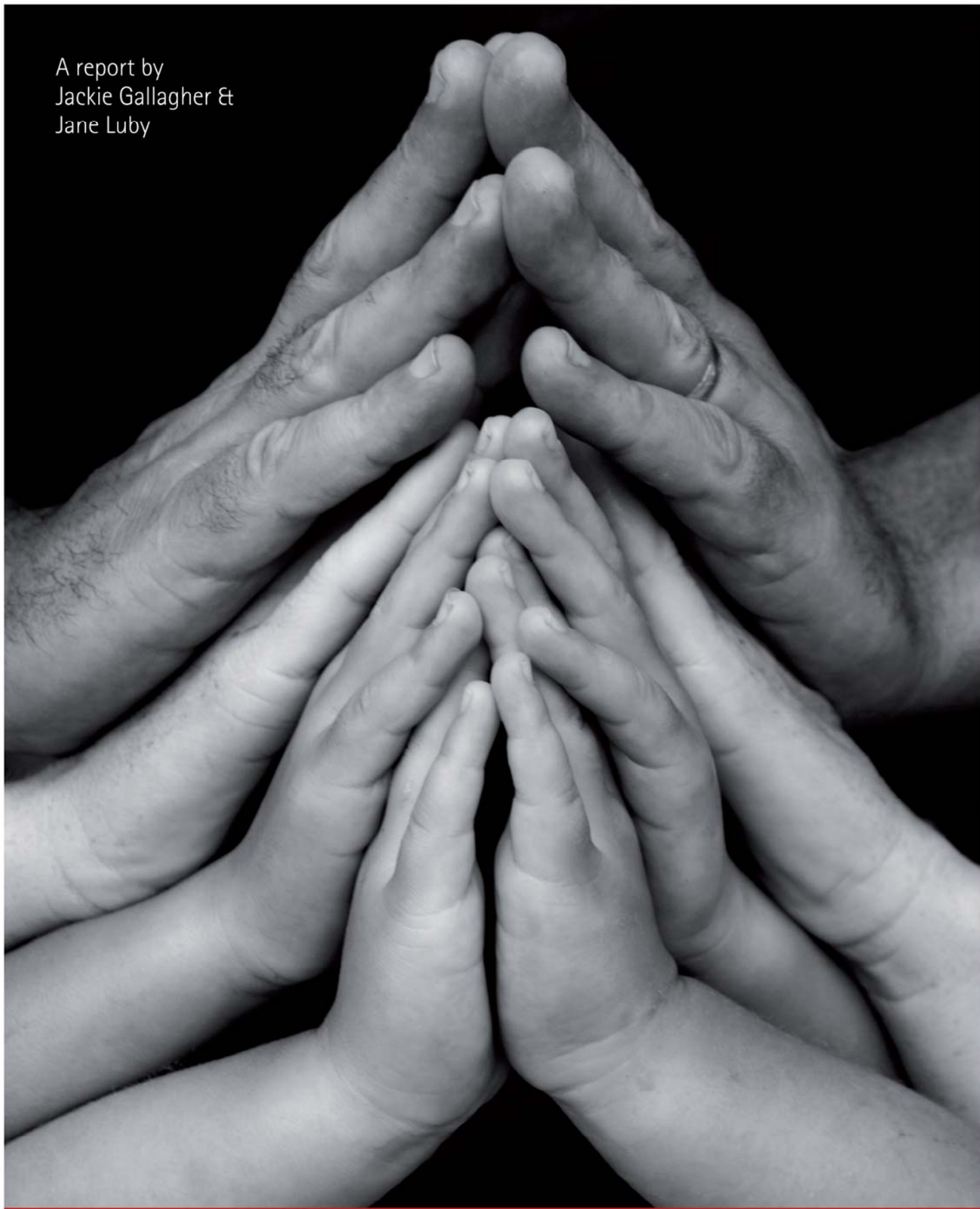


A report by  
Jackie Gallagher &  
Jane Luby



## **FAMILY VALUE**

the role of family and  
parenting in homelessness

## Foreword

Andrews Charitable Trust (ACT) is part of a family of three small trusts founded and developed from the vision of Cecil Jackson-Cole who, based on his Quaker principles, established and grew a business to support diverse charitable work. ACT, with Christian Initiative Trust and Christian Book Promotion Trust are the shareholders of Andrews & Partners, a company involved in many aspects of the housing business – sales, property letting and management and, now, surveying. As the majority shareholder, ACT derives most of its income from the business.

About one year ago, ACT trustees held a strategic review and decided to focus their attention on the areas of parenting and homelessness. Adopting homelessness as their cause has an agreeable and almost inescapable logic, given our investment in Andrews & Partners. However, trustees were concerned not to rush into a field where vast amounts of funding and activity was already being employed through existing statutory systems and the efforts of the already strong and vibrant third sector. The question was whether there was a particular dimension to the UK problem that was not currently being addressed and where we might make a difference.

This report presents the findings of our exploration into the role that family and parenting could make both in tackling homelessness and in its prevention. This exercise was commissioned by us, following a wider exploration of homelessness, social housing and parenting sectors, including interviews with respected service providers, donors and policy makers, in order to inform development of our grant giving strategy.

The report confirms that there is enormous potential for family support and parenting initiatives to address the intergenerational nature of homelessness. As trustees of ACT, we are excited by the opportunity to support initiatives that promote the positive aspects of families and which make every effort to prevent family breakdown that results in homelessness.

This report is the first step in our efforts to make an impact in this area. We felt that it was important to share these findings with other stakeholders as one of our first contributions to the field, and in the hope of building interest and partnerships to improve practice in this complex area of social policy.

Further steps will follow and our website, [www.andrewscharitabletrust.org.uk](http://www.andrewscharitabletrust.org.uk), will be updated with these and of changes to our grant-making programme.

**Andrew Radford**  
Chairman

**September 2008**

## **Acknowledgements**

We would like to thank all of those organisations and individuals who have contributed their time and provided information to enable this research to happen. A list identifying each organisation is included at the end of this report.

We would particularly like to thank Bristol City Council and the London Borough of Lambeth for agreeing to become case study boroughs, and for supporting our access to a range of officers, staff in partner agencies and information as a key part of this study.

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## Executive Summary

In April 2008 the Andrews Charitable Trust commissioned research to explore the relationship between homelessness and parenting/family support, and whether there were gaps which it may wish to fill through its own grant giving. Whilst the primary reason for the research was to inform the development of the Trust's own strategy, the Trustees recognised the wider value of the research to other charitable trusts, voluntary sector providers and statutory funders.

**Section one** of this report provides information about the background to, the brief for, and methodology employed in the research.

**Section two** provides an overview of the evidence to suggest homelessness is both a *cause* of relationship breakdown in families, and also an *effect* of that breakdown. Importantly it highlights the inter-generational nature of some homelessness.

**Section three** describes the current responsibilities of the statutory sector in relation to both homelessness and family/parenting support. In particular it notes the relatively small overlap between households that fall within statutory duties in each field.

**Section four** describes the current extent of work to link homelessness and parenting/family support in two case study authorities - Bristol and Lambeth – and the role played by the voluntary sector at present. In both areas there were examples of good practice and gaps, as well as scope for the voluntary sector to play a much stronger role in developing and delivering more effective services.

**Section five** outlines the needs and key gaps in services in relation to four household types: families; teenage parents; young homeless people; and homeless adults. It also highlights some good practice examples of meeting the gaps in each area.

**Section six** identifies some common themes emerging from the research which may benefit from investment by charitable funders. These are: the tendency of statutory funders to focus on crisis intervention rather than prevention; the infrequency of good partnership working between homelessness and parenting/family support agencies; the impact of the 'contract culture' on voluntary sector innovation and influence; and the challenges the voluntary sector faces in demonstrating the added value it provides.

**Section seven** discusses a number of possibilities for intervention by charitable trusts and evaluates the impact and outcomes these may achieve. These include:

- Direct project funding;
- Demonstrating value and building evidence through action research;
- Supporting voluntary sector innovation;
- Supporting partnerships and collective learning;
- Supporting partnerships for change.

# 1 Introduction

## 1.1 *Background and aims*

In April 2008 the Andrews Charitable Trust (ACT) commissioned researchers to explore the relationship between parenting and family support and homelessness. In particular the Trust wished to identify gaps in statutory services and funding and the role that voluntary sector organisations and grant making trusts might play in meeting unmet needs.

The Trust's primary aim in commissioning the research was to inform the development of its investment strategy. However the Trustees also recognised the wider value of the research for the voluntary and statutory sector.

This report has been prepared for circulation to a wider audience in the hope that it will stimulate debate and discussion in this complex area of social need, and facilitate the development of partnerships between providers and funders to meet the identified needs.

## 1.2 *About ACT*

The Andrews Trust is a charitable foundation whose mission is to support social change. The Trust is founded upon Christian values and a partnership between private business and philanthropy. It uses profits from the Andrews and Partners Estate Agency to support work which will bring about social transformation.

Since its origins in 1946, the Trust has been instrumental in supporting the development of charities which have gone on to become hugely influential in the public arena, including Oxfam, Help the Aged and Action Aid. Its focus on both financial and management support is seen to have been particularly successful.

Following a strategic review in 2007, the Trustees decided to focus on a particular field of interest in order to best utilise the Trust's resources and to maximise effectiveness. The close connection between the Estate Agency's business and housing led the Trust to wish to explore the scope to make an impact in that area of social need. An initial investigation by the Trust's director indicated a potentially strong relationship between family and parenting support and homelessness, and led to the commissioning of this research.

## 1.3 *Methodology*

The research has been carried out in three stages as follows:

**Initial Scoping** - The purpose of the scoping stage was to provide a national overview of the study area and define in more detail the sections of the

community that may be in need of both parenting/family support and be at risk of homelessness. It consisted of a rapid review of relevant literature, such as research into the relationship between parenting/family relationships and homelessness, and evaluations of the effectiveness of parenting/family support interventions for homeless people as well as more generally. It included unpublished 'grey' literature detailing best practice in family/parenting support and homelessness prevention, as well as statements of statutory responsibilities and funding sources. This desk top review was supplemented by interviews with experts, funders and service providers in the fields of homelessness and/or parenting or family support, and visits to a selection of services.

**Fieldwork in case study authorities** – It was considered important to explore the national picture further in two case studies authorities, to see what similarities and differences there were in how this played out at the local level. Two local authorities – Bristol and Lambeth – were invited to take part in the research as case study authorities. Both recognised the potential value of their involvement for their own learning, strategy and service development, and agreed to take part. Fieldwork in each authority included:

- Interviews with key strategic leads for homelessness, parenting and family support;
- Interviews with organisations providing services linked to homelessness and parenting/family support;
- Analysis of key strategies and data sources.

**Reporting** – following the presentation of the research findings to the Trustees, this report has been prepared to share the information and knowledge gathered during the course of the research more widely, with the aim of stimulating debate and discussion and to make a contribution towards improving practice and developing new approaches and partnerships which address the gaps and unmet needs identified.

## **2 Evidence of a relationship between family and homelessness**

### **2.1 Context**

Homelessness is most often experienced by those in our society who live in the greatest poverty and experience the most disadvantage. Research shows consistently that despite profound social change, greater national wealth and a greater range of opportunities, social mobility has declined in Britain since the 1950s. Family circumstances, including the quality of parenting, play a substantial and increasing role in determining children's life chances. Some families are locked within a cycle of disadvantage that it is now harder than ever to break free from<sup>1</sup>. Children from lower socio-economic backgrounds are more likely to live in poor housing circumstances, as well as being more likely to suffer accidental or deliberate harm, or have a parent with a mental health problem. The key risk factors for poor child outcomes in life map very closely across the risk factors for homelessness, including substance misuse, mental illness, learning disability, physical disability, financial stress, poor housing conditions, poor basic skills, teenage parenthood and worklessness.

Government policy has begun to recognise this cycle of deprivation and disadvantage and the costs that it carries for both individuals and communities ranging from health costs, anti-social behaviour and lost economic contributions. Research suggests that the quality and strength of parenting may be the key to unlocking the cycle – educational attainment is central to improving outcomes, social mobility, and longer term stability for children, and the single most significant factor in this is effective and sustained parental involvement. This is irrespective of the social class, education or economic status of the parents. It is what parents actually **do**, rather than who they are that has the most effect on a child's future.

This context indicates the crossover between homelessness and the parenting difficulties experienced by some families living in the most disadvantaged circumstances. Our research findings also show strong evidence of clear links between homelessness and family and/or relationship breakdown, indicating that, although it is impossible to definitively isolate causal factors, homelessness may well be both an effect and a cause of family and/or relationship breakdown.

### **2.2 Parenting and families as causal factors**

As highlighted above, existing research draws strong links between homelessness, multiple needs and disadvantage. This includes a strong correlation between domestic violence/abuse and homelessness – research shows that domestic violence and abuse is a factor in up to 40% of

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<sup>1</sup> DFES (2007) *Every Parent Matters*, and DFES and Treasury (2007) *Aiming High for Children: supporting families*

homelessness cases where families have additional support needs<sup>2</sup> and similarly up to 40% of homeless young people have experienced physical and sexual abuse<sup>3</sup>. A recent study found that relationship breakdown was the precipitating factor to becoming homeless for nearly half the adult homeless men surveyed,<sup>4</sup> and an extended study of the risk factors associated with youth homelessness demonstrated that poor relationships between young people and their mothers increase the risk of homelessness by a factor of 13<sup>5</sup>.

Parenting difficulties are shown to increase the incidence of several factors linked to homelessness, such as substance misuse, school exclusion, offending and teenage parenthood. New intensive support services working with families at risk of becoming homeless through eviction as a result of their children's anti-social behaviour (Family Intervention Projects) typically provide parenting interventions in recognition of the accepted links between parenting and anti-social behaviour<sup>6</sup>.

It is probably impossible to identify whether parenting and family environment can have a direct causal effect on homelessness, because these cannot be considered in isolation from the other factors affecting any individual or family becoming homeless – and to try to do so would be overly simplistic and reductive. The research evidence base does seem to imply however that it is a **combination of risk factors** which increases the likelihood of homelessness, and parenting and family circumstances can be central to causing the accumulation of the risk factors highlighted above. The research on educational attainment discussed above, did find an evidence base to isolate parental involvement as the key to improving child outcomes. So, whilst we would not claim a direct causal link, we suggest that it is reasonable to assume that supporting the development of parenting skills and helping to strengthen more vulnerable families should have a protective effect in preventing homelessness.

### **2.3 The impact of homelessness upon parenting, families and relationships**

Equally, evidence shows that the experience of homelessness has a strong impact, often extremely damaging, on family stability and with it, parents' ability to provide confident, secure and effective parenting for their children. These impacts can be many and varied and are explored further in section five of this report. They include:

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<sup>2</sup> Jones, A. et al, (2002) *Firm Foundations: an Evaluation of the Shelter Homeless to Home Service*, Centre for Housing Policy, University of York

<sup>3</sup> Randall, G. and Brown, S. (2001) *Trouble at Home: Family conflict, young people and homelessness*, Crisis

<sup>4</sup> Crisis study of 87 homeless people, untitled, unpublished

<sup>5</sup> Breugal, I. and Smith, J. (1999) *Taking Risks: An analysis of the risks of homelessness for young people in London*, Safe in the City

<sup>6</sup> Department of Communities and Local Government and Department of Children Schools and Families (2008) *Joint working between Housing and Children's Services: Preventing homelessness and tackling its effects on children and young people* available from [www.communities.gov.uk](http://www.communities.gov.uk)

- Poor quality, overcrowded housing increases family stress and is closely linked to parenting difficulties;
- Frequent moves of accommodation are linked to poor outcomes for children
- Supported accommodation for teenage parents routinely excludes fathers except as visitors;
- Hostels for non statutorily homeless people often exclude partners and children;
- Extended stays in hostels can deepen social exclusion and isolation (one third of homeless men in one study said that their only human contact was through professional services for instance).

## ***2.4 The potential impact of strengthening parenting to prevent homelessness***

These findings imply that supporting and strengthening parenting skills, knowledge and abilities within the most vulnerable families could potentially have a very significant effect in intervening in the cycle of poverty and multiple disadvantage and provide greater resilience and protection against the risk of homelessness.

## 3 Roles and responsibilities of the statutory sector

### 3.1 Homelessness

The statutory response to homelessness is administered at the national level by the Department of Communities and Local Government (CLG) and at the local level by local housing authorities (district and unitary councils).

Part VII of the Housing Act 1996 (as amended by the Homelessness Act 2002) sets out local authorities' responsibilities to provide for the needs of homeless people in their area. This includes publishing a homelessness strategy and operating a housing register through which households can apply for social housing according to published criteria.

Housing authorities have a duty to assess the needs of households who are homeless or threatened with homelessness and determine the assistance they will provide. How they conduct this assessment is set out in legislation and related guidance.

There are five tests that determine the assistance that the local authority must provide, which are:

- Whether the household really is homeless;
- Whether the household became homeless 'intentionally' (for instance by not making mortgage payments despite an ability to do so);
- Whether the household is in priority need (according to categories laid down in legislation and guidance);
- Whether the household has a local connection (or should have its needs met by another local authority);
- Whether the household is eligible for assistance (largely determined by immigration status).

Broadly speaking, households with children (or a pregnant female) are likely to be seen to be in priority need, whereas single people and couples have to pass an additional test of vulnerability. How 'vulnerability' is determined differs from authority to authority although the Government has specified that particular groups should be determined to be in priority need. These include care leavers up to the age of 21 (who were in care between the ages of 16-18), and homeless 16 and 17 year olds.

When the local authority accepts a statutory housing duty, it must take responsibility for providing accommodation until settled housing is found. Settled accommodation is normally but not necessarily social housing (for instance the applicant can voluntarily agree to accept a private rented property as a discharge of the authority's homelessness duty to them). Whilst local authorities are still the dominant providers of social housing, housing associations now provide 43% of this stock nationally<sup>7</sup>.

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<sup>7</sup> Communities and Local Government (2006) *Housing Statistics* available from [www.communities.gov.uk](http://www.communities.gov.uk)

Although authorities ordinarily award homeless households additional priority for social housing, they are increasingly required to 'bid'<sup>8</sup> for advertised vacancies in social housing, alongside other non-homeless applicants as part of 'choice based' lettings schemes. The length of time waited to receive an offer will vary from area to area, the size of property required (with waiting times generally increasing with number of bedrooms needed), the length of time that the household has been registered, and the willingness of the household to bid for less popular properties. Large families can wait ten years or more in some London boroughs.

Campaigns by Shelter and Centrepoint highlighting the impact of local authority arranged bed and breakfast accommodation on homeless families and young people have encouraged the introduction of targets to end the use of such accommodation for both groups except in emergencies.

The Government has also provided Homelessness Prevention Funding to local authorities to encourage them to develop a more preventative approach to homelessness. This has included initiatives to encourage the development of family mediation services for young people threatened with homelessness and supported lodgings for those young people unable to remain in the family home.

Whilst the Government claims to have halved statutory homelessness since its peak in 2003/4, some of the apparent reductions in recorded homelessness are due to a diversion of households away from the statutory homelessness route and onto another route to private rented accommodation. Despite these efforts, English housing authorities accepted 63,170 number of households as homeless in 2007/8, and 77,510 households were in temporary accommodation on 31 March 2008 as a result of having been placed there by a local authority.

The voluntary sector has traditionally focused on providing both housing and support to single homeless people, who are least likely to be found in priority need for homelessness assistance. Provision has traditionally consisted of hostels and day centres that provide people with support for their basic needs and a temporary home. There are more than 900 voluntary sector bodies working in the field of homelessness nationally<sup>9</sup>, most of which rely heavily on local government funding from the Supporting People funding programme<sup>10</sup>. This funding is focused on housing related support, and voluntary

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<sup>8</sup> Many authorities now operate 'Choice Based Lettings Schemes' which allocate vacant social housing via a bidding process. Applicants are put into priority bandings according to their needs and statutory homeless households receive more priority than most other applicants. Vacancies in social housing are advertised on a regular basis, and the successful bidder is generally the household with the highest priority, who has been registered with the scheme for the longest time.

<sup>9</sup> Blake, S. et al (2008) *Lost property Tackling homelessness in the UK: A guide for donors and funders*, New Philanthropy Capital

<sup>10</sup> Every housing authority currently has a Supporting People funding programme which it may use to fund 'housing related' support to households (families or single people) who are at risk of homelessness and/or who need support to achieve independent living. More details can be found at [www.spkweb.org.uk](http://www.spkweb.org.uk)

organisations struggle to find funding to meet the wider needs, such as the social isolation experienced by many homeless people.

### **3.2 Parenting and family support**

The role of parenting in determining child outcomes has become increasingly centre stage in Government policy. At the national level, parenting and family support strategy is led by the Department of Children, Schools and Families (DCSF) and at the local level by councils through local Children's Trusts or Partnership Boards.

The Government's vision is to create a joined-up system of health, family support, childcare and education services so that all children get the best start possible. Through the range of measures brought in under the Every Child Matters programme, organisations providing services to children, such as schools, hospitals and the police, are enabled to work together and share information, so that all children, and especially those from vulnerable groups, have the support they need to:

- Be healthy;
- Stay safe;
- Enjoy and achieve;
- Make a positive contribution;
- Achieve economic well-being.

In recognition that no single agency can deliver any one of these five outcomes on its own, local authorities and their partners are being encouraged to work together through Children's Trusts, bringing together all services for children in that area.

More integrated processes are being developed through the new Common Assessment Framework (CAF) and there is encouragement for local authorities and their partners to introduce joint planning and commissioning to reduce duplication and improve referrals between agencies. It is hoped that these will lead to a more preventative and less crisis driven approach.

The Common Assessment Framework for children (commonly known as the 'CAF') assumes that children with needs that cannot be met by a single agency will have a team established to do so – called a 'Team around the Child'. These arrangements relate to children below the thresholds for statutory intervention under the Children's Act for those at risk of significant harm. Their purpose is to focus more resources on early intervention and to draw in agencies beyond social care to deliver more co-ordinated and holistic support to children and young people.

Whereas local authority responsibilities for safeguarding children at risk of significant harm are set out in legislation<sup>11</sup>, these provisions are focused on the individual child rather than family as a whole, and there are few specific

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<sup>11</sup> The Children Act 1989

duties relating to parenting and family support<sup>12</sup>. It is these children at risk of significant harm (and who are subject to a Child Protection Plan or ‘Looked After’ by the local authority) who have historically received most local authority attention and resources.

Responsibilities for children ‘in need’, but not at risk of significant harm are much more permissive. The fact that a child is considered to be ‘in need’ does not automatically lead to a duty to provide services, for instance. The *Guidance to the Children Act 1989* says:

*Local Authorities are not expected to meet every individual need, but they are asked to identify the extent of need and then make decisions on the priorities for service provision in their area in the context of that information and their statutory duties.*

Parenting and family support services are now seen by central Government to be essential to the development of a more preventative approach which should – if successful – result in fewer children being deemed at risk of significant harm. However, whilst local authorities have been strongly encouraged to invest in parenting and family support services, they do not have a statutory duty to do so. Instead the Government has concentrated on providing financial incentives to develop such services by introducing more than 30 initiatives focused on parenting or family support. Examples include:

**Figure One – Examples of Parenting Initiatives**

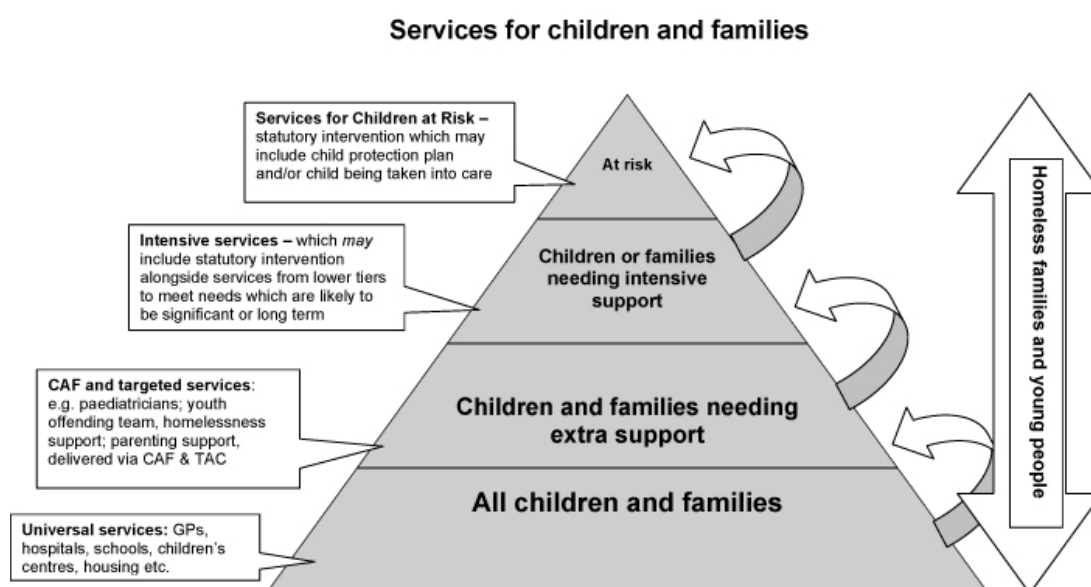
<b>Name</b>	<b>Funding</b>	<b>Timescale</b>	<b>Coverage</b>
Children’s Fund	£1bn+	2005/8	<i>All authorities: to create preventative services for 8-13 year olds and their families</i>
Children’s Centres	£2.2bn+	2004/10	<i>All authorities: focus on outcomes for 0-5 year olds</i>
Family Intervention Projects	£18m	?	<i>59+ authorities: focused on families at risk of eviction due to anti-social behaviour</i>
Nurse Family Partnerships	£37m	2006/10	<i>40+ authorities: focused on new mothers</i>
Parenting Early Intervention Grant	£8.1m	2006/8	<i>18 authorities: focused on 8-13 year olds involved in or at risk of anti-social behaviour</i>
Family Pathfinders	£16m	2008/11	<i>12-15 authorities: focused on families caught in cycle of low achievement</i>

This has created a flurry of activity at local authority level, including the development of local parenting strategies and appointment of parenting leads. Funding has been used to support these processes as well as to invest in and test out direct service delivery. This has included parenting support advisors based in schools and multi-disciplinary teams providing intensive support to families with multiple needs. Whilst some parenting and family support initiatives are concerned with children of any age, others are firmly focused on

<sup>12</sup> The Childcare Act 2006 requires local authorities to provide information to parents on childcare for children up to the age of 20.

young people from the ages of 8-13 or 14 upwards as these are seen to be critical ages at which children may become involved in anti-social behaviour.

Figure two below illustrates the pyramid of need for children and families, and that homeless families and young people can be anywhere on that continuum of need and will not necessarily qualify for targeted services beyond the housing services offered to themselves or their families as a result of their homelessness.



**Figure Two – Overlap between children’s and homelessness services**

### 3.3 Other related agendas

There are links to homelessness and parenting in other national and local government agendas which have a focus on children and young people. These include:

**Figure Three – Related Agendas**

<i>Agenda</i>	<i>Gov Dept</i>	<i>Aims</i>
<b>Teenage Pregnancy</b> <sup>13</sup>	Dept of Health	To cut rates of teenage pregnancy and improve the life chances of children born to teenage parents. All teen parents referred to supported accommodation if homeless. Targeted funding was available at outset.
<b>Youth Offending</b> <sup>14</sup>	Home Office	To identify young people at risk of offending and address this at an early stage. Appropriate housing and parenting are seen to be key factors which can influence successful outcomes.

<sup>13</sup> Dept of Health (2006) *Teenage pregnancy next steps: guidance for local authorities and primary care trusts on effective delivery of local strategies* available from [www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH\\_4137536](http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_4137536)

<sup>14</sup> See [www.vjb.gov.uk](http://www.vjb.gov.uk)

<b>Think Family</b> <sup>15</sup>	Cabinet Office	To deliver more joined up working across children's and parent's services in recognition of the inter-relationship between parental problems and poor child outcomes. Funding provided via Family Pathfinders to explore effective practice.
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### **3.4 Where the voluntary sector fits in**

The voluntary sector is a major provider of both homelessness and parenting/family support services, often under contract to local authorities. As well as the estimated 900 voluntary agencies providing services to homeless people who are not living with dependents, almost half of all social housing for single people and families is provided by housing associations in the not-for-profit sector<sup>16</sup>. The majority of parenting and family support services funded under recent initiatives are delivered by the voluntary sector. All political parties now support an increase in the use of the voluntary sector to deliver public services. The voluntary sector is seen to add particular value in delivering services for hard to reach households who may mistrust and be unwilling to engage with statutory services<sup>17</sup>.

The Government has sought to encourage the commissioning of services from the voluntary sector, to the extent that some funding has only been open to services delivered by the voluntary sector (the Parenting Fund, now coming to a close, for instance). Voluntary sector agencies are the dominant service providers for single homeless adults and young people, teenage parents and parenting support for instance. However services for homeless families and children who are Looked After or who have a Child Protection Plans tend to be primarily delivered by the statutory sector.

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<sup>15</sup> See

[www.cabinetoffice.gov.uk/social\\_exclusion\\_task\\_force/families\\_at\\_risk/reaching\\_out\\_summary.aspx](http://www.cabinetoffice.gov.uk/social_exclusion_task_force/families_at_risk/reaching_out_summary.aspx)

<sup>16</sup> This includes ex-council stock which has been transferred to housing associations under a variety of mechanisms.

<sup>17</sup> Barrett, H. (2008) *"Hard to Reach" Families: engagement in the voluntary and community sector*, Family and Parenting Institute

## 4 The local picture

### 4.1 Bristol

#### Context

Bristol is the largest city in the South West with a total population of 410,500<sup>18</sup> comprising 162,090 households<sup>19</sup>. It is a diverse and highly polarised city with areas of high wealth and areas of extreme deprivation in deprivation hotspots which are some of the most deprived areas in the country<sup>20</sup>. There are 39 of these areas within Bristol which are in the 10% most deprived areas nationally – and of these, 14 areas are in the 3% most deprived areas nationally. 65,000 people live in these highly deprived areas, including high concentrations of children.

There are stark differences in children's school achievement depending on where they live, with the number of children passing five GCSEs falling between 23% and 29% in four of the most deprived areas of the city<sup>21</sup>. The worst two areas for educational attainment nationally are in the Filwood Ward of Bristol.

Twenty four percent of the school pupil population is from a black or minority ethnic background, and 12.6% of them do not have English as a first language. The demographic pattern is changing rapidly with 32.5% of children in nursery classes from a black or minority ethnic background, 20% of whom do not have English as a first language<sup>22</sup>.

Bristol has high levels of domestic violence with 7,009 cases reported in 2006/7 of which 3,288 were recorded as crimes. 1,383 children were living in the families affected by these violent incidents.<sup>23</sup>

#### Housing

Approximately 23% of Bristol's housing stock is social housing and the stock numbers are declining as more homes are sold under the right to buy than can be replaced by new development. 18.5% of households rent from the council, 4.3% rent from a housing association, while 12% rent in the private sector. 11,000 council homes do not meet the Decent Homes Standard and 7,000 private homes are classed as unfit<sup>24</sup>. Average house prices in Bristol are some of the most unaffordable in the country at more than four times the income of average earning households.

Five years ago, Bristol had high numbers of cases accepted as statutorily homeless, with as many as 3,000 household presenting as homeless

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<sup>18</sup> ONS 2006 mid year estimates

<sup>19</sup> ONS 2001 Census

<sup>20</sup> English Indices of Deprivation 2007

<sup>21</sup> *Bristol Parenting Support Strategy 2008 - 2011*

<sup>22</sup> *Ibid*

<sup>23</sup> *Ibid*

<sup>24</sup> *Bristol Housing Strategy 2005 – 2010: Increasing Choice, Improving Lives*

annually<sup>25</sup>. It has subsequently undertaken a concerted drive to increase its preventative role and reduce the numbers of both homeless presentations and acceptances.

#### Figure Four – Homelessness in Bristol

<i>Numbers accepted</i>	<i>2003/4</i>	<i>2007/8</i>
	1,852	573

The council has been successful in reducing the numbers in short term temporary accommodation, and moved from having 275 families in bed and breakfast (25% families with children) in 2003/4 to a position in April 2008 of virtually ceasing to use bed and breakfast at all for homeless families. The council has purpose-designed and developed approximately 60 units of good standard temporary accommodation, across three schemes, two run in-house and one by a housing association. As a result of these reductions in numbers, Bristol was designated a Regional Champion for its work on homelessness by the Department of Communities and Local Government. Senior officers acknowledge that some of this “success” was initially achieved by gate-keeping, or diversion of households who would otherwise present as homeless into the private sector, but now feel strongly that the success is sustained as a much improved and better quality service. Because the council stock is now only 26,000 units, mostly flats and maisonettes on large estates, and there is only a small housing association stock, officers believe that there is better choice within the private sector, even though there is lower security of tenure. Officers estimate that 85% of the work they do with families is now preventative, mediating with landlords, and helping families to access private sector accommodation at the point of first seeking advice, rather than when a household’s problems have escalated to having to present as homeless.

Single people and childless couples are advised and assessed through a distinct service, the Hub. The front-line reception was originally staffed by Shelter, but now runs as a mainstream service by the council. The Hub has a strong preventative focus but numbers presenting are high and there is a shortfall of suitable support and accommodation. At present there are several routes to supported housing, and providers have their own waiting lists and criteria. However, the council is now planning to introduce a single point of access via a central team. A Priority Needs Panel has been established, with a multi-disciplinary membership to ensure more consistent decision making on assessments of vulnerability for homeless adults.

A serious issue exacerbating the problems of homeless adults is the huge escalation in drug misuse, which affects up to 70% of the men presenting at the Hub – Bristol has become a central market for the illegal sale of class A drugs, which has significantly increased the incidence of rough sleeping in the city.

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<sup>25</sup> Ibid

One of the greatest unmet needs is in preventative work with young people told to leave home by parents or carers. There is a same day home visit for any young person presenting in these circumstances, and intensive work undertaken to mediate with the family where possible, but officers identified a significant unmet need for parental support. Staff at the Hub identified a need for more intensive support, including behaviour support, possibly through a mentoring scheme, targeted at those young people who are caught up in a cycle of intergenerational multiple deprivation, to help them break that cycle. Staff at the Hub also raised the possibility of introducing a pilot project of psychotherapeutic support, which could be evaluated to better understand the kinds of support which have most impact.

At a more strategic level one of the biggest challenges is in increasing the effectiveness of the working relationship between Housing and Children and Young People's Services (CYPS). Vulnerable families, especially those experiencing repeat homelessness, are sometimes assessed as intentionally homeless and are therefore ineligible for accommodation and support via the homelessness service, but will be also ineligible for social care support until they reach crisis point. However, as a result of the introduction of the Common Assessment Framework a tremendous amount of work is now underway to extend the interface between the two services and to shift the focus from crisis management to prevention and early intervention. Housing services are now systematically represented on the Multi-Agency Panels convened in each of the localities, and improvements in communication and information sharing are being made by electronically linking the Housing Support Register with the Child Index.

A joint protocol between Housing and CYPS is also being developed in line with the new government guidance<sup>26</sup> which is intended to result in earlier intervention in these cases.

### **Parenting and family support**

Up to two children die each year in Bristol from abuse or neglect. The rate of low birth weight for live births is increasing with 418 babies born with a low birth weight in 2004, up 12% from the previous year<sup>27</sup>.

There are 315 Bristol children subject to a child protection plan<sup>28</sup> and 778 children in local authority care ("Looked After"). 1,305 young people are classified as "offenders" through the criminal justice system, and 60 children and young people are receiving treatment through Child and Adolescent Mental Health Services. Bristol's Social Care Team estimates that it is currently working with 2,752 children in need and 27,600 vulnerable children. At September 2007, 250 young people had accessed drug services in the

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<sup>26</sup> Department of Communities and Local Government and Department of Children Schools and Families (2008) *Joint working between Housing and Children's Services: Preventing homelessness and tackling its effects on children and young people* available from [www.communities.gov.uk](http://www.communities.gov.uk)

<sup>27</sup> ONS Child Health Team

<sup>28</sup> 2006/7 CPR3 Return

previous year, while 3,860 adults had accessed drug and alcohol treatment services<sup>29</sup>.

The City Council has introduced strategic and infrastructure changes to encourage more integrated working. Multi-Agency Panels and Lead Professionals are now established in each of the localities across the city to ensure swift and easy access to local services, supported through the Common Assessment Framework and a new Information Sharing Protocol. Nine children's centres are already open, with a further 13 due to open in the second phase, providing a range of parenting, family support and family health services. Extended Schools Partnerships have been established in 10 localities covering primary and secondary schools as well as other local organisations.

Bristol has a long established tradition of parenting support delivered by many different agencies across different neighbourhoods and communities, and meeting different levels of need. There are over 80 providers, largely voluntary sector, who are committed and enthusiastic and delivering some very good services across the city. However, because of its history, service distribution is fragmented, with a concentration of services in some areas and little in others. The nature of short term funding streams has meant that it has been difficult to mainstream good practice. As part of its New Parenting Support Strategy the Council has undertaken an exercise to map all the existing services and intends to move to a unified commissioning approach so that services can be better specified, integrated and targeted to meet local needs, with reliable and secure contracted funding streams, and importantly, their impact and outcomes assessed. Bristol is undertaking a project with the Centre for Public Innovation on evaluating support outcomes, which will produce an assessment and evaluation toolkit.

Lead officers believe parenting support which focuses on the attachment bond between parent and child has the greatest impact on a range of issues, including admissions to care, health and educational attainment. A recent external evaluation of an intensive service, (MALT)<sup>30</sup> indicated that its therapeutic intervention was the key to beneficial results. As this kind of support is very expensive, Bristol's new outcome assessment toolkit is expected to include ways of identifying some of the cost benefits of such support.

In developing its Parenting Support Strategy the Council undertook extensive and in depth consultation and engagement with different communities and interest groups across the city, together with other partners and providers, including the voluntary sector. This indicated a perceived need to move from remedial type services to a greater focus on preventative services including support for parents experiencing depression, domestic violence and/or substance misuse. Gaps were also found for mothers *and* fathers under 18, parents of black and minority ethnic children at risk of being excluded from school, and grandparents or other kinship carers of children in care.

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<sup>29</sup> National Drug Treatment Monitoring Service

<sup>30</sup> Unpublished interview with Bristol's lead officer for parenting services.

### **Voluntary sector influence and impact**

Bristol has a strong and active voluntary sector in both the homelessness and parenting/family support sector. In both sectors voluntary organisations play a key role as initiators, developers and providers of services.

Within the housing and homelessness sector there are strong organisations such as Shelter, who have piloted groundbreaking services such as their *Keys to the Future* and *Homeless to Home* services, providing joined up and intensive support to vulnerable families and children, and One25 undertaking intensive support with street based sex workers and currently developing a new residential service for pregnant sex workers with drug addictions, to help them break the intergenerational cycle. There appear to be good networks for collaboration, dialogue and consultation between the housing department and the voluntary sector, including housing associations, who are actively engaged in strategy development. There appears to be existing scope for the voluntary sector to directly influence statutory planning, for example in the development of the Hub service.

In the parenting/family support sector there are organisations such as SPAN, Full Circle, Parent Line Plus and the PIPPA Project, all delivering high calibre and valuable services, but in a much more disparate way, on a small scale, and with a focus on front-line service delivery. There seems to be an opportunity here for taking a more developed approach to joint work and more strategic input to public sector planning by the voluntary sector, particularly given the work the council is beginning, in moving to a new parenting support commissioning process with a clear outcome focus, and the work planned between the Housing Department and Children and Young People's Services to develop a joint protocol on preventing homelessness.

## **4.2 Lambeth**

### **Context**

Lambeth is a highly diverse inner London borough, which includes extremes of wealth and deprivation side by side, and has an estimated 20% population churn every year. It is the 15<sup>th</sup> most deprived local authority in the country. A fifth of its population has no qualifications and this rises to a third of those out of work.

Fifty eight per cent of its children are from a black or minority ethnic background, and only 54% of school children speak English as a first language. One in four pupils has some form of special educational need and 25% of pupils move school each year. A quarter of Lambeth children live in a one parent family, and it has the highest rate of teenage conceptions in the country.

Lambeth has the highest rate of domestic violence in London and the highest rate of mental health homicide in the UK. It is a high crime borough, particularly in relation to violent crime, with 27 youth gangs identified by the Police. Whilst numbers of young people entering the criminal justice system

have reduced in recent years, the involvement of young people in serious violent crime is increasing in Lambeth.

### **Housing and homelessness**

Just over 40% of Lambeth's housing stock is social housing, but numbers have halved since the 1990s. 29% of its residents rent from the council, and 13% from a housing association<sup>31</sup>. In 2004/5 the average cost of a home in Lambeth was £250,000. This combination of deprivation and housing shortage/un-affordability has contributed to high levels of homelessness.

**Figure Five – Homelessness in Lambeth 2006/7**

<i>Household type</i>	<i>No. presenting</i>	<i>No. accepted</i>
Families	666	486
16 & 17 year olds	252	106
Single homeless	790	249

Like many other housing authorities, Lambeth has concentrated efforts in recent years on preventing homelessness. However, the numbers of households placed in 'temporary accommodation' by the council has been increasing due to the shortage of vacancies in social housing. The temporary accommodation provided often consists of an initial short term placement (of up to six weeks) in bed and breakfast accommodation before referral into a local authority run hostel for families and single people.

Families and others can wait months before being offered private sector leased accommodation procured on the council's behalf by managing agents. Clients are reported to have no choice over where this temporary accommodation will be located, and whilst most of it is reported to be within or close to borough boundaries, families may be placed several miles from support networks and schools.

Families can wait two to five years for a council flat and may have to move two or three times during that period if, for instance, the lease on the private rented property comes to an end or the flat has to be handed back to the landlord due to disrepair. Rents for private sector leased flats are high at more than £300 a week but can be covered by housing benefit. A local stakeholder reported that families with one or more children are sometimes placed in one bedroom flats.

Families and other households that meet the criteria for statutory homelessness can opt for a private rented property via the council's rent deposit scheme. More choice of location is available in these circumstances and properties are reported to be of a better quality. Rents can also be lower, though are still likely to be more than double the level in social housing. Households opting for re-housing via this route do not qualify as statutory

<sup>31</sup> Lambeth Housing (2004) *Fit for Purpose: Lambeth's Housing Strategy* available from [www.lambeth.gov.uk](http://www.lambeth.gov.uk)

homeless however, and are unlikely to be able to 'bid' successfully for social housing through the council's choice based lettings scheme<sup>32</sup>.

Homeless households have a difficult choice to make therefore. They can either take somewhere with a high rent, which may be unstable and over which they have no choice of location but keep their priority for social housing (as a statutory homeless household), or opt for better private sector housing now and lose that priority.

Two agencies working with families in the borough expressed concern about the impact of overcrowded accommodation and frequent moves on families with children. The council's lead officer for parenting support reported that this is a particular problem for children from homeless families placed by the council in temporary accommodation, and its impact is now being mapped by staff within Children and Young People's Services to inform a discussion with housing colleagues on how this might be tackled. Support was reported to be needed with negotiating school and GP moves in particular. A temporary accommodation manager reported that many homeless families are headed by lone young women who have little or no experience of managing a tenancy, and that 25-30% would benefit from additional support to manage their tenancy and the effects of homelessness.

As families are automatically assessed to be in priority need if homeless and eligible on other grounds, no assessment of their vulnerability is undertaken. This means that the potential risks of unsuitable or poorly located accommodation for family members are not assessed and planned for, nor taken account of in housing allocation processes. A temporary accommodation manager interviewed was not aware of any specific support services available to these families (for instance those available from the borough's Children's Centres or housing related support services – see below).

Services exist which can deliver 'housing related support' to households at risk of losing their tenancy. One is reported to work largely with households without children, and the other service is focused on households in which a female member is experiencing domestic violence and includes direct support for children where appropriate.

Lambeth has invested considerable effort in preventing youth homelessness in recent years. This has included work in schools aimed at increasing awareness of the dangers of homelessness amongst school children, family support and mediation for 16 and 17 year olds threatened with homelessness, and short term 'time out' accommodation to give parents and teenagers a breathing space whilst relationships can be repaired. Although these initiatives have been led by the housing department with a clear focus on reducing the high level of statutory homelessness amongst this group, they have brought with them other benefits including improved school attendance and better parent/child relationships.

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<sup>32</sup> In common with many other authorities Lambeth has introduced a 'Choice Based Lettings Scheme' which allocates vacant social housing via a bidding process. (See footnote 8)

Lambeth has adopted the Government's recommendation that all teenage parents that are accepted as homeless should be placed in supported accommodation, before referral to settled accommodation. However a shortage of vacancies often leads to teenage parents being accommodated through the same routes as other homeless families. The needs of many teenage parents are reported to be complex, and may encompass domestic violence, gang involvement and other criminal activity, mental ill health and substance misuse. Lambeth is about to open a new supported housing service which will be able to accommodate fathers alongside the mothers and children. However all other supported housing for this group excludes fathers, except as visitors.

### **Parenting and family support services for those at risk of or experiencing homelessness**

In March 2008, 257 Lambeth children were subject to a child protection plan and 571 were in care (of whom 74 were unaccompanied asylum seekers). Parental substance abuse and mental illness are the two most common factors behind the need for children to be taken into care in Lambeth. Of those with a child protection plan, 40% experienced an environment where there was domestic violence, 34% lived in an environment where a parent had a problem with substance misuse, and a further 23% had a parent with mental health problems.

Lambeth has recently implemented an increased focus on preventative services for children and families. It now has twenty-six Children's Centres offering coordinated services to under fives and their families, and is making good progress in introducing the Common Assessment Framework (CAF) for children and arrangements for the 'Team around the Child' (TAC). It recently appointed 23 parenting support advisors to work in schools, and is developing a new parenting strategy. The local authority also commissions voluntary sector providers to deliver a visiting support service for families under five via Children's Centre funding, and this can include parenting support.

A stable workforce is one of the keys to the development of strong and trusting relationships with children and families, as well as solid partnerships between agencies. Recognising this, the council has committed to reduce staff turnover through the use of retention bonuses and other measures. Use of agency staff now stands at 20% and staff turnover is at or below the level of neighbouring boroughs.

Through this investment in preventative services, and strong drive to create more co-ordinated service provision for children 'in need', the council is seeking to achieve a step change in the way services are delivered to those who may fall below social care thresholds for intervention. More than 1500 CAFs have already been completed for such children, for instance, and an additional annual resource of £600,000 achieved through efficiency savings has been transferred from specialist to preventative services.

One voluntary agency interviewed during the research expressed cynicism about the impact these changes would make on the lives of those who are not eligible for social care intervention. However the council's intention is that these changes will harness and co-ordinate service provision more broadly for such households, drawing in support from the council's partner agencies which have re-aligned over 900 staff across the borough to respond to needs identified through CAF assessments. This refocusing of investment priorities and systemic working arrangements should help to deliver more holistic support for those households who are at risk of or currently experiencing homelessness for whom family support is currently an unmet need.

### **Voluntary sector influence and impact in these fields**

Lambeth is one of London's most improved councils and is dedicated to improving its performance even further. The council recognises the crucial role that the voluntary sector can play in delivering services, particularly to its most socially excluded individuals. However, some voluntary agencies feel that their role beyond that of contracted service provider is not always fully recognised.

There appears to be scope to create stronger partnerships across homelessness and family support that more clearly tap into the voluntary sector's role as an innovator as well as its potential to contribute knowledge and applied experience to service planning, development and forward strategy. More reliable mechanisms are required for ensuring joint working and sharing of learning which recognise the important service delivery role of the voluntary sector in both fields. In doing so, it will be important that the emphasis on measurable performance in both sectors does not inadvertently mitigate against the delivery of holistic services of the type needed by households that are homeless or at risk of homelessness.

## 5 Needs and gaps

### 5.1 Overview

In this section we consider the needs of homeless households, the gaps in existing service provision, and highlight some examples of models of good practice which have emerged through the research. We have divided homeless households into four main sub groups:

- Homeless families;
- Teenage parents;
- Young people;
- Homeless adults.

It is important to stress however, that there is inevitably some overlap between these groups – for example a teenage couple (as opposed to a young single parent) with a baby is unlikely to receive specialist supported accommodation and will be more likely to receive services designed more generally for homeless families.

### 5.2 Homeless families

Families with a local connection who are homeless through no fault of their own tend to be the largest sub group for whom local authorities accept a statutory duty to re-house, generally placing them in temporary accommodation until permanent accommodation is available. Families can often remain in temporary accommodation for long periods, sometimes years, and often have to move from one temporary dwelling to another, causing disruption and upheaval each time. Many homeless families are extremely vulnerable with research indicating that up to 50% have support needs beyond their need for a home<sup>33</sup> and of this more vulnerable group, up to 40% are also affected by domestic violence and abuse<sup>34</sup>.

The vulnerability of such families is highlighted by the fact that many families experience repeat homelessness – more than half of families accessing support services have been homeless more than once<sup>35</sup>.

The experience of poor housing and living in poor quality temporary accommodation can have a significant impact on children's lives, affecting everything from their health and educational achievement, to their emotional well-being and overall life chances<sup>36</sup>. Children living in cramped accommodation experience disturbed sleep, poor diet and higher rates of accidents and infectious disease. Poor housing conditions increase the risk of

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<sup>33</sup> Homelessness Directorate (2003) *Support needs of homeless households*, Office of the Deputy Prime Minister

<sup>34</sup> Jones, A. et al (2002) *Firm Foundations: an Evaluation of the Shelter Homeless to Home*, Service Centre for Housing Policy, University of York

<sup>35</sup> Ibid

<sup>36</sup> *Chance of a Lifetime: the impact of bad housing on children's lives*, Shelter, 2006

severe ill-health or disability by up to 25% during childhood and early adulthood.

Children living in overcrowded conditions miss out on the space and privacy they need to play, do homework, and sleep properly. Without room to grow, many children become sick or fall behind at school. Two-thirds of respondents to a Shelter<sup>37</sup> survey among homeless households living in temporary accommodation said their children had problems at school. Many children living in temporary accommodation face long, exhausting journeys to school, and are so tired they are unable to concentrate in class. Moves into and between temporary accommodation can cause severe disruption to schooling, and children from homeless households are more likely to suffer from bullying, unhappiness, and stigmatisation. Homeless children on average miss a quarter of their schooling.

The same research by Shelter suggests that homelessness leaves parents at breaking point. Children never know where they will be moved to next and develop anxiety, depression, and behavioural problems along the way. Children living in cramped emergency or temporary accommodation experience hyperactivity, aggression, bedwetting and soiling. Nearly half of respondents to a Shelter survey<sup>38</sup> of families in temporary accommodation described their children as 'often unhappy or depressed'. Mental health problems such as anxiety and depression are three times as common among homeless children who have lived in temporary accommodation. Homeless children have six times as many speech and stammering problems compared with non-homeless children. For many families homelessness is only one more stage in a process whereby problems of poverty and disadvantage compound and exacerbate each other. For these families simply being rehoused eventually into permanent accommodation is not likely to undo the kind of long term effects and psychological damage sustained through such a period of disruption and distress and, for the most vulnerable, longer term support is likely to be necessary to help rebuild a secure and stable family environment.

Crucially, Shelter's research<sup>39</sup> provides evidence which suggests that those who suffer bad housing run an increased risk of homelessness in adulthood. This is an important point as it supports the comments of a number of practitioners and participants in our research who have expressed the view that homelessness is at least to some degree a symptom of a cyclical and intergenerational pattern of deprivation, and therefore needs to be tackled holistically and systemically. This means that the family and the individuals within it should be supported as a whole unit, without compartmentalising different needs and problems. If some social problems are transmitted through generations, this means that where children form part of the household there is a prime opportunity to deliver benefits not just for the household at present, but also for future generations. Although only a proportion of homeless families overall may require support to avoid future homelessness, the

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<sup>37</sup> Ibid

<sup>38</sup> Ibid

<sup>39</sup> Ibid

proportion is much higher for younger homeless families headed by teenage parents. Most government funding targeted to support teenage parents over recent years has tended to be targeted specifically at teenage mothers, and there has been relatively little central or local government funding targeted at either homeless families generally, teenage dual-partner families, or young fathers.

Another key gap is for medium to long term therapeutic intervention with those very fragile families with the most chronic and enduring needs. There is currently little if any robust data on the potential for long term change for such families as a result of sustained and intensive therapeutic support. Such support is very costly, and without an evidence base to justify investing such large sums of public money, statutory services are unable to risk testing out this option themselves, given their wider responsibilities. So instead a relatively small number of families remain in the system, with repeat homelessness presentations and many other associated problems and needs, and may ultimately be assessed as intentionally homeless, at which point funding duties transfer to social services and a whole new cycle of statutory assessment and response begins. The true cost to the public purse is thus hidden, as the families are caught in a revolving door system over different financial years, and different budgets, but may well equal or be close to the costs of a more pro-active therapeutic intervention which may achieve lasting change and improve life outcomes for the families and the children.

**Figure Six – Homeless Families**

<p><b>Primary Service Gaps for Homeless Families</b></p> <ul style="list-style-type: none"> <li>• Recognition from housing departments of the impact of poor quality temporary housing and frequent moves on family outcomes;</li> <li>• Medium to longer term therapeutic support for the most vulnerable families with multiple, complex and chronic needs;</li> <li>• Support for families to address the causes and effects of homelessness, including underlying and intergenerational problems.</li> </ul>
<p><b>Good Practice Models</b></p> <p><i>Homeless to Home</i> is a tenancy sustainment service delivered by <u>Shelter</u> for families who have had repeated experiences of homelessness in Bristol funded jointly through Supporting People and Children and Young People’s Services. Its purpose is to break the cycles and tackle the root causes of why families experience repeat homelessness. It includes a specific children’s service within it to help minimise the trauma children can experience as a result of the experience of homelessness, to break negative cycles and to improve life opportunities for the children involved.</p> <p><i>Keys to the Future</i> is another Shelter service which is a children’s service in its entirety. It works with any family where there is one or more child whose development is adversely affected by a housing issue. Two housing lead professionals undertake an assessment which is based on the Common Assessment Framework. If there are two or more complex needs, the housing lead professional will undertake the housing related work but will also lead a</p>

full CAF assessment, take on the lead professional role for the child and coordinate the case for a minimum of six months. The service works with approximately 100 families a year with very high and complex needs. The support provided is intensive 1:1 work closely engaging families who are often very damaged, with multiple problems often including drug and alcohol misuse, domestic violence and mental illness, and who need practical day to day help in modelling what they have not experienced in their own family upbringings. Success factors are:

- The intensive level of support and its flexible nature;
- Multi-agency coordination through using the Common Assessment Framework;
- A “whole family” approach which includes separate and distinct support for the child, who may effectively be functioning as a carer for a vulnerable parent;
- The sustained period of engagement with the family (six months is seen as the minimum to have any impact);
- The skills and expertise of the staff that are able to build a trusting and safe relationship.

*Family Intervention Projects*<sup>40</sup> work with families at risk of eviction due to the anti-social behaviour of a family member (often a teenager). The projects try to reduce the occurrences and impact of antisocial behaviour caused by the client family. They deal with the antisocial behaviour itself by setting agreed standards; and the causes of the behaviour by developing support for needs across the whole family in conjunction with other local agencies. Key success factors are:

- The intensity and flexibility of the support offered;
- The ‘whole family’ approach and co-ordinated delivery of support with multiple needs;
- Project workers’ ability to establish relationships of trust with the families;
- Being able to refer back into the service where necessary;
- Taking as long as necessary to meet needs of individual families (not being time limited).

### **5.3 Teenage parents**

Teenage parenthood is closely linked to social disadvantage. The experience of violence either at home or in school is a significant risk factor which increases the likelihood of teenage parenthood.<sup>41</sup> Two thirds of teenage parents are bringing up their child or children alone. Research shows that by age 30, women who have been teenage mothers are more likely to suffer physical or mental ill health, which appears to be linked to higher levels of partnership breakdown and being without other work. The children of teenage parents have more accidents and more behavioural problems than average,

<sup>40</sup> Nixon J et al (2008) *The longer term outcomes associated with families who had worked with Intensive Family Support* DCSF

<sup>41</sup> DCSF Teenage Pregnancy Unit (2007) *Teenage Parenthood and Social Exclusion: a multi-method study*, research briefing No.7

which appears to be linked to the anxiety and depression suffered by their mothers – those mothers in poor housing and without a resident partner are more likely to suffer anxiety and depression<sup>42</sup>.

Approximately half of all teenage mothers present to the local authority as homeless. The sense of a cycle of deprivation is reinforced by the fact that 40% of young women who have been in the care of the local authority as a “looked after” child are mothers by the age of 20.

At age 30, men who have been teenage parents are twice as likely to be unemployed as men who become fathers at age 23 or above<sup>43</sup>. Research shows that teenage fathers find it very difficult to stay involved with their children, even if they wish to do so, as often the system offers little to meet their needs. A recent study found that where the young mother and father were both aged 17 or younger, only 2% of those fathers were involved with the child nine months after the birth. Young fathers describe a lack of support, advice and information, and that they are made to feel ignored, marginalised and uncomfortable by the services available<sup>44</sup>. Other research emphasises the importance for the child of continued paternal involvement as a protective factor which can be particularly important for children from “high risk” families, as later adjustment is linked to the amount of contact children have with non-resident biological fathers<sup>45</sup>.

The key protective factors which characterise the experiences of teenage mothers who do well include support from their family, having a positive partner relationship, and developing a career or employment they enjoy<sup>46</sup>.

### Figure Seven – Teenage Parents

<p><b>Primary Service Gaps for Teenage Parents</b></p> <ul style="list-style-type: none"> <li>• A focus on the mother’s mental health, to include her material deprivation.</li> <li>• Support for young fathers, grandparents and other family members to stay closely involved.</li> <li>• Support to address the multiple causes and effects of single parenthood.</li> </ul>
<p><b>Good Practice Models</b></p> <p><u>South London YMCA</u> is developing an innovative supported housing scheme for teenage parents in Lambeth, funded by Supporting People. The scheme will comprise seven one bedroom flats with staff office and communal space on site for group work etc. The scheme will accommodate couples, as well as lone male parents, and will work closely with them to develop skills around managing and maintaining tenancies, parenting, and building positive</p>

<sup>42</sup> Teenage Pregnancy Unit *Consequences of Teenage Parenthood: pathways which minimise the long term negative impact*, Research Briefing No 8

<sup>43</sup> Ibid

<sup>44</sup> Quinton, D. Pollock, S. and Golding, J. (2002) *The Transition to Fatherhood in Young Men*

<sup>45</sup> Dunn J. et al (2004) *Children’s Perspectives on their relationships with their non-resident fathers: influences, outcomes and implications*, Journal of Child Psychology and Psychiatry and Allied Disciplines, 45 (3): 553 - 566

<sup>46</sup> DCSF Teenage Pregnancy Unit (2007) *Teenage Parenthood and Social Exclusion: a multi-method study*, research briefing No.7

relationships.

The scheme will be different because it:

- Explicitly recognises the role of the teenage father and his potential to improve life outcomes for his child;
- Will support the continued involvement of teenage fathers in the lives of their children and partners and enable young couples to live together;
- Is responding to a gap in services common to many areas of the UK.

The YMCA will play a key role in linking the teenage parents to other agencies/services, including St Michael's Fellowship, an organisation which works with young fathers in the borough.

St Michael's is one of only a handful of organisations working specifically with young fathers (it also works with young mothers) featured on good practice website [www.youngfathers.net](http://www.youngfathers.net). It has worked in partnership with Fathers Direct to research the views and experiences of young fathers and publish information booklets for them.

*Nurse Family Partnerships*<sup>47</sup> were developed in the USA and are now being tested in the UK. They are a model of intensive nurse-led home visiting for vulnerable first time young parents which involves family nurses visiting disadvantaged young parents from early pregnancy until the child is two years old. Nurses build close, supportive relationships with teenage parents and guide them to adopt healthier lifestyles, improve their parenting skills, and become self-sufficient. Wide ranging benefits have been observed from the USA programmes including very significant reductions in child injuries, neglect and abuse. Key success factors are:

- Underpinned by systems and partnerships that enable early identification and engagement with those most at risk;
- Early intervention – prenatal;
- Focus on client strengths and goals – not problems and deficits;
- Continuity of skilled practitioners;
- Multi-dimensional and explicit intervention;
- Intensity of intervention: frequent contact and focus on relationship with client;
- Founded on research evidence;
- Priority given to staff support and supervision.

## **5.4 Young people**

The biggest single predictor of youth homelessness is a poor relationship with the mother, which increases the risk of homelessness by 13 times<sup>48</sup>. There are strong links between disrupted, abusive or negative relationships as a child and youth homelessness. The key risk factors are parental mental ill

<sup>47</sup> Barnes, J. et al (2008) *Nurse Family Partnerships: First Year Pilot Implementation Sites in England. Pregnancy and the Post- Partum Period*, University of London Research Report DCSF-RW051

<sup>48</sup> Breugal, I. and Smith, J. (1999) *Taking Risks: An analysis of the risks of homelessness for young people in London*, Safe in the City

health, frequent moves, violence within the home, sexual abuse, and conflict with parents or step parents<sup>49</sup>.

Young people aged 16 and 17 with a local connection and homeless through no fault of their own are the statutory responsibility of the local authority and will often receive some support whilst homeless. However, research indicates that once they receive settled accommodation their support tends to end<sup>50</sup>.

Young runaways are a specific group within this sub-group – the large majority of runaways are aged 13 – 15 and so are particularly vulnerable children. Girls are significantly more likely than boys to run away and at least 71,500 young people aged 14 and 15 run away each year in England.

Young people who live in step families and lone parent families are much more likely to run away, and the likelihood of running away is, unsurprisingly, strongly linked to the quality of relationships with parents and carers. Family economic disadvantage is also a factor, and there are strong links between running away and problems in other areas of the young person's life such as drug and alcohol use, offending, school, and generally poorer well-being. A quarter of young runaways feel they were forced to leave home, and over two thirds of runaways say that their parents or carers did not report them missing to the police on the most recent occasion that they ran away<sup>51</sup>.

There appear to be significant links between youth offending and youth homelessness and research indicates that the most effective prevention of offending behaviour is through therapeutic rather than punitive responses. Research suggests that early intervention before an offending pattern is established is very important, and the most effective method of intervention is via the parent/child relationship as good parenting and strong supportive family relationships are more important than factors such as income or parental education. Key factors for offending risk include having a parent who is an offender, poor relations with parents, not spending much time with parents, having peers and siblings who offend and spending more time with peers than with parents. Emotional and mental health factors are also strongly linked to anti-social and offending behaviour, but socio-economic factors remain key, with those from disadvantaged backgrounds being much more likely to offend than more affluent young people<sup>52</sup>.

There are already a number of initiatives underway to improve preventative approaches to youth homelessness. Most of these are targeted at the point of presentation for homelessness services, or very close to that point. The key gap is therefore in preventative work which occurs at an earlier stage. Groundbreaking work was done in this area several years ago when approaches to preventing homelessness for secondary school age children were piloted by Safe in the City through local voluntary/statutory partnerships,

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<sup>49</sup> Department of Communities and Local Government *Tackling Youth Homelessness: Policy Briefing 18*

<sup>50</sup> Ibid

<sup>51</sup> Rees, G. (2005) *Still Running II: Findings from the second national survey of young runaways*, Children's Society

<sup>52</sup> Margo, J. and Stevens, A. (2008) *Make me a Criminal: Preventing youth crime*, IPPR

but this pan-London model failed to survive beyond the period of its specific funding, although it produced a strong and valuable evidence base. We suggest that any further funding of preventative work should therefore seek to build upon and take forward that work, rather than repeat it.

Figure Eight – Young People

<p><b>Primary Service Gaps for Young People</b></p> <ul style="list-style-type: none"> <li>• Early intervention work to prevent the causes of homelessness, including long term support for families in high risk groups to prevent intergenerational problems.</li> </ul>
<p><b>Good Practice Models</b></p> <p>Safe in the City was set up in 1998 by Centrepoint &amp; the Peabody Trust to develop and pilot early intervention to prevent youth homelessness. Its approach was informed by research<sup>53</sup> which had identified a number of risk factors, including: difficult family relationships, an unstable housing history, disengagement with school, poor career prospects and family poverty. The model was based on partnerships across the statutory and voluntary sectors (including schools &amp; Connexions services). Using statutory regeneration funding, it was piloted in 8 London boroughs. It aimed to provide seamless, intensive, and personalised support including: family support; personal development (self-esteem &amp; communication skills) and skills and employability. The SITC evaluation<sup>54</sup> identified these good practice points:</p> <ul style="list-style-type: none"> <li>• Support should be personalised to the needs of each specific individual;</li> <li>• Close, regular, one to one support from a trusted key worker can be critical to success;</li> <li>• Outcomes were greatest where the young person engaged with the family support offered and/or had a good relationship with their key worker;</li> <li>• Current emotional needs have to be tackled first before a young person can be encouraged to think about and work towards a different future;</li> <li>• A friendly, informal and non-compulsory ethos increases the chances of sustained engagement and positive outcomes.</li> </ul>

Good Practice Models continued overleaf..

<sup>53</sup> Bruegal, I. & Smith, J. (1999) *Taking Risks: An analysis of the risks of homelessness for young people in London* Safe in the City

<sup>54</sup> Dickens, S. (2004) *New approaches to youth homelessness prevention: A qualitative evaluation of Safe in the City Cluster provision*, Joseph Rowntree Foundation/Centrepoint

The London Refuge<sup>55</sup> is run by St Christopher's Fellowship and the NSPCC. It provides a secure and confidential place for young runaways, some of whom are escaping physical, sexual or emotional abuse. When children arrive they are given access to a doctor, food, a bath, a bed and clean clothes. Their needs are assessed and reasons for running away explored. Parents are informed that their child is safe, but the address is kept confidential. The aim is to ensure that the child or young person has somewhere safe to move on to, either back home, or into the care of social services.

The factors making this service different are:

- It works with children under 16;
- It is the only one of its type in England;
- It offers family support to the families of those who return home to address the reasons for running away;

It has a dedicated advisor focusing on education and training.

The Brandon Centre provides psychotherapy, counselling, contraception and sexual health advice for young people. It is currently undertaking one of the first randomised control trial of multi-systemic therapy (MST) for families in England. The programme lasts from 3 – 5 months. It helps young people to stop breaking the law or engaging in anti-social behaviour by giving parents or carers practical advice/guidance about how to put rules into effect to improve the young person's behaviour that contributes to her/him getting into trouble. If there are disagreements, the MST worker can help them to find ways of getting on better. The MST worker will usually go to the family home 2/3 times pw as part of supporting the parent or carer and will also telephone the parent or carer regularly. This service is different because:

- It takes a "whole family" approach which focuses on the systems and structures of family life rather than individualising problems;
- It provides intensive input;
- The young person is no longer treated as "sick" which means the behaviour issues can be addressed within the family;
- It is based on evidence from US which has shown high impact of MST on offending behaviour, which is a high risk factor for homelessness.

## 5.5 Homeless adults

This group is much less likely to be accepted by a local authority as statutorily homeless unless they can prove additional vulnerability beyond a local connection and being homeless through no fault of their own. However research indicates that parenting, relationship breakdown and family breakdown has typically had a profound effect in the lives of homeless adults, very often being the precipitating factor in homelessness, as well as implicated as an effect of homelessness. A recent study by Crisis indicates that 41% of homeless adults had a disrupted childhood – that is, lost a parent, or were taken into care, or were brought up by relatives or friends. 56% have no family ties and nearly a third of homeless men express great loneliness

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<sup>55</sup> See [www.stchris.org.uk](http://www.stchris.org.uk)

and isolation, reporting that their main source of human contact is through staff in the services they use<sup>56</sup>. A similar picture emerges from a much larger scale new study by the Salvation Army<sup>57</sup> based on interviews with 438 of its service users, which indicates that traumatic experiences and poor relationships in early childhood correlate with a later history of homelessness, with nearly one third of respondents having been homeless before the age of 18. The report found that 54% spend most of their time alone and nearly a third of interviewees consider they have no close friends.

For men, relationship breakdown is the most significant trigger for homelessness (44%) alongside substance misuse (also 44%), whereas for women, mental health problems (39%) and escaping domestic violence and abuse (35%) are the most significant causes of homelessness<sup>58</sup>.

The following extract from a recent publication illustrates the psychological damage inflicted on young people which leads them to become, and remain, homeless adults:

Tragically most of our clients have only experienced negative attachments in childhood and learned of necessity to defend themselves from continuous onslaught... a “typical” client will often come from a family where a parent left/died in the first few years and the other parent or a step parent was alcohol dependent. Most suffered neglect, and many, physical abuse, ranging from punching or slapping to scalding or burning; many were also sexually abused<sup>59</sup>.

The long term impact of this “typical” emotional damage, including its impact on long term mental health, is brought home in the Salvation Army study<sup>60</sup> which found that across the 438 people interviewed, 36% of men and 47% of women had made a previous attempt to take their own life. Of those with children (around half of the sample), 38% of the women and 42% of the men currently have no contact with them. Using an established clinical assessment tool, almost one in five showed indications of serious personality disorder, one in five were assessed to have psychosis, and 42% showed symptoms of post traumatic stress disorder.

In a recent study of homeless women by Crisis, the majority recounted difficult or traumatic childhood experiences, ranging from violence from parents to neglect, abandonment, bullying, bereavement and to very conflictual relationships with parents and step parents. Nearly one third reported suffering sexual abuse in childhood, usually from parents, step parents or other family members and always from male perpetrators. These women have no family safety net to fall back upon when encountering housing difficulties later in life<sup>61</sup>.

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<sup>56</sup> Crisis study of 87 homeless people, unpublished

<sup>57</sup> Bonner, A. and Luscombe, C. (2008) *The Seeds of Exclusion*, Salvation Army

<sup>58</sup> Ibid

<sup>59</sup> Goodkind D. (2006) “Partners in Dialogue” *Connect* Issue 25, Homeless Link

<sup>60</sup> Bonner, A. and Luscombe, C. (2008) *The Seeds of Exclusion*, Salvation Army

<sup>61</sup> Reeve K. (2007) *Homeless Women: homelessness careers, homelessness landscapes*, Crisis

A stark indicator of the physically and emotionally destructive impact of homelessness for single adults is the mortality rate, a key indicator in health inequality – homeless people die very young, at an average age estimated of about 40, about half that for the general population<sup>62</sup>.

A significant unmet need for this group is support to reconnect with, or establish new relationships with family members, including mending severed links with children, and rebuilding links with the wider family beyond parents, such as siblings and grandparents. The poor childhood experiences of many in this group may limit the chances of successful outcomes, but this is not necessarily the case, as innovative work in this area by ThamesReach is beginning to demonstrate. However, the scope for influencing statutory funders to invest in this type of work in the future is likely to be low without a very strong evidence base.

Figure Nine – Homeless Adults

Primary Service Gaps for Homeless Adults
<ul style="list-style-type: none"> <li>• Support for homeless adults to establish or re-establish relationships with families or others, including therapeutic support and family mediation;</li> <li>• Befriending services to provide companionship and mentoring to help with personal development;</li> <li>• Therapy and counselling to help overcome the emotional damage from past events which is continuing to impact upon relationships.</li> </ul>
Good Practice Examples
<p>Thames Reach is a London based charity which aims to end street homelessness. Recognising the loneliness and social exclusion of many homeless adults, Thames Reach has recently extended the focus of the support it provides to include help to build supportive relationships and fulfilling lives. This includes assistance to individuals to get back in touch with family and friends, and staff engaging more actively with the family of the homeless client in the development and implementation of support plans.</p> <p>Thames Reach works with Support Action Net<sup>63</sup> to help spread good practice in supporting the achievement of the emotional and social aspirations of vulnerable people. This work is different because:</p> <ul style="list-style-type: none"> <li>• It responds to the priorities of clients, rather than those of service providers;</li> <li>• Service providers working with homeless adults rarely focus on this aspect of need;</li> <li>• Other providers are able to benefit from the learning achieved as new approaches are developed and piloted;</li> <li>• It is unlikely to receive statutory funding and relies on charitable donations.</li> </ul>

<sup>62</sup> DCLG (2007) *Prevention of homelessness: the role of health and social care*, Department of Communities and Local Government /Care Services Improvement Partnership 2007

St Mungos and Relate worked in partnership to develop a model of relationship support for homeless adults. This included a mix of individual counselling sessions and group work. Initial funding was provided by the Department of Health under its Strengthening Families Programme but attempts to replace this with alternative funding failed. This work is different because:

- It focused on a client group for whom relationship breakdown has often been a long standing problem but who do not typically access counselling
- It provided support for relationships beyond the family
- It enabled reflective learning amongst staff working with people with relationship difficulties
- It enabled learning which has now been fed into a refocused programme offering more intense therapeutic support (funded by Department of Communities and Local Government)

## **6 Overarching themes and their implications for charitable investment**

### ***6.1 Themes emerging from the research***

Three significant and overarching themes have emerged through the various elements of the research, which can be summarised as:

- Statutory agencies face systemic obstacles which impede their ability to change to early intervention and preventative approaches and mean that crisis intervention and aversion remain common ways of working;
- The barriers to joint working between family support/parenting agencies and homelessness agencies that are inadvertently created as a result of differing, and at times potentially conflicting statutory performance management frameworks, targets and incentives;
- The challenges for the voluntary sector as it engages in various ways with the new government-led agenda for the expansion of the “third sector” as a primary delivery vehicle for public services – with both implications for voluntary sector autonomy and innovation in an increasing contract culture, and new pressures to provide hard evidence of the value it offers.

These three themes are explored further below.

### ***6.2 Crisis intervention versus prevention***

Across the public sector (and in particular in housing, health and social services) the Government is trying to encourage local authorities to take a more preventative approach to the commissioning and delivery of services. The assumption is that by intervening early to prevent problems becoming entrenched, there will not only be better outcomes for individuals and their families, but also savings for the public sector in the long run. Investment in preventative services is not a straightforward choice however for a number of reasons.

Historically, children and young people’s services have intervened at the point of crisis – by which time the child is subject to or at risk of significant harm. This tendency towards crisis intervention is reported to have increased in recent years as budgetary constraints have caused thresholds for intervention to rise. The Government is now investing heavily in specific initiatives to promote the value of earlier intervention to local authorities, and is piloting new approaches which appear to hold out the promise of good outcomes. The evidence base for many of these interventions is far from robust however. Much of the evidence that exists is from abroad and often proves relationships between factors rather than causal relationships per se. For instance, we know that a poor relationship with one’s mother is strongly associated with

youth homelessness; but we do not know whether it is poor parenting that led to the breakdown in the parent/child relationship or other factors unrelated to the parenting style of the mother. However for commissioners of services from the voluntary sector and others, the presence or absence of a strong evidence base is crucial.

Where outcomes for children are concerned, the evidence suggests that the earlier the intervention the better. However the extent to which children with particular needs would actually go on to become at risk of significant harm without a specific intervention is often unknown. Also often unknown is the time period over which a deterioration in outcomes might happen. So for instance, an authority which invests in early intervention into the lives of 0-5 year olds, may not expect to reap any savings from a reduced need for crisis intervention for many years hence. Although preventative services are expected to offer savings in the future, the implication is that crisis intervention services will need to run at their current levels for several years before the savings from investment in preventative services start to take effect. Until such savings are achievable, and if additional resources are not available, every £1 invested in preventative services is likely to take away a £1 from services from children and young people who are already suffering significant harm.

Where savings are achievable, these may be to a range of public expenditure budgets covering health, criminal justice, housing and social care. Whilst this can increase the value of investment overall for the public purse, it can dilute the benefits for any single commissioner and therefore its willingness to invest. The Government has required local authorities to develop Local Area Agreements in which cross cutting priorities can be tackled via pooled budgets, but in practice the majority of public expenditure in these areas is still routed via separate budgets which tend to focus on areas of performance specific to the directorate or agency concerned.

Increases in spend on children's or adult social services either require an achievement in savings from elsewhere or increases in local taxation. For local councillors there can be little incentive to invest heavily in initiatives which will deliver well into the future where this will require increased local taxation in the intervening period. It remains to be seen therefore, how many of the preventative services currently delivered by specific homelessness or parenting funding from central government will survive beyond the period during which central government funding is available.

For these reasons, beyond funding initiatives that bring additional resources, we are most likely to see statutory sector investment in preventative services that are fairly close to the occurrence of crisis events. For instance family mediation services for teenagers at risk of homelessness tend to be focused on those who have already presented as homeless rather than those whose relationship with their parent(s) is breaking down but for whom homelessness is not necessarily a given outcome.

### **6.3 Working links between parenting/family support and homelessness agencies**

This research suggests that, despite the linkages between parenting and homelessness, there is currently little effective joint working between homelessness and parenting/family support agencies. This may be due to a number of the following factors.

In areas with two tier local government, social care (children's and adults') and homelessness services are located in different authorities (the former in county councils and the latter in district councils). However even in unitary authorities, the departments concerned are often responding to very different performance management systems and targets that have little overlap and commonality. The performance framework for children's and young people services is dominated by indicators for educational attainment and outputs/outcomes relating to children who are Looked After or who have a Child Protection Plan (for instance, stability of placements and frequency of reviews). By contrast, the performance framework for homelessness services is focused on the number of households who are accepted as homelessness and the nature of accommodation provided to them (and in particular the extent to which the authority uses bed and breakfast and other accommodation with shared facilities for families and 16/17 year olds). This absence of overlapping performance indicators can mean that there are few explicit incentives to work together more effectively.

As shown in Figure One the criteria for statutory social care and statutory homelessness interventions are different, and there is little overlap between the two groups. Only a small proportion of homeless families may include children at risk of significant harm who meet the criteria for statutory intervention, and homelessness is only one factor impacting upon the welfare and development of children who are Looked After or subject to a Child Protection Plan. As parenting strategies are rolled out and more preventative approaches implemented, there should be much greater scope for joint working than at present, as the degree of overlap between client groups grows. However there is little indication that this has happened to date, perhaps due to the historical lack of joint working between the two sectors.

Local authorities have been required to set up children's services directorates and multi-disciplinary partnership boards which bring all children's services under one umbrella. These changes are not yet fully implemented, and have yet to proceed to the next stage which will see the set up of separate Children's Trusts. So whilst there has been much energy put into partnership working by children's services in recent years, this has primarily been concerned with 'internal' joint working between children's education, social care, and health. This need to focus on internal relationships across the core children's services has resulted in relatively little attention being paid to wider partnerships, with housing or the voluntary sector.

Housing situation appears in one of 19 assessment fields in the Common Assessment Framework<sup>64</sup> for children, and is also routinely taken into account in children's needs assessments. By contrast, wider needs are rarely considered in homelessness assessments, except in cases where an assessment of vulnerability is required in order to establish whether the household is in priority need for statutory homelessness assistance. This means that whilst the support needs of people without dependents (including 16 and 17 year olds) are identified and action taken to respond to these, in the majority of authorities these needs are neither assessed nor responded to for families. Consequently, the allocation of temporary housing to families gives little regard to the presence of other vulnerabilities in the family.

The Government has recently issued guidance for local authorities to implement better joint working to meet the needs of children and young people who are, or who are at risk of homelessness<sup>65</sup>. The voluntary sector may have a key role to play in helping the statutory sector to implement this guidance and overcome long established cultures and practices which can mitigate against joint working.

#### **6.4 Challenges for the voluntary sector**

Traditionally the voluntary sector has viewed itself, and has been viewed by Government, as being better able to deliver innovative services which are unfettered by bureaucracy and which engage more successfully with so called 'hard to reach' households. However, since the introduction of the contract culture and service specifications, voluntary sector providers are arguably less able to fulfil some of these traditional roles.

Whereas in the past, local authorities and other statutory bodies funded voluntary organisations through grants or fairly arms-length funding arrangements, the last ten years has seen an enormous increase in the use of contracts which often closely specify the service to be delivered. The impact of this new contract culture on voluntary sector autonomy and innovation has been hotly debated for several years. Whilst many providers welcome the potential for increased access to funding (reporting that these changes have brought about increasing professionalism in the sector and greater opportunities to build working relationships with local authorities), others see it as an erosion of the independence of the voluntary sector and the ethics underlying it<sup>66</sup>. There is also some anecdotal evidence of a decreased willingness of voluntary organisations to collaborate and share learning due to increased competition for funding between them.

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<sup>64</sup> A copy of the CAF form can be found at [www.everychildmatters.gov.uk/\\_files/7A19974AAC5C41C1368257AC1B9BB9CA.doc](http://www.everychildmatters.gov.uk/_files/7A19974AAC5C41C1368257AC1B9BB9CA.doc)

<sup>65</sup> Department of Communities and Local Government and Department of Children Schools and Families (2008) Joint working between Housing and Children's Services: Preventing homelessness and tackling its effects on children and young people, available from [www.communities.gov.uk](http://www.communities.gov.uk)

<sup>66</sup> Institute of Voluntary Action (2006) Servants of the Community or Agents of Government? The role of community-based organisations and their contribution to public services delivery and civil renewal, available from [www.bassac.org.uk](http://www.bassac.org.uk)

There is no doubt that voluntary sector agencies have in the past been better able to engage with some of those in greatest need, because of their relative independence from the statutory agencies which those households can fear, due to previous experiences – such as Child Protection teams, mental health services and criminal justice agencies. However, there is an increasing recognition that those same households often have multiple needs which it can be hard for a single agency to meet effectively in isolation. In these cases, there can be clear advantages from working more closely with the statutory sector which may hold the key to the additional services required.

Where multi-agency team working is a clear requirement of effective service provision (as is the case for Family Intervention Projects), these teams have often been located within statutory services, perhaps on an assumption that they will be better able to negotiate inputs and co-operation from their statutory sector peers (who will often work for the same authority). Interestingly, the evaluation of the Children's Fund found that both statutory sector and voluntary sector dominated partnerships<sup>67</sup> had their own problems and disadvantages.

Children's Fund work was overseen by two broad types of partnership boards which have been described as 'stable boards' and 'developing boards'. Stable boards were dominated by statutory agendas and were connected to key decision making people/processes, but were not particularly innovative in their thinking or service development. This conservatism limited the learning possible from the investment and service development carried out during the programme's life. Developing boards were dominated by voluntary agencies and were much more innovative and creative. However programmes overseen by these boards were much less influential on mainstream practice as they were not sufficiently well linked to key decision makers. The evaluators of the Children's Fund concluded that a fusion of the two approaches would be required to achieve lasting positive impact.

Government policies for the voluntary sector are based on an assumption that the sector adds value. However, in a recent analysis of commissioning of services from the voluntary sector<sup>68</sup>, the Audit Commission found no evidence either for or against the argument that, at an aggregate level, voluntary organisations provide better or worse value for money in the provision of public services than either public or private sector providers. The report concluded:

Voluntary sector organisations can help by providing commissioners with a better evidence base for assessing the value they provide, both against commissioners' objectives for service delivery (including value for money) and against wider considerations. By demonstrating the value they can bring they will increase their opportunities to contribute to public services and to the wider community.

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<sup>67</sup> Barnes, E. et al (2006) *Working to prevent the social exclusion of children and young people: final lessons from the national evaluation of the Children's Fund*, DFES, available from [www.ne-cf.org.uk](http://www.ne-cf.org.uk)

<sup>68</sup> Audit Commission (2007) *Hearts and Minds: Commissioning from the Voluntary Sector*, (p. 27)

The need for the voluntary sector to find ways of more effectively measuring the outcomes they achieve, was highlighted in two recent reviews of the work of the voluntary sector in the fields of homelessness<sup>69</sup> and parenting<sup>70</sup>.

### **6.5 Implications for charitable investment**

These three overarching themes emerging from the research findings suggest a number of potential investment priorities for charitable trusts that span all four of the needs groups discussed in section five above.

Prevention - Assisting the voluntary sector to test and demonstrate the value of early intervention and prevention in improving the lives of individuals & families.

Improving working links – Supporting joint working between the family support/parenting sector and the homelessness sector by enabling voluntary organisations to establish strong partnerships from which to respond to the needs of households suffering or at risk of homelessness and family breakdown in a more effective and holistic way.

Voluntary sector positioning – Supporting the voluntary sector to optimise its influence and impact in achieving social transformation by supporting voluntary sector organisations to:

- work more effectively in partnership (not just as contracted service providers) with the statutory sector;
- evaluate and demonstrate the value that they bring.

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<sup>69</sup> Blake, S. et al (2008) *Lost property Tackling homelessness in the UK: A guide for donors and funders*, New Philanthropy Capital

<sup>70</sup> Barrett, H. (2008) *“Hard to Reach” Families: engagement in the voluntary and community sector*, Family and Parenting Institute

## **7 Possibilities for making a difference**

### **7.1 Context**

Our research conclusions in the preceding section identify four main areas which could potentially be priority investment areas for charitable trusts. The first two of these address the issues arising from current policy, planning and commissioning practice, and focus on the way the statutory and voluntary sector work together in developing and delivering their services:

- Promoting a shift from crisis intervention to earlier intervention and preventative approaches, by supporting work which demonstrates the value of prevention initiatives, including the financial benefits;
- Supporting and enabling new links which bridge the gaps between the parenting/family support sector and the homelessness sector.

The second two address more specifically issues for the voluntary sector itself by supporting voluntary sector organisations to both maintain and develop their historic role of trail blazing, challenging, innovating and demonstrating the value of new approaches and models, despite the increasing contract culture:

- Promoting and supporting voluntary organisations to enable them to contribute at a more strategic level as partners rather than simply contracted service providers;
- Supporting voluntary organisation to build a convincing evidence base and thus demonstrate more convincingly the outcomes and added value they are able to deliver.

Trusts wishing to invest in these four areas have a number of different options for intervention, and may wish to combine different aspects of these as different strands within a long term investment strategy. They include:

- Direct project funding;
- Demonstrating value and building evidence through action research;
- Supporting voluntary sector innovation;
- Supporting partnerships and collective learning;
- Supporting partnerships for change.

There are a number of pros and cons for each of these elements which need to be considered when assessing the potential for optimum funding impact.

### **7.2 Direct project funding**

There is a significant need for independent charitable funding in areas where there is little statutory interest in funding certain aspects of work by the voluntary sector. We have highlighted above the increasing role the voluntary

sector is now playing in delivering closely specified public services as a contracted agent of statutory services, and its effect in limiting the potential for voluntary sector innovation and autonomy to greater or lesser degrees, depending on organisations' relative financial independence from or dependence on such contracts.

One clear and pressing need is for charitable funding for non-statutorily homeless adults to support to re-build existing relationships and to develop new relationships, especially if they are profoundly damaged by poor parenting and family breakdown in the past, to help them combat their personal isolation and loneliness. This could take the form, for example, of small grants to individuals to transform aspects of their lives, or funding for counselling and more therapeutic work with individuals and the people who are important to them.

Another major need is for early intervention and prevention work by voluntary sector agencies with families often described as “hard to reach” – those families with multiple needs exacerbated by social deprivation such as substance misuse and mental illness, where pro-active practical help and longer term support can help to break the downward spiral of the cycle of disadvantage<sup>71</sup>. The research shows that these families are often afraid of and alienated by contact with statutory services and actively avoid them, so that their difficulties fall well below the “radar” of the statutory sector until they reach crisis point and statutory intervention then becomes formal and potentially perceived by the family as punitive and coercive. There is evidence to show that with families in this position the voluntary sector has greater reach, because it is still perceived as independent. Some of the more effective work in improving outcomes for families and children appears to be based on principles of enabling and empowering families to take responsibility for their own lives<sup>72</sup>, which can be undertaken more effectively when families participate voluntarily and with a level of trust rather than through compulsion.

A third need is for an extension of the support to very fragile families with the most enduring multiple needs, to provide longer term or ongoing support of a more intensively therapeutic as well as practical nature.

These are just three examples of the kind of direct project funding that trusts could consider – there are clearly many more implicit in the information provided elsewhere in this report. Although direct project funding could improve the lives and future opportunities of a number of particular families and individuals, when combined with one or more of the other options outlined below it offers scope for increased and potentially more lasting value.

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<sup>71</sup> Barrett, H. (2008) Hard to Reach Families: engagement in the voluntary and community sector, Family and Parenting Institute

<sup>72</sup> Unpublished interview with Brandon Centre, Camden, London on learning in progress from randomised controlled trial of multi-systemic family therapy

### ***7.3 Demonstrating value and building an evidence base through action research***

Action research put simply is a form of research which takes an object of study and observes it in action. It usually takes the form self-reflective enquiry undertaken by the participants themselves, and has an iterative process, a spiral of steps which include planning, action and fact finding about the result of the action. It is therefore a powerful tool for evaluating service delivery from outset, and is particularly useful for voluntary sector organisations seeking to trial new approaches and ways of working, as it involves the systematic gathering of hard evidence, both numerical and qualitative, as part of its core process. An action research programme could therefore be developed by directly funding a number of projects which would then provide the data for study.

An action research programme could include aspects of all the strands of work discussed above. It could target areas where there are gaps known to exist, such as the examples discussed above.

Trusts could combine a number of opportunities for direct project funding into an action research programme. These would form a series of demonstration projects delivered by partner voluntary organisations and one or more independent research and evaluation partners. The focus would be on aspects of work where there is no existing or significant evidence base. This approach would then build an evidence base over time which includes cost benefit analysis as well as qualitative process and outcome measurements.

### ***7.4 Supporting voluntary sector innovation***

There is already a tremendous level of voluntary sector innovation taking place in both the homelessness and the parenting arenas, despite some of the constraints that arise as a result of the contract culture. A major issue that has emerged through this research however is the rash of short term initiatives which promote innovation and creativity, but more often than not fail to embed and disseminate the learning so that innovation is lost and organisations find themselves “re-inventing the wheel,” thus wasting time, energy and resources and losing the opportunity to build on experience and so improve the quality of work delivered. Short term initiatives often lack the time or the resources to include any genuinely rigorous evaluative framework which can consider the lasting impact of a particular model or programme. Where organisations are committed to continuing with an innovative piece of work after the end of a funding stream, again they are often forced to waste time, energy and resources through repackaging an established and effective model because of funders’ desire to fund only the innovative and new.

There is potential for trusts to intervene very effectively here, both by supporting organisations to pilot new approaches over a meaningful timeframe which permits genuine evaluation, but possibly even more effectively, by helping organisations already doing such work to harness, evaluate and develop their learning, so that the innovation becomes

embedded in their mainstream work, as well as disseminating the learning in a systematic way to others. Examples of supporting such innovation could include:

- Evaluating the long term benefits and impact of longer term therapeutic work with families with complex and enduring needs;
- Supporting agencies working directly with homeless people to embed family mediation as an integral offer within their core service, whether for homeless young people or homeless adults;
- Helping the development of new service models which support the involvement of grandparents and/or other extended family members in bringing up the children of teenage parents.

### ***7.5 Supporting partnerships and collective learning***

Our research has highlighted the difficulties organisations, both statutory and voluntary, face in working across the homeless/parenting divide, exacerbated by different funding streams, different and sometimes conflicting statutory responsibilities and targets, lack of knowledge and information, and on occasion, different organisational cultures and values. These difficulties come into play at all levels. Staff on the frontline do their best to cope through strength of personality and informal collaborative relationships, but this often falls apart when a key individual moves on, exposing the same difficulties at the most senior and strategic organisational levels.

Charitable trusts could support the development of mechanisms for improving cross organisational working both at service level, for example, in working to support families with multiple needs, and at the strategic level in planning service development and strategic investment planning.

Other examples include:

- Hosting, contributing to, or funding networking and learning events;
- Funding dissemination of learning via web published tools or guidance.

### ***7.6 Influencing central government policy and procedure***

This option could involve a more “hands off” way of working than the options described above, using desk top research and consultation as its mode of evidence building, or could include elements of some or all of the options above to provide a hard evidence base. The amount of investment necessary to create the required level of influence would vary. A key step would normally be to discuss the proposal in advance with the policy makers and strategic planners that a trust is seeking to influence in order to better understand what data and measures of performance will have most impact in influencing change at the national level. Smaller trusts in particular may wish to consider finding partner organisations which share their vision for social transformation

and who can collaborate with them to develop a strategy to take the vision forward. Such partnerships have the potential for broad reach and high level influence. Collaboration across a number of trusts will bring more resources to the table, and a broader range of networks, but could also create greater impact through the impression of a powerful consensus of opinion.

For individual trusts the potential disadvantages include the loss of independence and possibility of a changed vision brought about as a result of collaboration with one or more partners.

### **7.7 Summary**

A summarised overview of each of these possibilities for making a difference is provided in the table overleaf.

Where a trust wishes to bring about lasting social (rather than personal) change, we recommend that investment should be accompanied by a robust and independent evaluative framework, which has engaged the long term audience of the evaluation (for example, relevant commissioners and policy makers) so that the evidence base being developed has the optimum long term impact.

**Figure Ten – Summary Table**

<b>Element</b>	<b>Pros</b>	<b>Cons</b>
Direct project funding	<ul style="list-style-type: none"> <li>• Benefits individuals and families unable or unwilling to receive help from the statutory sector</li> </ul>	<ul style="list-style-type: none"> <li>• Limited impact due to limited funds</li> <li>• No leverage of other resources</li> <li>• Minimal impact on policy and practice</li> </ul>
Supporting voluntary sector innovation	<ul style="list-style-type: none"> <li>• Independent and rigorous evaluation can demonstrate new models</li> <li>• Effective dissemination can spread learning and improve mainstream practice</li> </ul>	<ul style="list-style-type: none"> <li>• Risk of endlessly re-inventing wheel</li> <li>• Much existing innovation and good practice has yet to be gathered and evaluated</li> </ul>
Demonstrating value through action research	<ul style="list-style-type: none"> <li>• Builds an evidence base</li> <li>• With independent and rigorous evaluation can demonstrate the cost and qualitative benefits of new models of working</li> <li>• With effective dissemination can spread learning and improve mainstream practice</li> </ul>	<ul style="list-style-type: none"> <li>• Depending on the area covered by the demonstration project can be costly</li> </ul>
Supporting partnerships and collective learning	<ul style="list-style-type: none"> <li>• Could improve joint operational working between a variety of statutory and voluntary organisations</li> <li>• Partnerships at strategic level may bring about more sustained change</li> <li>• Could support more “holistic” delivery of services</li> </ul>	<ul style="list-style-type: none"> <li>• Risk of getting caught up in statutory bureaucracy and inter-organisational conflict</li> <li>• Risk of putting energy into “talking shop” activity rather than really effecting social change</li> </ul>
Influencing high level policy and procedural change	<ul style="list-style-type: none"> <li>• Could bring about more lasting and far reaching change</li> <li>• Could lever additional funding from other vol. sector partners</li> </ul>	<ul style="list-style-type: none"> <li>• Choice of partners important to ensure required ‘clout’ and shared vision</li> <li>• Potential dilution or shift in vision as a result of collaboration with partners</li> </ul>

# Appendices

## Author Profiles

Jane Luby and Jackie Gallagher are ex-Directors of Consulting with one of the UK's largest consultancy companies. They now combine pursuit of their own freelance consultancy careers, with associate work, often leading or project managing commissions for statutory and voluntary sector clients at the national and local level. Whilst their experience is predominantly in social care and housing, it also encompasses related fields including criminal justice, domestic violence, health, regeneration and employment and training.

### Jane Luby

Jane's particular expertise lies in the use of research to inform policy, commissioning strategy and service development across the fields of social care, housing, and criminal justice. Jane regularly works across sectors to bring about the change necessary to develop partnership working and deliver more cohesive service delivery for those with multiple needs.

She has a strong track record in leading research into the needs of people with complex needs including women involved in street prostitution, rough sleepers, drug and alcohol users and people with mental health needs.

Recently with Homeless Link, she conducted action research in three London boroughs to inform policy and practice for responding to the housing and care needs of drug users across London. The work (overseen by the Home Office, National Treatment Agency, London Probation, and Housing Corporation) was published as an example of best practice. Other recent commissions include: a review of the strategic challenges facing London authorities for the London Collaborative; development of a commissioning strategy to address domestic violence for the borough of Lambeth.

### Jackie Gallagher

Jackie has expertise in research and evaluation across the social care, housing, health and criminal justice sectors. She has trained to postgraduate level in social and psychological research methodologies, lectured on social research methods at the University of Westminster, and holds an MSc in the psychodynamics of human development. She currently advises the University of Middlesex on the application of social and psychological research.

Jackie has worked on a range of research and evaluation assignments linked to change management and the implementation of sector-wide change. She is a skilled facilitator and regularly works with groups of people ranging from senior non-executive and executive officers through to specific community groups, for example, women surviving domestic abuse, people living with HIV/AIDS, and people with mental illness. Recent commissions include: research into the accommodation, social care, health and education needs of traveling families; a health and social care needs assessment of children living with disabilities; and evaluations of national programmes for voluntary organisations. Jackie is currently leading new research for Middlesex University on the organisational impact and cost benefits of conflict resolution and mediation interventions.

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## **Organisations interviewed or contributing information**

Action for Children (NCH)  
Bristol Christian Action Network  
Barnardos  
Brandon Centre  
Bristol City Council  
Bristol Primary Care Trust  
Building and Social Housing Foundation  
CAYSH  
Centre for Housing Policy, York University  
Children's Legal Centre, University of Essex  
Children's Society  
CRASH  
Crisis  
Department of Children, Schools and Families  
Department of Communities and Local Government  
Eikon  
Family Action  
Family and Parenting Institute  
Foyer Foundation  
Full Circle  
HACT  
Homeless Link  
Henry Smith Charity  
Joseph Rowntree Foundation  
Joseph Rowntree Charitable Trust  
Kids Company  
Laings Charitable Trust  
Lemos and Crane  
London Borough of Lambeth  
London Housing Foundation  
New Philanthropy Capital  
Oak Foundation  
One25  
Ormiston Trust  
Parentline Plus  
PIPPA Project  
Relate  
Refugee Action  
Sainsburys Charitable Trusts  
Shelter  
Span  
St Christopher's Fellowship  
St Michael's Fellowship  
St Mungo's  
Thames Reach