Wither the social investment state? Early intervention, prevention and children’s services reform in the new policy context


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Abstract

In recent years OECD countries have increased investment in early intervention and prevention initiatives targeted at children, young people and families (OECD, 2009). Focusing on children’s services reform and the central theme of this conference ‘Bigger Societies, Smaller Governments?’, this paper reviews initiatives in England under Labour (1997-2010) and reflects on continuities and new departures in the first year of the Conservative-Liberal Democrat Coalition government. Labour invested in preventative policies via investment in programmes targeted at children, families and disadvantaged communities to reduce social exclusion; ‘whole system change’ and intensive family interventions targeted at ‘the highest need’ groups. These reforms re-constituted the relationship between the state, children, families and neighbourhoods with new forms of social support, intervention, regulation and surveillance. These radical departures in English child and family policies were conceptualised as shifts towards the: ‘enabling state’ (Blair, 1998), ‘social investment’ state (Lister, 2006) and ‘preventive-surveillance’ state (Parton, 2006). With the forming of the Conservative-Liberal Democrat Coalition Government, following the General Election in May 2010, policy is entering a new phase of reform. The Coalition’s agenda is set to pull back on state intervention in childhood and family life via: (1) the withdrawal of some family support measures; (2) public funding cuts to children’s services; and (3) endorsement of civil liberties concerns about the ‘preventive-surveillance’ state. However, the Coalition seeks to sustain many aspects of early intervention albeit via a greater role for citizens, voluntary organisations and the private sector in service commissioning, providing and delivery. Concurrently social investment, social risk and ‘family functionality’ rationales for social interventions remain leading to much continuity with Labour’s early years and targeted social interventions.
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Introduction

In recent years, OECD member states have increased investment in early intervention and prevention initiatives targeted at children, families and communities (Brody et al 2009; McAuley et al 2006). However, the rationales for, and approach to, reform varies across welfare states as does the evidence for policy effectiveness. This paper reviews developments in England under Labour (1997-2010) and the early days of the Coalition Government in light of the key themes of this conference ‘Bigger Societies, Smaller Governments’.

Early intervention, prevention and children’s services reform: Approaches and rationales

‘Early intervention’ and ‘prevention’ are slippery and contested concepts. In deliberating types of ‘earlier intervention’ for children in need, Statham and Smith (2010, p.17) set out three approaches:

- early years’ interventions;
- ‘earlier’ intervention as the early identification of problems and ‘additional needs’ as well as earlier delivery of services and interventions;
- ‘earlier’ intervention as interventions aimed at reducing exposure to known risk factors or promoting resilience, protective factors and coping among groups at risk of poor outcomes.

‘Intervention’ here is being used in a broad sense to refer to the full spectrum of universal, targeted and specialist children’s services as well as convey the ‘continuum of state intervention in childhood and family lives’ which ranges from universal and targeted support services to the use of statutory powers to compel families to engage with services, child protection procedures and placing children in the Looked After Care system (Hardiker, 2002). Although the scope of universal and targeted initiatives vary within and across welfare states, in the context of England’s residual child welfare system, early intervention and prevention initiatives promote more state intervention in childhood and families. Compared to earlier waves of prevention policies, each approach also promotes more extensive ‘preventative’ agendas seeking via social interventions to ‘identify problems earlier and prevent them from getting worse’ and, more ambitiously, ‘prevent problems from emerging’ (Little et al 2002). In turn reforms can be framed as: improving child welfare; supporting families; regenerating communities; promoting social rights; promoting children’s rights to ‘protection, participation and provision’; reducing ‘high risk/high cost’ social problems; promoting resilience; improving the cost-effectiveness of children’s services and reducing the need for costly remedial interventions (Boddy et al 2009; Churchill, 2011).

While some developments encompass all three foci (such as the Sure Start programme below), there are important differences between them. The first approach refers to early years’ interventions which can target the pre-natal period or young children of any pre-school age (while targeting their families and sometimes their neighbourhoods). Programmes vary in
their primary aims and specialist knowledge base, for example incorporating health, early literacy, childcare, family support and parenting interventions. In recent years, policy makers have invested in multi-component and integrated models of early years’ services. Inspired by community development approaches and the US Early Head Start programme, Labour introduced the Sure Start programme from 1998/9 which sought to promote early child development, support families and ‘strengthen communities’ via child, parent, family and neighbourhood focused services. Via the integration and extension of early years services (accessed and/or delivered by a multi-disciplinary teams based in local Sure Start Centres), Sure Start Local Programmes (SSLPs) sought to improve children’s ‘readiness for school’ and their long-term life chances (Belsky et al., 2007). Rationales for investing in early years interventions include recognition of the long-term effects of detrimental early years experiences and the influence of child development theories that posit the early years are the ‘most critical for development’ and ‘a window of opportunity’ for social interventions due to the ‘plasticity of early child/brain development’ (Allan, 2011). Rutter (2007, p. 199) argued these claims reflect ‘a serious misreading of the evidence’ stating that the early years’ are highly significant for early development but so are other stages of development. Moreover several welfare issues (i.e. some disabilities; mental health concerns; anti-social behaviour; substance misuse) commonly emerge during adolescence and young adults are at great risk of poverty and unemployment in the UK. Framing the early years as the most critical period for development and social interventions implies a retreat on social responsibilities for older children and ‘later intervention’. Furthermore, early years interventions are framed as cost-effective social investments that in the long-term break intergenerational cycles of poverty and social exclusion, reduce expenditure on remedial interventions and boost human capital and economic productivity (Allan, 2011). Leaving aside disputes about assessing programme effectiveness, social interventions need to be supported by a package of welfare policies to reduce poverty and social exclusion in the here and now and in the future (i.e. anti-discrimination measures; welfare benefit changes; labour market changes; housing price changes); and require rigorous attention to programme development and implementation to enhance programme effectiveness (Rutter, 2007).

The second approach to early intervention highlighted by Statham and Smith (2010) was the earlier identification of problems and ‘additional needs’, and earlier delivery of support. Earlier intervention is contrasted with ‘later’ intervention which has ‘distinctively therapeutic or remedial aims’ delivered at a higher threshold of need and concern (Statham and Smith, 2010: p. 17). As above earlier intervention is supported on child welfare, social justice and cost-effectiveness grounds (Little and Mount 1999; Statham and Smith, 2010). However, once again this risks overstating the preventative potential of social interventions and depends on rigorous attention to critical policy and practice issues. Many argue effective reform depends on ‘whole system change’ across children’s services promoting high quality, needs-responsive, and integrated universal, targeted and specialist services (Hardiker, 2002). Reform needs to recognise the complexity and contested nature of social needs and problems (Little and Mount 1999). These issues influence needs assessment and service planning (Statham and Smith, 2010). Furthermore, far from reducing public expenditure, the early identification of child welfare concerns places additional demands on service resources; is more likely to lead to higher rates of referrals to specialist and targeted services and raises concerns about ‘inappropriate net widening’ (Statham and Smith, 2010). Earlier intervention also raises ethical concerns about the negative effects of labelling children and families as in need of social interventions without addressing broader structural disadvantages (Morris et al., 2009).

Statham and Smith (2010) identify a third approach - ‘earlier’ intervention which seeks to reduce exposure to known risk factors and/or strengthen protective factors, coping
strategies and resilience. This approach draws on the ‘risk and protection’ research paradigm, which originated in epidemiology (medical research into diseases, their causes, treatment and prevention) and has significantly influenced public health and child welfare research, policy and interventions (Little and Mount, 1999). Little et al (2002, p. 105) argue ‘risk’ in this paradigm refers to ‘an individual’s chance of developing a specific problem’. As well as quantifying levels of risk at individual and group levels, risk research identifies risk factors in children’s lives which are ‘factors in the individual or environment which significantly correlate with the development of specified social or psychological problems’, and protective factors which ‘in certain contexts reduce or mediate individual risks of social and psychological problems’ (Little and Mount, 1999, p. 49; Little et al, 2002). This departs from notions of ‘risk of significant harm’. This risk-based approach equally seeks child welfare, social inclusion and public expenditure gains. However, researchers call for comprehensive problem definitions, an awareness of the complex and interrelated psycho-social factors which influence child welfare and an appreciation of the theoretical and empirical limitations in the evidence-base (Little and Mount, 1999). Statham and Smith (2010, p. 26) argue that the ‘identification of risk on the basis of multiple risk factors, rather than a single risk factor’ leads to more cost-effective policy and practice. These researchers further call for policy makers to address ‘proximate’ as well as ‘distal’ risk and protective factors whereby ‘proximal variables’ are those ‘affecting the child directly, such as parental health or maternal behaviour’ while ‘distal variables’ have a more indirect effect on children as they are ‘further down the causal chain’ such as levels of household income or family household type (Statham and Smith, 2010, p. 24). However, ‘proximate’ risk factors lead to more interventionist behavioural orientated interventions which could stigmatise higher need families. A critical issue therefore is the assessment of service user and practitioners as well as ‘research’ notions of risk and protection, and dialogue about felt and expressed needs as well as more ‘objective, evidence based’ notions of need (Little et al 2002).

Major developments under Labour (1997-2010)

This section highlights three phases in Labour’s early intervention and prevention policies: (1) investment in early intervention and prevention programmes; (2) whole system change; and (3) the expanding agenda in Labour’s third term in office. It will set out the key features of Labour’s approach and selectively review reform evaluations to highlight critical policy and practice issues.

Investment in early intervention and prevention programmes

According to the former Prime Minister Tony Blair, New Labour sought ‘social justice ends via market means’ (Blair, 1998). Discourses of social exclusion suited this agenda. Drawing on Levitas (2005), Labour’s policies endorsed the ‘integrationist’ and ‘moral underclass’ perspectives promoting equality of opportunity; citizenship rights and responsibilities; and the need for behavioural social interventions to address social exclusion as well as income-based anti-poverty measures. These agendas had significant implications for child and family policies. From 1998, Labour set out six policy priorities: (1) more financial support for (deserving) low income families; (2) welfare to work, childcare and family friendly employment policies; (3) investment Sure Start programmes; (4) more support for first time mothers; (4) investment in parent education; (5) policies aimed at strengthening marriage and promoting child welfare in divorce proceedings; and (6) initiatives to address domestic violence, school truancy, teenage pregnancy and youth offending (Home Office, 1998). Poor children were recognised as being at risk of long-term health problems, educational underachievement and poor life chances. Service reforms promoted ‘progressive
universalism’, with ‘support for all, but more support for those most in need’ (HM Treasury and DfES, 2005). These principles not only suggested ‘whole system investment’ but they reflected commitment to ‘progressive conditionality’ whereby ‘more support is matched with more responsibilities’ – where young people and families are deemed to be failing in their citizen and parental responsibilities, the state utilises statutory powers to compel people to engage with services and receive an intervention. Labour’s youth offending prevention policies demonstrated this approach introducing Parenting Orders (PO) (statutory powers to compel parents to attend parenting classes or parent counselling sessions to improve parenting when young people are at risk of offending or truanting) and Parenting Contracts (PCs) (more voluntary ‘behaviour change’ agreements to engage with family interventions with parents of misbehaving youth). Social policies took a decidedly child-focused turn, with children framed as ‘future adult citizens’ and social investment targeted at investing in children’s as human capital (Lister, 2006).

These agendas led to investment in: Sure Start, parenting interventions and the Children’s Fund. £452 million was designated to establish 250 Sure Start Local Programmes (SSLPs) in England by 2002 (Belsky et al, 2007). The 2000 Comprehensive Spending Review announced a doubling of the Sure Start budget to £500 million by 2003-4 and plans to establish another 250 SSLPs by 2004. SSLPs were established in highly deprived neighbourhoods and sought to ‘break intergenerational cycles of poverty and social exclusion’ (http://www.ness.bbk.ac.uk, accessed, Jan 2010). As noted above better outcomes for children were to be secured via interventions directed at young children as well as parents, families and communities. To enhance engagement and cost-effectiveness, SSLPs drew on evidence about the need for non-stigmatising services and community involvement. SSLPs served all families with young children in designated neighbourhoods; developed professional-community partnerships and had much local autonomy in service design. However, SSLPs remained subject to centrally defined targets and were expected to provide the following ‘core services’: outreach and home visiting; support for families; good quality play, learning and childcare for young children; primary and community health care, and support for families in need. SSLPs supplemented other developments which combined childcare, family support and health services for families with young children such as Early Excellence Centres (EECs) and Neighbourhood Nurseries (NN); Labour’s welfare reforms and other neighbourhood regeneration strategies (Churchill, 2011).

Leaving aside the methodological challenges to the National Evaluation of Sure Start (NESS), the early Impact Study found small but significant improvements in early child development, the home environment and quality of maternal care but found less evidence of improvements in child health or behaviour outcomes, and less significant impacts for families headed by teen parents, lone parents and workless adults (Belsky et al, 2007). Subsequent Impact Studies, however, based on longitudinal and comparative data found more significant impacts across child development, home environment, family functioning / parenting, engagement with services and rating of the neighbourhood indicators (NESS, 2011). There are major challenges to assessing what works, for whom and why with such a complex multi-component and locally heterogeneous community intervention as Sure Start (Belsky et al, 2007). The NESS studies found evidence that beneficial outcomes were influenced by multiple service delivery, programme and local context factors including: effective partnership working and leadership (including health, social services and education statutory agencies, voluntary and community agencies, parental representatives, private sector providers, housing and leisure and recreation statutory representatives); effective multi-agency working (especially between health, social services and education agencies); accessible services; good staff retention, recruitment, training and supervision; high quality services; services for children, parents, families and communities; effective strategies to
identify higher need families; non-stigmatising and empowering professional-service user relationships and outreach activities (Belsky et al, 2007). However, programmes faced many challenges in developing good practice and initial progress was often based on pre-SSLPs development. For example, multi-agency working was more progressed in some SSLP areas prior to the programme. Another example was the finding that health-led SSLPs tended to promote better outcomes for children but this could have been because health services had well established databases of new births and families with young children in the area (Belsky et al 2007).

Labour’s second term in office led to further early years’ reforms. In response to positive findings from evaluation research (such as in relation to EECs, Bertram et al 2002) but disappointment over the slow progress in meeting childcare, employment and child poverty reduction targets and less positive early findings from the Sure Start initiative - a further £1.5 billion was announced for early years services for 2002/3-2005/6. SSLPs, EECs and NNIs became Sure Start Children’s Centres, mainstreaming these initiatives into one combined model. However, there was a more prescriptive ‘core offer’ and less emphasis on community involvement and local diversity. Children’s Centres would provide integrated early education and childcare for at least 5 days a week, 48 weeks a year and 10 hours a day. Children’s Centres would employ at least one qualified early years’ teacher. Alongside childcare, Children’s Centres would provide child and family health services, family support services, outreach services and make links with JobCentre Plus, adult education providers or welfare benefit services.

Parent education was a second strand of Labour’s prevention policies. There was investment in universal forms of parenting advice (i.e. the ParentLine telephone service and Parent Know How website) as well as investment in universal and targeted interventions. Commitment to an evidence-based approach led to investment in ‘proven’ formal parenting programmes such as the Webster-Stratton ‘Incredible Years’, Triple-P Parenting Programmes and SPOKES parenting / literacy programme. Parenting interventions were viewed as part of the ‘solution’ to problems of child neglect, youth offending and anti-social behaviour and educational underachievement. Initiatives aimed at families where young people were at risk of educational failure and offending, however, took a more coercive and remedial approach.

Evaluations of the YJB Parenting Programmes, Webster Stratton ‘Incredible Years’, Triple-P programmes and Strengthening Families, Strengthening Communities (Churchill and Clarke, 2009; Moran et al. 2004) found positive outcomes for young people and parents following participation in these programmes. Ghate and Ramella’s (2002) impact evaluation study of the YJB Parenting Programmes found individual rates of youth offending reduced in the year after a young person and their parent attended the parenting programme and that parents who fully participated reported improved parent-youth communication, improved supervision and monitoring of young people, reductions in parent-child conflict and better handling of conflict, improved relationships with children and more praise / less criticism of young people and more confidence as a parent. However, some parents and young people reported ‘negative’ impacts including increased parent-youth conflict (Ghate and Ramella, 2002). The YJB Parenting Programmes found it difficult to engage the highest need parents voluntarily and retain participants on the courses (Ghate and Ramella, 2002). Parenting programmes often find it hard to retain higher need families, hence good practice guidelines promote participation incentives, targeted additional support to higher need parents, father engagement as well as mother engagement, making programmes accessible and responsive while retaining programme fidelity and providing follow up and multi-agency support to meet additional family needs (Moran et al, 2004). However, resource constraints and lack of multi-agency awareness often limit practitioners capacities to achieve these aspects of good practice (Churchill and Clarke, 2009).
A third initiative introduced in 2001 was the Children’s Fund which targeted children aged 5-13 years. This aimed to ‘prevent children from falling into drug abuse, truancy, exclusion, unemployment and crime’ – major risk factors associated with long-term social exclusion (Morris et al. 2009). With a budget of £450 million the Fund was distributed to 150 Local Authorities in England (by 2008 there were 149 local Children’s Fund partnerships). The Children’s Fund invested in local services and voluntary and statutory sector partnerships which were required to assess local needs, identify priority ‘at risk’ groups and develop preventative services, and were subject to targets to reduce truancy, raise educational attainment, reduce youth offending and improve outcomes for young people in care.

The national evaluation of the Children’s Fund ran from 2003-2006 and found that local partnerships tended to invest in social and recreational opportunities for young people at risk of involvement with the criminal justice system, and mentoring and counselling for young people as well as initiatives for disabled children, asylum seeking and refugee families, Black and ethnic minority children, and traveller and gypsy families (Edwards et al, 2006). Many achieved positive and valued outcomes for young people and their families (Morris et al, 2009). However in line with some of the concerns about variability in SSLPs, the national evaluation found some local partnerships did not grasp the preventative agenda and utilised funds ‘to provide their usual services’ (Edwards et al, 2006). Another commonality with the NESS findings were the challenges Children’s Fund partnerships faced in engaging and identifying ‘at risk groups’. Edwards et al (2006) found practitioners and local partnerships disagreed over who should be eligible for services.

In line with the themes of this conference, Labours’ investment in these programmes had significant but mixed impacts on neighbourhoods and communities as well as the voluntary sector (which has long provided services and support which could be classified as early intervention and prevention). The NESS findings above found those SSLPs which effectively engaged communities and developed meaningful well represented community involvement provided new opportunities, training and resources for individuals leading to individual empowerment and community self-help initiatives (Williams and Churchill, 2006). The Implementation Studies found that programme ratings for service user empowerment (assessed in terms of involvement in programme management and volunteering activities, and self-help groups) correlated somewhat with improvements in maternal well-being, mothering / parenting and children’s well-being (Belsky et al, 2007). A key theme in evaluations of group parenting programmes was parental (mainly maternal) reports of receiving valued social and emotional support from other participants leading for some to longer-lasting peer support and friendships (Churchill and Clarke, 2009). There was evidence, therefore, that Labours’ social interventions facilitated valued forms of self-help, social capital and community empowerment. However, there was also evidence that to achieve these outcomes professionals needed to promote a non-judgemental, non-discriminatory and inclusive ethos.

In respect of promoting voluntary sector involvement and capabilities, Labour’s interventions had mixed results. While initiatives such as Sure Start and the Children’s Fund invested directly in voluntary-statutory partnerships, other policies, including the emphasis on investing in evidence-based ‘proven’ interventions, posed a major threat to grassroots voluntary sector activities and provision. For example, playgroups and locally devised parenting programmes have dwindled as a feature of service provision (Lewis, 2003; Moran et al, 2004).

Children’s services reform

The second strand to Labour’s policies was children’s services reform. Mainstream education, health and social services reforms sought to promote the earlier identification of
need and provision of support to children in need. From the late 1990s, the Department of Health (DH) introduced reforms to social services which aimed to improve needs assessment, service planning, information gathering and outcomes assessments for children in need and children in the Looked After Care (LAC) system (Horwath, 2009). Reforms included the introduction of the ‘Framework for the Assessment of Children in Need and their Families’ (DH, 2000) which adopted a more evidence-based ecological approach assessing children’s needs and circumstances along three dimensions: child development, parenting capacity and broader family and neighbourhood factors. The role of schools in supporting children’s additional needs and providing family support was developed. The 2002 Education Act encouraged the development of ‘Extended Schools’ whereby schools would provide ‘on-site wrap-around’ childcare and out of school activities open from 8am-6pm as well as operate as a ‘community hub’ of information and services for families with children. In Labour’s second term in office, though, concern grew about whether initiatives were sufficiently reaching ‘children most at risk’ and ‘most in need’. The 2002 Children at Risk Review concluded that “a substantial minority [of children] face a combination of problems which result in persistently poor outcomes in terms of educational achievement, employment, health and anti-social behaviour” and that “despite extensive investment in services for children, most services were not having the desired positive impact on disadvantaged children” (HM Treasury, 2002: p. 153). Proposals from this review formed the mainstay of Labour’s programme for ‘whole system change’ introduced following Lord Laming’s (2003) Inquiry into the Death of Victoria Climbe and the Green Paper ‘Every Child Matters’ (Chief Secretary to the Treasury, 2003).

"Every Child Matters" (Chief Secretary to the Treasury, 2003) sought to ‘integrate services around children’s needs’ and facilitate “intervening at the earliest stage of a problem” (Chief Secretary to the Treasury, 2003: p. 20-21). Following the 2004 Children Act local Social Services and Education Departments were re-organised into Children’s Services Departments, headed by a Director of Children’s Services. Directors of Children’s Services were to establish and work in partnership with local Children’s Trusts (strategic multi-agency children’s services partnerships that set local service priorities) charged with a duty to undergo population wide needs assessments, audit local service provision, re-organise services and invest in services in order to promote 5 outcomes for children aged 0-19 years: ‘staying safe, being healthy, enjoying and achieving in childhood, making a positive contribution to society and economic well-being’. There was further investment in Children’s Centres and Extended Schools – reflecting the expansion of social interventions targeted at young and school age children in need. Controversial reforms included the development of the electronic integrated children’s database which would record basic information about every child and their involvement in services albeit be a restricted source of information for practitioners working with children in need and at risk (Parton, 2006). These measures were highly criticised on grounds of family privacy, anxiety over discriminatory practice, cost, data security and civil liberties. Parton (2006) conceptualised Labour’s approach as the ‘preventative-surveillance state’ whereby social risk management and child protection concerns justify extensive surveillance of all children and families; development towards mandatory reporting of child protection concerns; increased bureaucratic demands on professionals and extensive state surveillance of citizens via information gathering. Parton (2006) argued that the ‘preventative-surveillance’ state is costly to sustain, raises social justice issues and siphons funding from greater investment in family support and child well-being initiatives. Subsequently Labour introduced requirements for those working with children to raise and record concerns about a child ‘at the point of concern’ rather than ‘evidence of harm’ (Parton, 2006). Other practice reforms included: the introduction of a Common Assessment Framework (CAF) (a multi-dimensional needs assessment tool to be
used with children in need similarly based on ecological models of needs assessments) and the lead professional model (where one professional was responsible for overseeing services and support for children accessing more than one specialist agencies). Drawing on Hardiker’s (2002) model of the continuum of services, reforms sought better integration and partnership working across all levels of intervention: universal support and services for children and families; targeted and specialist services for parents who need additional support and statutory child protection procedures and compulsory interventions in families to safeguard children. Investment in workforce reform aided these practice developments. In a similar vein, the role of health services in early intervention and prevention was promoted via the ‘National Service Framework for Children, Young People and Maternity Services’ (DH, 2004). There was a strong focus on the relationship between maternal and child health. The Standards promoted more routine screening for health problems during pregnancy and post-natal depression, as well as in children’s pre-school and school years. The Standards encouraged health services to engage more with fathers and promote fathers’ health. Further health services were to offer more information, services and support to parents and carers in respect of their parenting role (DH, 2004). Under pressure to review services for disabled children, youth services, children’s mental health services, health promotion services and social care services for children in care – Every Child Matters was followed by Youth Matters (DfES, 2005a), Care Matters (DfES, 2006) and reviews into services for disabled children and mental health services.

An expanding agenda

On the one hand Labour’s third term in office (2005-2010) led to more targeted and intensive interventions for the ‘most socially excluded’ while on the other ‘risk-based’ prevention strategies addressed a broader range of ‘risks’ in children’s lives. These shifts reflected incremental policy learning as well as wider economic and political circumstances (such as public expenditure limits following the Iraq war and 2007/8 financial crisis, and the influence of the Conservative’s ‘Broken Britain’ and ‘Big Society, Smaller State’ campaigns). Policy interest in family and intensive interventions grew. In 2005 the Treasury published a report which argued that parents and parenting were critical to children’s education, health, emotional and mental well-being, behaviour and social integration, transition to adulthood and life chances as adults (HM Treasury and DfES, 2005, p. 24). The review argued that ‘the influence of parents is greatest when children are very young, but parents matter at every stage of a child’s life’ (HM Treasury and DfES, 2005: p. 20). In 2005 £21 million was invested in Parent Support Advisers (PSAs) posts in 600 primary and secondary school in deprived areas. PSAs would work with parents whose children are truanting from school or showing signs of difficulty / poor behaviour at school. The Respect Action Plan, launched in January 2006, expanded family and parenting interventions as part of Labour’s drive to reduce anti-social behaviour and youth offending. The Action Plan announced investment in Family Intervention Projects (FiPs), based on the Dundee Family Projects. FiPs sought to reduce anti-social behaviour, prevent homelessness and promote the five key outcomes for young people via an ‘assertive’ and ‘persistent’ approach to working intensively with families and agencies providing tailored packages of services to address multiple problems in families. FiPs could be provided by voluntary sector or statutory agencies, and could involve intensive outreach and home visiting or families living in temporary supported housing in the community or residential units with staff (White et al, 2008). The Respect Plan (2006) also announced the establishment of the National Academy of Parenting Practitioners (NAPP) to promote evidence-based practice. Further, there was investment in youth recreational, social and volunteering opportunities to divert young people from crime. The Action Plan on Social
Exclusion (SETF, 2006) echoed these policy agendas and announced investment in 10 health-led home visiting parenting support pilots based on the US Nurse-Family Partnerships model to provide intensive home based support for first time young mothers during pregnancy and with children under 2 years and parent education training for health professionals. The Families at Risk review (Cabinet Office and SETF, 2007) stated that 2% of families, around 140 000 families, were severely socially excluded with ‘multiple, entrenched and mutually reinforcing problems’. The Review set out the need for greater integration between services (including adult and children’s services) and further investment in FiPs. White et al (2008) undertook an independent evaluation of the 56 FiPs established during 2006 and 2007. They found that following participation in a FiP, levels of anti-social behaviour ‘declined considerably’, the risk of eviction for families was reduced and the five outcomes for young people were improved (White et al, 2008, p. 79). However FiPs are highly resource intensive and work with families reaching very high levels of need. The researchers identified 8 significant factors leading to cost-effective outcomes: effective recruitment and retention of high quality staff; small caseloads; the key worker system; the whole family approach; the use of sanctions and support; and effective multi-agency relationships (White et al, 2008, p.2).

In 2007 Gordon Brown took over as Prime Minister and the DfES was renamed the Department for Children, Schools and Families (DCSF). The damning UNICEF (2007) report into child well-being in 21 advanced industrial nations led to media headlines that ‘the UK was the worst place to grow up in Europe’. The DCSF then published the Children’s Plan (DCSF, 2007). Labour’s policies remained dominated by concerns about educational attainment, offending and ‘the most socially excluded families’. However, this report identified wide-ranging risks to children: work-family conflict, on-line safety, the commercialization of childhood, access to recreational opportunities, sedentary lifestyles and parental marital / relationship problems which led to subsequent policy initiatives in these areas. Key announcements were:

- Funding for two parenting practitioners in every LA in England and Wales by 2010 (£31 million between 2007-2010);
- More PSAs in schools;
- Funding for facilities and respite breaks for families with disabled children and a Family Fund for services for families with disabled children (£90 million between 2007-2010);
- Funding for play and recreational facilities and opportunities for young people (£225 million between 2007-2010).
- Development of more preventative strategies to reduce youth offending and drug and alcohol misuse among young people;
- New legislation to introduce statutory requirements to meet the child poverty reduction targets and put Children’s Centres on a statutory footing.

In 2008 the DCSF announced a further £18 million would be invested in FIPs. Towards the end of its third term in office, Labour promoted more investment in couples counseling and mediation services to prevent family breakdown and support families separating or affected by divorce (DCSF, 2010).

Overall by the 2010 General Election, Labour had transformed children’s services. Investment in prevention programmes and major reform had re-constituted the relationship between the state, children, families and communities – in contradictory ways - via new
forms of social support, intervention, regulation and surveillance. These radical departures in UK child and family policies were conceptualised as shifts towards the: ‘enabling state’ (Blair, 1998), ‘social investment’ state (Giddens, 1998; Lister, 2003) and ‘preventative-surveillance’ state (Parton, 2006). While it is important to recognise the uncertainties and limitations of programme evaluation findings, the review above indicated many beneficial and highly valued outcomes for young people, families and communities – but also indicated limited impacts on some disadvantaged groups and limited impacts against programme aims and targets. The rationales for social interventions were also justified on the grounds that behavioural interventions can effectively address complex social problems – a claim that was critically assessed above.

Other research has captured the effects of Labour’s ‘whole system reforms’. Two messages run across several studies – evidence of effective change albeit limited realisation of the full vision. Studies found that many LAs were effectively implementing the new Assessment Framework (AF) and Common Assessment Framework (CAF), that these tools provided a more comprehensive and rounded assessment of children’s and family needs and that needs assessment informed service planning (Brandon et al, 2006; Horwath, 2009). However, studies also noted the challenges and barriers councils faced in mainstreaming good practice related to resource constraints, issues of staff development and retention, organisational and cultural barriers to change (Brandon et al, 2006; Cleaver and Walker, 2004). White et al (2008) analysed 280 completed CAF forms in 4 LA’s and did not find evidence that the CAF was bringing children’s needs to the attention of services at an earlier stage as CAFs were used with higher need children and families and information did not often lead to new interventions or services. Brandon et al (2006) found service users often felt they were not involved enough in the process and did not receive a copy of their assessment. Other studies found considerable variation between and within local authorities in which services used the CAF and how they did (Statham and Smith, 2010). Where the CAF was more extensively used, it was mainly used by schools to identify special educational needs (in the broadest sense), children’s centres, primary health and children’s social care agencies (Statham and Smith, 2010). Even when these changes to needs assessment and multi-agency referral systems are effective, however, research indicates the specialist and targeted services, and children’s social care services, often become overwhelmed by ‘net-widening’ and higher levels of identified needs (Brandon et al, 2006). A government commission review of the ‘market for family and parenting support services’ carried out by PriceWaterhouse (2006) found severe gaps in ‘level 2’ provision (specialist and targeted services for families with additional needs not subject to child protection monitoring). Other studies have found particular gaps in services for disabled parents and children, mental health services, youth services, substance misuse services, support for fathers and multi-cultural services (Utting, 2009).

There remain challenges to effective strategic partnership and multi-agency working. The National Evaluation of Children’s Trusts (Bachmann et al, 2009) found local children’s services had established more integrated working at the strategic management level of services but less multi-agency working in frontline service delivery. Boddy et al (2009) went further to criticise the limited conceptualisation of integrated multi-agency working in England which relies on referrals rather than developing ‘multi-disciplinary teams’ embedded in universal services – a feature of other European approaches in schools, family centres and youth centres. To improve multi-agency working, however, policy makers need to address the cultural, practical and institutional barriers to inter-professional understanding and cooperation (Parton, 2006). Some additional critical issues are issues of engagement with services; the availability of services; practitioner and public knowledge and awareness of services and the need for effective but ethically sound systems of information sharing,
referral, signposting and multi-agency working. To increase engagement with services or referral rates to specialist and targeted services from children at risk and families in need, there is a need to address the barriers children, young people and families face in accessing and engaging with children’s services and professionals (Churchill, 2011). Other barriers include a lack of awareness about services, material and physical constraints in accessing services, anxiety about confidentiality and the consequences of accessing services, cultural attitudes about services and assumptions about who services are for (Churchill, 2011). The pressures of resource constraints (such as funding constraints, funding cuts for public services, staffing levels or workload / time constraints) impact on needs assessment and service delivery in a range of ways. In these conditions, aspects of ‘good practice’ are hard to achieve (i.e. consistency of staff; building longer-term relationships with service users, families and communities).

The death of ‘Baby P’ due to fatal abuse in August 2007 led to an inquiry into child protection procedures in the local social services, a national review of the Every Child Matters safeguarding reforms (Laming, 2009) and the establishment of the Social Work Taskforce. These reports were critical of the degree of change in frontline services in line with the vision for reform. Laming’s report (2009) called for more effective implementation and sustained reform, while the Social Work Taskforce focused on workforce and frontline practice reforms (Social Work Taskforce, 2010). The Taskforce called for government to reduce the bureaucratic demands on practitioners and to improve service quality and service user outcomes via strengthening ‘relationship based practice’ and investing in better qualified, supervised and supported social workers.

Continuities and new directions in the first year of Coalition Government

With the election of the new Conservative-Liberal Democrat Coalition Government in May 2010, children’s services reform was set to enter a new phase. The evolving Coalition’s agenda seeks a retreat from state intervention in childhood and family life. Further, the Coalition seeks a greater role for citizens, voluntary organisations and the private sector in service commissioning, providing and delivery. Conversely, the social investment, social risk and ‘family functionality’ rationales for social interventions remain leading to incremental policy development in some targeted social interventions introduced by Labour.

All of the three major political parties in English politics would have introduced extensive public spending cuts following the 2010 General Election. Nevertheless the Conservative-Liberal Democrat Coalition Government has introduced radical public spending cuts and asserted that ‘reducing the national deficit’ is its social and economic policy priority (HM Treasury, 2010). However, the Coalition claims ‘essential’ frontline services will not be cut and to be a ‘child-focused, family friendly’ government committed to meeting obligations set out in the 1989 Children Act, 2004 Children Act and 2009 Child Poverty Act. In October 2010 the Emergency Comprehensive Spending Review announced a programme of departmental spending cuts of between 14% and 25% by 2014/15 (although cuts in education, health, defence and overseas aid were lower) (HM Treasury, 2010). The spending cuts included the withdrawal of financial support measures for families with children (such as the Health in Pregnancy Grant, the Sure Start Maternity Grant, Child Trust Funds, Educational Maintenance Allowance and controversially Child Benefit for higher earning families) and reductions in disability benefits and tax credits for some families. Children’s services are facing severe cost containment measures. Campaigners have particularly raised concerns about cuts in the following services: community midwife services, free or low cost leisure and recreation services, youth centres and services, arts projects, library services, outreach work, prevention initiatives in health promotion / mental health / youth services and family
and parenting support (http://www.cypnow.co.uk/go/funding_cuts/experience cost containment, accessed June 10th 2011). Funding cuts also place pressures on children’s services professionals, such as Health Visitors, to re-focus on a narrow set of health concerns under the demands of increasing workloads (http://www.cypnow.co.uk/go/funding_cuts/experience cost containment, accessed June 10th 2011).

Major education, health and social care reforms are underway. The Coalition renamed the DCSF the Department of Education (DofE) indicating a return to education priorities within the Department. Reforms to schools have retreated from the Extended Schools agenda although some LAs are retaining some of this work and PSA posts. Schools are encouraged to become more autonomous from LA control with a major programme of expansion in Academies and parent-run Free Schools. Some focus on combating educational disadvantages and addressing children’s additional needs, however, is to be retained by the Pupils Premium which provides additional funding to schools to address additional needs among disadvantaged pupils – although schools have much autonomy over how to spend these funds (HM Government, 2010). The controversial reforms to health and social care seek substantial marketisation and efficiency savings. The reform of children’s social care is likely to be informed by the findings of the Munro Report into Child Protection (Munro 2011) (which echoed some of the findings of the Social Work Taskforce and promoted more relationship based practice and multi-disciplinary team working) – but commitment to these reforms is currently unclear.

The Coalition Government is set to further retreat on two other aspects of Labour’s approach: evidence-based policy and the preventative-surveillance – both deemed too costly (HM Government, 2010). The abolition of several government quangos will phase out initiatives such as NAPP. Further developments towards the preventative-surveillance state, such as the electronic integrated children’s database and ‘risk-based’ prevention strategies, are framed as symptomatic of Labour’s ‘Big Government’ and ‘social engineering’ approach (HM Government, 2010). However, social investment and social risk rationales for social interventions remain. Interest in early years and family interventions in particular are sustained by these discourses, and in its first year the Coalition has already set out plans to invest in extended statutory childcare entitlements for disadvantaged 2 years olds and all 3 year olds as well as more FiPs and Nurse-Family Partnership schemes (Allan, 2011). A more targeted approach to social investment (and mixed economy of provision) though is emerging based on continuities with Labour’s third term ‘behavioural’ social interventions aimed at the most socially excluded. Family and community dysfunction are particularly cited as ‘the root causes’ of disadvantage (Cameron, 2009).

Finally the new policy context seeks a greater role for citizens, communities, voluntary agencies and the private sector in children’s services commissioning and delivery. To some extent public spending cuts threaten this agenda as many voluntary and community initiatives are currently struggling to retain funding. But this agenda also has the potential to add value to state-community-voluntary agency partnerships and current community participation initiatives. The greater role for the private sector and more extensive marketisation could lead to important service innovations (the PriceWaterhouse report mentioned above identified unmet market demand for parenting and family support services). However, charging for services makes access dependent on ability to pay and cost-effectiveness from contracted out services requires costly state regulation.

**Conclusion**

Labour invested in all three forms of early intervention set out by Statham and Smith (2010). However there was limited progress in the degree to which specialist and targeted child and
family welfare services were able to respond to needs earlier and promote child and family well-being. This related to the scale of social problems, contested nature of policy objectives and limited conceptualisation of implementation challenges. Under the Coalition, the policy agenda is in retreat due to the programme of public sector cuts and withdrawal of some aspects of Labour’s children’s services reforms. In the last year, early intervention and prevention policies are refocusing on early years interventions and social interventions targeted at those ‘most in need’ – both of which are to be delivered via a greater role for voluntary and private sector agencies. While this refocusing will lead to a new era of reform, the Coalition’s approach continuities to develop the social investment state.

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