



NCH, the Children's Charity

Evidence submitted for CSR 2007 Policy Review on Children & Young People

Please complete the attached cover sheet when sending evidence, indicating the set of questions to which a response is being provided and contact details of the person for any follow-up queries.

Contact details for respondent	
Name	Alix Cordell
Job title	Policy Advisor
Do you represent an organisation? (if so, name of organisation and type: e.g. voluntary, public body, private company).	NCH, The Children's Charity
Postal address	85 Highbury Park London N5 1UD
Telephone number	020 77047000
Email	alix.cordell@nch.org.uk

	Which area of the review are you responding to? (please mark X)
Prevention strand	X
Review of disabled children	X
Strategy for youth services	X
Review of high cost, high harm families	X

COMPREHENSIVE SPENDING REVIEW 2007 CHILDREN AND YOUNG PEOPLE REVIEW - OVERVIEW

NCH is pleased to be given the opportunity to respond to HM Treasury's Call for Evidence to inform the 2007 Comprehensive Spending Review (CSR). We are pleased to see the government giving such a focus on children and young people's issues. The information in this paper is intended to inform all four strands of the policy review.

NCH is one of the largest children's charities in the UK. We run nearly 500 projects and work with more than 80,000 children and young people across the UK, some of the most vulnerable in our society. We are one of the main providers of the government's Sure Start programme and are the sector's leading provider of preventive and intensive support to families with vulnerable children including those in care, in trouble with the law, who are disabled and who have mental health problems.

NCH's Evidence

Reading through our evidence it will be apparent that we have an exceptionally wide range of services, both preventive and targeted, for vulnerable children, young people and their families. We have attempted to focus our response on the particular questions posed by the CSR – giving evidence where that has been easily obtainable in this timeframe.

Our submission offers the government a snapshot of our services and experience derived from working with vulnerable families. Yet it cannot and does not cover every aspect of our work. Where the government identifies gaps in the evidence for this review, NCH would be pleased to help plug those gaps by a more in-depth exploration of the considerable evidence-base we can access through our services, or by facilitating access to our services to make first-hand observations.

Key Points

1. The Voluntary and Community Sector is well placed to deliver effective, non-stigmatising, preventive services to some of society's most disengaged families.
2. Evidence shows that in order to work well, preventive services must be positively funded (i) with an equal status to that of targeted services, so that they do not always lose out when savings are needed; and (ii) in a sustainable, long term way to enable providers to plan effectively in conjunction with other services in families' lives.
3. Evidence shows that families with multiple needs must be partners in the support they receive. In most cases sanctions risk alienating families from services, and have been shown to be ineffective in the long term. Our Crisis Intervention Services provide a model which delivers high quality support to families on the brink of breakdown, and make clear long term savings to the economy.
4. Support for children and their families should first be based on need. Cost efficiencies and best value for money are of course essential considerations, which guide voluntary sector organisations in the provision of services, but this must not be to the detriment of meeting families' needs
5. When children, young people and their families are involved in the planning, design and delivery of services, services are demand-led and empower families to take responsibility in seeking support for themselves at the time they need it, and to become more engaged as citizens.
6. Our evidence shows that the multi-agency approach works and should be encouraged through positive incentives for local agencies. A voluntary sector organisation can act as a bridge and co-ordinate the family's interaction with other agencies, making their work more effective and saving time and resources.
7. We do not find the term 'high cost, high harm' families useful. These are not a homogenous group, but instead families with a range of complex and multiple needs. Services must reflect that diversity.

COMPREHENSIVE SPENDING REVIEW 2007 PREVENTION STRAND

The information in this paper is intended to inform the prevention strand of the policy review. We offer a range of preventative services – from Family Centres and Children’s Centres through to services for young carers. Our preventive services impact at both the universal, non-referral level and the specialist, crisis intervention level and we are certain these services succeed in reaching children and young people before their needs escalate.

Cost Effectiveness

One issue that our staff have frequently raised with us is the need to demonstrate and value cost savings across agencies. An Education Department, for example, is often reluctant to fund services which prevent ill-health because they cannot see the later cost benefit which may be shown in demand change for a PCT. When looking at prevention and its benefits, the government needs to encourage local agencies to assess impact across all agencies, sharing both the cost and savings of this type of activity.

For NCH, there are two key areas of provision which should be prioritised:

a) Children who are removed from the home – ‘targeted prevention’.

Aimed at young offenders, children people with acute mental health issues, looked after children – particularly those in secure units, disabled children in residential care and terminally ill children in hospital

b) Universal preventive services which must be based in communities, providing ‘open-door’, non-stigmatising access. Staff working in such services must be trained to recognise a range of risk factors associated with family need.

NCH runs both universal and targeted prevention services for vulnerable children. Below we’ve outlined some of our models which provide crucial evidence as to which aspects of prevention really work.

1. Nuneaton Children’s Centres’ open-door and multi-agency service ensures increased accessibility for all children and families. It provides a mixture of universal and targeted services and encourages movement in both directions between the two. The centre also supports families to re-engage with statutory services where those relationships have broken down.

In NCH’s children’s centres, the workforce from across universal and targeted services share their skills. This aids the early identification of need, as well as the identification of the appropriate intervention when needs escalate. Our staff don’t necessarily have to work in the same centre to share their core competencies, but they do work as part of the same team with communities.

However a real problem for front-line social care work is the loss of field expertise into management positions leaving an ‘expertise gap’ and requiring the urgent retraining of others. This is a cycle that many of our services face. Social care is one of the few public sector areas where this happens. In psychology, for example, a practitioner can progress his/her career without needing to go into management and can continue working directly with children – perhaps taking on a research role or a specialism. Ways in which this can be applied to the social care workforce need to be thoroughly explored.

2. Tower Hamlets Crisis Intervention Service offers ‘targeted’ prevention services and provides key evidence for cost effectiveness. All NCH’s Crisis Intervention Services

work specifically with the most vulnerable young people and families by providing them with urgent and intensive support. The model usually involves a time limited but intensive intervention with families in crisis. At the end of the period the family is linked into existing local services. We currently run twelve such services across the UK aimed at preventing family breakdown and children entering the care system. These projects have achieved high levels of success, with our Tower Hamlets project showing that in 88% of cases a care placement was prevented.

The average Crisis Intervention Service costs £300k per annum. This provides an intensive service to approximately 60 families per year and has an average success rate of 80% - 48 families. In contrast the same sum of money would fund just two children in a home for just over a year. If those 48 children were to be placed in a children's home if the Crisis Intervention service hadn't intervened, the net saving from just these few cases would be more than £2million per year.

A good quality evidence base is essential for the development of preventive services - we must know what we are looking to prevent. The links do not necessarily need to be causal, but they must be research based. If these links are not evidenced, it could be argued that all low-level preventive support negates all higher levels of need, and local organisations won't know where to target their limited resources.

3. Herefordshire Family Support Project closes the 'revolving door' and provides a route back to statutory services. There are two key aspects of this service which are important to highlight. Firstly it has a high level of success in preventing families from re-presenting to services – breaking the 'revolving door' cycle. It does this by providing volunteers to support families once they have been released from more intensive family support. This volunteer service costs just a sixth of the standard family support work at approximately £500 per year per family – most of which finances volunteer training and monitoring standards.

Secondly, our evidence from this model shows great success in re-engaging families with statutory services. A mother with learning difficulties was struggling to parent her two teenage children. The children were on the Child Protection Register (CPR), and the mother was extremely wary of statutory services. She wouldn't voluntarily let anyone 'official' into the house. Because the NCH volunteer was from a charity the family were much more receptive to her interventions and she was able to work in partnership with them to the point where the registration of the children on the CPR was no longer needed.

COMPREHENSIVE SPENDING REVIEW 2007 YOUTH SERVICES SUB-REVIEW

The information in this paper is intended to indicate the strategy that should be adopted over the next ten years to deliver a step change in youth services and support for young people. We see the CSR as a real opportunity to get it right for young people and their families and are pleased to see such a focus on youth.

NCH's Work with Young People

NCH runs over 100 youth projects across the UK, reaching approximately 15,000 young people and young adults. Our services target the most vulnerable young people, and include:

- Youth justice
- Care leavers
- Youth housing support
- Youth homelessness
- Alternatives to education

We are considered the main provider of a number of these services in the voluntary sector – particularly leaving care services for which we are the biggest provider in the UK, outside of local authorities.

In total we spend over £19million on youth provision (excluding our Children's Fund services). Service areas of growth for us over the next ten years include: social inclusion, youth justice, and health and wellbeing – mental health in particular.

IMPROVING AND SUSTAINING SERVICES

The voluntary sector's community focus makes it extremely well placed to provide services to young people.

Often young people are wary of local authorities and the 'formal' services which are available to them. In many cases our staff report a perception on the part of young people that our services are less authoritarian than those in the statutory sector, even though we work within the same legal frameworks. This is particularly the case with young people who have been involved with social services. The voluntary sector, in these cases, is in a good position to engage families who might be hard to reach, and offer them creative services.

An example of such a creative service is NCH's mental health work in Wales. MIST (Multi-disciplinary Intervention Service Torfaen) is a tier 3-4 mental health service whose specific aim is to prevent placement breakdown and support care leavers. The team is truly multi-disciplinary and comprising a generic project manager and staff from health, education and social care. Staff offer direct support before needs escalate as well as linking to all local support services. NCH would welcome the opportunity to investigate further the cost savings of such a service when set in comparison with a traditional NHS-led CAMH Service.

NCH welcomes the new funding streams released through ‘Youth Matters’ and in particular the Youth Opportunities Fund but are concerned the benefits will only be realised if young people are better supported in bidding for funds and setting up services.

NCH held focus groups to hear and understand young people’s views on the Youth Green Paper. The young people described initiatives where well-intentioned councils had provided facilities or resources to create their own club or space but hadn’t provided sufficient support. Without effective supervision these initiatives ran out of steam or young people were unable to prevent incidents which resulted in vandalism and the scheme being closed. *“Everyone made the back of the café a mess, and like no one cleared it up for months, it was a tip. And everyone’s broken all the pool cues as well.... I haven’t been in there for nine months because there was always people causing trouble for other people and I just didn’t see the point.”* NCH urges the government to issue guidance alongside the Youth Opportunities Fund, introducing measures to support young people in getting services right and planning them for the long term.

Funding regimes must change if youth services are to improve, be sustainable and offer continuity to young people.

It is difficult for voluntary organisations to plan and deliver services on a two or three year funding round. Longer-term funding rounds and contracts enable services to better plan for meeting young people’s needs in the future. Of course these contracts must be robustly monitored.

Evidence of the benefits achieved when local authorities recognise these issues can be seen in Derbyshire. The Derbyshire and Derby City Young Carers project is jointly commissioned from NCH by two local authorities and associated PCTs. Contract review and renewal involves all partners. The contract with Derby City has been re-negotiated without the necessity of competitive tender following committee-authorized exception. Derbyshire County Council has a policy of periodically market testing services through open tender but is also seeking committee-authorized exception on the basis that service value is proven and the process may have a serious negative impact for everyone involved, particularly the service users.

NCH believes that it is essential for young people to be involved in designing services at their inception and evaluating them on an ongoing basis

Exerting ‘demand side influence on provision’ is the essence of participation. Reams of evidence indicate this. Our responsibility as adults (UNCRC A3) is to work with children to support their participation and allow their voices to be heard (UNCRC A12). If young people are involved at all stages of structured service planning then the resulting service will be demand led and better focused on addressing real, rather than perceived need.

BARRIERS IN ACCESSING SERVICES

Despite opportunity cards, a lack of money prevents the most vulnerable young people from accessing services that can help them develop in a healthy and positive way.

Evidence from our focus groups held with young people in the NW, NE, Midlands and SW regions shows that young people see finance as a barrier to taking part in sports, particularly swimming. Another issue was transport, especially in rural areas, but for disabled young people across the board. Thinking needs to be joined up so that young

people are not left with an opportunity card full of credit that they can't spend because they can't afford the bus fare to the swimming pool.

Children and young people should not be confronted with a 'cliff-face' at key transition stages whereby services end entirely or change considerably.

NCH believes the government should explore the extension of corporate parenting responsibilities until a care leaver reaches the age of 25. Care leavers are a key group of young people who face barriers to accessing services. These young people lead extremely chaotic lifestyles, as a result of many factors, including the issues that meant they needed to go into care in the first place and the instability of their upbringing. Over 30% of care leavers are not in education, employment or training compared to 13% of all young people and between 25-50% end up in custody as adults. In fact, a care leaver is more likely to end up in prison than at university. Statistics show they are a group of young people who may end up with multiple and persistent problems at great cost to society.

NCH is concerned that individual providers of supported lodgings may be penalised for offering services to young people

Young people who are in temporary accommodation or leaving care need supported lodgings to offer accommodation and support at this crucial transition in their lives. Support such as this will prevent young people entering the spiral of homelessness and its associated problems. Yet NCH is aware that there are disadvantages to individuals in offering these lodgings, including losing out on benefits or tax breaks. This is in contrast to foster carers who are still able to claim benefits such as Housing Benefit and who do receive tax relief. We would be happy to further explore our evidence on the impact of this with the government so that those offering this valuable service do not lose out financially. Indeed we need to develop a system where incentives are made available to offer young people this kind of support.

COMPREHENSIVE SPENDING REVIEW 2007 DISABLED CHILDREN SUB-REVIEW

The information in this paper is intended to inform the policy review of how services can provide greater support to families with disabled children to improve their life chances. We see the CSR as a real opportunity to get it right for these families.

NCH's Work with Disabled Children

During the last 10 years, NCH has become a major provider of services to disabled children in partnership with local authorities; currently we run 66 projects providing specialist services to these children, with a further 4,500 disabled children accessing our other services which are run in an inclusive way.

A significant number of children using NCH's current services have challenging behaviour or complex needs with associated health-care needs or life limiting illnesses. In 1996/7 we had 4,499 disabled children accessing our services which more than doubled to 9,178 children last year.

The range of our disability services includes: domiciliary care, residential short breaks, residential care, children's centres, advocacy, shared care short breaks and inclusive play and leisure activities with the majority (55%) of our commissioned services being residential short breaks.

In total we receive over £28 million across the UK to provide specialist services to disabled children and their families. By 2012 we expect this to reach £31 million.

BARRIERS TO ACCESSING SERVICES

NCH believes the government's allocation of resources to disabled children should reflect the changes in need-profile of these children.

Over the past 10 years the population of disabled children has significantly changed. This is partly because fewer children with less complex impairments such as Downs Syndrome are born and more children with complex and severe impairments are surviving due to medical advances. The significant increase in the number of children diagnosed with autistic spectrum disorders is also an important factor.

These features contribute towards an increased demand for intensive support services, but in many cases without additional resources. Our evidence is that a residential short break service that started ten years ago will now support disabled children with much greater levels of need. Many children require 1:1 support to stay safe and maximise their opportunities for social inclusion and personal development and old budgets will have been designed to allow for just 2:1 support¹. Local Authorities appear to be struggling to increase funding and in many cases demand outstrips supply. The impact of true cost recovery in the voluntary sector is adding to this.

It is essential that services have sufficient core funding to ensure their viability.

¹ NCH Disabled Children Services, 2006

Universal housing, education, employment, leisure and support services must be made truly accessible to disabled children and young people.

We have run a number of consultation workshops for parents and young people in the North East region, to listen to their views. Evidence from these shows that parents want their disabled children to live 'ordinary lives' and be able to participate in mainstream activities alongside other children of their own age. They spoke of wanting inclusive activities that whole families could enjoy together as well as activities that would develop their children's independence and individuality. The need for reliable, consistent care from staff with the right training and experience was cited as being of paramount importance, as are flexible services that fit around the family's needs rather than those of the service provider.

NCH supports the development of a creative, person-centred approach to ensure disabled children have the rights and freedoms afforded to their non-disabled peers. Yet while we welcome the recent decision by the government to reform the Disabled Facilities Grant (to help families of disabled children make vital adaptations to their home to cater for the needs of their disabled child), we are concerned at the speed of its implementation, given that it has been estimated that three out of four families with disabled children continue to live in unsuitable housing.²

While calling for more accessible universal services, NCH also recognises the essential role of specialist services. An example of this is schooling; we support the view that with appropriate support the vast majority of disabled children could be educated in mainstream schools. Yet it must be recognised that parents, children and young people have the right to choose a specialist school if they wish. The National Evaluation of the Children's Fund (DfES, 2006) research brief on preventive services for disabled children showed that children attending both specialist and mainstream services demonstrated increases in confidence and abilities.

It is essential that the government recognises that education and communication are essential components of social inclusion.

NCH is concerned that disabled 16 year olds are twice as likely to be out of work, education or training as their non-disabled peers. It is our view that more needs to be done to create better opportunities for disabled young people to continue in education, to undertake training and to prepare for employment and living independently.

New technologies are a key mechanism through which disabled children can communicate and participate in every day life. NCH has recently begun a landmark million pound project to give over 9,000 disabled young people the ability to communicate through technology. Children without speech or motor functions can face enormous barriers to universal services. *"A kid had toothache but no one knew so he kept scratching his mouth until it bled. This was how he managed to get someone's attention to try and find out what was wrong"* (a member of NCH's disabled children's staff team). Our Warren Park Children's Centre has recently been evaluated. This project has a raft of statistics which show how affective ICT is in preventing social exclusion of disabled children, and therefore costly services later in their lives. We invite government to visit Warren Park and other similar projects.

² Improving the Life Chances of Disabled People, 2005

SERVICE IMPROVEMENT & COST EFFICIENCY

Services which are co-ordinated at local level around individual families are those best suited to disabled children.

Evidence shows that co-ordinated services lead to better outcomes for children and their families, are more cost-effective for local authorities, and foster cross-sector learning and development. Yet we realise that, at this time, not every service a disabled child is ever likely to need can operate in conjunction with the rest of that child's services. We believe that this is where a lead professional or key worker approach can work, to draw together services around a disabled child and their family.

Our Pembrokeshire Children's Centre was part of an SPRU³ piece of research looking at models of key working. Our model of key working in this centre is both co-ordinated around the families needs, and truly multi-agency. The Centre employs 3 full time key workers (from a health, social care or education background) and 10 'contributory' key workers. The latter type has other roles – such as nursing - but key work in addition. There is an extremely beneficial relationship between the 2 'types' of key worker, and most excitingly they share valuable learning about assessing need and understanding service systems from one another. In addition, because the service is in the voluntary sector, it doesn't operate with the restrictions that local authorities sometimes face when attempting to work cross-agency, such as workforce sharing and joint funding and governance.

There must be an increase in a range of short-term breaks for disabled children and their families.

Short breaks are an essential preventive service for both disabled children and their families yet NCH are aware that there is still not enough provision to meet need. The recently published report from Shared Care Network⁴ surveyed 120 schemes (87% run by local authorities and 23% by voluntary organisations). It found that there are over 9000 disabled children linked with shared carers with a further 3000 on waiting lists. In total, 91% of these schemes operate waiting lists. The Shared Care Network estimated that to meet the needs of the children on waiting lists a further 2,500 short break carers are needed. NCH's research of its own residential short break service seemed to reinforce the findings by the Shared Care Network. It found that of the 25 services analysed, 17 services have waiting lists up to 30 children.

NCH knows that increasing the opportunities for short break provision greatly improves the quality of life for both disabled children and their carers. Breaks can be hugely beneficial to the children; allowing them to engage in a wide variety of social and leisure activities. A range of options should be provided in recognition of the fact that children and their families have different needs and preferences and wherever possible, children should be consulted about the type of short break that they have, and where and with whom they have it. There is clearly a demand for such services, but there is a danger that the tightening up of the eligibility criteria by local authorities will mean only some of the most vulnerable children will get access to them.

³ Social Policy Research Unit, York University "An exploration of different models of multi-agency partnerships in key workers services for disabled children; effectiveness and costs" (Greco, V. et al, 2005).

⁴ Still Waiting? Families of Disabled Children in the UK waiting for short breaks services (Shared Care Network, 2006)

In a recent consultation parents reflected on the benefits of short breaks:

(1) *“The residential short break service offers him a chance to spread his wings and have a life outside of the family home.”*

(2) *“The residential short break service gives him a chance to interact with other people his own age in an informal setting. It also gives him a level of independence and a break from his family. I also like the fact that he is able to enjoy activities with his friends.”*

Parents cite the benefits of being able to ‘recharge their batteries’ and spend time with their other children, often participating in activities that they cannot do along with their disabled child.

Short term breaks and specialist foster care services are cost-effective and preventive and the government should direct more funding towards these services.

The Ordinary Lives (2005) report by New Philanthropy Central, which NCH contributed to, states “for the annual cost of £1767 per child, short breaks can prevent residential costs of up to £300,000 per annum.” NCH’s external market research shows that although 62% of commissioners of disabled children’s services are aware of NCH as a provider of short-term breaks, this drops considerably when looking at PCT commissioners’ responses. These are the very organisations who are spending vast amounts of resources on specialist, costly services for disabled children, such as hospital beds. More needs to be done to encourage PCTs to invest in preventive services. A welcome step towards this is the DH’s third sector taskforce setting out practical tools for PCTs advising them to make the most of the voluntary sector which it recognises are often the biggest providers of preventive services.

Colleagues in government may also be interested to know of cost research undertaken by Pinney (Disabled Children in Residential Placements, Pinney, A., 2005). This showed 13,300 disabled children in England in long term residential placements (provided by health, education and social care services) and 2,700 children spending over 6 months in NHS hospitals per year. The average cost of a residential placement such as these is £2,050 per week. When this is compared to a placement with a local authority foster carer, which costs just £271, the potential savings are clear.

Lifting disabled children and their families out of poverty is one of the most cost-effective interventions the government could implement.

Being in poverty is a key risk factor for a range of additional needs. Early intervention in this respect would have quick knock-on benefits and should be a priority for government. Around 55% of families with disabled children are living in or at the margins of poverty with 84% of mothers of disabled children not working compared with 39% of non-disabled children⁵. NCH is pleased that the Childcare Act 2006 will put a duty on local authorities to make appropriate childcare available to disabled children up to the age of 18, but parents continue to struggle to balance their caring responsibilities with employment. Childcare provision will alleviate the situation, but parents of disabled children must be involved and consulted in the type of provision being established to meet their child’s needs.

⁵ Working with Children 2006-07; Facts, figures and information (NCH, 2005, Guardian Books)

NCH believes it is essential to support disabled young people in their transition to adult services. We believe transition planning is a fundamental part of this process.

NCH aims to help disabled young people achieve high quality transitions from children's to adult services. Our services enable young people to develop appropriate levels of independence, roles and relationships through choice and provide opportunities for social interaction, community participation and meaningful daytime occupation. We find that for many disabled young people and their families, moving on from children's education, health, social and leisure services can be confusing and stressful.

We believe providing information about timescales for changes and options available to be central to this process, as is effective joint working between service providers. This must be underpinned by the setting of clear goals, the reviewing of targets and the provision of advocacy services when these are needed.

The government must re-evaluate the Direct Payments system to ensure it offers families the chance to secure top quality support for themselves and their disabled children.

NCH has consulted with children and families with regard to direct payments and found parents had limited information about possibilities. We are concerned at the existing rates set by local authorities. For example, an NCH audit in 2005 identified hourly rates of between £6 and £10.98 per hour. As a potential provider of personal assistants we are not able to enter the marketplace as we cannot deliver a quality service at less than £22 per hour. We are also acutely aware that parents struggle to find a provider who has staff with the right skills and knowledge to meet their child's needs - many parents do not want to employ staff.

COMPREHENSIVE SPENDING REVIEW 2007 SUB-REVIEW – FAMILIES WITH COMPLEX NEEDS

The information in this paper is intended to inform the policy review of what can be done to address the 'stock' of families already experiencing multiple needs, those at high risk of moving into this situation and those who move in and out of this group. We see the CSR as a real opportunity to get it right for these families and are pleased to see that those who are most vulnerable are getting such a focus in this review.

NCH's Work with Families with Complex Needs

NCH has a long history of working with the most vulnerable families in society. In mid 2005 we were working with over 22,000 children and parents in our family centres, and over 51,000 in our local Sure Start Programmes.

Our family support services include:

- Children's and Family Centres
- Residential Family Centres
- Mediation Services
- Young Carers Services
- Community Action Services

We currently work with 82% of local authorities across the UK to provide early years and family support services.

FAMILIES WITH COMPLEX NEEDS

It must be recognised that there are a number of families who struggle for different reasons and that there is no one 'group' of 'high-cost, high-harm' families. Therefore different strategies are needed to meet the differing needs of these families.

The National Foundation for Educational Research⁶ identified three kinds of families who comprise the 'hard to reach' in a Home Office study:

- The under-represented – minority ethnic groups, travellers, asylum seekers etc.
- The overlooked – those who are invisible, who do not proactively seek services because of vulnerabilities such as learning difficulties or mental health problems
- The unwilling – those who resist intervention, are wary of services and may have significant issues such as substance misuse or criminal behaviour.

Our work shows that this view is a useful way of understanding and tackling the problems these families face. Different strategies are essential for each group and we prefer to respond to families' needs through a range of models. For example, to engage with under-represented groups more work is needed with local community based groups if the more isolated sections are to be reached and engaged. To reach these families, extensive outreach mechanisms are needed, and to reach the unwilling, services need to be open, non-stigmatising and friendly with capacity to offer practical support.

⁶ Delivering services to hard to reach families in On Track areas: definition, consultation and needs assessment; 2004; Doherty, P. et al; Home Office Development and Practice Report 15

Government should do more to provide and support Crisis Intervention Services and Intensive Family Support Projects to support families with multiple and persistent problems.

NCH runs a number of rehabilitation projects for families at risk of losing their homes as a result of anti-social behaviour. The work of these services is currently being evaluated by Sheffield Hallam University⁷ and the conclusions are eagerly awaited. An interim evaluation, published last year, showed referral agencies giving our services an average score of eight out of ten, and families describing the support we offered as “brilliant” or “fantastic”. All our services have been developed from our learning from NCH’s Dundee Families Project which provides floating outreach support to help families retain their existing accommodation. Families referred to these projects tend to be large – a fifth having more than four children; they have low employment rates and are often in debt. The results of these projects are impressive. The levels of complaints about anti-social behaviour had substantially reduced, 95% of families had maintained their tenancies, 80% had managed to reduce the threat of possession action, and in 84% of families school attendance had improved. We have undertaken initial analysis of the cost savings of our Intensive Family Support Projects which show savings of £4000 per family⁸. Our success in developing this form of intervention has been recognised by the Respect Unit which has based its preferred model on the work pioneered by NCH.

NCH’s Crisis Intervention Services work specifically with the most vulnerable young people and families by providing them with urgent and intensive support. Services are offered on a time-limited, 24/7 basis to families. And at the end of the period, families are linked into existing local services. The intervention involves diffusing the immediate and precipitating crisis that leads to the referral to local services. Evaluation of our project in Plymouth showed after two years of running that 94% of children worked with did not enter the care system who otherwise may have done. An initial analysis of the savings involved in our Crisis Intervention Service show approximately £54,000 could be saved per child per year⁹.

SUPPORT AND SANCTIONS

NCH recognises the misery caused by anti-social behaviour and the need for the government to tackle this issue, however we strongly oppose the withholding of benefits as a sanction.

NCH knows that reducing families’ benefits will do little more than add to the many problems that those reliant on benefits face, pushing the poorest, most vulnerable in society further into poverty and hardship. Families need support to change, not to be punished because they are struggling. It’s important to build on families’ strengths and work intensively alongside them in the most difficult situations. A child being taken into care must be a last resort because children in care have such poor outcomes. Intensive support can build the confidence and self esteem of parents, giving them tools to pass onto their children for years to come. A combination of challenge and support can tackle the root causes of anti-social behaviour and prevent children being taken into care. Our evidence shows that this approach works in 80% of cases.

We urge government to learn from other projects that have attempted to impose benefits

⁷ For the Department for Communities and Local Government – Interim Report currently available

⁸ Cost Effectiveness of Rehabilitation Projects (Intensive Family Support Projects) for Families at Risk of Losing their Homes as a Result of Anti-Social Behaviour, 2006

⁹ Briefing on NCH’s Crisis Intervention Services – Children at Risk of Admission to Care, 2006

sanctions. The 'Learnfare Programme' introduced in the Wisconsin, US, was aimed at reducing school truancy by reducing parents' benefits if their child had unexcused absences from school. Evaluation of the impact of the project showed that school attendance had not improved, in fact half the pupils whose families had lost benefits had dropped out of school altogether. In 1998 Learnfare was also introduced in New York with similar outcomes to the Wisconsin experience and the project was quietly abandoned.¹⁰

NCH believes that the underlying causes of anti-social behaviour need to be addressed with support rather than attempting to address the behaviour itself through sanctions.

A recent Home Office review of ASBOs¹¹ shows that in 60% of cases there was a mitigating factor involved in the offenders' anti-social behaviour. These included drug and alcohol abuse, learning difficulties or school exclusion.

In considering this figure we draw the government's attention to all of the work that has been cited above, across all four areas upon which evidence has been requested. It points towards a clear case – both qualitative and quantitative – for preventative policies that are sensitive and strategic rather than crude, punitive sanctions. Where these can be developed with organisations like NCH, we can demonstrate unambiguous financial and social benefits.

Alix Cordell
Public Policy Division
NCH
020 77047155

¹⁰ Fare Play – Ming Zhang, Community Care, Feb27th, 2003

¹¹ Tackling Anti-Social Behaviour – what really works; Nacro; September 2002