Reaching Out:

An Action Plan on Social Exclusion

HM Government

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Prime Minister's preface

Tackling social exclusion is at the heart of this government's mission. It is our fundamental belief that everyone should have the opportunity to achieve their potential in life.

Since 1997 we have made great progress. Over 2 million more people are in work. 800,000 children and 1 million pensioners have been lifted out of poverty. A minimum wage is in place. We have eradicated long-term youth unemployment. As a consequence of the policies the Government has put in place, many more people in the UK enjoy more opportunities now than was the case a decade ago.

This Action Plan examines the reasons why, despite the huge progress we have made, there are still individuals and families who are cut off. About 2.5 per cent of every generation seem to be stuck in a lifetime of disadvantage. Their problems are multiple, entrenched and often passed down through generations.

But the message in this Plan is an overwhelmingly positive one. We believe it is possible to extend opportunity to the least advantaged so that they enjoy more of the choices, chances and power that the rest of society takes for granted.

To achieve this, we need a radical revision of our methods for tackling social exclusion. This Plan is guided by five principles: early intervention; systematically identifying what works; better co-ordination of the many separate agencies; personal rights and responsibilities; and intolerance of poor performance. It proposes a range of systemic reforms aimed at fundamentally changing the way we deliver help and support to the socially excluded.

This Plan also concentrates on some key groups. We propose more support for very young children born into vulnerable circumstances because we know the crucial importance of the first months and years of a child's life in framing their opportunities.

We propose action to reduce teenage pregnancy because we know that despite the good job many young mothers do, teenage motherhood often leads to reduced opportunities for mother and child alike. We will publish a Green Paper on Children in Care aimed at increasing educational attainment and ensuring greater stability and continuity in care, including through an expansion of budget-holding lead professionals. We propose a more personalised service for adults with multiple problems, because we

know that tailored help is needed to address their needs, and that passing vulnerable people from service to service is neither good for them nor for the wider community.

This document is marked by ambition. The issues it deals with are not easy to solve, but the belief that social exclusion is not inevitable, that it can be tackled, and that we can work together to spread opportunity runs through every page.

September 2006

Foreword by Hilary Armstrong

When I worked as a community worker 30 years ago, I saw at first hand the difficulties and challenges that face the most deprived and excluded members of our society. It was clear just how hard it was for people to develop and achieve the aspirations that the rest of us took for granted.

I also learnt that in all deprived communities people who wanted to improve their lives, with the right help and support, could achieve their aspirations. People who want to turn their lives around can.

I have always believed that it is wrong for a society or a government to write people off. The cost is too great for them, their children and our society as a whole. We need to ensure everyone gets the opportunity to fulfil their potential, and to contribute to, and benefit from, our wider society.

This government has already created the opportunities which have enabled many more people from disadvantaged backgrounds to realise the aspirations they hold for themselves and their families.

A stable economy with investment and reform of public services has provided the opportunities which, together with people's hard work, has meant that incomes have risen and educational attainment and employment increased, and programmes like Sure Start ensure that many get a decent chance in life.

The less well-off have generally benefited most from our measures, extending the opportunities of living in the UK to a wider section of our society than ever before.

Now we want to build on this progress to go further. We want to work with everyone to help them reach their potential. A society where most can improve their lives is better than one where only a few do. And a society where everyone can improve their lives is better than any.

This Action Plan shows our determination to ensure that even the hardest to reach, who may not have been able to benefit from our reforms, get the chance to turn their lives around. For these few people, their many disadvantages work together to make even having the aspiration to succeed very difficult.

In every generation, opportunity and aspiration increase the life chances for more sections of our society – but around 2.5 per cent of every generation seem caught in a lifetime of disadvantage and harm.

We are not a government willing to accept this as inevitable.

That is why we have produced this Action Plan to renew our drive against social exclusion throughout the life-cycle. I am grateful to the many stakeholders who have contributed to the development of this Action Plan.

It starts with our principle of early identification and intervention. I have always felt frustrated when services have failed to use their understanding to intervene effectively and prevent foreseeable problems down the line – a tragedy of wasted potential and wasted lives, and a reinforced cycle of deprivation. We must ensure people have access to help and support before problems escalate.

And we know what works. There are some great people driving excellent programmes, often outside the state sector, that are really making a difference to people's lives. We will highlight these and strengthen support for them, ensure the best work is shared, and where intervention is failing, we will take action.

At the moment the most disadvantaged are offered the same public services as the rest of us. That simply isn't working – a one-size-fits-all approach lets down our most needy and hard to reach. We therefore need to personalise our services, be more persistent and coordinated, and fit them around the needs of individuals if we are ever going to tackle the hardest complexities of people's lives.

Government can't do it all. For too many people the problems have appeared insurmountable and the system too inaccessible, preventing them from taking responsibility for their lives. We are an enabling government – supporting the groups and organisations helping people get themselves out of their difficulties and to gain control of their lives. To do this, people need support, encouragement and often a tough challenge.

No one should be written off – no one is too hard to reach. I don't believe anyone doesn't want a better future for themselves and their children. This Action Plan will help individuals and the services that support them unlock their aspiration and help lift them out of poverty and exclusion.

Hilary Armstrong
Minister for the Cabinet Office
and Social Exclusion

Section I: Introduction

Chapter 1: Executive summary

Where are we now?

1.1 The UK is a country of growing prosperity. The last decade has seen many more people in jobs, thanks to record levels of employment; crime has fallen by 44 per cent; the vast majority of people – 19 out of 20 – have seen their incomes rise by 2 to 3 per cent each year; 800,000 children and 1 million pensioners have been lifted out of poverty; and we have experienced year-on-year increases in educational attainment and life expectancy. These improvements have benefited less-well-off people the most, extending the opportunities of living in the UK to a wider section of our society than ever before.

1.2 But we can do more. We live in a society that aspires to be fair and just. To achieve this aspiration we must recognise that social exclusion and the subsequent waste of human potential is bad for the whole country, as well as for those individuals suffering from it.

1.3 Because of this achievement in reducing poverty and increasing affluence, the persistent and deep-seated exclusion of a small minority stands out ever more starkly. The disadvantages these individuals face are usually apparent early in life and can persist long into adulthood and old age.

1.4 Equally troubling is the 'cycle of disadvantage', which shows that deprivation in one generation is likely to pass down to the next. For example, the daughter of a teenage mother is twice as likely as the daughter of an older mother to become pregnant in her teen years. It is, of course, not a certainty, but it does illustrate the fact that early experiences in life have major effects on a person's future life chances.

1.5 These patterns of early and persistent problems are troubling, but predictions don't have to come true. This Action Plan offers a series of opportunities that, if taken, will mitigate the lifelong effects of social exclusion and prevent them being passed down to future generations.

1.6 This Action Plan shows that through early identification, support and preventative action positive change is possible. We can tackle problems before they become fully entrenched and blight the lives of both individuals and wider society.

1.7 Some might ask why this agenda is still important, particularly against a background of general success. The Government's view is that it is precisely because of those successes that it is vital to do more. No civilised country should ignore the plight of the most excluded in society and no one should be shut off from the opportunities, choices and options in life which most of us take for granted. We know that once people are given the opportunity to excel, they often do. The year-on-year increases in educational attainment in our schools, for example, have happened because of the hard work of students and families that have taken advantage of the conditions the Government created in the classroom. It is this commitment to opportunity which is the driving force behind the policies set out in this Action Plan.

1.8 Tackling social exclusion also matters because failing to do so creates a cost for society. The UK has enjoyed a strong economy and growing prosperity in recent years, but we would be even more prosperous if the talents of each and every member of the community could flourish. The need today to act to ensure that opportunity is enjoyed by the whole community is ever more urgent and demands a response from government.

1.9 It is also the case that the behaviour of some people – particularly some of the most challenging families – causes real disruption

and distress to the community around them. The Respect Task Force is coordinating the Government's response to this issue. This Action Plan applies a similar practical approach, but with a focus on interventions to reduce a wide range of adverse outcomes, of which anti-social behaviour is only one.

1.10 So both to enhance the opportunities for individuals and families and for the good of the country as a whole, we set out here a renewed government commitment to tackling the social exclusion that remains even after the progress of recent years.

Where are we going?

1.11 It has become clearer that there are small groups of people whose needs are unique and complex and who are particularly difficult to reach. Highly localised and tailored responses will be needed to extend the opportunities enjoyed by most people to those suffering the effects of social exclusion.

1.12 This Action Plan opens the next chapter in our attack on entrenched exclusion, setting out:

- **the principles** that drive our approach, and how these will inform our actions; and

- **a series of immediate changes and pilots** built around a lifetime approach to tackling exclusion.

A renewed approach: guiding principles

1.13 A lot of money is spent through public services on the most socially excluded people. But much of this spending is directed at managing the symptoms of exclusion once problems have become entrenched. The Government will build on its reforms of recent years, as set out in *Support for Parents: The Best Start for Children*, to shift efforts from 'treatment' to 'prevention' and break the cycle of disadvantage.

1.14 Five key guiding principles will inform the Government's approach and actions:

- **Better identification and earlier intervention.** We will develop and promote better prediction tools for use by front-line practitioners, for example health visitors and community midwives, and will seek to ensure that those identified as at risk are followed up.
- **Systematically identifying 'what works'.** We will introduce a common approach across government to rate programmes by the quality of the evidence behind them. Approved and rated programmes will be given the opportunity to highlight blockages to delivery. We will strengthen the capability of commissioners of public services and will explore the best ways of disseminating what works, particularly around excellence in children's and family services.
- **Promoting multi-agency working.** The Government will strengthen the role of Local Area Agreements, publish information about the cross-agency costs of social exclusion, and will explore how to extend data sharing in relation to the most excluded or at-risk groups, including any additional powers that may be necessary.
- **Personalisation, rights and responsibilities.** We will pilot and explore service delivery based on budget-holding lead professionals and on brokering as ways of providing tailored programmes of support built around strong and persistent relationships with those at risk. In this context, we will also trial extending tariffs for delivery of particular outcomes, and we will encourage practitioners and brokers to agree explicit 'compacts' with at risk families and individuals.

- **Supporting achievement and managing underperformance.** We will work across Government to ensure that the next generation of Public Service Agreements adequately address the needs of the most disadvantaged. And we challenge local areas to come forward with appropriate and imaginative proposals to address the needs of the most excluded. The forthcoming Local Government White Paper will set out a clear intervention strategy for underperforming local authorities, while at the same time giving effective service providers more room to innovate.

1.15 The challenges identified in this document are profound and may take years to address. But these guiding principles offer a clear direction of travel that the Government will pursue vigorously, notably in the context of the Comprehensive Spending Review, and other forthcoming policy developments.

A lifetime approach

1.16 In this Action Plan we have focused on some of the most excluded groups, such as children in care or adults leading chaotic lives – groups that have generally failed to fulfil their potential and accept the opportunities that most of us take for granted.

1.17 System reform can take years to deliver, and results can take decades to show. We will supplement our drive for deeper reform with more focused and immediate action that we are confident will make a difference. This Action Plan establishes a range of specific proposals that we believe to be of pivotal importance throughout an individual's lifetime, both in terms of their impact on the life chances of the most excluded and in order to strengthen the case for wider reforms.

1.18 In the **early years** of life, long before a child enters school, behaviours are established that profoundly change that child's life chances for better or worse. We have introduced a wide range of measures to improve the well-being of all children by working to tackle child poverty, establishing Sure Start Children's Centres, and creating the National Academy for Parenting Professionals. But now we want to go further. International evidence suggests that intensive health-led home visiting during pregnancy and the first two years of life can radically improve outcomes for both mother and child, particularly in the most at-risk families. So we will:

- establish 10 health-led parenting support demonstration projects from pre-birth to age 2, building in a rigorous evaluation of different levels of targeted support. These will be based mainly around Sure Start Children's Centres; and
- work with midwives and health visitors to improve their skills to promote support and intervention during the early years; and develop commissioning guidance to encourage the spread of best practice nationally.

1.19 For **children and teenagers**, those particularly at risk include children in care, teenage parents and those with the lowest educational achievement, and these groups significantly overlap. *Every Child Matters* is transforming children's services and bringing many important innovations.

1.20 However, progress is patchy, and on some issues, rigorous evidence about what works does not always inform how services operate. There is a lack of appropriate data on outcomes for some groups, hindering services from identifying those at risk and from

intervening early. There remain shortfalls in the availability of high-quality services for children, which results in variable and ineffective practice, and there are significant barriers to multi-agency working. Our objective is to deliver more personalised, holistic and evidence-based support to those who need it. Building on the *Every Child Matters* agenda, the Government will:

- publish a Green Paper in October 2006 on children in care, setting out the Government's proposals to transform outcomes for this high-risk group, including individual budget-holding arrangements to ensure that every child in care has someone who understands their needs and has the leverage to secure the right support for them;
- publish a revised and updated Teenage Pregnancy Strategy with a particular focus on areas where rates have either not fallen appreciably or have risen, including improved social and relationships education; an expanded media campaign; and better access to contraceptives;
- launch a series of pilots to test different approaches to tackling mental health and conduct disorders in childhood, including intensive home-based interventions (such as multi-systemic therapy) which will complement the Treatment Foster Care pilots that are already under way; and
- continue to improve provision and capability around parenting support and training; pilot budget-holding practitioner models for children with additional needs; ensure these actions are delivering a coherent whole-family approach for families at risk.

1.21 **Adults living chaotic lives** are often in contact with multiple agencies, with each person costing statutory services tens of thousands of pounds every year. Individual agencies sometimes miss those who have multiple needs, and may fail to look holistically at the individual. The Government will therefore:

- launch pilots to test the effectiveness of alternative approaches to improving outcomes for people with chaotic lives and multiple needs, the results of which will feed directly into further policy development;
- accelerate measures to encourage employment for those suffering from more severe mental health problems, including the encouragement of individual placement and support approaches and anti-stigma employer-based campaigns; and
- publish the Leitch Review later this year setting out progress and further measures to address the poor lifetime prospects of those with few qualifications and skills.

Next steps

1.22 In the coming months, the Government will complement this Action Plan by implementing further policies to improve outcomes and opportunities for socially excluded people.

1.23 The Government will continue a programme of active stakeholder engagement and discussion to inform these actions. Stakeholder discussions will also feed into a wider 10-year strategic review of the long-term drivers of social exclusion and government responses. This Action Plan will help to frame the Government's approach to tackling disadvantage through the Comprehensive Spending Review, which will report in 2007.

1.24 A progress report on this Action Plan will be published in summer 2007, setting out: progress and early results; the conclusions of stakeholder discussions; and policy changes and investments resulting from the various

government papers and reviews relating to exclusion that will be published over the coming year.

1.25 Social exclusion cannot be addressed by government alone. Individuals and the wider community, in addition to the private and third sectors, all have a role to play. But most of all, people who are suffering social exclusion must want progress for themselves and those around them. By working together we can ensure that even the most excluded have a stake in the society and economy of tomorrow by seizing the opportunities that life in the UK offers today.

Section II: A renewed approach
Chapter 2: The issue and context

Summary

We have much to be proud of in the progress that this country has made over the last decade. Record levels of employment, sustained growth and low inflation, year-on-year increases in educational attainment and increases in welfare for vulnerable people have all contributed towards the significant falls in poverty we have experienced.

But against this background of success, the persistent and deep-seated exclusion of a small minority has come to stand out ever more dramatically. The signs of their disadvantage appear early in life, and persist long into adulthood. This minority may be trapped in a lifetime of poverty and social harm, with the end result that they are unable to help create and share the opportunities that most of us take for granted.

However, within the tragedy and waste of lifetime and inter-generational exclusion, there is also a message of hope. It is possible, in principle, to identify those most at risk, and to intervene early, holistically and persistently, in order to expand opportunity and tackle the most deep-seated forms of exclusion. It is our sustained aspiration that everyone should have the opportunity to create and share in the successes of our society and economy.

Progress in extending prosperity and opportunity to all

2.1 This Government has made great progress in tackling poverty and social exclusion and promoting social justice. The Government has worked with millions of households to lift them above the poverty line, and concerted action on child poverty has dramatically improved the life chances of many of our children.

2.2 The benefits and opportunities generated by our successful economy have been shared by the many and not just by the few. For example, there are now 2.5 million more people in work than there were in 1997[1] and access to higher education has been improved to the extent that we now have 44 per cent of 18–30-year-olds taking this opportunity, compared to 12 per cent of 18–21-year-olds in 1980.[2]

2.3 In addition, the steady rise in income inequality that characterised the 1980s and much of the 1990s has been halted. Economic growth and stability have ensured that 95 per cent of the population have seen their incomes grow by between 2 and 3 per cent each year. This is in contrast to the decade before 1997, when incomes of the top 50 per cent of earners grew by a similar 2 to 3 per cent but the incomes of the bottom 50 per cent grew by just 1 per cent.[3]

Box 2.1: Progress to date: independent assessments

"[This Government] has taken poverty and social exclusion very seriously and made genuine progress in reducing disadvantage, especially among families with children."

Joseph Rowntree Foundation, 2005

"The package of support for low-income working families with children is now one of the most generous in the world."

Centre for Analysis of Social Exclusion, 2004

"With the relative poverty line set at 60 per cent of median income, there are now 11.4 million individuals in poverty measured after housing costs and 9.2 million measured before housing costs… down 2.4 million and 1 million respectively since 1996/97."

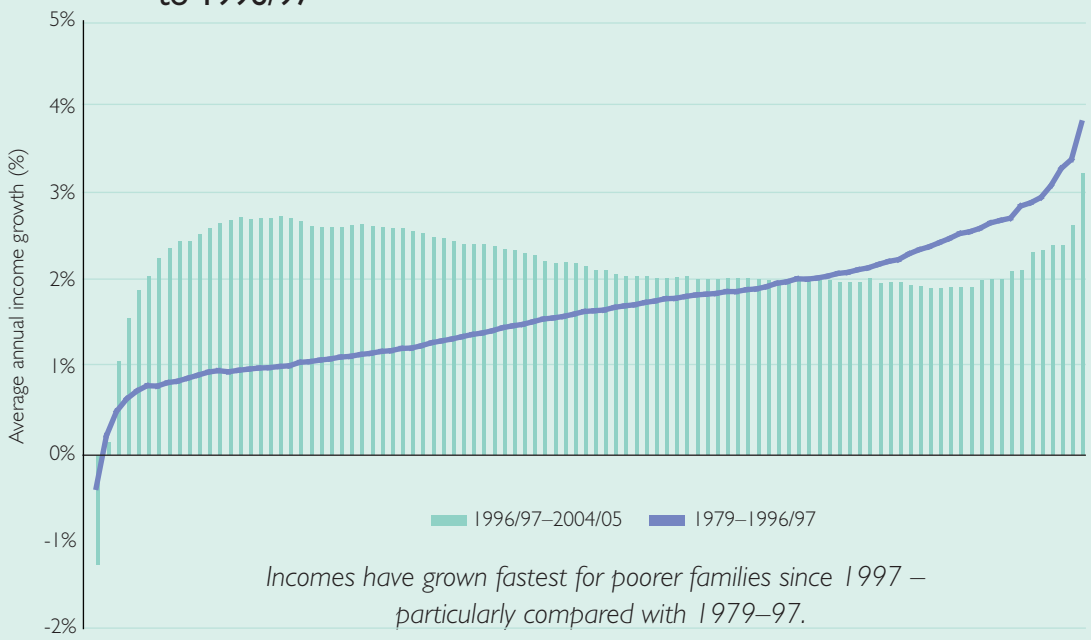
Institute for Fiscal Studies, 2006

[1] Office for National Statistics, Monthly Labour Market Statistics

[2] Department for Education and Skills (DfES) (2004) *Five-year Strategy for Children and Learners*

[3] Institute for Fiscal Studies (2006) *Poverty and Inequality: 2006*. Note that this data also contains a number of students who may under-report their true income.

Figure 2.1: Income growth, 1996/97 to 2004/05 compared against 1979 to 1996/97[4]



How do we measure poverty?

Absolute low income is defined as 60 per cent of median household income in 1996/97, uprated by prices.

Relative low income is defined as 60 per cent of contemporary median household income.

- **Absolute poverty has been halved since 1997.**[5] As real incomes have risen, the number of people below a fixed 1996/97 low income threshold has fallen from 14 million to 7 million.

- **Relative poverty has also fallen,**[6] again against a backdrop of rising real income, making this achievement even more noteworthy. It fell from 25 per cent of the population in 1997 to 20 per cent in 2005. This means that **2.4 million fewer people now live below the poverty line.**

2.4 Some of the most vulnerable groups across society have benefited the most. In 1997, we were at the bottom of the European child poverty league, with the highest child poverty rate in Europe.

2.5 Since then, we have lifted 800,000 children out of relative poverty[7] and reduced relative child poverty faster than any other European nation. The number of children in absolute poverty has been halved since 1997. We are now close to the European average[8] – with the commitment and intention to achieve even more.

[4] ibid
[5] DWP (2006) Households Below Average Income (after housing costs measure)
[6] ibid
[7] ibid
[8] Eurostat (2005)

The drivers of change

2.6 Increased prosperity and falling poverty levels are the result of three key factors: improved economic performance and higher employment rates; better educational attainment across all key stages; and increased welfare provision for the most vulnerable groups and families.

- Since 1997, nearly 2.5 million more people have found work,[9] boosting the employment rate to around 70 per cent. And there are now around 1 million fewer people receiving benefits.[10]
- There have been steady improvements in educational attainment at every key stage since 1997, with improvements for most ethnic groups and fastest progress in schools in the most disadvantaged areas. This has been underpinned by a doubling of investment in our schools and education system since 1997.
- Reforms to the tax and benefits system since 1997 mean that families with children will, by October 2006, be on average £1,500 a year better off in real terms than they were in 1997, with the poorest fifth being on average £3,400 a year better off.[11]

The results

2.7 Reducing overall levels of poverty has had real and concrete impacts on the quality of life and well-being of many of the most disadvantaged and vulnerable people in society.

- Real-terms increases in the value of the basic state pension, along with the introduction of the Pension Credit, have helped lift over 2 million pensioners out of absolute poverty and 1 million out of relative poverty since 1997.[12] The end result is that pensioner poverty has fallen to its lowest level in 20 years.
- Between 1996 and 2004, the number of people living in households suffering from fuel poverty (defined as having to spend over 10 per cent of household income on fuel) fell from 6.5 million to 2 million.[13]
- Rising incomes among the poorest families have meant more spending on essential goods for their children – food, clothing, footwear, games and toys. Among these families, spending on non-essentials such as cigarettes and alcohol has not increased. Instead, disadvantaged parents are using rising incomes to improve outcomes and provide greater opportunities for their children.[14]

2.8 And improvements are apparent in the most deprived areas. There are encouraging signs that – through a combination of national floor targets, coordinated local action through local strategic partnerships and targeted neighbourhood interventions (such as neighbourhood management) – we are beginning to turn the tide on the gap between the most disadvantaged areas and the rest.

- The gap between the percentage of pupils in the 88 most deprived areas and the England average achieving five or more GCSEs at A* to C narrowed from 10.2 to 8.1 percentage points between 1997/98 and 2002/03.[15]
- The gap between the overall burglary rate in the 88 most deprived areas and the England average reduced from 10.3 to 8.1

[9] Office for National Statistics, Monthly Labour Market Statistics
[10] DWP benefits data
[11] Budget (2006) HMT
[12] DWP (2006) Household Below Average Income (after housing costs measure)
[13] Department of Trade and Industry (DTI) (2006) *UK Fuel Poverty Strategy Fourth Annual Progress Report*
[14] Gregg *et al* (2005) *Family Expenditures Post-welfare Reform in the UK: Are Low-income Families Starting to Catch Up?* CASE Working Paper 99
[15] DCLG (2006) *Making it Happen in Neighbourhoods. The National Strategy for Neighbourhood Renewal – Four Years On.* p.27

percentage points between 1999/00 and 2003/04.[16]

2.9 In addition there is evidence[17] that the targeting of neighbourhood renewal fund (NRF) through Local Strategic Partnerships is leading to improved service delivery, including multi-agency working in the most disadvantaged communities.

Some left behind

2.10 Against this background of millions lifted out of poverty, the highest employment rates on record and year-on-year improvements in educational attainment, the more modest progress of a few specific groups in our society stands out dramatically.

2.11 Those on the very lowest incomes have seen the lowest rates of income growth. The very bottom 5 per cent of incomes have increased by around 1 per cent per year in real terms between 1996/97 and 2004/05, compared with annual increases of between 2 and 3 per cent for the rest of the population.[18]

2.12 Despite improvements in average educational attainment, some groups continue to underachieve. For example, 33.3 per cent of black Caribbean boys achieved five GCSEs at A* to C compared with a national average of 55 per cent.[19] In addition, at any one time as many as 11 per cent of 16–18-year-olds are not in education, employment or training (NEET).[20] This figure has remained broadly static for over 10 years.

2.13 With more than 2 million people having entered the labour market, the employment rates in almost all sections of society have risen, including those of physically disabled people and lone parents. But there are a few exceptions to this general trend. For those with no qualifications, for example, employment rates have actually decreased from 51.7 per cent in 1997 to 49.6 per cent in 2005.[21] This partly reflects the characteristics of this shrinking group, but it also reflects the changing nature of our economy and the reduced chances for those with no skills.

2.14 Similarly, while employment rates have been rising for those with most forms of disability, they have fallen among those with moderate to severe mental illness from 14 per cent in 2000 to 10 per cent in 2005.[22]

2.15 So while the vast majority have benefited from the increased prosperity and opportunity of the last decade, there are a small minority who appear to have benefited less and who still experience profound exclusion and diminished life chances, when compared with the average. The evidence suggests that these are often the groups and individuals with the most complex and challenging problems.

2.16 Longitudinal surveys – which follow the life histories of people over time – have revealed a small proportion of people who experience particularly deep and persistent problems throughout their lifetimes. For example, international evidence shows that around 2.7 per cent of 15-year-olds – or 27 in 1,000 – can be described as having multiple

[16] ibid p. 28
[17] DCLG (forthcoming) *NRF Impact and Outcome Study: Draft Report*
[18] Institute for Fiscal Studies (2006) *Poverty and Inequality: 2006* (note that this data also contains a number of students who may under-report their true income)
[19] DfES *Statistical Release: Achievements at GCSE and equivalents for pupils at the end of key Stage 4 in 2005, for local authorities, by ethnicity*
[20] DfES *Statistical Release: Participation in Education, Training and Employment by 16–18-year-olds in England: 2003/2004*
[21] Labour Force Survey
[22] Labour Force Survey

problems, including alcohol and drug misuse, educational failure, contact with the police, early sexual activity and/or mental health problems.[23] Experiencing a number of problems – or multiple disadvantages – can reinforce the barriers to getting ahead and increases the likelihood of other related problems later in life, contributing to lifetimes of unemployment, offending or institutionalisation.

2.17 However, our understanding of the risk and protective factors for later negative outcomes is becoming more sophisticated and has the potential to help us identify warning signs early.

2.18 We know that children born into disadvantaged households have a higher chance of experiencing similar problems to their parents[24] – this is known as the inter-generational cycle of disadvantage. It is a pattern seen across many of the most at-risk groups in our society, including teenage parents, children in care, those with poor educational attainment and those engaging in anti-social behaviour and offending.

2.19 Evidence has also demonstrated that individuals from the most disadvantaged backgrounds are at a greatly increased risk of the most acute combinations of problems. Longitudinal evidence from New Zealand[25] (see Table 2.1 below) shows that, for children born to the most advantaged 50 per cent of the population, only around 2 in 1,000 will end up with multiple problems at 15. Yet for children born to the 5 per cent most disadvantaged families, more than 216 in 1,000 will end up with multiple problems at 15 – an increased risk of more than 100-fold. Similar patterns are found in the UK (see Chapter 3).

Table 2.1: Risk of multiple problems at age 15 by family background[26]

	Five or more problems at 15	One or more problems at 15
50% most advantaged family backgrounds	0.2%	18.7%
5% most disadvantaged family backgrounds	**21.6%**	86.8%

>100-fold increase in risk

2.20 These patterns of extreme and persistent disadvantage passed between generations are dismaying – particularly as they have proved resistant to our efforts so far. However, the research[27] also holds out the possibility that we can identify the warning signs early and develop preventative interventions that support high-risk individuals from birth and help to stop the escalation of existing problems.

[23] Fergusson, D *et al* (1994) *The childhoods of multiple problem adolescents: a 15-year longitudinal study in Child, J. Psychology Psychiatrist Vol 35 No 6, pp. 1125–1140*

[24] Social Exclusion Unit (2004) *Breaking the Cycle – Taking Stock of Progress and Priorities for the Future*

[25] Fergusson, D *et al* (1994) ibid

[26] ibid

[27] For example, see: Feinstein, L and Sabates, R (2006) 'Predicting adult life outcomes for earlier signals: identifying those at risk'. Working paper available at www.number-10.gov.uk/files/pdf/PMSU-report.pdf; Sutton, C *et al* (eds) (2004) *Support from the Start: Working with Young Children and Their Families to Reduce the Risks of Crime and Anti-social Behaviour.* DfES Research Report 524;
McCarthy, P *et al* (2004) *Offenders of the Future? Assessing the Risk of Children and Young People Becoming Involved in Criminal or Anti-social Behaviour.* DfES Research Report 545; and
Karoly *et al* (2005) *Early Childhood Interventions: Proven Results, Future Promise*. RAND: Labor and population

Box 2.2: Our approach to prevention

Prevention means reducing the risk that individuals or families will experience problems later in life, and it can also mean preventing existing problems from escalating, or early intervention.

Early intervention to prevent problems can be seen as having two meanings: early in terms of age or early in terms of the onset of a problem – whatever the age of the individual.

Intervention at an early age – Evidence demonstrates that supporting families and children through their earliest years can pay dividends in terms of improved outcomes delivered through cost-effective interventions. Research has identified specific factors in the early years and through childhood that have marked positive impacts upon a wide range of individual outcomes that last through adolescence and into adulthood (see Chapter 3). An example is the Nurse–Family Partnership.[28]

Interventions at an early age typically focus on promoting protective factors such as better parenting styles, more access to quality childcare or tackling child poverty.

Intervention at the early stages of onset – We also know that better outcomes result from intervening at the earliest stage of a particular problem becoming apparent – at the onset. For example, successful approaches to preventing street homelessness rely upon identifying the key signs that the individual is at risk of losing a tenancy – such as loss of employment or mental health problems – anticipating the risk of homelessness and then intervening to maintain the tenancy and address the associated problems.

Reaching the most excluded

2.21 The focus of government efforts over the last nine years has been about addressing the widespread poverty and disadvantage that had come to mark out the UK over the 1970s and 1980s. The increased opportunities that have resulted from these policies have combined with the aspirations and hard work of deprived families to bring dividends, both in terms of transformed lives for the previously poor and socially excluded, and in terms of benefits to wider society.

2.22 For example, it is estimated that the 2.5 million extra people in work have released around £5 billion per annum of public spending for use on other public priorities such as health and education, as well as personally benefiting from being included in the day-to-day life of society.[29]

2.23 But against this background of success, the relative lack of progress of a small minority stands out. In 1997, 4.8 million adults suffered from five or more disadvantages. By 2003, this number had dropped by 1.1 million to 3.7 million.[30] The individuals and families who have failed to benefit from the improvements and opportunities available are also those who tend to be caught in the deepest cycles of deprivation and disadvantage. For this small

[28] Olds, D (2006) The Nurse-Family Partnership: An evidence based preventive intervention, Infant Mental Health Journal 27, pp. 5–25
[29] DWP estimate (2006)
[30] Social Exclusion: the next steps forward. Speech by Rt Hon David Miliband MP, Minister for Communities and Local Government (2005)

minority, the barriers are not only economic but also social and cultural. These subtle barriers help to explain why even some of our most ambitious programmes aimed at breaking the cycle of deprivation have had only a modest impact to date on the most excluded.

2.24 Cracking these issues means a step change in the way in which central and local government – as well as the community and voluntary sector – address social exclusion. In other words, it means focusing on deep exclusion as well as wide exclusion.

2.25 The first step is to dispel the myth that it is not possible to identify and reach those most at risk of lifetimes of exclusion. The next step is to establish that there are interventions that work, and to ensure that these are widely taken up.

2.26 Thirdly, we must do more to promote multi-agency working to address multiple problems. We must ensure that services are incentivised to work around the individual, as opposed to individuals working around the service. And it must be clear that individuals have a right to take up the opportunities that are available, but also that alongside rights come responsibilities. Finally, we must make sure that we do not fail our most vulnerable members of society.

2.27 We want everyone to be able to share in the progress that we have made as a nation over the last decade. This report aims to be the next step in promoting the ability of all people to do so. The following chapter explains the guiding principles that will inform our renewed focus on social exclusion.

Box 2.3: "Social justice is not simply a moral ideal but an economic necessity… [This] is a plain fact obvious to anyone who has recognised the discouragement, the cynicism and anger which seep through the structure of our society, and which make people uneasy even if they are themselves more successful than others. They are uneasy because they fear for their own and their children's future in such a society, and because, whatever their personal prospects, they do not really want to run their lives or their enterprises in a brightly lit and heavily guarded tent, surrounded by a wasteland of bitterness and disappointment."

Commission for Social Justice (1994) *Social Justice: Strategies for National Renewal*

Chapter 3: Guiding principles

Summary

There are five guiding principles that will mark our approach to people experiencing, or at risk of, severe social exclusion:

1. **Better identification and early intervention.** We will develop and promote better prediction tools for use on the front line, and will seek to ensure that those identified as being 'at risk' are followed up.
2. **Identifying what works**. A code of practice for high-quality evaluation, to approve and rate intervention programmes, will be developed. Highly rated programmes, will be given channels to highlight blockages to delivery. We will also strengthen the capability of commissioners of services and we will explore the role of a Centre for Excellence in Children's and Family Services, which would identify, evaluate and disseminate what works.
3. **Multi-agency working**. We will strengthen the role of Local Area Agreements, publish information about the cross-agency costs of social exclusion, and explore how to extend information sharing between agencies in relation to the most excluded groups.
4. **Personalisation, rights and responsibilities**. We will build on existing pilots and explore budget-holding lead practitioners and brokers, extending tariffs for delivery of particular outcomes, and will encourage practitioners to agree explicit 'compacts' with at-risk families and individuals.
5. **Supporting achievement and managing underperformance**. We will work across government to ensure that the next generation of Public Service Agreements adequately address the needs of the most excluded and invite radical proposals from innovative local areas. We will explore in the Local Government White Paper how to strengthen performance management, with a clear ladder of intervention around underachieving provision, while giving effective service providers more room to innovate.

3.1 The problems faced by the most socially excluded tend to be chronic, multifaceted and beyond the scope of any single public service. Despite significant reforms and improvements, interventions for the most excluded still tend in many areas to be too late, poorly evidenced, weakly coordinated, and not tailored to the needs of the individual or family. These challenges, and the guiding principles of our responses, are set out below.

Table 3.1: Guiding principles

Problem	Response
Not knowing who is likely to be excluded until they already are	**Better identification and early intervention:** We will identify early who is at risk of persistent exclusion and use this information to intervene and more effectively support those most in need before disadvantage becomes entrenched.
Variable and ineffective practice	**Identifying what works:** We will systematically identify and promote interventions that work. To ensure effective adoption of best practice, we will build the capability of providers and commissioners.
Poor coordination between services, and perverse incentives discouraging cooperation	**Multi-agency working:** We will break down barriers and enhance flexibility so local providers and agencies can work together to meet the needs of excluded groups, especially those facing multiple problems.
Multifaceted problems having to fit around services rather than services fitting around the individual's needs, and with little persistence or follow-through	**Personalisation, rights and responsibilities:** We will tailor services to the needs of the individual. We will empower, where it is appropriate, excluded groups to make choices or ensure there is an independent, trusted third party to work on their behalf. Our approach will be framed by a clear understanding of the rights and responsibilities of citizens, services and the community.
Variable and poor outcomes across areas and service providers	**Supporting achievement and managing underperformance:** Where local authorities and services are delivering, Government will leave them alone. But where there is underperformance, Government will intervene.

3.2 We spend substantial sums of public money on the most excluded, across a range of public services. These costs include spending on benefits, education, the criminal justice system, health and social services and housing. The vast majority of this spending is directed at sorting out or offsetting problems after they arise, and relatively little is spent on prevention. The Government will reverse this focus.

3.3 Public services also have considerable information about the needs of the most excluded, but this is often held by separate organisations with limited communication between them. The challenge is to ensure that the impact of interventions for the most excluded is greater than the sum of the parts – the concern is that, for many, it is less.

Box 3.1: James: the financial benefits of early supportive intervention

The story of 15-year-old James, serving his second custodial sentence, is a catalogue of errors and missed opportunities. His story is not untypical of those of young people at the 'heavy end' of the youth justice system.

First, no one listened to James's mother when she struggled to control his behaviour at home. James was not asked for his views until he was 13 and had already been in a special school for some years. The agencies involved did not communicate well with each other, key people did not attend his review meetings and despite the evidence of multiple problems, no one was allocated to the family as a key worker or took overall charge.

Had things been different, James might have benefited from family support, pre-school education, anger management, learning support and mentoring. If these had been provided from the start, and continued throughout James's teenage years, much of his offending could have been avoided. The costs of these support services would have been £42,000 up to the age of 16, compared with the actual costs of £154,000 for the services he did receive, including court appearances and custody. In retrospect, preventative support services would have saved over £112,000, vastly improving the experiences and life chances of James and his family and mitigated the negative effects his offences had on others.

Of course, we do normally have the benefit of hindsight. The scale of any real savings depends critically on our ability to predict. Nonetheless, the expenditure on James would have paid for the cost of more than four of the support packages; so as long as our predictions were right in at least one in four cases, there would have been a net saving.

Audit Commission, *Youth Justice 2004*

3.4 Although the Government has done a great deal to address specific problems such as James's – for example through giving additional funding to extend programmes such as Youth Inclusion and Support Panels (see Box 3.7) the Government still does not work in this manner as well as we could or as routinely as we could. We need to develop an approach where all agencies effectively intervene earlier to prevent the onset of more acute problems, including – but not restricted to – the risk of offending.

Better identification and early intervention

"We need a greater focus on ensuring children at risk are identified earlier. We need to be able to share information to identify children who require additional support."

Every Child Matters, 2003

3.5 Identifying problems and intervening to prevent their occurrence or escalation is at the heart of the Government's vision set out in *Every Child Matters*. The development of Children's Trusts has enabled good progress to be made in ensuring that services are better coordinated around the needs of the individual and that there are clear lines of accountability for the outcomes of the child.

3.6 Analysis shows that early intervention can be highly cost-effective[31] and that it is more effective to spend money during the early years rather than the later stages of childhood and teenage years. And the positive impacts of successful programmes have been shown to last, thereby reducing the need for later forms of intervention.[32]

3.7 This is not to say that we should not provide support at the onset of problems *whenever* they arise: targeted youth support, for example, is helping to embed a coordinated response to the onset of problems in the teenage years. But if we are to break the intergenerational cycle of disadvantage, then we need to provide support as early as possible. In short, we are aiming for a more balanced approach between preventative and remedial support.

3.8 In terms of the early identification of risk, there is a substantial and growing body of evidence on the different factors known to affect children's chances of a happy and healthy childhood and of a life free from the prospect of social exclusion.

Risk, protection and resilience

3.9 Longitudinal research is helping us to understand how risk and protective factors influence the chances of individuals experiencing damaging and costly problems in the future.[33]

3.10 In the early years, many of the most important factors relate to the individual child, his or her family background and parenting. When children go to school, other factors such as experience of education, peer group factors and the presence of other significant adult figures become more important.

[31] Heckman, J and Masterov, D (2005) *Skill Policies for Scotland*. NBER Working Paper 11032

[32] Olds, D ibid

[33] See Farrington, D P (2003) Key results from the first 40 years of the Cambridge Study in Delinquent Development in T P Thornberry and M D Krohn (eds), *Taking Stock of Delinquency: An Overview of Findings from Contemporary Longitudinal Studies*. New York: Kluwer Academic/Plenum

Box 3.2: Risk, protection and resilience[34]

Risk

Risk factors can be described as factors that either singly or in combination have been shown to render children's failure to thrive more likely.[35] Children vary in terms of how they respond to risk and the presence of a risk factor does not automatically mean that someone will go on to experience a negative outcome. Risk and protective factors are context-dependent and vary over time and with different circumstances. Susceptibility to the impact of different risks changes across the life course, hence key risk factors at age 3 are likely to be very different from risk factors at age 13.[36] Multiple risk factors increase the likelihood of poor outcomes, sometimes 'interacting' to multiply their overall effect.

Protection

Protective factors can help children reduce risk. They consist of internal assets and external strengths. The more protective factors there are, the greater the likelihood that a child will be resilient to risk. There are four broad types of protective processes, those which: 1) reduce the impact of, or exposure to, risk; 2) reduce chain reactions to negative experiences; 3) promote self-esteem and achievement; and 4) provide positive relationships and new opportunities.

When risk factors in a child's life are not amenable to change, interventions can help provide compensatory experiences or enhance protective factors. Many of the protective factors identified by research relate to the consistency and quality of care and support during childhood.

Resilience

The majority of children with identifiable risk factors do not go on to a life of crime or entrenched exclusion. Despite challenging circumstances, children can develop resilience of three main types:

- by achieving positive outcomes even though they are at high risk;
- by adapting successfully to stressful situations; and
- by recovering quickly from a crisis.

Research studies have delineated the characteristics of resilient and non-resilient children. Children with a stronger sense of attachment to other people, a more positive outlook on life, more plans for the future and more control over their lives are more likely to demonstrate resilience.

[34] McCarthy, P *et al* (2004) *Offenders of the Future? Assessing the Risk of Children and Young People Becoming Involved in Criminal or Antisocial Behaviour*. DfES Research Report 545

[35] Howard, S, Dryden, J and Johnson, B (1999) Childhood resilience: review and critique of the literature, *Oxford Review of Education*, vol. 25, no. 3, p. 308

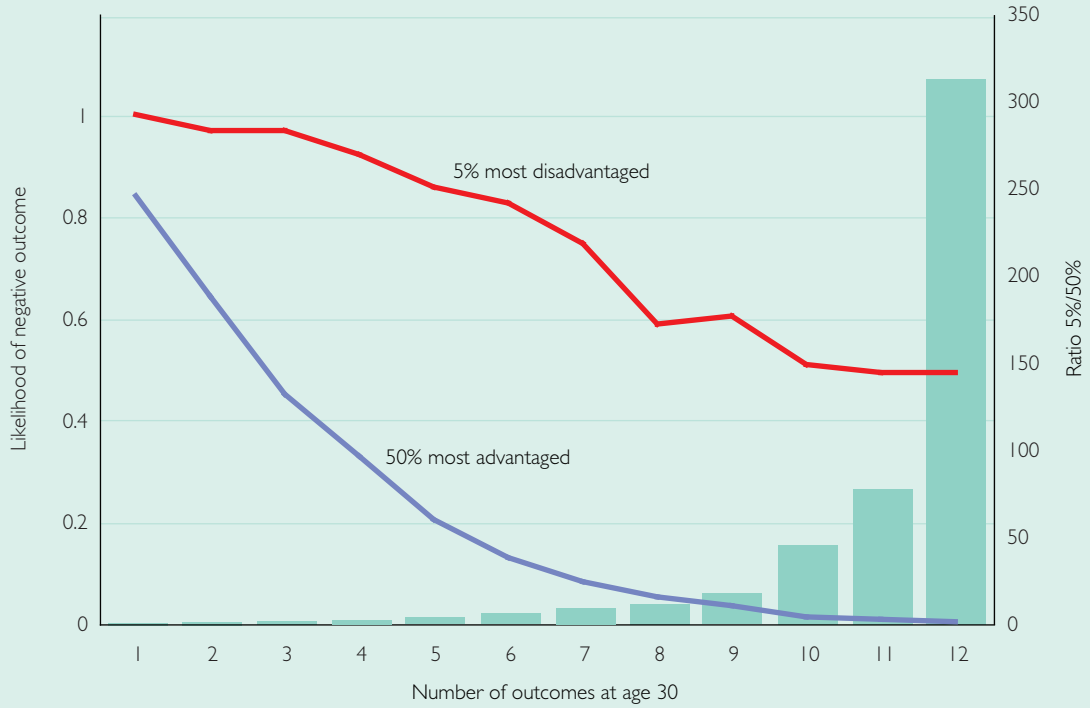
[36] Sutton, C *et al* (eds) (2004) *Support from the Start*. DfES Research Report 524

3.11 We have commissioned groundbreaking new research from the Institute of Education at London University.[37] The research examines the potential for different types of indicators to predict later adolescent and adult adverse outcomes.

3.12 The research is assessing how well we can identify those at risk of adverse outcomes later in life from information gathered from different sources (for example, teachers, parents and the children themselves through different methods) at different ages, and in relation to risks from different contexts (family, school, neighbourhoods and so on).

3.13 The research is highly encouraging and seems to confirm results from other countries. Figure 3.1 below shows that the 5 per cent most at risk in childhood have a much higher probability of having multiple negative outcomes at age 30 compared to the 50 per cent most advantaged individuals at childhood. Moreover, it also suggests that we can – in principle – extend the approach from identifying those at greatest general risk to identifying risks associated with specific outcomes such as teenage pregnancy. This means that it is possible to more accurately target supportive interventions at high-risk groups. However, it is important to stress the trade-off between specificity and accuracy – the more specific the outcome we want to predict, the lower is the predictive power of the identification.

Figure 3.1: Likelihood of multiple negative outcomes at age 30



Children who are most at risk have a much higher chance of experiencing multiple negative outcomes at age 30 (compared with the most advantaged children).

[37] A working paper is available at http://www.number-10.gov.uk/files/pdf/PMSU-report.pdf

3.14 Information and data are crucial for making predictions about later life outcomes. The research suggests that identification can be made on the basis of a relatively small number of simple pieces of information, many of which can be easily captured or collated by those on the front line and in contact with vulnerable individuals.

3.15 The research also shows that comparing information from different areas, such as education, family background and health, can provide more accurate assessments of risk than having more detailed information from just one domain.

3.16 It is important to note that generally this information is already known to service providers. The key is to piece the information together to understand the wider risks and needs of the individual or family.

3.17 Some of the most powerful predictors are themselves professional judgements. For example, one of the best single predictors of educational attainment at age 16 – which is itself a key predictor of adult outcomes – is teacher ratings of parental interest at age 10.

3.18 Our objective must therefore be to systematically build up the knowledge base of the key early warning signs of long-term exclusion; ensure that practitioners have access to this knowledge and the systems in place to use it; and that interventions are targeted on those most at risk.

3.19 While the report does not identify which interventions work best, it can be used to test whether existing interventions are cost-effective and who should be targeted.

3.20 However, we must acknowledge that predictions will never be perfect. Some people, despite even the most adverse circumstances, will strive and succeed, while others will fail despite advantage.

Box 3.3: Healthier lives through better prediction

An innovative example of how data can be used to improve the lives of those most at risk of adverse outcomes and also help save taxpayers' money is predicting and preventing hospital admissions. Hospital admissions are very expensive and can in many cases be prevented if at-risk individuals are identified early and treated in the community instead. In order to test such an approach, Croydon Primary Care Trust (PCT) has commissioned two predictive tools from a consortium led by the King's Fund.

The basic statistical model is known as PARR and is designed to identify people at risk of multiple unplanned hospital admissions in the forthcoming year. It requires routine collection of primary care data. The model ranks the population by risk, and those most at risk are being referred to community care for early, pre-emptive intervention. The model is currently being trialled to establish its effectiveness in saving lives, and preventing more expensive later care.

www.kingsfund.org.uk/health_topics/patients_at_risk/index.html

3.21 Even if the net is drawn widely, some who are at risk and who would benefit from early intervention will be missed. At the same time, we must also be cautious about labelling and stigmatisation. In general, where the interventions are supportive and the downstream costs of failing to intervene are large – such as extra support for the parents of young children – we should err on the side of providing better opportunities and support. On the other hand, where interventions are more punitive, and where the benefits of the intervention are more uncertain, we must be much more cautious.

3.22 Finally, a powerful message from the front line, as well as from the evidence presented in Chapter 2, is that persistence is very important. Those experiencing entrenched and deep-seated exclusion are often harder to reach and harder to engage. Indeed, they may not know help is available or may actively decline it. In the face of an unanswered door, letter or call, some of our mainstream services back off or give up. This cannot be an acceptable response to the plight of the most excluded. Where there are reasons for concern, this disengagement must be met with a redoubling of efforts to engage – personalisation with persistence.

ACTION 1: The Government will explore the potential of the new research by the Institute of Education to build an identification tool for practitioners.

ACTION 2: By April 2007, the Government will begin trials of a new evidence-based assessment tool for use by community midwives and health visitors to improve targeting and support. These will be evaluated as part of the health-led parenting support demonstration projects.

ACTION 3: The Government will explore how to ensure that those identified as being at risk are followed up, including at later critical life stages.

Identifying what works

3.23 A great deal is known about what works for socially excluded people. Indeed, the proposals set out in this document are based on what we know works. The UK National Action Plan on Social Inclusion[38] contains information on good practice across the UK, linked to the views of a wide range of stakeholders and to evidence of what works across Europe.

3.24 But, currently, there is very little systematic evaluation, collection or dissemination of what works in the UK, especially in children's and social services which follow one standard. This means that there can be variable and ineffective practice, and we are reliant on frequently over-stretched front-line practitioners taking the initiative to identify and adopt best practice.

[38] This Plan (NAPSI) is submitted to the EU Commission every three years and sets out how each member state is making a decisive impact on the eradication of poverty. The NAPSI will be published in September 2006

Evaluating what works

3.25 There are a number of institutes and organisations that evaluate and disseminate best practice through a number of mechanisms. The National Institute for Health and Clinical Excellence (NICE) is perhaps the best known of such mechanisms. But there are many others, including the DCLG Beacon scheme, run by the Improvement and Development Agency (IDeA), the Social Care Institute of Excellence (SCIE), Research in Practice (RIP), Government Social Research (GSR), and also government departments.

3.26 Currently, these and other organisations use a multitude of approaches to identify and disseminate what works in service provision. Yet, there is no commonly agreed guideline as to what constitutes a good evaluation – and therefore a well evidenced programme. This makes it difficult for commissioners of services in local government, PCTs and elsewhere to determine the effectiveness of programmes. Developing a common approach to conducting and interpreting evaluations would assist commissioners in their decision-making and send a clear signal to programme providers as to what good evaluation should look like.

3.27 Hence, the Social Exclusion Task Force and the Government Social Research Unit (GSRU) will work with key stakeholders across Whitehall and beyond to develop and promote a code of practice and rating for high quality evaluations. This will be supported by access to expertise on evaluation and how to rate and

Box 3.4: Early intervention Beacon scheme

The Beacon scheme was set up to disseminate best practice in service delivery across local government. Government ministers award Beacons on specific themes; the decision is based on recommendations made by an independent advisory panel. Those chosen as Beacons hold the status for a year, during which they share their experiences through a series of learning exchanges, open days, peer support and other learning activities.

Early intervention featured as one of the themes for the 2006/07 Beacon awards. The early intervention theme provides valuable practical examples of how to develop effective and innovative children's services that engage all providers and commissioners of services. The early intervention award sought to recognise:

- the development of common information systems and information-sharing protocols;
- the use of cross-partner databases to inform needs analysis and ongoing performance measurement;
- the implementation of common assessment protocols;
- the allocation of the lead professional role;
- governance in multi-agency teams; and
- front-line training in new approaches and the engagement of children, young people, their families and local communities in all the relevant processes.

The Beacon authorities reflect a range of contexts, including City of York Council, the London Borough of Tower Hamlets, Shropshire County Council, the Borough of Telford and Wrekin and Merseyside Fire and Rescue Authority.

approve the effectiveness of programmes. It is envisaged that such a code might adhere to the following benchmark criteria:

- positive effects that have been shown in at least one empirical study using a robust experimental design (such as a randomised control trial or a quasi-experimental approach), and preferably by the results of a systematic review or meta-analysis that has established the balance of evidence;
- replication of the effects in more than one site and context;
- provision of detail about the variation in outcomes across different social groups and socio-economic environments;
- a thorough analysis of the costs and benefits of the programme; and
- documentation of the approach so that it can be reliably reproduced.

3.28 In establishing a code of practice for evaluations and consequently a rating of programmes, it will be important to ensure that small providers are not discriminated against and that innovation in service provision is not stifled.

Disseminating what works

3.29 Determining the effectiveness of intervention programmes through evaluations is a key first step in promoting what works. Disseminating, implementing and managing what works according to evidence-based guidelines are also crucial. This should be done foremost by simplifying the current infrastructure and working with and strengthening existing bodies such as the SCIE, RIP and IDeA. However, the Government will also consider the potential role of a Centre of Excellence for Children's and Family Services (CECFS) to identify, evaluate and disseminate best practice for working with socially excluded groups. The CECFS should be building on existing bodies such as SCIE and a key early priority will be to strengthen the evidence base on what works for children.

3.30 We will also strengthen channels for approved and rated programmes to be able to highlight blockages in the system – areas where they believe that best practice is not being provided, but where it could be done at the same or lower cost than existing provision.

3.31 Two such channels could be Local Government Overview and Scrutiny Committees, and the Audit Commission. The Audit Commission could use feedback from approved and rated providers as part of its assessments of local government performance, helping to serve as an early sign of concern. Further details of how the performance framework will operate will be explored in the forthcoming Local Government White Paper, and in the Office of the Third Sector plan on public service delivery.

ACTION 4: The Social Exclusion Task Force and the Government Social Research Unit will work with key stakeholders across Whitehall and beyond to develop and promote a code of practice and common rating of high quality evaluations of programmes.

In addition, the Government will explore how to simplify the existing infrastructure in relation to spreading best practice. In particular we will consider the case for a Centre of Excellence for Children's and Family Services, building on or situated within existing organisations.

ACTION 5: The Government will ensure that approved and rated programmes, be they by third sector or innovative public or private sector providers offering services to other areas, have clear channels to highlight blockages to best-practice delivery. For example, failures could be drawn to the attention of Local Authority Overview and Scrutiny Committees and the Audit Commission.

ACTION 6: The Government will continue to strengthen and support the capability of commissioners of services. We are examining how commissioning can be strengthened in central and local government and will publish proposals in due course.

3.32 Importantly, final discretion over local authority service design and delivery must always remain with democratically elected government at the local or national level. However, a key intent of these proposals will be to incentivise and highlight the use of evidence-based programmes in service delivery, and to increase the range of evidence-based options available to commissioners.

Franchising

3.33 Finally, as well as more informal forms of peer support and exchange, the spread of best practice can also be driven by 'franchising' between local public service providers. Franchising, for example, allows high - performing local authorities (the provider) to partner authorities doing less well (the client) to improve performance through management support and skills transfer. The high-performing local authority's support and skills are provided in return for an agreed fee, which includes performance-related payments. The client authority, however, retains responsibility for delivering services.

3.34 This approach has been used to partner Swindon Borough Council (the client) with Kent County Council (the provider) to improve Swindon's social services. This arrangement has helped Swindon to progress from a zero star rating in its adults' and children's social care services in October 2004, to a two-star rating by the end of 2006. We are exploring how to best create a market for franchising and to draw up appropriate guidelines.

Multi-agency working

3.35 The cross-cutting nature of social exclusion means that the problems experienced by vulnerable groups often reach beyond the scope of any one agency or service provider.

3.36 Joined-up working is vital to ensuring a coherent response to the complex needs of socially excluded groups. For example, the Crime and Disorder Act 1998 introduced multi-agency Youth Offending Teams, whose success has been endorsed by the Audit Commission. Working together to share information at a strategic level (as is happening in Children's Trusts through the development of children's and young people's plans) helps establish a shared understanding of the most pressing issues and the priority groups at a population level.

3.37 This shared understanding is vital in ensuring that scarce resources are focused most effectively on the people who need them most. Working together at the front line (for example, through multi-agency teams) allows professionals to provide a coordinated and personalised response that is based on a full understanding of an individual's problems.

Box 3.5: The Common Assessment Framework (CAF)[39]

The purpose of the CAF is to help practitioners assess children's additional needs for services earlier and more effectively, develop a common understanding of those needs, and agree a process for working together to meet them. The aim is to provide better services earlier, and without the need for the family to repeat their story for a number of different, overlapping assessments. As such, early common assessment is part of the Government's strategy to shift the focus from dealing with the consequences of difficulties in children's lives to preventing things from going wrong in the first place. Some common assessments might result in the identification of a lead professional who will co-ordinate the actions set out in the assessment.

3.38 Increased coordination between services, together with a programme of workforce reform, are helping to create the conditions in which practitioners are willing and motivated to share information with other professionals in the interests of providing coherent and consistent support.

3.39 For example, the National Offender Management Service has recognised that reducing re-offending can only be delivered in partnership. A cross-government delivery board is overseeing the implementation of the Government's Reducing Re-offending Delivery Plan and multi-agency partnership boards have been established to oversee the delivery of regional reducing re-offending delivery plans.

Information and communication technologies

3.40 A vital tool of successful multi-agency working is the use of information and communication technologies (ICT). These have helped to increase efficiency and productivity in the private sector for some years. While more and more public sector services are using ICT to improve service delivery, the potential exists to go further.

Overcoming barriers

3.41 However, there are a number of statutory and cultural barriers that can inhibit agencies working together. These include:

- cultural barriers, and occasionally statutory barriers, to the sharing of information;
- non-aligned geographical boundaries between service providers or commissioners;
- different objectives and values; and
- separate budget problems, where one service provider incurs the cost of the possible intervention, while another benefits from the saving.

3.42 LAAs are a key mechanism for encouraging joined-up agency working at a local level. Through these agreements, central government departments and local service providers agree a number of key outcomes and targets set in the local context. They help to clarify priorities and reduce the overall burden of reporting. They are of growing importance as a mechanism for an increasing number of policy areas, but are of particular importance in the delivery of cross-cutting issues, such as the social exclusion agenda.

[39] Brandon, M *et al* (2006) *Evaluating the Common Assessment Framework and Lead Professional Guidance and Implementation*. DfES Research Report 740

Box 3.6: Better delivery through digital technology

The potential for digital information and communication technologies (ICT) to help make a difference to the lives and life chances of socially excluded people has so far been largely unexplored and therefore unexploited.

Significant benefits arise from a variety of opportunities, and an awareness of the potential of ICT opens up a wider range of policy interventions to tackle emerging problems. Existing services can be enhanced by adding a digital element, through facilitating better information sharing, increasing accessibility and enlarging capacity and geographical reach – for substance misusers, web-based support may provide anonymity, access in the middle of the night, and encourage the seeking of help earlier in the addiction cycle than the prospect of a personal visit to a possibly distant centre (also, the age group likely to develop problems is very familiar with ICT).[40]

Major initiatives launched by the Government will start to make a difference.

- The Digital Challenge will fund a world-leading example of a digital community, focusing on benefiting those at risk of social exclusion.
- A Cabinet committee is addressing the barriers to data sharing.
- Programmes such as *PCs for Pupils* will provide laptops and broadband access to pupils who would not have the means to get them otherwise.

In addition, from October 2006, £2 million of grant funding will be available to fund 'social impact demonstrators' in UK online centres. These projects will explore the power of supported internet access to develop confidence and skills among people from socially excluded groups, such as adults with mental health problems and families at risk, as well as older people. The projects will involve excluded people in targeted activities based on what they say they need. UK online centres will support participants to become self-sufficient users of online government services and will explore how the internet can motivate individuals to change their lives.

But more needs to be done to explore how ICT can address the basic needs of the disadvantaged. To develop this unexploited potential, the Government has set up the Digital Inclusion Team, overseen by DCLG, which will also take forward the findings of the Social Exclusion Unit report, *Inclusion through Innovation*, published in 2005.

[40] Stonebridge A (2006) Closing the distance *RSA Journal*

Box 3.7: Multi-agency working to stop youth offending

A good example of joined-up working is the Youth Inclusion and Support Panels (YISPs) which are multi-agency identification and planning groups that seek to prevent offending and anti-social behaviour by offering voluntary support to high-risk 8–13-year-olds and their families. The YISPs provide young people with key worker support, mentors, access to diversionary activities and parenting programmes. The multi-agency approach secures a commitment from each of the panel members to provide suitable resources.

There are currently 220 YISPs across England and Wales. In Sheffield, for example, the YISP includes representatives from the education department, social services, the youth offending team, the police, housing services, Child and Adolescent Mental Health Services (CAMHS), Supporting Others through Volunteer Action (SOVA) and Connexions. The project also has links with agencies including the Sheffield Homes Anti-Social Behaviour Team, the Housing High Support Service, the SOVA Mentoring Scheme and the Local Education Authority (LEA) Inclusion Centres.

As SOVA is the YISP's voluntary sector partner, each young person has access to a volunteer mentor as part of his or her integrated support plan. The project also has a close relationship with Positive Activities for Young People (PAYP), ensuring guaranteed entry into their activities for YISP young people and a role in the planning of PAYP schemes.

3.43 Local service providers are represented in the negotiation of LAAs by the upper-tier local authority and other members of Local Strategic Partnerships (LSPs). LSPs bring together all the key commissioners and providers of services and other partners in a local area.

3.44 The Government has already consulted on new proposals to strengthen cross-agency working, through strengthening LSPs. The consultation proposed underpinning the partnerships with a duty to cooperate placed on key local service providers to produce and implement the Community Strategy and LAA. These measures have significant potential to help cross-agency working for the most excluded, and have gained broad support.

3.45 Downstream costs may be picked up by a completely different service to the one with responsibility for providing the intervention in the first place. For example, responsibility for improving the educational attainment of a child diagnosed with a conduct disorder lies with the local education authority, but the costs of failure tend to be picked up by the criminal justice system, Jobcentre Plus and the health service.

3.46 Making these downstream costs more transparent and available to local and central commissioners of services, possibly coordinated through Local Strategic Partnerships, could prove a powerful tool in promoting improved cross-agency working and provision.

3.47 Such information can help focus minds on earlier interventions, and could help Local Strategic Partnerships strike innovative deals across providers and with central government to improve outcomes and reduce total costs to society. For example, information about downstream costs borne by the criminal justice system within an area could help provide the basis for an agreement between a central government body and a local partner, where the local partner provides enhanced education,

ACTION 7: The Government will strengthen the role of Local Area Agreements in the forthcoming Local Government White Paper, with the Social Exclusion Task Force working closely with DCLG and other departments to ensure that these changes will help drive forward improved multi-agency working around the most socially excluded.

ACTION 8: The Government will promote increased transparency of the downstream costs associated with social exclusion. Wherever possible, this will be done by publishing simple, area-based information about per capita spending on key costs. This information can then be used by local service providers to strike innovative deals for better, and more cost-effective, service provision.

ACTION 9: The Government will explore how to extend data sharing in relation to the most excluded or at-risk groups, including any additional powers that may be necessary.

training and support to at-risk young men in return for financial incentives from the centre.

Personalisation, rights and responsibilities

3.48 Personalisation has been a key theme of public service reform and improvement over recent years in universal services, with personal health plans being one such example. Individuals – rightly – increasingly expect and demand service provision that is tailored to their particular needs, rather than a generic service that they must fit into.

3.49 Because the most excluded people tend to experience multifaceted problems, there is a particularly powerful case for personalisation, with tailored solutions and support.

3.50 The delivery of such support is made much easier by strong patterns of cross-agency working on the ground, in turn supported by cross-agency working at the strategic level (see above). For example, in a number of areas cross-agency assessment or practitioner boards meet regularly – either formally or informally – to discuss their most complex cases and to compare notes and coordinate actions. In many cases, a lead practitioner is agreed who can then work with and coordinate other agencies to provide timely and appropriate interventions. A good example is anti-social behaviour coordinators.

3.51 Personalisation of services can be expressed in other ways. For example, service commissioners can commission innovative provision designed specifically to provide a wrap-around service for a particular client group. Specialist facilities for children in care that provide education, counselling and other forms of nurturing and support are a familiar example. Intensive family support programmes, such as those being promoted by the Respect Action Plan, are another (see Box 3.10).

Individual budgets

3.52 Another powerful approach to personalisation is put the citizen in the role of day-to-day commissioner of his or her own service provision, notably through the use of individual budgets, which enable a transparent allocation of resources (in cash or a notional sum) based on an assessment need.

3.53 Recent pilots in social care illustrate the potential of individual budgets to empower users and to personalise service provision. Individuals with care needs, or their lead professionals, can use the budgets to buy a bespoke care package that meets their needs and preferences much better than existing provision.

3.54 Individuals have used the budgets to buy more informal forms of care, and to ensure that the care is provided at a time that is more convenient for them. In short, the key advantage that a budget-holding commissioner has over, say, a lead professional, is that with the budget comes the power to choose and shape the service provision directly and thus drive improved performance by service providers.

3.55 Individual budgets are currently being piloted in 13 local authorities and bring together resources from six different streams. The results of the pilots are expected in 2008, and will determine whether individual budgets are rolled out on a national level.

The lead professional

3.56 As part of the move towards integrated children's services, DfES piloted the 'lead professional' role in 2005/06. Following the pilots, DfES issued guidance in 2006 setting out the key responsibilities of the lead professional and outlining the skills and knowledge required for that role.

3.57 DfES is now piloting a further development of the lead professional concept – the budget-holding lead professional. In this pilot the lead professional holds all or some of the budgets required to deliver publicly funded services for children with additional needs.

3.58 A key problem in relation to some excluded groups is that they may be unable or unsuited to take responsibility for their own budget. In such instances, it may be more appropriate to consider a brokering model where a lead professional holds the budget on behalf of the client. However, it should still be expected that the broker – like a trustee – will act in the best interests of the client and take

Box 3.8: Individual budgets, the potential – Anna's story

Anna receives support from a number of different agencies for her mobility-limiting disability in the form of an individual budget. Her 'budget' includes the cash equivalent of council-provided social care services, and cash transfers from the Independent Living Fund, the Disabled Facilities Grant and Access to Work. If Anna felt she needed it, she could have support from an advocate, or family and friends.

Having these resources together in one budget allows Anna to spend the money on the services she needs the most, in a way that best meets her needs. Before Anna had an individual budget she was reliant on social services to help her get ready for the day, but the earliest they could get to Anna was at 9.30am because of their shift patterns. This prevented Anna from returning to work as she was unable to get there before 11am. Now that Anna can employ her own care assistant she can purchase support from whoever she wants and arrange this support around her working hours, allowing her to return to work. Anna's self-esteem and quality of life have improved since she has been able to organise her own care and return to work, and she has felt greatly empowered by this process.

their wishes fully into account. For example, for a child in care, the broker should seek to take into account the desires and needs of the child or young person, be that to remain in the area, go into a residential facility or into fostering.

3.59 Although the basic idea is simple, formidable barriers exist to moving to models of budget-holding lead practitioners or brokers. A key step in making it work is that individual services have to make an assessment of the likely spend on a given individual, linked to an estimate of what outcome this should deliver. Careful consideration also needs to be given to any additional bureaucracy that may be created by a budget-holding lead professional, as opposed to the simpler lead practitioner model.

Payment for outcomes

3.60 A complementary route to personalisation is where service commissioners or providers offer a specific benefit or tariff, paid to the service provider, that can be combined with other kinds of benefit or tariffs by the user or broker. For example, in relation to employment support we are moving to a model of providers being paid by results for taking those coming on to Incapacity Benefits back into the labour market.

3.61 This shift towards paying providers based on the outcomes they achieve for their clients, rather than the number of clients they are providing services for, is a significant change and could be expanded in the future to further personalise services around the individual. For example, the amount paid could reflect the difficulty in achieving an outcome for the individual concerned, recognising factors such as the length of time they have been claiming benefits, or the severity of a disability.

3.62 As the sophistication of the approach grows, tariffs could increasingly reflect the potential savings to society of the work-placement. If this approach is more widely adopted by other services, it will provide an exciting opportunity to piece together budgets to deliver bespoke services for the most excluded individuals.

Engagement

3.63 While advocacy is an important hurdle, engagement of the most excluded is even more crucial. Practitioners have repeatedly made the case that there are particular windows of opportunity – 'fateful moments' – when people are more likely to engage with services. For example, the birth of a child or the death of a partner are key moments when individuals are more open to seek support and advice. Hence, personalisation of services for the most excluded may also mean seeking the best moment for support.

3.64 Who offers the support is also important. A particular strength of third sector organisations is the high level of trust they attract in relation to the most excluded. The strong focus of these providers on improving social outcomes sends an important signal to service users, allowing providers to engage with hard-to-reach groups that may distrust statutory services.

Box 3.9: Building expertise in 'day-to-day' commissioning – a gap?

Ongoing reforms have moved public service providers in the direction of being strategic commissioners of services, rather than necessarily being direct providers of services. For example, many local authorities now purchase a mixture of in-house, third sector and private sector provision for children in care.

It is arguable that there is a neglected 'middle' in the service delivery chain around day-to-day brokering of services, and that this particularly affects the most socially excluded. For example, there is typically a large gap between a director of children's services and the providers who are offering education, fostering and residential care for the several hundred children in their care – let alone the many other children who could be considered at risk. While the director of children's services commissioning team may have a number of choices in terms of direct provision, there are currently very few providers who are able to take on the day-to-day brokering or purchasing of service provision.

One innovative local authority has sought to address this issue by asking senior staff to each take a personal interest in a small number of children in care – to take on the role normally adopted by a parent. This was felt to be an extremely effective way of developing a personal relationship and improving outcomes. However, they also found that there were limits to the capacity of staff to take on this role.

In Oregon, public service commissioners employ brokers to purchase tailored provision for people with disabilities. It may be that this is a gap in service provision that could be usefully filled with an active partnership between third sector providers and local and national government.

Rights and responsibilities

3.65 An underlying theme of the personalisation agenda is that there should be a clear division of rights and responsibilities between the citizen, service provider and community.

3.66 The Government sees it as a key priority to provide support to create opportunities for the most excluded. If these opportunities are to be realised then they need to work with the aspirations of disadvantaged individuals. However, the flip-side to this support is that, as far as possible, individuals need to share and take responsibility themselves, and particularly where their actions have an impact on those around them. For example, the parent of an at-risk child should be given support, but it is also incumbent on them to take this support. This approach is illustrated by intensive family support projects – a highly personalised approach, but one that requires a clear sense of personal responsibility on the part of the adults involved, with clear consequences if those responsibilities are not met.

3.67 The Government's New Deal programmes also illustrate this approach. These programmes provide an active service with tailored support to help people back into work, matched by an obligation for people to do everything possible to help themselves.

3.68 And it appears to be working. Recent evaluative research shows that a pilot programme extending obligations to older

Box 3.10: Family Intervention Projects

Family Intervention Projects provide holistic support designed to target some of the most disadvantaged and problematic families and improve their behaviour and deliver other outcomes. Family involvement in the projects is typically triggered by major problems that may otherwise lead to children being brought into care, or the family being evicted for disruptive or anti-social behaviour. In around 40 per cent of families, one of the parents is found to have significant and untreated mental health problems.

Interventions vary in intensity, partly reflecting the severity of the problems involved. These range from home visits and coordination of different service interventions, to full residential interventions where the family lives in adapted accommodation with 24-hour supervision and support, such as that pioneered in the 'Dundee project', commissioned by a local authority but delivered by NCH, a children's charity, a third sector provider. Despite the relative expense of Family Intervention Projects, they have been found to be highly cost-effective as well as improving outcomes for the families and communities involved.

The Government is on track to deliver the commitments it made in the Respect Action Plan to roll out 50 Family Intervention Projects by the end of the year, which will deliver tailored access to parenting provision, health and employment services for an estimated 1,000 families a year by mid-2007.

workers – a particularly disadvantaged group – was effective in improving employment outcomes. Those mandated to undertake the Intensive Activity Period of New Deal 25 plus (which at present is voluntary for older workers and provides a variety of assistance lasting 13 to 52 weeks) were much more likely to be in unsubsidised employment within a year of entering the programme (29.8 per cent), than those in a control group who were not mandated (23.4 per cent).[41]

3.69 A focus on the rights and responsibilities of government and citizens also underpins the Government's Respect Action Plan, and in ongoing developments since. For example, on 5 June 2006 the Government announced a pilot scheme to ensure that people who are evicted as a result of their anti-social behaviour undertake rehabilitation, or risk sanctions on their housing benefit. This measure is included in the Welfare Reform Bill.

3.70 In addition, the DCA and Community Legal Service (CLS) play a key role in ensuring people understand their legal rights and responsibilities, and how to exercise them. Evidence[42] suggests that the provision of good early advice services prevents relatively simple civil legal issues spiralling into more serious (and numerous) problems and can prevent people tipping into social exclusion and help them move out of it.

3.71 Increasingly, service providers are seeking to make the compact between service provision and citizen more explicit. For example, many schools are introducing

[41] Dorsett, R and Speckesser, S (2006) *Mandating IAP for Older New Dealers: An Interim Report of the Quantitative Evaluation*. DWP Research Report 362

[42] Pleasance, P (2006) *Courses of Action: Civil Law and Social Justice,* 2nd edn

pupil–parent 'contracts' and these are also used in relation to Educational Maintenance Allowances. Even where these contracts are not legally binding, they can have a powerful effect by simply making explicit what is expected of each party involved.

3.72 Generally, the most effective contracts are personal to the individual or family, albeit within a common framework of expectancies. The Social Exclusion Task Force will seek to encourage and extend this approach.

ACTION 10: Using the lessons from the pilots on budget-holding lead professionals, we will explore whether, and how, to extend the funds held by lead professionals. In particular we will consider how portions of budgets used for mainstream services could be applied to lead professionals' budgets.

ACTION 11: The Government will explore extending tariffs, paid to service providers and reflecting social costs, for delivering particular outcomes in relation to those with multiple problems and at risk of a lifetime of exclusion.

ACTION 12: The Government will continue to actively encourage a rights and responsibilities approach to service delivery, encouraging service providers, individual brokers and lead practitioners to agree clear and explicit divisions of responsibility with clients.

Supporting achievement and managing underperformance

3.73 The Government's approach to driving improvement in public service delivery has gradually evolved from targets twinned with investment, to one that is supplemented by a range of more bottom-up and peer-driven pressures to improve. Essentially, the approach can be boiled down to the following: if you are delivering, the Government will highlight your achievements for others to follow, but otherwise leave you alone; but if you are failing, the Government will implement a ladder of intervention to foster improvement and empower service users to deliver better performance.

3.74 Indeed, the Government invites and encourages local areas to come forward with innovative and radical proposals such as pooled budgets and payment by results for provision around those most at risk. In turn, we will work to remove barriers to match this ambition – challenge us!

Clarity about targets

3.75 Clarity about national and local priorities is a prerequisite for focusing efforts and also making it possible to identify where there is failure in delivery relative to our aspirations. The Comprehensive Spending Review to be announced in summer 2007 will determine a revised set of national priority outcomes articulated through the next generation of national Public Service Agreements. And the Local Government White Paper, due to be published in autumn 2006, will consider how to further improve the delivery of national and local service priorities.

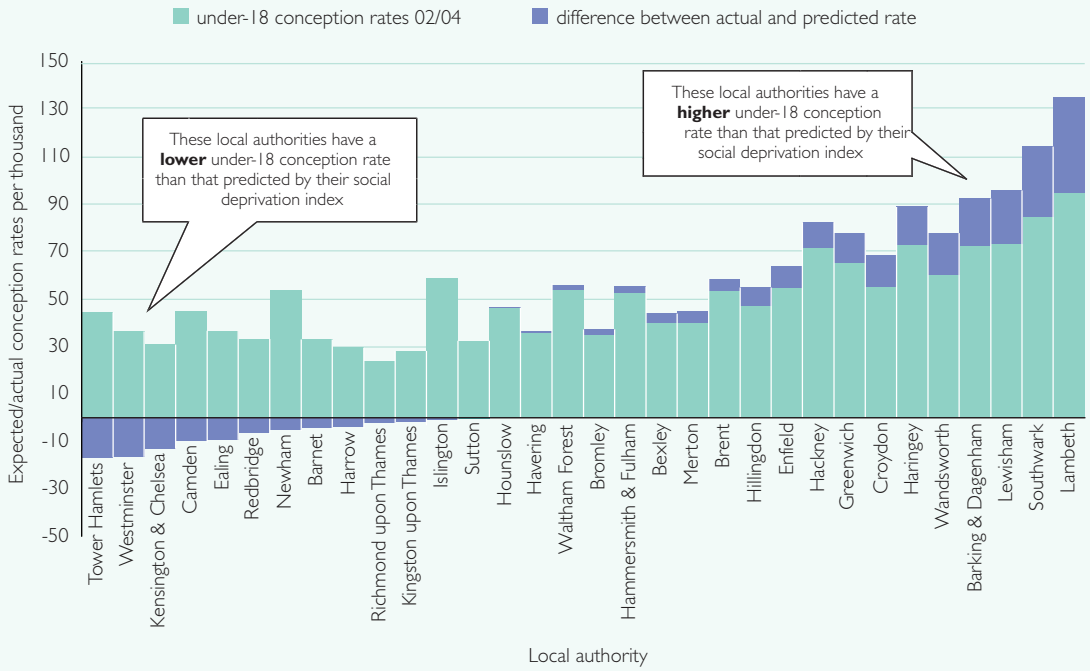
3.76 A particular problem is that adequate, or even good, overall performance by a service provider on a given outcome can mask severe underachievement among a small minority of citizens. This issue has already been significantly addressed through the use of 'floor targets', whereby providers are obliged to achieve at least a minimum standard of outcome across areas. However, even with floor targets, providers may still – whether intentionally or unintentionally – fail to reach those whose outcomes and needs are the very worst.

3.77 The Social Exclusion Task Force will work closely with other government departments, including the Treasury's policy reviews, to ensure that the needs of the most excluded are addressed in these processes and in the revised targets and indicators published in 2007.

3.78 The Task Force will focus its efforts on the development of a composite indicator of success or failure in relation to the most excluded. For example, this might be composed of an index of how local authorities or Local Strategic Partnerships are doing in relation to the educational attainment of the lowest-performing 5 per cent of children relative to the average, to infant mortality, to the proportions of young people not in education, employment or training, to teenage conception rates, and so on. Controls might then be added for levels of deprivation to identify which areas are doing unusually well, and which are doing badly, compared with what would have been expected given the characteristics of the local population.

3.79 For example, Figure 3.2 below shows both predicted and actual teenage conception rates for various local authorities.

Figure 3.2: Difference between suspected and actual under-18 conception rates – London



Eighteen out of 32 (56 per cent) local authorities in London have a higher than expected teenage pregnancy rate, after controlling for levels of social deprivation.

Intervention in cases of failure

3.80 The Government's aim is to create the circumstances for local authorities and other local service providers to deliver excellent services – including services relating to social exclusion. It is nevertheless essential to have measures in place to ensure that underperformance is detected early, that serious failure is prevented and that significant problems are dealt with swiftly and effectively where they do arise.

3.81 The Local Government White Paper will explore the performance framework for local authorities working alone and in partnership. This work will include looking at measures to deal with problems or failure to deliver in relation to social exclusion, or indeed any other priority outcome. A similar approach will be detailed in the forthcoming Green Paper on children in care.

3.82 Where local service providers are underperforming in relation to children at risk or the most excluded adults, an intervention regime will kick in. This will be tailored to the nature of the service failure and will take tough action where services are failing. The length of the intervention will vary with the degree of underperformance and necessary support, but ultimately the intention will be to build capability at the local level and then to step back.

3.83 Interventions for the socially excluded will be consistent with the guiding principles referred to earlier in this chapter, such as more effective commissioning, contracting out, and the use of individual budgets where appropriate.

ACTION 13: The Task Force will work closely with the Treasury and other government departments to ensure that the next generation of Public Service Agreements address the unique challenges of the most socially excluded.

ACTION 14: The Government will explore how to strengthen our performance management regime, with a clear ladder of intervention for the most excluded around underperforming provision, while leaving good local statutory services alone. The forthcoming Local Government White Paper will consider how the local government performance framework might evolve to continue to drive genuine service improvements, and how to deal with cases of underperformance.

ACTION 15: The Task Force will explore alternative composite measures of social exclusion that can be used by the Government to monitor progress and to focus targeted intervention and support.

Conclusion

3.84 The multiple and entrenched problems faced by the most excluded present a formidable challenge to public services. Yet the potential prize is great – better and socially just outcomes for the most excluded, alongside fewer long-term harm and costs for the rest of the community.

3.85 The ongoing programme of public service reform offers improved interventions around the most excluded, as well as for the general population. But the added complications of the number of agencies involved in the lives of the most excluded, the small absolute numbers of individuals concerned and the separation between investment and return (both in time and across agencies) all mean that special attention and action are needed.

3.86 An effective response to the plight of the most excluded requires innovation in identification and support, the structure of the workforce, the application of best practice and the incentives and system design itself.

3.87 These challenges and implied reforms are profound, and will not be resolved by this document alone. But the thinking presented here offers a clear direction of travel that the Government will be pursuing in the context of the coming Comprehensive Spending Review and forthcoming publications such as the Local Government White Paper, revised commissioning guidance and incapacity benefits reforms.

3.88 This chapter has set out the Government's renewed approach to tackling social exclusion, based on a strong understanding of the current problems and what can be done about them. Section III outlines how these principles will be applied or piloted for excluded groups throughout an individual's lifetime – during the Early Years, the Childhood Years and the Adult Years. Implementing more focused and immediate interventions will supplement and inform deeper systemic reform.

Section III: A lifetime approach
Chapter 4: Early Years

Summary

Pregnancy and the first few years of life are crucial. Intensive health-led home-visiting during pregnancy and the first two years of life can radically improve outcomes for both mother and child, particularly in the most at-risk families. The Government will therefore:

- establish 10 health-led parenting support demonstration projects from pre-birth to age 2, building in a rigorous evaluation of targeted support. These health service demonstration projects will mainly be based around Sure Start Children's Centres; and

- support the upskilling of midwives and health visitors to support early-years interventions, and develop commissioning guidance to encourage the spread of best practice nationally.

"The effects of early development last a lifetime: a good start in life means supporting mothers and young children."

Professor Sir Michael Marmot[43]

4.1 We now know how vital pregnancy and the early years of life are for child development. Long before a child enters school, behaviours are established and risks experienced that profoundly influence a child's life chances – for better or worse. Or, as leading psychiatrist Michael Rutter has put it, "the circumstances of early childhood can cast a long shadow".[44]

4.2 Inequalities in outcomes in the early years are driven by a range of factors, including household poverty and poor maternal health, and it is well established that the home environment, family life and parenting are all particularly important factors in helping to achieve later positive outcomes for children.

4.3 Parents and carers hold primary responsibility for their child's development. Parents' own personal circumstances, and how they care for and interact with their children over this period, can have dramatic long-term consequences for both the child and the parents themselves. For example, there is powerful evidence that poor attachment, stress during pregnancy, postnatal depression, harsh parenting styles and low levels of stimulation are strongly associated with negative outcomes later in life, including anti-social behaviour and offending during adolescence.

4.4 Key risk and protective factors during pregnancy and up to the age of 2 are set out in Figure 4.1 below.

Figure 4.1: Key risk and protective factors during pregnancy and up to the age of 2 for negative outcomes in later life[45]

	Risk factors	Protective factors
Pregnancy	• Prematurity/birth factors. • Obstetric difficulties. • Genetic predisposition. • Stress in pregnancy. • Teenage pregnancy. • Smoking in pregnancy. • Neglected neighbourhood. • Low income. • Poor housing.	• Genetic predisposition. • Having someone to confide in.
Age 0–2	• Impaired attachment. • Infant's temperament. • ADHD – hyperactivity. • Postnatal depression. • Harsh parenting style. • Rejection. • Hitting/frequent smacking. • Low level of stimulation. • Socio-economic stress.	• Resilience. • Strong attachment to at least one parent or carer. • Bonding with child.

[43] Marmot M (2005) Presentation to the Tackling Health Inequalities: Governing for Health Summit

[44] Rutter M, Giller H and Hagel A (1998) *Antisocial Behaviour by Young People.* Cambridge University Press

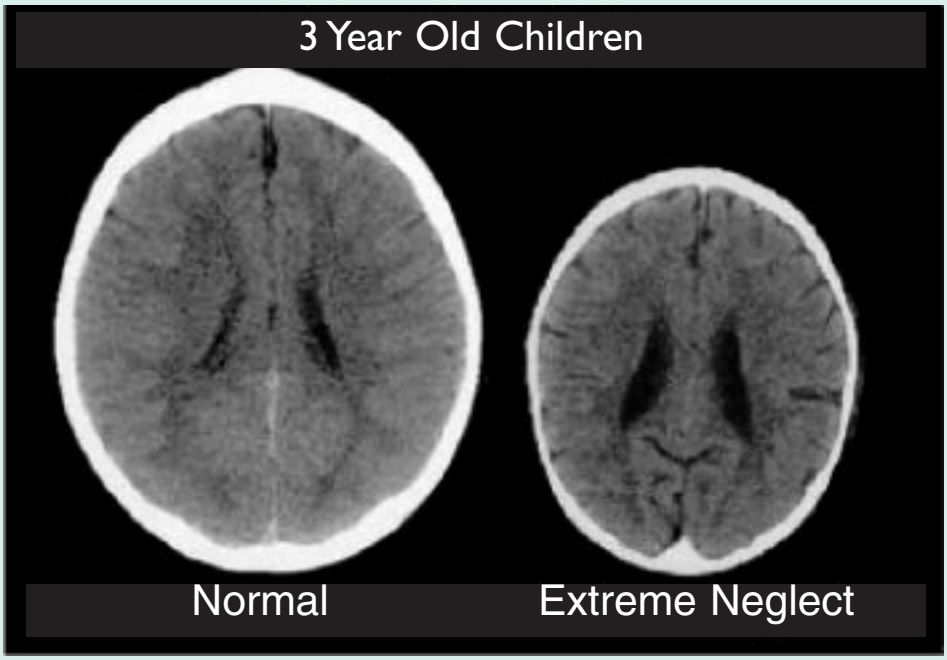
[45] Adapted from Sutton et al (2004) ibid. Factors listed relate to risk of committing crime and anti-social behaviour

4.5 It is also known from research just how important a child's early experiences are to the development of the brain. The child who is spoken to will develop speech and language neural systems, and the child who has motor practice and exploration opportunities will develop neural systems which allow walking, running and fine motor control. The child who is nurtured and loved will develop the neural networks which mediate empathy, compassion and the capacity to form healthy relationships.[46]

4.6 Unfortunately, this window of opportunity in early childhood is also a window of vulnerability. If a child is not talked to she will not develop speech and language capacity, if she is not given opportunities to use her developing motor systems, she will not develop motor skills, and, most devastating, if she is not loved, she will struggle to love others.

4.7 Neglect in early childhood literally alters the physical and functional development of the brain – a powerful environmental effect. In extreme cases this can be dramatic, as illustrated by Figure 4.2, which shows CT scans of an average 3-year-old's brain compared to the brain of a 3-year-old child suffering from severe sensory-deprivation neglect. However, stimulation can reverse some of these effects.

Figure 4.2: Differences in brain development following sensory neglect



This figure compares the brain of a normal 3-year-old child (the image on the left) with the brain of a 3-year-old who has suffered severe environmental sensory-deprivation neglect (the image on the right). The child who has suffered neglect has a significantly smaller brain and has enlarged ventricles and cortical atrophy.[47]

[46] Hosking, G and Walsh, I (2005) *The Wave Report 2005. Violence and What to Do about It*

[47] Perry B (2002) Childhood experience and the expression of genetic potential: what childhood neglect tells us about nature and nurture. *Brain and Mind* 3: 79–100; Hildyard, K and Wolfe, D (2002) Child neglect: developmental issues and outcomes, *Child Abuse and Neglect 26*

4.8 The most effective forms of parenting can protect against risks in early childhood and can have dramatic effects on social and cognitive development.[48] Poor parenting can expose children to greater risks and can contribute to the development of potentially harmful patterns of behaviour. Intensive support can improve parenting and attachment, and can have dramatic impacts upon parent and child outcomes. It has been shown that these effects can continue throughout adolescence and into adulthood.[49]

4.9 Pregnancy and birth is a critical time, when it is possible to develop the resilience and protective factors in children, thereby dramatically improving their chances of going on to lead healthy and fulfilling lives. It is important to seize this opportunity and to ensure that maximum support is provided where it is most needed and where it can have most effect. What is more, there is good evidence of public demand for more information and support with respect to parenting.[50] The Fragile Families study in the US found that parents are easier to engage and more positive about changing their behaviour and lifestyle at the time of pregnancy and birth. Midwives' and health visitors' abilities to address mothers' concerns about pregnancy, labour and the physical health of the infant provide them with credibility and persuasive powers in the eyes of family members.

> "Like it or not, the most important mental and behavioural patterns, once established, are difficult to change once children enter school."
>
> *Nobel Laureate James Heckman*

What the Government has already done

4.10 Since 1997 this Government has introduced a wide range of measures to improve the well-being and prospects of the most disadvantaged families and individuals, pushing the frontiers of the welfare state into the early years. Key achievements include the following.

- **Tackling child poverty** through welfare reforms, increasing employment and increased financial and parenting support for families with children. The Government's goal is to eradicate child poverty by 2020, halving it by 2010. Since 1997, 800,000 fewer children now live in relative poverty. This drive will continue, with increased focus on identifying and supporting the remaining at-risk groups of families and children, providing more personalised services and support for the most vulnerable, and reforming the Child Support Agency.
- **Ensuring that every child has the best start in life** with the establishment of Sure Start, including 1,000 Children's Centres open by the end of September 2006 and the expansion of early-years education, with more than £17 billion invested in these areas since 1997. By 2010 there will be 3,500 Sure Start Children's Centres across the country, offering integrated early learning, health and parental services for the first time – arguably

[48] *Sure Start Children's Centres: Practice Guidance*. (2005) DfES
[49] Olds, D (2006) The Nurse-Family Partnership: An evidence-based preventive intervention. *Infant Mental Health Journal* 27(1) 5–25
[50] Ghate, D and Hazel, N (2002) *Parenting in Poor Environments*. London and Philadelphia: Jessica Kingsley

one of the Government's most ambitious and innovative programmes of recent years. The Government is also investing in Early Learning Partnership demonstration projects to help parents of 1–3-year-olds to support their children's early learning. These services will be delivered by voluntary and community sector organisations to engage the children in the hardest-to-reach families most at risk of learning delay.

- **New duties in the Childcare Act 2006** requiring local authorities and their NHS and Jobcentre Plus partners to work together to improve the outcomes for all children up to 5 and reduce inequalities between them, by ensuring that early childhood services are integrated to maximise access and benefits to families.
- **Free early learning and childcare for 3- and 4-year-olds** – shown by research evidence to improve educational and social outcomes for all children, but particularly for children from disadvantaged families. The entitlement will be extended from 12.5 hours to 15 hours per week (for 38 weeks a year) by 2010. A pilot to extend the provision to 12,000 disadvantaged 2-year-olds is currently taking place.
- **The creation of a National Academy for Parenting Professionals,** already announced in the Respect Action Plan, as a centre of excellence in training, development and support for the parenting workforce. The Academy will act as a national centre and source of advice on high-quality research evidence on parenting and parenting support, combined with practical knowledge of what works in different situations and with different client groups. Organisations will be invited to bid to deliver the National Academy for Parenting Professionals programme later in 2006.
- **An end to the long-term use of bed and breakfast accommodation for families with children.** In March 2002 there were 6,960 homeless families living in B&Bs. However, through an increased focus on homelessness prevention, on finding better forms of accommodation and on the sharing of good practice, and £50 million of funding, the vast majority of local authorities have sustained success in ending the long-term use of B&B accommodation for families with children.

Continuing challenges

4.11 Clearly, enormous strides have been made in terms of the support available to families with children. Public services and support in the early years are available for every family. However, the intended universal nature of these services is incomplete. In some areas, the families with the greatest need do not always benefit as much as they should from the support available. The 'inverse care law' suggests that those with the greatest need or at greatest risk are sometimes the least likely to receive the services they need. Indeed, there are some children's and family services where redressing the inverse care law has proven difficult.

4.12 Public services struggle to support very high-need families because such families are typically harder to reach and harder to engage. More advantaged families are often the most likely to ask for help, while those with more complex problems may not know that help is available or may even actively decline it. If their needs are not met then the services cannot be regarded as genuinely universal.

4.13 In the early years, health visitors and midwives are essential for early identification of risk factors, engagement with parents and delivery of support. They can also share information and support families to use other services such as Sure Start Children's Centres, acting as the link between health services (in particular general practice) and integrated support services.

4.14 However, analysis of the use of health visiting services (see Figure 4.3) demonstrates that the inverse care law is an issue in some of the very services best placed to support families through pregnancy and in the earliest stages of parenthood. The key issue is to address these challenges and develop a genuinely progressive universal service offer for young families.

4.15 In a number of areas, pioneering Primary Care Trusts (PCTs) and practitioners are already working hard to address these challenges by using analysis of public health data to inform the deployment of staff and resources to areas where needs are greatest.

Figure 4.3: Health visiting by household income (in percentages of income groups)

Those with the highest incomes are more likely to get support from health visitors than lower income groups (who need the support most). Analysis of Millennium Cohort Study.

4.16 A further challenge for the professionals tasked with supporting families at greatest risk is that they often do not have the necessary tools and information to carry out effective assessment of risk. Local area data can be helpful in allocating resources and prioritising efforts within geographical areas. But many areas lack systematic and rigorous tools to support professional judgement in identifying risk at the level of individual families. Only when there is an evidence-based and systematic approach to assessing risk can we be sure that more intensive services and support are being directed at those families with the greatest need. This is more than simply developing assessment tools – it is also about providing the right incentives to build the early-years workforce, and about equipping them with the appropriate skills and training.

4.17 A closely related issue is information sharing. Some agencies can be reluctant to share the information needed to identify

at-risk households with other agencies who may also be able to help them.

4.18 Innovative PCTs and Sure Start Children's Centres are already making great strides towards addressing these challenges. The Government is determined to support these efforts by helping to build the evidence base for the most effective early interventions for socially excluded families.

Intensive early health-led support for families most at risk

4.19 What works in the early years is high-quality social support alongside antenatal clinical care.[51] Health visitors and midwives can play a pivotal role, as they provide a universally available service at a time when parents are typically highly receptive to external advice and support. We also know from some of the most innovative PCTs that health-led teams can be particularly effective in engaging some of the most at-risk parents and families.

4.20 Internationally, we have identified a number of practical approaches that are truly outstanding in terms of outcomes and long-term cost-effectiveness.[52] From pre-birth to age 2, the Nurse–Family Partnership model (see Box 4.1) shows sustained impacts[53] and has been found to be highly cost-effective. Rigorous independent evaluation in the US found that for the highest-risk families the amount of downstream savings is over four times the cost of the programme.[54]

4.21 Additionally, empirically tested group-based parenting programmes such as Carolyn Webster-Stratton's 'Incredible Years' demonstrate impressive sustained impacts on maternal health, child development and reduction of conduct problems.[55]

4.22 Importantly, both the Nurse–Family Partnership programme and Incredible Years have been found to be effective with families suffering high levels of deprivation. Some areas in the UK, particularly those linked to Sure Start programmes, have begun to use these approaches with dramatic success (see Box 4.2).

4.23 The Government will build on these early successes to target our early interventions using best-known practice.

[51] Sutton *et al* (2004) ibid

[52] Lynch, R D (2004) *Exceptional Returns: Economic, Fiscal and Social Benefits of Investment in Childhood Development*

[53] Olds, D (2006) The Nurse-Family Partnership: An evidence-based preventive intervention. *Infant Mental Health Journal:* 27(1) 5–25

[54] Karoly *et al.* (1998) *Investing in our children. What we know and what we don't know about costs and benefits of early childhood intervention.* Santa Monica, CA: RAND

[55] Hutchings, J (February 2006) What works in parenting programmes and why: practice and research using the Incredible Years parent programme in Wales. Presentation to Communities that Care Conference

Box 4.1: Nurse–Family Partnership (NFP)

The model

The Nurse–Family Partnership is a structured programme of home visits by trained nurses during pregnancy and the first two years (targeted at disadvantaged families). Home visits focus on three major activities:

- promoting improvements in women's (and other family members') behaviour thought to affect pregnancy outcomes, the health and development of the child (including attachment issues and competent care of the child), and parents' life course (including family planning, educational attainment and opportunities to gain employment);
- helping women to build supportive relationships with family members and friends; and
- linking women and their family members with other services that they need.

Pilots and demonstration projects based on, or drawing from, the NFP approach are already being developed in several different countries including Holland, Germany, Australia and Scotland.

Evidence of impacts

The programme has been rigorously tested over the course of 27 years in three separate large-scale, randomised controlled trials with different populations. Outcomes[56] included:

Prenatal behaviours
- Improved quality of diets, reduced smoking
- Increased informal social support and better use of community services

Pregnancy and birth outcomes
- Fewer kidney infections
- Fewer pre-term deliveries among those who smoked
- Heavier babies among mothers aged 14–16

Sensitive competent care of child
- Less punishment and restriction and more appropriate play materials
- Home environments that were safer and more conducive to emotional and cognitive development

Child abuse, neglect and injuries
- Fewer cases of child abuse and neglect among low-income unmarried teens

Parental life course
- Fewer subsequent pregnancies and longer intervals between births of first and second children
- Greater participation in the workforce

Adolescent functioning at age 15 (among children of poor, unmarried women)
- Fewer instances of running away
- Fewer arrests, convictions/violations of probation
- Fewer lifetime sex partners
- Fewer cigarettes smoked
- Fewer behavioural problems linked to use of drugs and alcohol

[56] Olds, D (2006) ibid – outcomes listed based on the trial in Elmira

Box 4.2: Incredible Years

Significant results have been achieved in 11 Sure Start centres in Wales and the Borders using Carolyn Webster-Stratton's 'Incredible Years' parenting programme. Families with a child aged 3 or 4 with significant behavioural problems were targeted within the Sure Start area and attended 12 group sessions. These children and a control group were then tracked for 18 months. The Sure Start intervention families showed significantly increased positive parenting and marked decreases in the quantity and intensity of child problem behaviours. Intervention children fell below the clinical cut-off on both the Eyberg Child Behaviour Inventory problem and intensity scales.

How the challenges will be met

ACTION 16: The Government will establish 10 health-led parenting support demonstration projects from pre-birth to age 2, building in a rigorous evaluation of targeted support.

4.24 The Government will demonstrate new approaches to health visiting and midwifery, drawing on evidence-based programmes from overseas. The demonstration sites will help to build the English evidence base on health-led parenting support in the early years, trailblazing practical approaches to achieving the vision for health visiting and community midwifery that is set out in the *National Service Framework for Children, Young People and Maternity Services*.[57]

4.25 The demonstration projects at a cost of £7 million will complement the raft of parenting provision for school-aged children announced earlier this year and will be mainly delivered through the integrated children's, families and community services provided by Sure Start Children's Centres. This will embed a strongly progressive universal model from pregnancy until the age of 2, with intensive support for those at risk and a lighter touch for others. It will build on the strengths of existing services provided by health visitors and midwives. It will also test out new systems and tools for a more systematic assessment of need drawing on research into risk and protective factors during pregnancy and the early years.

4.26 This programme of demonstration projects will work with local practitioners to test different levels of support, and evaluate the impact on initial outcomes. It will develop ways of engaging parents, building skills and capacities to cope with the challenges of parenthood. These findings will provide best practice, which can be used by practitioners, PCTs and local authorities.

ACTION 17: The Government will support the upskilling of midwives, health visitors and commissioners to support early-years interventions; and will develop commissioning guidance to encourage the spread of best practice nationally.

[57] DH/DfES (2004) *National Service Framework for Children, Young People and Maternity Services: Maternity Services*

4.27 The Government wants to see a step-change in outcomes for high-risk families everywhere. In parallel to the demonstration sites, there will be a series of 'Let's talk about health visiting' events for health visitors and commissioners in every Strategic Health Authority. The Government will also work with stakeholders to review the career pathways and educational preparation needed by nurses working in the community, including health visitors. This work forms part of the Modernising Nursing Careers agenda launched in September 2006.

4.28 Midwives and health visitors already receive training in child development and the social and psychological needs of women and their families. A high level of skill is needed for working in partnership with families on issues of attachment, behaviour and risk. One of the outcomes of the demonstration projects will be the development of additional training and guidance for midwives and health visitors in how to identify and engage at-risk families and deliver effective interventions to support parenting that can be rolled out more widely.

4.29 In the Respect Action Plan the Government has already announced the creation of a National Academy for Parenting Professionals as a Centre of Excellence in training, development and support for the parenting workforce. The Academy will also act as a national centre and source of advice on high-quality research evidence on parenting and parenting support, combined with practical knowledge of what works in different situations and with different client groups. Organisations will be invited to bid to deliver the National Academy for Parenting Professionals programme later in 2006.

4.30 As part of ongoing reviews, we will examine existing indicators of early-years outcomes, and will explore how planning, pooled budgets, commissioning, inspection and accountability frameworks can best encourage effective joint working between PCTs and local authorities in relation to the very early years.

4.31 Finally, building on *Support for Parents: The Best Start for Children*,[58] the Government will take steps to develop a system that is more preventative and, where problems do arise, intervention comes earlier before problems escalate.

4.32 The policy review of children and young people, to inform the 2007 Comprehensive Spending Review, will examine how we can secure continued improvements towards a stronger focus on prevention, including how public services can provide better support to families and parents in the early years and beyond.

Conclusion

4.33 Pregnancy and the first three years of life are vital to child development, life chances and future achievement. Overseas programmes such as the Nurse–Family Partnership demonstrate that home-visiting programmes led by nurses can have dramatic effects in enhancing the life chances of children and parents who are experiencing or at risk of social exclusion.

4.34 Midwives and health visitors are ideally placed to identify children and families at risk and to provide intensive and structured home-visiting programmes to those who might benefit from additional support. The Government will build on the successes of

[58] HMT (2005) *Support for Parents: The Best Start for Children*

pioneering PCTs and practitioners already working hard to support socially excluded families and to embed the principle of progressive universalism into their work. Through the development of 10 demonstration projects we will build the English evidence base on health-led parenting support, pioneering genuinely preventative services which respond effectively to early-warning signs before problems have a chance to escalate.

Chapter 5: Childhood and Teenage Years

Summary

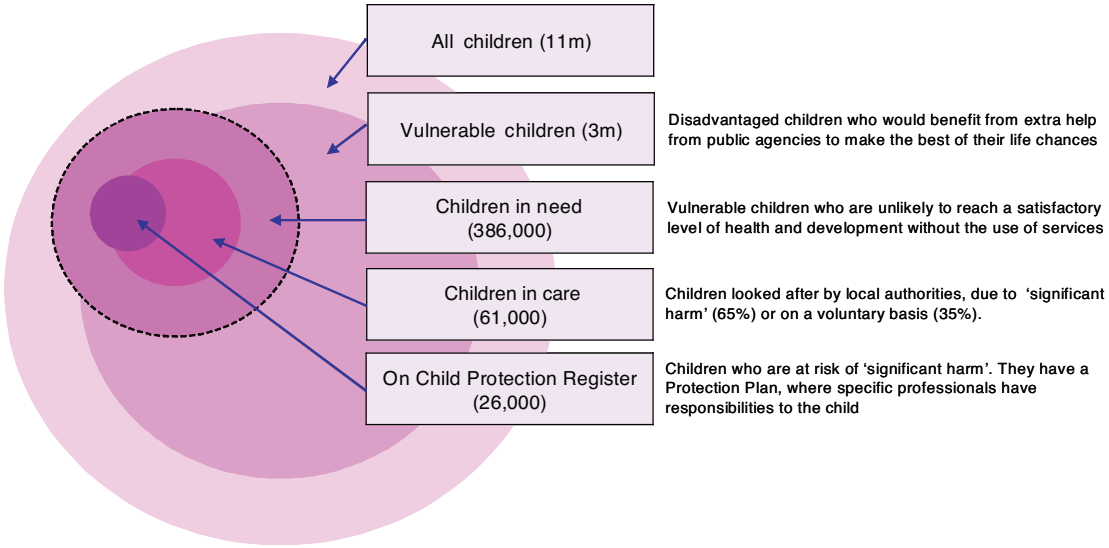
For children and teenagers, the Government will continue to build on the *Every Child Matters* agenda, and:

- publish a Green Paper in October 2006 on children in care, setting out the Government's proposals to transform their outcomes. This will include proposals on individual budget-holding arrangements to ensure that every child in care has someone who understands their personal needs and has the leverage to secure the right support;
- publish a revised and updated Teenage Pregnancy Strategy with a particular focus on local areas where there has been little or no improvement on tackling the wider causes of teenage pregnancy;
- launch a series of pilots to test different approaches to tackling mental health and conduct disorders in childhood, including intensive home-based interventions and Treatment Foster Care; and
- continue to improve provision and capability around parenting support and training; pilot budget-holding practitioner models for children with additional needs; ensure these actions are delivering a coherent whole-family approach for families at risk.

5.1 Children and teenagers require a range of support services at various stages throughout their childhood and teenage years, to protect them against the risk of becoming socially excluded adults and to support those who have already shown early-warning signs of exclusion. Three million children are considered vulnerable.[59]

5.2 However, a much smaller group – around 3.5 per cent of all children – are judged to be unlikely to achieve satisfactory outcomes without significant extra support from public services, and around 0.5 per cent are judged to be at risk of direct harm (see Figure 5.1).

Figure 5.1: Children in need in England



Number of children who are classed as vulnerable, in need, in care, or on the Child Protection Register (DfES, 2005 data).

5.3 Often, but not always, the warning signs for these at-risk children becoming excluded adults can be seen early in life. As we have seen earlier in this report, children's behaviour at a very young age can signal the possibility of future problems.

5.4 An example of such behaviour is where children display a low level of social and emotional skills. As children get older the warning signs become even more obvious. In a group of a hundred 10-year-olds, the five identified as highest risk are over 40 times more likely to experience five or more problems by the age of 30 compared with the 50 lowest risk 10-year-olds (see Chapter 2 for further detail).[60] Indeed, by the time we reach late childhood, problems may be sufficiently pronounced to shift the focus from 'prevention' to 'early intervention'.

[59] Using the definition of vulnerable children employed in the Department of Health's Children's Assessment Framework (2000). Three million refers to the number of children living in households with less than 60 per cent of the median household income (after housing costs) – DWP

[60] Feinstein, L and Sabates, R (2006) ibid

5.5 Children and young people who are especially likely to suffer a lifetime of social exclusion and limited life chances include: children in care, teenage mothers, and children with the poorest educational attainment. These groups are more likely to suffer from unemployment, ill health, and many other poor outcomes. They also significantly overlap. For example, children in care are much more likely to be teenage mothers than their peers, and low educational attainment is associated with both teenage pregnancy and being in care.[61]

Box 5.1: Social and emotional learning

Recent studies show that the impact of non-cognitive skills in influencing certain outcomes can be significant, including criminal activity and unemployment.[62] When children lack social and emotional skills they often disengage from schooling, leading to poor attainment and behaviour problems.[63] Social and emotional competence programmes have shown dramatic decreases in classroom aggression and increases in pro-social behaviour.[64]

We know that society as a whole places a high value on such skills. For example, employers are especially keen to take on young people who demonstrate good relationship and leadership skills, often developed through their engagement in positive activities either in or outside of school.

Empirically tested school-based social and emotional competence programmes, including Webster-Stratton's teacher training course, have shown dramatic decreases in classroom aggression and increases in pro-social behaviour.[65] Drawing on evidence-based programmes, the Government has developed a whole-school programme, the Social and Emotional Aspects of Learning (SEAL), supplemented by small-group work for certain pupils. One-third of primary schools have already started to implement the SEAL programme, and another third are expected to have done so by mid-2007. By creating positive social and emotional learning environments and expanding empirically validated teacher training approaches, we expect to see improved behaviour, attendance and attainment, as well as improved long-term outcomes for the most at risk.

[61] Teenage Pregnancy Next Steps – Guidance for LAs and PCTs on Effective Delivery of Local Strategies (July 2006) http://www.everychildmatters.gov.uk/_files/F7CB3099CE80C6B2AA12604BB52BE74A.pdf

[62] See for example Heckman *et al* (2006) *The Effect of Cognitive and Non-cognitive Abilities in Labour Market Outcomes and Social Behaviour* WP 12006, National Bureau of Economic Research

[63] Carneiro, P *et al* (2006) *Which Skills Matter?* Institute for Fiscal Studies

[64] Webster-Stratton, C and Reid, J (1999) *Treating Children with Early-onset Conduct Problems: The Importance of Teacher Training.* Paper presented at the American Association of Behavior Therapy, Toronto

[65] ibid

What we have already done

5.6 Since 1997, investment and reform in education and the well-being of children and young people have been a major focus of government policy. Specific outcomes of this focus include:

- **Driving up educational attainment**. Investment per pupil (including capital spending) has doubled from £2,500 in 1997 to £5,000 in 2005/06.[66] This has helped to raise literacy, numeracy and GCSE pass rates. In 2006, 79 per cent of 11-year-olds reached the expected 'level four' standard in English, up from 63 per cent in 1997. In maths, 75 per cent attained the required standard, compared with 62 per cent in 1997. In addition, the number of pupils gaining five A*–C GCSE or equivalent grades increased from 45 per cent in 1997 to 56 per cent in 2005.[67]
- **Joining up children's services**. The launch of *Every Child Matters* (ECM) in 2003 marked a major new phase of government activity to improve not only the educational attainment of children, but also their well-being more generally. ECM is bringing together, under new directors of children's services within each local authority, responsibility for educational outcomes and children's social services. This is driving joined-up working, for example through the use of pooled budgets. Extended Schools are one of the most visible results of the ECM programme (1,791 already in place).
- **Protecting vulnerable children**. Many agencies that deal with vulnerable children and young people are now working together better, using new multi-agency processes for assessment, information sharing and delivery of multiple services. Building on the Common Assessment Framework (see Chapter 3), local authorities and their partners are rolling out arrangements under which a lead professional drives coordinated delivery of interventions from a number of agencies for children and young people who need multiple services.
- **Reforming the youth justice system with a focus on preventing offending**. Since 1998 the youth justice system has gone through fundamental reform, including the establishment of multi-agency Youth Offending Teams (YOTs) bringing together criminal justice and children's services. Individual assessment of the risks and needs of children and young people in the youth justice system informs interventions by YOTs, including a focus on addressing the underlying causes of offending as well as holding young people to account for their behaviour. The Government has also focused on increasing engagement in education, training and employment and addressing identified substance misuse and mental health needs among young offenders.

5.7 The Government has also increasingly stepped up the speed and effectiveness of how schools' performance is managed and improved, and there has been a major programme of replacing and rebuilding underperforming schools, including the rapid expansion of specialist schools and academies.

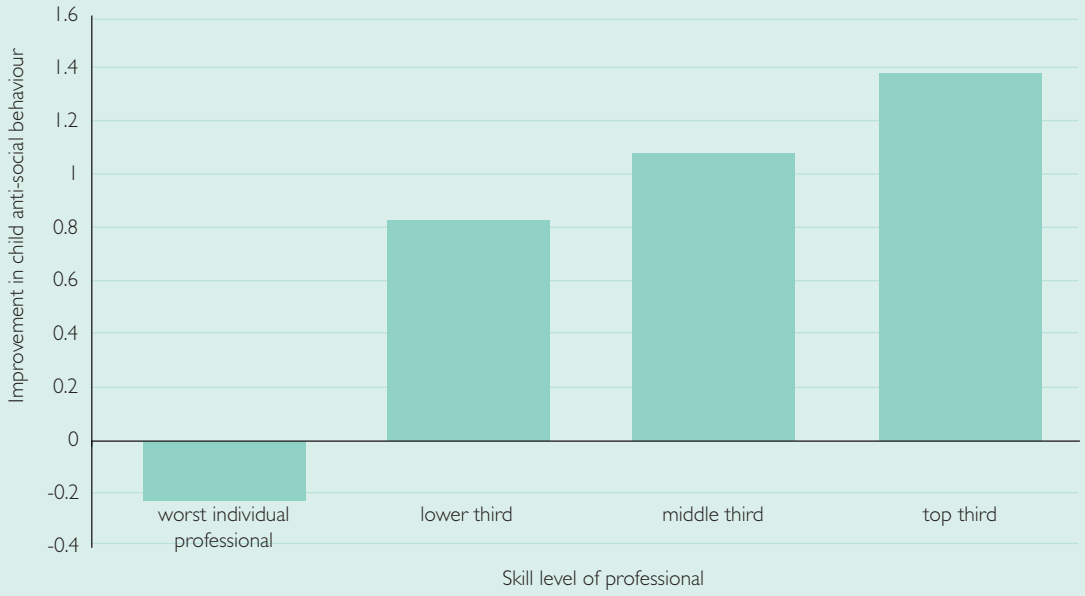
5.8 In addition, the Government has begun to put together a series of programmes to tackle childhood problems at their root, with a new focus on parenting.

Improving parenting in families

5.9 Poor parenting is frequently associated with bad outcomes for children and young people. Over the last year, the Government has introduced proposals to make sure that parents who need help receive it. The aim is to improve

[66] Budget (2006), HMT
[67] Department for Education and Skills

Figure 5.2: Impact of professional's skill level on child outcomes



The skill level of the professionals delivering parental programmes affects the improvement in a child's anti-social behaviour.

outcomes across the board for children and young people, such as improved educational attainment, fewer mental health problems and reduced anti-social behaviour.

5.10 If parenting provision is to be effective, research suggests it needs to be based on evidence-based programmes, to be carefully targeted on those who will benefit most and to be delivered by highly skilled practitioners (see Figure 5.2) who are able to engage and retain participants.

Parenting programmes aimed at children and young people at key points in their childhood

5.11 There are currently a number of specific initiatives centred on helping parents and families, particularly where a child's educational achievement may be at risk of suffering:

- £10 million is being invested in Early Learning Partnerships to support parents of 1–3-year-olds who are at risk of learning delay. The projects will be delivered by voluntary and community sector groups linked to Sure Start Children's Centres.
- £10 million will be invested from autumn 2006 on Transition Information Session demonstration projects to make parents more aware of how they can support their children during the transitions from pre-school to primary school, and from primary to secondary school.
- £10 million is being invested in Early Intervention Pathfinders in 15 local authorities to increase support for the parents of children and young people aged 8–13 at risk of negative outcomes, and to ensure that they receive an earlier, more effective, coordinated package of relevant support.
- £20 million is being invested in Parent Support Adviser pilots in over 600 primary and secondary schools in the most deprived areas. These advisers will work with those families where it is thought that children's learning and achievement are being hampered

by parental problems or a lack of support at home, and will aim to identify ways in which schools can work better with parents.
- The Government will also establish 10 health-led parenting support demonstration projects from pre-birth to age 2 (see Chapter 4).

Projects to address anti-social behaviour and offending

5.12 The Government is investing in a range of initiatives to tackle the growing problem of anti-social behaviour:

- Fifty Family Intervention Projects (see also Chapter 3) will be delivered by the end of 2006, offering a range of rehabilitation measures to families that are causing anti-social behaviour, including parenting programmes and health and employment services.
- The Youth Justice Board has worked with Youth Offending Teams (YOTs) to approximately double the number of parenting support interventions to 11,000 per year over the last two years. Some of the additional funding of £45 million recently made available to YOTs, to fund youth crime prevention programmes, will go towards increasing this figure even further.

Measures to ensure engagement

5.13 While most parents welcome support and advice, in a small minority of cases it can be difficult to engage with parents. This is why the Government has already extended measures addressing the small minority of parents who refuse offers of support:

- The Education and Inspection Bill, published in February 2006, introduces measures to enable schools and local authorities to make earlier use of parenting contracts and empowers schools to apply for parenting orders.
- As part of the Respect Action Plan, the Police and Justice Bill, published in January 2006, contains proposals to enable a wider range of agencies to seek parenting contracts and orders where there is anti-social behaviour by young people in the community.

Continuing challenges

5.14 *Every Child Matters* provides a powerful framework to drive further improvements in outcomes for all children, including the most disadvantaged. A series of initiatives continue to follow this Green Paper, such as the recent *Youth Matters: Next Steps* (2006) that proposed measures to help teenagers and young people engage in a range of positive activities. These include volunteering, and improving teenagers' access to advice and information on education, health, social and personal matters and career choices. For young people at risk of social exclusion, the Government is committed to reforming and simplifying targeted support. This will enable a better service to be provided, built around young people's personal needs and circumstances. Key to this will be drawing on, and learning from, best practice from a number of programmes, such as the Young People's Development Programme. Building on this, the Government will report on ways to improve outcomes for young people in the youth services strand of its policy review on children and young people in the Comprehensive Spending Review 2007.

5.15 The *Every Child Matters* agenda is still in its early days, and there is (as expected) substantial variability in progress across geographical areas. While some local authorities have been able to implement structural changes in the way that children's services are delivered, others are still rolling out these changes.

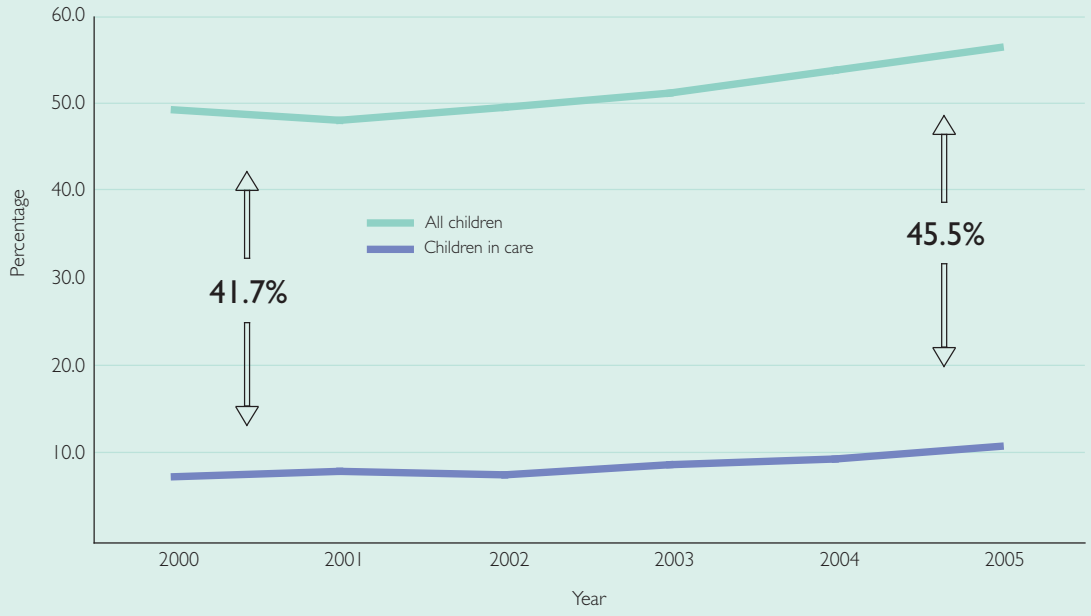
5.16 As well as structural variations in how services are delivered, there are significant variations in performance, both between local authorities and between different groups of

children. For example, teenage conceptions are down 11 per cent since 1998, and now stand at a 20-year low. But while some areas have achieved reductions in teenage conceptions of 40 per cent or more, others have seen increases against the overall downward trend.[68]

5.17 In terms of variations between groups, traditionally disadvantaged children continue to make up the overwhelming majority of low educational achievers. For example, of the 25 per cent of children getting the lowest score in key stage 2 English results, 82 per cent had special educational needs, were from a black and minority ethnic background, or were receiving free school meals.

5.18 Although we continue to spend a great deal of money, the outcomes for the most disadvantaged young people remain unacceptably poor. For example, we typically spend £110,000 each year on a child in residential care, and spending on all children in care has increased by almost 50 per cent in four years. Yet only around 11 per cent of children in care get grades A*–C at GCSE compared with 56 per cent of all children (Figure 5.3). Such poor outcomes may be a reflection of the trauma and backgrounds experienced by these children, rather than the care itself, but these outcomes contribute to a life of exclusion and need to be improved.

Figure 5.3: Percentage in year 11 who achieved at least five A*–C GCSEs or GNVQs



Educational outcomes for children in care have improved, but a large gap still remains. Source: Department for Education and Skills.

5.19 Similarly, while teenage conception rates have fallen, they remain up to six times higher in the UK than in some other northern European nations, despite the fact that 30 years ago our rates were similar. These figures pose a profound challenge.

5.20 The key challenges and underlying barriers to delivering services for vulnerable and disadvantaged children align closely with the problems and guiding principles identified in Chapter 3:

[68] See forthcoming Teenage Pregnancy Strategy (Department for Education and Skills)

- **Intervening too late**. We are so focused – in terms of time and resources – on picking up the pieces for children who have suffered from absent or neglectful parenting and/or inadequate support from social services, that we may not have enough of a focus on identifying and supporting at-risk children earlier. Social services departments are often stretched and struggle to focus on prevention given their stock of families and individuals in need.
- **Variable and ineffective practice**. Despite significant investments in – and upskilling of – the education and social services workforce, there remain shortfalls in the availability of high-quality services for children. A particular area of concern for the workforce is in residential care homes for children where, although 80 per cent of staff are required to have NVQ 3 or above, this standard is rarely met. Frequent moves of accommodation and school also adversely affect outcomes. New and innovative practices and programmes – often available from third sector providers – are not widely disseminated, and we lack a centre of knowledge and accreditation for such schemes.
- **Multi-agency working and personalisation of provision**. The ability of local authorities to commission the best services (in terms of quality and value) for children relies on there being appropriate joint targets, joint working and detailed information on outcomes for these at-risk children. This is often not the case. For example, there are often tensions in delivering services for children where specific health inputs are required, since Primary Care Trusts do not always prioritise children's services. For some groups (such as disabled children or children in need) we still have little data on outcomes. For children in care, although data is better, it is difficult to link outcomes to specific local authorities, and to disentangle the huge range of factors responsible for the different outcomes for different children. Better data should help local authorities to become better commissioners of services, and to use a wider variety of performance contracting measures such as performance-related tariffs.[69]
- **Performance management**: Much of the current method of ensuring that local authorities and their partners are adequately delivering services to their children and young people relies on inspection.[70] But the inspection process reflects several duties placed on local authorities and their partners. This creates a danger that there is insufficient focus and leverage to ensure that the most vulnerable children are being provided for. This danger is compounded by the fact that vulnerable children often constitute a relatively small number of the total population of children, and have relatively little impact on average attainment and outcome measures.

How the challenges will be met

Children in care

5.21 Although educational and other outcomes have improved for children in care in recent years, the gap has widened as the outcomes for all children have risen. Not only do children enter the care system with a range of challenges, but that system sometimes fails to

[69] The Department for Education and Skills is currently developing a comprehensive outcomes framework to measure the extent to which local authorities are achieving the five *Every Child Matters* outcome measures. But we must ensure that the most vulnerable groups' outcomes are given sufficient focus in these measures

[70] Currently, an Annual Performance Assessment (APA) is undertaken for children and young people's services. This, alongside other evidence, informs the Joint Area Review (JAR). Either the APA or the JAR feeds into the annual Comprehensive Performance Assessment (CPA) categorisation

ACTION 18: The Government will publish a Green Paper on children in care in October 2006, which will set out proposals to narrow the gap between the outcomes of children in care and other children, and will include proposals on individual budget holding for children in care.

meet those challenges through a lack of sufficient care and support.

5.22 The Green Paper will offer a robust analysis as to why the outcomes for children in care remain poor and propose actions to improve these outcomes, covering:

- early intervention;
- placement quality;
- getting the best from school;
- positive activities and other services outside school; and
- support while making the transition to adulthood.

5.23 There will also be a range of clear levers and incentives to ensure that the system delivers and underperformance is swiftly identified and addressed.

5.24 For most children, parents actively navigate the system of services and support that is available, organise appointments, and insist that services deliver for their children, as well as directly mentoring and fostering their child's development. But for children in care, there is a need for a lead professional to take on that role, drawing together a 'team around the child' to ensure that they have access to the support they need, whichever agency provides it. Lead professionals could be allocated a budget for each child in care, and could use it to buy in tailored services (for example, sporting, leisure and cultural activities or additional tuition services). Rather than waiting their turn on local waiting lists, children in care would thereby have access to immediate provision.

5.25 The proposals in the Green Paper will be wide ranging, and will address causes of underperformance and opportunities for success at every level: the individual social worker, lead professional and teacher; the organisation of the school, local authority and children's trust; and the wider accountability and performance framework overseen by inspectorates and central government departments.

Teenage pregnancy

5.26 In spite of reducing teenage pregnancy rates in many local areas, progress must be accelerated in order to meet the Public Service Agreement target of cutting rates by 50 per cent by 2010. We have published guidance for local authorities and Primary Care Trusts on effective delivery of local strategies. Given the substantial regional variability in progress, we will concentrate first and foremost on those areas that have high and increasing rates.

5.27 Analysis has identified a range of underlying factors that increase the risk of teenage pregnancy (even when taking account of deprivation), which are not necessarily addressed through local teenage pregnancy strategies. These include: poor educational attainment; limited aspirations and disengagement from education, employment or training; poor social and emotional skills; and parents not talking frankly to their children about sex and relationships. To achieve under-18 conception rates that are similar to those of our European neighbours, action is needed to

ACTION 19: The Government will publish an updated Teenage Pregnancy Strategy[71] with a particular focus on failing local authorities and on the underlying causes of teenage pregnancy.

Box 5.2: Teens & Toddlers

A good example of a successful teenage pregnancy intervention programme is the 'Teens & Toddlers' scheme. Teens & Toddlers is an innovative, preventive intervention for 14–17-year-olds who are at risk of early pregnancy and parenthood. The programme also has a range of educational, social and developmental objectives that contribute to the main pregnancy prevention agenda. Teenagers at risk spend two hours a week with the toddler in the nursery to understand the reality of caring for children and the responsibilities involved. In addition, participants receive life-coaching. The programme has been shown to lead to:

- improvements in participating teenagers' understanding of sexual health, safer sex practices, and broader health risks;
- improved emotional health and development of social and relationship skills;
- better understanding of the needs and development of young children and improved parenting skills;
- increased involvement in school and community, and preparation for work;
- improved outcomes for the toddlers attended to; and
- dramatic reductions in teenage conceptions.

Evaluation has shown that Teens & Toddlers is highly cost effective in reducing teenage pregnancy (at a cost of around £1,000 per teenager compared with £60,000 health and benefit costs in the first five years of a teenage pregnancy). It is also well perceived by both practitioners and participating teenagers. It is currently run in several London boroughs. For more information see http://www.teensandtoddlers.org/.

address these wider underlying causes. In particular the forthcoming Teenage Pregnancy Strategy will address the following drivers of teenage conception:

- disengagement from/dislike of school among those most at risk;
- low attendance/attainment at school;
- lack of aspiration among young people in the most disadvantaged communities;
- poor knowledge and skills among young people in relation to sex, relationships and sexual health risks, in particular on developing the confidence to resist pressure to engage in early sexual activity;
- poor and inconsistent contraceptive use among sexually active young people; and
- lack of support for parents and professionals on how best to discuss relationships, sex, and sexual health issues with young people.

[71] Department for Education and Skills (September 2006)

Children and young people with mental health problems

5.28 Children with conduct disorder are disproportionately likely to require special educational provision, foster and residential care and state benefits, and to come into contact with the criminal justice system. Costs for adolescents diagnosed with conduct disorder are 10 times higher by age 28 than for those with no problems, and 3.5 times higher than for those with conduct problems.[72]

5.29 There are a number of promising interventions for tackling anti-social behaviour in children and young people. These include multi-systemic therapy (an intensive, home-based intervention for families of children and young people with social, emotional, and behavioural problems) and Treatment Foster Care (a home-based alternative to group homes for children in care).[73] However, much of the evidence is either international or based on very local trials in the UK.

ACTION 20: The Government will launch pilots to test different interventions for tackling mental health problems in childhood, such as 'Multi-systemic Therapy' and 'Treatment Foster Care', to prevent the onset of problems later in life.

Box 5.3: Multi-systemic Therapy

Multi-systemic Therapy (MST) is a short-term, family-based treatment based on the belief that the best way to improve a young person's behaviour is to provide practical advice and support to the parent or carer to address the range of problems that the young person faces.

MST is most frequently used to reduce offending among high-risk groups. Evidence suggests that MST works: evaluations in the USA have found re-arrest rates are between 25 and 70 per cent lower among young people undergoing MST, compared with those who are not. MST is currently being evaluated in the UK in a randomised controlled trial at the Brandon Centre in London.[74]

Families

5.30 As already discussed, the Government is sharpening its focus on parenting through a number of initiatives to help support parents in those families where children and young people are at the highest risk of falling behind, anti-social behaviour, and other problems. The Government will build on these programmes to ensure that parenting support is available for families with additional needs, to tackle problems earlier on. Additionally, although good parenting resolves many problems, it is critical that we ensure public services are fit to address wider family problems to get the best for children.

ACTION 21: By summer 2007 the Government will review and consult on how well services aimed at at-risk children and adults are working together on the ground. We will identify any further actions or powers that are needed to deliver a coherent whole-family approach for those most in need of help, challenge and support.

[72] Scott *et al* (2001) Financial Cost of Social Exclusion: Follow Up Study of Anti-social Children and Adulthood *British Medical Journal*

[73] Harrington, R and Bailey, S (2003) The Scope for Preventing Antisocial Personality Disorder by Intervening in Adolescence *NHS National Programme on Forensic Mental Health R&D*

[74] Henggler, S W *et al* (1993) Family preservation using multi-systemic treatment: long-term follow-up to a clinical trial with serious juvenile offenders *Journal of Children and Family Studies.*
Borduin, C M *et al* (1995) Multi-systemic treatment of serious juvenile offenders: long-term prevention of criminality and violence *Journal of Consulting and Clinical Psychology*

5.31 The review's focus will be to establish how to help the most challenging families with the most complex needs. This means making sure that children's and adults' services are working in tandem. For example, adults' services should recognise where adults are also parents and part of a wider family within which children may require additional support. Likewise, it will look at children's services as part of a wider picture where adult needs must be met to help the child.

5.32 This work will build on the system reforms introduced through *Every Child Matters* and the National Service Framework for Children, as well as taking forward the Respect Action Plan commitment to develop a strategy to address the needs of the most challenging families.

5.33 We recognise that there are several programmes and new initiatives that seek to address the problems of children, young people and their families, including the parenting programmes already described, work in adult services (as discussed in the next section in this chapter) and ongoing work across government to ensure that families' services are increasingly joined up.

5.34 The challenge is to bring these strands of work into a coherent whole-family approach for families with the greatest needs. Of paramount importance are: identifying problems across family members and sharing information; analysing how services engage with and work with families with additional and complex needs; addressing issues that affect the thresholds for intervening with support for families; and addressing the workforce so that practitioners are better aware of the multiple problems affecting families and their members. A key part of improving the delivery of services for families is to better tailor services to their individual needs, for example through lead professionals who hold their own budgets (see Box 5.4 below).

Box 5.4: Budget-holding lead professionals

An important element in promoting the delivery of more responsive and integrated services around the needs of children and young people, and their families, has been the introduction of lead professionals for those who need additional support in a number of areas. The lead professional acts as a single point of contact, and ensures that children and families access appropriate help where needed. This help will often come from many practitioners, so the lead professional helps ensure that support from different agencies can be delivered in a much more organised way.

The 2006 Budget announced an expansion in the Single Account Holder Pilot to between 12 and 15 local authorities, for children and families in need, noting that this role 'can be enhanced by making the lead professional a single account holder, with a budget to commission services directly from providers'.[75]

These pilots, running from summer 2006 for 18 months, will test whether budget-holding enables lead professionals to more easily access services for children and families, and whether this allows children and their families to access services faster and with greater choice. These pilots will provide an important evidence base for policies to move budgets closer to the families that need them, and could be part of a future system of delivery with much more user choice and tailoring of services to individual needs. As already described, budget-holding lead professionals also form a key proposal of the Green Paper on children in care.

[75] Budget (2006), HMT

Conclusion

5.35 Children and teenagers require a range of support services at various stages throughout their childhood to protect them against the risk of becoming socially excluded adults. Since 1997, investment and reform in education and the well-being of children and young people have been a major focus of government policy. But we need to do more to ensure that we intervene sufficiently early, that effective practice is widely spread, that we personalise services through multi-agency working, and that we performance manage service delivery to ensure the most vulnerable are properly supported. We will begin to address these challenges through new strategies on children in care and teenage pregnancy, through pilots to establish the effectiveness of interventions to tackle mental health problems in childhood, and through ensuring we deliver a coherent whole-family approach for families at risk.

Chapter 6: Adult Years

Summary

For adults at risk of, or experiencing, chronic exclusion, the Government will:

- launch pilots to test the effectiveness of alternative approaches to improving outcomes for people with chaotic lives and multiple needs;
- publish the Leitch Review later this year, setting out progress so far and further measures to address the poor lifetime prospects of those with few qualifications and skills; and
- accelerate the implementation of measures to encourage employment for those with more severe mental health problems, including the encouragement of individual placement and support approaches and anti-stigma employer-based campaigns.

6.1 Chapters 4 and 5 have already set out the importance of early intervention to tackle the problems faced by socially excluded young people. If services do not succeed in addressing these problems, a disproportionate number of troubled children are likely to:

- be chronically unemployed, lacking skills or qualifications;
- develop mental health problems or personality disorders;
- become persistent offenders and drug or alcohol misusers; and
- become parents who are unable to parent effectively, therefore perpetuating the cycle of problems in their children.

6.2 Adults facing severe or multiple disadvantages tend to be less likely to access services and, when they do, they are less likely to gain from them.[76] Most challenging of all are those adults with chaotic lives who have multiple needs. They can find it difficult to engage with multiple public services in order to improve their lives and often live at the very margins of society.

Box 6.1: J's story

J is 51 years old and suffers from depression, anxiety, hallucinations and personality disorder. He is introverted, lonely and often suicidal. He has an alcohol dependency and a number of related physical illnesses. He is very sexually suggestive towards women and tells fanciful stories involving chainsaws and axes. He lives with his elderly mother, who has power of attorney because J can't manage his finances.

The response of the Community Mental Health Team[77] has been inconsistent, but overall it refuses him care on the grounds that his problems are not treatable and are characterised by 'odd beliefs and thoughts'. The only service that has been offered to him is alcohol advice, but this service struggled to cope with his needs and quickly discontinued his appointments.

J makes repeated 999 calls to the police, falsely claiming he is going to harm others, which often results in his arrest. He has received several penalty notices for disorder that have led to court appearances for non-payment, where his fines have been discounted on the grounds of mental illness. J's long-term prospects remain uncertain. Despite court interventions, no additional social or health care has been offered beyond further unsuccessful referrals for alcohol advice.

Source: Revolving Doors Agency[78]

[76] Social Exclusion Unit (2004) *Breaking the Cycle*

[77] The National Service Framework for Mental Health (1999) has triggered a period of major change in mental health care and has generated a range of policy initiatives in an area of healthcare that was previously neglected. Over 700 specialist community mental health teams have been set up across the country, offering home treatment, early intervention or intensive support for people with complex needs

[78] The Revolving Doors Agency is a charity that works with vulnerable people with mental health problems who have been arrested or imprisoned

What has already been achieved?

6.3 Since 1997, the Government has introduced a range of policies and programmes designed to tackle the problems faced by adults with severe and multiple disadvantages. These programmes have offered tailored support in relation to housing and homelessness, mental health, substance misuse, the criminal justice system, skills development and employment. Key achievements and innovations include the following.

- **Supporting people with complex needs** through a wide range of programmes, including Supporting People, which enables over 1 million vulnerable people to live independently. Since 1999, the Government has rolled out 252 assertive outreach teams, which support 18,700 'hard-to-reach' people with mental illness to live in the community. There has also been a 73 per cent reduction in the number of rough sleepers since 1998, achieved by setting up multi-disciplinary contact and assessment teams (CATs) in known rough sleeping areas around the country, providing hostel bed spaces and ensuring that specific needs such as drug abuse are addressed.
- **Getting people with complex needs back into the mainstream** through innovations such as Pathways to Work and the New Deal for Skills. These have helped the employment rate for disabled people to rise from 38.1 per cent in spring 1998 to 46.6 per cent in spring 2005.
- **Reducing harms caused by those with complex needs** through initiatives such as the Reducing Re-offending Delivery Plan and implementation of the National Offender Management Service, which seek to improve the services available for adult offenders. Similarly, the Drug Interventions Programme integrates interventions to help drug-misusing offenders to move out of crime and into treatment.
- **Working together to coordinate care for the most vulnerable.** For example, Multi Agency Public Protection Arrangements (MAPPAs) require the prison service, police and probation services – supported by additional agencies, including housing, health and social services – to work together to manage the risks posed by dangerous offenders in the community (see Chapter 3). Within mental health services, the Care Programme Approach has been designed to provide systematic arrangements for assessing the health and social care needs of people admitted into secondary mental health services.

Box 6.2: Hostels Capital Improvement Programme

The Government has introduced a £90 million Hostels Capital Improvement Programme to help address the needs of former rough sleepers. This is not just about providing better buildings – it is about changing the way services are delivered to people who are or have been street homeless, particularly those who have slept rough. The key outcome of the Programme has been to reduce repeat homelessness.

Box 6.3: The Prolific and other Priority Offenders programme

The Prolific and other Priority Offenders (PPO) programme was launched in September 2004. It tackles the relatively small, hard-core of offenders who commit a disproportionate amount of crime and cause disproportionate damage to their communities. Evaluation suggests that offending reduced significantly in PPO cohorts in the first six months of the programme, and there has been a 10 per cent reduction in recorded convictions.

Box 6.4: Pathways to Work

In November 2002, DWP launched Pathways to Work. The initiative supports people on incapacity benefit who would like to work but who face barriers in doing so. Pathways to Work provides work-focused interviews with specialist incapacity benefit personal advisers in Jobcentre Plus, financial incentives to return to work and health-focused support. The pilots have already helped to get 25,000 people back into work, and this programme will be rolled out nationally to be available to all new incapacity benefit claimants by April 2008.

Continuing challenges

6.4 Despite this progress, there is still a group of people with complex needs who are not benefiting from services because their lives and engagement with services are too chaotic. These adults continue to face poor outcomes in the form of offending, long-term mental and physical health problems, poor family relationships, continuing substance misuse, worklessness and deprivation.

6.5 These high-need individuals may lack basic skills, have mental health problems, be misusing substances and be at risk of debt and homelessness. Yet they are often also unable or unwilling to navigate their way through public services to get the support they need. Their contact with services is instead frequently driven by problematic behaviour resulting from their chaotic lives – such as anti-social behaviour, criminality and poor parenting – and management revolves around sanctions such as prison, loss of tenancy and possible removal of children.

6.6 Services are focused on delivering to the majority and are not well set up to address the needs of those with more complex problems. Table 6.1 illustrates the wide range of services used by individuals with chaotic lives and multiple needs. It indicates the complexity of the system and the consequent difficulties for individuals trying to get support. Each agency separately tries to manage the aspects of the individual's needs that fall within their remit, and funding is similarly fragmented along service lines.

6.7 Individual agencies do generally focus on improving outcomes for the neediest within their services (for example the most mentally ill or the most prolific offenders) but often miss those who have multiple needs but need less help from any one service. Thus, people may not meet the threshold of any given agency to trigger a fuller intervention – despite the scale of their problems or the harms caused to the communities in which they live.

Table 6.1: Local area case study

Area	Service	Average % spend by statutory services per adult
Benefits	Benefits. Employment support.	36%
Health and Social Care	Primary care. Hospital. Mental health services. Alcohol services.	21%
Housing and Homelessness	Supported housing. Homelessness services.	19%
Criminal Justice System	Policing. Probation. Prison. Courts.	18%
Drug Services	Drug services.	6%

People with chaotic lives and multiple needs have a wide range of input from statutory agencies; this is indicated by a breakdown of the services used by a small sample (n=36) of the clients of one voluntary sector agency. The average annual cost to services is £23,000 per case

6.8 With no one agency having an overview, the interventions, when they do occur, can fail. For example, drug misusers without housing or with housing problems have difficulty sustaining or entering drug treatment. Equally, those leaving drug treatment or custody without suitable housing and support are likely to relapse and may re-offend or become involved in anti-social behaviour. The provision of housing and housing support is, therefore, crucial to the effective resettlement of any drug misuser.

6.9 It is vital that where drug misuse and housing needs are identified, strategies and systems are in place to address these needs. Although there are some local mechanisms – such as the Care Programme Approach – to resolve people's wide-ranging problems, with few real levers to ensure focus, this can be a very time-consuming and ineffective process.

6.10 The cost of this chaos is high. Case study work shows that such adults are often in contact with up to ten different agencies, with each person costing statutory services tens of thousands of pounds every year.[79] At the same time, their poor outcomes continue, causing harm to themselves, their families and their communities.

[79] Prime Minister's Strategy Unit case study in partnership with the Revolving Doors Agency

Box 6.5: Achievements of the National Social Inclusion Programme

The National Social Inclusion Programme coordinates implementation of the action points set out in the Social Exclusion Unit report on Mental Health and Social Exclusion. This work has resulted in changes being made to benefit rules, greater access to further education through collaboration with the Learning and Skills Council, and the development of mental health-specific documents on housing management. The programme has also developed guidance for commissioners on vocational services, day services and direct payments.

Meeting the challenges

6.11 The Government's vision is of public services that identify and persistently support people with chaotic lives and multiple needs to take more control over and responsibility for their own lives. Some local areas already work with those hard-to-reach adults with the most severe or multiple disadvantages, and there are a range of schemes that work within the current system to coordinate services.

6.12 As set out in Chapter 3, this means ensuring that best practice is identified and shared, multi-agency working is promoted, personalised support and challenges are offered, and that there is a clear sense of accountability, responsibility and performance management.

Identifying high-need, chaotic adults

6.13 Individual agencies understand who is using their services, but there is often little knowledge of the other services their clients are using or knowledge of needs across services. The Government will consider how it can develop data-sharing mechanisms to allow different services to flag concerns over a single individual, exploring experience gained from approaches such as MAPPA and established information-sharing protocols.

Identifying what works

6.14 There are some international and local examples of interventions that improve outcomes for people with chaotic lives and multiple needs. Yet there are considerable gaps in our knowledge about what works, and these gaps need to be closed.

Multi-agency working, personalisation and performance management

6.15 Perhaps the single most important conclusion is that there need to be clear responsibilities and tailored responses for those with chaotic lives and multiple needs. This applies both at the strategic level, for planning service provision and priorities – the local strategic partnership – and at the level of individual case management.

ACTION 22: The Government will examine the effectiveness of alternative approaches to improving outcomes for people with chaotic lives and multiple needs, pilot the most promising approaches and use the findings to inform further policy development.

6.16 The Social Exclusion Task Force will work with relevant departments to develop and evaluate alternative approaches to improving outcomes for people with chaotic lives and multiple needs. Scoping work will involve a number of innovative local areas and will result in a better understanding of:

- the lifetime costs and current service use of people who are frequent users of multiple services;
- how local areas currently identify and manage these people;
- what is already being done by local areas to improve outcomes for people with chaotic lives and multiple needs; and
- how current incentives hinder local agencies in working together.

6.17 Where quick wins can be identified, we will implement change through existing delivery mechanisms and programmes.

6.18 The scoping phase, led by the Social Exclusion Task Force in consultation with relevant departments and agencies, will be completed by the end of December 2006 and will feed directly into a specification for pilots. These will build on structures and innovative provision that are already in place, but will test more radical options for system reform. The exact nature of the pilots will depend on the findings from the scoping stage, but it is expected that they will test:

- **active identification** and engagement of high-need adults, including information sharing for high-need adults;
- **multi-agency working**, such as case conferencing or panels, enhanced duties to cooperate and joint targets or charge-backs;
- **personalisation** – through lead practitioners, budget-holding case managers and explicit compacts with users; and
- **performance management** at provider or broker level with an element of outcome-based reward.

6.19 The pilots, for which £6 million has been identified across government departments over three years, will be launched in 2007, with early results feeding back through existing delivery mechanisms and programmes later in the year.

Box 6.6: Innovative approaches to adults with multiple needs

The **Revolving Doors Agency** offers support to people with chaotic lives and multiple needs who have been arrested or imprisoned. Link Workers combine emotional and practical support to help clients gain access to support from a range of services. The schemes work flexibly and persistently across the system, often engaging clients who have fallen through the net of every other service. This approach has been shown to reduce offending while improving access to services.

The **Multiple and Complex Needs Initiative** is a scheme in Victoria, Australia, which was established to stabilise lives, improve outcomes and use funds more efficiently for clients with complex needs. Funds are assigned from existing arrangements following the development of a care plan. This care plan is case managed by a plan coordinator from within the existing service system or from a third-sector intensive case management service. Individuals are referred to the scheme through a regional coordinator and assessed by a panel of independent experts. Early indications are of improved coordination between services and more stability in the lives of clients.

Turning Point Support Link in West Hertfordshire offers intensive community support and assertive outreach support to adults with severe and enduring mental health problems and complex needs. The service provides individually tailored community support/service-user-centred care through close inter-agency working and with a whole variety of other services and professionals. A qualitative evaluation found that the positive aspects of the service relate to the personalised, flexible, supportive way in which it operates.

The **Personality Disorder Development Programme** has piloted several innovative service approaches for people with personality disorder and complex needs; as well as support and training for mainstream health and social care staff. Early indications show: that services can successfully target people with personality disorders and complex needs; improved outcomes for individuals; reduced use of other high-cost services such as in-patient psychiatric care; improved partnership working; and improved capabilities within mainstream services to manage personality disorders.

Employment for people with severe mental health problems

6.20 Employment is a key factor in bringing socially excluded people into the mainstream. The onset of mental health problems is associated with more than double the risk of leaving employment compared with other health conditions or impairments. There are currently 70,000 people with severe mental health problems on Incapacity Benefit, costing around £280 million per year. Around 2,500 people join the list each year, most of whom will spend a lifetime on benefits.[80] In 2005/06, the NHS spent £30.7 million on employment services for people with more severe mental health problems. However, levels of

[80] DWP Longitudinal Study

worklessness are 89 per cent for people with severe mental health problems.[81]

6.21 Evidence shows that people with severe mental health problems can and do want to work but over half who are in contact with mental health services do not receive any help to find work, although they tell us they would like to receive it.[82] These people usually end up on long-term Incapacity Benefit and suffer social exclusion in the form of deprivation, social isolation and physical ill health.

6.22 There is strong evidence about 'what works' to enable people with severe mental health problems to gain and retain employment,[83] in particular the Individual Placement and Support approach to vocational rehabilitation. Yet despite this evidence, and that those with severe mental illness are generally known to local Community Mental Health Teams and local jobcentres, there are few incentives in the system to support implementation of this best practice.

Box 6.7: Individual Placement and Support approach

The Individual Placement and Support (IPS) approach is an evidence-based practice built on six operational principles:

1. Finding employment in integrated/mainstream settings.
2. Immediate job search, with minimal pre-vocational training.
3. Support from vocational workers based in clinical teams, with employment an integral part of the overall care plan.
4. Job search driven by client choice and preferences.
5. Continual assessment of people's needs with support adjusted as necessary and assistance in career progression.
6. Access to ongoing support on an unlimited time basis once in work.

An example of the successful application of this approach is found in the South West London and St George's Mental Health NHS Trust, which developed a vocational services strategy in 2001. This strategy provided support to service users to gain and retain employment, mainstream education and voluntary work, and was based on the best available evidence on vocational rehabilitation for people with severe mental health problems. Through implementing this approach and working in partnership with other statutory and voluntary sector providers, the programme enabled 748 service users to gain and retain paid employment in 2005/06, 387 to enter mainstream education or training, and 221 to take on voluntary work. Of those supported, 59 per cent had a diagnosis of a psychosis.[84]

[81] Labour Force Survey (Spring 2005). Office for National Statistics

[82] Healthcare Commission (2005) Survey of Users 2005 – Mental Health Services. London: Healthcare Commission

[83] Crowther, R, Marshall, M, Bond, G R and Huxley, P (2001) *Vocational Rehabilitation for People with Severe Mental Illness* (Cochrane Review). The Cochrane Library

[84] South West London and St George's Mental Health NHS Trust, *Vocational Services Annual Report 2005/06*

ACTION 23: Building on current guidance and legislation, the Government will develop dedicated regional teams to provide further support for the implementation of good practice around the employment of those with severe mental health problems.

6.23 In February 2006, the Department of Health (in conjunction with DWP) issued guidance to commissioners in health and social care on commissioning vocational services for people with severe mental health problems.[85] This guidance aimed at encouraging commissioners to implement evidence-based practice within vocational services.

6.24 The Government will further support the implementation of this guidance by developing dedicated teams within each of the eight Care Service Improvement Partnership (CSIP) regions – led by the National Social Inclusion Programme and working closely with regional partners. These teams will be drawn from existing public, private and voluntary employment organisations and, working in conjunction with regional Government Offices and development agencies, will provide a practical programme of focused regionalised activity. This work will be led by the Department of Health through CSIP's regional development centres.

6.25 The Government will refocus the Shift anti-stigma and discrimination programme to work with employers to improve employment opportunities for people with mental health problems and develop an anti-discriminatory code of practice for employers to help overcome reluctance to take on people with more severe mental health problems.

6.26 The Government will ensure that the needs of people with mental health issues, including those with more severe mental health problems, are addressed during the Pathways to Work procurement process. DWP will continue to assess the programme's impact on people with different conditions (including those with mental illness) through the ongoing monitoring and evaluation of the programme, building on any lessons learnt.

6.27 The Department of Health and DWP will build on the work already under way through Pathways to Work and explore options to develop further incentives to be given to agencies that successfully enable people with severe mental health problems to gain and retain work.

6.28 The Government is implementing a range of initiatives aimed at improving adult skills for the most disadvantaged. Skills for Life is the national strategy for improving adult literacy, language and numeracy in order to meet the PSA target of improving the basic skills levels of 2.25 million adults by 2010. Priority is given to adults without the equivalent of five good GCSEs. The Leitch Review to identify the UK's optimal skills mix in 2020 to maximise economic growth, productivity and social justice, is considering the challenge involved in raising workforce skills at all levels. The Review's final report will be published later this year and will contain recommendations to address this issue.

[85] National Social Inclusion Programme *et al* (2006) *Vocational Services for People with Severe Mental Health Problems: Commissioning Guidance.* DH

Box 6.8: Welfare Reform Bill

In July 2006, DWP published the Welfare Reform Bill. The measures in the Bill, together with the other welfare reform measures, are intended to enable the Government to realise its aspiration of an 80 per cent employment rate for people of working age and an inclusive society where there is opportunity for all. Key elements of the reform proposals include:

- a new Employment and Support Allowance that will simplify the existing benefits system for those whose health affects their capacity for work;
- a focus on early intervention, with increased support to employers and employees in managing health in the workplace, improved absence and return to work management;
- more customer contact and more employment advice and support for individuals with health conditions to enable them to realise their ambition to return to work;
- housing benefit reform, which includes the national roll-out of the Local Housing Allowance and a housing benefit sanction for those people facing eviction for anti-social behaviour who will not accept the support they need to change their behaviour; and
- the ongoing development of disability rights to provide a level playing field for those with disabilities.

Conclusion

6.29 The multiple and entrenched problems faced by at-risk adults present a formidable challenge to public services. Yet the potential prize is great – better outcomes for the most excluded alongside fewer long-term harms and lower costs for the rest of the community.

However, while there is general agreement that having clearer case management and persistence will benefit such adults, our approach is necessarily more tentative and will deliberately explore a number of different approaches to improving outcomes for people with chaotic lives and multiple needs.

Section IV: The future

Chapter 7: Next steps

7.1 This report is the next chapter in the Government's attack on the root causes of deep social exclusion, extending opportunity to more people in society than ever before. Tremendous progress has been made since 1997 in tackling wider poverty and disadvantage and many millions of people have benefited. It is precisely because of this success that the most disadvantaged and persistently excluded groups have become more visible. It has also become apparent that what works for the vast majority of disadvantaged groups might not work for the most hard-to-reach individuals.

7.2 This Government, and many key stakeholders, are convinced that early intervention is often more cost-effective; that hard-to-reach groups can be identified; and that effective interventions for these groups do exist. The challenge we therefore face and address in this Action Plan is how to shift the balance away from reaction and more towards early identification and intervention.

7.3 As set out in this Action Plan, Government action to tackle deep social exclusion will be guided by five guiding principles:

- better identification and early intervention;
- systematic identification of what works;
- better multi-agency working;
- personalisation, and rights and responsibilities where appropriate; and
- supporting achievement and managing underperformance.

7.4 As the table below sets out, there are many other important chapters that will follow the Action Plan over the coming year. The Social Exclusion Task Force will work closely with all departments to ensure that the needs and the unique challenges of the most socially excluded are addressed.

Table 7.1: Next steps

Publication	Lead dept	Timing
Teenage Pregnancy Strategy. This will have a particular focus on areas with high rates and on tackling the underlying causes of teenage pregnancy.	DfES	Sept 06
National Action Plan for Social Inclusion. This Plan is submitted to the EU Commission every three years and sets out how each EU member state is making a decisive impact on the eradication of poverty.	DWP	Sept 06
Opportunity for All. This is the Government's annual report measuring success in tackling poverty and social exclusion.	DWP	Oct 06
Children in Care Green Paper. This will explore how we can further improve outcomes for this high-risk group, including proposals on individual budget-holding arrangements.	DfES	Oct 06

Publication	Lead dept	Timing
Local Government White Paper. This will aim to give local areas the powers they need to create cohesive, thriving, sustainable communities. Empowering local communities and ensuring powers are devolved to the right level are central to the Government's wider aim of democratic renewal.	DCLG	Autumn 06
Leitch Review. This will set out progress and further measures to address the poor lifetime prospects of those with few qualifications and skills.	HMT (independent review)	End 06
Comprehensive Spending Review. This is a long-term and fundamental review of government expenditure and will cover departmental allocations for the next three years. It will also include detailed reviews on specific cross-cutting issues. Relevant reviews include a children and young people's policy review looking at 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; and also a review on mental health and employment outcomes.	HMT	Summer 07
10-year Strategic Review of Social Exclusion. This will analyse the long-term drivers of social exclusion and identify future trends and the action needed to respond to them.	SETF	Summer 07
Social Exclusion Action Plan Progress Report. This will set out further details and early results from the pilots and demonstration projects; the conclusions of stakeholder discussions; and policy changes and investments.	SETF	Summer 07

7.5 This Government will leave no one behind. In this period of unprecedented economic growth and social progress, our task is to further extend the opportunities enjoyed by the vast majority of people in the UK today to those whose lives have been characterised by deprivation and exclusion. With our shared vision and approach, coupled with meaningful partnership between delivery agencies and people in need, we can, and must, tackle the root causes of persistent deprivation in this country.

7.6 But social exclusion cannot be addressed by government alone. The wider community has a key role to play too. The care system is a good example of ordinary citizens taking up a social challenge by fostering, and sometimes adopting, while progressive employers sometimes provide valuable employment opportunities to people with long-term mental health challenges. But most of all, of course, people suffering social exclusion, and those immediately around them, must want to progress too by seizing the opportunities that are available to them.

How to comment on the Social Exclusion Action Plan

7.7 This Action Plan signals our direction of travel. We want to hear from you about its contents.

7.8 In particular we would welcome your comments on the principles and actions within the Plan. We would particularly welcome comments from people working on the ground delivering services, and want to hear about innovative examples we can use in taking forward this important work. We also reiterate our invitation in Chapter 3 for local areas to come forward with innovative and radical proposals for provision around those most at risk.

7.9 Please contact us at:

- by email: setaskforce@cabinet-office.x.gsi.gov.uk

- by post: Social Exclusion Action Plan
  Prime Minister's Strategy Unit
  Room 4.17
  Admiralty Arch
  The Mall
  London SW1A 2WH

Annex A: Grid of policy actions

Action	*Lead department(s)*	*Timing (completion/implementation date)*
Chapter 3		
1. The Government will explore the potential of the new research by the Institute of Education to build the identification tool for practitioners.	Social Exclusion Task Force	September 2006
2. By April 2007, the Government will begin trials of a new evidence-based assessment tool for use by community midwives and health visitors to improve targeting and support. These will be evaluated as part of the health-led parenting support demonstration projects.	Department of Health and the Department for Education and Skills	April 2007
3. The Government will explore how to ensure that those identified as at risk are followed up, including at later critical life stages.	Social Exclusion Task Force, Department for Education and Skills, Department of Health, Department for Communities and Local Government, and the Home Office	Comprehensive Spending Review, summer 2007
4. The Social Exclusion Task Force and the Government Social Research will work with key stakeholders across Whitehall and beyond to develop and promote a code of practice and common rating of high-quality evaluations of programmes. In addition, the Government will explore how to simplify the existing infrastructure in relation to spreading best practice. In particular we will consider the case for a Centre of Excellence for Children's and Family Services, building on or situated within existing organisations.	Government Social Research Unit and the Social Exclusion Task Force	Comprehensive Spending Review, summer 2007

Action	*Lead department(s)*	*Timing (completion/implementation date)*
5. The Government will ensure that approved and rated programmes, be they by third sector or innovative public or private sector providers offering services to other areas, have clear channels to highlight blockages to best-practice delivery. For example, failures could be drawn to the attention of Local Authority Overview and Scrutiny Committees and the Audit Commission.	Department for Communities and Local Government, Office of the Third Sector and the Social Exclusion Task Force	Autumn 2006
6. The Government will continue to strengthen and support the capability of commissioners of services. We are examining how commissioning can be strengthened in central and local government and will publish proposals in due course.	Department for Communities and Local Government, Office of the Third Sector and Social Exclusion Task Force	Autumn 2006
7. The Government will strengthen the role of Local Area Agreements in the forthcoming Local Government White Paper, with the Social Exclusion Task Force working closely with DCLG and other departments to ensure that these changes will help drive forward improved multi-agency working around the most socially excluded.	Department for Communities and Local Government, the Social Exclusion Task Force, Department of Health, Department for Education and Skills, Her Majesty's Treasury and the Department for Work and Pensions	Autumn 2006
8. The Government will promote increased transparency of the downstream costs associated with social exclusion. Wherever possible, this will be done by publishing simple, area-based information about per capita spending on key costs. This information can then be used by local service providers to strike innovative deals for better, and more cost-effective, service provision.	Department for Work and Pensions, Department for Communities and Local Government, Department for Education and Skills, Department of Health, and the Social Exclusion Task Force	Spring 2007

Action	*Lead department(s)*	*Timing (completion/implementation date)*
9. The Government will explore how to extend data sharing in relation to the most excluded or at-risk groups, including any additional powers that may be necessary.	Department for Communities and Local Government, Department of Health and the Department for Constitutional Affairs	Autumn 2006
10. Using the lessons from the pilots on budget-holding lead professionals, we will explore whether, and how, to extend the funds held by professionals. In particular we will consider how how portions of budgets used for mainstream services could be applied to lead professionals' budgets.	Department for Education and Skills	Autumn 2006
11. The Government will explore extending tariffs, paid to service providers and reflecting social costs, for delivering particular outcomes in relation to those with multiple problems and at risk of a lifetime of social exclusion.	Department for Communities and Local Government, Department of Health and the Department for Education and Skills	Comprehensive Spending Review, summer 2007
12. The Government will continue to actively encourage a rights and responsibilities approach to service delivery, encouraging service providers, individual brokers and lead practitioners to agree clear and explicit divisions of responsibility with clients.	Social Exclusion Task Force, Department for Communities and Local Government, Department of Health, Department for Education and Skills, Department for Work and Pensions and the Office of the Third Sector	Spring 2007

Action	*Lead department(s)*	*Timing (completion/implementation date)*
13. The Task Force will work closely with HM Treasury and other government departments to ensure that the next generation of Public Service Agreements address the unique challenges of the most socially excluded.	Her Majesty's Treasury, Department for Communities and Local Government, Department for Education and Skills, Department of Health, Department for Work and Pensions, the Home Office and the Social Exclusion Task Force	Comprehensive Spending Review, summer 2007
14. The Government will explore how to strengthen our performance management regime, with a clear ladder of intervention for the most excluded around underperforming provision, while leaving good local statutory services alone. The forthcoming Local Government White Paper will consider how the local government performance framework might evolve to continue to drive genuine service improvements, and how to deal with cases of underperformance.	Department for Communities and Local Government	Autumn 2006
15. The Task Force will explore alternative composite measures of social exclusion that can be used by the Government to monitor progress and to focus targeted intervention and support.	Department for Communities and Local Government and the Social Exclusion Task Force	Comprehensive Spending Review, summer 2007
Chapter 4		
16. The Government will establish 10 health-led parenting support demonstration projects from pre-birth to age 2, building in a rigorous evaluation of of targeted support.	Department of Health and the Department for Education and Skills	April 2007

Action	*Lead department(s)*	*Timing (completion/implementation date)*
17. The Government will support the upskilling of midwives, health visitors and commissioners to support early-years interventions and will develop commissioning guidance to encourage the spread of best practice nationally.	Department of Health and the Department for Education and Skills	Upskilling to begin in January 2007 in the demonstration sites Issue guidance on commissioning April 2008
Chapter 5		
18. The Government will publish a Green Paper on children in care in October 2006, which will set out proposals to narrow the gap between the outcomes of children in care and other children, and will include proposals on individual budget holding for children in care.	Department for Education and Skills	October 2006
19. The Government will publish an updated Teenage Pregnancy Strategy with a particular focus on failing local authorities and on the underlying causes of teenage pregnancy.	Department of Health and the Department for Education and Skills	September 2006
20. The Government will launch pilots to test different interventions for tackling mental health problems in childhood, such as 'Multi-systemic Therapy' and 'Treatment Foster Care', to prevent the onset of problems later in life.	Department of Health	Spring 2007
21. By summer 2007 the Government will review and consult on how well services aimed at at-risk children and adults are working together on the ground. We will identify any further actions or powers that are needed to deliver a coherent whole-family approach for those most in need of help, challenge and support.	Social Exclusion Task Force	Summer 2007

Action	*Lead department(s)*	*Timing (completion/implementation date)*
Chapter 6		
22. The Government will examine the effectiveness of alternative approaches to improving outcomes for people with chaotic lives and multiple needs, pilot the most promising approaches and use the findings to inform further policy development.	Department for Communities and and Local Government, the Home Office, Department of Health, Department for Work and Pensions and the Social Exclusion Task Force	Scoping phase: winter 2006 Pilots begin: spring 2007
23. Building on current guidance and legislation, the Government will develop dedicated regional teams to provide further support for the implementation of good practice around employment of those with severe mental health problems.	Department for Work and Pensions and the Department of Health	April 2007

Annex B: Social Exclusion Task Force

The Social Exclusion Task Force (SETF) was set up in June 2006. Its mission is to further extend the opportunities enjoyed by the vast majority of people in the UK today to those whose lives have been characterised by deprivation and exclusion.

Initially the Task Force has concentrated on identifying those most at risk and focused on specific hard-to-reach groups, including children in care, people with mental health problems and teenagers at risk of pregnancy. We will work closely with all departments to ensure that the needs of the most socially excluded are addressed.

The Task Force draws together the expertise of some staff from the former Social Exclusion Unit (SEU) in the Department for Communities and Local Government (DCLG) and policy specialists from the Prime Minister's Strategy Unit. It is based in the Cabinet Office and reports to Hilary Armstrong, Minister for the Cabinet Office and Social Exclusion, and Parliamentary Secretary Pat McFadden.

The Social Exclusion Task Force is committed to:

- evidence-based policy-making;
- working together with stakeholders; and
- giving a voice to disadvantaged groups within government.

The Social Exclusion Task Force consists of the following people:

Matt Barnes is seconded from the National Centre for Social Research.

Alistair Bogaars worked at the Home Office in the Community Safety and Local Government Unit on Local Area Agreements.

Rachael Clapson from the SEU worked on a variety of short projects on strategy, empowerment, asset inequality and frequent movers. Previously she worked for HM Treasury and on housing policy.

Tim Crosier previously was a policy analyst with the Australian Government Department of Family and Community Services.

Chris Cuthbert was head of Research at the SEU, worked for a number of years in the private sector and DfES where he specialised in policies relating to children and families – particularly relating to prevention and integrated children's services.

Claire Etches led the SEU's work on mental health and carried out research on the impact of moving frequently. Prior to this, Claire worked in the Foreign Office.

Ajay Gambhir worked at DWP as a labour market economist. He is a policy analyst at the PMSU, and previously also spent several years working as a consultant in the ICT industry.

David Halpern is Acting Director of the Social Exclusion Task Force. He is Chief Analyst and Senior Policy Adviser at the Prime Minister's Strategy Unit, and previously he held posts at Cambridge, Oxford and Harvard.

Axel Heitmueller joined the PMSU from DWP where he was an economic adviser. He also works as a research associate at the London Business School on Eastern European labour markets and immigration.

Matt Hudson is seconded from the Centre for Economic and Social Inclusion.

Alun Hughes has worked for DWP, the Scotland Office and the Cabinet Office and has produced various social exclusion reports in relation to neighbourhood renewal, transport, jobs and enterprise and young adults with complex needs.

Andy Jackson worked previously in the SEU. He trained as a teacher and has an active interest in music education and special educational needs.

David Jackson has worked for an independent think tank and the Home Office.

Hinna Jawaid has previously worked in the SEU and DWP.

Simon Kearney-Mitchell leads on external relations and publications, and was previously at the SEU.

Kate O'Neill has worked in the Office for Disability Issues and in the voluntary sector on regeneration and financial exclusion issues.

Paul Oroyemi previously worked as an analyst in the SEU and HM Treasury.

Luke O'Shea led the SEU report *Sure Start to Later Life*, and previously worked for DfES on the Sure Start programme.

John Pavel is a member of the PMSU, has held numerous posts within the Civil Service including work on public service reform, terrorism, indirect taxation and EU financial services legislation and and was previously the Principal Private Secretary to the Permanent Secretary at the Treasury.

Miles Rinaldi also works for St Georges NHS Mental Health Trust and the Department of Health.

Allison Smith has a research background in older people and social exclusion in England and Canada and recently completed her PhD in Social Gerontology.

Julie Stephenson was seconded from DCLG and previously worked in the Department for Constitutional Affairs where she worked extensively on family and children's legislation.

Liz Tatlow is seconded from Matrix Research and Consultancy Ltd where she led the local health team, working with communities on a range of projects.

Arvind Thandi works on external relations and publications and was previously at the SEU.

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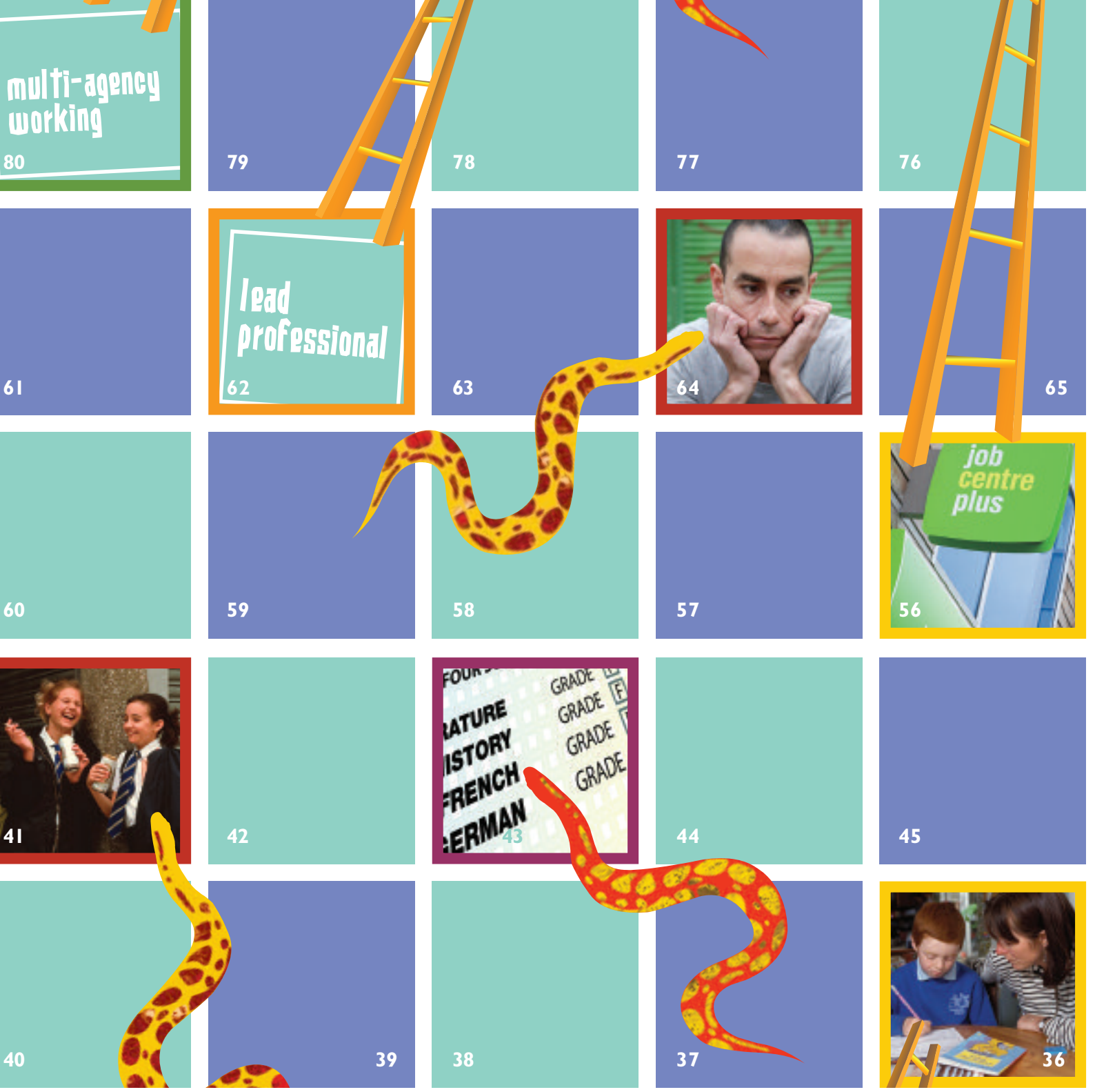
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