people.

**Implications for policy** 3.8 The presence of these barriers has implications for policy. If the system does not sufficiently prioritise the delivery of prevention and early intervention across the range of services then reforms at the service and user levels might not be as effective as possible. Therefore in the next phase the Review will consider:

- whether further action should ensure the 'message' from all central government departments fully emphasises and clearly articulates the need for a preventative approach across all services for children and families;
- whether more is needed to improve cooperation between services, in particular to ensure that universal services are fully engaged in leading a more preventative approach;
- how best to ensure that the performance management framework and inspection regimes drive the necessary service behaviour on the front line, building on the developments of the Local Government White Paper under which performance assessment will be more proportionately related to risk;
- what more needs to be done to ensure that funding can deliver a more preventative system, examining how current resource could be re-targeted to prevention and early intervention, and how to promote further use of the provisions of the Children Act 2004 to pool and align budgets; and
- how to ensure that front-line staff have the knowledge, skills and confidence to deliver and secure preventative interventions, based on a common understanding of 'risk' and 'protective' factors and good practice in delivering preventative services.

### **Box 3.1: Case study: missed opportunities?**

Chris, a 16-year-old boy, was diagnosed with dyslexia when he was ten, but no additional support was provided. By the time he was 13 he was unable to cope in school. He was referred to Child and Adolescent Mental Health Services (CAMHS) when he was 14. Following a diagnosis of dyspraxia some support was offered in school to help him with social and reading skills. His pattern of attendance was deteriorating. At the same time he was referred for a more specialist assessment at a hospital-based child development centre. The centre supported him with techniques to improve his fine motor skills and ability to respond to visual learning. Although he was willing to go to school, he could not function well in class and caused difficulties for teaching staff. Reports from the specialist centre were sent to school, but he was not offered any additional support. His attendance had slipped to less than 50 per cent.

#### *New ways of working: making a difference*

Chris's mother had asked for support from Child and Adolescent Mental Health Services (CAMHS); the school; the educational welfare officer; the school doctor; and the school nurse, before she was able to make contact with a multi-agency team (M.A.T.). After reference to the M.A.T. home visits were provided to both Chris and his mother, and a programme of support was negotiated with the school to develop his self-confidence. Chris sat nine GCSEs and passed all of them with better grades than predicted and has grown in confidence.

## SERVICE LEVEL REFORM: GAPS IN THE CONTINUUM OF SUPPORT

**A mixed response to risk 3.9** Risks can be, and often are, identified by universal services such as health visitors, Children's Centres and schools. Parents and children themselves are able to recognise risk, yet services do not always respond even when these risks develop into problems. This means that problems can escalate to crisis point before services take action. Recent research has shown that high thresholds in health and social care can mean that:<sup>3</sup>

- some families' problems are allowed to escalate before they can be addressed;
- intervention is crisis-driven rather than providing lower level, on-going support;
- parents who ask for help are turned away if their needs are not sufficiently high; and
- children on the child protection register said their parents got too little help, too late.

**Gaps in services 3.10** Responses to the Review's Call for Evidence suggest that this is the result of several key factors, including:

- universal services not dealing with some problems themselves having identified them. Universal services such as schools play a key role in the identification of children at risk, dealing with those risks where appropriate and working with other services to enable swift and easy access to more targeted support where specialist help is needed. Respondents felt that staff in universal services might need appropriate training to be able to identify risk more effectively and deliver appropriate targeted interventions;
- a lack of capacity in "tier 2" services – i.e. those services that fill the gap between universal (e.g. schools) and specialist services (e.g. taking children into care). Weak capacity in "tier 2" CAMHS in particular was mentioned. Again this suggests the need for a whole-system response with universal services supported by increased capacity in targeted services; and
- a need for more parenting and family support services.

**Schools 3.11** Schools' identification of problems in the classroom can be good, but responses to deal with these difficulties are variable (see Box 3.2). Responses are dependent upon a range of factors, including:

- whether the school considers that problems impact on learning;
- whether the right resources are available at the school level to provide behaviour support; and
- how well the relationships between schools and parents work.

<sup>3</sup>Supporting parents, safeguarding children. Meeting the needs of parents with children on the child protection register, Commission for Social Care Inspection (CSCI), February 2006.

**Box 3.2: Case study: the role of universal services**

Marie-Anne had an increasingly poor behaviour record. The educational welfare service had been involved with little success. Her school cooperated in a programme of support and her attendance improved when the Behaviour Support Team accepted the referral. However, the situation deteriorated again. The school considered the difficulties were within the family and it was not until a multi-agency team was set up that a coordinated approach to tackle in-school problems was developed.

## Using protective factors to deliver a more preventative system

**3.12** Some key indicators of adult outcomes, such as socio-economic status, are difficult for public services policy to influence. By mapping the indicators common in signalling four poor outcomes (being taken into care; not being in employment education or training (NEET); becoming pregnant while a teenager and becoming a youth offender), this Review has identified three priority areas of protection which are also amenable to public services' influence:

- 1 **high attainment:** children who do well at school are far less likely to experience poor outcomes. By contrast, low attainment is a common factor in most poor outcomes. Research commissioned by the Government for *Reaching Out: An Action Plan on Social Exclusion* showed that low attendance at ages 15 and 16, a poor teaching rating of progress at age 16, and low standardised maths scores at age 11 were among the top five most predictive risk factors for multiple disadvantage in adulthood;<sup>4</sup>
- 2 **good social and emotional skills:** poor social and emotional skills are predictive of poor outcomes in adulthood. The *Reaching Out* research shows that behavioural difficulties at age 11; whether the child is receiving special help for behaviour difficulties at age 11; and poor child communication skills are all highly predictive of poor adult outcomes;<sup>5</sup> and
- 3 **positive parenting:** a positive parenting style has a strong and beneficial impact on children's outcomes and can act as a protective factor against other risks. There is also evidence suggesting that good, enthusiastic parenting is not determined by social class or ethnic background and importantly that it can be learned. The *Reaching Out* research showed that poor parenting is especially predictive of poor adult outcomes.

**3.13** The model set out at Chart 2.1 in Chapter 2 illustrates how, in order to improve these key protective factors, actions would need to take place at a range of levels, and throughout the system, where indicators of poor outcomes can be observed. For example, parenting could not only be improved by providing a programme to parents (which could improve the process of parenting) but also by improving background factors – such as getting parents into employment or decent housing. This in turn could help improve parental mental health (a key family feature) – which helps the process of positive parenting. The section below considers in more detail how public services currently support children and young people across these three key priority areas.

<sup>4</sup> *Predicting adult life outcomes from earlier signals: identifying those at risk*, Feinstein and Sabates, Cabinet Office, 2006.

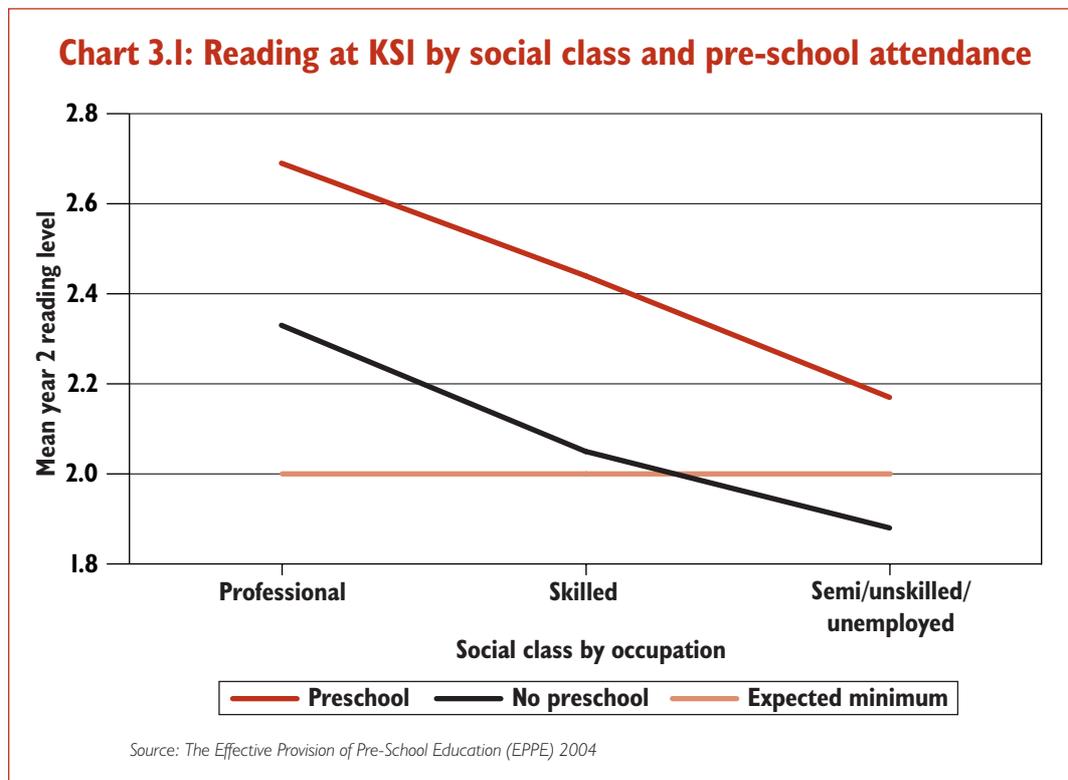
<sup>5</sup> *Ibid.*

### (a) Higher attainment

**Impact of recent investment** **3.14** Low levels of attainment are one of the most predictive indicators of poor outcomes in adulthood. To help boost attainment from the earliest stages of childhood, the Government has invested heavily in schools and in the early years since 1997.

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

**3.16** In particular, disadvantaged children can benefit significantly from good quality pre-school experiences, giving them a developmental boost at entry to primary school. Chart 3.1 shows that pre-school raises the average (mean) attainment of children above the expected level at Key Stage One (KS1). Without pre-school, low SES children fall below expected standards.



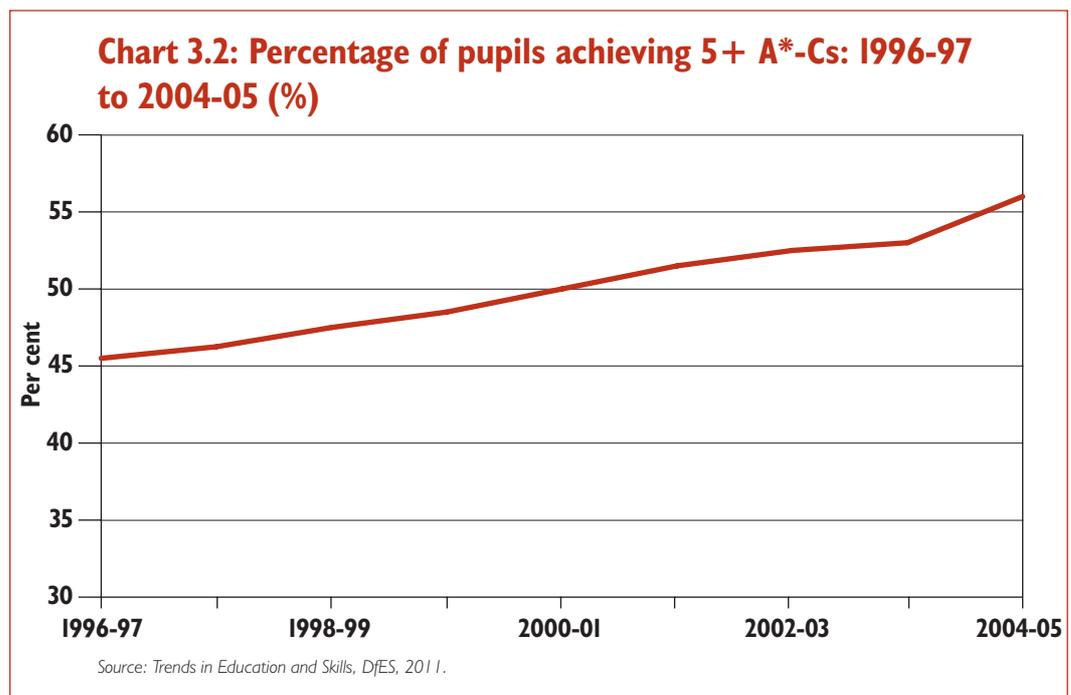
**3.17** In fact, within the lowest SES group, the attainment gap in both reading and maths appears to increase over time. This suggests that the experience of pre-school is particularly important in raising attainment levels in the early primary years and that children from low SES backgrounds who do not receive early years education are likely to fall further behind other children.

**3.18** Other research has also shown how early interventions, especially for disadvantaged children, are vital in helping minimise poor adult outcomes:

*“Early interventions for disadvantaged children promote schooling, raise the quality of the workforce, enhance the productivity of schools and reduce crime, teenage pregnancy and welfare dependency.... A large body of research in social science, psychology and neuroscience shows that skill begets skill; that learning begets learning. The earlier the seed is planted and watered, the faster and larger it grows. There is substantial evidence of critical or sensitive periods in the*

*lives of young children. Environments that do not stimulate the young and fail to cultivate both cognitive and non-cognitive [i.e. social and emotional] skills place children at an early disadvantage. Once a child falls behind, he or she is likely to remain behind".<sup>6</sup>*

**3.19** Attainment in the early years is necessary, but not sufficient alone to help deliver improved adult outcomes. Chart 3.2 shows that, on average, there has been continuous improvement in attainment in recent years.



**3.20** Recent analysis for the Leitch Review estimates that returns to an individual obtaining an academic Level 2 qualification – equivalent to 5+ A\*-Cs at GCSE – are:<sup>7</sup>

- a 10 percentage point increase in chances of employment;
- if in employment, a 25 per cent gain in wages – estimated at £3,270 a year (with 30 years of higher wages equivalent to a net present value of £29,000); and
- an average overall return – combining increases in likelihood of employment and gains in wages over 30 years – with a net present value of £43,000.

<sup>6</sup> *Investing in Disadvantaged Young Children is an Economically Efficient Policy*, Heckman, James, presented at the Committee for Economic Development/The Pew Charitable Trusts/PNC Financial Services Group Forum on “Building the Economic Case for Investments in Preschool” New York, January 10, 2006.

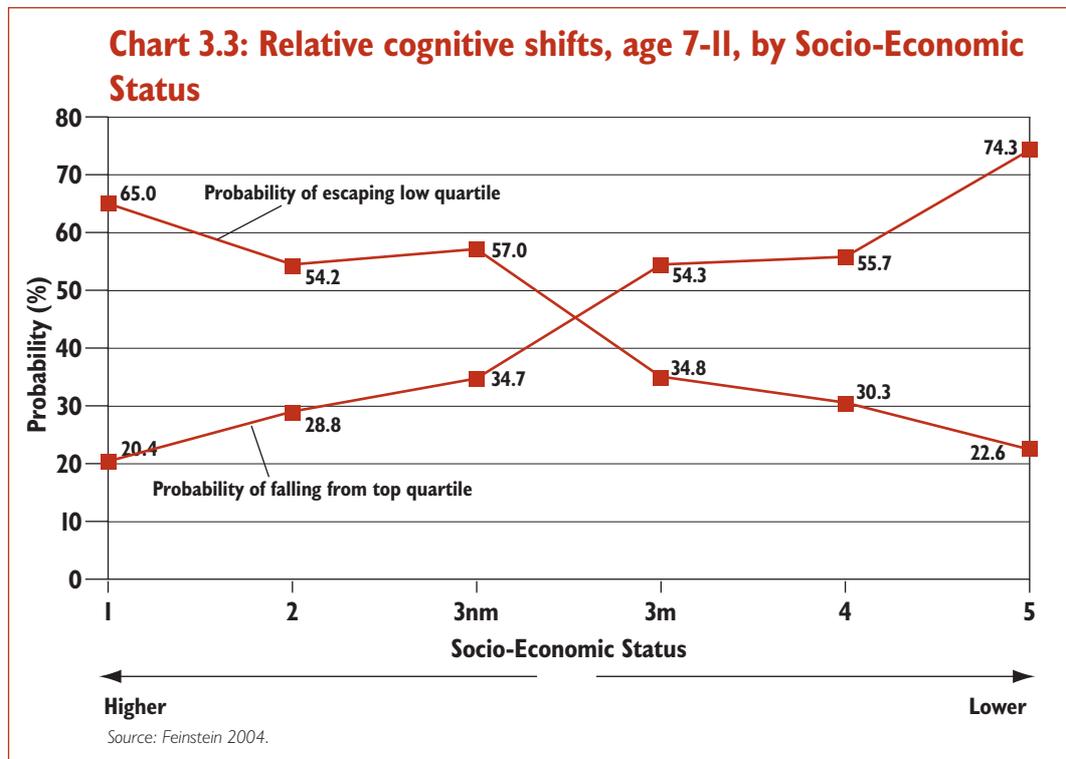
<sup>7</sup> *Prosperity for all in the global economy – world class skills*, Leitch Review of Skills Final Report, HM Treasury, December 2006.

**3.21** Maximising the chances that children achieve five good GCSEs depends on ensuring high attainment at earlier key stages. Evidence shows that most variation (76 per cent) in attainment at age 14 is in line with expected progress from age 11 – and so reflects the prior influence (to age 11) of socio-economic background, gender, and possibly primary school quality:

*“The correlation is +0.87 between each schools’ intake in KS2 points and its subsequent outcomes in percentage obtaining five or more GCSE grade A\*-C. This means that the majority of the difference between school outcomes is directly attributable to the prior attainment of their intake.”<sup>8</sup>*

**3.22** However, research also shows that:

- for some children, gains from the early years are not always sustained and consolidated effectively at primary school;
- in terms of average attainment, the gap between more deprived schools and less deprived schools has been closing, with the greatest rise in attainment coming from the most deprived schools. However within deprived schools, the rise in average attainment has largely been due to improved results for non-free school meals (non-FSM) children. The gap between free school meals (FSM) children and their peers remains significant, and in some cases is even slightly widening;<sup>9</sup> and
- while at school, children from the lowest SES group are three times more likely than children from the highest SES group to fall from the top quartile of attainment, and children from the highest SES group three times more likely to escape from the lowest quartile of attainment.<sup>10</sup> This is shown graphically at Chart 3.3.



<sup>8</sup> *Value-added is of little value*, Stephen Gorard, Department of Educational Studies, University of York, 2005.

<sup>9</sup> *Social Mobility: Narrowing Social Class Educational Attainment Gaps*, Supporting Materials to a speech by the Rt Hon Ruth Kelly MP Secretary of State for Education and Skills to the Institute for Public Policy Research, DFES 2006, slides 21-23.

<sup>10</sup> *Mobility in pupils’ cognitive attainment during school life*, Feinstein L, Oxford Review of Economic Policy, Vol 20 No. 2: Education, 2004.

**3.23** This shows that the highest SES children have a 65 per cent probability of escaping from poor attainment between age 7 and age 11, compared to only a 23 per cent probability of escape for low SES children. Conversely, low SES children have a 74 per cent probability of falling from high attainment between age 7 and age 11, compared to only a 20 per cent probability for high-SES children.

**Policy implications 3.24** Gains are being delivered by the record investment in early years and schools, but the 'attainment gap' between lower and higher SES groups remains.

**3.25** Teaching and learning strategies are outside the scope of this Review and work considering how to boost children's cognitive skills further is being carried forward elsewhere. The Report of the Teaching and Learning in 2020 Review Group which has just been published, sets out how personalising learning can contribute to closing the achievement gaps between different groups of pupils, through a more structured and responsive approach to meeting the learning needs of all children and young people.<sup>11</sup>

**3.26** The next phase of this Review will focus therefore on how to ensure services reach the most disadvantaged groups. It will consider what measures might help entrench the gains being delivered by early years investment, sustain them through the primary school years, and close the attainment gap between better and worse off children. This includes:

- whether there is scope for going further to ensure that all children benefit from sustained, high quality pre-school education, especially those from disadvantaged groups who are sometimes at risk of missing out on the universal free entitlement;
- whether more can be done to ensure children get personalised services through schools to ensure the additional needs of less affluent children are better met; and
- how extended services could help drive up attainment and provide wider support for those at risk of falling behind.

## (b) Better social and emotional skills

**3.27** Examples of social and emotional skills include:<sup>12</sup>

- **self-awareness**, which enables children to have some understanding of themselves: how they learn, how they relate to others, what they are thinking and what they are feeling. They can use this understanding to organise themselves and plan their learning;
- the ability to **manage feelings**: children use a range of strategies to recognise and accept their feelings. They can use this to regulate their learning and behaviour – for example managing anxiety or anger, or demonstrating resilience in the face of difficulty;
- **motivation**, which enables learners to take an active and enthusiastic part in learning: motivated learners recognise and derive pleasure from learning. Motivation enables learners to set themselves goals and work towards them, focus and concentrate on learning, persist when learning is difficult and develop independence, resourcefulness and personal organisation;

<sup>11</sup> 2020 Vision: Report of the Teaching and Learning in 2020 Review Group, DfES, 2007.

<sup>12</sup> Taken from *Primary National Strategy: Excellence and Enjoyment: – social and emotional aspects of learning*, Guidance, DfES, 2005.

- **empathy:** children being able to empathise involves understanding others and anticipating and predicting their likely thoughts, feelings and perceptions. It involves seeing things from another's point of view and modifying one's own response, if appropriate, in the light of this understanding;
- **social skills:** these enable children to relate to others, take an active part in a group, communicate with different audiences, negotiate, resolve differences and support the learning of others.

**3.28** Social and emotional skills and attainment are mutually reinforcing, either positively or negatively. Some negative emotions (such as sadness, anger) can block learning, while other positive feelings (such as a sense of well-being, feeling safe and valued) promote learning. Managing the emotions can therefore assist learning.<sup>13</sup> Children with emotional and behavioural problems are also prone to mental illness in later life and have increased likelihood of school exclusion, offending, anti-social behaviour, marital breakdown, drug misuse and alcoholism in adolescence and adulthood.<sup>14</sup> The Government has recognised the importance of the development of these skills in the early years – for example the Department for Education and Skills' and Department for Work and Pensions' foundation stage PSA target sets out to "*improve children's communication, social and emotional development...and reduce inequalities.*"

**Link to low SES 3.29** There is a correlation between deprivation and poor social and emotional skills.<sup>15</sup> Family prosperity is linked to non-aggressive behaviour.<sup>16</sup> Declining social mobility in the UK can be partially explained through the growing relationship between parental income and the social and emotional characteristics that influence education outcomes.<sup>17</sup>

**3.30** Gaps in social and emotional skills between children of different SES groups emerge as early as age 4, and probably even earlier in life.<sup>18</sup> Importantly for policy, however, the window for intervention to improve poor social and emotional skills exists right through childhood. There is some evidence of more mobility in social and emotional skills compared to cognitive skills – 44 per cent of children in the lowest quartile at age seven are still there at 11, whilst 29 per cent had moved into the quartile above – compared with 64 per cent and 26 per cent respectively for cognitive skills.<sup>19</sup>

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

<sup>13</sup> *Emotional Growth and Learning*, Paul Greenhalgh, London, 1994.

<sup>14</sup> *Promoting Children's Emotional Well-Being*, Ann Buchanan and Barbara Hudson, Oxford, 2000.

<sup>15</sup> *The Relationship Between Low Family Income And Psychological Disturbance In Young Children: An Australian Longitudinal Study*, William Bor, Jake M. Najman, Margaret J. Andersen, Michael O'Callaghan, Gail M. Williams, Brett C. Behrens, Australian and New Zealand Journal of Psychiatry, 1997.

<sup>16</sup> *Family Resources And Child Development*. Heather Joshi. Paper presented to the Final Conference of the Children 5-16 Programme, London, 2000.

<sup>17</sup> *Explaining Intergenerational Income Persistence: Non-cognitive Skills, Ability and Education*. Jo Blanden, Paul Gregg and Lindsay Macmillan, Centre for Market and Public Organisation, Bristol, 2006.

<sup>18</sup> *Human Capital Policy*, Pedro Carneiro and James Heckman. IZA Discussion Paper 821, 2003.

<sup>19</sup> *Which Skills Matter?* Pedro Carneiro, Claire Crawford and Alissa Goodman. Centre for the Economics of Education, London, 2006.

**3.32** Evidence from the evaluation of SEAL found schools piloting the programme and related measures saw consistent improvements in their national test scores in KS2 across all subjects over 2003-2005 above the national average for maintained primary schools. Teachers also reported improvements in learning due to the calmer environment and that it had a major impact on children's well-being, confidence, social and communication skills, relationships (including bullying), playtime behaviour, pro-social behaviour and attitudes towards school. Ofsted noted the effect that SEAL has on behaviour stating that the "*Primary National Strategy initiative on social and emotional aspects of learning has enhanced the methods used by schools to improve pupils' behaviour. Schools have used the material available through the strategy to broaden and deepen their approaches.*"<sup>20</sup>

**3.33** Despite the successes of programmes such as SEAL, there appears to be a variable understanding among front-line professionals of the importance of social and emotional skills, especially on links to academic standards. Whilst evidence is emerging of the importance of these skills, this is a relatively recent development.

**Policy implications 3.34** Major gains in average academic attainment have been delivered in recent years by focusing strongly on driving up cognitive ability. The Report of the Teaching and Learning in 2020 Review Group notes the importance of non-cognitive skills in reporting on how further progress in this area can be delivered through better personalisation of education. However, given the direct link between social and emotional skills and academic attainment, the next phase of this Review will focus on how to help boost social and emotional skills for all, and especially children from lower SES groups. This will cover:

- whether further support, including training, might be needed to ensure the effective implementation of the SEAL programmes;
- the benefits of support for social and emotional development provided by early years provision and its links to later school-based support; and
- the role of CAMHS and wider support for children's social and emotional development.

### (c) Positive parenting

**The importance of good parenting 3.35** Parental involvement has a significant impact on children's cognitive development and literacy and number skills, particularly in the early years.<sup>21</sup> Chapter 2 explains how the very early years (between conception and age 3) are especially crucial to children's development.

**3.36** It is also known that parental engagement in their children's learning can have significant benefits for children's attainment:

*"Parental involvement accounts for at least 10% of the variance in achievement net of social class. This makes parental involvement a much bigger factor than school effects in shaping achievement."*<sup>22</sup>

<sup>20</sup> *Evaluation of the Primary Behaviour and Attendance Pilot*, Susan Hallam, Jasmine Rhamie, Jackie Shaw. Institute of Education, London, 2006.

<sup>21</sup> *The Effective Provision of Pre-School Education (EPPE) Project: Final Report*, Kathy Sylva, Edward Melhuish, Pam Sammons, Iram Siraj-Blatchford, Brenda Taggart, London: Institute of Education, 2004.

<sup>22</sup> *The impact of parental involvement, parental support and family education on pupil achievement and adjustment: A literature review.* Charles Desforges and Alberto Abouchar, DfES, 2003.

**Support for parents 3.37** Parenting can at times be difficult and evidence shows parents want more information and help. There is some emerging evidence that programmes to support parents better can be effective:

- information services can be very effective in providing advice and signposting for all parents. Parentline Plus, for example, gets over 100,000 calls a year and evaluation suggests that parents like the service offered and that they feel better able to cope with the challenge of parenting afterwards;
- self-evaluation of a universal pilot of 'Triple P' in Australia showed that by creating a universal service accessible to all, much of the stigma associated with accessing such services was removed and parents felt much more likely to access them;<sup>23</sup> and
- programmes that utilise an evidence-based approach, such as the Webster Stratton *Incredible Years* programme, have been evaluated and shown to improve parenting skills. In April this year the Welsh Assembly unveiled plans to roll out the Webster Stratton parenting programme to every Local Authority area in Wales.

**3.38** Good progress has been made in delivering more support to parents, with Sure Start Children's Centres in particular offering parenting support in the areas in which they operate. The Government has also recently announced pilots to test how to improve support for parents, including from September 2006 Parent Support Advisers in over 600 schools, and as announced in *Reaching Out*, a new demonstration project of health-led family support projects (see Box 3.3). In addition, in five demonstration projects, Early Learning Partnerships are targeting support at parents of children aged 1 to 3 years who are at risk of learning delay, to support parents' involvement in their children's learning.

**3.39** Through the *Respect Action Plan*, the Government is aiming to improve the availability of parenting support to the families of young people involved in or at risk of anti-social behaviour. This includes the creation of a National Academy for Parenting Practitioners to provide training, development and support for those working in parenting, and new expectations that Local Authorities will improve the planning, commissioning and funding of parenting services.

**3.40** However, gaps remain in the continuum of support offered to parents, particularly for more vulnerable parents from disadvantaged backgrounds. It is likely that this is because vulnerable groups are not accessing and engaging with the services in the same way as other parents and families. Successful programmes such as Triple P and Webster Stratton are not being implemented nationally and health visitors, who are vital in delivering support to parents in the very early years, are not always available to deliver the best and most appropriate service for the most disadvantaged families.

<sup>23</sup> The "Every Family" Pilot was carried out on a population wide basis in selected South Brisbane suburbs. See [http://www.pfsc.uq.edu.au/downloads/Every\\_Family\\_Brief\\_Report.pdf](http://www.pfsc.uq.edu.au/downloads/Every_Family_Brief_Report.pdf).

**Box 3.3: Health-Led Parenting Support Demonstration Project**

*Reaching Out: An Action Plan on Social Exclusion*, published by the Government in September 2006, included the establishment of ten health-led parenting support demonstration sites.

The sites are expected to be jointly commissioned from Primary Care Trusts and Local Authorities. The objectives are to demonstrate the potential efficacy and cost-effectiveness of sustained and systematic health visitor and midwife-led early intervention for at-risk families based on a model of progressive universalism, mainly through Sure Start's Children's Centres but with strong links to other local family support services and general practice.

The target group is first-time parents – working with mothers and fathers from mid pregnancy through until when the child is 2 years old. The outcomes expected to be delivered and demonstrated during the initial phase of the project to March 2008 are improvements to: pre-natal health behaviours; pregnancy and birth outcomes; and care of the child. Longer-term aims of the project are improvements to child neurological development and increased service uptake.

Over 60 joint bids were submitted from Primary Care Trusts and Local Authorities. The successful sites will be notified in early 2007 with the objective that they will be operational by April 2007.

**Fathers 3.41** Evidence shows that fathers have a crucial role to play in contributing to the raising and educational attainment of children. A father's involvement in his child's education at age seven predicts a higher educational outcome by age 20 in both boys and girls.<sup>24</sup> There is evidence that suggests the average amount of time that married fathers spend with their children has increased significantly over the last decade. Other evidence shows that some fathers have become more active in fatherhood whereas others have become more distant (see Box 3.4).

**3.42** However, support is not equal for all parents. The word "parent" in the context of parenting support is often taken to mean "mother", and existing support for parents can sometimes have the effect of excluding fathers.

**Box 3.4: Dads Matter project, Cooper Lane Primary School, Lewisham**

The head at Cooper Lane School was concerned that with only one male teacher out of a staff of 24, there were few positive male role models for pupils. With little visible input from fathers in homework, reading or aspects of school life, it became clear there was a need to involve fathers more actively. In 2004, the head set up the 'Dads Matter' project.

There is now a thriving network of over 60 fathers who meet regularly and are driving forward the school's reading champions programme, making a real difference to their sons' and daughters' achievement.

**3.43** Support is not equal across SES groups. Lower SES groups do not receive as much support, and Black and Minority Ethnic (BME) groups, who might have specific, culturally-sensitive needs might not receive appropriate support.

<sup>24</sup> *Childhood experience and the risk of social exclusion in adulthood*. John Hobcraft Case Briefing Nov 1998.

**Policy implications 3.44** Positive parenting is vital in driving the cognitive, social and emotional development of children, and the constant engagement of parents throughout school has a significant impact on children's attainment. Yet the continuum of support for parenting remains underdeveloped. The next phase of the Review will therefore focus on how a continuum of support on parenting could be strengthened, including:

- how parents might be better supported in the very early years by health professionals, in particular midwives and health visitors, and para-professionals and early years support workers;
- what scope there could be to support further all parents – including fathers and BME parents – to meet their responsibilities to their children more effectively; and
- how parents might fully engage with schools in their children's education.

## USER LEVEL REFORM – EMPOWERING COMMUNITIES AND SERVICE USERS

**3.45** Those who need most support are often the hardest to reach and often do not access the services they need. For example, recent analysis of the “Millennium Cohort” (i.e. children born in 2000) has shown that while 57.4 per cent of families earning over £52,000 had a visit from a health visitor in the first year, only 41.5 per cent of families with less than £3,000 annual income received a similar service.<sup>25</sup>

**3.46** This “inverse care law” could have many causes. One reason sometimes given is that higher SES groups are more adept at articulating their problems, demanding and receiving a response from public services, and using the system such that they receive a better quality of service.

**Lack of responsiveness to service users 3.47** Fieldwork has shown that families often recognise when they need help and value it when it is provided quickly. However, parents are sometimes told by social care teams that things are not bad enough; that there are children with more urgent needs. Parents report that services do not understand the courage necessary to ask for help. They say that when services say the situation is not ‘bad enough’ it can leave families in despair and without support (see Box 3.5).

### Box 3.5: Case study: poor responsiveness

1. **Lucy said she was at breaking point. She had asked for help on a number of occasions but it was only when she threatened her daughter that she began to receive help from the family support service.**
2. **Nicole had sought help on many occasions from social care because she had difficulty with her daughter and described herself as not developing an attachment to her. It was again only when she was seen threatening her daughter that support was offered.**

**Fear of statutory sector 3.48** Rather than being crowded out by more affluent, more vocal services users, local fieldwork suggests some vulnerable families choose not to try to access services in the first place. This is because of a negative perception of the services themselves, or an incorrect perception of what the services would “do” to them – in particular a fear that services might take their children away (see Box 3.6).

<sup>25</sup> *Reaching Out: An Action Plan on Social Exclusion*, Cabinet Office 2006.

**Box 3.6: Case study: fear of children's services**

Dee, a 12-month old girl, lived with her mother Julia in Local Authority accommodation. The staff noticed that Julia was not looking after the flat and she was getting into debt. The family support service provided her with support and worked through a systematic parenting programme. Julia commented that there is plenty of information for pregnant women, but following the birth it seems to disappear.

Following a second referral to children's services the same worker was able to support Julia with her move, help her improve her relationship with her mother who then provided additional support, and provide practical help and emotional support to gain a college place.

On reflection Julia thinks she was hoping someone would notice that she needed help, but was afraid of asking in case her baby was taken away from her.

**3.49** This fear, nervousness or distrust of statutory services was commonly reported in responses to the Review's Call for Evidence. Some responses suggested that distrust of the statutory sector could be countered by using the third sector as one way to provide services that may not have stigma attached. Directly involving the community in joint problem solving, home visiting programmes and persistence and stamina from service providers were also mentioned. Statutory services might need to become more effective at 'reaching out' to the most vulnerable families.

**Aspirations 3.50** Poverty of aspiration for the more vulnerable in society may be a key contributory factor. If children have low aspirations for themselves, or parents have low aspirations for their children, then the "demand" pressure they put into the system to force schools and other public services to meet their needs might be diminished. Recent research commissioned by HM Treasury and the Sutton Trust from the Ipsos MORI Social Research Institute shows that 59 per cent of parents agree that their child's prospects are better than their own were.<sup>26</sup> For lower SES groups, this figure rises to nearly 70 per cent.

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

**3.52** Parents not having high aspirations for their children can become a self-fulfilling prophesy. The academic research commissioned to inform *Reaching Out* showed that low maternal aspirations for children, articulated in a low expectation for children to stay on at school, was one of the most predictive risk factors for the children suffering from multiple deprivation in adult life.<sup>27</sup>

**Implications for policy 3.53** If the system is to become more preventative, the emerging conclusion of this Review is that not only do services need to reach out more effectively to the most vulnerable but that children and families themselves also need to be encouraged to engage more proactively with the support available. Therefore, in the next phase, this Review will explore both how the responsiveness of services could be improved and how the users of services themselves could be encouraged to exercise a powerful 'demand-side' pressure to deliver reform, including:

- whether and how children, young people, families and communities can be better involved in the design and delivery of services;

<sup>26</sup> IPSOS MORI research for the Sutton Trust / HM Treasury, publication forthcoming.

<sup>27</sup> *Predicting adult life outcomes from earlier signals: identifying those at risk*, Feinstein and Sabates, Cabinet Office 2006.

- whether and how individuals might be incentivised to engage with some key services;
- how the skills of the third sector can be engaged to deliver services to vulnerable people without fear or stigma;
- how services can be further personalised to take account of families' specific support needs; and
- how aspirations might be raised to stimulate demand for services.

## NEXT STEPS

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**3.54** To improve outcomes for all children and young people, reduce inequality and promote social justice, this Review has found that support for children, young people and families must be more preventative, and better equipped to deliver early interventions that deal with risks and problems before they escalate. This requires a whole-system response from services.

**3.55** The system for supporting children, young people and families needs to be sufficiently sophisticated to be able to deliver support from birth, maintain a level of support throughout childhood that is able to prevent children from being at risk at later ages, and deal adequately with children who 'fall into' risk in later childhood.

**3.56** Fieldwork has shown that while key changes have been introduced, opportunities to intervene preventatively and early are sometimes being missed. Further reform is needed to lock in the *Every child matters* vision of prevention and early intervention.

**3.57** To achieve this, the emerging conclusions of this Review are that:

- at the system level building on the *Every child matters* reforms, further progress is needed to ensure that services are incentivised to make best use of their resources by intervening at the earliest possible opportunity;
- at the service level, universal services, and especially schools and health services, should be central to delivering preventative support. The Review will focus particularly on how to deliver a continuum of support to boost children's resilience to poor outcomes through attainment, social and emotional skills and parenting support; and
- at the user level, further progress needs to be made in empowering service users, utilising the special skills of the third sector, devolving decision making to communities and raising aspirations.

# 4

## HELPING YOUNG PEOPLE REACH THEIR FULL POTENTIAL

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### INTRODUCTION

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**4.1** As set out in Chapter 2, support and opportunities to develop and achieve are needed throughout childhood, not just in the early years. This Review is also looking at how to make a step change in the delivery of the offer for 13-19 year olds to bring about improvements in their life chances and increase community cohesion through the provision of positive activities.

**4.2** Young people are at a particularly complex stage in life. Although the majority of young people already participate in beneficial positive activities, for various reasons some do not have access to or do not take advantage of opportunities to help them develop. This chapter sets out:

- how positive activities can make a difference to young people's outcomes;
- the barriers some young people face that prevent them from participating in positive activities; and
- challenges that need to be overcome in order to ensure that more young people have the opportunity to benefit from positive activities.

### A TIME OF OPPORTUNITIES AND CHALLENGES

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**4.3** Prevention and earlier intervention do not just mean supporting children in their early years. Emerging from childhood, but not yet adults, young people are at a crucial and challenging time of life. As they enter adolescence, young people begin to leave the confines of their families and gain greater independence. The transitions to secondary school and to college are major changes, calling on young people to become more self-reliant and take greater responsibility. Friends become more important and influences outside the home stronger; young people in the UK spend more time with their peers and less time with parents than young people in many other European countries.<sup>1</sup> The sum of these changes presents a challenge as some young people begin to navigate their own way through life without some of the support they have previously received.

**Complex life course** **4.4** Paths to adulthood are more complex than they once were. Research suggests that young people in the UK are exposed to more information, make more consumer decisions, and are faced with less straightforward paths through education and into employment than once was the case.<sup>2</sup> The result is that 'soft' or non-cognitive skills are becoming increasingly important to young people's ability to negotiate these transitions and make the best choices and decisions. Non-cognitive skills, such as team work, communication and understanding of others, aspiration, the ability to deal with tasks and to solve problems have a protective effect, helping to support other positive outcomes such as attainment and employment.

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<sup>1</sup> *Freedom's Orphans – Raising youth in a changing world*, Dixon, Margo, Pearce and Reed, Institute for Public Policy Research, 2006.

<sup>2</sup> *Transitions – Young Adults with Complex Needs*, Social Exclusion Unit, Office of the Deputy Prime Minister, 2005.

**4.5** As Chapter 2 sets out, adolescence can be where difficulties start or are exacerbated. For example, two fifths of a sample of at-risk young people who had been excluded from school were excluded for the first time in Year 7.<sup>3</sup> The poor outcomes some young people experience in adolescence in turn represent risk factors for later outcomes in adulthood and too many continue to experience multiple disadvantages that persist into adult life. However, many poor outcomes in adolescence are undesirable in themselves even if they do not persist. Approximately one in ten 16-18 year olds, for example, are not in education, employment or training (NEET).

**4.6** In some cases, when young people behave badly, this can have an impact on the wider community, who may develop negative perceptions of young people. This in turn can undermine relations across the generations and corrode social capital.

**4.7** Despite such a complex time of life, there is also much for today's young people to celebrate. The teenage years can represent a time of great excitement and increasing opportunity. As young people venture into the world on their own, they have the chance to be exposed to new people and new experiences. The vast majority of young people are using these opportunities to make a positive contribution; 63 per cent of 11-15 year olds had given help to a group, club or organisation in the past 12 months, while 90 per cent had given help in the home or to relatives.<sup>4</sup> Above all, it is a time for personal development and the forging of identities. Young people have the right to services that can help them to make the most of these opportunities and build protection against the risks they face.

**4.8** The Review's work on young people will culminate in a longer-term vision. This is likely to include ensuring that every young person has the ability to promote their personal development and make the most of their adolescent years through participation in a wide spectrum of exciting and high-quality positive activities. Young people should be supported in playing a role in influencing and taking part in the design and delivery of services, while communities should be able to expect support to play their role in service provision.

## THE IMPORTANCE OF HIGH-QUALITY POSITIVE ACTIVITIES

**4.9** Schools and formal education are important environments in which people grow and develop. National and international research, however, shows that how and where young people spend their free time is also significant in influencing their life chances. Excellent, carefully delivered positive activities offer the kind of opportunities young people need to realise their full potential, broaden their horizons and build resilience against risk.

**4.10** Such provision can include a wide range of activities, including:

- open access, unstructured leisure activity (for example, swimming pools or the cinema);
- structured activities that lead to recognised awards (such as the Duke of Edinburgh Award), national programmes (such as the Army Cadets), or participation in other types of activities (such as drama or sport and small scale projects such as DJ workshops organised by local groups); and

<sup>3</sup> *Young People, Risk and Protection: A Major Survey of Secondary Schools in On Track Areas*, Bhabra, Sokratis and Ghate, Department for Education and Skills, 2006.

<sup>4</sup> *Home Office Citizenship Survey – Top-level findings from the Children and Young People's Survey*, Home Office, 2003.

- more targeted work with at-risk young people geared towards integrating young people back into the mainstream as part of a package of wider personal support (such as programmes like Positive Futures which use sport and leisure activities to engage with young adults from socially and economically deprived communities).

Some youth provision will offer a combination of all of these and involve a wide range of people and organisations.

**Building resilience 4.11** Longitudinal research shows that the contexts in which young people spend their leisure time during their adolescence has an effect on outcomes, even after controlling for other factors.<sup>5</sup> Taking part in positive activities builds young people's resilience against poor outcomes, allowing them to test their boundaries and try out their new-found independence. It can build aspirations and confidence to achieve, alongside greater awareness of the world they live in. There are also major benefits to physical and mental health. Many of these benefits can be characterised as helping young people develop non-cognitive skills. Box 4.1 shows how these skills can be gained in practice, using an example of participation in youth theatre.

#### **Box 4.1: How participation can make a difference – youth theatre**

**Youth theatre engages young people in a range of activities, such as performances with their peers; creative, skills or issue-based workshops; projects with professional artists and youth festivals. Typically, participation is voluntary and takes place outside of school.**

**A recent study by Manchester University found that youth theatre provides support and a safe place in which to investigate and simulate the risks and challenges inherent in the transition to adulthood, providing skills and self-awareness that young people can subsequently apply in the outside world.<sup>a</sup> Asked to describe the impact of youth theatre on their development, young people most frequently reported:**

- **improved confidence;**
- **more friends/improved ability to make friends;**
- **greater open-mindedness;**
- **ability to understand and work with other people;**
- **diversion from getting into trouble; and**
- **increased ability to deal with difficult/negative experiences.**

<sup>a</sup> *Playing a part: the impact of youth theatre on young people's personal and social development*, Research in Drama Education, Vol 9, No 1, Hughes and Wilson, University of Manchester, 2004.

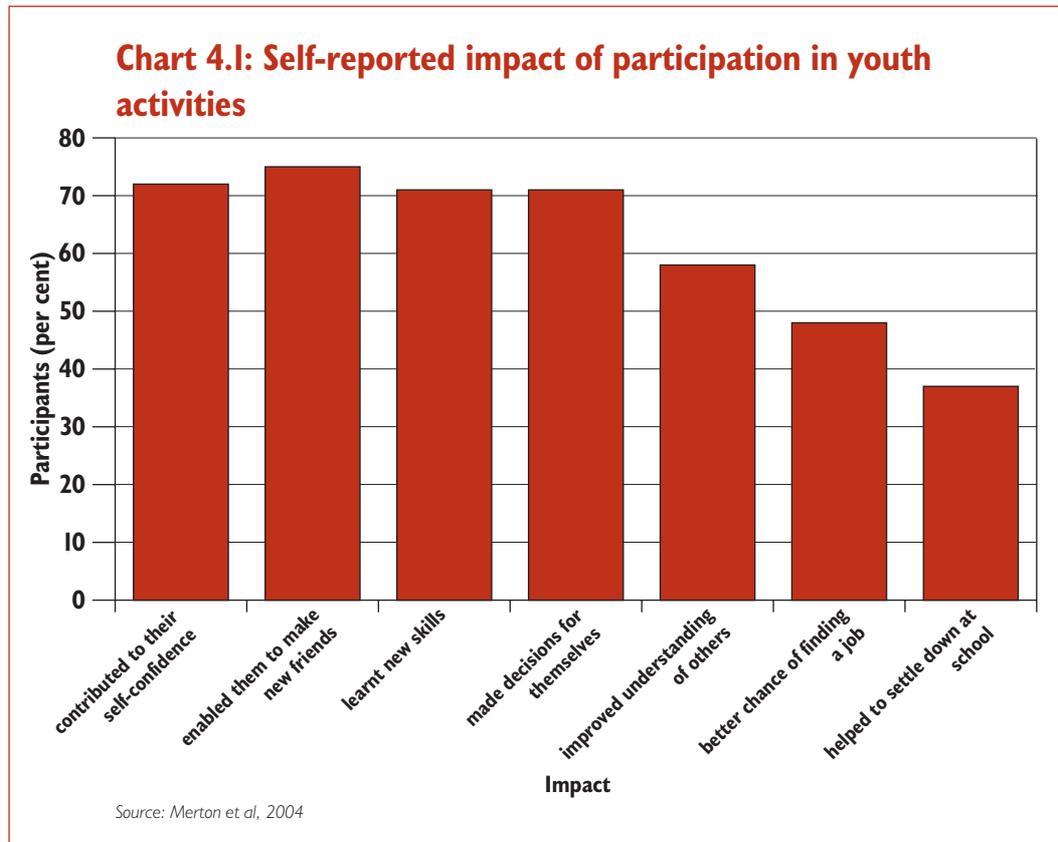
**4.12** In-depth analysis of youth provision from the US, including extended school and youth programme models, found participation to be linked to:

- improvements in attitudes towards school, academic performance, school attendance and discipline;
- avoidance of drug and alcohol use, decreases in delinquency and violent behaviour, awareness of safe sex; and
- increased skills for coping with peer pressure, decreased behavioural problems, improved social and communication skills, and better self-confidence and self-esteem.<sup>6</sup>

<sup>5</sup> *Leisure contexts in adolescence and their effects on adult outcomes*, Feinstein, Bynner and Duckworth, Centre for Research on the Wider Benefits of Learning, 2005.

<sup>6</sup> *A Review of 'Out-of-School Time' Program Quasi-Experimental and Experimental Evaluation Results*, Harvard Family Research Project, 2003.

Chart 4.1 shows some of the skills young people themselves report developing as a result of their participation in positive activities.



**4.13** Positive activities such as sport can also be a valuable gateway to other activities that can improve outcomes. For example Playing for Success, the national programme that mixes participation in football clubs with support in key academic subjects, uses sport to attract young people to the programme.

**Quality 4.14** Research shows that the nature and content of provision is critical to influencing outcomes for the better. Box 4.2 highlights generic characteristics of provision which are successful in improving outcomes.

**Box 4.2: Generic characteristics of successful, outcome-improving provision<sup>a</sup>**

- opportunities to gain skills including physical, social and intellectual skills, that build young people's well-being and prepare them to be healthy, competent adults in the future;
- support for personal effectiveness, by promoting autonomy and valuing individual expression and opinions. In this context youth workers enable young people to arrive at their own choices and solutions to problems, rather than offering ready-made solutions;
- integration of family, school and community efforts, by providing synergy between the various settings in which young people lead their lives. Successful youth work involves advocating on behalf of, and mediating in the interests of young people, resulting in strengthened relations with the local community and schools;
- setting and demonstrating positive social norms and expectations for socially appropriate behaviour;
- physical and psychological safety, including practices that support safe peer interactions;
- appropriate supervision, involving adults providing clear, appropriate and consistent rules and expectations; and
- sustained participation to ensure maximum benefit.

<sup>a</sup> *Community Programs to Promote Youth Development*, Eccles and Appleton Gootman, 2002; *Organized Activities as Contexts of Development*, Mahoney, Larson, Eccles, Lawrence Erlbaum Associates, 2005; and research relating to the Teen Outreach, Big Brothers, Big Sisters, and Quantum Opportunities programmes.

**4.15** Conversely unstructured, unsupervised activity can be associated with worse outcomes for young people, and for some at-risk young people certain kinds of provision might not be appropriate. For example, longitudinal research shows that young people who frequently attended unstructured provision which attracted negative peers were 12 per cent less likely than average to gain Level 2 qualifications, even after controlling for other factors.<sup>7</sup> It is therefore vital that care is taken in the delivery of activities.

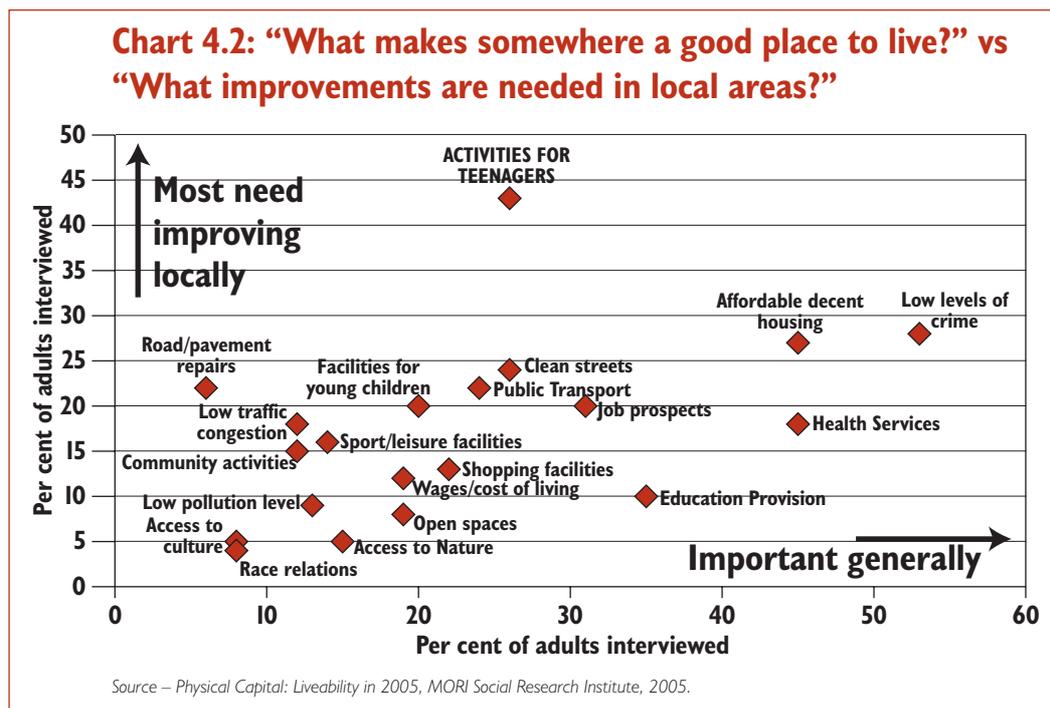
**4.16** Some view these findings on unstructured activity as a criticism of youth centres and clubs. The Review's interpretation of this evidence, however, suggests that this type of provision is not intrinsically negative.<sup>8</sup> Rather, like any type of leisure setting, it is dependent on the level of engagement, quality of staff and the degree of structure. The research highlights that not every activity or setting is necessarily positive. Unstructured settings can, however, still be effective in attracting disadvantaged young people and may offer a means both to engage and deliver support for vulnerable groups. The challenge for service providers is to ensure that having attracted disadvantaged young people to participate they can then engage them in more structured activities. While this challenge is not to be underestimated, there are good examples of existing practice where providers use a range of strategies including involving young people in the design of activities that are relevant to their lives, basing provision directly in their communities and deploying outreach youth workers.

<sup>7</sup> *Leisure contexts in adolescence and their effects on adult outcomes*, Feinstein, Bynner and Duckworth, Centre for Research on the Wider Benefits of Learning, 2005.

<sup>8</sup> *Ibid.*

## Benefits to communities

**4.17** The benefits of positive activities go a lot wider than just to the people who participate directly in them. There is a clear message from the public that the availability of positive activities matters to them. When asked what makes somewhere a good place to live, 26 per cent of British adults said ‘activities for teenagers’, ahead of ‘access to nature’, ‘race relations’, and ‘low level of traffic congestion’ (see Chart 4.2). Improvements in this area were the number one priority – 43 per cent said activities for teenagers were in greatest need of improvement in their local area, ahead of crime at 28 per cent, affordable decent housing at 27 per cent and public transport at 22 per cent.<sup>9</sup>



**4.18** Inter-generational mistrust and the presence of young people who are disengaged with their communities can, however, weaken community bonds. Perceptions of teenagers ‘hanging around’ as a problem have increased over the last decade. These impressions appear more prevalent in deprived communities.<sup>10</sup> Effective youth programmes can restore a more balanced view of young people. For example, Positive Activities for Young People has combined structured activities with professional support and challenge to address the root causes of problem behaviour,<sup>11</sup> not just to divert participants from that behaviour. Moreover, young people with a positive view of their neighbourhoods are more likely to play a role in their communities and more likely than those with negative views to participate in civic activities or to help a group, club or organisation.<sup>12</sup> As neighbourhoods continue to be diverse places in which to live and grow up, positive activities will continue to have an important role in promoting new relationships across different groups of young people, and across generations. In the future, the clear links between neighbourhood regeneration and young people’s services could be strengthened to achieve these aims.

<sup>9</sup> *Physical Capital: Liveability in 2005*, MORI Social Research Institute, 2005.

<sup>10</sup> *British Crime Survey*, Home Office, 2006.

<sup>11</sup> Positive Activities for Young People (PAYP) is a cross departmental programme aiming to provide activities throughout the year including during school holidays for young people across the country aged 8-19 who are at risk of social exclusion and community crime.

<sup>12</sup> *Home Office Citizenship Survey – Top-level findings from the Children and Young People’s Survey*, Home Office, 2003.

**4.19** The Government continues to support the efforts of many organisations already offering young people the chance to participate in their communities. For example, there is a large amount of volunteering activity by young people in the sports sector within programmes such as Schools Sports Partnerships. Most recently, the Government committed up to £100 million to ‘v’, the charity to promote volunteering among young people.

**4.20** Parents and carers also place great importance on safe and affordable ‘things to do and places to go’ for their children. Evidence suggests that effective services and programmes consult and, where appropriate, involve parents in delivering activities while respecting young people’s independence.<sup>13</sup> Ensuring equal access to activities means that it is particularly important that parents, carers and families who may be unaware of the benefits and opportunities, or who cannot afford to purchase activities, are given information and help. *Care matters*<sup>14</sup> recognised the importance of this for children in care and those leaving care.

## NOT ALL YOUNG PEOPLE BENEFIT FROM AVAILABLE OPPORTUNITIES

**4.21** Chapter 2 highlighted that a preventative approach is needed to support all children. This remains true for the teenage years. Some young people will also need more support than others to build resilience and navigate risks, particularly those growing up without the help of strong families.

**Progress so far 4.22** The Government recognises the role of services for young people in helping them to fulfill their potential, build resilience and navigate risk. To benefit all young people, the Government has invested in modernisation and expansion of services, increasing arts and cultural activities, and sports provision. *Youth matters*<sup>15</sup> went further in placing positive activities at the heart of youth strategy, including signalling a duty on Local Authorities to secure access to positive activities for personal and social development and setting out an expectation for the transition to integrated youth services more generally. Moreover, it broke new ground in giving young people more influence over provision. The Youth Opportunity and Youth Capital Funds are putting £115 million over two years directly into the hands of young people to provide the activities and facilities they want. Access to activities will also be a key aspect of the extended schools programme.

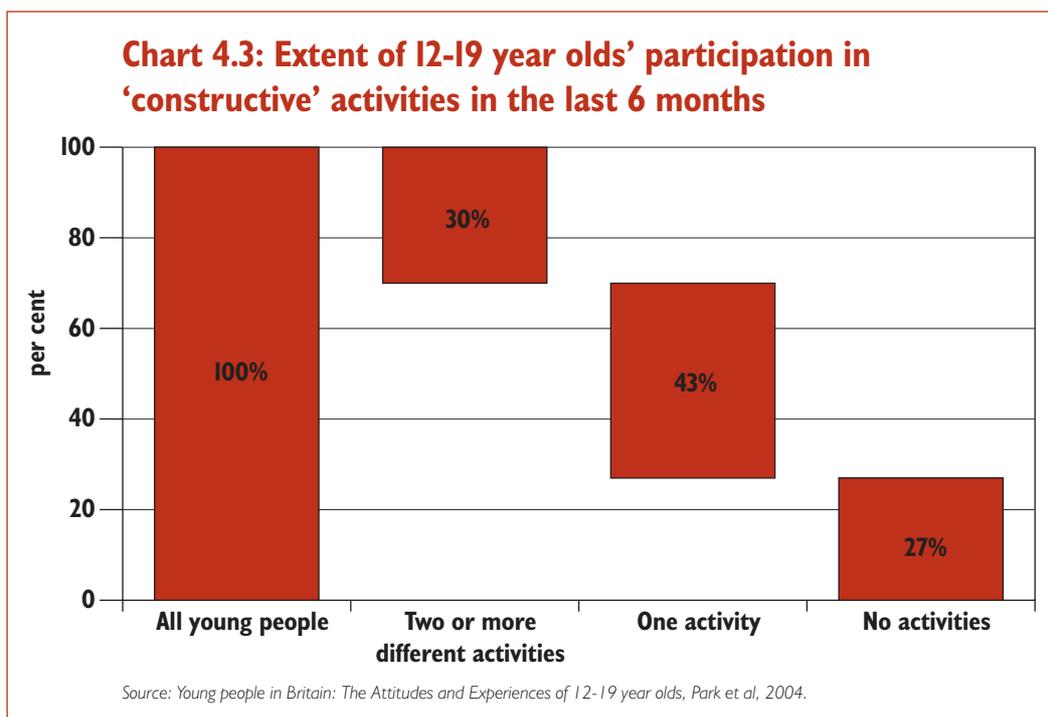
**4.23** In recognition of the way in which some young people need extra support to prevent poor outcomes, the Government has also introduced more targeted measures that focus on improving the outcomes of the most vulnerable. Notably, integrated targeted support pilots for at-risk young people are bringing together the services they need. Some are based more explicitly on positive activities. Positive Activities for Young People and Youth Inclusion Programmes, for example, have shown the benefits of combining activities and support to young people in very challenging circumstances. Contributions to the Review have suggested that positive activities are a vital component of more targeted work with young people, often providing a way of encouraging them to engage with mainstream services.

<sup>13</sup> *Promoting Well-being Among America’s Teens*, Zaff et al, Knight Foundation, 2002.

<sup>14</sup> *Care Matters: Transforming the Lives of Children and Young People in Care*, DfES, October 2006.

<sup>15</sup> *Youth Matters*, DfES, July 2005; and *Youth Matters: next steps*, DfES, March 2006.

**4.24** However, more needs to happen to ensure that young people who do not currently benefit from these opportunities have a greater chance to do so. As illustrated in Chart 4.3, one quarter of young people do not participate in any positive activities.<sup>16</sup> Those who are at risk of poor outcomes are disproportionately less likely to take part and are likely to remain so without stronger encouragement and incentives from local services. Some approaches include street-based and outreach youth work that actively seek to engage young people least likely to participate and link to other services operating with vulnerable groups. This type of measure is essential to shift the trend of a large minority continuing to miss out on available opportunities.



**4.25** More generally, the message from the *Youth matters* consultation was clear: young people were unhappy with the range of activities on offer in their localities and wanted more to do. All young people need to be able to access opportunities, although the role government should play will vary according to need:

- the majority of young people are at relatively low risk of poor outcomes, and are already participating and making a contribution in a range of ways;
- some young people are at risk of developing poor outcomes, and need opportunities to boost their resilience and increase their chances of successful transition to adulthood. For example, these young people might be misusing substances or attaining poorly in school; and
- some young people are already experiencing poor outcomes and need targeted support. For instance, 3 per cent of 15 year olds are persistent truants. Almost one in ten of 16-18 year olds are not in education, employment or training. Some people in these circumstances will be facing multiple disadvantage.

<sup>16</sup> *Young People in Britain: The Attitudes and Experiences of 12-19 year olds*, Park et al, National Centre for Social Research, 2004.

**Progressive universalism 4.26** Given this range of need, it is evident that a one-size-fits-all model is not appropriate and that the Government's approach of progressive universalism is the right one. In developing a future strategy for the provision of positive activities, the Government's role in ensuring young people have access will differ depending on the circumstances and the young people concerned. Broadly, it will involve:

- setting the vision nationally of what constitutes a good quality offer for all young people;
- working with local government and Children's Trust partners to ensure diverse opportunities are available, though they may be provided outside of the statutory sector, by third or private sector bodies;
- helping to create the conditions for each sector to play the most appropriate role; and
- supporting marginalised young people to access opportunities in which they might not otherwise participate.

These efforts should be geared towards the objectives of ensuring all young people have the opportunity to reach their full potential, experience improved outcomes as they progress to adult life and make a contribution to improving community relations.

**4.27** The Review is assessing how far current provision goes towards achieving such a vision. While our research found many examples of good practice, it also identified the following:

- barriers to young people's participation;
- variable levels of empowerment of young people and communities to influence what is available; and
- variable quality.

**4.28** In addition, it will be important to ensure coherence of the local offer. The Review finds that initial implementation of *Youth matters* has laid the foundation for addressing the issues identified, but there is scope to build on this further, ensuring a high quality offer in the long term. The rest of this chapter explores these issues in more detail.

## TOWARDS A BETTER OFFER FOR YOUNG PEOPLE

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### Tackling barriers to young people's participation

**4.29** Young people who participate in positive activities less than others include:

- those who are no longer in education;
- those from black and minority ethnic (BME) groups;
- those from lower socio-economic status (SES) groups;
- older teenagers; and
- young disabled people.

**4.30** Recent analysis confirms that disadvantage remains a barrier to access. Young people whose parents belonged to lower SES groups were most likely to report not having taken part in any recent positive activity. For example, 71 per cent of young people whose main parent's occupation was classified in the 'process, plant and machine operatives' group and 75 per cent of those whose parent's occupation fell in the 'elementary' occupations group reported involvement in at least one positive activity in the four weeks before interview. This compares to young people in households whose main parent was classified as 'manager or professional', whose participation rates were 89 per cent and 92 per cent respectively.<sup>17</sup> These findings are concerning given the importance of activities in developing a wide range of skills and the evidence that young people from low SES backgrounds may be less likely to develop these.<sup>18</sup>

**4.31** Consultation responses to *Youth matters* indicated that young people experience a range of barriers to participation (Box 4.3 sets out further details on the content and key findings from the consultation). This was echoed by those who responded to the Review's Call for Evidence, highlighting the following as key areas of concern:

- **transport** – some respondents placed emphasis on lack of transport options, particularly for rural young people and disabled young people;
- **costs** – both the cost of transport and the fees for participation or entrance to the activities themselves present difficulties for some young people;
- **unattractive facilities or activities** – inflexible and inappropriate opening times, activities that do not excite or appeal to young people and run down facilities can deter young people from participating.

#### **Box 4.3: Youth matters consultation**

The *Youth matters* consultation set out a vision to transform the lives of every young person. It received over 19,000 responses from young people and around 1,000 from organisations, professionals and parents, making it the largest ever response to a government consultation.

##### **Response from young people**

The consultation told the Government that:

- young people want to be treated as individuals, services to be flexible and responsive to their unique needs, and to be able to access a diverse range of activities;
- nearly three quarters (71 per cent) of young respondents said they would take part in up to four hours of activities a week if they had the opportunity; and
- the majority of young respondents want to be involved in deciding how money is spent on providing activities (68 per cent), while six out of ten said they would get involved in the community if it were recognised in some way.

Responses highlighted concerns about:

- the cost of activities and transport, especially in rural areas; and
- difficulties for certain groups of young people in accessing provision, for example, disabled young people, lesbian gay and bisexual young people from BME groups.

<sup>17</sup> *Longitudinal Survey of Young People in England (LSYPE) Wave 1*, BMRB social research commissioned by DfES, 2004.

<sup>18</sup> *Freedom's Orphans – Raising youth in a changing world*, Dixon, Margo, Pearce and Reed, Institute for Public Policy Research, 2006.

**4.32** Respondents to the Call for Evidence, in common with practitioners who contributed to the Review, highlighted a wide range of other barriers that may come into play. They included safety, territoriality (the attachment some young people may feel to their area, which can lead to antipathy towards those from elsewhere) and the location of facilities. It has been suggested that the variety of barriers underscores the importance of assessing the local situation when planning provision and involving the community and a range of service providers.

**4.33** The Review's consultation with youth work practitioners and fieldwork visits also highlighted the way in which lack of information and aspiration can be key barriers to participation. Some suggested that part of the youth worker's role is to encourage young people to try new things, and that a youth-led approach needs to be balanced with the support of a trusted adult who can encourage participation and raise aspirations. This was emphasised by the young people who told the Review about their experiences (see Box 4.4). They pointed to the way in which they valued the support they received from youth workers who inspired and motivated them.

#### **Box 4.4: Consultations between the Review and young people**

Throughout August 2006, the Review, together with the National Youth Agency held six consultation sessions across England involving almost 50 young people. All of the participants had experience of social exclusion, for example: young people living in insecure accommodation; looked after young people; young people at risk from offending; and young people from a lesbian, gay, bisexual and transgender group.

The exercises built on what the Government heard from young people during *Youth matters*, asking them how they would prioritise funds for youth services by splitting a total sum between activities, access and support. The dialogue highlighted that the top priority for these young people was support from skilled adults, followed by activities and then access.

##### **Relationship with a trusted adult**

Young people said they valued and needed more support from skilled adults in order to help them access mainstream youth provision.

##### **Activities**

They also said that they valued activities and places to go and placed emphasis on activities which help them develop skills and self-confidence.

##### **Access**

Many spoke of significant practical barriers to access, and highlighted the importance of support from a trusted adult to help them find out what was available and to enable them to get there and take part. The consultations also highlighted the way in which a lack of aspiration and motivation can get in the way of young people's participation. There is work to do with some groups to raise their personal expectations of the kind of activities in which they could get involved, shown by some of the comments made by young people during the exercises:

- "There is not enough motivation for young people to get away from [alcohol, drugs and crime] and we need support and access to break out of this."
- "People miss out on a lot of activities because of a lack of confidence."
- "Most young people don't know what to aspire to. They need to be given the skills and confidence to go out and be what they want to be."
- "When talking about difficulties, the staff are looking on the positives helping me think how things could be, not just the bad. We're not forced but encouraged."<sup>a</sup>

<sup>a</sup> *Cutting the Cake consultation report*, National Youth Agency, 2007.

## Involving young people and communities in design and delivery

**4.34** Ensuring that provision is attractive as well as embodying the key features for success described earlier is critical. If young people do not like what is on offer, then they will not take part. An overwhelming majority of stakeholders who responded to the Review's Call for Evidence thought that securing young people's engagement in the design of their provision is the most effective way of ensuring that they will find it attractive. This view is endorsed by research.<sup>19</sup>

**Progress so far 4.35** The Government has already made progress in this area through the Youth Opportunity and Youth Capital Funds (see Box 4.5). Young people are developing leadership and team working skills through making decisions about how to spend the money, while Local Authorities are gaining valuable experience in, and understanding of, securing young people's involvement. It will be key to build further on this in ensuring that no young person misses out on opportunities to reach their full potential.

### **Box 4.5: The Youth Opportunity Fund in action**

**Many young people in Wokingham thought there was nothing for them to do, no one was listening to them, and that the police and others were always "on their backs". Youth workers helped them to escape this mindset by encouraging them to develop an interest in cricket as a way of getting them involved in a group activity.**

**The group applied to the Youth Opportunity Fund in their area and secured a grant of £1,000 to buy equipment and team shirts, hire a venue for the winter, and pay for transport and coaching. The young people now meet weekly to play cricket and are showing a heightened sense of purpose and self-esteem.**

**The benefits to the community have been significant. The project has encouraged a collaborative approach by youth workers, community wardens, the Police and Community Support Officers to facilitate young people's participation in activities in the neighbourhood. It has also had a positive impact on families from the area, with the lead young person in the group coming from a family with a criminal history. He had to overcome family resistance to his participation – his passion for cricket was a key factor in persuading his mother to change her mind.**

**4.36** Research shows that local youth services have established a variety of measures to encourage and support the active involvement of young people in influencing not only youth services, but other services for young people in their communities. They have been supported in doing so by the Government's Transforming Youth Work Development Fund and through initiatives such as the Neighbourhood Renewal Unit's youth engagement project "Young Advisors" which aims to change the climate and culture of organisations with respect to youth engagement. The third sector has an important role to play here too, with organisations such as Changemakers using young advocates to build the capacity of services to listen to young people and respond to their needs. Some representative structures for young people include:

- the UK Youth Parliament, to which every Local Authority sends members to discuss key issues affecting young people;
- local youth councils and similar fora; and
- small user-led committees based in youth centres and projects.<sup>20</sup>

However, marginalised groups of young people are under-represented in these formal structures.

<sup>19</sup> *Supporting the Hardest-to-Reach Young People: the Contribution of the Neighbourhood Support Fund*, NFER, 2004; and *Personalisation through Participation – a new script for public services*, Leadbeater, Demos, 2004.

<sup>20</sup> *An Evaluation of the Impact of Youth Work in England*, Merton et al, De Montfort University, 2004.

**4.37** A key tension lies between ensuring that provision offers young people the opportunities for positive engagement, while still remaining attractive to them. For example, research suggests involvement with a trusted adult can help ensure better outcomes from participation, but that the presence of adults can initially be unattractive to some young people. However, the Review's consultation with vulnerable or marginalised young people showed that trusted, well-trained adults can overcome this initial resistance through raising aspirations and encouraging the young people to take part in new activities. This evidence shows that 'structure' and 'engagement' are not mutually exclusive aims, though it does represent a challenge when providing positive activities. The best youth work embeds clear aims and includes facilitation without appearing formal. Many third sector providers are successful in engaging volunteers to work with young people, and this can help to address the challenge.

**4.38** Some contributions to the Review have suggested that it might be appropriate to widen the scope of who can carry out youth work, and in what settings it can take place. In particular, it is suggested that there might be value in undertaking targeted youth work within more universal settings. This approach has already been demonstrated in some youth services.

**Securing  
communities'  
participation**

**4.39** As discussed earlier in this chapter, communities place a high value on activities for young people, and there is a widely held view that they are in need of improvement locally. Harnessing communities' and parents' demand for better provision for young people can drive up quality and increase partnership working, but there are currently few formal means for doing so. In areas where this has taken place successfully, such as in Darlington (see Box 4.6), residents have worked effectively with services, taking collective responsibility for ensuring that their young people have the opportunities they need to develop their full potential. The Local Government White Paper offers further opportunities for this to take place, highlighting the role parents and the wider community can play in taking collective responsibility for their young people's development.

**Box 4.6: Westside Initiative – Darlington Borough Council<sup>a</sup>**

The young people of Branksome Estate wanted somewhere to on a Friday evening, where they could be with their friends in a safe and warm environment, and would not be told to move on by either residents or the police. In addition, residents had concerns about young people hanging around and expressed a firm desire to get involved to make the estate a better place for everyone. By harnessing the positive attitudes and energy of both residents and the young people, the Council's Community Partnership network offered an opportunity to make a difference.

Joint working led to the Westside Initiative, which now runs every Friday night at Branksome Comprehensive School. Each event is shaped by the young people themselves and supported by residents from the area. Since its inception over 350 young people have taken out membership at a nominal charge of £1. Through the steering group the young people identified that they would like a 'rave' every Friday evening. This has attracted some of the top rave DJs on the North East circuit, raising the profile of the project and enthusing the young people and residents on the estate. To supplement the raves a range of other activities has also been designed to support the initiative including:

- driver training sessions, through a local driving school;
- DJ workshops;
- football tournaments run by Darlington Football Club; and
- climbing wall activities.

<sup>a</sup> A case study by Darlington Borough Council, featured on the Improvement and Development Agency's website – <http://www.idea-knowledge.gov.uk>.

## Ensuring quality

**4.40** Quality of provision is vital to ensuring that young people achieve improved outcomes through participating in positive activities. The Review's research, fieldwork and Call for Evidence has revealed many examples of excellent practice. However, an impression common among many stakeholders is that this is not a consistent picture.

**4.41** Local Authorities are responsible for direct provision of positive activities for young people and, from January 2007, for co-ordinating the local offer for young people, across a range of providers. Yet a relatively high proportion of Local Authority youth services – one quarter – have been found to perform inadequately.<sup>21</sup> Findings from research and inspection show that poorly performing services tend to share a number of characteristics, including:

- weak management;
- lack of leadership;
- inability to translate policy into practice;
- weak commitment from the Local Authority including insufficient resourcing; and
- lack of knowledge or commitment to what works in improving outcomes.

**4.42** In common with other services, some youth services struggle to achieve the correct balance between operational and strategic responsibilities, and there is a variable approach to performance management and the use of management information in planning services.<sup>22</sup> There are low levels of diversity in commissioning from different types of youth service provider which means that the potential offered by third and private sector providers might not be fully exploited. Given Local Authorities' new role as strategic commissioners, they will need to develop this role further.

**4.43** Conversely, many youth services already perform well and share many strengths, including:

- receiving a strong strategic direction from the Local Authority;
- designing provision in consultation with young people and partners;
- having clear aims and objectives;
- providing stable and appropriate funding;
- establishing good links with the third sector; and
- having effective strategic and operational management

**Roles and purposes** **4.44** *Youth matters* also identified this variability in service delivery. The Review's research has built on this understanding and found that the role and contribution of youth work and positive activities within wider services for young people is not always clearly understood. This can weaken impact and creates challenges. For example, inspections have found that if youth work has a low profile, this can hamper its ability to play a more strategic role within a Local Authority.<sup>23</sup> This is not confined to poorly performing youth services, but can be a challenge more generally. Feedback from consultation events echoed this point. Some described 'not being at the table' for strategic decision-making. Others were concerned that a

<sup>21</sup> *Effective Youth Services*, Ofsted, 2005.

<sup>22</sup> *An Evaluation of the Impact of Youth Work in England*, Merton et al, De Montfort University, 2004.

<sup>23</sup> *Effective Youth Services*, Ofsted, 2005.

lack of understanding on the part of other partners and elected members resulted in low prioritisation or the service being pulled in several directions by other partners' differing expectations. The move towards integration of youth support services, following *Youth matters*, provides a good opportunity to address these issues.

**4.45** Some of those who contributed to the Review contrasted the way in which other services involved with young people, such as health or youth offending, have more definite priorities and targets than youth work. Moves to accredited and recorded outcomes as set out in *Resourcing Excellent Youth Services*<sup>24</sup> go some way to addressing this apparent weakness, but there remains some lack of clarity around judging impact of services and an anxiety about perverse incentives. The Review is also considering how best to employ the revised performance management and inspection framework outlined in the Local Government White Paper to encourage successful delivery of provision for young people.

**4.46** Some have suggested to the Review that a clear message about 'what good looks like' as well as a strong vision of the role of youth work in improving outcomes for young people could make a significant contribution to resolving these issues. Some have suggested that the youth work profession itself could make a stronger case for the value it can add. Respondents also identified the need for the Review to set out more clearly the role of youth work in helping meet the needs of those young people who are disadvantaged and experience barriers to accessing opportunities.

**The third sector** **4.47** The third sector has a significant role to play in creating opportunities, bringing commitment and innovation. The sector is extremely diverse, ranging from faith-based groups and uniformed activities such as the Scouts and Guides, to organisations who provide more targeted support to young people with higher levels of need. Some organisations have suggested that third sector child and youth agencies have a workforce of 500,000 made up of paid staff and volunteers.

**4.48** Like the statutory sector, third sector provision has strengths and challenges to its development. The Review found many examples of how the sector has built on its historic strengths in adapting provision to the changing nature of the issues facing young people today. This is particularly evident when looking at both how third sector organisations have reached very vulnerable young people and how they have been instrumental in offering open-access positive activities. National organisations such as Fairbridge and the Prince's Trust, among many others, have provided tailored programmes of activities, support and learning that have turned around some young people's lives. Smaller organisations have a role to play too, bringing their expertise and drive to tackling specific issues, or providing services to particular groups of young people. Box 4.7 highlights one of the many third sector organisations which delivers a range of services for young people.

**Box 4.7: UK Youth – example of third sector provision**

**UK Youth in partnership with 7KS, an independent provider, support young people who are excluded or at risk of exclusion from school through Youth Achievement Awards. Admission is by referral from the Local Authority (North Lincolnshire). Young people are offered a variety of ways to enable them to maximise their potential. The programme re-engages students in education by offering an experience which is positive and encouraging. 75 per cent of young people who have taken part achieved a key skill and attendance rates are well over 94 per cent.**

<sup>24</sup> *Transforming youth work. Resourcing Excellent Youth Services*, Department for Education and Skills/Connexions, 2002.

**4.49** However, analysis cautions against generalisations about the third sector. An evaluation of the DfES grant scheme to national third sector youth agencies highlighted the programme's successful engagement with young people, focus on social exclusion, and well-organised activities.<sup>25</sup> The research also identified some shortcomings, including weaknesses in operational management and limited investment in ICT and administration. Some of these challenges may be related to the barriers described later in this chapter.

**4.50** As well as supporting third sector delivery through the grants programme, the Government has established capacity-building initiatives such as ChangeUp. As part of the 2007 Comprehensive Spending Review, a separate policy review is examining what more needs to be done in order to ensure that these organisations are able to contribute as much as possible. The recently-published Third Sector Action Plan<sup>26</sup> sets out Government's specific commitments to support further the contribution of the third sector through, for example, a National Programme for Third Sector Commissioning. This will provide targeted support across commissioning agencies to build the skills and knowledge most vital to the sector.

**Funding 4.51** Funding for positive activities is extremely variable across the country. With respect to core Local Authority youth and community sub-block funding for youth services, the average Local Authority spends £75 per young person, with around a quarter spending less than £60 and only about 12 per cent spending more than £100 per young person.<sup>27</sup> It could be argued that more funding is necessary in more deprived areas where young people may be at greater risk, and are less likely to be able to access positive activities by private means. However, there is a very weak positive relationship between the amount spent per head and an area's deprivation index score, meaning that the average amount spent does not increase in proportion to an area's level of disadvantage.

**4.52** It is worth noting that most, though not all, under-performing youth services spend less per young person than the national median.<sup>28</sup> However, relationships between expenditure and performance are not clear cut, suggesting that there are issues around the value for money and efficiency of services.

**4.53** Core Local Authority funding is only a proportion of the overall amount spent on young people, and a significant amount comes from a wide variety of other sources including:

- the Big Lottery Fund;
- the Arts Council;
- the Neighbourhood Renewal Fund;
- housing associations; and
- the Positive Activities for Young People programme.

**4.54** When these funding streams are taken into account, the relationship between deprivation and spending per head is again positive, though only slightly stronger. This means that there is some 'deprivation dividend' or increased amount of funding, but the return for deprivation is not as high as might be expected.

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<sup>25</sup> *Creating Opportunity for Young People*, Ofsted, 2005.

<sup>26</sup> Available at [http://www.cabinetoffice.gov.uk/third\\_sector/documents/public\\_service\\_delivery/psd\\_action\\_plan.pdf](http://www.cabinetoffice.gov.uk/third_sector/documents/public_service_delivery/psd_action_plan.pdf)

<sup>27</sup> Figures taken from *NYA Annual Audit returns 2004/2005* at

<http://www.nya.org.uk/Templates/internal.asp?NodelD=93147>, National Youth Agency, 2006.

<sup>28</sup> *Effective Youth Services*, Ofsted, 2005.

**Workforce 4.55** High-quality professionals who can engage with young people must be at the heart of any offer for young people. As the evidence shows, the relationship with a ‘trusted adult’ is key to helping a young person build non-cognitive skills. The Review has found strengths and challenges within the youth work workforce. Responses to the Call for Evidence were very clear that there is a very high level of commitment to working with young people. However, there are barriers to achieving a uniformly high-quality workforce. Youth workers’ status in comparison with others who work with young people can appear to be low. Additionally, the hours can be anti-social.

**4.56** The sector has set an aim of making entry to the youth work profession graduate level by 2010. However, currently only a small minority of youth workers are qualified to degree equivalent. This compares poorly to other professionals who work with young people. Responses to the Call for Evidence have suggested that lack of career progression for youth workers may be a hidden barrier to raising quality in terms of not attracting and retaining a sufficient quantity of high quality candidates. This is particularly the case for those who want to remain in direct contact with young people rather than go into management. The importance of youth workers to delivering high quality youth programmes places greater emphasis on providing staff with the right skills and knowledge to offer a balance of support and challenge.

**4.57** The Review team found good examples of where local investment in developing staff is resulting in greater impact at the front line, but this was far from universal. In particular, it was clear that the entire workforce supporting young people is going through major change, which has created considerable uncertainty. There is an appetite for clarity about how the Government and Local Authorities will raise the quality of support for young people. This is a key area that the Review will consider during the next phase.

**4.58** Youth work is delivered by a variety of people in a wide range of contexts and in both voluntary and paid capacities. Workforce development must include both, as they have different but equally valuable contributions to make.

**Places to go 4.59** It was clear from the responses to the *Youth matters* consultation, and from the Review’s research that good quality places to go are important to young people. We also know that this is a priority for communities. It is clear that, in some areas, there are too few places to go, or that such places are of poor quality. Additionally, many places to go that are open to the whole community – such as theatres, concert halls and even cafes – are not sufficiently accessible to young people. More generally, the Review recognises that there are challenges surrounding the creation of an offer that successfully balances universal provision for all young people and targeted provision for those most in need.

### **Creating a diverse but coherent local offer**

**4.60** Young people can and do avail themselves of opportunities from the private, third and statutory sectors. Many responses to the Review suggest the nature of the provider is immaterial to young people: they want attractive, interesting activities and are not interested in who pays for them or what sector delivers them. Ensuring a Local Authority can co-ordinate the local offer is, however, important in order to ensure that:

- provision matches need;
- duplication of provision is avoided;
- there is sufficient information on what is available – lack of information is often a key barrier for young people; and
- there is better access to the kind of provision young people find attractive, at the times they want to use it.

**4.61** Moreover, a coherent local offer that better represents the diversity of providers is important simply because young people themselves are diverse, with different needs, and desires.

#### Managing the market

**4.62** From January 2007, Local Authorities will be under a statutory duty to secure access to positive activities, entailing co-ordination and better provision of information about opportunities offered from a wide range of providers. Some areas manage this effectively at present, but others lag behind. There are indications that some Local Authorities could foster or take more advantage of a more diverse offer. The majority of Local Authority youth services are delivered in-house, with little resource being spent on other providers. Under the new statutory duty, Local Authorities will need to consider if they are the best provider, or if some services should be commissioned from other sectors.

**4.63** Other Local Authority services such as arts and leisure provision have a key role to play. Extended schools, with the objective of providing ‘a menu of interesting activities’, are natural partners in providing the local offer and will continue to do so as implementation of the extended schools programme continues through to 2010. As set out earlier, funding from many sources goes into the provision of positive activities across a range of providers. The challenge is to ensure that this is strategically coordinated at local level to ensure the maximum possible value.

#### The private sector

**4.64** Young people spend almost £1 billion each year on private provision of leisure activities. The private sector therefore clearly plays a significant role and many young people will find much to enjoy within it, although there are clearly cost barriers for young people from lower-income families. Considering private sector provision and its accessibility should be part of any process in assessing the local offer for young people.

#### The third sector

**4.65** Although the Government has articulated its expectations for the role of the third sector it faces some general challenges in reaching its full potential.<sup>29</sup> Responses to the Call for Evidence as well as other research indicates that these challenges include:

- short-term funding arrangements, creating challenges in strategic planning and staff retention;
- many and complex funding streams;
- retaining high quality staff;
- difficulties in accessing commissioning arrangements and lack of contestability in the market; and
- variable partnership working at local level.

<sup>29</sup> *Working with voluntary and community organisations to deliver for children and young people*, Department for Education and Skills, 2004.

**4.66** Where partnerships are successful, the Review's fieldwork and consultation responses reveal that this is largely due to personal relationships between individuals. Many third sector providers have highlighted measures that might help facilitate this process, including better formal links with statutory services, greater sharing of resources (for example on training and development) and more sustainable funding.

**4.67** While the Government has been enhancing its investment in positive activities, for example through the Youth Opportunity Fund, not all third sector provision is in partnership with the statutory sector. The sector can and does make a valuable contribution through services it provides independently. There is therefore a role for the Government to facilitate good practice, and to ensure that young people can gain access to high-quality provision as part of a coherent local offer.

### Next steps

**4.68** As already set out above, the Government has invested significantly in improving opportunities for young people to make the most of their potential through participating in positive activities. This chapter has described barriers to creating a system that can ensure every young person has the opportunity to reach their full potential, while offering more support for those who need it most. The Review has identified some particular challenges that need to be addressed in order to create a step change in support for young people:

- **access** – supporting young people to overcome barriers to participation is key to ensuring that all young people, especially those who would benefit most, can easily engage with youth services;
- **active participation and engagement** – young people must be able to influence the design of and decision-making processes behind their provision. And given that better provision for young people can benefit the whole community, communities and parents also have an important role to play here; and
- **quality** – the quality of provision needs to be high to help young people to fulfil their potential. This means quality across the board, from management and strategic leadership to the critical relationship between adults and young people.

**4.69** Underpinning this, it will be important to ensure coherence of the local offer. The adolescent years are a time of key transition and the last opportunity before adulthood for the Government to influence young people's outcomes for the better. There has been much progress in supporting this transition. This Review has, however, identified a number of barriers that need to be overcome in order to improve on the current offer and create a step change in young people's participation in activities that help secure positive life outcomes.

**4.70** Many contributors to this Review have suggested areas where further strategic direction from Government could be particularly helpful. For example, some raised the tensions and difficulties they have experienced creating targeted support for some young people with relatively greater needs, within a universal setting available to all young people. Others have commented on the need for greater clarity on the role and value of positive activities within wider local services. This Review will aim to address barriers to young people's participation in positive activities within the context of a ten year strategy to provide longer-term direction and support in the development of a strong local offer for young people.

**4.71** Building on this analysis, the Review will report in spring 2007 with recommendations to inform the 2007 Comprehensive Spending Review.



# 5

## BETTER OUTCOMES FOR DISABLED CHILDREN

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### INTRODUCTION

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**5.1** Chapter 1 noted that some groups of children are particularly vulnerable to poor outcomes. Disabled children are such a group – they are less likely to achieve as much in a range of areas compared to their non-disabled peers. Improving outcomes of disabled children and increasing their involvement and inclusion in society will reduce social inequality. Communities will benefit from the contribution that disabled children can make, harnessing their talent and fostering tolerance and understanding of diversity.

**5.2** This chapter examines the different characteristics of this diverse group of children and the underpinning reasons for their relatively poorer outcomes. It assesses the action already taken by Government to support disabled children and their families and considers the key challenges to improve outcomes further, including:

- incentives on public services to deliver support effectively, including the empowerment of disabled children and their families to influence service provision;
- the role of early intervention to improve outcomes;
- the scope for further co-ordination of care across different services; and
- information barriers to plan and commission services effectively and the skills of the workforce across children's services to support disabled children effectively.

### PROGRESS TOWARDS FULFILLING POTENTIAL

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**5.3** Disabled children are particularly vulnerable to poor outcomes. Part of the reason for this is the difficulties they can face ensuring that their disabilities are identified and supported as soon as possible. However, at the moment, disabled children are:

- likely to have lower educational attainment, with 39 per cent of young people with a disability or health problem achieving 5 or more grades A\*-C at GCSE compared to 55 per cent of non-disabled young people;<sup>1</sup>
- four times more likely to be unemployed or voluntarily out of work than non-disabled young people at age 26, and twice as likely not to be in employment, education or training (NEET) as their non-disabled peers;<sup>2</sup>
- more likely to suffer from abuse, as they might be dependent on others for care, and sometimes do not understand or cannot communicate that they are being abused;<sup>3</sup>

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<sup>1</sup> *DfES Youth Cohort Study: The activities and experiences of 16 year olds: England and Wales*, DfES, London, 2004. Since the Youth Cohort Study is a largely postal survey and special schools are excluded from the sampling frame, young people with learning difficulties or severe disabilities are likely to be under-represented.

<sup>2</sup> *DfES Youth Cohort Study: The activities and experiences of 16 year olds: England and Wales*, DfES, 2004.

<sup>3</sup> *Maltreatment and disabilities: A population based epidemiological study*. Sullivan and Knudson, 2000, US study. Ongoing research on safeguarding children from the Centre for Child and Family Research, Loughborough University, suggests that there is little UK research about children with disabilities and significant harm, although there is growing awareness that these children are particularly vulnerable.

- more likely to suffer from family break-up, which may result in being taken into care. Disabled children make up 10 per cent of all children in care, and only around 5 per cent of the overall population.<sup>4</sup> 15.8 per cent of lone parents have a disabled child, compared to 10.8 per cent of couples, which gives an indication of the increased potential for family break-up.<sup>5</sup> In a recent survey of 2,000 people, almost one quarter of respondents felt that their disabled child caused problems in their relationship or led to separation, and over one in six brought up their child alone;<sup>6</sup>
- likely to face more difficult transitions to adulthood. Despite similar aspirations at age 16, only half of disabled young people with non-cognitive impairments said that they obtained the education, job, or training that they wanted on finishing compulsory education, compared to three fifths of non-disabled young people;<sup>7</sup>

## THE POPULATION OF DISABLED CHILDREN

**5.4** To understand why disabled children can be more vulnerable to poor outcomes it is important to identify their characteristics and the potential implications for public services. Disabled children are a diverse group, and they and their families have a range of complex needs. Under the Disability Discrimination Act definition, a child is disabled if they have a physical or mental impairment that has a substantial and long term, adverse effect on their ability to carry out normal day-to-day activities. Using this definition, there are around 570,000 disabled children in England.<sup>8</sup>

**Severity of disability** **5.5** Existing statistics on disability do not give a conclusive indication of severity of need, however they do give an indication of type of disability experienced. Chart 5.1 indicates that around half of disabled children experience a combination of difficulties, and many of these will involve a degree of learning difficulty.<sup>9</sup> These children are more likely to need a complex range of services provided through education, health and social services, necessitating coordination and joint working.

<sup>4</sup> *Children in Need data, DfES, and Family Resource Survey, DWP, 2004-5.*

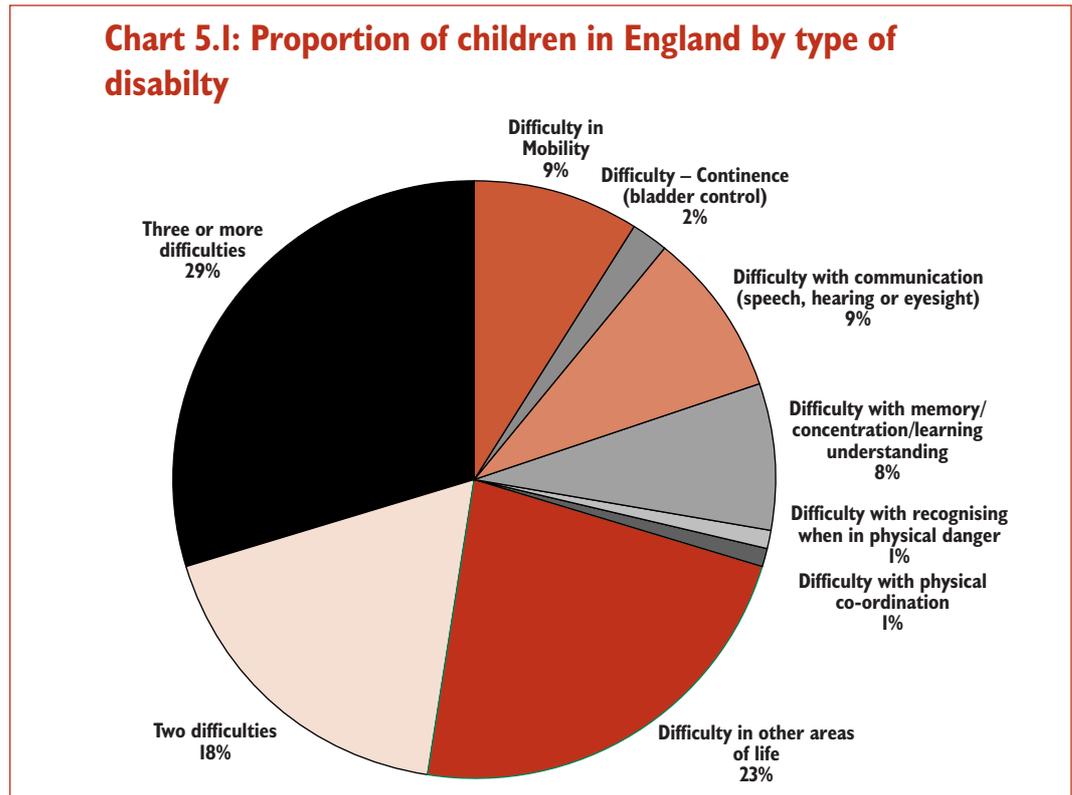
<sup>5</sup> *Family and Children Study, DWP, 2004.*

<sup>6</sup> *No time for us – relationships between parents with a disabled child, Contact a Family, 2004.*

<sup>7</sup> *The education and employment of disabled young people, findings of Tania Burchardt Study, URF, 2005.*

<sup>8</sup> *Family Resources Survey, DWP, 2004-5 (data for England).*

<sup>9</sup> *Ibid.*



**5.6** Take-up of the higher rate of Disability Living Allowance gives an indication of the number of severely disabled children, currently at around 100,000. There is a limited amount of reliable national data on the number of technologically dependent children (who are sustained by means of technological procedures and equipment, for example, tube feeding, assisted ventilation and resuscitation procedures), but some estimates suggest that the figure may be around 6,000.<sup>10</sup>

**Changing population 5.7** Similarly, it is important to understand whether and how the population of disabled children is changing, given the associated implications for service planning, commissioning and provision. There is currently no reliable longitudinal data covering all forms of disability. There are, however, good grounds for assuming that some disabled children have increasingly complex multiple disabilities and rare conditions, and that these children are living further into adulthood. This was highlighted in the Review's Call for Evidence.

**5.8** Survival of extremely pre-term infants has improved over the past 30 years, as documented by a neo-natal study,<sup>11</sup> and Australian evidence of a threefold increase in both survival and quality adjusted survival between 1979 and 1997.<sup>12</sup> However, the incidence of disability rates in pre-term infants has not decreased. A review of 17 birth weight studies (babies less than 1000g) published between 1988 and 2001 found a mean cerebral palsy rate of 10.2 per cent, with no improvement in the rate over the timescale.<sup>13</sup> This increase in the survival of pre-term infants coupled with static disability rates for pre-term infants suggests an increasing number of children requiring additional medical, social and emotional support.<sup>14</sup>

<sup>10</sup> *Technology dependent children in community: definition, numbers and costs*. Glendinning, C, et al. 2001.

<sup>11</sup> *Prediction of survival for preterm births by weight and gestation age*. E. Draper, B. Manktelow, D. Field, D. James. *British Medical Journal* 1999; 319: 1093-1097.

<sup>12</sup> *Evaluation of neonatal intensive care for extremely low birth weight infants in Victoria over two decades*. Dolye LW, Victorian Infant Collaborative Study Group. *Pediatrics* 2004. 113 (3Pt1): 505-9.

<sup>13</sup> *Patterns of motor disability in very preterm children*. *Mental retardation and developmental disabilities Research Reviews* 2002; 8 (4): 241-8.

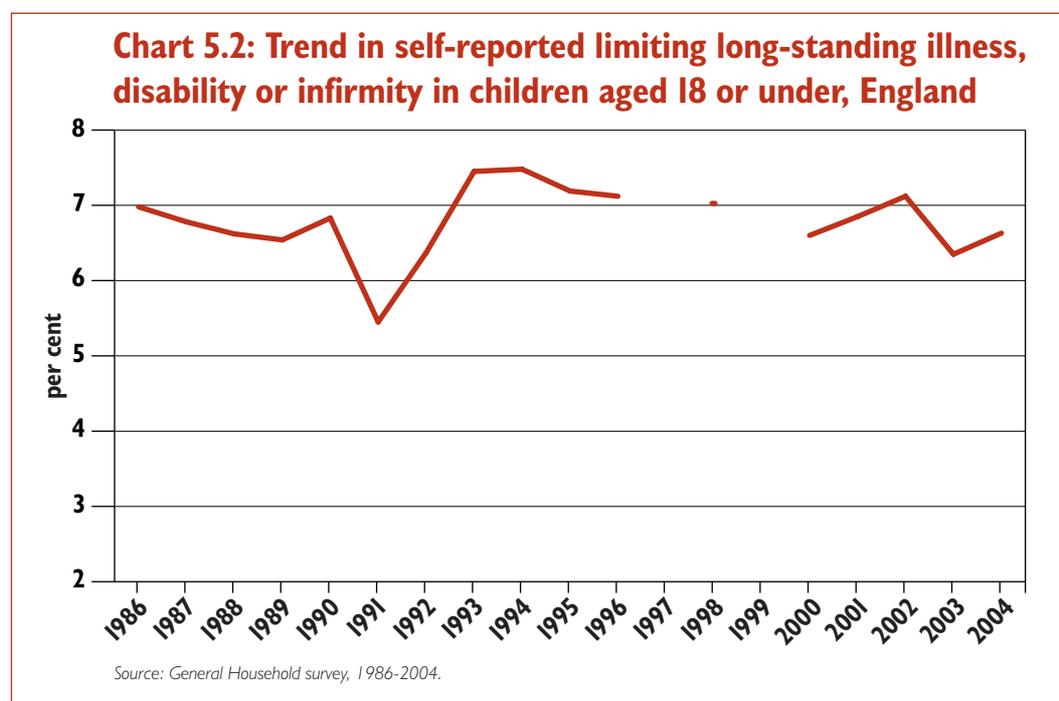
<sup>14</sup> *Neurological and developmental disability at 6 years of age following extremely preterm birth*. Bracewell M, Marlow, N. *New England Journal of Medicine*, (2005 352, 9-19).

**5.9** There is also evidence of increases in the number of children with severe disability. Small studies show a 77 per cent increase in the number of children who require assisted ventilation (from 135 children in 1997 to 241 in 2000).<sup>15</sup> There has also been an indication of an increase in the number of children who are tube fed.<sup>16</sup>

**5.10** Family Fund Trust data suggest there has been an increase in the number of disabled children with Autistic Spectrum Disorder (ASD) and behavioural difficulties, though the evidence is not conclusive. There has been an increase in the recognition of disability in society and evidence on prevalence also reflects the change in clinical practices and more effective diagnosis of conditions such as ASD.

**5.11** Responses to the Review's Call for Evidence suggested that there had been an increase in the number of children with autism and other pervasive developmental disorders (PDD). The rate increased progressively from 0.40 per 10,000 in 1991 to 2.98 per 10,000 in 2001. There was marked geographical variation in rates, with standardised incidence ratios varying from 66 for Wales to 141 for the South East of England. This implies that a better diagnosis is likely to have contributed to the observed increase in rates of diagnosis, but a real increase cannot be ruled out.<sup>17</sup>

**5.12** The General Household Survey provides an alternative indication of the change in the disabled children population. Chart 5.2 shows the prevalence of self-reporting limiting long-standing illness in children from 1986 – 2004 for children up to the age of 18. This does not correlate exactly with the Disability Discrimination Act definition of disability but does give an indication of trends. The proportion of children and young people (0-18 years of age) with limiting long-standing illnesses, disabilities or impairments remained fairly stable at around 7 per cent during this period.



<sup>15</sup> *Breathing Space: community support for children on long term ventilation*, Ludvigsen, A and Morrison, J Barnardos, 2003.

<sup>16</sup> *Food for Thought*, Townsley, R and Robinson, C. Norah Fry Research Centre, 2001.

<sup>17</sup> *Rate of first recorded diagnosis of autism and other pervasive developmental disorders in United Kingdom general practice, 1988 to 2001*, Smeeth, L, Cook, C, Fombonne, E, Heavey, L, Rodrigues, L, Smith, P and Hall, A, Nov 2004.

## A CONTINUUM OF SUPPORT FOR DISABLED CHILDREN

**5.13** Disabled children are a complex, diverse group of children. Many will need better access to mainstream services, including good access to schools, childcare and access to positive activities. Some will require more specialist support in other areas of their life.

**Range of services 5.14** Services which parents and disabled children have highlighted as important in improving their outcomes, and that they can receive in their everyday lives include:

- access to universal services, including extended school services, general NHS services, housing and transport;
- access to good quality childcare, which can facilitate parental employment, reduce family stress, and increase a child's social and educational development;
- short breaks and holiday play schemes to support disabled children and families, giving families a break from care duties and allowing children to experience new relationships, environments and activities. In one study of 2000 families, short breaks were cited as the key factor that helped or could have helped relationships and prevented family breakdown;<sup>18</sup>
- access to key workers for children with complex disabilities, who can reduce family stress through coordinating services, facilitating multi-agency meetings. These save time and numerous appointments for children and their families. They can also increase the information flow to parents and reduce fragmentation between services;<sup>19</sup>
- therapists (including speech and language therapists, occupational therapists, and physiotherapists) to manage posture, maximise mobility, and improve and enable communication. For example, postural management and other occupational therapy and equipment services for disabled children can prevent deformities (which can start to develop at 3 months old) which may be more life limiting and painful than their original condition, and might impact on digestion and respiration which can lead to costly and painful surgery;<sup>20</sup>
- provision of appropriate equipment, from wheelchairs to communication aids, to maximise mobility and make it less physically tiring to care for a disabled child. Early provision of an appropriate wheelchair for disabled children who need them will increase mobility, opportunities for social development, and attainment (through improving access to school and leisure facilities). Well-fitted wheelchairs can also prevent deterioration of conditions; and
- support to ensure a smooth transition to adulthood, reducing uncertainty, increasing awareness of the options available, breaking down physical and attitudinal barriers to further education, employment, and/or a degree of independent living. Supporting disabled children with flexible solutions can improve outcomes and reduce dependence on public services.

<sup>18</sup> *No time for us – relationships between parents with a disabled child*, Contact a Family, 2004.

<sup>19</sup> *An exploration of different models of multi-agency partnerships in key worker services for disabled children: Effectiveness and costs*, University of York, Greco, Sloper, Webb & Beecham, 2005.

<sup>20</sup> *The Chailey Approach to Postural Management* Pountney, Mulcachy, Clarke and Green – South Downs Health NHS Trust, 2000.

## GOVERNMENT ACTION TO IMPROVE OUTCOMES

**Legislation 5.15** A number of legislative and policy actions by government in recent years have aimed to improve outcomes for disabled children. This includes specific legislation designed to promote the inclusion of disabled people and society and protect their rights:

- under the Children Act 1989, disabled children are defined as “Children in Need”. Under the Act, Local Authorities have a general duty to “safeguard and promote the welfare of children in their area who are in need... To promote the upbringing of such children by their families, by providing a range and level of services appropriate to those children’s needs”.
- the Disability Discrimination Act (DDA) 1995 makes it unlawful to discriminate against people in respect of their disabilities in relation to employment, the provision of goods and services, education and transport and other matters; and
- the DDA 2005 extended previous legislation, introducing a new duty on public authorities and bodies to have due regard to the need to promote equality of opportunity for all disabled people.

**Strategies and frameworks 5.16** The Government has also instituted policy reform as part of the following strategies and frameworks:

- *Improving the life chances of disabled people* (Prime Ministers Strategy Unit, 2005), which set for the Government the challenging goal of achieving substantial equality for disabled people by 2025. The report highlighted a number of changes that must be made in order to achieve this goal. In relation to disabled children and young people it focused on improved early support for families with young disabled children and facilitating a smooth transition to adulthood;
- the *National Service Framework for Children, Young People and Maternity Services* (DH, DfES, 2004) to be implemented by 2014, which sets standards for the first time in children’s health and social care services, including standard 8 on services for disabled children and those with complex health needs, and standard 4 on growing up into adulthood;
- the *SEN (Special Education Needs) strategy – Removing Barriers to Achievement* (DfES, 2004) which sets out the Government’s long-term vision for improving outcomes for children and young people with SEN and a 10 year programme of sustained action and review to “mainstream” SEN across all its policies and programmes. The Government reaffirmed its commitment to long-term action to improve provision for children with SEN and/or disabilities through the SEN strategy in response to the Education and Skills Committee report on SEN (6 July);
- the *Childcare Act* (2006) places new duties on Local Authorities to secure sufficient childcare for children up to and including age 14 (18 for disabled children) to enable parents to work or undertake training. In carrying out that duty they will be required to have particular regard to the need to secure childcare that is suitable for disabled children. The Act also requires Local Authorities to ensure parents have access to a full range of information they need for children and young people up to 20 years of age, including through extended schools and Children’s Centres.

- the *Every child matters: change for children* programme has the aim of improving multi-agency provision for all children, including disabled children, through local Children's Trusts including better integrated governance, strategies, commissioning and service delivery – all of which are key for efficient and effective provision and delivery of services for disabled children. Local Authorities should be assessing local need, following the principles of *Every child matters*.

**Policy progress 5.17** Recent policy progress includes piloting of the Early Support Programme for disabled children. It provides advice, information, key worker services and encourages multi-agency working and early intervention in the provision of services to disabled children and their families. Recent evaluation has found that “Early Support is a successful programme that has demonstrable positive effects on the quality of service provision, the well being of families and the appropriate support and development of disabled children”.<sup>21</sup>

**5.18** The power to make direct payments to people with parental responsibility for disabled children and disabled 16 and 17 year olds was created by the Carers and Disabled Children Act 2000. Following implementation of the Health and Social Care Act 2001, direct payments (a cash payment in lieu of social services) must now be offered to parents of disabled children who are eligible for social care services, giving greater choice and flexibility in how they receive services.

**Workforce 5.19** The Children's Workforce Development Council is working to ensure that all people working with children have the best possible training, qualifications, support and advice and is currently working with DfES to determine the direction of workforce reforms and identify skills shortages. In addition, the Education Health Worker role is being developed as part of the Changing Workforce Programme (CWP) Pilots under the NHS modernisation plan – impacting on the role of classroom assistants and the school health workforce.

## RESPONSIVENESS TO NEED

**5.20** Despite legislation, existing strategies and standards, and increased resource for social services, some families with disabled children and those representing their interests often report that their needs are not being met. The evidence is not available to make an assessment of any gap there might be between need based on professional or clinical diagnosis and current national provision. However, it is clear that many families believe they have unmet needs or, where provision is available, it is not sufficiently responsive.

**Barriers to access 5.21** Particular areas where services are available but were deemed poorly responsive in the Review's Call for Evidence, seminars and Parliamentary hearings, include:

- lack of flexibility around appointment times (with a need for longer appointments and after school appointments);<sup>22</sup>
- physical barriers such as shortage of disabled parking spaces, lack of space for wheelchairs, ill-equipped and small waiting areas and consultation rooms, or lack of suitable toilet facilities;<sup>23</sup>
- language barriers, and lack of effective information and communication about services, particularly for ethnic minority groups;<sup>24</sup> and

<sup>21</sup> *Early Support: An evaluation of phase 3 of Early Support*. University of Manchester in association with the University of Central Lancashire, 2006.

<sup>22</sup> *The accessibility of general NHS service for children with disability, childcare, health and development*, Wharton et al, May 2005.

<sup>23</sup> *Ibid.*

<sup>24</sup> *Providing better access to short breaks for black disabled children and their parents*, Joseph Rowntree Foundation, May 2002, Ref 582.

- transport problems, including home to school transport, lack of access to a car or problems using public transport, especially getting on and off buses.<sup>25</sup>

**Survey data 5.22** The National Audit Office interviewed 240 disabled children and their siblings, parents and carers in 2003 and found local variation in services, with provision dependent on how hard parents were willing to push for what they needed, long waits for information, equipment and treatment, and only pockets of good and innovative practice. It highlighted:

- waiting for equipment or treatment as a common experience, resulting in lasting social, physical and emotional consequences;
- inconsistencies around transition to adulthood and a lack of planning; and
- the importance of good quality staff and communication with disabled children and families.<sup>26</sup>

**5.23** Boxes 5.1 and 5.2 highlight issues raised in the Review's Call for Evidence, and by a series of Parliamentary hearings held over the summer.

#### **Box 5.1: Call for Evidence**

The Review conducted a Call for Evidence over the summer, receiving over 100 responses on disability from a wide range of stakeholders. The main areas highlighted by respondents include:

- the change in the profile of disabled children over the last 20 years due to technological advances and increased survival rates of low birth weight babies and increases in the incidence and diagnosis of autism, with consequences for planning, commissioning and delivery of services;
- the positive impact of the *Every child matters* programme, with important steps made towards integration, but more progress to be made around co-ordination services;
- a need for earlier intervention, with more investment in local prevention strategies, early assessment of need and timely referral to specialist services, with strong support for the Early Support Programme;
- barriers to effective intervention, including the limited number of places in mainstream settings, high thresholds for eligibility criteria, a lack of minimum standards (as the Children's National Services Framework is not mandatory), insufficient funding (especially for preventative work), and short-term funding;
- a lack of prioritisation of disabled children at a national and local level, and significant change in Primary Care Trusts reducing the responsiveness of health services to disabled children's needs;
- issues relating to workforce, including a shortage of specialist staff;
- problems with lack of information, consultation and empowerment for disabled children and families; and
- a need for more short breaks, key workers, transition planning, therapists, and equipment and wheelchair provision and services.

<sup>25</sup> *The needs of disabled children and their families*, JRF paper on research carried out by B. Beresford at the Social Policy Research Unit, University of York, 1995.

<sup>26</sup> *Services for Disabled Children*, National Audit Office report, 2003.

**5.24** In addition, survey data give some indication of services which may not be sufficiently responsive to need:

- in one survey of 54 providers and 254 parents, 69 per cent of parents said it was hard to find appropriate **childcare**.<sup>27</sup> However this is not a fully representative sample, as most children had statements of SEN (using the widest definition of disability not all children would necessarily have statements). In 2004, many childcare providers who said they were able to accommodate children with disabilities were found to offer only one such place.<sup>28</sup> The duty to publish information about childcare places accessible to disabled children and to map this against need under the new Childcare Act 2006 will begin to provide a clearer picture of potential unmet need from 2007.
- a postal survey of 3000 families identified unmet **equipment** needs from a list of 113 different items of community equipment, and 40 per cent of respondents had unmet need for five or more pieces of community equipment. Findings showed disproportionately high levels of unmet need for equipment to assist with lifting and handling, safety, communication, hearing, toileting, using the washbasin, using the kitchen, and learning and play;<sup>29</sup>
- **speech and language therapy**, physiotherapy and occupational therapy may have long waiting lists and strict eligibility criteria as a result of limited budgets and national shortages of trained professionals.<sup>30</sup> This does, however, need to be seen in the context of increasing numbers of occupational and speech and language therapists since 1997, an anomaly which needs further exploration;
- a number of studies of severely disabled children carried out prior to 2004 indicate that one third of severely disabled children had a **key worker**.<sup>31</sup> This number may have increased since the introduction of the Early Support Programme which includes key workers for pre-school children. A recent questionnaire sent to Strategic Health Authorities, asking about health services dedicated to disabled children and young people, including complex health needs and palliative care, (which is caveated by a low response rate and no clearly set definition of disability) found that an average of 15 per cent of services had key workers;
- 3,000 children are on waiting lists for family-based **short breaks**; and some evidence suggests that 91 per cent of providers now have a waiting list.<sup>32</sup> A survey of 359 families in six areas in England and from throughout Northern Ireland found that 70 per cent of families with children with a severe learning difficulty have reached or come close to breaking point because of a lack of short break services.<sup>33</sup> The Commission for Social Care Inspection (CSCI) figures from 2005 show that only 1 in 13 of all disabled children receives regular support services (including short breaks and direct payments).<sup>34</sup>

<sup>27</sup> *Everyone Counts*, Daycare Trust publication – survey based, March 2005.

<sup>28</sup> *Early Years: Progress in developing high quality childcare and early education accessible to all*, National Audit Office Report, 2004.

<sup>29</sup> *The Community Equipment Needs of Disabled Children and their Families* B. Beresford, SPRU, York University, 2004.

<sup>30</sup> *Services for disabled children*, Audit Commission Report, 2003.

<sup>31</sup> *Care coordination services and key worker services for disabled children in the UK* V. Greco, P. Sloper, K. Barton, SPRU, York University, 2004. Based on a number of surveys, including one of 1000 families in 1995, and a study of 6000 ethnic minority families in 1999.

<sup>32</sup> *Still waiting? Families of disabled children in the UK Waiting for Short Break Services*, Shared Care Network, 2006.

<sup>33</sup> *Breaking point – families still need a break*, MENCAR, 2006.

<sup>34</sup> *Social Services Performance Assessment Framework Indicators*, Commission for Social Care Inspection, 2005.

**Box 5.2: Parliamentary hearings evidence**

A series of Parliamentary hearings,<sup>a</sup> supported by a consortium of charities<sup>b</sup> working with disabled children and their families, were held to seek the views of disabled children, parents and professionals. The hearings followed the life cycle of a disabled child, covering the early years, family support and transition to adulthood.

Key themes from the hearings included:

- the changing population of disabled children – *“The rising incidence of autism and children with behaviour that challenges is real and needs to be met by planned development in all service areas underpinned by new resources”* – Children’s Services Manager;
- poverty and childcare – *“I can in fact only work on a very ad hoc basis due to all the appointments and other commitments I have for my daughter and I am not sure how much longer my employer will need me as I cannot work in school holidays at all”* – Parent;
- empowerment – *“Parents, carers and young people need to be consulted when developing services. At present an anonymous panel will determine what they think your needs are – which may well be incorrect.”*;
- early support and parenting support – *“Since Early Support got involved with us there has been a dramatic change in our family. My daughter is no longer a jigsaw puzzle with twenty-one different pieces. My daughter is Alicia and twenty one different people are there at the end of a phone through one person.”*;
- specialist services, equipment, social care, therapeutic services, specialist health services, short break services, and key working. – *“Time and time again children who need multiple equipment items are subject to scandalous delays because of resistance to the funding of sometimes paltry amounts.”* *“It doesn’t take a rocket scientist to work out the savings if my local authority provided me with one night a week respite – say £500 per week as opposed to £4,000 a week for a residential placement”*;
- transition to adulthood – *“I would like to get a real job again, a real wage with this. I would like to get married and have a family in a few years. I want to go to college to learn more about computers in September. I want to pass my driving test.”* – Ajay Choksi.

<sup>a</sup> Parliamentary hearings on services for disabled children, Full report, ad hoc parliamentary committee led by Rt. Hon. Tom Clarke MP and Joan Humble MP, Oct 2006.

<sup>b</sup> Contact a Family, Council for Disabled Children, Mencap and the Special Education Consortium.

## STRENGTHENING RESPONSIVENESS TO IMPROVE OUTCOMES FOR DISABLED CHILDREN

**5.25** The Review has found many examples of good practice, where services for disabled children are meeting need well. However, as highlighted in the surveys above, good practice is not uniform across the country. A key challenge identified by this Review is to ensure greater consistency of high quality and responsive services for disabled children. The reasons for differences in responsiveness vary from area to area and between services. Some of the key issues include:

- incentives to deliver effective services to meet need;
- missed opportunities for early intervention;

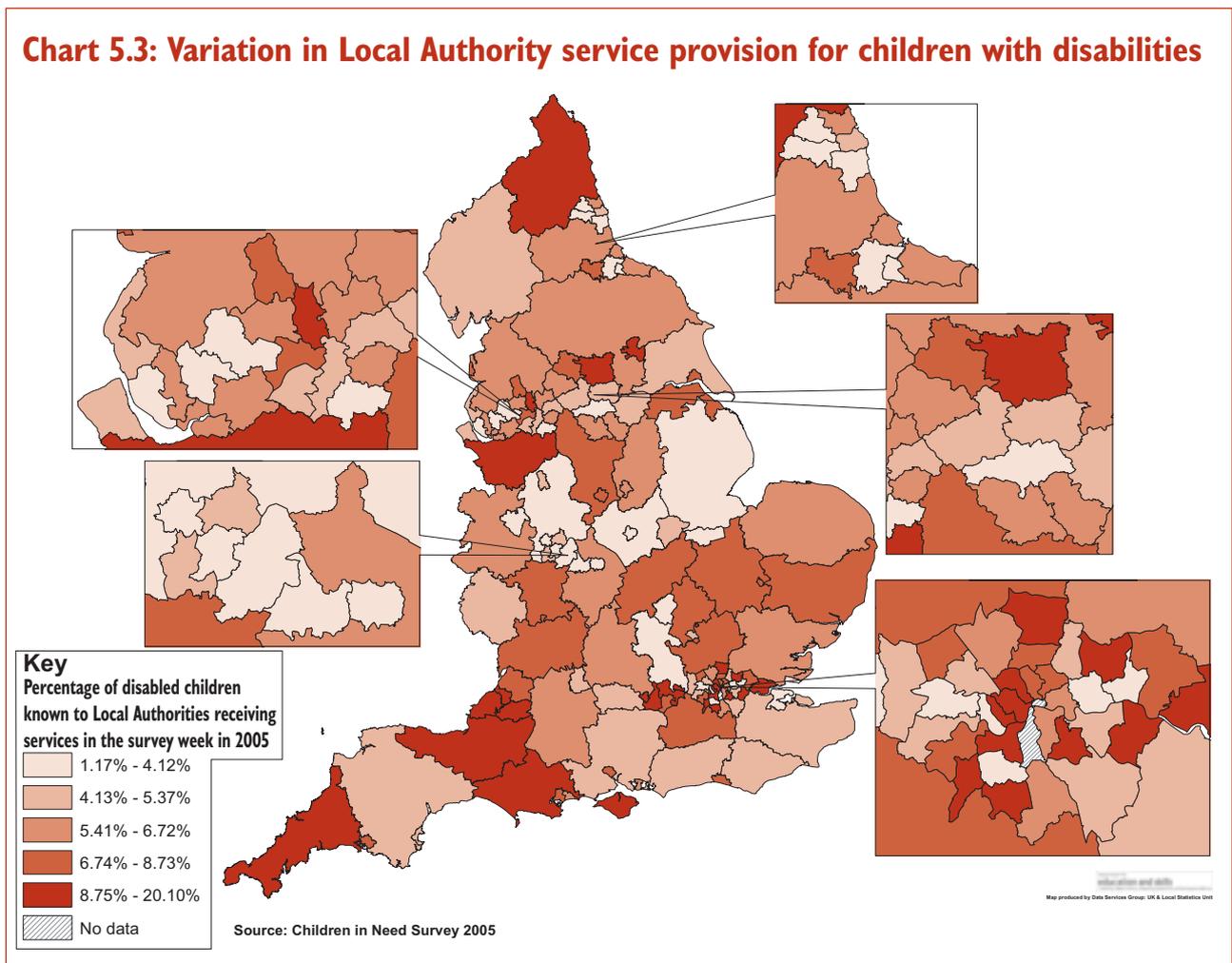
- coordination across services;
- data, understanding and planning for the population; and
- workforce specific issues.

## Incentives to deliver effective services

**Local variation 5.26** Local Authorities set their own eligibility criteria under the Children Act 1989. There is evidence that different areas make different levels of care available and that those most in need are not always most likely to get support (the inverse care law).<sup>35</sup> Data on the number of disabled children receiving support from social services give an indication of local variation in the level of support available for disabled children, as shown in Chart 5.3.<sup>36</sup> This is, however, only an indication of local variation, it does not:

- give an indication of the quality of provision or the outcomes for disabled children and their families;
- show whether the focus in the Local Authority is on inclusion or specialist provision; or
- control for the fact that one area may have a higher proportion of severely disabled children than another.

**Chart 5.3: Variation in Local Authority service provision for children with disabilities**



<sup>35</sup> *Services for Disabled Children*, National Audit Office Report, 2003.

<sup>36</sup> *Children in Need survey data*, DfES, 2006.

**5.27** A recent questionnaire sent to Strategic Health Authorities (SHAs) and Primary Care Trusts (PCTs) on behalf of the Department of Health found a variation from around 3 per cent to around 13 per cent in the proportion of total child health spend on disability services between different SHAs. The same survey found wide variations in the number of health services provided for disabled children (such as wheelchair services, speech therapy, or community equipment).

**5.28** Within finite budgets for vulnerable children including disabled children in local areas, it is inevitable that difficult decisions on priorities will have to be made. There are both national guidelines for disabled children (through the National Service Framework) and discretion for local areas to set their own priorities about the care that they make available (reinforced in the recent Local Government White Paper).

**5.29** Some submissions to this Review have suggested that service provision for disabled children should be determined and specified nationally. For example, some have proposed that a minimum level of service provision could be determined in legislation. Others have emphasised the importance of local areas having the autonomy to set priorities to allow a continuation of the innovative, flexible provision which currently occurs in areas of good practice. This allows local partners to respond to local need and plan services around the individuals and communities that use them. However, variations in how well local areas are accommodating both national standards and local priorities should not disadvantage disabled children towards fulfilling their potential.

**Empowerment 5.30** Local Authorities also engage and respond to the views of disabled children and their families differently, and many young people and families feel they are not sufficiently empowered. Survey data show that disabled children are being involved in a range of decisions concerning their own care and in social service development. However, it also shows that participation varies considerably across areas with not all Local Authorities inviting participation.<sup>37</sup> Many local areas do, however, enable disabled children and their families to shape and choose those services they use on a personal basis. Good practice on which to build is highlighted in Box 5.3.

**Box 5.3: Good practice on prioritisation and empowerment of disabled children**

**Sandwell Local Authority have developed a range of opportunities for young people with a disability to develop advocacy skills and influence planning and funding of services, including:**

- **funding a youth worker to help develop self-advocacy skills of disabled children. In addition two formal consultations are held each year;**
- **setting up a young people's committee to represent young people with a disability across the borough;**
- **a youth committee within a local, 'independent living' centre.<sup>a</sup>**

<sup>a</sup> *Pathways to success – Good practice guide for children's services in the development of services for disabled children.* Helen Wheatley, CDC, 2006.

<sup>37</sup> *Participation of Disabled Children and Young People in decision-making within Social Services Departments in England*, Franklin and Sloper, Social Policy Research Unit, 2004.

**5.31** The proposals in the Local Government White Paper aim to support local government to deliver more responsive services, extend choice and control, empower individuals and community groups, and strengthen the role citizens play in shaping where they live. It makes the case for more information on the quality of services, and gives people a new right to an answer when they put forward suggestions or demand action from their Local Authorities. It also calls for Local Authorities and other agencies to ensure that services are more responsive, especially to the needs of citizens who are marginalised or disadvantaged. This Review will consider what more needs to be done to ensure that services empower disabled children and families to help set local strategy and priorities.

## Early intervention to improve outcomes

**5.32** Early intervention can prevent health conditions deteriorating, prevent family breakdown and improve life outcomes for children. Paragraph 5.14 highlights the importance of early intervention across particular services.

**5.33** At the moment, much Local Authority provision appears to be targeted on high need and high cost interventions, rather than early, on-going support. One survey of Local Authorities indicated that 90 per cent of some disabled children's social services budgets were being spent on residential placements.<sup>38</sup>

**5.34** About 13,000 disabled children in England are in long-term residential placements (in education, social care and health settings),<sup>39</sup> and there are around 6,000 looked after disabled children.<sup>40</sup> Residential placements will provide the most appropriate care for some severely disabled children. However, analysis has shown a 20-fold variation in the number of out-of-authority placements made by Local Authorities, some of which may be due to a lack of suitable alternative local provision or a lack of earlier intervention that could have supported the child before the family were no longer able to provide the necessary care.<sup>41</sup>

**5.35** Provision of appropriate services early in a child's life or development will prevent deteriorating outcomes for the child and family. For example, early access to speech and language therapy for children with communication difficulties will facilitate access to services such as education. This can promote social, emotional and educational development, reduce the likelihood of behavioural problems,<sup>42</sup> and prevent underlying health conditions going undetected and undiagnosed.<sup>43</sup>

**5.36** Limited evidence on the impact of a range of early interventions on disabled children's outcomes makes it harder to encourage the use of early intervention at both a local and national level. There is, however, some evidence that a range of interventions have the ability to reduce crisis interventions and cost pressures further down the line, freeing up resources for more support, as shown in Box 5.4.

<sup>38</sup> *Changing children, changing services. Looking at access to social care services for disabled children and their families*, Council for Disabled Children report to DfES (unpublished), 2003.

<sup>39</sup> *Disabled children in residential placements* – Anne Pinney, Independent researcher for DfES, November 2005.

<sup>40</sup> *Children in Need data*, DfES, 2005.

<sup>41</sup> *Commissioning placements and services for looked after children and children with special educational needs and disabilities in residential placements*, DfES, 2005.

<sup>42</sup> *Life Sentence Bulletin*, Clegg, Hoiis and Rutter, Royal College of Speech and Language Therapy, 1999.

<sup>43</sup> *Communicating Quality 3: guidance on best practice in services organisation and provision*, Royal College of Speech and Language Therapy, 2002.

**Box 5.4: Good practice on early intervention in Enfield**

One Local Authority with 272 children with a range of complex disabilities and health needs moved to provide early support around the child and family and has seen its number of looked after children fall.

This included support for the child of a single mother with HIV. The child was diagnosed with autism at age 2, and the mother was unable to cope with her own medical appointments and her child's needs. Foster care was considered, but with a package of support, including a specialist nursery placement, day care during weekends, overnight respite once a fortnight and referral to specialist health services, this was and remains prevented. As the child grows up the long-term plan is for services to change to reflect needs, for example after-school clubs and holiday play schemes will be provided and

## Coordinating care across services

**5.37** Poor coordination of services puts a burden on parents to join up advice and support, and coordinate what can be a large number of appointments. It also leads to a greater risk that information is not shared, and that disabled children are passed between agencies, falling through gaps, delaying provision of services and interventions. One parent at a Parliamentary hearing cited that the coordination of 21 different individuals and services permanently involved in her daughter's life exhausted her and her family to the point of being close to family breakdown, as well as ruling out the possibility of work. Box 5.5 illustrates the number of complex services involved in some children's lives.

**Box 5.5: Case study; complexity of needs and joint-working<sup>a</sup>**

Sam is six years old and has a diagnosis of hereditary motor and sensor neuropathy type 2. He has very little independent movement other than head turning. He has a tracheostomy and a gasrostomy and is ventilated 24 hours a day. In spite of his considerable physical needs Sam is well motivated to learn and communicate. He is making good progress and is achieving at above average levels in comparison to his mainstream peers.

Sam has been involved with the local portage team since age one, when he was also supported by the home ventilation team. His care was co-ordinated by a member of this team who oversaw the budget which the hospital trust had set aside for this purpose. He was referred to the Local Education Authority as a child who would require specialist provision to access school.

The statutory assessment process began when Sam was 3, involving health, education and social services. Sam's parents were clear that although the Local Education Authority had a special school for children with physical disabilities, their preference was for Sam to attend his local nursery and then mainstream infant school. His placement is jointly funded by health and education services. Sam needed two support workers, both employed by the hospital trust, but with one funded by the Local Education Authority. Both workers were trained to meet Sam's physical needs, for example in suction, hand ventilation and using a hoist. A pooled budget was set up, and the Local Education Authority purchased the necessary ICT and communication system. Risk assessments were carried out. Building work was undertaken well in advance; first the nursery and then the class room and toilet area in the reception building were adapted.

<sup>a</sup> Including me, Council for Disabled Children, 2005.

**5.38** The Call for Evidence acknowledged that the *Every child matters* programme is making progress, with more joint working between different agencies and some areas using pooled budgets and joint assessments. But remaining challenges were identified including differing eligibility criteria, incompatible computer systems, and differing referral systems and cultures between agencies which continue to challenge the development of single service models. Further work is also needed on joint commissioning and funding, with local variation in practice and barriers around communicating and agreeing pooled budgets.<sup>44</sup> The Department of Health questionnaire sent to SHAs and PCTs found a range from 25 per cent to 77 per cent of PCTs reporting joint commissioning arrangements with Local Authorities, however, the total level of investment involved was very small (£0.275m). Again, best practice gives us a basis to build on, as shown in Box 5.6.

**Box 5.6: Good practice; co-located, multi-agency transition team in Suffolk**

**A new, co-located team, based at an “info-bar” near the town centre with leisure and learning facilities for disabled young people has facilitated communication across a range of services: social services, the health worker, youth worker, transition supporter and broker, Connexions, leaving care worker, CAMHS and the adult social services team. The location allowed direct access to young people and a site for parents to bring their children to receive all of these services. Feedback from parents and young people had been good, and young people’s awareness of their options and attitudes to transition had improved.**

## Data, understanding and planning for the population

**5.39** Data limitations are a further barrier to effective planning, commissioning and provision of services. Some local areas are developing a good understanding of their local population, and undertaking thorough needs assessments to help plan and predict the services and interventions disabled children and families will need (see Box 5.7). However, many areas still do not have a proper understanding of the profile or even size of their disabled children population. This, coupled with a lack of longitudinal data at a national level exacerbates problems around planning for the population. Problems include:

- Children Act 1989 registers not functioning as valid planning tools for some Local Authorities due to a lack of defined criteria, the voluntary nature of the registers, and lack of organisational commitment including funding and staffing. The highest registration rate recorded in one survey was 1.7 per cent of the child population, much lower than the estimated 5 per cent of disabled children in the overall population;<sup>45</sup>
- a need for better information and evaluation of which interventions work, particularly around early intervention, which in addition to delivering improved outcomes have the potential to be the most cost effective.

<sup>44</sup> Evidence from Call for Evidence, Parliamentary hearings report, and workshops with Local Authorities from disabled children pathfinder trusts.

<sup>45</sup> *Children with long-term disability in the former Northern and Yorkshire NHS Region*, Parker, Salotti, Cresswell, Nephro (North East Public Health Observatory), 2003.

**Box 5.7: Good practice; needs assessment and data collection**

Halton Local Authority include disabled children in their Children and Young People Plan and are developing a Local Area Agreement with underpinning indicators to monitor and improve outcomes for disabled children.

They have also had a comprehensive needs assessment of their disabled children population to plan which services they need to develop further, and have developed one single data set which includes all health, social services and education data available on their vulnerable children population to improve communication, eligibility assessment and commissioning of services.

All planning, commissioning and provision of services is done jointly through multi-agency teams, with pooled budgets (originally based on small pots of money) now well established.

**Workforce**

**5.40** Training, recruitment, and retention issues impact on both the universal and specialist services which have contact with disabled children, for example in the lack of carers to provide short breaks, or in high turnover rates for social care. This can result in a loss of continuity of care, waiting lists and unmet need for specialist services. Specific problems, some of which were highlighted in the Call for Evidence, include:

- across all services difficulties with interpersonal and communication skills, (particularly around giving news about disability and diagnosis, communicating directly, and dealing with questions);
- staff not being able to deal with medical needs, lifting and handling the child, or the child's way of communicating;<sup>46</sup>
- in universal NHS services, a lack of understanding and knowledge of disabilities (particularly around communication) across some health professionals, and a lack of expertise around behaviour management and administration of medication and intimate personal care, due mainly to a lack of training;<sup>47</sup>
- high turnover rates (particularly around health professionals such as speech and language therapists)<sup>48</sup> and a lack of specialist staff resulting in lack of continuity of care and waiting lists;
- too few resources, and short-term funding making planning and recruitment and retention of staff difficult.

**5.41** Gaps in staff training also hinder disabled children's access to services. These include the competencies required for working with disabled children, reducing attitudinal barriers, and training around communication (particularly at diagnosis).

<sup>46</sup> *Service for disabled children*, Audit Commission Report, 2003.

<sup>47</sup> *The accessibility of general NHS services for children with disabilities*, *Child: care, health and development*, Wharton et al, May 2005.

<sup>48</sup> *Ibid.*

## NEXT STEPS

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**5.42** There is much good practice being carried out in services for disabled children, with innovative local flexibility generating responsive solutions. The *Every child matters* programme is having a positive effect on integrating services, and programmes such as Early Support are encouraging a focus on early intervention. Good practice is not, however, consistent across the country, and there is more work needed to prioritise disabled children through:

- ensuring greater responsiveness of services to the needs of disabled children through the incentives acting on services, particularly through the empowerment of disabled children and their families to influence service priorities and provision;
- encouraging more of a focus on early intervention;
- further integration and cooperation between services; and
- developing a clearer and more coherent understanding of the disabled children population, with better information, and clearer evidence on which interventions most improve outcomes for disabled children and their families;
- improving the knowledge and understanding of disabled children in the workforce.

**5.43** In light of this evidence, the Review will consider further what action needs to be taken to improve outcomes and equality of opportunity for disabled children and their families.



# 6

## SUPPORTING FAMILIES CAUGHT IN A CYCLE OF LOW ACHIEVEMENT

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### INTRODUCTION

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**6.1** Part of the Review is considering the minority of children who already experience very poor outcomes. For these children, prevention and early intervention come too late, they need targeted and intensive support to address their needs and those of their families. Chapter 2 indicated that in order to understand and support children with the worst outcomes, it is vital to consider their wider family environment. This part of the Review is interested in those families with the very poorest outcomes, where:

- the family environment can be harmful to family members, especially children – generating a cycle of deteriorating outcomes across generations; and
- they can create harm to their local communities, for example, if family members are involved in anti-social behaviour or crime.

**6.2** Families who are caught in a cycle of low achievement often require high levels of intervention from public services, which is costly. Without effective interventions the cycle of disadvantage across generations will not be broken. Furthermore, in the longer term, the resources such families use cannot be released to fund preventative support elsewhere.

**6.3** Chapter 1 set out some of the high costs associated with poor child outcomes. This chapter is not about preventing these poor outcomes, which is covered in the other work strands of the Review. It is about supporting those families where very poor outcomes are already a reality, with the aim to improve their situation quickly and with sustained impact. In order to understand the policy response necessary to support these families, this chapter examines:

- the characteristics of families whose children are most likely to suffer poor outcomes and who cause harm to communities or high costs to society;
- the number of families caught in a cycle of low achievement; and
- the barriers to help further these families to make sustained improvements in their outcomes through support as well as sanctions, and examples of effective practice.

### CHARACTERISTICS OF FAMILIES CAUGHT IN A CYCLE OF LOW ACHIEVEMENT

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**6.4** As set out in Chapter 2, existing research suggests that the more problems are present within a family, the greater the likelihood that the children in the family will also experience poor outcomes.<sup>1</sup> For example, a comparison between women who were clinically depressed and women who were both clinically depressed and alcohol dependent found that the latter group had significantly higher levels of difficulty in parenting.<sup>2</sup> New research commissioned for the Review assessed:

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<sup>1</sup> *Maternal problems in year after delivery and subsequent behavior problems in children*, Whitaker, Orzol and Kahn, 2006.

<sup>2</sup> *Double trouble: maternal depression and alcohol dependence as combined factors in child and family social work*, Woodcock and Shepherd, 2002.

- the strength of the link between family problems and outcomes for children – how much more likely children are to experience poor outcomes given certain problems in their family environment;
- the link between multiple family problems and specific poor outcomes for children; and
- patterns of family problems.<sup>3</sup>

### Link between family problems and child outcomes

**6.5** The research examined data from surveys of families experiencing problems in the wider family environment (mental health, physical disability, substance misuse, domestic violence, financial stress, neither parent in work, teenage parenthood, poor basic skills and living in poor housing conditions) and the outcomes of the children in the household.<sup>4</sup> The poor outcomes for children considered in the analysis included being in care, playing truant from school, having been suspended or expelled from school, or being involved in anti-social behaviour or in crime.

**6.6** Chart 6.1 shows that there is a clear, increasing likelihood of many poor outcomes for children the more problems are present in the wider family. For example:

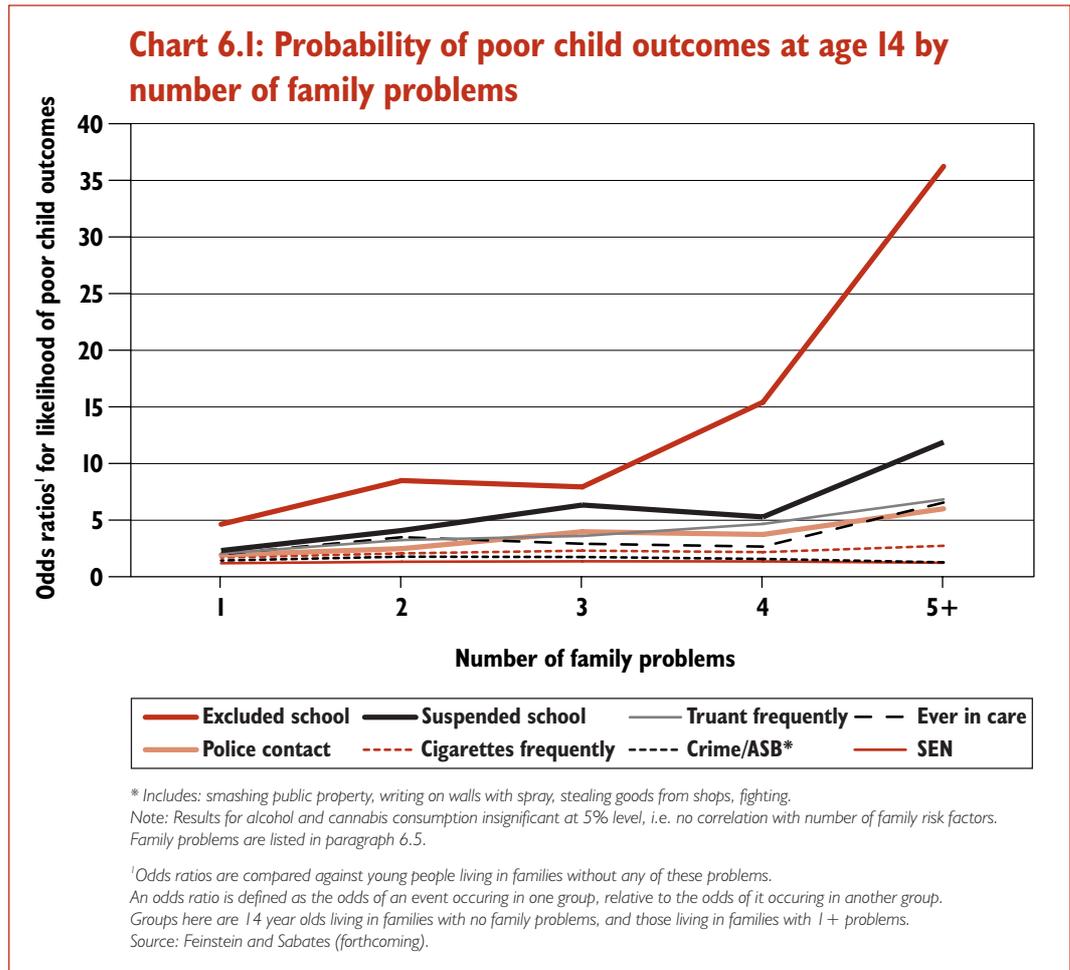
- the likelihood of young people (at age 13 to 14) having ever been in care doubles for those who live in families with one problem, compared to young people who live in families with no problems, as identified by the survey;
- those who live in families with five or more problems identified in the survey are six times more likely to have been in care than those with none.

**6.7** Similar trends are found for the likelihood of other poor outcomes, including playing truant frequently, being suspended from school and being excluded from school.

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<sup>3</sup> *The prevalence of multiple deprivation for children in the UK: Analysis of the Millennium Cohort and Longitudinal Survey of Young People in England*, Feinstein and Sabates (forthcoming).

<sup>4</sup> *Ibid.*



**6.8** Some poor child outcomes do not appear to be strongly linked to problems in the wider family, including low-level criminal behaviour, anti-social behaviour and smoking cigarettes. This could be because they are behaviours young people from a wide range of backgrounds will exhibit. However, the data do not take into account persistence or intensity of such behaviour, which could still be linked with the wider family context. Research using data from the Avon Longitudinal Study of Parents and Children (ALSPAC) shows that children who reported involvement in anti-social behaviour aged 8.5 years and 10.5 years had significantly higher levels of family adversity than those who did not report such involvement.<sup>5</sup>

**6.9** Many families with multiple problems receive a large number of support services. For example, 38 per cent of families referred to a Government-supported programme to tackle anti-social behaviour were previously receiving support from four or more services.<sup>6</sup> In practice, some families can be in touch with dozens of people offering them support across a number of different public or third sector agencies.<sup>7</sup> An example of the potentially large range of services that can be involved in supporting one particular family is set out in Box 6.1.

<sup>5</sup> *Anti-social and other problem behaviour among young children: patterns and associated child characteristics*, Bowen et al., Home Office Findings, (forthcoming).

<sup>6</sup> *Anti-Social Behaviour Intensive Family Support Projects – An evaluation of six pioneering projects*, Department for Communities and Local Government, 2006.

<sup>7</sup> See also *Multi-family therapy – an overview*, Asen, *Journal of Family Therapy*, 2002.

**Box 6.1: Services supporting families with multiple problems**

One family, prior to involvement in a government-sponsored programme, was under threat of eviction for non-payment of rent. The mother, Christine, had four children, all of whom were either truanting or on long-term exclusions from school. The youngest son at age seven had been seen smoking. The eldest child showed evidence of self-harm. Christine herself was suffering from mental health problems. Care proceedings for her youngest two children were likely to commence.

Around 19 agencies were trying to engage with Christine and her family at the time of the project's involvement. Christine and her children neither kept appointments nor opened the door to professionals that came to the house. Services involved included:

- the youth offending team
- social services
- Connexions service
- debt advice service
- anti-social behaviour team
- educational psychologist
- community mental health team
- Education Welfare Officer
- Probation Service
- Police
- housing services

**6.10** Chapter 1 set out the costs associated with poor outcomes for children and young people. Studies have also identified the costs of specific, individual problems associated with adults, such as mental illness.<sup>8</sup> The costs to public services of supporting families with multiple problems are likely to be particularly large. This is not just because of the sum of the individual problems. Multiple family problems often interact and exacerbate each other leading to more harmful and costly outcomes, especially for children in the family.

## Patterns of poor outcomes in families

**6.11** The Review has also examined whether certain combinations of problems are more likely to occur together within families. This could help to identify which interventions or groups of interventions might be needed to enable families with multiple problems to achieve better outcomes.

**6.12** Using the Millennium Cohort Survey, the Review examined the different types and combinations of problems identified within families. Looking only at those families with multiple problems, there appear to be no specific combinations that occur significantly more often than others. For example:

- taking all those families in the Millennium Cohort Study with 4 identified problems, the most common combination was depression, worklessness, teenage parenthood and lack of basic skills, but this combination only accounted for 3 per cent of all families in this group; and

<sup>8</sup> *The economic and social costs of crime*, Home Office, 2000; *Fair, Clear and Competitive: the Consumer Credit Market in the 21st century*, Department for Trade and Industry, 2003; *The economic and social costs of mental illness*, The Sainsbury Centre for Mental Health, Policy Paper 3, 2003; *Personal Social Services expenditure and unit costs: England: 2004/5*, Department of Health; *The economic and social costs of class A drug use*, Home Office, 2000; *Total cost of domestic violence to services*, Walby, 2004; *Alcohol misuse: How much does it cost?*, Cabinet Office, Report by the Prime Minister's Strategy Unit, 2003, available at <http://www.strategy.gov.uk/>.

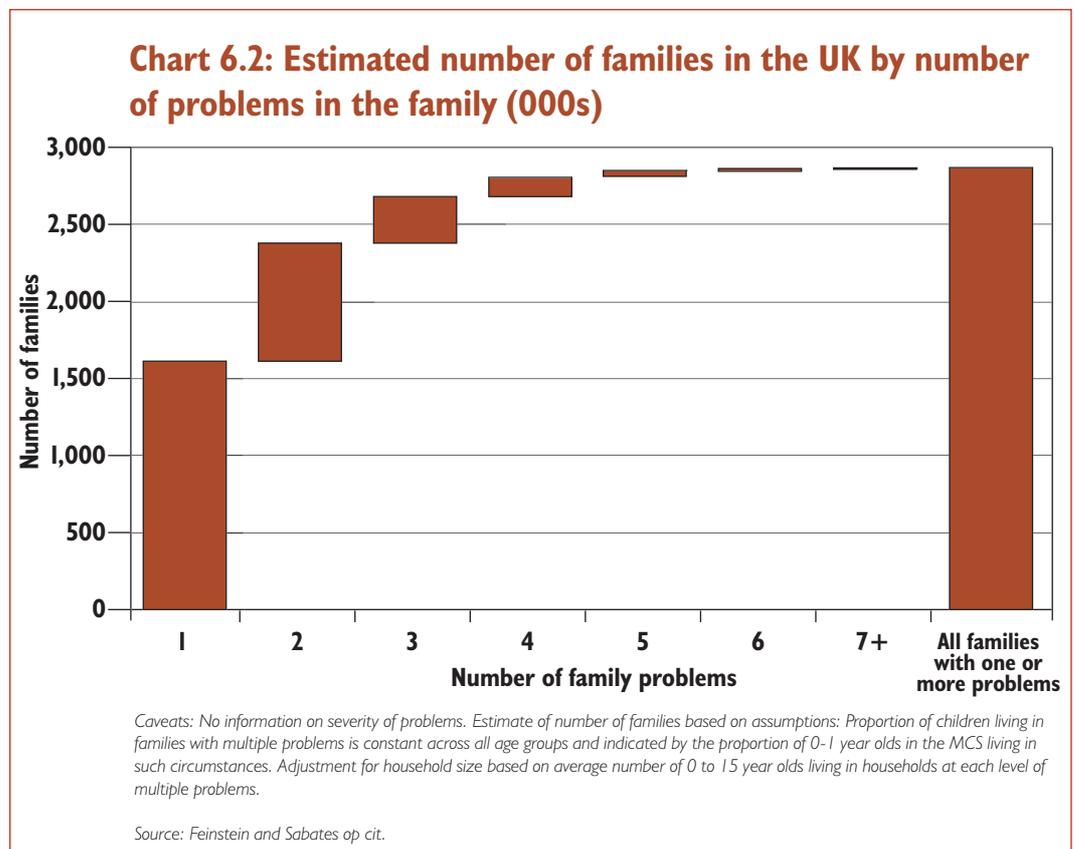
- taking all those families with 5 identified problems, the most common combination of problems was depression, worklessness, teenage parenthood, lack of basic skills and overcrowding, but this combination only accounted for 4.5 per cent of all those families.

**6.13** This illustrates the diversity of families experiencing very poor outcomes. The fact that there is no common pattern to which a blueprint solution can be applied presents a major challenge for the response from services.

### THE NUMBER OF FAMILIES AFFECTED

**6.14** Estimating the number of families with multiple problems in the UK at national level is difficult. Data are generally only collected on the prevalence of individual problems of single family members. In addition, individuals might move in and out of having problems during their family’s life cycle and the severity of problems can vary over time. Previous estimates of families with multiple risk factors have been calculated by scaling up Local Authority estimates.

**6.15** Research commissioned for this Review for the first time provides an indication of the number of families potentially caught in a cycle of low achievement based on nationally representative survey data from the Millennium Cohort Survey. The research suggests (see Chart 6.2) that although having one problem is fairly common – in almost 3 million families in the UK there is at least one problem present – the number drops to roughly 1.3 million families for two or more problems, and then to less than half a million families for three or more problems. About 5,000 families are at the extreme end, having 7 problems or more.



**6.16** Although they can be a diverse group, many front-line staff say they know which families on their case load suffer from very poor outcomes.<sup>9</sup> There are also key events, which are potential indicators that a family may be experiencing particularly poor outcomes, for example:

- exclusion of a child or young person from school;
- the initiation of child protection or care proceedings;
- involvement of a young person or child with the criminal justice system or in persistent anti-social behaviour; and
- the registration of a child on the child protection register.

**6.17** Many of the families whose children are at the greatest risk of very poor outcomes are in touch with a range of services, which means they are known to local agencies. For example, Manchester City Council found that families involved in anti-social behaviour had been active cases – usually in education and social services – for several years before they were picked up by the local Anti-Social Behaviour Team.

**6.18** Despite the fact that families with multiple problems can be easy to identify at the local level and are often already known to a range of agencies, services often fail to effectively provide the support and challenge necessary to enable these families to break the cycle of low achievement.

## PROGRESS IN PROVIDING SUPPORT TO FAMILIES CAUGHT IN A CYCLE OF LOW ACHIEVEMENT AND REMAINING CHALLENGES

**6.19** Due to the nature of their problems families caught in a cycle of low achievement will often require complex packages of challenge and support from a variety of sources. A wide range of services and initiatives exist to provide this, varying from universal to targeted or specialist services (see Box 6.2).

### **Box 6.2: Selected specialist services, initiatives and targeted policies aimed at addressing specific poor outcomes**

- **Mental health problems:** children and adolescent mental health services, adult mental health services.
- **Substance and alcohol misuse:** drug action teams, alcohol services.
- **Domestic violence:** refuges for victims of domestic violence, domestic violence teams.
- **Homelessness:** local homelessness strategies, Family Intervention Projects.
- **Worklessness/unemployment:** Jobcentre Plus.
- **Poverty:** tax credits, minimum wage.
- **ASB:** range of new powers and tools.
- **Truancy and educational underachievement:** education welfare service, On Track.
- **Behavioural problems and lack of parenting skills:** Behaviour and Education Support Teams, intensive family support.
- **Contact with the criminal justice system:** youth offending teams, Multi Agency Public Protection Arrangements (MAPPA).

<sup>9</sup> Evidence from Review Call for Evidence 2006 and from HM Treasury / Department for Education and Skills Consultation Events, June and October 2006.

**6.20** The Government has also introduced particular interventions aimed at individuals or the whole family, which try to support those with multiple problems. These interventions coordinate responses across different agencies, working assertively with families to help them engage with services, or creating multi-disciplinary support teams. Examples include Family Intervention Projects announced in the *Respect Action Plan*<sup>10</sup> and the pilot project on 'Adults with chaotic lives and multiple needs', announced in *Reaching Out: An Action Plan on Social Exclusion*.<sup>11</sup>

**6.21** There are also a number of good practice examples initiated by local areas. For example, Westminster Council has a service level agreement with an NHS-run organisation, which provides support for children and families with a variety of issues, especially behavioural problems (Box 6.3). The London Borough of Merton provides a family support service, funded through the children's social services budget, which focuses on supporting families at risk of having their children taken into care. The service uses a solution-focused approach, which aims to identify and tackle the underlying causes of family problems. The family support service has contributed to a reduction in the number of looked after children in the Borough by over 100 from 220 in 2001 to 99 in 2006.

### **Box 6.3: Marlborough Family Service**

The Marlborough Family Service (MFS) is an NHS-run organisation, which offers a range of out-patient services for children, adolescents, adults, couples and families with personal or behavioural problems. Over the past 20-30 years the MFS has developed a holistic approach that considers individuals and families in the context of their lives, culture and community. The approach complements the themes set out in *Support for parents: the best start for children*.

The MFS has a service level agreement with the Local Authority, which allows the service to operate across traditional boundaries between agencies. The families who use the service suffer from a wide range of problems including physical, sexual and emotional abuse and neglect; chronic mental health issues; social problems, such as poverty, unemployment, discrimination, inadequate housing; alcohol and substance misuse; violence; delinquency; and educational failure. The MFS provides a menu of different, tailor-made clinical services, including:

- a **family education centre**, which delivers educational and mental health services to hard-to-reach families with children at risk of social and educational exclusion, with the aim to get the pupil back into mainstream education; 95 per cent of children who attend the education centre go back to mainstream schools;
- a **family day unit**, which provides intensive programmes focussing on helping families resolve problematic patterns of behaviour; physical re-abuse rates after the interventions are very low; decision making process on care proceedings is faster; user feedback studies show high acceptability and user satisfaction; and
- an **outpatient service**, which provides for a lower level of need on a less intensive basis. The MFS also runs the Asian and Arab Family Counselling Service (AAFCS), which delivers culture-specific interventions to minority ethnic families, in their homes and community settings.

The MFS model has been adopted around Europe, especially in Germany and Scandinavia.

<sup>10</sup> *Respect Action Plan*, Respect Taskforce, 2005, available at <http://www.respect.gov.uk/>.

<sup>11</sup> *Reaching Out: An Action Plan on Social Exclusion*, Cabinet Office, 2006, available at <http://www.cabinetoffice.gov.uk/>.

**6.22** Despite these positive initiatives there is evidence that those experiencing the poorest outcomes do so over long periods of time without significant improvements in their situation.<sup>12</sup> Studies also suggest that those facing severe or multiple problems tend to be less likely to gain from receiving support from services compared to the wider population.<sup>13</sup> Evidence submitted to the Review's Call for Evidence suggests that in some cases local public services have been in contact with different generations of the same family for considerable periods of time.

**6.23** While outcomes for many young people, for example educational attainment, are improving nationally, there has been less progress for some of the more vulnerable groups. For example, there has been no decline in the number of children in care over the last ten years. The Review has identified the following challenges that need to be overcome to achieve a step change in the lives of those families with the poorest outcomes:

- ensuring services coordinate their activities to provide an effective package of support;
- engaging service users to increase the effectiveness of interventions, backing support with sanctions where necessary and promoting user involvement in service delivery; and
- strengthening the skills, motivation and confidence of the workforce to tackle families caught in a cycle of low achievement.

## CREATING AN EFFECTIVE PACKAGE OF SUPPORT FOR FAMILIES

### Fragmentation of services

**6.24** When a family with multiple problems becomes eligible for support, a key challenge for services is to provide a 'package' of interventions, rather than support with a single issue. For example, where parental problems impact negatively on the child, an intervention aimed only at the child will not lead to sustained improvement. Similarly, if adults face additional stress due to their parenting responsibility, failure to recognise these responsibilities undermines the effectiveness of other interventions. In some cases in order to be effective interventions need to be phased, so that the most severe problems are addressed first. For example, tackling parenting issues if the parent is a heavy drug user will have little impact. In other cases, where multiple problems are present, effectiveness of interventions is often reduced when services act sequentially rather than ensuring issues are dealt with in tandem.<sup>14</sup>

**6.25** The *Every child matters* programme has created greater cooperation amongst children's services. However, the links between adults' and children's services are often not as developed. This means that 'whole family' support can be limited. A review of government-funded research on supporting families summarised a number of cross-cutting themes in the context of inter-agency working:<sup>15</sup>

<sup>12</sup> *The childhoods of multiple problem adolescents: a 15-year longitudinal study*, Fergusson et al, 1994.

<sup>13</sup> *Breaking the Cycle*, Social Exclusion Unit, 2004.

<sup>14</sup> *Improving Services Improving Lives*, Social Exclusion Unit Interim Report, Department for Communities and Local Government, 2005.

<sup>15</sup> *Support for parents – messages from research*, Quinton, 2004.

- there were few good examples of effective inter-agency working or cooperation between agencies;
- cooperation often depended on energetic individuals rather than structures;
- services tended to protect their boundaries and restrict their responses to their own areas of expertise; and
- the situation was exacerbated by professional anxieties and funding issues.

**6.26** Furthermore, adult services do not always recognise when adults are parents and do not consider the support needs of the child. For example, whereas 64 per cent of social work services reported having formal joint arrangements for working with other agencies in child protection cases involving parental drug use, only 43 per cent of respondents reported providing specific services for problem drug-using parents and their dependent children.<sup>16</sup> Similarly, a review of projects tackling alcohol misuse found that 49 per cent did not provide specific support to families and 78 per cent did not think that what they provided was meeting the needs of children and families in their area.<sup>17</sup>

**Lack of sustained support** **6.27** Interventions and support are often only available for a short period of time, and removed after a set period or when the family situation appears to have stabilised or slightly improved. However, intermittent support will often not be enough to create sustained improvements. In fact, some families will 'lapse' and present to services with a new crisis soon after the initial short-term intervention, despite having received high-intensity support.<sup>18</sup> The problems that arise from poorly integrated services and short-term interventions are highlighted in serious case reviews and studies looking at the help available to families whose children are placed on the child protection register.<sup>19</sup>

**Policy and legislative framework** **6.28** Legislation already makes reference to the importance of links between children's and adult's services, and there are some statutory requirements to establish such links.<sup>20</sup> For example, adult social care is required to be represented on Local Safeguarding Children Boards. However, there are also areas where the link to adult services is neglected.<sup>21</sup>

**6.29** In addition, policy and guidance for children's services acknowledges the role of adult services, but overall there are still areas where recognition of the importance of cooperation between adult and children's services is patchy or weak.<sup>22</sup> While good progress has been made, more work is needed to ensure children's services recognise the importance of coordinating activities with adult services, and vice versa.

<sup>16</sup> *Hidden Harm – Responding to the needs of children of problem drug users*, Advisory Council on the Misuse of Drugs, 2004.

<sup>17</sup> *Review of projects and initiatives that support children and families affected by alcohol misuse*, Alcohol Concern and Alcohol Education and Research Council, 2004.

<sup>18</sup> Evidence from Review Call for Evidence 2006; HM Treasury/Department for Education and Skills Review Consultation Events 2006, and Review field visits.

<sup>19</sup> *Learning from past experience: a review of serious case reviews*, Sinclair and Bullock, London: Department of Health, 2002.

<sup>20</sup> For example, the Children Act 2004 (which applies to England) requires that children's services authorities work together with their 'relevant partners', to promote the well-being of all children in their locality, and the Core Standards of the *National Service Framework for Children, Young People and Maternity Services* recognises the role of adult services. (Department for Education and Skills and Department of Health, 2004).

<sup>21</sup> For example, there is very little recognition within Section 7 guidance, *The Framework for the Assessment of Children in Need and their Families* (Department of Health et al, 1999) of the need for children's services to work with adult social care services, and the statutory duties referred to in *Working Together to Safeguard Children* guidance do not include those of adult social services (*Knowledge Review Disabled Parents and Parents with Additional Support Needs*, Social Care Institute for Excellence, forthcoming).

<sup>22</sup> *Supporting Disabled Parents – Discussion document for Review Consultation Event*, Jenny Morris, June 2006.

**6.30** With respect to adult services there is some acknowledgement in the adult social care policy framework that people with mental health or substance misuse problems, learning difficulties, or sensory or physical impairments may also be parents.<sup>23</sup> For example, there is recognition that some users of services for people who misuse drugs will be parents.<sup>24</sup> However, the focus tends to be on child protection concerns rather than on support for the parenting role.

**Performance management and funding 6.31** Services relevant for families with multiple problems are delivered through different agencies and their objectives are not always sufficiently aligned. At the national level, “departments have often been concerned exclusively with achieving their own specific objectives reflecting responsibilities and funding which they can directly control”.<sup>25</sup> This alignment of objectives is important if agencies want to provide integrated support to families with multiple problems – there is the potential to disagree about who is responsible for supporting them if they count negatively against targets or use up resources in constrained budgets. This can lead to service users being “handed around” the system.<sup>26</sup>

**6.32** Poor alignment between different funding streams can make it hard for service providers to develop a joined-up service.<sup>27</sup> The incentive to pool resources to facilitate integrated service delivery may not be strong where the benefit of an intervention does not accrue to the agency who pays for it. For example, health or social care may pay for a parent to get treatment for alcohol dependency, but the gains from preventing the parent’s children from going into care accrue to children’s social services. Local Area Agreements are one way in which the Government has sought to align both funding and objectives across local public service delivery. In addition some local areas have developed a forum for agreeing a shared set of objectives or ‘common endeavour’ underpinning interventions such as a local multi-agency group, which enables agencies to ensure that objectives are aligned.

**Inspection 6.33** The new framework for the inspection of children’s services will use the outcomes laid down in the *Every child matters* framework to guide the methodology of inspection. However, inspections of adult social services are carried out separately.<sup>28</sup> This can reduce the attention given to joint working between adults’ and children’s services. With the changing structures of adults’ and children’s social care, the implementation of *Every child matters*, and the White Paper *Our Health Our Care Our Say*,<sup>29</sup> this is a key point at which to address the need for adults’ and children’s services to work together. While it is important that these services retain their distinct focus and priorities, it is also important to foster good joint working for the benefit of children, young people and their families. There are elements within the legislative, policy and performance management framework which have the potential to encourage a more joined-up approach, and the drive towards better coordination of the activities of different services should build on those.

<sup>23</sup> *Knowledge Review Disabled parents and Parents with Additional Support Needs*, Social Care Institute for Excellence (forthcoming).

<sup>24</sup> The National Service Framework *Models of Care for the Treatment of Drug Misusers* (National Treatment Agency, 2002) sets out the care pathways for (expectant) parents who are misusing drugs. A similar policy document is under development to cover people who misuse alcohol (Lords Hansard 26 June 2006, column 1000).

<sup>25</sup> *Joining up to improve public services*, National Audit Office, 2001

<sup>26</sup> *Improving Services Improving Lives*, Social Exclusion Unit Interim Report, Department for Communities and Local Government, 2005.

<sup>27</sup> The lack of alignment of funding streams was identified as a barrier by 54 per cent of respondents to a 2005 Social Exclusion Unit consultation with service providers (*Improving Services Improving Lives*, Social Exclusion Unit Interim Report, Department for Communities and Local Government, 2005).

<sup>28</sup> As a way forward, the Commission for Social Care Inspection has proposed a new outcomes framework for adult social care. This framework includes family roles and responsibilities and proposes that support to carry out parenting roles is one of the inputs to be measured.

<sup>29</sup> Department For Health, 2006.

## MOTIVATING FAMILIES TO ENGAGE

**6.34** Research has shown that families who suffer from problems that hamper their ability to parent effectively may be reluctant to engage with services and not trust the offered support because they:

- do not feel staff understand their needs, do not think that the support on offer meets their needs, or have had negative experiences with services and the way they have been treated by staff;
- are in denial about their problems or afraid of sanctions if they ‘own up’ to having difficulties managing their life, e.g. they fear that children will be taken away from them;
- get no support for non-acute problems for a long time even if they ask for it, and then an overwhelming amount of support when problems become so bad that they meet service thresholds; or
- do not get joined-up support (see Box 6.4).<sup>30</sup>

**6.35** Negative perceptions of and attitudes towards services and staff can easily become entrenched, especially if they are not challenged. This means that any intervention to ‘turn around’ families where such attitudes are prevalent has to focus not just on reforming services but on building trusting and constructive relationships with family members.

### **Box 6.4: Turning Point’s ‘broken car analogy’**

Services are often designed to focus on just one specific issue rather than looking at someone’s whole needs, so people whose needs do not fit neatly into a certain category can be bounced around the system having to explain their problems again and again. For example, it may be quite straightforward for someone with depression to get medication from their GP. But that person might also have just lost their job; and/or face attacks from a violent partner; and/or face eviction because of rent arrears; and/or have to deal with a child at risk of being excluded from school.

The organisation Turning Point uses the ‘broken car analogy’ to illustrate how this approach feels to the user: “Imagine trying to get your car fixed after a crash and finding that you have to take it to a different garage to fix each part – one to change the brake cables, another to fix the windscreen, a third to change the tyres and so on. Even worse, each garage is in a different area and none of them shares information so you have to explain repeatedly the problem and fill out separate forms at each visit. It sounds bizarre but people with serious health or personal problems frequently suffer similar experiences when trying to get help.”

Source: Turning Point website <http://www.turning-point.co.uk>

<sup>30</sup>Sources: *Alcohol, Drug and Mental Health Problems – working with families*, SCIE, 2003; *Delivering services to hard to reach families in On Track areas*, Development and Practice Report Home Office, 2004; *Hidden Harm – Responding to the needs of children of problem drug users*, ACMD, 2002; *Supporting parents safeguarding children*, CSCI, 2006; *Breaking the Cycle*, SEU, 2004; CYP Review responses to Call for Evidence, 2006; evidence from Review field work including visits to specialist services and local authorities 2006.

## Rights and responsibilities of service users

**6.36** Service users should be regarded as active participants with a right to effective support, but equally, with responsibilities to take up support offers and cooperate with services. In particular, families need to be prepared to engage with services and play an active role in improving their outcomes.

**6.37** Sanctions have long been used to enforce requirements, for example in the context of unemployment benefits. More recently many enforcement tools have become available for dealing with anti-social behaviour. Box 6.5 sets out some of the sanctions currently used by government to get families to engage. However, support and enforcement are often used in isolation from each other, which has led some to express concerns about an over-emphasis on enforcement and a neglect of preventative measures.<sup>31</sup> This lack of links between support and enforcement services also means that interventions are often not used in ways which reinforce each other and so fail to have the maximum effect.

**6.38** The lack of coordination between agencies providing support and those enforcing sanctions can increase the harm to families, as well as the cost caused by them. This may be the case where adverse behaviour is due to an underlying unmet need for support. For example anger issues may be a symptom of an undiagnosed learning difficulty; anti-social behaviour could be the result of unmet mental health needs.<sup>32</sup> A balanced approach of support and enforcement is essential to helping families to escape the cycle of low achievement.

### **Box 6.5: Selected tools and powers to tackle anti-social behaviour**

**Acceptable Behaviour Contracts (ABCs) or Agreements (ABAs):** Written contracts made between local agencies (often the Police, Local Authority or youth offending team) and the individual. Sets out guidelines for behaviour and consequences of breaking them. No statutory basis.

**Anti-social Behaviour Orders (ASBOs):** Civil orders designed to protect the public from behaviour that causes, or is likely to cause, harassment, alarm or distress. Breach of the order is a criminal offence.

**Parenting contracts:** Voluntary agreement made between local agencies and the individual parent(s) to address the anti-social behaviour of a child or children for whom the parents are responsible. The Anti-social Behaviour Act 2003 puts the contracts on a statutory footing.

**Parenting orders:** Parenting orders are made under civil jurisdiction when there has been a problem with an under-16 year old's behaviour. Requirements on the parent(s) will usually include their attendance on a guidance or counselling programme. Non-compliance can incur a fine (max. £1,000) or any sentence for a non-imprisonable offence.

**Individual Support Orders (ISOs):** Can be attached to ASBOs and contain positive obligations, which are designed to tackle the underlying causes of a young person's anti-social behaviour.

*Anti-Social Behaviour Tools and Powers, Respect Academy event material, 2006, available at <http://www.respect.gov.uk>.*

<sup>31</sup> For example see *Tackling ASB – have we got it right?*, NCH, 2006.

<sup>32</sup> *Addressing ASB – Independent evaluation of Shelter Inclusion Project*, Shelter, The University of York and The Housing Corporation, 2005.

**Mutual obligation approach** **6.39** New evidence shows that “activation/mutual obligation” approaches can be successful in providing support alongside strong incentives for the individuals to follow the programme requirements. For example, Family Intervention Projects, which are currently being rolled out as part of the *Respect Action Plan* deal with families involved in persistent anti-social behaviour and use a twin-track approach. This includes help for families to address the causes of their behaviour, alongside supervision and enforcement tools to provide them with the incentives to change. Examples include eviction, Anti-Social Behaviour Orders, or children being taken into care. A recent evaluation of one of these types of project in Rochdale reported that “many service users explained that they had mixed reactions at first to the idea of working with the project. Some people said they had little choice but to accept the service if they were to keep their homes”.<sup>33</sup> Despite this, research shows that when asked to reflect on their feelings about being referred to the project at a later stage families expressed very positive views:

*“It was a good thing that I got referred cos I’d have had no house if I hadn’t have been referred. I know I would’ve been evicted. I know I would”;*

*“You’re already frightened at the beginning. Letting somebody, you think that they’re invading... but when, if you just give them that little chance, you’ll find that the support that they’ll give you and the help they do give for yourself and your children, it makes, it makes life a lot easier and a lot better.”*

**Evidence from parenting programmes** **6.40** Similarly, parents agreeing voluntarily to attend a parenting programme, as well as those ordered by a court to attend have been found to often be sceptical at the outset, but later recognise the positive impact of the measure. An evaluation of the Youth Justice Board’s Parenting Programme found that parents who had expressed initial reservations and even outright hostility were, by the end, saying wholly positive things about the intervention.<sup>34</sup>

**6.41** The threat or use of sanctions provides both a way of curbing harmful behaviour and a lever for persuading people to accept and cooperate fully with those offering help. The Review will look further into promoting approaches which sensitively use a combination of sanctions and support to enable families to engage with the services they need.

## Empowering users

**6.42** As Chapter 3 described, poverty of aspiration and a feeling of lack of control over one’s own life is a key contributory factor to poor outcomes. A powerful way to enable families to take responsibility and control and to aspire to a better life is to involve them in the delivery of support for others.<sup>35</sup> This can be achieved for example through multi-family sessions where families share their problems and give each other advice. The acceptability and usefulness of this approach has been demonstrated in a number of local audit projects and small scale evaluations.<sup>36</sup>

<sup>33</sup> *Addressing antisocial behaviour: an independent evaluation of Shelter Inclusion Project*, Jones et al, Centre For Housing Policy, University of York, 2006.

<sup>34</sup> *The National Evaluation of the Youth Justice Board’s Parenting Programme*, Ghate and Ramella, 2006, available at [www.youth-justice-board.gov.uk/](http://www.youth-justice-board.gov.uk/).

<sup>35</sup> *Multiple family therapy – The Marlborough model and its wider application*, Asen, Dawson and McHugh 2001; *Multiple family therapy: an overview*, Asen, *Journal of Family Therapy*, 2002; *Families as partners*, Dawson and McHugh, *Pastoral Care in Education*, 1986.

<sup>36</sup> Lim, 2000; Singh, 2000 and Summer, 2000, cited in *Multiple family therapy: an overview*, Asen, *Journal of Family Therapy*, 2002.

**6.43** Another option is to involve users or former users as ambassadors, buddies or mentors for current and prospective clients. For example, some providers of parenting programmes encourage parents who have successfully completed the course to act as mentors supporting other parents to attend. ‘Graduates’ of intervention programmes are in a very good position to explain to prospective users the benefits of engaging with the service, which in turn helps them to develop skills and gain confidence through taking on responsibility as a volunteer. The Review will explore what more can be done to increase user involvement to improve the responsiveness of services catering for families with multiple problems, and to build the confidence and skills of family members.

## WORKFORCE SKILLS AND CAPACITY TO ENGAGE FAMILIES

**6.44** The quality and effectiveness of services ultimately relies on the capacity of the workforce to deliver the kind of support that children and families need. The National Academy for Parenting Practitioners, which is currently under development, will increase the workforce’s capacity to deliver parenting support. However, the Call for Evidence and other contributions to the Review identified barriers to supporting families caught in a cycle of low achievement related to the workforce, which still need to be tackled. These are mainly related to fostering cross-agency working:

- lack of confidence to work across traditional professional boundaries, and a lack of professional ethos and culture that foster a wide view on role legitimacy; and
- weak incentives and support to engage the most challenging families.

### Working across professional boundaries

**6.45** Many professionals do not feel able or are not willing to deal with families with a multitude of problems. A survey within one London mental health trust found that the majority of substance misuse service staff said they did not feel competent to carry out a mental health assessment, and a similar proportion of mental health service staff did not feel competent to carry out a substance misuse assessment.<sup>37</sup> Similarly, a survey of health visitors in one London area found that they lacked confidence in supporting parents with mental health problems and reported feelings that they were working in isolation, without support from other agencies, and had inadequate knowledge in their work.<sup>38</sup>

**6.46** In the case of children’s services, the lack of confidence to cross traditional boundaries may also be due to a lack of clarity over statutory safeguarding responsibilities. A survey of 500 health and social care professionals in contact with families where parents have mental health problems, cited in a forthcoming Knowledge Review by the Social Care Institute for Excellence, concluded that the statutory responsibilities of child social workers made it difficult for them to be supportive of parents or gain their trust. The workers themselves reported that they lacked the capacity to play such a role as they saw themselves as advocates for children rather than for parents.<sup>39</sup>

<sup>37</sup>Walsh and Frankland, 2005 cited in *Knowledge Review Disabled parents and Parents with Additional Support Needs* Social Care Institute for Excellence (forthcoming).

<sup>38</sup>*Health Visitors, children and parental mental health problems*, Jeyarajah and McIntyre, in Reder, McClure and Jolley (eds) *Family Matters: Interfaces Between Child and Adult Mental Health*, 2000.

<sup>39</sup>Stanley *et al*, 2003 cited in *Knowledge Review Disabled parents and Parents with Additional Support Needs*, Social Care Institute for Excellence (forthcoming).

**6.47** Even where workers have the confidence to cross service boundaries, they need to know how to access expert or specialist help from other parts of their own service or other organisations to support families with complex needs. This requires not just knowledge about services on offer but also good working agreements with other agencies, including clarity over referral mechanisms.<sup>40</sup> A key message from the most recent inspections of children's social services was that *"in some places there is insufficient coordination between adults' and children's social services to ensure that parents receive practical support or that issues about their parenting capacity are addressed"*.<sup>41</sup>

**Support to sustain engagement with families** **6.48** Evidence from the Review's consultation events has highlighted how challenging some families can be to deal with, and this can mean public service workers avoid dealing with them. There is often a reluctance on the part of service providers to persist with people who display problematic behaviour or are difficult to work with. In addition to skills and good cross-agency arrangements, it is important that workers are incentivised to engage with these families. Responses to the Call for Evidence as well as contributions at Review consultation events have also highlighted strong local leadership and a clear vision for service delivery as key drivers of changing the culture of service delivery to improve the response to multiple-problem families. The Review will examine ways to improve the confidence, motivation and skills of the workforce to deal with families caught in a cycle of low achievement.

## NEXT STEPS

**6.49** There is a small but diverse group of families suffering from a multitude of problems which negatively impact on the life chances of children and young people in the family. Families caught in this cycle need coordinated packages of intensive support, where necessary coupled with a degree of challenge, for example through sanctions. Currently the support in place for these families does not lead to a sustained improvement in their situation, despite the fact that expenditure on interventions is significant. In order to improve the effectiveness of the current service response three key challenges have to be met:

- **better co-ordination of services**, in particular, better links between adult and children's services to ensure families get packages of care which address the root causes of their problems in a way that results in a sustainable improvement in their situation; in addition there is a need to link support and enforcement agencies in ways which help them develop shared objectives for intervention with individuals and families;
- **greater engagement of users** to ensure they take responsibility for their own well-being as far as possible and to involve them in service design to make it more responsive to their needs; and
- **supporting, motivating and incentivising front-line professionals** to cross professional boundaries where necessary and to identify and address the multiple problems of families caught in the cycle using persistence and assertive ways of working where necessary.

<sup>40</sup> *Improving Services Improving Lives*, Social Exclusion Unit Interim Report, Department for Communities and Local Government, 2005.

<sup>41</sup> *Making every child matter: Messages from inspections of children's social services*, Commission for Social Care Inspection, 2005.



# 7

## TOWARDS THE 2007 COMPREHENSIVE SPENDING REVIEW

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**7.1** The evidence gathered by this Review to date has identified a number of issues specific to different groups of children and young people. But there are also a number of key, common challenges. This chapter identifies those common challenges and the next steps the Review will take in order to inform the outcome of the 2007 Comprehensive Spending Review.

### **SUPPORTING USERS OF SERVICES TO CREATE CHANGE**

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**7.2** Services' effectiveness in improving outcomes ultimately depends on the quality of the partnership they have with children, young people, families and communities. The Review has identified a number of different elements to that partnership.

**Services' supporting role** **7.3** The most important influences on children and young people are usually the people in closest contact with them. Public services need to recognise and support parents and communities in their roles. The Review has identified progress but also more that could be done to enable parents, adults and communities to play a greater role in supporting children and young people.

**Service responsiveness** **7.4** As well as a supporting role, the Review has also highlighted the importance of services being responsive to needs. Creating a partnership whereby providers actively seek to inform the users of services and understand and then respond to need is more likely to deliver services that are beneficial and achieve their aspirations for children and young people. For example, young people influencing the design and decision-making process for positive activities is more likely to result in making them attractive and well-used.

**7.5** There has been much progress in this area. For example, the reforms in *Youth matters* have taken important steps to ensure young people are involved in the design of positive activities in their local area. There are also examples of good practice where parents of disabled children and their families have been given real influence over local priorities and provision to tailor them better to individual needs. However, there is variable practice both across areas and across different parts of children's services. The Review will need to take into account and build on the progress made through the Local Government White Paper to empower individuals to influence the local services they receive.

### **System level reform**

**A more preventative approach** **7.6** *Every child matters* has introduced change essential to delivering prevention and earlier intervention. For example, policies to improve information sharing and developing a Common Assessment Framework across services are necessary tools to allow services to identify risks and intervene more quickly where problems arise.

**7.7** However, the Review has also identified that further change is necessary to drive through more strongly the imperative of prevention and earlier intervention in the way that services act. This is not only the case for the strand of the Review examining prevention itself. For example, positive activities play a key role to build resilience in young people against poor outcomes. The Review has also found evidence that within some services or areas, more could be done to intervene earlier to support disabled children.

**Coordinated packages of care** **7.8** *Every child matters* has made significant progress towards integrated children's services through the creation of Children's Trusts, bringing together many services in planning, commissioning and delivery including Local Authority education and children's services, some children's health services and Connexions. The Review has found evidence that this is making a positive difference to the way services are delivered.

**7.9** Those children or families with more complex needs will often require services to be delivered in a way that recognises the relationships between different problems of the individual or family concerned. This is particularly the case for many disabled children and families caught in a cycle of low achievement, where the Review has found that further progress on joining up planning and delivery across services is needed.

### **Equipping the workforce to raise outcomes**

**7.10** The quality and effectiveness of services depends upon those who deliver them. Not just the ability of those at the very front line of delivery, but also those in charge of managing the strategy and priorities for local delivery. Earlier chapters have highlighted the diversity of organisations needed to make a difference to children's lives. The workforce to support them is therefore vast – covering directly provided statutory services and those commissioned through the third and private sectors.

**7.11** The Review has identified particular ways in which the workforce will be vital to delivering improved outcomes. For example, in relation to youth services, evidence highlights the role of strategic leadership, the youth worker and use of the trusted adult more widely in creating good quality activities and opportunities for young people. In relation to families caught in a cycle of low achievement, the Review has identified the importance of support and motivation of front-line professionals to ensure that they can provide sustained and effective services. The evidence suggests the children's services workforce can help do more to reduce the barriers disabled children can experience when accessing services.

### **NEXT STEPS**

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**7.12** The Review will continue to examine the issues raised in this discussion paper, both the key themes raised in this chapter as well as specific issues relating to particular groups of children, young people and families. The Review intends to complete its work in spring 2007, with recommendations on the key priorities for policy and what further action should be taken in order to improve outcomes for children and young people.

# A

## THE REVIEW'S TERMS OF REFERENCE

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**A.1** In *Support for parents: the best start for children*, published in the 2005 Pre-Budget Report, HM Treasury and the Department for Education and Skills identified further steps to be taken to improve the outcomes for children and young people. To take forward these conclusions and inform the 2007 Comprehensive Spending Review, the policy review of children and young people will consider:

- how services for children and young people and their families can build on the three principles identified in *Support for parents, the best start for children* – rights and responsibilities, progressive universalism and prevention – to improve outcomes for children and young people;

**A.2** Under the umbrella of the Children and Young People's Review, sub-reviews are focusing on:

- how services can provide greater support to families with disabled children to improve their life chances;
- what strategy should be adopted over the next ten years to deliver a step change in youth services and support for young people;
- how services for families and children at risk of becoming locked in a cycle of low achievement, high harm and high cost can be reformed to deliver better outcomes.

**A.3** The terms of reference covering each component of the Children and Young People's Review are set out below.

## **Review of Children and Young People: Terms of Reference**

### **Objective:**

To identify how services for children and young people from 0 to 19 and their families can build on the three principles identified in *Support for Parents: the best start for children*<sup>1</sup> – rights and responsibilities, progressive universalism and prevention – to improve outcomes for children and young people.

### **The scope of the Review**

The review will develop the analysis set out in *Support for Parents: the best start for children* by focusing on the following factors that influence outcomes for children and young people:

- family prosperity,
- parenting and parents' behaviour,
- neighbourhood; and
- public services.

The Review will look at risk and protective factors across these different areas and identify those that are most significant and the potential for and impact of more preventative services and early intervention on the life chances of children and young people.

The Review will exclude direct government financial support for families but include other aspects of policy as it relates to family prosperity such as support for employment. The Review will not address classroom teaching and learning practice, school admissions or other school organisation issues.

### **The key questions the Review will address are:**

- What should be the role of universal services in providing access to protective and preventative support, risk assessment and referral?
- How can targeted and specialist services intervene earlier to address problems before they become acute?
- How can the impact of intervention to prevent children, young people and families with complex needs repeatedly moving in and out of contact with targeted services be sustained?
- How can rights and responsibilities for individuals, families and communities be integrated into services to improve the lives of children and young people?
- What would be the impact of more preventative services and early intervention on the life chances of children and young people and on the value for money of public spending on children, young people and families?

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<sup>1</sup> *Support for Parents: the best start for children*, HM Treasury and Department for Education and Skills, 2005

## Review of Disabled Children

### Objective:

**To improve outcomes and life chances of disabled children through the development of effective and accessible services for disabled children and their families.**

### The scope of the Review will cover:

- services specifically for disabled children, including how specialist services for disabled children support access to universal services, specialist services provided in a universal setting and how universal services refer children to specialist services;
- childcare services, which are of particular importance in the early years for children's development and to support their parents;
- appropriate support for disabled children during the school years and in making the transition into adulthood;
- how expenditure by one service/department can avoid or reduce concurrent or later expenditure by another department.

The Government recognises that financial support and benefits have played an important role in reducing the risks of poverty and delivering economic wellbeing. This provides the foundation on which families, communities and government can work together to secure better outcomes for disabled children and their families. Although financial support and benefits will not be a focus, the Review will consider the inter-relationship between poverty and service delivery needs.

The Review will consider the actions that can lead to better outcomes for those children already with a disability, including family support e.g. respite provision, rather than prevention and risk factors, which will be considered as part of the wider Children and Young People's Review.

### The key questions the review will address include:

- The changing profile of disabled children, for example, due to increases in complex disability and rise in Autistic Spectrum Disorders, profound and multiple learning disabilities and low birth-weight babies and the challenges this poses to services;
- What progress has already been made in addressing the needs of disabled children and their families?
- What are the barriers currently restricting access to services and therefore effective intervention?
- Are services sufficiently co-ordinated at local level to allow families to access sufficient support to meet their needs?
- How does the system of support for disabled children and their families compare across the country and abroad? Are there lessons we can learn to improve outcomes?

- What family support services i.e. key workers, short breaks, sibling support, behavioural management are currently available and how do these relate to other services?
- What are the most cost effective interventions in delivering better outcomes?
- Are there interventions which, if made earlier, could reduce more costly interventions later? How can we identify the need to intervene earlier?
- What lessons can we learn from the legal frameworks in other countries that might inform the review?

## Strategy for Youth Services

### Objective:

To review the current provision of youth services and support for young people with a view to identifying longer term policy directions that will bring about improvements in the life chances of young people.

The scope of the Review will cover the services/support provided for young people in the following areas:

- positive activities to engage young people and also places for young people to go;
- opportunities for active citizenship such as mentoring or volunteering;
- young people's access to youth activities and places, for example their location and consideration of transport needs;
- the current role and practice of the youth worker and the support and advice they provide as an integral part of youth activities.

The Review will examine existing provision, the impact of different services and support on outcomes for young people and how outcomes could be further enhanced. The Review will also consider the role and opportunities for children and young people's participation in the design of services and decision-making.

### The key questions the review will address includes:

- What is the current distribution of youth services and youth engagement activities available across the country? How is that likely to evolve following the Youth Green Paper?
- Building on the Youth Green Paper, is there more that could be done to improve and sustain the effectiveness in the delivery of existing services and activities?
- What are the particular barriers faced by different groups of young people, including disabled young people, in accessing services, and what are the policy issues that arise?
- What is the national and international evidence on the effectiveness of different types of services and activities in terms of better life outcomes?
- How can we best combine demand led provision for young people with provision that is planned and structured to have the best impact on outcomes for children and young people?
- What more can we do to support and enable young people to exert a strong demand-side influence on provision? What would we expect in return from young people – their rights and responsibilities?
- What principles and priorities should guide the allocation of current and future resources? And who do we need to target?
- What measures and milestones need to be in place to ensure that performance can be assessed and delivery monitored at a local level?

## **Review of Families Caught in a Cycle of Low Achievement**

### **Objective:**

#### **To:**

- improve services' effectiveness in preventing families from getting caught in a cycle of low attainment, high cost and high harm;
- for those families already in this category, to reduce the costs and harm they impose on others including their negative impact on children and young people; and
- to support families to emerge from being high cost, high harm on a sustainable basis.

### **The scope of the Review will cover:**

- the 'stock' of families already regarded as high cost, high harm, those at high risk of moving into this situation and those cycling in and out of this category. Early intervention aiming to prevent families moving towards such poor outcomes in the first instance will be considered as part of the prevention element of the Children and Young People's Review.

### **The key questions the Review will address include:**

- Who are these families? How can we define them and how many of them are there?
- What progress has already been made in addressing the needs of high cost, high harm families?
- Can we better align local services to improve identification of these families earlier on and before they become high cost high harm?
- Are current incentives and levers adequate to deliver co-ordinated responses for families across relevant services such as health, education, housing, social services and the police at local level?
- What interventions here and abroad have been shown to work in reducing the harm caused by these families and supporting them to exit the cycle of low achievement?
- What is the appropriate balance between support and sanctions for these families?

# B

## THE REVIEW'S CALL FOR EVIDENCE

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**B.1** The Review was tasked with responding to specific questions as part of its terms of reference. In August 2006, the Review sought contributions to inform responses to those questions from individuals and organisations with an interest in children and young people's policy. The Call for Evidence was posted on the Treasury's website<sup>1</sup> as well as the *Every child matters* website.<sup>2</sup>

**B.2** Respondents to the Call for Evidence are listed below. Access to the evidence submitted is also available on the Treasury website.

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<sup>1</sup> [http://www.hm-treasury.gov.uk/spending\\_review/spend\\_csr07/reviews/spend\\_csr07\\_reviewsindex.cfm](http://www.hm-treasury.gov.uk/spending_review/spend_csr07/reviews/spend_csr07_reviewsindex.cfm)

<sup>2</sup> [www.everychildmatters.gov.uk](http://www.everychildmatters.gov.uk)

## RESPONDENTS TO CALL FOR EVIDENCE

4 Children	Child Accident Prevention Trust
Alison Edwards	Child Health & Disability School of Clinical Medical Science-Newcastle University
AMAZE	Child Health Research and Policy Unit, City University, London
Amicus	Children Social Services Kent
Angela Murphy	Children's Fund Programme
Association for Family Therapy and Systemic Practice in the UK (AFT)	Children's Play Council
Association of British Dispensing Opticians	City of London
Association of Chief Executives of Voluntary Organisations	College of Occupational Therapists
Association of Directors of Social Services	College of Optometrists
Association of Principal Youth & Community Officers	Commission for Racial Equality
ATD Fourth World	Commission for Rural Communities
Barnardos	Commission for Social Care Inspection
Better Choices UK	Community & Youth Workers Union
Big Lottery Fund	Community Practitioners & Health Visitors Association
Big Wide Talk	Connexions Cornwall and Devon
Blackburn with Darwen Borough Council	Connexions Humber
BLISS	Connexions Tyne and Wear
Bradford Children's Services	Crime Services
British Academy of Childhood Disability	Croydon Primary Care Trust
British Association of Prosthetists and Orthotists	Children's Workforce Development Council
British Youth Council	David Bailey
Child and Family Court Advisory and Support Service	Devon County Council
CAMHS Beaumont Leys	Disabled Children's Planning Group for Derby City
Capacity	Doncaster Metropolitan Borough Council
Careers Bedford Ltd	Dyfed-Powys Police
Centrepont	East Riding of Yorkshire
Challenging Behaviour Foundation	Enfield Children's Fund
Changemakers	Family Fund

Family Link	Mencap
Friends United Network	Michelle Mould
Gateshead Early Years and Childcare	Mid Hampshire Primary Care Trust
Girlguiding UK	National Association of Community Family Trusts
Groundwork UK	National Association of Connexions Partners
Halton Borough Council	National Association of Independent & Non-Maintained Special Schools
Hampshire County Youth Service	National Association of Youth & Community Education Officers
Harrow Council	National Autistic Society
Hertfordshire Children's Trust Partnership	National Children's Bureau
Home-Start Derby	National Deaf Children's Society
Humpty Dumpty Childcare Ltd	National Family & Planning Institutes
I Can Early Talk Programme	National Gallery
Incredible Years Wales	National Literacy Trust
INDIGO Dyslexia Services	National Union of Teachers.
Institute of Career Guidance (ICG)	National Youth Advocacy Service
Isle of Wight Youth & Community Service	NCH – The Children's Charity
John Hemmings MP	National Day Nurseries Association
Kent County Council	NHS Youth Offending Teams
Lancashire County Council	North Lincolnshire Council
Leeds Children's Fund	North Staffordshire Combined Healthcare NHS trust
Lewisham PCT	North Tyneside Primary Care Trust
Lifelong Learning UK	Nottinghamshire County Council
Liverpool Parent Partnership Service	National Society for the Prevention of Cruelty to Children
London Borough of Camden	Office of the Children's Commission
London Borough of Hillingdon	OFSTED
London Child Poverty Commission	One Plus One
London Youth	Parenting UK
London's Children's Fund Programmes	Parentline Plus
Loughborough University	Partnership for Young London
Matrix Research & Consultancy Ltd	
Medical Health Foundation	
Medway Council	

Pen Green Children's Centre	Treehouse
Pre School Learning Alliance	Victoria Borwick
Prince's Trust	Voluntary Youth Organisation Network
Princess Royal Trust for Carers	Walsall Youth Service
Refuge	West Dorset Attention & Concentration Working Party & Adult Group
Relate	Whizz- Kidz
Relate London Northwest	Wiltshire Council
Royal Borough Of Kingston-Upon-Thames	Working Families
Royal College of Paediatrics and Child Health	YMCA England
Royal College of Speech & Language Therapists	Yorkshire Play
Salford Children's Services	Youth Access
School-Home Support Services (UK)	Youth Justice Board for England & Wales
SENSE	Youth Parliament UK
Shared Care Network	YWCA England and Wales
Shelter	
Social Care Institute for Excellence	
Social Policy Research Unit	
Social Policy Research Unit University of York	
Somerset County Council	
South Gloucestershire Council	
Specialist Schools and Academies Trust	
Suffolk County Council	
Sunfield School Worcestershire	
Swindon Sure Start Partnership (Part of Swindon Borough Council)	
Tavistock Clinic & Whittington Hospital	
Telford and Wrekin Council	
National Gallery	
National Youth Agency	
Tower Hamlets Children's Services	
Trafford Youth Service	







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