



Office of the
Deputy Prime Minister
Creating sustainable communities

Making a difference to disadvantaged families?

Qualitative case studies

A report for the Social Exclusion Unit
in the Breaking the Cycle series



Social
Exclusion
Unit



Making a Difference to Disadvantaged Families?

Qualitative case studies – a
report for the Social Exclusion Unit
in the Breaking the Cycle series

ACKNOWLEDGEMENTS

This study would have been impossible without the help provided by staff in local agencies in locating suitable households. Also there was the time given by household members who took part in the research, we are grateful to everyone who gave their time to assisting the research process. We have been ably assisted by the Impacts and Trends team at ODPM including Donna Molloy, Julie Bull and Vanessa Scarborough. We would also like to thank Jane Ritchie who provided invaluable advice throughout the study. Finally, at the National Centre we would like to thank Marion Clayden who conducted many of the household interviews, Ollie Elliot who spent countless hours recruiting families to take part in the study, and Dan Philo & Richard Brown who provided research support throughout. Thanks also to Lisa Pinckard who devised and laid out the household timelines shown in Appendix C.

Kandy Woodfield
Jenny Graham
Alice Mowlam
Josie Dixon
The Qualitative Research Unit (QRU)
The National Centre for Social Research

The Office of the Deputy Prime Minister
Eland House
Bressenden Place
London SW1E 5DU
Telephone 020 7944 4400
Web site www.odpm.gov.uk
www.socialexclusion.gov.uk

© Crown Copyright 2004

Copyright in the typographical arrangement rests with the Crown.

This publication, excluding logos, may be reproduced free of charge in any format or medium for research, private study or for internal circulation within an organisation. This is subject to it being reproduced accurately and not used in a misleading context. The material must be acknowledged as Crown copyright and the title of the publication specified.

For any other use of this material, please write to HMSO Licensing, St Clements House, 2-16 Colegate, Norwich NR3 18Q Fax: 01603 723000 or email: licensing@hmso.gov.uk.

This is a value added publication which falls outside the scope of the HMSO Class Licence.

Further copies of this publication are available from:

ODPM Publications
PO Box 236
Wetherby LS23 7NB
Tel: 0870 1226 236
Fax: 0870 1226 237
Textphone: 0870 1207 405
Email: odpm@twoten.press.net
Online: www.publications.odpm.gov.uk

ISBN: 1851127305

Printed in Great Britain on material containing 75% post-consumer waste and 25% ECF pulp

September 2004

Product code: 04SEU02467

CONTENTS

	Page
Summary:	6
Chapter 1: Introduction	11
1.1 Social exclusion and the policy context	11
1.2 Aims and scope of the research	13
1.2.1 What households and what policies to include?	13
1.3 Research design and conduct	15
1.3.1 Overview of research design	15
1.3.2 Sampling and recruitment	16
1.3.3 Conduct of the fieldwork	16
1.3.4 Analysis and interpretation	17
1.4 Coverage of the report	19
Chapter 2: Experiences of social exclusion and policy interventions	20
2.1 Experiences of social exclusion	21
2.1.1 Experiences of household exclusion	21
2.1.2 Becoming and staying disadvantaged – how does exclusion occur?	25
2.1.3 Levels of exclusion over time	27
2.1.4 Changes since 1997	28
2.2 Experiences of policy interventions since 1997	29
2.2.1 Policy experiences since 1997	30
2.2.2 A classification of policy interventions	36
2.2.3 Initiating policy contact	38
2.2.4 Differences between household types	39
Chapter 3: Changing for the better: positive impacts of policy	40
3.1 The positive impact of intervention: an overview	41
3.2 Policies and their impact	44
3.2.1 Material resources and improved living standards	44
3.2.2 Skills and attainments	47
3.2.3 Improved health	50
3.2.4 Strengthened family relations and social networks	51
3.2.5 Psychological and emotional wellbeing	54
3.3 The combined impact of policies	56
3.3.1 Reinforcing initiatives	56
3.3.2 Strengthening 'readiness' for policy interventions	58
3.3.3 Preventing deeper exclusion	59
3.4 Policy impact and life stage	60
3.4.1 Triggers to change	60
3.4.2 Supporting and sustaining existing change	61
Chapter 4: What prevents progress?	63
4.1 Readiness for policy and service intervention	64
4.1.1 Life stage & 'readiness' to pursue change	64
4.1.2 Entrenched personal issues	64
4.1.3 Poor prior experiences or misperceptions about policies	66
4.2 Changing personal circumstances which undermine policy effectiveness	67
4.3 Ineffective policy interventions	67

4.3.1	Progress undermined by poor policy delivery	68
4.3.2	Poor quality provision	69
4.3.3	Sanctions leading to demotivation and financial hardship	71
4.3.4	Unfavourable consequences of policy outcomes	71
4.4	The absence of effective policy interventions	73
4.4.1	Support for people excluded from services	73
4.4.2	Bullying	74
4.4.3	Support for children who have lived with domestic violence	74
4.4.4	Integrated support around health care and disability	74
4.4.5	Provision of adequate social housing	74
4.4.6	Provision of youth services	75
4.4.7	A lack of policy support for change	75
Chapter 5:	Delivering effective policies and support	76
5.1	What works well?	76
5.2	Providing integrated services	80
5.3	Ensuring the stability of schemes and initiatives	81
5.4	Fitting need	82
5.4.1	Fitting focus of policy to individual need	82
5.4.2	Fitting components of intervention to individual need	82
5.4.3	Mediating factors	83
5.5	Interaction between service providers and policy recipients	84
5.5.1	Continuity	84
5.5.2	Delivery at group sessions	85
5.5.3	'Being listened to'	85
5.5.4	Responsive service delivery	86
5.5.5	Confidentiality	87
5.6	Accessing services	87
5.6.1	Physical access	88
5.6.2	Boundary issues	88
5.6.3	Eligibility criteria	88
5.6.4	Information flows and application processes	89
5.6.5	Concerns about the delivery site	90
Chapter 6:	Conclusions and key messages	92
6.1	The context	92
6.2	Impacts of policy interventions	92
6.2.1	Positive impacts of policy	93
6.2.2	Undermining influences	94
6.2.3	Differential impact across study groups	95
6.2.4	The sustainability of outcomes	96
6.3	Policy delivery	96
6.4	The contributions of different policy areas	98
6.5	Evaluating the success of social inclusion policies	100
Table of Figures		
Table 1.1	Sample profile	6
Box 2.1	Sharon's story	26
Box 2.2	Steve and Jenny's story	26
Box 2.3	Contrasting experiences of exclusion	28
Table 2.1	Policies experienced by young people and children since 1997	30
Table 2.2	Policies experienced by lone parents since 1997	33
Table 2.3	Policies experienced by two parent families since 1997	35
Table 2.4	Classification of policy interventions	36
Chart 3.1	Positive impacts of social policies	42
Chart 5.1	Key features of effective service delivery	77

GLOSSARY OF ACRONYMS

ABI	Area Based Initiative
BoCs	Better-off calculations (a service provided by New Deal advisers for people looking to enter work)
CDRP	Crime and disorder reduction partnership
CSP	Community safety partnership
CTB	Council Tax Benefit
DLA	Disabled living allowance
EAZ	Education action zone
ECDL	European Computer Driving License
EiC	Excellence in Cities
EMA	Educational Maintenance Allowance
EYDCP	Early Years Development and Childcare Partnership
HA	Housing Association
HB	Housing Benefit
HBRO	Housing Benefit Run-On
IS	Income Support
ISSP	Intensive Supervision and Surveillance Programme (for young offenders)
LPRO	Lone Parent Run-On
LSC	Learning and Skills Council
ND25+	New Deal for 25+
NDC	New Deal for Communities
NDLP	New Deal for Lone Parents
NDPA	New Deal Personal Adviser
NDYP	New Deal for Young People
NEET	Not in Education, Employment or Training
NNI	Neighbourhood Nurseries Initiative
NRF	Neighbourhood Renewal Fund
NVQ	National vocational qualification
PCE	Post compulsory education
SEN	Special educational needs
SRB	Single Regeneration Budget
YOI	Young Offenders Institute
YOT	Youth Offending Team

EXECUTIVE SUMMARY

Making an impact? Exploring the role of government policies in household change – findings from qualitative case studies

Jenny Graham, Alice Mowlam, Kandy Woodfield & Josie Dixon (NatCen)

1. Background to the research

- This research was commissioned by the Social Exclusion Unit and conducted by a research team from the National Centre for Social Research.
- Since 1997 the Government has placed a great deal of policy emphasis on tackling social exclusion. Social exclusion is *“a shorthand term for what can happen when people or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime environments, bad health and family breakdown.”*¹
- The research objective was to understand how government policies, either singly or in combination, had affected families at risk of social exclusion since 1997. The research used a qualitative approach. A case study methodology collected the perspectives of multiple members of households and of the service providers who work with these types of households.
- Twenty families at risk of social exclusion participated in the study. They were from three household types, each of which has been the target of multiple policies since 1997: lone parents with at least one child under 16; families with a young person aged 16 to 18 who had experienced a prolonged period of not being in education, employment or training; and two parent families with long term experience of low income or unemployment.
- The interview sample included parents and children.

2. The families' experiences of social exclusion & government policy since 1997

- The nature of the households' problems varied, but six were common to all three groups - poverty and debt; barriers to employment and long term worklessness; educational difficulties; neighbourhood or community difficulties; poor mental or physical health; and housing instability or inadequacy. In particular educational difficulties and failure were recurrent issues for all households, and were often at the root of subsequent problems and had clear intergenerational patterns .
- Pathways into social exclusion were varied. For one group of families the process was swift and triggered by a single event, for others disadvantage had been an enduring and long-term experience.

1 Preventing Social Exclusion (2001) Report by the Social Exclusion Unit

- Over time families found their circumstances changed. As a result they experienced shifting levels of exclusion and disadvantage. The change was frequently complex and erratic rather than a simple downward or upward movement.
- Families in the sample had received over 100 different types of policy intervention and support since 1997.
- Policies formed one of three types: Core support (for example, Income Support/housing); Focused initiatives (which could be simultaneous or consecutive); and, *Community or neighbourhood initiatives*.
- The most significant examples of progress tended to be when policies had been directed at different problems within households simultaneously.
- Families came into contact with policy in four ways: *through a new circumstance*, like becoming unemployed, which brought access and entitlement to support; because a crisis event (such as being arrested) or new core need (such as the onset of ill health) prompted people to seek support and triggered policy contact; because a *transitional event* triggered policy contact (for example, becoming a parent initiates a series of health visitor interventions); or, because a family lived in an area where a *policy was being delivered to the whole neighbourhood* (such as the installation of CCTV cameras or increases in police foot patrols).

3. Positive impacts of policy

- Positive outcomes which had resulted from policy interventions were numerous, complex in their origin and diverse in their consequence. They contained a mix of primary outcomes, acquired as a direct result of the intervention, and secondary effects that occurred as a consequence of these outcomes . Some had occurred only for the main recipient, while others had also resulted in benefits for other family members.
- Outcomes had resulted in different types of resources being acquired by individuals and/or their families: improved material resources and living standards; the acquisition of skills and attainments; improved health; strengthened family relationships social networks; and, improved psychological and emotional wellbeing.
- ‘Soft’ impacts, such as improved self-esteem, often played a major role in the ‘distance travelled’ by individuals, and on the changes experienced by their families.
- Some impacts were a result of *initiatives across the policy spectrum*. Others were more *directly related to a particular sector*. Some policy domains had had a widespread impact on individual and family resources, others much less so.
- There were many areas where two or more policies had worked together to provide mutually reinforcing changes. There were also many examples of circumstances in which one policy had strengthened the potential for another to be effective; or had prevented deeper exclusion occurring.
- Policies had also interacted effectively with naturally occurring life change, either by acting as a catalyst to further change, at an appropriate time, or by supporting or sustaining developments that were already occurring.

4. What prevents progress?

- A range of factors affected the extent of change that families experienced. Key among these were: how receptive people were to services and support; whether people had any personal issues, such as problematic drug use; gaps in policy provision or support; the quality of service delivery and, unintended negative impacts of policy interventions.
- Low receptivity to 'outside' intervention was a significant barrier to positive change. Factors which made people less receptive were the life stage of the recipient, entrenched dominant personal issues and poor experiences or misperceptions of policies and interventions.
- Unwillingness to engage with services, could be overcome by effective service intervention and effective advertising of the range of support available but this places demands on service providers.
- Positive change could easily be interrupted by unexpected changes in personal circumstances, such as the onset of ill-health, bereavement or relationship breakdown.
- Policies were ineffective in three main ways. Firstly, certain policy areas were failing, or failing to provide effective support to families either because of delivery problems or because the quality of their provision was poor. Secondly, there was evidence that the imposition of sanctions could undermine other policies. Finally, changes such as moving into work or education sometimes led to inadvertent negative outcomes for families.
- Key policy gaps were identified by both service providers and household members:
 - Greater alternative provision for those excluded from school, and to a lesser extent those excluded from other services such as GPs because of their behaviour.
 - Strategies to deal with bullying in more schools.
 - Improved training provision on compulsory ND programmes to allow a greater range of options and enough time to gain skills that will be beneficial.
 - Wider targeting of information about tax credits, benefits and of 'better off' calculations.
 - Play areas and provision for 5 to 13 year-olds
 - Support for children who have witnessed domestic violence

5. Delivering effective policies and support

- The most effective way of delivering multiple policies was seen as being 'package' interventions. These were where a service provider focusing on one type of issue or barrier (such as offending) acted as a '**gateway**' for the recipient to a range of other forms of support or initiatives triggering changes across different areas of their life.
- Where policy was delivered to an individual, there were certain universal features seen as important. These included service providers being polite and respectful. Also, consistency of service provider, being listened to, maintaining confidentiality and ensuring that the policy intervention fitted with an individual's needs, were all highly valued.

- Flagship programmes and targeted initiatives were most commonly seen as holding such features. More exceptionally, similar features were reported in some mainstream services such as health and education, but felt to be less evident in others such as housing services.
- General points were made about how delivery was improved when services worked closely together. Also, stability of government funding and policy priorities were seen as important in promoting long lasting and successful policies.
- Access issues such as geographical access, boundary issues, information flows and applications processes, presented some difficulties to households wanting to use services, and to service providers in delivering them.

6. Differences between families

- There were notable differences between the three study groups, in the range and extent of impact experienced.
- The greatest level of positive change was experienced by lone parent households. Also there was evidence to suggest that, in the main, policies were working well as a package.
- Two parent families experienced least change. This was thought to be related to several factors. Perhaps most significantly, they had had markedly fewer policy contacts than the other two types of household; and those which had been experienced were more often single focus rather than package interventions. However, it is impossible to explain these differences with any certainty as they may relate to factors beyond the scope of this study.
- The young people households fell somewhere in the middle in terms of the level of positive change experienced. There were examples of young people who had moved forward, while the progress of others had been more faltering, and often accompanied by periods of inactivity or re-engagement in more negative behavioural patterns.

7. Sustainability of outcomes

- There is evidence to suggest that some of the positive changes that had occurred were much more likely to be sustained than others. Using such evidence, the changes experienced appeared most sustainable for lone parents and most fragile for young people.
- Despite this evidence, it is not possible for a cross sectional study such as this, to offer firm conclusions about the sustainability of the outcomes that were found. All the changes that had occurred are open to being supported or undermined by the changing circumstances of families, the personal development of individuals and other external factors.
- For low income couple families there was some evidence to suggest that the stability of families' circumstances was likely to be sustained with the continuation of core support, even if more active change was unlikely.

8. Contributions of different policy domains

- The study also provided evidence about the impact of different policy domains by examining: the initiatives which were referred to as having had some positive outcome; features of policy delivery which were seen as effective; and areas of life in which new or existing problems remained unresolved.
- Using such benchmarks, it was evident that certain policy domains had been successful in having an impact on social exclusion, others rather less so, for our families.
- Education and training had perhaps had the most significant impact with a range of policies and initiatives. These had not only resulted in change for the families, such as the acquisition of skills and qualifications or movement into employment, but they had also had an impact on all other key areas of life. For similar reasons, programmes and initiatives within the field of youth justice also fared well in their impact.
- By contrast some people reported more negative experiences of housing policy and delivery.

CHAPTER 1: Introduction

Since the mid 1990s government policy has been committed to reducing social exclusion and promoting social inclusion. As part of its work to better understand how government policies and initiatives are working together to affect change, the Social Exclusion Unit (SEU), in the Office of the Deputy Prime Minister, commissioned a research team from the *National Centre for Social Research (NatCen)*. Its brief was to explore recent changes in the lives of households at risk of social exclusion, and the factors underpinning changes they had experienced. The findings provide policy makers across government with evidence about the experience of social exclusion, and the role of government interventions in household change. Also the findings could assist in the further development and delivery of policies to increase social inclusion.

SUMMARY

- Since 1997 the Government has placed a great deal of policy emphasis on tackling social exclusion.
- Commissioned by the SEU, this research focused on the changes experienced by households at key risk of social exclusion. It is in an attempt to gain an understanding of how different policies work in combination and to understand what underlies the processes of change in households.
- The research used a qualitative approach.
- A case study methodology collected the perspectives of multiple members of households and of the service providers who work with these types of households.
- Twenty households participated in the study. They included households with young people at risk of social exclusion, lone parents and low-income couple families with children. The interview sample included parents and children.

1.1 Social exclusion and the policy context

Since 1997 the government has placed a great deal of policy emphasis on tackling social exclusion. The priority given to this in the policy agenda demonstrates the importance of the concept in the planning and delivery of current social policies. The SEU's working definition of social exclusion is:

*'A shorthand term for what can happen when people or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime environments, bad health and family breakdown.'*²

The current government strategy, as laid out in 'Opportunity for all' focuses policy on a range of issues affecting poverty and social exclusion. They include low income, education, skills, health services, decent housing, the security and environment of the areas in which people live.

Specifically the strategy focuses on the following elements:

*'...ensuring that work is possible - through the maintenance of a stable macro economy, delivery of active labour market policies, and the promotion of the improvement of skills; providing financial security and inclusion - primarily by ensuring that work pays, and by promoting financial security in retirement; breaking cycles of deprivation - through preventative strategies such as early years intervention and the provision of good quality education; and, improving public services for all.'*³

The poverty and social exclusion agenda involves various government-funded programmes and targets. The resulting policies are frequently multi-dimensional and cut across different government departments and delivery agencies.

The long term nature of social problems, and the potential for inter-generational cycles of social exclusion, is a key government concern. That concern has given rise to a wealth of policy initiatives aimed at households and families with young children. These initiatives include Sure Start, Sure Start Plus, Neighbourhood Nurseries Initiative (NNI), New Deal for Lone Parents (NDLP). Another is the support of young people through education and training. Examples include Connexions, Educational Maintenance Allowance (EMA), Excellence in Cities (EiC) and On Track. Tackling other problems experienced by young people is another focus of the initiatives. These problems include truancy and exclusion from school, teenage parenthood and the risks associated with being a young person who is looked after in social care.

There has also been a focus on the vulnerabilities associated with certain life stages, and situations which are often transitional. Transitions into the labour market for young people or for those who have experienced long term unemployment, is an example of an issue that recent policies have focused on. Other issues include the temporary problems faced by low income households with pre-school children; and the difficulties which can arise with old age.

Policy has also taken account of the importance of community. There was the introduction of the Neighbourhood Renewal Unit (NRU) and its National Strategy for Neighbourhood Renewal. The latter includes the Neighbourhood Renewal Fund (NRF). Another community focused policy was the introduction of 6,000 UK On-Line centres to provide local access to internet resources.

The SEU, through its Impacts and Trends programme, has been charged with reviewing what these policies have achieved so far and how the inclusion agenda might be taken forward. Alongside this review, it was felt important to look in detail at the ways in which families experience policies designed to help them overcome or tackle aspects of social exclusion. That is because it is only at this level that the combined effects of different policies are seen. It was also necessary to examine individuals' and families' experiences of policy in order to understand how change in one person's life can have an impact on other members of their household.

This research was commissioned as part of the Impacts and Trends review. It focused specifically on the changes experienced by households at key risk of social exclusion. The idea was to learn how different policies work together and to understand the processes of change in households and the factors involved in that change.

3 *Ibid.*

1.2 Aims and scope of the research

The overarching aim of this study was to understand recent changes in the lives of socially excluded groups and the role of government initiatives in this. More specifically the research set out to:

- Explore in detail the combined impact of policies on a few key target households.
- Develop a more detailed picture of how policies are experienced by their intended recipients.
- Understand what makes the difference in whether the policies achieve their intended outcomes or not.

Within this broad goal, the research sought to:

- Understand what change has occurred within households which have been targeted by multiple government initiatives.
- Understand the processes by which change has occurred at the individual, household and community level including intra household effects. These include changes in the overall circumstances of households and changes for individual members and their inter-relationships/related effects on other household members.
- Explore how interventions work together in the lives of recipients.
- Explore whether impacts from interventions in one area of life affect other areas of life and affect how these interventions are received in these other areas.
- Understand why some intended or anticipated changes have not occurred and to understand the barriers to achieving desired outcomes for key households.
- Explore perceptions about the role of policy - as rolled out locally - in these change processes, via interviews with families and key local policy implementers.

Clearly the scope of the research was extensive, spanning the period from 1997 to 2003, multiple life areas and a wide range of different policy interventions at a local and national level. Together with the SEU, the research team honed the focus of the research to ensure that robust and meaningful findings could be generated within the project's time scale.

1.2.1 What households and what policies to include?

Due to the diverse range of different households 'at risk of social exclusion', the team decided to adopt an exploratory design. We focused on three household types rather than trying to generate evidence which would be representative of **all** households at risk of social exclusion. Similarly, we had to agree the range of policies to be included and the case studies needed to focus on groups to which policy attention had been directed.

Defining the household types

Persistent poverty is a key driver of social exclusion and is strongly linked with other forms of disadvantage. These include educational under-achievement, ill-health, and housing disadvantage. Consequently decisions about who to include in the case study research were

based on consideration of 'who are the poor'. The largest group of poor households are households with children. While rates of child poverty have fallen since 1997, children are still more likely to be in poor households than any other age group⁴. Among families with children, poverty rates are highest for lone parents⁵. The increase in child poverty in the 1980s and early 1990s led to a historically unique political commitment to tackle this problem over the long term. Many initiatives are now in place to try to address that problem. These initiatives include the increasing of income through tax credits, and measures to help parents enter work. Typically these are being addressed by the NDLP, tax credits for childcare and a greater number of childcare places. There are also initiatives to tackle wider social exclusion, via for example Sure Start and the work of the Children's Fund. Families with children and lone parent families were therefore included in the study.

There has also been a concerted attempt to prioritise work with young people to break cycles of intergenerational disadvantage. On Track, the Education Maintenance Allowance scheme (EMA) and development of the Connexions service are examples of how this focus is being addressed. Households with young people at risk of social exclusion were included. Those aged 16 to 18 who had recently been neither in education, employment or training were chosen as the focus for this study.

To summarise, young people and families with children have been targeted by this Government with multiple interventions across different areas of life and were selected as the three household types for this study:

- **Group 1** - Lone parent households with at least one child aged under 16.
- **Group 2** - Households including at least one young person (aged 16-18) who has recently experienced a prolonged period of not being in either education, employment or training (NEET).
- **Group 3** - Two parent families with at least one child aged under 16 with long-term experience of low income or unemployment.

Further details about these groups are given in Appendix B.

What policy interventions to include?

The study aimed to explore multiple experiences of national policies, support and interventions which had been explicitly developed to address key aspects of social exclusion. These include:

- The welfare to work programmes including New Deal for Lone Parents (NDLP), New Deal for Young People (NDYP), New Deal for 25 plus (ND25+).
- Tax credit initiatives.
- Childcare initiatives and measures to tackle child poverty.
- Initiatives expanding/encouraging access education and lifelong learning.

4 Source DWP (2002) Households Below Average Income, 1994/5 - 2000/1 Table 2.5

5 Source DWP (2002) Households Below Average Income 1994/50 - 2000/1, Tables 3.3 and 3.4

- Family and early years support strategies, including those aimed at improving intergenerational change.
- Health initiatives.
- Crime initiatives, and
- Housing and neighbourhood initiatives like the New Deal for Communities (NDC).

The focus was on how a combination of nationally driven policies were being received rather than local area-based initiatives. Similarly, there was a focus on new initiatives introduced since 1997 rather than existing forms of support.

1.3 Research design and conduct

The study was exploratory in nature both in terms of its substantive focus and its methodological approach. As a result a number of methodological issues were encountered and these are discussed in more detail in Appendix B. In this section we provide a brief account of how the study was conducted.

1.3.1 Overview of research design

The study was conducted using a qualitative approach, which is ideally suited to detailed investigations of complex issues bound up with peoples' everyday life experiences. It focused on **20 households** comprising young people at risk of social exclusion, lone parents and low income couple families with children. It collected the perspectives of multiple members of households and of the service providers who work with these types of households. This case study approach was necessary to enable the research to fully explore not just the **direct** impacts of policy on the primary recipients but also the '**knock-on**', or **indirect**, impacts on other household members.

Policies were explored together with an *exploratory* rather than evaluative focus. The SEU was interested in recipients' perceptions of how policies combine to affect change rather than in evaluating the individual success or failure of specific policy initiatives.

Each household case study involved an interview with a **lead respondent** and then additional **follow-up** interviews with children, siblings or partners of the lead respondent. In total, 39 people were interviewed, some in paired depth interviews. Of these, 19 were follow-up interviews with other household members. Of the follow-up interviews just under half were with children below the age of 16.

Also, a series of six discussion groups were conducted with providers. They included representatives of mainstream service organisations such as JobCentre Plus, and representatives of specialist or voluntary organisations which deliver specific government initiative services. The focus of such services is on people who are socially excluded or at risk of being socially excluded. Three discussion groups were held in each of the geographic areas chosen for the study. One group looked at the issues from the perspective of lone parents, another from the perspective of young people not in employment, education or training, and a third from the perspective of low income couples who have children under 16.

1.3.2 Sampling and recruitment

Purposive sampling was used to ensure that the study could explore and explain different experiences and attitudes within and between the selected household types. The families were selected to provide a balanced sample representing the greatest diversity possible within each household type. For each group of families additional diversity was sought where possible in relation to the following:

- *Gender and age* (of lead respondent)
- *Ethnicity* (of household)
- *Current activity* (of lead respondent). A balance was sought between those households where the lead respondent was - either in employment, training or education - and those who were inactive at the time of interview (that is, unemployed – both actively and not actively seeking work, or being a full-time carer).
- *Household structure*: the number and type of other adults/children in each household.

The research was conducted in two urban locations in England - one in London, the other in the North East. Other factors taken into account in the choice of areas, included their location - to capture contrasting regional economic profiles - a high ranking on the multiple deprivation index, an ethnically diverse population, and evidence of significant multiple policy initiatives in the area.

No single sample frame was available which listed households that have experienced multiple policy interventions, so the households had to be found by creating a fresh sample frame. Local agencies were mapped and the sample was found via local service providers, such as Connexions and JobCentre Plus. A doorstep screen was also developed to boost the sample. Voluntary agencies were paid a small fee to thank them for their time in assisting with recruitment. Members of the research team and members of *NatCen's* specially trained fieldforce, conducted all of the recruitment.

Staff were recruited from a range of agencies identified during the area mapping exercise as being delivery agencies for a range of key policy initiatives. After initial agency contact - usually made during the household recruitment phase - researchers asked agencies to nominate a member of staff best placed to discuss the impact of policy on their client groups.

Table 1.1 provides an overview of the case study sample.

1.3.3 Conduct of the fieldwork

Fieldwork, using topic guides designed together with SEU (see Appendix C), was conducted between May and September 2003. All interviews and groups were conducted by the research team. The interviews were conducted using a life history approach which allowed respondents to identify key areas of their life which they saw as either important or changed in some way by their experiences of policy across the study's time-span. All interviews and group discussions were tape recorded and transcribed verbatim for analysis. Great care was taken to reassure household participants of the confidentiality of their individual interviews, and no information was disclosed to other household members.

All household participants were given £20 for their time. Young people and children under the age of 16 received it in vouchers.

1.3.4 Analysis and interpretation

The data from the study was comprehensively and systematically analysed using 'Framework'. The analysis method allowed us to draw comparisons between the perspectives of different members of the household, as well as between different types of household. We were at the same time able to conduct detailed case analysis, identifying key factors affecting the impact of the policy in individual cases. Differing perceptions and experiences resulting from different policy interventions or varying types of delivery were also explored. A similar Framework structure was designed for the analysis of the groups with professionals so that issues and themes discussed by families and by service providers could be compared in the interpretative analysis.

Throughout the report the identities of individuals and agencies have been changed or concealed to protect anonymity. Similarly, in some cases, small changes have been made to case study household descriptions to protect participants' anonymity.

Table 1.1 Sample profile

Sample characteristics		Total	Young people families (n.7)	Lone parent families (n.7)	Couple families (n.6)		
Lead respondent (n.20)	Age	16-18	8	7	1	-	
		19-25	3	-	2	1	
		26-35	5	-	3	2	
		36-45	4	-	1	3	
	Gender	Male	8	4	-	4	
		Female	12	3	7	2	
	Ethnicity	Asian	5	3	1	1	
		Black ⁶	5	1	2	2	
		White	9	2	4	3	
		Mixed ethnicity	1	1	-	-	
	Current activity	Active (n.10)	In employment	6	2	3	1
			In education or training	4	2	1	1
Inactive (n.10)		Unemployed	6	3	-	3	
		Not working - full time carer	3	-	3	-	
		Not working - disability/ill health	1	-	-	1	
Household (n.20)	Number of children aged 16 and under	None	4	4	-	-	
		1	5	2	3	-	
		2	6	-	2	4	
		3+	5	1	2	2	
		Housing tenure	Local authority/Housing Association(HA)	12	2	4	6
	Hostel		1	1	-	-	
	Private rental		3	1	2	-	
	Owner occupier		2	2	-	-	
	On housing list temporarily living with parents		1	-	1	-	
	Tenure not known but family in receipt of HB	1	1	-	-		
Follow up interviews (n.19)	Relationship to lead respondent						
	Parents	3	3	-	-		
	Siblings	2	2	-	-		
	Partners	5	-	-	5		
Children	9	-	3	6			

⁶ 'Black' here refers to Caribbeans, black Africans and black others

The study was designed to encompass features that help to strengthen the evidential base of qualitative research. These include:

- Informed selection of ‘information rich’ households (see Section 1.3.2).
- Careful purposive sampling (see Table 1.1) to optimise diversity, ensuring that the findings were based on a range of experiences.
- The case study approach provided multiple perspectives on change at both household and individual levels, by exploring the varying experiences of different household members.
- Rigorous and responsive qualitative interviewing techniques which were sensitive to change over time and allowed detailed investigation of the differing impacts on different household members (see Section 1.3.3), and
- Systematic analysis of the dataset which allowed within and between case study investigation of emergent themes and issues and provided evidence grounded in the data.

Qualitative research of the kind undertaken for this study, allows generalisations to be made about the wider population from which the study was drawn. But it can do so only in terms of the nature and influence of, or relationship between, the issues under study not their prevalence or distribution within the population. So in this study, for example, wider inference can be drawn about :

- The *nature* of changes experienced by households within the study groups.
- The *types* of mechanisms of change that operate.
- The *range and form* of impacts experienced by individuals, households and communities.
- The *ways* in which different drivers of change interact.
- The array of *factors that influence* how and why change occurs, and
- The *nature of forces* that are impeding movement out of social exclusion.

However, any attempt to quantify incidence is unsustainable because of the size and purposive design of the sample.

1.4 Coverage of the report

The report consists of five further chapters. Chapter 2 maps the families’ experiences of social exclusion and policy interventions. Chapter 3 examines the effective impacts of policy interventions. Chapter 4 explores the factors which prevented progress being made. Chapter 5 then considers what factors made policies effective. Finally, Chapter 6 concludes the report with a discussion of the key messages.

CHAPTER 2: Experiences of social exclusion and policy interventions

This chapter describes the households' experiences of social exclusion and of the range of policies which they had experienced between 1997 and 2003. The families' experiences are discussed alongside the perspectives of local service providers who described the issues which they faced in working with people from the three household groups. Families had had shifting experiences of social exclusion over the time period as different aspects of their lives became more or less problematic.

SUMMARY

Experiences of social exclusion since 1997

- All families shared experiences of the following drivers of social exclusion: poverty and debt; barriers to employment and long term worklessness; educational difficulties; neighbourhood/community difficulties; poor mental and physical health/wellbeing issues; and, housing instability/inadequacy.
- Pathways into social exclusion varied. For one group of families the process was swift and triggered by a single event, for others disadvantage had been an enduring and long-term experience.
- Over time families found their circumstances changed. As a result they experienced shifting levels of exclusion and disadvantage. The change was frequently complex and erratic rather than a simple downward or upward movement.
- All lone parents and their children described the period between 1997 and the present day as a time when they had made positive progress and moved away from disadvantage.
- Households with young people who had been or were NEET also described a period of great change, though not all positive.
- The two parent families had experienced little change and the period was described as an unsatisfactory period of stasis.
- NEET young people and their parents expressed the greatest concern about the sustainability of progress they, or their children, had made since 1997.

Experiences of policy since 1997

- Families had received a varied blend of policies, services and support since 1997.
- Two parent families had received the fewest policy contacts, and less in combination.
- Policies formed three types:

- *Core support* (for example, Income Support).
- *Focused initiatives* (which could be clustered, acting at any one time on a number of life areas, or consecutive interventions in single areas of life), and
- *Community and neighbourhood initiatives*.
- The most significant examples of progress tended to be when policies had been directed at different problems within households simultaneously.
- Families came into contact with policy in four ways
 - A new circumstance (for example, becoming unemployed) conferred access and entitlement to support.
 - A crisis event or new core need (such as becoming homeless, becoming ill or being arrested) prompted people to seek support and triggered policy contact.
 - A transitional event triggered policy contact (for example, becoming a parent or leaving school).
 - A policy or initiative was delivered across an entire neighbourhood or local area where the family lived (for example, the introduction of Neighbourhood wardens).

2.1 Experiences of social exclusion

We first examine the causes, risk factors and drivers of social exclusion for the families who participated in this study. Households had become excluded, or were at risk of social exclusion, as the result of a range of different factors. Experiences of exclusion varied from severe to less acute depending on either entrenched difficulty or disadvantage or a multiplicity of issues facing the family or an individual.

2.1.1 Experiences of household exclusion

Service providers in the discussion groups described the range of experiences and drivers of social exclusion experienced by families they worked with. In many cases, these were similar across the three household groups. They cited features such as low self-esteem, financial hardship, poor educational attainment, debt, drugs, violence, language barriers, mental health problems and housing difficulties as widespread problems. The problems were seen both as contributory causes and symptoms of social exclusion. They were often related though in a range of different ways.

Likewise, analysis of the household data, identified certain circumstances that were experienced across the sample regardless of household type or the age, gender or ethnicity of the lead respondent. These were:

- Poverty and debt.
- Barriers to employment and long term worklessness.
- Educational difficulties.

- Neighbourhood/community difficulties.
- Poor health/wellbeing issues, and
- Housing instability/inadequacy.

Poverty and debt

The experience of poverty and debt was a persistent theme in households' descriptions of their lives over the last seven years. There was a strong reliance on core benefit support (such as IS or JSA) across household types and where people were in work they tended to be on low incomes, supplemented in some cases by in-work tax credits. The experience of living on a low income has been well documented elsewhere⁷ and similar experiences were shared by the families in this study. Managing a weekly budget was described as stressful and tiresome. Parents voiced concerns about not being able to allow their children the same level of financial support as others. Being unable to finance school or leisure trips was an example. There were also concerns about the impact of a low income on family nutrition. It was not uncommon for household members to describe incidents where household relationships had been threatened or upset because of financial tensions between different parties - both between partners and between parents and children.

Coupled with descriptions of the difficulties of living on a low income and managing an inadequate household budget, was discussion of debt. Although not universal, the presence of significant debt, either in the shape of rent arrears or personal credit was common. Personal credit and the delaying of credit and utility payments was a common strategy for managing on a low income. However, having access to personal credit or informal loans from family and friends was perceived to be a 'double-edged sword'. On the one hand it was described as extremely helpful in easing a period of financial stress. Yet, the resulting debt increased financial difficulty and regular repayments of credit or loans produced enduring financial instability.

Barriers to employment & prolonged worklessness

All of the families had experienced problems with employment at some stage. This included redundancy, long term unemployment or difficulties in finding suitable employment. Key barriers to employment reported were:

- Lack of basic skills including literacy and numeracy, English language skills.
- Disability or poor health.
- Caring responsibilities.
- Lack of relevant skills and qualifications.
- Local labour market barriers including low labour demand and inadequate supply of childcare.
- Low confidence and self-esteem resulting from long term worklessness.
- Poor or outdated jobsearch skills.

7 See for example: Farrell, C. and O'Connor, W. (2003) Low-income Families and Household Spending, DWP Research Report No. 192; Ritchie, J. (1990) Thirty Families: Their living standards in unemployment (1990) DWP Research Report No. 1

Education

Difficulties with education cast a long shadow over the households and was a common theme among all of the households in the research. Key problems mentioned both by the families and service providers were:

- Disrupted compulsory education.
- Low or no qualifications.
- Basic skills needs.
- Special Educational Needs (SEN).
- Bullying, and
- Behavioural problems.

Every household in the study had experienced difficulties with education, through either the adults themselves or their children facing problems. This educational failure seemed to be at the root of many subsequent problems. For example, some of the adults described how they had left school early or at 16 with few or no qualifications. This was described as frustrating and an enduring barrier to finding employment, and some had continuing educational needs around literacy or numeracy.

Some of the parents described difficulties that their children were now facing at school, including problems of bullying, learning difficulties and disruptive behaviour. Only exceptionally did parents feel that these problems had been effectively resolved by school interventions. Problems with school places and poor alternative choices were also mentioned by parents. Both sets of factors had led in the past to disruption periods with children being out of school for a while, or having to move between schools because of disciplinary problems. Parents were worried that this disruption might have a long-term negative impact on their children's educational achievements. The concerns were particularly acute among parents who had themselves had difficulties at school.

Finally, as a product of the household types chosen for this study, all the young lead respondents had experienced difficulties with education. All had recently been out of education, employment or training (NEET) for at least two months. The reasons for this varied. But common causes included: being excluded from school because of crime, aggression or truancy; leaving school because of the overwhelming impact of other factors such as depression, parental ill health or family breakdown; or leaving post-compulsory education before completion because of problems with either the focus or provision of the course being studied.

Neighbourhood disadvantage

Problems with local neighbourhoods were common to all three groups. This may, in part, reflect the fact that the research was conducted in two urban inner-city areas. Reported difficulties included the perception of increasing crime, particularly in relation to street violence and drug-related activity; housing disrepair and poor estate management; and limited local facilities ranging from transport, retail and banking facilities to local leisure amenities, especially for young people. Other difficulties stemmed from individuals' concerns about the influence of local peer groups on their own behaviour, especially in relation to crime and truancy for the younger people. Alicia, described her local estate as follows:

'I think it's getting really bad compared to how it was round here. People robbing people, people fighting,... if someone walks past they'll just pick on them for no reason. People fighting ...groups of boys like [to] fight. Sometimes they rush people, if they get them on their own they'll just rush people, ... a lot of things happen round here actually. I don't like it no more, I wouldn't like to live round here when I'm older, I just want to move from round here now.' (Female, 18, mixed ethnicity, young person household).

The Shahs, a low income couple in their thirties with three children under the age of 14, described the difficulties they experienced in their previous home:

'Where we lived before, before we moved here. It was like a nightmare there. People doing drugs there. Everything. They used to chuck their cigarettes in our yard... It had a big effect on us, it had a big effect. Because our children was having worries as well, after about half past five they couldn't play outside. We had a routine that before five o'clock our children have got to be inside, because we know about that time everything goes messy.... All the gangs come together outside, and start smoking, burning up rubbish...' (Male, 31, Asian, two parent family).

Poor health and issues relating to wellbeing

The experience of periods of poor physical or mental health was also evident for all groups. Unlike the other shared drivers, poor mental health was often described as the product of a range of other circumstances, like social isolation or relationship breakdown, rather than as a primary source of exclusion in itself. For instance, Pete was long term unemployed, his wife Karen was unable to work due to a recurrent illness and they had two children aged 7 and 9. Throughout his interview Pete talked a lot about the impact of long term unemployment on him. He felt stuck in a rut and wanted dearly to get out of the house and work. He found it increasingly difficult to keep himself buoyant the longer he was unemployed. He also described how it was affecting his relationship with his wife:

'We couldn't do the things that we could when I was working ... me and Karen needed our own time, to get away from the kids, we can't now. Just [to] go out ... we've got to take it in turns now to go out, [we're] struggling along but...it's awful boring, just long days; it is, depressing really. I'm going nowhere am I really?' (Male, 34, white, two parent family).

More exceptionally, people described the onset of acute mental health crises, often unexpected and swift, as a primary cause of their social exclusion rather than other factors. For example, when she was 21, ten years ago Dawn had a nervous breakdown 18 months after her son's birth. She has since experienced mental health problems, including recurrent panic attacks and has received different interventions including a Community Psychiatric Nurse, GP support, and support from social services.

There were varying experiences of poor physical health in the study. Some people had had enduring chronic or severe health problems since before 1997. For others the onset of a health condition happened between 1997 and 2003. The effects on people's daily lives differed. For those with the most acute health conditions everyday life involved intermittent periods of hospitalisation, treatment and incapacity. In families where one parent was experiencing chronic health problems, their care needs often placed extra demands both on the household budget and on family members' emotional and physical wellbeing.

Inadequate or unstable housing

Problems with housing were also commonplace. Families from all three household types described two types of problems: a lack of permanent accommodation leading to frequent moves; and, dissatisfaction with the size or state of housing repair. Some families had experienced considerable instability in their housing, moving many times since 1997 not just between different homes but also moving from area to area. The reasons for multiple moves varied. Domestic violence was mentioned by some lone parents. For others, a lack of suitable offers of permanent housing had led to a series of moves between different temporary accommodations. Dawn, had to move into a refuge after her relationship became violent. She spent the next 13 years moving around the country both because of a lack of permanent housing and a need to keep her family safe. She described the experience as follows:

'I've moved all over... I haven't actually found a place I can call home yet... What might not seem like big things to other people were at the time. Because moving about a lot... that's a big thing. It's like so draining... at the end of the day all that anybody wants is a peaceful life... Me last place where I lived, we had the windows put out, the kids couldn't play outside because they were being picked on, bullied, all things ...' (Female, 31, white, lone parent household).

Secondly, both for families who had moved frequently and those who had not, there were discussions about the inadequacy of the social housing on offer because of its size, state of repair or both. Inadequate and unstable housing undermined households' confidence in their personal safety and household stability. Concerns about constant house moves also impacted on educational and employment stability. Also, perceptions of accommodation being in poor repair or overcrowded, led parents to worry about the health of their family.

2.1.2 Becoming and staying disadvantaged – how does exclusion occur?

Pathways into social exclusion varied and were often specific to individual circumstances. Broadly though, there were two ways in which the families came to be vulnerable. For one set of families the process had occurred relatively swiftly and tended to be driven by a single event. Some of these events were crises situations, such as getting arrested, the onset of a health problem or leaving an abusive relationship. Others resulted from transitions or life stage events, like leaving home or becoming a parent. In either case, the resulting circumstances left families open to multiple difficulties, and in some cases increased the severity of exclusion.

In contrast, for a second group of households, social exclusion was not a new experience and had been experienced for a long time. In such households there was rarely a single trigger event which led to a spiral of multiple disadvantage. Instead these families were entrenched in difficult situations, often due to problems such as poor health or long-term unemployment. Their lives were stable but involved a slow, relentless daily routine of poverty and disadvantage.

Sharon's story (Box 2.1) is typical of families in the first category and illustrates well how different aspects of disadvantage come about and then interact. Becoming a teenage parent meant that Sharon was at risk of suffering social exclusion. Most notably this was due to disrupted education and because she became socially isolated. These vulnerabilities were then compounded by the impact of an abusive relationship which left her and her children homeless, financially poor and without a strong social network.

Box 2.1 Sharon's story

Sharon became pregnant at 14. Whilst she was pregnant she left home temporarily and lived with foster parents because of differences with her Mum. She returned once the baby was born. Her pregnancy meant that she had to leave school. It was difficult not being with her friends. She attended a teenage parenting unit but, focused on spending time with her baby, she was not really motivated around her education at that time. She found it hard to concentrate on her studies and left compulsory education with no qualifications. At 16 she was keen to get her independence and acquired a council flat because of overcrowding at her family home. Her partner moved in with her and they had a second child but the relationship became violent. The abuse lasted for three years. She was increasingly isolated and undermined by the abuse and she had no one to turn to for support. After several attempted separations she left, aged 19, with her children, leaving behind almost all of her possessions and sought help at a local refuge. She was temporarily given beds for the family there and provided with emotional and practical support.

She was homeless for over two years while the local authority debated her status, initially saying that she had made herself 'intentionally homeless', and later telling her it had no properties available. She lived in B&B accommodation or hostels. It was a struggle financially and emotionally. The moves often took her far away from the area where her family lived. With little money and no knowledge of how to access childcare, she remained isolated. She felt that her children's health suffered because of the poor quality of the accommodation, and constant moving created difficulties with arranging consistent access to play school and pre-school nurseries. With no formal or informal childcare network to rely on she couldn't envisage working at that moment; her poor and unsettled housing was her first priority. Eventually she was given a permanent council flat but she was in an unfamiliar area and lacked information about childcare or education opportunities for herself or her children. This reinforced her sense of social isolation. Living on benefits long term had also undermined her confidence and, she felt, had restricted her children's opportunities whilst growing up.

In contrast Steve and Jenny's story below reflects the experiences of families' in the second group.

Box 2.2 Steve and Jenny's story

Steve, 22, and Jenny, 20, had two children aged three years and 12 months. They met in 1998 and married in 1999 two years after Steve left school. They had their first child, James, in 2000 and a second son, Simon, in 2002.

Steve left school aged 16. He failed all his final exams. This was not a surprise for him. He had found school hard and had been both a bully and victim of bullying during his time at school. On leaving school he looked for work and found a job in 1998 and worked for about a year as a painter and decorator until the company closed down. He has been unemployed since this job ended and has been claiming JSA for four years. Jenny left school at 15 before she took any exams. She left home when she turned 16 and was able to claim 'social'. She got herself a flat which was where Steve moved to when they were married in 1999. Jenny worked for a few weeks in 1998 at a packing factory.

Money has always been tight for the family and they had been reliant on JSA and associated benefits like HB, CTB, and CB for the last four years. They both felt that they had had to learn to manage on a low income and described how, since 1999, they had learnt not to run up debt because it quickly became unmanageable. They sometimes used small 'informal' loans from friends and family to help them through financially. Their difficulties managing on a low income were exacerbated in 2000 when Steve's JSA was sanctioned for non-attendance on one of his courses. His JSA was stopped for six months.

In 2001 Steve was placed on NDYP and was still participating in the scheme in 2003.

He worried about what would happen if he found work which did not pay enough to cover their full rent and household expenses. In part, his decisions about available jobs were often based on whether he felt he would still be able to feed and clothe his children if they lost the benefit support they received and he was only receiving the minimum wage. He did not discuss WTC as a possible support in this situation. He was also worried about working before his children reached school age, especially in the painting and decorating trade which often means working away from home. He said that 'when they're older I'll see about working'. He was critical of the range of jobs he had been offered through New Deal and the Jobcentre. However, although he had completed several courses, he really wanted to gain some NVQs. But he had not been able to do this because he thought NDYP only allowed you to go on six month training courses or shorter. He had also been on a work placement which he enjoyed and had received help with CV development and jobsearch skills.

James started school in an induction class (for an hour a day) in 2003 and began to show early signs of a behavioural problem by being violent towards the other children. He has also been diagnosed as hyperactive and they link this back to problems he had with his kidney when he was born. The teachers had tried to help James with his behaviour but Jenny still worried about him not being accepted full-time into the school. They have had some support from their GP and health visitor but mainly Jenny and Steve cope with James' problems on their own. Neither had heard of SureStart or of any other parenting support apart from Gingerbread (which is for lone parent families). Jenny thought that something like Gingerbread for families with two parents would be good, and might mean they could take their children on day trips or even on holiday.

Their own relationship has suffered over time from being together all the time and neither of them working. Jenny, in particular, has a tiny social circle and rarely sees her family.

Steve and Jenny moved into their current council house just before Simon was born because they found their flat too small for two children and two adults. They found it a struggle to get enough points to allow the move. They had to wait for three long 'agonising' months to hear if they had been accepted. They also have to wait months to get anything repaired by the Council. The area had a poor reputation but they think things have improved since regeneration money was used to clean up the environment, but both were still concerned about the crime level.

2.1.3 Levels of exclusion over time

The families' experiences of social exclusion changed over time. Some families moved forwards, away from social exclusion, by overcoming existing barriers or by acquiring new resources to tackle such barriers. Other households remained stable with little or nothing changing over time.

More rarely, families experienced occasional backwards movements into more acute difficulties. Overall, it was more common for a household to experience shifting levels of exclusion rather than a simple downward or upward spiral.

Families which had the greatest difficulty in overcoming disadvantage were those experiencing many forms of exclusion or problems (such as homelessness, substance misuse or domestic violence) which prevented any improvement. In fact, the households represented a wide range of different levels of severity in the exclusion or vulnerability they were facing. Examples of contrasting circumstances are shown in Box 2.3.

Also, changing household circumstances could help to lessen social exclusion. Across the sample, lone parents who had re-partnered often reported this as having improved their standard of living and reduced the disadvantage they were experiencing. Exceptionally, re-partnering led to more difficulties. For example, one couple experiencing difficulties with the husband's residency status, lost their entitlement to several core benefits on marrying.

Box 2.3 Contrasting experiences of exclusion

At one end of the spectrum was Aaliyah. She gained a range of GCSEs on leaving school and started a college course to study for 'A' levels. She left her sixth form prematurely, citing problems with staff turnover and dissatisfaction with her course. She lived with her mother and siblings. Her father had died. Her mother had never worked and faced barriers in accessing services through not speaking English. The family had experienced financial difficulties since her father's death and she had found it hard to access financial support in her own right since her EMA ceased when she left college. Aaliyah had recently turned 18 and described how she was now able to apply for JSA which could help financially, yet she was reluctant to apply for the benefit because she did not want to be seen to be claiming state support. Despite these difficulties, she was focused on her future goals and hoped to pursue an artistic career. With the help of advisers from a local community centre and Connexions staff she had a college place to begin in the autumn. Despite being NEET, she was active in her local youth centre and was proud that she made a contribution to her community. She was confident that she would be able to make the most of her future opportunities and did not see her break from education as permanent.

In contrast, Najib (also 18) had left school with no qualifications. He had been a habitual drug user since his mid-teens and a frequent truant since secondary school. He started a Modern Apprenticeship course after leaving school. He had been involved in petty crime and had experienced several 'run-ins' with the police. Then he was caught up in a local protest and charged with assault. He was found guilty of assault and sentenced to a Youth Offending Institution. This meant he had to leave his course. After completing his sentence, Najib was released. Intervention from a Youth Offending Team did not focus on his drug use, which continued, and meant he had little motivation or enthusiasm to find work or re-enter education. He also now faced the problem of having an offending record.

2.1.4 Changes since 1997

Over such a long period some household change is inevitable as people mature, circumstances alter and relationships are formed and broken. So, over time, how did the families themselves describe their situations? Had things got better or worse for them? Family members were asked whether, and how, things felt different in 2003 to how they had felt in 1997.

All the lone parents and their children described a period of positive progress for the family as they developed assets - both personal and financial - which increased their resilience and equipped them to overcome multiple disadvantage. Although the extent of change varied, accounts from these households all indicated a movement away from disadvantage. For example, Dawn whose early experiences of multiple disadvantage and social exclusion described earlier, found her life improving from 1997 onwards:

In 1997 Dawn was living in an abusive relationship with her long term partner and two small children. A year later she left the relationship, moved to a different part of the country and began to make a new life for herself. She experienced severe mental health problems, housing instability and problems with her eldest child being bullied at school. In spite of these problems and with support from a range of sources including mainstream services and specific policy initiatives she had completed a college course, acquired new qualifications and found herself a full time job and stable housing.

Other lone parent households demonstrated similar changes. Despite having experienced different types of change during the time of the study, these families typically experienced increased emotional and financial stability. This movement was often associated with either a growing readiness of the parent to take up help (typically although not always employment related) or the resolution of problems which had previously prevented progress, such as housing instability or a health problem. This progress also reflected a life stage shift. As children got older, lone parents felt more confident or comfortable in pursuing a life away from the home, whether that involved a return to education, employment or simply increased social activities.

Households with young people not in education, employment or training had also experienced significant change during the survey period. This was most noted around changes in the young person's maturity and their family relationships, not all positive. The change was most significant for the young people themselves as they typically moved through, and out of, compulsory education. Their lives involved transitions, moving from childhood to adulthood and leaving education, and in some cases, home. Disruption around education had been hugely unsettling for some of the families. Other key changes included family breakdown and family re-formation, the departure of older siblings from the family home and accommodation instability. The changes since 1997 were broadly described as positive, although it was common for young people themselves, and their parents, to express concerns about the fragility of that movement. Fragility was greatest in cases where underlying problems had yet to be resolved. For instance, Nathan (16) had moved away from a peer group with whom he had got into trouble. He had stopped offending since he had been given an Intensive Supervision and Surveillance Programme (ISSP) order. However, he knew that one small slip could return him to the difficulties he had faced before. He lacked confidence that he had the personal control or life skills to avoid slipping back into old ways.

In contrast, to the lone parent and young people households, two parent families enjoyed relative stability since 1997. Stability was evident in housing, finance, key activities and relationships. The families though tended to view this stability negatively as a form of stasis which was unsatisfactory in both financial and emotional terms.

2.2 Experiences of policy interventions since 1997

A range of policies and interventions had been experienced by the families since 1997. In this section we review their different experiences and present a classification of the different types of policies as perceived by the families.

2.2.1 Policy experiences since 1997

The range of policies families had experienced since 1997 was broad. The three tables below (2.1-2.3) show the policies experienced by each key group.

Table 2.1 Policies experienced by young people and children since 1997

Policy domain
Policy/intervention
<p>Education (Compulsory)</p> <p>School welfare & attendance</p> <hr/> <ul style="list-style-type: none"> ● Education Welfare Officer ● Attendance Officer ● Peer counsellor ● School counsellor ● Education Psychologist. <hr/> <p>Learning support</p> <ul style="list-style-type: none"> ● Learning mentor ● Classroom assistant ● Speech therapist ● SEN teacher. <hr/> <p>Personal development</p> <ul style="list-style-type: none"> ● Connexions ● School careers adviser. <p>Health and Safety</p> <ul style="list-style-type: none"> ● Anti-bullying campaigns/action ● Street Crime Initiative police officer on site ● National Fruit Scheme Health education policies including drugs education, other health promotion. <hr/> <p>Education Action Zone</p> <p>Financial support</p> <ul style="list-style-type: none"> ● Free school meals ● Subsidised transport costs ● Subsidised school uniforms. <hr/> <p>Education (alternative compulsory)</p> <ul style="list-style-type: none"> ● Pupil referral unit ● Education unit for teenage mothers ● Education unit in YOI. <hr/> <p>Education (post-compulsory)</p> <p>Training through:</p> <ul style="list-style-type: none"> ● Learning gateway ● Connexions ● SRB YIP

- NDYP
- Modern Apprenticeships
- Training as part of YOT/ISSP.

Personal development

- ISSP advocates
- Mentors (YIP and YOT)
- PRU support workers
- College tutors and counsellors.

Financial support

- JSA
- EMA
- Modern Apprenticeship
- Training allowances.

Employment/

training & in-work support

Support with jobsearch and personal development

- YOT officer
- YIP worker
- NDYP PA
- Connexions.

Personal relationships

Counselling or advice from

- Teenage pregnancy adviser
- Social worker
- Youth worker
- Mentor
- Educational psychologist
- School counsellor
- Child psychologist.

Housing and Environment

Support from

- Social worker
- Voluntary sector housing worker/hostels and refuges
- Local authority housing officers
- Youth worker
- Connexions
- Grants/Loans for furniture and decoration
- HB/CTB.

Regeneration (local area)

- New Deal for Communities: wardens, re-painting outside of blocks, cleaning up communal and refuse areas.
 - CDRP funded: CCTV, security doors with buzzer and intercoms
 - Community Safety Partnerships (CSPs) or CDRPs: 'Alley-gaters' CCTV
 - Council services: more frequent/ improved refuse collection services and cleaning up of graffiti.
-

Health and Social care

- Social worker
 - GP
 - Youth worker
 - See also health education (in this table's first section).
-

Law & Criminal justice

Criminal justice interventions :

- YOT (and within this specific orders: detention and training order, supervision order and crime prevention officer)
 - YOI
 - ISSP
 - Electronic tag and curfew.
-

Personal support from:

- Social workers
 - Youth workers and mentors
 - Youth Intervention Partnership
 - Youth Offending Team
 - Young Offenders Institute staff.
-

Table 2.2 Policies experienced by lone parents since 1997

Policy domain
Policy/intervention
<p>Core benefits while not working</p> <ul style="list-style-type: none"> ● Winter heating allowance ● IS (increases noted within the last few years) ● One-off maternity grants /payments on the birth of a new baby ● SA ● Housing benefit/Council tax benefit.
<p>Education (post-compulsory)</p> <p>Referral via</p> <ul style="list-style-type: none"> ● Early Years Development Childcare Partnership (EYDCP) ● New Deal for Lone Parents (NDLP), mainstream/voluntary sector counsellors including: <ul style="list-style-type: none"> – Local college careers adviser – Refuge counsellors – Sure Start Plus adviser – NDLP Pas – College tutors – Community Psychiatric Nurse. <p>Financial and material support:</p> <ul style="list-style-type: none"> ● Childcare (at college, through EYDCP, NDLP or local providers) ● Financial support in the form of: free bus passes, student loans/grants as well as core benefits: IS and JSA.
<p>Employment/ training & in-work support</p> <ul style="list-style-type: none"> ● NDLP advice, financial support for job seeking expenses (interview clothes, travelling expenses) and 'better-off calculations' ● Childcare provision (including pre and post school) and subsidies (through Sure Start and NDLP) ● 'Run-on benefits' like LPRO ● In work tax credits.
<p>Personal relationships</p> <p>Advice and counselling around parenting/family difficulties</p> <ul style="list-style-type: none"> ● SureStart/Sure Start Plus: parenting classes crèche/nursery adviser ● Teenage pregnancy adviser ● Social worker ● Health visitor ● CPN ● Educational psychologist ● Speech therapist ● Psychologist ● School counsellor ● GP/hospital doctor.

Material support:

- Childcare
- Respite foster care.

Housing and Environment

Housing services/provision

- HomeHunter
- LA Housing offices
- LA Housing officers
- Social worker
- Domestic violence refuges
- Social Fund loans
- Crisis loans
- Bed and Breakfast accommodation
- Grants/Loans for furniture and decoration.

Regeneration (local area)

- New Deal for Communities: wardens, re-painting outside of blocks, cleaning up communal and refuse areas
- CDRP funded: CCTV, security doors with buzzer and intercoms
- Community Safety Partnerships (CSPs) or CDRPs: 'Alley-gaters' CCTV
- Council services: more frequent/ improved refuse collection services and cleaning up of graffiti.

Health and Social care

Specific mental health support from:

- Counselling
- CPN support
- Support group
- Medical interventions including:
 - GP
 - Hospital
 - Anti-depressants

Support from other professionals:

- Education welfare officer
- School counsellor
- Victim support worker
- Domestic violence refuge staff.

Law & Criminal justice

- Victim support
 - Domestic Violence refuge
 - Police Domestic Violence Unit.
-

Table 2.3 Policies experienced by two parent families since 1997

Policy domain
Policy/intervention
<p>Core benefits whilst not working</p> <ul style="list-style-type: none"> ● Winter heating allowance ● One-off maternity grants /payments on the birth of a new baby ● JSA ● Housing benefit/ Council Tax benefit.
<p>Education (post-compulsory)</p> <p>Referral via</p> <ul style="list-style-type: none"> ● ND25+ ● NDYP ● NDLP (before re-partnering).
<p>Financial and material support:</p> <ul style="list-style-type: none"> ● JSA.
<p>Employment/ training & in-work support</p> <p>Help with jobsearch via:</p> <ul style="list-style-type: none"> ● ND25+ ● NDYP ● Minimum wage.
<p>Personal relationships</p> <p>Advice and counselling around parenting/family difficulties</p> <ul style="list-style-type: none"> ● SureStart/Sure Start Plus: parenting classes crèche/nursery adviser ● Social worker ● Health visitor ● Educational psychologist ● Psychologist ● GP/hospital doctor.
<p>Relationship counselling. Housing and Environment</p> <ul style="list-style-type: none"> ● LA Housing offices ● LA Housing officers.
<p>Regeneration (local area)</p> <ul style="list-style-type: none"> ● New Deal for Communities: wardens, re-painting outside of blocks, cleaning up communal and refuse areas ● CDRP funded: CCTV, security doors with buzzer and intercoms ● Community Safety Partnerships (CSPs) or CDRPs: 'Alley-gaters' CCTV ● Council services: more frequent/ improved refuse collection services and cleaning up of graffiti.
<p>Health and Social care</p> <ul style="list-style-type: none"> ● Hospital care ● Social services home help Occupational Therapy ● Adaptations to house ● Nursing care at home ● Support with benefit applications linked to health issues (e.g. DLA)
<p>Law & Criminal justice</p> <ul style="list-style-type: none"> ● None.

2.2.2 A classification of policy interventions

As the tables above demonstrate, the families had experienced a wide range of different policies, interventions and services. They described these policies in three different ways. These are shown below (see Table 2.4). This classification is drawn from families' accounts of their experiences of policies and also draws on the way service providers described the policies they delivered.

Table 2.4 Classification of policy interventions

	Intervention type Characteristics Examples
<p>1. Core support</p> <p>Universal policies available to those who need their support. Delivering financial support or physical provision relating to core household needs (money, housing and subsistence). Also includes physical support needed to facilitate daily living i.e. home help. Usually provided through mainstream services and over a long time frame (or for as long as need exists).</p> <ul style="list-style-type: none"> ● IS ● Jobseeker's Allowance ● HB/subsidised housing ● Free school meals ● Reduced/free prescriptions/dental & medical care ● Healthcare ● Social Services ● Education ● Housing. 	
<p>2. Focused policy initiatives</p> <p>Experienced either as:</p> <p>a. Consecutive single interventions</p> <p>b. Package interventions</p> <p>Individual policies focused on specific objectives, time bound (not continuous) relating to a range of different needs.</p> <p>Multiple 'one off' interventions with a specific purpose. Policy may require application/have eligibility criteria.</p> <p>Concurrent interventions across life areas depending on needs manifested. Triggered by need in one area. Interventions may be compulsory or voluntary.</p> <ul style="list-style-type: none"> ● EMA ● Decorating/leaving care grant ● Emotional and practical support for victims of crime ● Job Grant/measures designed to ease the transition into work ● Intensive Supervision and Surveillance Programme (ISSP) for young offenders ● New Deal for 25+ (ND25+) ● NDLP ● Connexions. 	
<p>3. Community and neighbourhood initiatives</p> <p>Deal specifically with issues 'outside the home' such as regeneration/environment/crime and safety.</p> <ul style="list-style-type: none"> ● NDC ● Neighbourhood warden schemes ● Policing initiatives. 	

Every family in the study had experienced **core support** at some point since 1997. Most - usually households - had received a combination of a constant financial benefit. Primarily this was Jobseeker's Allowance or Income Support (IS), also subsidised housing - usually in the form of local authority housing but also Housing Benefit (HB) in the private rented market - and associated passport benefits such as reduced prescription charges, free school meals and assistance with the costs of dental treatment. Core policies met basic needs for families providing a financial baseline, housing and access to key medical services. It was notable that access to these services was thought to be open to all and easily accessible. People knew where to go to get benefits or to see a GP, and it did not cross people's minds that there might not be somewhere to go to get these needs met.

Families were in no doubt about the crucial role that core benefits played in maintaining a basic standard of living. However, although families rated the role of these policies highly, they were rarely spontaneously mentioned when people were asked what support or help they had received from external sources.

When asked why, respondents said that this was because they could not conceive of a situation where this form of minimal support would not be available. They also could not imagine how their families would have survived without this support. The core nature of these policies was reflected in the way that people talked about them, as illustrated below:

'Income support is like your security' (Female, 31, white, lone parent household).

'My income support, [I]couldn't do without that at all... I wouldn't have any money. I wouldn't be able to feed the children or ... I wouldn't be able to pay my rent and then they'd [the HA] kick me out.' (Female, 21, white, lone parent household).

Obviously mainstream services and support, like the NHS and education system, played a role for households too. All had experienced these at some time. As with other forms of core support, respondents tended not to associate these services with government initiatives, despite the fact that mainstream providers were often key in delivering targeted initiatives or helping people to access these services.

Core support was at the heart of the multiple policy interventions that households had experienced and, as will be seen later, was critical in providing a baseline standard of living which allowed respondents to start to make progress in other areas of their life.

Focused policy initiatives form the next category. These are specific interventions designed to target particular needs or deal with the issues facing certain groups of people. Policies in this category were commonly experienced in two ways. One was as a 'cluster' of interventions happening simultaneously but working in a number of different areas of a person's or family's life. Another example was as a string of consecutive 'one-off' interventions which were time bound and focused on change or support in a single life area. A New Deal intervention is a good example of the former. Whilst it might focus on getting the client back into work, it could at the same time attempt to tackle other, perhaps more deep-seated barriers to social inclusion, such as a lack of basic skills or affordable childcare. An example of the latter type of engagement would be one of the families who had received interventions at various stages. These might be early years support for their young child's educational needs, fruit for their older child through the National Fruit Scheme, supported childcare and employment advice.

These targeted initiatives were the policies most commonly recognised by individuals as *external interventions*. They were perceived as mechanisms enabling external agencies to provide help to people and families either to overcome difficulties or disadvantage or to make progress and changes in their lives.

Interventions, whether clustered or consecutive, employed a range of different forms of delivery. This included delivery through mainstream service staff, dedicated new service providers - such as Connexions staff - local organisations and a combination of any of the above. However, the most memorable - and as will be seen later - arguably a successful - form of delivery was where a key worker focusing on one type of issue or barrier, such as employment, acted as a '*gateway*' for the recipient to a range of other forms of support or initiatives. That triggered wide ranging change across different areas of their life. The perceived effectiveness of this '*gateway*' approach will be considered in more detail in Chapter 4.

Community and neighbourhood initiatives were different from others in their focus on delivering change to peoples' neighbourhoods or community life, rather than targeting individuals or families. Perhaps for this reason, as with core benefits, people rarely mentioned their experience of these policies without being prompted. Initiatives targeted at community renewal or neighbourhood safety tended to be perceived as happening *outside* the household and therefore not integral to family welfare as other initiatives. Again, this perception helps to explain the particular difficulties individuals had in discussing the impact these types of policies had together with other policies they had experienced. Despite this, as will be seen later, community initiatives were perceived to have impacts on the families.

2.2.3 Initiating policy contact

Typically, in this sample, families and individuals came into contact with policies through three different routes:

- **Possessing characteristics which bring entitlement to benefits/support**
 - Leaving school, becoming a parent or forming a relationship were some of the transitional events which prompted contact with policy deliverers. For example, becoming a parent triggered the intervention of a health visitor. In a couple of cases in the study, health visitors had disseminated information about parenting classes or local Sure Start services. In other cases, information about policies was sought out by the family member. For example, one lone parent whose children had begun school, looked for ways of ensuring that a transition into employment would be affordable and sustainable. Her NDLP support included a 'better-off' calculation and help to access and fund appropriate childcare. In other cases changed circumstances, such as unemployment brought about entitlement to benefits and contact with services. For example, Steve (22) became unemployed in 1999. He then registered for JSA and started looking for work. Having been unsuccessful he was expected to take part in the New Deal for Young People (NDYP) as part of his responsibilities as a long-term jobseeker. Similarly, a new core need - such as lack of adequate housing, support or care - was triggered by the onset of difficulties like ill health or relationship breakdown. Both conferred entitlement and prompted them to seek help and support.
- **Intervention is ordered externally**
 - For families in this group, the impetus for the intervention came from outside the household because the intervention was compulsory and ordered by an outside agency, for example criminal justice interventions.
- **Some policies were applied universally across the local area or neighbourhood**
 - In these cases, families had minimal involvement in choosing to participate in an initiative. For example, one local neighbourhood had received renewal funds through the New Deal for Communities. The outside of residents' flats and shared areas were

decorated. Additional funds were used to set up an 'on-line lab', where computers and internet access were installed in a communal room below the block of flats. Classes were regularly held to help residents improve their ICT skills.

2.2.4 Differences between household types

The range of policies experienced by the families in the study was determined by the sampling strategy. Whilst this means that the way in which people had come into contact with policies may not be typical, it is still interesting to consider people's routes into different initiatives.

Young people and lone parents had encountered initiatives through all of the routes described above. Often for lone parents, the process of becoming a parent or the breakdown of their relationship had led them to seek support. For young people, transitional events such as leaving compulsory education or crises such as family breakdown often led to their engagement with services and support. The two parent families had less experience of policies than the other two household types. This perhaps reflects the greater stability in household composition and status over time although, as will be discussed later, it may also illustrate a difference in the way in which policy is received by, and targeted at, the different groups.

The biggest difference lay in whether households had received multiple policies. Experiences of multiple interventions were much less common for two parent families than for young people and lone parent households.

Young people and lone parents tended to have been involved with 'clustered' or 'gateway' interventions which typically resulted in a whole host of contacts across the range of different needs at one time: housing, finance, emotional support, education and training, behavioural problems and so on. In contrast, two parent families, tended to have received only consecutive policy contacts around single issues. And where they had received concurrent interventions around more than one issue, these were focused on the links between education, training and employment rather than other areas of life.

Such differences were reflected both in recruitment difficulties (see Appendix B) and in staff accounts of their work with this group. Service providers were unsurprised by the problems we had faced in trying to find two parent families with many policy experiences. They felt that more policies had been focused on other groups and that, whilst this might reflect policy priorities, it might also be the result of the more diffuse or less easily identifiable needs experienced by these households. Other reasons might be that two parent households are less open to external interventions than are the other forms of household, or because of their greater household stability, they may experience fewer changes of circumstance which can trigger a need for support or intervention.

CHAPTER 3: Changing for the better: positive impacts of policy

We turn now to consider the impacts and effects of policies on the lives of individuals and families. This presents something of a challenge since the outcomes that derive from policy interventions are intricate both to detect and to present. This is in part because there are both interactive and cumulative effects resulting from receipt of multiple policies. Added to this, there may be a chain of consequences – for the individual, their families or both - that result from the initial impacts of interventions. Alongside, changes resulting from naturally occurring life events and personal development, may help to accelerate - or alternatively curb - the positive impact of a policy initiative. And, finally, there may be other interventions or circumstances that countermand any positive outcomes that might accrue.

To provide some pathway through such intricacy, this chapter considers the positive outcomes that have derived from recent policies, their nature and impact and how they have interacted. Chapter 4 then examines the personal and policy related factors that can undermine the effectiveness of policy initiatives and interventions.

SUMMARY

- Policy has led to many and varied achievements some of which are complex in origin. Some came as a direct result of a policy intervention while others were a spin-off from those original achievements. Some benefited other family members as well as the main recipient.
- Individuals and/or their families benefited from improved material resources and living standards. Other benefits were the acquisition of skills and attainments, improved health, strengthened family relationship social networks, and improved psychological and emotional wellbeing.
- Some effects had accrued from initiatives right across the policy spectrum. Others were more directly related to a particular sector. Some policy domains had had a widespread impact on individual and family resources, others much less so.
- There were many areas where two or more policies had worked together to provide mutually reinforcing changes. There were also many examples of circumstances in which one policy had strengthened the potential for another to be effective; or had prevented deeper exclusion occurring.
- Policies had also interacted effectively with naturally occurring life change, either by acting as a catalyst to further change, at an appropriate time, or by supporting or sustaining developments that were already occurring.

3.1 The positive impact of intervention: an overview

Many and varied have been the benefits of policies described in Chapter 2, and some of them are more sustainable than others. There are five main categories, each related to different types of resources that have benefited the individuals and their families during the study's time-frame.

They concerned:

- Improved material resources and living standards.
- Skills and attainments.
- Improved health.
- Strengthened family relationships and social networks.
- Improved psychological and emotional wellbeing.

Chart 3.1 provides a digest of the various impacts of the above five achievements. They will be discussed in more detail in the next section but two points should be mentioned here. Firstly, some of the achievements came as a direct result of policy intervention while others were a spin-off from those original achievements. To give a recurrent example, entry to training or employment for a lone parent often brought heightened self esteem and independence, feelings of being a 'better' parent because of the extra provision that could be made for the children and greater social engagement.

Secondly, some of the policy achievements benefited other family members as well as the main recipient. This was particularly so for impacts that we have termed secondary. For example, an independent income for young people, through for example EMA or training allowances, brought some potential for additional personal spending but also helped to alleviate the financial strain on their parents and other family members.

It is important to stress that the extent to which the achievements were directly experienced only by the main recipient or by other family members should not convey any notion of their import. Some of the seemingly most deep rooted effects of the policies were not directly focused on the main recipient. Improved family relations and greater stability of family life resulting from initiatives to move young people away from offending are a case in point.

For each achievement, the broad policy domain which stimulated the change is also indicated in Chart 3.1. Although this presents a greatly oversimplified view of the connection between policy and its outcomes, two notable patterns emerge. Most crucially, some policies have had a widespread impact on individual and family resources, others much less so. And some of the outcome is the result of broad based policy initiatives, while others are more directly related to a particular sector. As we shall see in a later part of this chapter, the effects of multiple policies may be a result of cumulative, interactive or sequential initiatives.

Chart 3.1 Positive impacts of social policies

POLICY DOMAIN						
Impact and outcome	Education/ Training	Employment & work related credits	Earnings replacement & other benefits	Housing & Environmt.	Health & Social care	Law & Criminal Justice
Improved material resources and living standards						
Increased income	X	X	X			
Reduced debt		X			X	
Independent income (for young people)	X	X				
Acquired permanent/ stable housing						
Furniture/improvements to the home/housing adaptations				X		X
More adequate heating		X			X	
Ability to buy extras/ 'keep something by'			X			
Childcare/respite care provision		X	X			
School meals	X	X			X	
Travel costs		X	X			
Improvements in neighbourhood	X	X	X			
Moved to safer/less troubled neighbourhood		X		X		X
Skills and attainments						
Sustained participation in school	X					
Re-entry to education	X		X		X	X
More positive attitude to learning/education	X			X	X	X
Qualifications	X					X
Vocational skills	X					X
Parenting skills	X				X	
Life skills	X					X
Work experience	X					X
Greater work readiness	X		X			
Entered employment	X				X	
Diversion from offending behaviour	X	X			X	X
Improved health						
Diagnosis of underlying medical condition	X					
Learning to manage a chronic illness					X	
Greater knowledge /awareness						
- of healthy eating	X				X	
- of drugs and their impact	X				X	X

Chart 3.1 Positive impacts of social policies (continued)

POLICY DOMAIN

Impact and outcome	Education/ Training	Employment & work related credits	Earnings replacement & other benefits	Housing & Environmt.	Health & Social care	Law & Criminal Justice
Strengthened family relations and social networks						
Improved relationships between partners	X				X	
Improved relationships between parents and their children	X				X	X
Improved parenting	X	X			X	
Improved/more diverse childcare						
Strengthened social networks	X	X				
Change in peer group	X	X		X		
Greater understanding of family problems	X					X
Resolution of family problems/crisis	X				X	X
Lowered care demands	X		X			
Independent living (for non householder)	X				X	
Improved psychological and emotional wellbeing						
Increased self confidence /self esteem	X	X		X	X	X
Increased independence / autonomy	X	X			X	
Less depressed or feeling low/ increased feelings of wellbeing	X				X	X
Less anxiety		X				X
Decreased boredom	X	X				
Broadened horizons	X	X				X
More optimistic about the future	X					X
More time to self/away from the house	X					
Kept out of trouble /'off the streets'	X					X
Less experience of bullying	X					
Removal from domestic violence				X		X

3.2 Policies and their impact

This section provides further detail on the policies that have brought about positive change and the nature of those achievements. Each of the five delineated in Chart 3.1 is considered in turn.

3.2.1 Material resources and improved living standards

At some point over the last seven years, all families in the study were receiving core benefits and all were low income households. Core benefits gave households the ability to pay for essentials such as housing, food and household bills. The families often described how they had learnt over time to manage on a low income. Some families received financial support from members of their extended families, who would lend family members money in difficult periods. This needed to be repaid at a later date, when the family was in a better financial position. In some cases among the two parent families, and in a rarer case among the lone parents, members of the wider family also helped with childcare, alleviating the need for paid childcare. However, for others, there was no family financial support and core benefits were supplemented by crisis loans or family loans where these were possible. Debt was, for some households, an ongoing issue which had a long term detrimental impact on the household's finances. Families with the most extreme debt had been prosecuted in County Courts for failure to pay bills.

Since 1997, households had experienced improvements in their material resources and living standards in two ways:

- The first was an increase in household finance to a level that afforded a better and noticeably different quality of life. These were generally households where an adult had returned to work or had got a job for the first time.
- In other households, income had increased to a lesser extent and had served to ease some of the financial strain on the household rather than lifting the household away from its struggle with poverty. In this second group, the households had received increased finance through specific policies. For young people, these were targeted initiatives, such as training or educational allowances; for other two parent families and non-working lone parent households they were in some cases passport benefits, like free school meals or council tax benefit. In other cases they were targeted initiatives, such as winter cold weather payments, all this on top of core benefits.

Income from additional sources

The households that had experienced improved living standards through getting a job, mainly noted a general lessening in the financial strain of budgeting their income and expenditure. This largely gave them a greater ease in paying essential bills, less need to borrow and some leeway for treats. Most notably it meant 'extras' for children, for example cinema trips, school trips, trainers and clothes. These were households where a lone parent had moved into employment. Also, families described being able to afford to decorate or make material changes to their homes which they had been unable to do before. Angela, a 38 year old lone parent, described the difference that getting a job had made for her and her family:

'Before I was working, in here wasn't even decorated or anything, I couldn't afford to do it. Things are starting to get better now I am working. There is light at the end of the tunnel. I always thought there wasn't going to be any. I think working has changed things now for me anyway, a bit better... Working does play a big part, because at the end of the day I am getting a wage. You do need money to survive and to buy things that we need, so work has played a big part...I think they were happier [the children]. They saw me being happy. I could afford to buy certain

things, not saying you can't have that, can't afford it, and things like that. It's made a big difference having a wage coming in. So I am happy and they are happy.'
(Female, 38, black, lone parent household)

Such changes were also welcomed by children.

'More money, because we can get nice - more stuff now. And go on trips... and clothes. We didn't have enough before..' (Female, 9 , white, lone parent household)

Children also reported feeling less guilty about asking for money for things they wanted.

For lone parents returning to work, tax credits were seen as key to their financial improvement and made returning to work worthwhile:

'Financially I'm getting more than I hoped for but that is not to do with my wage. That is to do with working tax credit that has topped it up.' (Female, 26 to 35⁸, white, lone parent household).

Financial assistance in the form of a student loan and grant had also played a role in supporting lone parents in training or education. Lone parents continued receiving Income Support (IS) while training and this enabled them to take part in training courses. It also meant no fees had to be paid.

Independent income for young people

Financial benefits were an important part of the decision to return to education and helped to sustain attendance. Young people often felt they needed to be providing themselves with some sort of income. To receive money for learning made education an alternative option to a low-paid job or offending. This was particularly true for those young people in households facing more acute disadvantage and money difficulties, or where relationships with parents were unstable.

Young people who had begun to receive their own income from allowances or earnings talked of how this lessened their dependence on their parents or guardians. For example, one EMA recipient described how getting EMA meant that she did not have to ask her mum (who was 'struggling' financially) for as much. She also mentioned how EMA was 'hers', which meant that if there was money left over from it after buying books, or lunch, she could spend it on what she wanted. This was also true for young people receiving allowances through a Modern Apprenticeship or the Learning Gateway. The young people noted that their independent income also meant there was more for their siblings.

Parents commented in similar vein on their own decreased financial burden. This was because to contribute to the household the young person was giving their parent or guardian a proportion of the money they received. Another reason was that the parent or guardian needed to provide less for the young person, for example travel, new clothes or books.

'She never gave me any of that. Actually I tell a lie.... of course,[it helped] because if she hadn't had it I would have had to help her out more then. Yes, saying that, she did, she always come home and give me £10, you know, say here you are, mam, here's £10 and I took it but then I spent it back on her, you know, buy something, you know ...the difference to me [was] because then I would have had to have tried to have helped her out a bit more so that £50, you know, yes, did come in handy.'
(Female, 54, young person household).

8 Respondent did not give exact age during screening or interviews

There was a more exceptional reference to the impact of an independent income on offending, through providing an alternative to 'theft'. One young man, for example, described how receiving JSA had provided him with an alternative income to 'nicking things' which he hoped would help him stop offending.

Increases in benefits and allowances

For non-working households, passport benefits such as free school meals, additional allowances such as heating, and the general increase in Income Support alleviated the financial strain. There was less worry about simply '*putting food on the table*', or paying basic bills. It also left some room for 'extras', such as having meat sometimes or money for unexpected needs or emergencies. One non-working lone parent described how the increase in IS, alongside the free school meals, meant that she could hold a little back, such as £10 a month in case one of her children got a cold and needed medication or needed a new school bag.

Where policies had relieved households' financial difficulties then this was sustainable so long as policies remained the same and families remained eligible. In young people's families, the benefits would be felt as long as the young person continued to be in education and receive their allowance for this. Young people all planned to work after gaining qualifications and training. If they achieved this, other household members would not have the financial burden of caring for that young person. Sustained employment was critical to financial improvements resulting from paid work (as discussed in Section 5.3.3 later).

Housing and neighbourhood

The acquisition of new or better housing did not feature strongly in people's descriptions of positive policy outcomes (see Chapter 4). But where there had been a significant change, the impact was felt to be pivotal in offering a 'new start' for household members. The most recurrently cited examples of this were allocations of permanent accommodation after a period of instability, particularly for families that had moved from a domestic violence refuge to new family accommodation. Help in getting furniture and other household items had also been provided by refuges. Some of the families who were receiving social work support because of family difficulties had obtained help of a similar kind from social services. For example, one lone parent had had significant help from a social worker after she left the marital home.

Among families who had moved to new housing or a new area, some found that they were happier living there. This was either because of being in a safer neighbourhood or on a less busy road, or because they no longer had problems with neighbours. These changes were felt to be particularly important to children, resulting in them having more freedom to play outside.

Regeneration programmes or local authority and community initiatives led to improvements in some families' neighbourhoods. They included the general 'cleaning up' of an area or estate and the installation of various security devices such as CCTV or intercom systems. All of this helped people feel safer as well as generally more enthusiastic about their locality.

'It's just now it's improving, it's getting better..... before it was really dark and horrible, I used to hate bringing people here, it was embarrassing. It was really nasty walking up the stairs. There would be urine in the lift and everything else.'
(Female, 38, black, lone parent household).

The provision of other resources

The provision of other 'material' resources had helped some individuals to engage in activities outside of the home. For lone parents, the provision of child care had played a crucial role in supporting a return to training or education. Help with transport costs or clothing allowances also had a number of positive benefits..

3.2.2 Skills and attainments

The acquisition of skills and attainments, as well as a more positive attitude towards employment and education, was found to be a direct impact of policy across the sample.

Children of school age

For children at school, interventions had either supported them over difficulties in school, worked to overcome those difficulties or sustained their participation. For example, one young woman had begun to truant from school during a bereavement period. Support from her Education Welfare Officer helped her reduce and stop truanting, and provided her with emotional support to cope with her bereavement.

Another child, Nathan had a learning support mentor and a classroom learning assistant in his second and third years of secondary school because of his poor behaviour and learning needs. With their support he managed to sustain his school attendance despite continuing behavioural difficulties and some illegal activity outside school. However, like others in the sample he was eventually excluded. Despite this both Nathan and his mother were positive about the support they had received from the learning support unit at the school and from one of Nathan's teachers.

Like Nathan, not all children had sustained their education and some had left compulsory education due to exclusion or pregnancy. Where this had occurred, alternative education strategies were sometimes implemented - such as PRU for example - and were largely viewed positively by the recipients. Equally, not all young people had achieved qualifications but there were positive accounts of how the support offered either in school or in special education units had given the young person optimism about the potential of education. Another positive outcome was that the support had averted what might otherwise have become deep-rooted disaffection with education. Also, life skills and college courses had often given young people a more positive experience of learning than they had had in compulsory education. That was the case even if they had left early, failed to gain qualifications or had not yet reached that stage. They had also provided some incentive to engage in future training, as well as equipping them with vocational skills. In other cases, life skills, such as for parenting or independent living, had been acquired.

Sharon had not had a positive experience of school. Before leaving school aged 14 because she was pregnant, Sharon had spent her time with a 'bad crowd'. Her attendance at school was poor. Sharon was referred to a teen parent educational centre. There she studied English and Maths, and took part in sessions on parenting, health and budgeting. Sharon left the centre before she sat her exams. However, the skills learning helped equip her in her new role as a young, independent parent. She felt as though she had been treated as an adult at the centre, by workers who cared about her and her life. She described the experience of the centre as 'one of the best things I ever did'. It left her feeling more positive about learning and more open to returning to education in the future.

Alicia was excluded from school at the age of 14. She had struggled in school with both her school work and her attendance. The school counsellor who had supported her kept in touch with her after her exclusion and helped her to find a college place where she could study towards an NVQ. This was after some time spent in a PRU. Alicia did not attain formal qualifications while at college but felt that the experience was significant for her in changing her view of herself and her receptivity to engage in learning.

'I think I changed a lot at college, you know, college helped me to see things differentThe only subject I liked [at school] really was maths. I think it makes it worse when I can't do something as well, or I don't really like the lesson or it's hard for me to understand but I think when I was in school I didn't really learn much. When I moved to college I learnt more, especially like computers and things, I learnt a lot more when I went to college. ...[and now] Well, I just phoned up [name of] College, I'm just waiting for them to send me to see if I've got in or what because I don't know, they haven't sent nothing back to me. I want to go part-time, I just want to do like a maths or English GCSEs because I shall need to get something because I ain't got no qualifications or nothing.' (Female, 18, mixed race, young person household).

Children at schools receiving interventions such as EAZ or crime reduction initiatives said their schools had improved as a result. For example, one young person said increased discipline had helped calm classroom disruptions; another thought the school to which he had moved felt safer and experienced less truancy. In the latter case, the pupil had changed schools because of the bullying he was experiencing on his way home. The school had said there was nothing they could do about it as it happened off school premises, even though the 'bullies' were from the same school. The young person left the school as a result and moved to another where there was a police officer on site.

'He would just sit out[side]. If there's anything would happen he would come out and step in. Nothing really happened because like the school was more secure because they had the officer. And they had teachers who would be around the school and at bus-stops when school's finished and stuff... because if anything really happened you could just give a description right there, and stuff like that. And cos there's a police officer there nothing would really happen.' (Male, 16, black, two parent family).

Young people

Young people had either been re-introduced to education through services like Connexions or the Youth Offending Services, or they had found their own educational route through approaching local colleges. For example, after her exclusion, Alicia investigated the local colleges available to her and found a course she wanted to do under her own initiative. In contrast, Seb was helped to find a local training academy where he could develop his football skills by staff at the PRU he was sent to after being excluded from school. And others like Aliyah and Gulshan had found their college places through advice and support from Connexions workers and staff at the local Youth Partnership initiative.

Lone parents

Lone parents attending courses had either gained specific qualifications, such as National Vocational Qualifications (NVQs), a BA degree or ECDL, or new skills, such as ICT and keyboard skills where no formal qualification was offered. Others were working towards specific qualifications at the time of interview (Access and Diploma courses).

Some flexibility on learning had helped lone parents to balance childcare and parenting alongside their courses. For example, one lone parent was taking part in a modular course with flexible learning hours, allowing her to fit her training around her parenting responsibilities. Young people and lone parents also described how important individual professionals had been in supporting and encouraging their return to learning.

Lone parents perceived engagement in education and gaining qualifications as having increased their employment prospects as well as bringing other positive changes for them and their families (see Sections 3.3.4-5). For example, Angela, a 38 year old mother of two talked about what gaining skills had meant for her:

'There is no way I could have sat down in here [her flat] for another year. No way...I got a certificate for word processing and Internet...It was good, it was really nice, I was proud of myself. Then you get a certificate and then you could just go. They said would you like to do some voluntary work at the [name of] centre, so I thought yes, it's a foot in the door, it's a start, rather than going back home now and sitting down and waiting for something or a job to come up. I went there for a couple of weeks and they liked me there, and they offered me a permanent post. It really worked out well. I am glad I did the course.' (Female, 38, black, lone parent household).

Dawn described similar changes:

'Well it has enabled me to get a better job. I feel more focused on what I want to do, more aware of things politically and globally. I'm not trapped in this little world anymore of being a single parent. I'm not as afraid of things anymore, things seem clearer. I don't know really, yes it has been difficult but you know you have to weigh it up with what you really want..it's more me.' (Female, 26-35⁺, white, lone parent household).

Some of the young people expressed similar feelings about the value of increased qualifications and skills to their chances in the job market. Angela's son Josh, an 18 year old, described why the support he was getting from EMA was important not just for the short-term but also for his future:

'The EMA money... that will get me to college to get qualifications to get a high paying job, to get out of here...To a house, and a car. That is the drive to be better. To get better than this...because without college qualifications, these days employers look for some, may ask for some qualifications and they will train you. People look favourably on like university qualifications as well, if it's a degree or whatever it may be. It depends, college can be a lifting board but university can be an even more of a lift.' (Male, 18, black, lone parent household).

The impact of gaining education, qualification and skills seemed greatest and most sustainable for the lone parent households. Lone parents had acquired specific skills through training that they were applying in their work, and which had allowed them to find work above the lowest paid work level. For example, one lone parent returning to work had previously worked in any jobs around her child's school hours including being a healthcare assistant and cleaning. After completing a course in IT skills, she moved into work as a receptionist and administrator in a local charity. Changes such as these were seen as permanent for lone parents. For the young people, the sustainability of impacts was less evident. This was partly because of the stage where these young people were in their lives, and partly because they had yet to complete and pass courses that gave them specific qualifications that could improve their job prospects. In two parent families, there was little impact of training and qualifications overall. This was largely to do with issues discussed later in relation to the provision of courses through New Deal.

3.2.3 Improved health

As described in Chapter 2, the health problems experienced by respondents were chronic and enduring. In some cases, acute and life-threatening episodes had also been experienced. These were often debilitating illnesses affecting people's mobility, ability to work, and their level of dependence on other family members as well as their mental wellbeing.

Most of the services received in health care were core support (see Chapter 2) and not immediately identified as notable interventions. Also, for some, the treatment or care received was to help manage or stabilise a chronic condition and was therefore not necessarily memorable in its effects. As a consequence, the health initiatives discussed by respondents relate mainly to acute episodes of illness or where there was some significant change in the treatment or care provided for a chronic illness.

Most of the positive changes that were reported related to mental rather than physical health. Mental health interventions had often been critical in allowing people to manage or stabilise their conditions and hence their ability to cope. Jean talked about how her GP had helped her manage the depression she had in 1998 which followed the breakdown of her relationship and a prolonged period on Income Support.

'I can't really talk about it, but with the break up of that relationship I felt so down and I couldn't seem to pick myself up from it and months and weeks passed by and I couldn't find myself picking up and I couldn't sleep and I just went to my doctor ... and she said what do you need right now? I said what I really need is a good night's sleep, so she said I will give you [a short course of sleeping tablets] and I had about five nights of decent sleep and after that I started to pick up and then she said what about counselling? ... About three weeks before I couldn't see anyway out and I was on income support and it is just so depressing ... you just get up and take her [daughter] to school, you come home and do your housework and that's it. And then you pick her up from school and make tea, put her to bed and it's like that over and over and over again and it was just so monotonous it was awful and then the counsellor helped me worked through that things were possible, my dreams were possible.' (Female, 26 to 35, white, lone parent household).'

Lone parents were the most likely to have experienced improved mental health through health service interventions. In some cases, this had helped people move towards training or employment.

Interventions had also assisted to some extent with physical illness through, for example, treatments that had alleviated symptoms.

Marie, a 30 year old mother of two school age children, has chronic lower back pain. This also leads to pain down her legs when she walks and occasionally her legs give out under her. She was also diagnosed with epilepsy 2.5 years ago. Her experiences of support and interventions were mixed. She described her GP as 'fantastic' and explained how he had referred her for physiotherapy and osteopathy but these only had intermittent success in controlling her pain. At one point she was also referred for shiatsu massage through a government initiative but, although this was helping, the funding was withdrawn. Similarly, Karen, aged 38, described how impressed she had been with the way she was dealt with during her treatment for breast cancer by medical staff. She was particularly impressed by the amount of information she was given at every step of the treatment and found this helped to manage her anxiety about the process. She also described how well equipped and comfortable her ward and room were.

Also, adaptations to the home, or care support, had been welcomed because of the increased independence they afforded to the individual and the reduced demands on the family. This also alleviated feelings of guilt experienced by one parent who had relied heavily on her two children, aged 16 and 18 years old, during her illness.

For young people, counselling or psychological interventions provided by educational services had been effective, as was described earlier in Alicia's case. Interventions had also come about in response to behavioural problems that were occurring at school or in nursery. For example, the family of a four year-old boy exhibiting signs of a social and communication disorder in nursery was referred to an educational psychologist and speech therapist, and had been given a provisional diagnosis of autism. The psychologist had given the family useful tips on ways of managing their child's behaviour. The family had tried them and found them successful for short periods. The team had also outlined on paper the child's strengths and weaknesses which his parents had found really useful when explaining his condition to other people. Also, they now had literature on the condition and felt better informed.

Health promotion and education in schools received a mixed reception but had resulted in some acknowledged increase in awareness and understanding. Some children had been recipients of the National Fruit Scheme which parents felt was a 'good idea'. In other schools - one an EAZ school - children reported having received advice and information on eating healthily. In the EAZ school, there had been complaints about the limited availability of healthy food in the past and a newsletter had been introduced which gave details of upcoming lunch menus along with other news. The parent interviewed felt that this was beneficial, describing it as being reassuring to have the information and know what was available to the children. Some young people and adults who had been at school during the study's time-frame, had received drugs education which, again, they said they found useful.

3.2.4 Strengthened family relations and social networks

As was indicated in Chart 3.1, a range of different initiatives had had an impact on family cohesion, family relationships and, to a lesser extent, social networks.

Family relationships

In two parent families, there had been some strengthening of the relationship between partners. The relationship between parents tended to be strengthened because of other changes not directly related to policy interventions. For example, entry to training or employment sometimes brought greater harmony because of less time being spent together at home;. The alleviating of financial problems through additional household income helped to lessen tensions between partners. Such consequences were more commonly noted in the young adult households than among the two parent families because of the greater level of change in economic activity.

Relationships between parents and their children had also notably improved in some households. Sometimes this was the outcome of a targeted intervention, such as parenting classes or social work involvement. In other it was cases because of other changes occurring. Lone parents had experienced more intervention about parenting than the two parent families.

Parenting classes were widely reported as being a positive experience and having clear impacts on family relationships. Parents felt that they had made a lasting difference, not just to their relationships with their children, but also in relation to their confidence over parenting, by providing new or enhanced skills to manage their child's behaviour. Part of the explanation for this lay in group classes enabling parents to share their experiences. This not only helped parents to understand that they were not alone in their problems but also helped to lessen feelings of guilt they held about the behavioural problems of their child. But perhaps most crucially, parents

expressed their satisfaction with parenting classes because they equipped them to solve their own problems, rather than being 'done to' them. For example, one lone parent described her experience of SureStart parenting classes in helping her with her oldest child, 6 year-old Ben, who had difficult behaviour.

'Parenting classes [are] just really to help me in Ben's behaviour and, well, just basically Ben's behaviour because as he's the oldest he can get really aggressive towards Tom and Ciara and that's to help so help assist me in how to handle him....Well, it gives me the chance to meet new friends, I have time to myself, more time to myself because Tom is in the crèche and so no worries when you leave [him]. You could always talk about things that's bothering you and it won't go outside or anything... I just feel it helps me, like, in behaviour....Well, I suppose like I said before, social workers don't help me – they just do things you don't want' (Female, 23, white, lone parent household).

Besides parenting classes, some families had received social work support. The role of the social worker and views on this varied in different households. In some cases the involvement had been seen as valuable, for example in helping family relationships by finding and providing respite foster care for children. This had happened for one of the lone parents whose son had behavioural problems. It had helped to relieve severe family tension and provided the parent with some respite from her caring duties, and a chance for some time to herself. As we saw in the previous section, social work interventions had also come about as a response to behavioural problems at school. These interventions had been beneficial to the child parent relationship. Ruksana, 26, had received vital support from her social worker after she left her marital home because of domestic violence. For her, the support had been very important in helping to manage her own feelings and still care for her children.

Young people had been offered fewer interventions over relationships in the home although with some important outcomes. Alicia, for example, whose parents had just separated and whose mother had a chronic illness, had seen a school counsellor about her difficulties at home. The counsellor gave her both emotional and practical support which gave her the mental strength to get through the difficulties and demands she experienced but also explained to her teachers why she might be tired or emotional at school. Others had received interventions from social workers, youth workers and child psychologists which had helped them to feel calmer and more able to understand why they had behaved badly in the past. They also understood the impact of their behaviour on others.

Such interventions had resulted either from problems at home, at school, or as part of a response to other issues, such as homelessness. In all such cases, results had been most effective where the young person recognised the need for support/counselling, saw what was offered as appropriate and where the relationship with the key worker had been sufficiently strong to sustain the involvement of the young person. One such example, where both a social worker and youth worker had been involved in mediating between a young person and his foster carer (an older sibling), had been successful in helping the two young people find solutions when they argued, frequently over Daniel's poor school attendance and behaviour. They both spoke about how their support workers had acted as 'go-betweens' especially at times when his sister had been tempted to ask him to leave because of his behaviour.

Changes in child-parent relationships had also come about through the benefits of other interventions. For example, some young people who had entered education or employment felt that relations at home had improved not only because they were no longer around their parents so much, but also because they depended on them for money. Similarly, some lone parents who had moved into training or work, valued the time they spent with their children more highly because they were not there all the time.

Parents also spoke of how their reduced anxiety about the activities and future of a son or daughter had improved the parent-young person relationship. An example of this was where a mother described the relationship between herself and her son while he was involved in offending and in trouble at school, and compared it with the relationship once he was involved with the YOT, and attending educational courses.

'I was constantly bickering and moaning but just from sheer worry that, you know, the path that he's taking is just not, you know, not right, so it was a really trying time... Then he was with the YOT, on the tag and doing courses.... So that stopped a lot of the pressure, because it stopped the pressure I could talk to him better, we still had our ups and downs.... But, no, I just think we've grown out of, we've gone from the bad to the better and I think the brilliant is going to come up very soon.' (Mother, 35, white, young person household).

Improvements such as these had also helped to reduce the possibility of young people having to leave home because of tensions between them and their parents.

Some parents who had childcare provision as a result of returning to education and employment, talked about the benefits they felt this brought for their children. They included improved social skills, learning to share, variety in the environments in which their child spent time, and increased independence from a parent.

'I think the main one [that made a difference] is the nursery for Tyler...Me going on that course and getting him to mix with other children that was really helpful. [It was] getting away from me, [from] being stuck in doors with me all day. He was meeting other people and seeing other children. It has helped him a lot because he has learned a lot since he has been going to that nursery. It's been really good.' (Female, 38, black, lone parent household).

Lone parents who had returned to work or entered education also described how this change had helped them to feel more equipped to help their children with their homework. For those in education, their newly acquired skills and knowledge meant they could answer more of their child's questions and could foster a learning environment at home. Also, these parents and those who had moved into employment talked about having increased confidence in their abilities which made them more able to help their children.

Social networks

Social engagement with people outside the immediate family was felt by some people to have improved, although always as a consequence of other interventions. People who had entered employment, particularly lone parents, talked of the benefits of meeting new people outside their homes.

'I have always been stuck in doors, never meeting anybody and I wanted to go out and meet people and make new friends, because all the time I have lived here, I have just kept myself to myself. Since working I have met loads of women, friends, I have quite a few friends now. I look forward to going to work. It's people to talk to. It's got me out of the house and everything.' (Female, 38, black, lone parent household)

There was also some reference to how improvements to the neighbourhood and making it a more welcome place to visit had made people feel more able to have visitors at home.

Some young people also commented on changes to their peer groups as a result of interventions that had occurred, particularly around offending behaviour. One young person, for example, found that the friends he had spent time with before serving his sentence had 'moved on' by the time he was released. Although these were friends he had got into trouble with in the past, it was not seen as a welcome change by him. However, for another young person, engagement with an ISSP had brought contact with a new group of friends, who, like him, wanted to stop offending and stay out of trouble.

3.2.5 Psychological and emotional wellbeing

It will be evident by now that many of the interventions that had brought success had brought a general lifting of spirit to individuals and in some cases an avoidance of more severe depression or anxiety. Rarely were such benefits the main result of a policy or programme, but accrued from other more indirect changes. Also, there is much evidence to suggest that there is an important cyclic-effect with enhanced wellbeing acting as a trigger to further positive action.

Changes in employment or educational activity were a primary source of improvements to wellbeing. Repeatedly, people spoke of increases in self esteem, self confidence or generally feeling happier as a result of getting out of the house, having a purposeful activity, being with other people and more generally focussing on something other than themselves or their family. Children whose parents had moved into training or work described them as '*more alive*', '*less bored*', '*less grouchy*' and '*happier*'. All these features were particularly notable among lone parents. For some people, such feelings were accompanied by a sense of pride that they had once again become a family 'provider' with consequent feelings of autonomy:

'To me working is like having your independence. At the moment I don't rely on a man to support me at all, not with anything to be honest. I didn't want to have to rely on government funding, I think when it comes down to it.... I mean I have been on income support ...I found myself getting bored and depressed and it was like a vicious cycle going down and I have to be occupied.. I have to do something but to stay on income support forever would have been devastating. It would have been terrible.' (Female, 26 to 35, white, lone parent household).

Even when people had not moved into work or training as a result of employment programmes there was evidence of an improved self view. People had greater confidence and self-esteem and a more positive perspective on the future. They reported that they felt there were opportunities available to them, and that they could see change happening for them and their families. In some cases, this was a marked difference to how they had seen their future previously. Lone parents also saw more possibilities for the future as they were equipping themselves with skills and qualifications. This was also true for some young people.

For other young people, involvement with the YOT, the ISSP and the sentence served in the YOI, helped with the motivation to cut down offending and 'keep out of trouble'. For Nathan, who was on ISSP, this had been achieved by the combination of intensive supervision, electronic tagging and the threat of detention should he breach his order. Next he received personal support from his ISSP advocates while on a training programme. Intensive supervision had provided a useful diversion for him, keeping him 'off the street' and moving him away from his previous peer group with whom he had committed offences. The electronic tag and curfew had helped in this direction too. Training also provided him with a diversion during the day. This, together with the support of advocates and work with a YOT officer, enabled him to begin to change his thinking about his future, and about gaining qualifications. Nathan described the support he had been given and its impact on him:

'I was that close to going to prison and it made me realise and ever since I've been on ISSP I haven't been arrested... because my advocate is looking down on me and I know the consequences if I do get arrested again. ... I don't really want to go to prison. I've got another chance I'm going to have to use it to the best of my abilities to sort out my future and that's basically what I'm doing.' (Male, 16 black, young person household).

Najib is another young person for whom interventions on employment and education were just beginning to help avoidance of offending:

Najib is 18 and has a history of offending. His offences usually took place on the street with his friends and although vague about the details he alludes to robbery and public disorder or intimidating behaviour. Najib served a custodial sentence in a YOI, but since his release has not been in education, employment or training, except for a brief period of work gained through work experience which the YOT helped to arrange. Much of his time is spent smoking marijuana, which he described as a daily routine, often smoking his first joint shortly after waking up.

Recently he has come into contact with an employment resource centre in his community. He went along with a friend to start with, and now goes most days. This is an SRB funded project for young people. Although, so far, he is resistant to advisers' attempts to engage him in further intervention, he enjoys spending time on the internet, looking for jobs and looking at colleges. When asked what impact this has had on him Najib replied:

"There's none really. I just at least stay off the streets. There's a few facilities you can use here. As long as you stay off the streets and causing crime..."

Such broadening of horizons among young people brought a sense that their future was changing and helped them to make plans to gain education, qualifications and eventually a 'good' job.

'Like if I never committed that crime then I wouldn't be here now and now that I am here now and I've got another chance I'm going to have to use it to the best of my abilities to sort out my future and that's basically what I'm doing..... that's why so basically I'm getting qualifications behind me so I'll be more of a bigger package for a job.' (Male, 16, black, young person's household).

Among women who had experienced domestic violence, refuges were often noted for the crucial support they had given. This had a significant impact on the people's self esteem and confidence. It also provided financial support, helping to sort out benefits and accommodation, and giving children new clothes. The help of a Victim Support worker was described as having a similar impact.

Child care provision outside employment or training environments, had also had a positive impact on wellbeing by allowing parents more time for themselves. For example, one woman described how important time to herself was as she coped with the end of an abusive relationship. She needed time to reflect and to be upset, but when she would not, in turn, upset the children. Another described the impact on her.

'...I think for her [her daughter] to have that independence going out in the community without her mum probably does benefit her and also for me not just to be a mum all the time twenty four seven and for me to be a student, to be somebody's friend, to be out there helped me as well...it just gave me that bit of a break I think...I think it makes you feel human, well it did for me anyway, it is a bit of a break from being a mum. I think you get time to be yourself as well... I think it

has benefited us for me to do what I have done because it wouldn't have benefited her if I had been here on income support depressed.' (Female, 26 to 35, white, lone parent household).

Children whose mothers left violent relationships and eventually achieved housing stability had also gained in emotional strength. The impact of witnessing domestic violence on children was not explicitly discussed, except in one case though they are well documented in research into domestic violence. A young person who had been involved in crime had witnessed his mother being subject to prolonged physical and mental abuse. Both his mother and sister felt that his offending was a reaction to this experience.

3.3 The combined impact of policies

It is evident from the previous section that many of the positive changes described derive from more than one policy initiative. There are also ways in which two or more policies have interacted or served to support each other. This section considers these combined impacts both within and across policy areas.

3.3.1 Reinforcing initiatives

There are many areas where two or more policies had worked together to provide mutually reinforcing changes for an individual or family. At the individual level, examples can be found in employment programmes. For example, as well as providing lone parents with an accessible source of information about educational opportunities, the NDLP policy also had a critical role in supporting their return to education by providing childcare. This was most effective where a nursery or crèche was close to where a lone parent was training, or even on-site, but where further away problems occurred.

Similarly, CTC and WTC were seen as pivotal in enabling people to return to work, or making it financially worthwhile to work, even part-time. This, for example, allowed one mother to decide to return to a part time job as an administrator and receptionist in a local community centre. Not only did that make her better off financially, but working 20 hours a week meant she could still spend the time she wanted with her children. Where school based interventions were responding to a crisis (such as truancy or bullying) or learning difficulty (educational needs or behavioural issues), young people had sometimes received at least two or three concurrent or consecutive interventions. For example, Seb, 16, attended a PRU after being expelled from school. Not only did he receive support from staff at the PRU, but he also had help from Connexions and the local Jobcentre about possible options following his exams. Through this help he found a football academy and when he became homeless in 2003 the PRU and Connexions staff helped him to find a permanent hostel place.

Policies with mutually reinforcing impact are not confined to single policy areas. The work of the YOT, in offering rehabilitative counselling and support (such as mentors) but working alongside training and employment activities, had resulted in key changes for young people. They do so by providing monitoring, support, activity and prospects alongside each other, as is illustrated by Nathan's story on page 57.

A rather different example can be found in the continued receipt of Income Support (IS) for people taking part in part-time training. This enabled people to attend courses when they might otherwise not have done so and meant no payment of fees was required.

The popularity of Connexions among young people is perhaps a tribute to how multifaceted initiatives are appreciated by their recipients. As a Connexions adviser explains:

'... About Connexions, somebody said 'What do you do?' It's sometimes very difficult to say what we do because we try to meet the needs of young people within the ages of 13 up to the ages of 24... My title role now is Personal Adviser... and within my role I advise regarding education, employment and training and I've come across young people from different ethnic backgrounds with different problems... It's a holistic way of dealing with clients' (Connexions PA, statutory agency, vulnerable young people group).

Nathan is 16 years old. He lives with his mum, Sarah, 35, in a council flat. Sarah has always worked and currently receives no benefits. Although she has a long term partner who has his own flat, she has always been a lone parent. Her current job in retail requires her to work six days a week to earn a 'decent wage'. Nathan started getting into trouble both in and out of school at the age of 13. He was arrested several times over the next few years for offences including street robbery, shoplifting, and being drunk and disorderly. This began to cause many arguments at home with his mum so Nathan started staying away from home for whole weekends and sometimes longer. He also began to drink, smoke cannabis and experiment with ecstasy. At the age of 14 he was temporarily excluded from school. A year later he was permanently excluded and (in his words) "went off the rails" often not returning home at night and even leaving home for four months. His offending behaviour escalated and was brought to crisis point when he was arrested and found guilty at Crown Court of attempted robbery.

Nathan had a learning support mentor until he was permanently excluded. He and Sarah were also referred by the school to a child psychologist and went to sessions for several months, although neither felt this was the most appropriate form of support and found it stigmatising. In the lead up to his exclusion, Sarah attended many meetings at the school and was working jointly with the learning support mentor to establish new discipline and reward systems to encourage Nathan to improve his behaviour. These meetings placed additional strains on Sarah and she worried she was viewed as a 'bad parent', and needed to take time off work to attend. After Nathan was excluded, Sarah unsuccessfully looked for an alternative way for him to continue his education. While looking for other activities and support, Sarah came across a 12 week parent support programme. This had a great impact on her in that it gave her more confidence in her parenting skills and the chance to meet other parents in similar situations.

As an alternative to a custodial sentence, the Crown Court placed Nathan on an ISSP. This involved intensive contact with advocates and support staff, an electronic tag and a 9pm curfew in the initial intensive phase. The ISSP was a big relief to Sarah in that Nathan would now be supervised while she was at work, and was coming home on time, which removed the constant worry his absences had caused her previously. Through the ISSP, Nathan has been introduced to Connexions. As a result he has done several short courses, including a life-skills course and has made enquiries about a college course in a vocational area, which Sarah hopes he'll begin. Although Nathan has stopped offending, he has breached his order for non-attendance. He has just found a job, is generally more positive about his prospects and feels he has changed as a person.

And this was certainly welcomed by the young people themselves, as Seb explained:

'Connexions, everyone's like they really want to listen to you, they've really got time for you. Even if it's like lunch time they will go through their lunch-hour to talk to you. How did that make you feel? [like] there is someone out there that is thinking of me, that wants to help me. From then I just started being happier and happier, the smile on my face is just getting bigger and bigger and bigger. ' (Male, 16, white, young person household).

At a wider household level, there are programmes which aim to target different types of needs simultaneously. Sure Start, for example, includes a range of interventions in areas such as health, unemployment and educational attainment. Possibly as a consequence there was much praise of interventions that people had experienced as part of the programme. Both parents and providers described how being able to access a range of different types of provision, locally, was a strong boost towards change in families' lives. They explained how the combination of learning support or childcare for children coupled with advice and referral support for parents looking to either return to work or claim benefits for example, was far more effective than more conventional services provided at different locations. As noted in Section 3.2.5, the help given by domestic violence refuges was valued for similar multiple features.

Where, more unusually, two or more programmes are co-ordinated to address the needs of different family members at the same time, the benefits can be wide ranging as Nathan's account exemplifies.

3.3.2 Strengthening 'readiness' for policy interventions

The accounts of the families studied, demonstrated very clearly how one intervention may strengthen the potential for another to be effective. Very broadly, there seemed to be three main ways in which this worked. First, there are initiatives that have a preparatory function built within their purpose. A simple example is the information provided through Better-off Calculations which had been important in enhancing people's motivation to work. The role played by NDLP personal advisers in helping people to identify their skills and in building people's confidence to re-enter employment is another. Similarly, self-development through mentoring and counselling for young people under YOT supervision, aimed to prepare young people for independence and their futures. It aimed to do this by helping them to manage problems like aggression, offending and building their self-confidence. Teenage pregnancy classes offer another example through their work in helping young mothers not only to continue their education while pregnant but also giving them new or heightened parenting skills.

Second, there are interventions that seek to address some underlying need or problem before encouraging participation in another venture. It will be shown in Chapter 4 that there were often personal circumstances that make it difficult for an intervention to be effective. But, where a prior intervention or service had addressed such issues directly, it was clear that the potential for subsequent interventions to be effective, was strengthened. For example, helping to address such issues is seen as a key part of the role that New Deal personal advisers are expected to play. Where they had done so effectively, the rewards were evident. As illustration, it was found that intervention and support in mental wellbeing for lone parents, had increased their confidence to seek training or move towards employment. Similar illustrations can be found in other fields, such as education. For example, in cases where young people had left compulsory education, alternative education strategies (such as PRU) were sometimes implemented to try to address the source problem. These were generally well received by young people in averting what might otherwise have become deep-rooted disaffection with education.

Third, and perhaps most commonly, it is evident that policies can have a cumulative impact by strengthening changes that have resulted from other initiatives. This is particularly evident in the changes that can occur in family cohesion and personal development. We saw, for example, that improvements in mental health brought about through health service treatment or social services support, are often enhanced by support with parenting – and, in turn, helped to support other initiatives more directly targeted at their children. Letitia's account helps to illustrate the power of sequential and cumulative policy impact:

Letitia is 17 and lives with her pre-school age son. She never had a good relationship with her parents and wanted to leave home for a long time before she was finally placed with a foster carer. Then she became pregnant for a second time at 15. Attendance at secondary school had

been erratic, and she stopped going when she became pregnant. Letitia has had extensive involvement with both mainstream services and policy initiatives. She was assigned a social worker at the age of 13, when she first became pregnant and social services have continued to be involved with her family. At school, she was close to a school counsellor, who introduced her to Connexions. On becoming pregnant again at 15, she was referred to a teenage pregnancy adviser. Both had tried – unsuccessfully - to negotiate between Letitia and the school to keep her in school.

She was in foster care, aged 16, when she had her son, and saw a health visitor who referred her to Sure Start Plus, where she attended a mother/toddler group and parenting classes. After her son's birth, she felt depressed and was referred for counselling. She decided to find work to get her out of the house. The social worker found her son a nursery place, and Connexions advised Letitia to go to the JobCentre and sign up with New Deal for Lone Parents (NDLP), which she did. She received funding to buy new clothes for interviews, and although it was difficult having no qualifications or experience, after some months she found work in the retail sector.

Despite enjoying the money, the travel to her son's nursery meant she was out from 7am to 7pm and had no time with him, so after a few months she resigned. She then decided to go back to college, which she did with the support of her Sure Start Plus adviser. She has recently moved into a flat with her son, although he still spends weekends with her former foster carer. She has completed the first year of a Health & Social care course and done a placement in a nursery. Financially, she receives income support, housing and child benefit, EMA and a subsidised nursery place for her son, all of which are critical to her financial stability.

3.3.3 Preventing deeper exclusion

It is also worth noting here the importance of sustaining a household even where no change is visible. For some of the families, receipt of core services had helped to maintain the status quo and avoid a backwards slide into deeper poverty or disadvantage. For example, even after long periods of worklessness and surviving on low incomes, families were vocal about the importance of their subsidised housing, financial benefits and passport benefits in maintaining a standard of living for their family. Similarly, maintaining the stability of a physical or mental health condition can in turn prevent more acute periods of illness or other crises occurring. For example, Tariq Shah, who is in his 30s, has multiple disabilities resulting from a serious heart attack. Throughout his illness, he has received consistent support from a visiting physiotherapist.

It is perhaps fitting to end this section with an illustration of how different forms of combined impacts can work together in effecting change for an individual and their family. As can be seen from Dawn's story, her dominant needs were addressed enabling her to think about other activities. This was sustained by her CPN, who also supported her movement into training and beyond. The impacts for Dawn of moving into training and then work, increased her wellbeing and sense of self esteem, something her children noticed too. However, making work pay was only possible with tax credits. It was also dependent on her children being comfortable with Dawn working. Further parental support and support for her son were necessary before she was again ready to enter work. A range of targeted interventions responded to her crises. Once stabilised, a key professional led Dawn into other services and also played a role in sustaining and supporting other changes she made.

In 1997 Dawn was in an abusive relationship, and had been for many years. After a series of moves into temporary accommodation in the area in which she and her partner had lived, she had moved some distance into the study area. She stayed in various forms of temporary accommodation in this area too, including a domestic violence refuge. The refuge had helped support her emotionally, contacted the council and helped her with housing applications.

Although more temporary accommodation followed the refuge, at the time of interview she had been allocated permanent housing. During this period she suffered severe mental health problems and after hospital treatment was allocated a Community Psychiatric nurse (CPN).

With her housing stable, the abusive relationship behind her, mental health treatment and the support of a CPN, her dominant needs were stabilised. Bored and unhappy at home with both of her children in school, Dawn began to look into further training and found a course in a local college that interested her. Supported by her CPN and a college tutor she undertook training and work placements. Because she was receiving income support she was able to study without suffering financially.

After gaining her qualification she was ready for work. At this point, Dawn, on the advice of the CPN sought contact with an NDLP PA. The PA helped her apply for WFTC, and talked to her about LPRO (Lone Parent Run-on) and HBRO (Housing Benefit Run-on) which smoothed her transition into work. However, her eldest child was being bullied in school and was showing difficult behaviour at home. Dawn also faced financial difficulties triggered by difficulty in accessing WFTC and debt problems. The combination of problems with her children adjusting to her being at work, a crisis with her eldest son and problems with policy receipt and existing debt meant she stopped working.

At this point, again in liaison with the CPN, Dawn began receiving visits from a social worker. She had requested this, feeling unable to cope. This was helpful with getting furniture in the house and making the family feel slightly more settled. The social worker also supported her in her problems with her eldest child. The bullying was reportedly not addressed in school, but with support, Dawn began to feel more able to cope in her role as a parent. She began to seek work again. She returned to her NDLP PA who allocated her money for interview clothes. Recently successful in finding a new job, she was sorting out tax-credits again and making arrangements for childcare. Getting this job was helped by the skills she had gained in training.

3.4 Policy impact and life stage

Household change since 1997 had often been experienced across a number of different life areas. While there were circumstances when the relationship of change to policy interventions was relatively straightforward and easily mapped, in others it was more complex. For example, a period of multiple policy intervention might see policy first prompting or responding to change and later transforming into a supportive role. Families also tended to experience highs and lows during the study's time-frame and, at any given point, policy receipt was just one of the factors accounting for the family's experience of social inclusion or exclusion. Also, the effectiveness of policy was mediated by personal circumstances, the household's 'readiness' for interventions, and external conditions all of which could change over time.

Even so, it was evident that policy can interact effectively with naturally occurring events by triggering change, adding momentum to already occurring change or supporting and sustaining change as it happens – or any combination of these. It can also prevent or hinder change as is discussed in Chapter 4.

3.4.1 Triggers to change

Policy initiatives acted as a trigger or catalyst for change by providing opportunities at an appropriate time. Taking part in an initiative or becoming a recipient of a new benefit or form of support led to changes which moved that person, and often their households forwards.

Examples included 'gateway' interventions through SureStart, Connexions, and NDLP which encouraged recipients to think in different ways, acquire new skills and try out new opportunities.

However, for policy to be able to 'trigger' change, families, or the individual recipient, must be ready and receptive to that particular intervention. Such 'readiness' was found to be key in understanding how and why some families do not respond positively to policy interventions. Factors that affected the extent of readiness, which will be discussed in detail in Chapter 4, were: the life stage reached by the principal recipient or their children; the extent to which personal problems were entrenched; and poor prior experiences, or misperceptions, of policies and interventions.

There were examples in all three household types of 'life stage readiness' having a direct impact on people's willingness to engage with policy initiatives, although the points at which individuals became receptive to change varied. For example, certain key 'developmental' milestones acted as natural triggers to policy access or receptiveness to interventions. These included:

- A child being born resulting in automatic access to a health visitor (and therefore access to a range of Early Years interventions).
- Children reaching school age and starting school (often stimulating parents' thoughts about a return to employment).
- Young people leaving school and facing the decision about what they were going to do afterwards.

For parents, the developmental or caring milestones were reached at different points. For example, not all lone parents wanted to wait until their children were in school full-time before returning to the workplace. Others wanted to wait longer until their children were older. Readiness also related to personal attitudes towards change which were linked in some cases to personal maturity or to gaining a fresh self perspective.

Again there were no patterns on when or how this type of attitudinal shift occurred. But where it had not happened it was a clear brake on change occurring.

3.4.2 Supporting and sustaining existing change

Policy interventions could also add incentives and motivation to a dynamic already occurring. An example of this type of interaction was the role that Educational Maintenance Allowance played in motivating young people already in education to complete their courses.

"If I didn't get it [the EMA] I suppose it would be maybe a little bit more harder to go to every lesson. It helps." (Male, 18, black, lone parent household)

Not all incentives were financial. Continuous reliable key worker support could also act as an added boost for individuals in their progress as was described earlier.

Policy also played a key role in supporting or maintaining change which had occurred for other reasons. For instance, in cases where people moved into work through their own efforts, transitional payment arrangements were often described as playing a critical role in sustaining their employment activity. Typical among these arrangements were Lone Parent Run-Ons (LPRO) or Housing Benefit Run-On (HBRO), or the new in-work tax credits. This attitude was even so in cases where there had been difficulties with the smooth receipt of such payments.

Families also underwent major life changes which themselves triggered additional or new needs in the household and which policy then supported. Events such as becoming a parent or dealing with the onset of illness were examples of household circumstances changing, sometimes swiftly and without warning, which created a new set of needs. Where interventions had met new needs, anticipated changed circumstances or supported the family through periods of crises or change, there was success. Young mothers, for example, described how a range of support systems were put in place once they became pregnant. Letitia, (described in Section 3.3.2) illustrates such processes occurring.

CHAPTER 4: What prevents progress?

The previous chapter highlighted the multiple positive changes which had been experienced by families since 1997. In this chapter we examine why families had not made positive progress in certain areas, why they had done so erratically or had not yet demonstrated that progress was sustainable. We explore areas where policy was less effective or absent and where exposure to policy had led to negative outcomes or little change.

SUMMARY

- A range of factors affected the extent of change experienced by families. Key among these were: how receptive people were to services and support; whether people had personal issues, such as problematic drug use; gaps in policy provision or support; the quality of service delivery, and, unintended negative impacts of policy interventions.
- Low receptivity to 'outside' intervention was a significant barrier to positive change. Factors which made people less receptive were the life stage of the recipient, dominant personal issues and poor experiences or misperceptions of policies and interventions.
- Unwillingness to engage with services could be overcome by effective service intervention and effective advertising of the range of support available but this places demands on service providers.
- Unexpected changes to families' personal circumstances, such as the onset of ill-health, bereavement or relationship breakdown also prevented positive change.
- Policies were found to be ineffective in three main ways. Firstly, there was evidence that certain areas of policy were failing, or failing to provide effective support to families either because of delivery problems or because the quality of provision was poor. Secondly, there was evidence that the imposition of benefit sanctions could undermine the effectiveness of other policies' interventions. Finally, changes such as moving into work or education sometimes led to inadvertent negative outcomes for families.
- A number of policy gaps were identified both by service providers and household members:
 - Greater provision for those excluded from school (although where it was available it was generally thought to be effective).
 - Strategies to deal with bullying in more schools.
 - Improved training provision on compulsory ND programmes to allow a greater range of options and sufficient time to gain skills that will be beneficial.
 - Wider targeting of information about tax credits, benefits and of 'better off' calculations.
 - Alternative provision for those excluded from GP services.
 - Play areas and provision for 5-13 year olds.

Support for children who have witnessed domestic violence.

4.1 Readiness for policy and service intervention

Our families were selected because they had received multiple policies, services and support since 1997. Nevertheless, descriptions of their experiences of policy over that period provide an insight into how and why service providers might find some people (and groups) particularly difficult to reach. The extent of people's readiness to receive interventions and initiatives was an important factor. Where this was low then policies were often described by individuals as ineffectual or people resisted the support or services they were being offered.

How receptive people were to policies was shaped by various influences all of which affected the likelihood of a policy intervention being welcomed or rejected by a household member. Factors which made people less receptive were :

- The life stage of the principal recipient (or their children).
- Entrenched personal problems or circumstances; *and*
- Poor prior experiences, or misperceptions, of policies and interventions.

4.1.1 Life stage & 'readiness' to pursue change

Chapter 3 has already shown how people's readiness to engage with policy was linked to their life stage and personal development. This could have a direct impact on their willingness to consider change or to engaging with initiatives trying to advance change.

Where people were less willing to engage, it was also often related to a stage they had reached in their lives. For example, not all the lone parents wanted to return to employment before their children were in school full-time. Similarly, some of the younger people in the sample described how their lack of willingness to engage in new activities and make changes to their lives had been affected by what was happening to them at the time.

Daniel had experienced several failed attempts to return to full-time education during his early teens. He felt the failure simply represented a stage he had reached. He described not seeing things now the way he did then. He also mentioned how the experience of his family breaking up and of him taking on more family responsibilities (for example, caring for his sister's younger children) had made him more willing and able to reflect on his own future and to tackle the problems he had faced.

4.1.2 Entrenched personal issues

Dominant personal issues took many forms ranging from homelessness through to disability. However, regardless of the precise nature of the circumstance, the impact on individuals and their families was broadly similar. Continuing personal difficulties led to a decreased ability, or willingness, to respond to policy interventions and benefit from help and support that was available.

Where a family was facing an entrenched problem or circumstance, there was evidence that all attempts at change were ineffective unless the difficulty itself was made a priority and resolved first. In some cases, this was relatively straightforward, for example, needing to provide childcare before a lone parent was able to return to work. But where issues had endured over time or were more complex, concerted effort was required to overcome barriers and bring about progress.

Unresolved difficulties with poor or unstable housing and problems with a child's education (often linked to learning difficulties or bullying) were particular problems which acted as obstacles to change. Trying to resolve these problems took a lot of time and personal energy which left little for pursuing change in other areas. Issues which required daily attention (as housing difficulties tend to) were described as needing concentrated effort and as being exhausting emotionally. These long standing personal difficulties left families unable to contemplate considering options which they may have been offered by a variety of service and support providers. For instance, the failure to deal effectively with poor, unstable housing meant that attempts to engage the parent or young person in employment or education had failed or were failing.

Sharon, whose experiences in temporary accommodation were mentioned earlier (see Box 2.1) spoke about the pressures which resulted from being unable to resolve her housing crises. Like others in poor quality, temporary accommodation her daily routines were complicated and convoluted, which meant there was little time for anything else to be dealt with or focused on. Her experience was that until she had secured a permanent flat for her family, nothing else could be tended to regardless of whether or not she was offered other support. Likewise, she felt her family's welfare had suffered during the period of temporary housing. Increasing difficulties were being experienced as a result of unresolved educational, health or behavioural issues. She saw it as a period when their fortunes declined and they took a step backwards.

The nature of the services with which these families came into contact, was also important. Where their initial contact was with a single-focus service which did not provide advice or support around other issues, or a 'gateway' into other services meeting those needs, then the interventions frequently failed. This sometimes led either to people finding it harder to make progress with suggested activities or to people leaving prematurely, literally 'falling out' of programmes or courses. Both situations produced strong negative responses and people described feeling let down or being de-motivated by the experience.

Dominant personal difficulties sometimes pose great challenges for service providers both because of their complexity and because people are not necessarily explicit about their problems. Whether through embarrassment or fear, personal needs can be hidden from those offering help and support. For example, Keith was experiencing depression and anxiety but he did not disclose this to his New Deal adviser. The effects of depression (shaking hands and anxiety) meant he felt little confidence about his ability to take and hold down a job. He had not spoken to anyone apart from his wife about his depression, and although he was talking about going to see his GP, this was clearly a big step for him to take. He described himself as being very private and reluctant to talk to people about his feelings. In describing his dealings with his New Deal adviser, he talked about being unwilling to take on a job which might not 'make work pay', but this was clearly only part of his problem .

Najib, 18, was a habitual cannabis user. His drug use affected his ability to engage with daily life and to sustain attendance on programmes he was referred to by his YOT. He had not disclosed his drug use to the YOT. This issue had therefore not been addressed by the YOT and the consequences of his drug use continued to undermine his chances of successfully sustaining other activities.

Finally, progress was sometimes undermined by debt. The receipt of benefits did little to move some households away from poverty. This was primarily because the level of core benefits, without other sources of income, led some households to rely on debt, which they then had to repay from core benefits. In the most extreme case one household described how half of the IS received, financed debt repayments to 'the social' as well as a private loan company. As worklessness persisted, some families found themselves getting deeper and deeper into debt.

4.1.3 Poor prior experiences or misperceptions about policies

Prior negative experiences of services or support had made some households unreceptive to interventions and reluctant to seek help. Particular issues arose where respondents had been dissatisfied with earlier 'outside' interventions and had been left with a residual mistrust and suspicion of others. Such feelings severely affected people's willingness to engage with services and take up other forms of help or support. Similarly, misinformation or misperceptions about interventions could lead to stigma and fear about participation.

For example, Claire is a 23 year old lone parent with three children under the age of six. She had had very poor experiences of social work support in her teens and was very reluctant to seek external help as a result.

'I just can't get on with social workers. Since I was a kid...from then I just don't like them because they like treated me like dirt ... loads of time I've had no choice. It's, 'oh no, you don't do that or you lose your kids' sort of thing. Yes, that's the attitude I get from them. I'm not saying they're all bad...but the ones I've had, well, that's the sort of attitude I've been getting from them, that if you don't do this 'bye-bye kids' like.' (Female, 23, white, lone parent household).

The need to claim benefits and state support led other people to have a negative self-image which was described as getting worse as time went by. Interestingly, such feelings were associated with unemployment benefits like IS or JSA, but rarely to newer transitional or in-work support measures such as Working Tax Credit or the Job Grant. Particularly strong feelings were described about social services interventions and needing to go to the 'DSS' or a benefit office. Both were described as stigmatising and, in the case of social workers, intrusive.

The negative images attached to some interventions was exemplified by one mother, who described her son's reaction to being referred to an educational psychologist:

"[He said]'Oh my God, no, child psychologist, there's something wrong with me', and he really backed off from the start." (Mother, 35, white, young person household)

However, in some cases, negative perceptions could be overcome. Effective marketing could help to convince people that a policy was for 'people like us', and that accessing it would not result in a stigmatising experience. Similarly, effective support and responsive service delivery helped to change people's attitudes to 'outside' intervention.

Being referred to parenting classes was difficult for parents who believed that such courses were aimed at people with inadequate parenting skills. However, as was shown in Chapter 3, parents who had been encouraged to attend, found them a positive and constructive way to address particular problems they were facing with their children. Claire's story demonstrates how negative perceptions can be countered. Despite considerable antipathy to social services, support from her health visitor had encouraged her to attend local parenting classes. This had greatly helped her to build her confidence through meeting other parents with similar parenting difficulties. But she nevertheless remained suspicious of 'outside' intervention in her family's life.

4.2 Changing personal circumstances which undermine policy effectiveness

Positive change could easily be upset or averted by unexpected changes in personal circumstances. In this sample, leaving an abusive relationship, becoming a parent and the onset of illness were all examples of such changing circumstances leading to people having to leave jobs, homes or training they had been engaged in. For example:

David and his partner Steph had two children of primary school age. David was on New Deal and was attending various training programmes. Meanwhile, Steph his partner was being treated for cancer, had spent periods of time in hospital and then continued treatment from home. At the time of the interview, she had just been diagnosed with a recurrence. What was really striking was the fact that neither of them spoke about her illness as a barrier to him successfully finding work through New Deal, but it seemed inconceivable that this was not an issue for them. They were a self reliant family who did not have any outside help with childcare and had a long term plan involving Steph qualifying as a nursery nurse. Having completed the first year successfully, she was unable to continue with the course due to her illness, much to her disappointment. This meant that the long term goal of both partners finding work and leaving benefits was put on hold.

Sometimes the increased needs of another household member led to increased caring responsibilities, reducing the time or mental energy available to pursue other aspirations. For example, one father was on a New Deal for Young People (NDYP) programme, but did not seem to be making progress towards finding work. There were other reasons for this which he talked about, such as the inappropriateness of the training programmes he was being offered. But it was also clear that he was playing a pivotal role in caring for his three year old son whose behavioural problems were extremely challenging. He clearly felt that he had a strong responsibility to play as much of a role as possible in seeking to resolve these difficulties, particularly as his wife was finding the problem very hard to cope with.

Alicia, who we first met earlier (see Section 2.1.1), similarly took on extra caring responsibilities when her mother became ill. The family had been provided with additional care support but, for Alicia, it was the emotional impact of her mother's illness which frustrated her attempts to complete her education.

There was also the exceptional example of a couple who, because of problems with the husband's residency application, had lost all their benefits when they married. In this case the change in their personal circumstances triggered greater financial crisis as their combined household income fell dramatically when their entitlement to various benefits was withdrawn.

4.3 Ineffective policy interventions

Policies were found to be ineffective in their outcomes in three main ways. Firstly, there was evidence that certain areas of policy were failing, or failing to provide effective support to families either because of delivery problems or because of poor quality provision. Secondly, there was evidence that the imposition of sanctions could undermine the effectiveness of policy interventions. Finally, changes such as moving into work or education sometimes led to inadvertent negative outcomes for families. These will be dealt with in turn.

4.3.1 Progress undermined by poor policy delivery

The effective delivery of policies is essential to positive outcomes and the elements of successful delivery will be further explored in Chapter 5. In this section we focus on specific examples of poor delivery which had undermined positive change for our families.

Poor or insensitive delivery of housing services

Housing was the one area where all household types reported some dissatisfaction with services. As noted in Chapter 2 some of the families had experienced lengthy periods without permanent accommodation. Housing difficulties were rarely felt to be managed in an integrated way. The rare examples of combined working were cases involving Connexions or social workers working in conjunction with families and housing officers. However, as discussed below, these were rarely felt to work effectively because of underlying problems with the housing system. Poor experiences of housing services could also have knock-on effects on mental wellbeing. Dealing with housing officers and trying to find permanent housing was described as a very difficult and, at times, even degrading experience. For example, one lone parent was told that she may be ineligible for housing having made herself voluntarily homeless by leaving her violent husband.

Poor relationships between providers and recipients

The success of interventions depended to a degree on the way in which providers established positive relationships with the individual participants. This will be discussed in more detail in the following chapter. However, interventions had sometimes broken down or failed when the recipient felt the provider had not listened to them and understood their needs, or where they lacked trust in the provider. Progress was also hindered when providers demonstrated a lack of sensitivity to the issues that had brought a recipient into contact with them. This feature was commonly noted in relation to housing services (as seen above).

The relationship between the key worker and the participant was very important particularly in the delivery of one-to-one counselling or support and guidance. For young people, the strength of this relationship was critical in sustaining the intervention. For some parents, fears about the professional and how they might intervene in their family were acute. This was most notable in relation to social services. Parents worried about judgements being made about their parenting skills. Also, contact had left some of them feeling undermined and powerless. A similar feeling of being undermined was reported by a family in which the mother and son were referred to see an educational psychologist because of the son's behavioural problems. Neither party found the experience useful, in part because the son did not get on with the psychologist and found her difficult to relate to.

Delivery of conflicting messages

A rather different example of poor delivery was found where people received what they perceived to be conflicting messages about policies and interventions. For example, health promotion and education policies in schools received a mixed reception. In some schools, children reported having received advice and information on eating healthily. But in one instance a 12 year old girl saw this as being in direct contrast to the food available at lunchtime at her school, which she felt was not healthy.

Insufficient promotion and marketing of available help and support

Finally, the lack of accurate information about what service providers or policies could offer lay at the heart of some people's reluctance to engage with services and support. There was scepticism among the two parent families about the emphasis placed by the Government on 'welfare to work'. People did not believe that work could not earn them as much money as their benefit.

The two parent families were markedly different from the other household groups in the level of policy contact experienced, the static nature of their worklessness and their attitudes towards the financial benefits of returning to work. People felt that the sort of jobs they had been offered, or were often applying for, would not make working, financially worthwhile. One husband felt that the minimum wage was set too low to allow anyone to support a family. Like others in two parent families he believed his family were in a 'poverty trap'. This belief that work will not pay was compounded by an apparent lack of awareness of 'run-on' benefits, and WTC.

Another striking difference between them and the lone parents was the absence of discussion of 'better-off' calculations. Two parent families often believed there was little or no transitional support available to help them move back into work. In contrast, lone parents were much better informed about the range of transitional financial support available, largely because they had been provided with 'better off' calculations and information about in-work tax credits. However, when lone parents were unclear or uninformed about policies and about the support available, for example for childcare, then they also sometimes felt sceptical about returning to work.

The impact of failing to overcome the perception that 'work doesn't pay' meant persisting worklessness in these families. For the two parent families it was unclear how long this stasis in unemployment would prevail. Such situations and the financial constraints that accompanied them led to strained relationships between low income couples. Partners found themselves spending too much time in close proximity to each other during the day. Caring for their pre-school children, and at the same time being unable to find time to be alone and away from their children, created ongoing tensions and frustrations.

4.3.2 Poor quality provision

The quality of the provision offered also undermined attempts at progress.

Insecure and poor quality temporary accommodation

Moving between multiple temporary B&B rooms, flats and other housing disrupted children's education. Some families had been moved frequently over several years and young children had been forced to change schools and spend time out of education as a result. One child described how in the refuge in which his family had stayed, none of the children had gone to school. Another lone parent reported how the allocation of temporary accommodation on the other side of London from her son's school had meant a two hour bus journey to take him to school each morning. He was, as she reported, already tired by the time he arrived at school each morning and it meant a great deal of her day was spent travelling across the city with him and her other pre-school child.

The condition of some temporary accommodation was felt to have had a negative impact on children's health and wellbeing. This was either because of a lack of space to play or because of poor housing conditions, including dampness.

'[Living in flat] it gives them more freedom, gives them more freedom to run around, they've got their own space. We're not all cooped up in one room, not like you'd be in the hostel... the kids were always getting ill because the room they put me in was quite damp anyway. It was too crowded. It was really small like a hamster cage. One I was in it had.. cockroaches... it's horrible.' (Female, 23, white, lone parent household).

Social housing

Usually families eventually obtained social housing, but sometimes after what they saw as a long wait. They also reported persistent problems with the size or quality of the housing allocated. For example, in one lone parent household, there was an 18 year old and a four year old in a two bedroom flat. The housing office had informed the lone parent that since her eldest child would be leaving home soon, there was no reason to relocate her to a larger property. The lone parent was perplexed at this response since her 18 year old was planning to stay at home when he went on to higher education.

Similarly, households were not always happy with the area they had been moved to. There were also problems reported with the state of repair of the houses. Where families were dissatisfied with the size of the property or the area they lived in, they wanted to continue to seek better housing.

Training

As discussed in Chapter 3, moving into education or training was often felt to be a significant step forward for people in the study. However, experiences varied and there were some difficulties which led to less achievement, chiefly in two parent family households.

The experience of further training and education was much less positively viewed by adults from two parent families than by others in the study. Their engagement had been on mandatory courses via the New Deal programmes. The only exception to this was among the women in the couples who had either participated in NDLP before they were married, or where one woman had begun a college training course, but had to stop due to health problems.

Recipients of training through NDYP and ND25+ felt the content of courses failed to match their expectations and their perceived needs. Another complaint was dissatisfaction with the quality of the training provided. In one case, the recipient had felt he was *'back to square one again'* after a negative experience with his training which only allowed him to complete six months of a one year course. Keith described how he had felt about some of the activities he was required to participate in:

'All we done was men just sit around and right you learnt how to write letters and you could use the computers but it just wasn't They weren't teaching you that much. As far as I was concerned they was just wasting my time and the taxpayers' money...they said if I don't do it, I lose my social and I would say in other words they were blackmailing me; that's the way I looked at it. They didn't really help me.'
(Male, 36 to 45, white, two parent family).

His disillusion with New Deal continued and was compounded with poor experiences of later training courses. He ended up facing a JSA sanction for refusing to attend his course, an experience which served to strengthen his disillusionment. Others experienced similar disillusion and described feeling demoralised and patronised by the experience.

In contrast to lone parents and young people, individuals from the two parent families felt they had gained little from their training. Although some recognised that they had acquired new skills, none had gained qualifications as a result of their courses. Furthermore, none felt any closer to achieving employment or had been offered jobs after their New Deal training.

4.3.3 Sanctions leading to demotivation and financial hardship

The development of a rights and responsibilities based welfare programme has meant that conditions are increasingly attached to the receipt of benefit or other forms of financial support. Recipients are expected to do some form of activity, or to demonstrate their commitment to their responsibilities, for instance by attending regular meetings with their personal adviser. Where recipients fail to meet these responsibilities, then benefits may be sanctioned or financial penalties applied.

People had experienced a range of sanctions or financial penalties since 1997. Most commonly, a benefit sanction had been applied for failure to attend mandatory meetings or training. More unusually young people lost EMA payments for failing to attend their courses, or parents were threatened with parenting fines because of their children's behaviour. Responses to such sanctions were mixed, but in some cases, they had consequences which undermined some previous progress.

For example, a foster carer was threatened with a fine over the repeated truancy of her foster child. Daniel is now 18. When he was in his early teens he was fostered for a while. His attendance at school was poor. Despite his foster carer making efforts to get him to go to school and asking for help and support from the school and education board, she was eventually called to attend a meeting about Daniel's attendance where she was threatened with a hefty fine. This was perceived as heavy handed. Perhaps more crucially, the failure to respond to her requests for help deterred her from seeking future support.

There were other instances where participants or recipients were adamant that a disqualification, or the threat of it, had been unfair or unnecessary. This led to a cessation of contact with the agency or initiative concerned which, in turn, left a need or problem unresolved. Benefit sanctions could worsen debt and financial strains for families. They also increased suspicion of services, affecting willingness to engage with services in the future.

4.3.4 Unfavourable consequences of policy outcomes

Families that benefited from policies, occasionally reported that these changes had led to some unanticipated consequences which were less positive. In this section we explore these unfavourable consequences that sometimes resulted from otherwise positive policy interventions. These consequences did play an important role in undermining progress by dispiriting individuals about the changes they had made.

The difficulties of balancing employment or education with parenting responsibilities

The evidence presented in Chapter 3 shows that parents and children did feel that returning to employment and education helped to improve family relationships. But there were also examples of parents describing the difficulties they faced in combining work with their parental role, especially in relation to compulsory education. Service providers expressed concern that the dual focus of getting parents back to work and improving family relationships could undermine one another over time. Parents perhaps felt compelled to return to work when their children were quite young, or found it difficult to play a role in their child's education once in employment, or while pursuing training, because of clashes between school and work or college schedules.

Parents who had moved into work, particularly lone parents, described some difficulties in balancing their working lives with their parenting responsibilities. They felt that they had less time than they would like to spend with their children but only expressed strong concerns in exceptional cases about what the impacts of this might be.

'[Because] of the depression I just thought that [getting a job] it'd be just a way to get over it, because at least I'll have my space and ... then when we get together I've missed him [my son] so maybe I won't feel so down. But it ended up being worse...the hours were too much and I just got tired ...we'd leave home at 7 to get him to nursery for 8 ...Leave at 5 get home at 7, he's asleep, I'm tired. And we just didn't see each other so it didn't really make any sense. The money side of it was good cos you've got extra money. But it didn't really make up for not seeing him. Because there's no point in making money if you're not really spending time with him. So I stopped.' (Female, black, lone parent, 17).

Similarly, some lone parents who had re-entered education as a result worried about the time they lost with their younger children as a result.

Parents and service providers were most worried about the impact of full-time work on their ability to remain involved in their children's education. Attendance at meetings over difficulties with learning and behaviour, or at parents' evenings, were difficult for lone parents who had other young children in the family. Attendance at day time meetings could also mean more time away from children as parents worked late to make up the hours they had missed.

In one family, the young person, in the lead up to his permanent exclusion, had spent a long period in trouble at school and had received learning mentor support. His lone parent was frequently asked to attend meetings about his behaviour at the school, and felt she needed to attend in order to be seen as a supportive parent. Such attendance at meetings was only possible as her employer gave her the flexibility to make up lost hours at work at another time. But this in turn meant that she had to work later into the early evenings which affected her ability to supervise her son.

The presence of other young children in the household, alongside a lack of support from nearby friends and family, also could make attendance at parents' evenings difficult for lone parents. Another young person's permanent exclusion from school and the failure to find him an alternative educational place, created tensions at home and anxiety for his mother. As a working lone parent, there was little supervision available to the young person. Although he spent several weeks in a diversionary activity placement, he was subsequently unsupervised during the day, and often failed to return home in the evenings.

Even in two parent families there were concerns about how a future return to employment might affect their children's care. This was especially so where the child had behavioural difficulties or their partner was in ill-health.

Getting used to a parent working or being at college

Children in our households often spoke about the positive impacts they had experienced when their parents returned to employment or education (see Chapter 3). However, the change also had less positive effects. For younger children especially, there was a period of adjustment which some found difficult at the start. They missed the time they had spent with them before, although it appears they got used to it after a time.

School holidays were another area of concern for children and parents. Children sometimes expressed a desire for their parent to be able to spend more time with them in their school holidays than their employment allowed. Parents worried about finding and affording childcare for the holidays for school-aged children.

'[How would things be in an ideal world?]. ...she'd be at work when I'm at school. And at holiday she spends time with me.' (Daughter, 9, white, lone parent household).

Finally, the practicalities of returning to work or college meant that children often encountered more external care, both formal and informal. Whilst this had benefits in relation to socialising with peers or learning social skills, as already described, it also had some less positive results. Children often had a longer day away from home. This could mean an early start, and time spent in a breakfast club as well as time spent in after-school care for some. Parents were concerned that this meant that their child's day was as long as their own and worried about their children becoming overly tired.

Losing friendships

The loss of old friends was reported as an unexpected consequence of positive life changes. For example, one young man who was expelled from school and referred to a PRU, found he lost contact with all his old friends. Whilst he felt he had been able to make significant progress with both his education and his behaviour he was sad about losing his friends. Similarly, Najib was released from a YOI to find his family had moved to a new area away from his old friends. A similar loss was experienced by young mothers leaving their specialist teenage pregnancy classes on completing their courses.

4.4 The absence of effective policy interventions

Despite the range of interventions our families had experienced, they also experienced negative consequences from the absence of policy, support or services in a key area of their lives. Policy gaps were identified by both service providers and household members.

4.4.1 Support for people excluded from services

Being excluded from school or other services, such as GP services, was problematic. Families and service providers described the heightened vulnerability or difficulties which can arise when people lose touch with services. This was most striking in cases where the individual had been removed from a service because of their behaviour. Among the families, this was experienced when young people were excluded from school, although providers also mentioned cases where aggressive patients had been barred from GP services. Similar incidents were reported for Jobcentre Plus participants who had been threatening to staff.

Providers pointed out that once a person is excluded from a service, it becomes very difficult to engage them in any activity which either might help them to alter their behaviour or identify ways of dealing with problems that lead to difficult behaviour. For example, if a child is excluded from the school environment it is very difficult for a parent to access the support they need to tackle that child's behavioural difficulties.

The impact of being excluded from school and therefore cut off from the support schools provide for families, was profound. One of the mothers of an excluded child talked about a sense of being cut adrift, with the onus suddenly transferred solely to her to find an alternative option for her child. These options were not only described as being very limited, with a shortage of provision, but were also difficult to access. This left the young people extremely vulnerable. It also led to parents feeling that it was their fault and that they were 'bad parents'.

4.4.2 Bullying

Bullying was an area where parents and children were unclear about the support available. It was difficult to establish whether there was an anti-bullying policy in place at children's schools because respondents themselves did not know. The impact of bullying on children as well as their families, however, was significant, with reports of children becoming withdrawn and depressed, as described by one parent:

'It affected him, that's what I can say. He wasn't like my son for a while. His mentality, it affected him.' (Female, 40, black, two parent family)

This mother talked of her worry about her son's safety on his way home from school. But the head teacher said she could not guarantee his safety on his way home. The children bullying him were allegedly carrying knives. As well as her son finding this situation difficult, his mother was very affected by watching her son go through such a difficult time. She did eventually remove her son from that school and he started at another. At the new school, teachers played an active – and visible - role at the end of the school day, accompanying children to bus stops and the underground. This created a reassuring atmosphere and made the young person who had been bullied feel more confident.

4.4.3 Support for children who have lived with domestic violence

While there was significant support available to victims of domestic violence and their families, there was little support to alleviate the educational and emotional impact on their children. All the children in families where there had been domestic violence had either had their education interrupted – sometimes moving school on several occasions - or had behavioural problems or special educational needs, or both. Parents felt that there was a gap here with little positive support available.

4.4.4 Integrated support around health care and disability

For some of the families, there was evidence of a lack of integrated support for people experiencing chronic and enduring ill health problems. This had undermined the potential for any progress to be made around employment or in other areas of life. For instance whilst good quality health care may have been provided, there was limited evidence of people being provided with occupational therapy or rehabilitative support to enable them to feel able to move towards a fuller life. That life would have given them the chance to see old friends, develop new friendships, socialise and participate in education, training or employment.

4.4.5 Provision of adequate social housing

As seen above, the provision of adequate social housing was seen as a major gap in current policy. Respondents note three key gaps. The first related to limited provision for vulnerable young people whose experiences involved long waiting times and a lack of continuity in staff. This meant that they had to start again at the beginning of their story at each step of the process with a new person. Secondly, other families had experienced a lack of affordable, good quality council housing. Finally, this seemed to be an area of mainstream service provision that was not integrated so that links with other services were not made. The delivery of housing support was an area of dissatisfaction for all three household groups and will be discussed in more detail later.

A scarcity of council property was perceived as having forced some people into privately rented or HA properties against their will. This was a particularly recurrent theme among the two parent families. It meant that high rents added to financial strains, and this was mentioned by some two parent families as creating a disincentive to looking for a job. Rents for these properties were described as higher than the maximum housing benefit available. For example, in one

household, work had been offered to the workless male adult at a wage of between £150 and £200 a week. However, the rent on the family's home, without HB, was £150 a week. Respondents in this kind of position felt, that had they been allocated affordable council housing, they might have been enabled to enter employment.

4.4.6 Provision of youth services

Providers and families perceived gaps in youth services. Families often mentioned the lack of play areas in local neighbourhoods. A recurrent theme was that there should be somewhere for young people to go, either to play or to engage in social or other activity so that they would not get into trouble on the streets. Service providers felt there might be a gap in services for 5 to 13-year-olds, particularly for preventative work, although no mention was made of the possible impact of schemes like On Track for this age group.

4.4.7 A lack of policy support for change

Besides observed gaps in policy related provision, families and service providers also described cases where there had not been enough support to maintain and sustain occurring changes, such as moving back into employment or education. Chiefly, though not exclusively, these concerned finance or material provision of services.

When core benefits were lost, which people were relying on to help support their moves back into education or employment, the momentum to make changes could be undermined. Young people, in particular, argued that their restricted access to financial benefits and supported housing, undermined their attempts to progress in other areas of their lives, such as finding work or re-entering education. Two of the young men who had been NEET, had experienced very unstable housing. Both felt that the housing services had not done enough to support them through this period. Similarly, a lone parent ended up moving out of work when her benefits were reduced and she was unable to pay for her housing.

There were other examples where a lack of supporting mechanisms undermined the progress made by other policies. Chief among these were the lack of good, local childcare or available school places. For example, Letitia (described in Section 3.3.2) entered employment as a result of NDLP but was unable to find a nursery place near her home. This meant she was unable to stay in her job. In another case, a lone parent who had moved into employment had been forced to leave her job when she was unable to find a primary school place for one of her children. This may reflect particular local school place shortage in the two case study locations, but might also reflect wider issues over parental choice in their children's schooling.

As already seen (in Chapter 3), policy initiatives had played a critical role in supporting lone parents' return to education, especially by providing childcare. Having a nursery or crèche close to where a lone parent was training, or even on-site, was ideal, but there were examples of lone parents leaving courses before completion because the childcare provided did not fit either geographically or timing-wise with their course requirements.

CHAPTER 5: Delivering effective policies and support

Having described the complex web of factors which affect the impact of policies on peoples' lives and mapped the range of impacts experienced, this chapter focuses on the delivery of policies related to social inclusion. There is a wealth of evaluation evidence on effective and ineffective delivery of individual initiatives. This study builds on that by exploring common features across a range of strategies which tackle social exclusion.

SUMMARY

- The most effective way of delivering multiple policies was seen as being 'package' interventions where a service provider focusing on one type of issue or barrier (such as employment) acted as a '**gateway**' for the recipient to a range of other forms of support or initiatives triggering changes across different areas of their life.
- 'Soft' impacts, such as improved self-esteem, often had a major role to play in the 'distance travelled' by individuals, and indirectly on changes experienced by their families.
- Where policy was delivered to an individual, there were certain universal features seen as important, including service providers being respectful and knowledgeable. Also, continuity of relationships with service providers, being listened to and maintaining confidentiality were highly valued.
- General points were made about how delivery was enhanced when services worked closely together. Stability of government funding and policy focus were also seen as important in promoting long lasting and successful policies.
- In order for policy to be effectively delivered, there were two aspects of fitting individual need which had to be met. The first was matching the intervention to the focus of the individual; the second, delivering specific components that were tailored to the individual's circumstances and needs.
- Gaining access to policy presented some difficulties to households wanting to use services and to service providers in delivering them. These included issues such as geographical access, boundary issues relating to funding, information flows and applications processes.

5.1 What works well?

Policies described as working well were commonly identified as those where one service provider was able to meet the multiple needs of an individual (or family) quickly and efficiently. They were doing this either by accessing other policies or by signposting them effectively to other relevant initiatives. Service providers were clear that the only way to address the issues facing people was for front-line service providers to get close to users and adapt provision to fit their needs. If household members felt that service providers did not understand their situations, were not listening to them or were not genuinely trying to be responsive, then policy interventions were likely to fail or have any real or lasting impact. Conversely, when service providers were seen to be highly responsive to individuals it could have powerful effects and frequently made progress easier.

Chart 5.1 Key features of effective service delivery

- Integrated service provision across different delivery agencies.
- Policy matched to focus of direction of individual or household.
- Components of intervention perceived to fit individual or household need.
- Easy geographical access to services.
- Straightforward, understandable eligibility criteria.
- Accurate and accessible information for service users.
- Responsive personal delivery from service providers which is:
 - polite, respectful and knowledgeable;
 - attentive to the expressed wishes and interests of the individual;
 - respectful of confidentiality; and
 - has continuity.

Any form of policy delivery was rated higher when it met these particular criteria. However, one specific form of intervention – the ‘package’ or ‘Gateway’ intervention (see Table 2.3) - was recurrently described as effectively delivering progress both by the service providers and the families. Package interventions were described earlier as simultaneous interventions that would be triggered by need in one area (for example help with finding a job) but would provide help in different areas of life according to individual need. These forms of intervention could be either compulsory (for example, ISSP) or voluntary (for example, NDLP). Some types of package interventions were designed to deal with a range of issues, for example Connexions or NDLP and had personal advisers who provided the ‘gateway’ for people to access those services. Others were not. But a key worker acted as the ‘gateway’ helping individuals to access a wide range of provision and remaining in touch with the person throughout the process to offer support and advice. Often these were workers in mainstream services like social work, health and education.

The effectiveness of this approach lay in the following features:

- The potential to tackle underlying dominant needs not directly related to the presenting problem (i.e. a mental health or self-confidence issue underlying someone’s failure to find work).
- Integration – that is it works within a common frame of referral within which a range of needs can be met.
- Responsiveness to individuals.
- Provision of ongoing personalised support.
- Effectively signposting users to multiple providers without leaving them to find and access support alone.

An example given by service providers was Sure Start. It was widely considered to be an effective programme because it was tailored to the different needs of its users. Also it incorporated a range of interventions in areas such as health, unemployment and educational attainment. Others singled out for praise were Connexions, New Deal for Lone Parents and integrated youth justice services.

There were examples from the families where such policy delivery had worked well. The case study below is one such example.

Angela was a 38 year old lone parent, with two sons: Josh, 18, and 4 year old Daniel. Before she had her second son, she worked as a carer, but didn't enjoy it and felt it wasn't 'leading her anywhere' so didn't go back to it after Daniel was born. She became depressed sitting at home and knew that she needed to retrain in order to get the kind of work she wanted. It was at this point that she started seeing a Lone Parent adviser at the JobCentre. Angela struck up a good relationship with her adviser:

"I was just seeing her all the time, so I got quite comfortable with her, I could talk to her."

If any jobs came up that she thought might be suitable for Angela, the adviser would ring her and tell her about them. However, it was clear that Angela needed to do some training in order to get the work she wanted, so the adviser arranged for her to do an IT course. She also arranged for a funded nursery place for Daniel so that Angela could attend the course, and kept in touch with her during her work placement to make sure she was getting appropriate experience and not just making the tea. After completing the course, she started working at the organisation where she had done her placement, initially on a voluntary basis, then as a part-time paid worker. This arrangement suited her needs exactly, because it still meant that she had time with Daniel, which was important to her. She felt much happier, which in turn meant the whole family was happier.

These new approaches to working were welcomed by the service providers we talked to. They described how important it was to get people facing complex or entrenched problems to take the 'hook'. This is especially so when they are exhibiting the suspicion or resistance to interventions as described (in Chapter 4). Once this barrier is overcome, providers then need to sustain engagement by keeping people involved and moving forwards.

But such engagement can bring difficulties and challenges for the providers themselves. These include the stress of providing a '24/7' service, of developing emotional relationships with clients or customers who can become dependent. Also there is the problem where a person manifests need through aggressive or threatening behaviour leading to staff safety considerations. Where an intensive key worker relationship ends, the individual can be left more vulnerable and resistant to policy than before. This was true for some people in our study. For example, Carl's social worker died suddenly and he described the significance of this for him. It led him to stop his contact with the service altogether.

'I loved having a social worker... you could see her and sit down and she would help you with stuff what you need. I mean if me and me sister had argument, I go phone [name of social worker] and me and me sister would get on like best mates... Then I got another one: but I've only seen her a couple of times. I just stopped having one. Didn't feel right.'
(Male, 18, white, young person household).

From this study, there was evidence that the approach employed by teams such as YOTs and Connexions go some way to avoid the disadvantages posed by a single key worker relationship. For example, a team of providers give support for a range of needs, share information and location and there are named workers who the person can develop a relationship with. However, different professionals will see a young person at different times, or in meeting different needs. To some extent this eases the pressure from an individual provider.

Measuring effectiveness - the importance of interim outcomes

Even when interventions do not always result in immediately measurable outcomes, service providers and families felt that these interventions could be invaluable in improving people's self-esteem and confidence, their life skills and basic skills.

Service providers overwhelmingly felt that government under-estimated the importance of such effects. In doing so, they argued, it was too easy to overlook the critical role interventions could play in developing an individual's progress towards measurable success, such as getting a job. In terms of social inclusion, helping a lone parent to feel less isolated or more able to access services, they argued, could be just as important as helping them to find a job. The knock-on effects such changes created for recipients and their families, were often critical to a sustainable move away from social exclusion. However, progress was often slow and complicated, especially for individuals suffering the greatest social exclusion and most entrenched problems.

Service providers felt that being the least measured, time for prevention and development work was squeezed when services were under pressure. The complexity of attempting to measure personal development is widely recognised. The literature uses the concepts of 'hard' and 'soft' outcomes to differentiate between changes which are easily identifiable and measurable and those which are more subtle and less easily captured. It is relatively easy to compare the numbers of people who have moved into work, returned to education, or the numbers of people who have a teenage pregnancy adviser. In contrast, it is far harder to quantify the impact of policy interventions which seek to bolster self-confidence, build self-esteem or develop basic skills such as money management.

Stories like Angela's above demonstrate the central importance of recognising the role of 'soft' outcomes in the success of social inclusion programmes:

'...soft outcomes are those which, unlike hard outcomes cannot be measured directly or tangibly. They are: intangible, not concrete; subjective; a matter of degree rather than absolute; personal, depending on individual client needs; intermediate (usually measuring progress towards hard outcomes such as employment and qualifications).'

The term **distance travelled** has been used to refer to the progress that an individual makes towards greater employability as a result of policy or programme intervention. 'Soft' impacts, for the families in our case studies, often had a major role to play in the 'distance travelled' by individuals, and indirectly on changes experienced by their families. The web of factors accounting for change is dense and sometimes makes it difficult to extract what precipitated it. For example, bolstering self confidence may be a pre-requisite for change (in encouraging people's readiness to take up interventions). It may also be increased by the impact of change (i.e. mixing with people, decreasing social isolation and improving wellbeing). Indeed, 'soft' outcomes have a clear role to play, both in making people more receptive to policies and in sustaining and advancing progress.

5.2 Providing integrated services

The integration of service provision was important to families and service providers. The latter generally felt that the Government's approach to social exclusion had encouraged more integrated working, which they were very positive about. They recognised that people facing social exclusion usually had multiple issues to deal with in their lives. Having more integrated services and policy interventions allowed for the multiple difficulties facing people to be identified and addressed appropriately and allowed the client to progress through different, linked programmes or initiatives.

Joined-up working allowed providers to meet individual needs more effectively. For example, one service provider gave the example of a girl who offended because she was suffering from post-traumatic stress disorder. In the past it was felt that her mental health needs would have been missed during the assessment and sentencing process, whereas the more consolidated approach now in place would help to identify such underlying problems.

The convenience of providing 'one-stop shops' was important in avoiding the need for people to repeatedly describe their circumstances and needs to different providers as the following quote illustrates:

'I believe they're working together. Because before once upon a time when your circumstances used to change at that time you contact that person then you have to contact that person... But they said whatever body that you talk to, it will reach out to the next person, there's a connection now. Cos if you say this and say that they might be slow ... nothing hasn't changed in that way, they might be slow ... but at least they are all connected now' (Female, 40, black, two parent family).

Integrated approaches were seen as helping people to build up relationships with one agency, promoting trust and confidence in service providers. People could feel that their particular set of circumstances was understood and being considered and addressed in a holistic way. The support being provided could relate to practical issues, such as finding work or accessing parenting classes, as well as emotional ones through the support of a social worker or health visitor. For example, this lone parent argued strongly for a more integrated approach between Sure Start and NDLP in her area:

'They're different in a way, because Sure Start is about children and Lone Parent deals more about the adult so they're different, aren't they? Maybe, if they were connected things might run better because then the kids and the adult are both being catered for, aren't they, in a circle... Right now they are right [indicates one way with her hand], left [indicates in opposite direction], maybe if they were connected both of them would be together and work better for child-care and stuff.' (Female, 21, white, lone parent, household).

Service providers felt that good informal collaborative working between front line workers was just as important as integration of policy and service delivery structures, although it was felt that the latter could make information sharing and joint working easier. For example, service providers felt that the Youth Offending Team worked well because all the team members, providing different services to young offenders, were located together in the same office. The structural support for joint working was also important because hard-pressed service providers found it difficult to find the time to make personal contacts with other providers. That was especially so since turnover of front-line staff could be quite high in some sectors.

While joined up working may be highly effective for clients, it does present challenges for those providing the services. Service providers did not feel that all attempts to create structural support for joint working were successful. For example in one of the research areas, the four Sure Start service providers were all located in different organisations with a view to this prompting more joint working. However, the pressure of trying to work together with new teams had worked the other way and had led to fragmentation in the way Sure Start was being delivered. This in turn had increased tensions between the organisations.

Difficulties with joined up working were perceived to be greatest with mainstream services. Housing benefit offices were seen to be particularly difficult to access and deal with in this respect. Service providers from other agencies said that in many areas there were significant processing backlogs and that housing staff were virtually impossible to get hold of on the phone. Some service providers also questioned the skills and training of Housing Benefit service providers.

5.3 Ensuring the stability of schemes and initiatives

An overwhelming plea from service providers was to ensure that there was greater stability in government policies for tackling social exclusion. There was a strong perception that initiatives were frequently changing which was seen as counter-productive. It made it difficult for service providers to keep up to date information and advise clients accurately. It also meant that policies did not get a chance to 'bed in' so that service providers could get used to delivering to them. Instability also removed the opportunity to evaluate, refine and improve initiatives.

Service providers thought that many of the broad approaches taken by this Government were the right ones and that there was no need to abandon initiatives and start again. They felt that now it was more important to refine and adjust policy in the light of ongoing experience. Service providers worried that further changes to policies could cause difficulties for recipients who depended on them.. One respondent commented:

'Working Tax Credit really helps make it possible for people to work, but what if it's withdrawn? Where does that leave people?' (Female service provider, London, low income families group).

Some initiatives that service providers thought were working effectively were perceived to have been stopped. The Healthy Living Initiative and New Deal 50 Plus were given as examples of this although it was not always clear whether these were misconceptions or due to specific local circumstances. One service provider also mentioned a scheme to teach teenage parents at home. It was suddenly withdrawn leaving some young parents abandoned halfway through GCSE courses. In another example, an Asian woman had been attending English lessons at a local community centre but her classes had been cut due to lack of money.

Continuity of funding was seen to be an important ingredient in helping to create the desired stability, including limiting the negative impacts of constant bidding rounds. This financial uncertainty means projects are unable to plan for the medium to long-term and service providers can not move on to more stable positions.

Service providers also worried that the potential mainstreaming of initiatives such as Sure Start and Health Action Zones in the future could lead to difficulties. Despite recognising that mainstreaming is intended to increase access to services, service providers were concerned that in practice this could mean the unique nature of these initiatives would become diluted or changed by their incorporation into mainstream service provision.

5.4 Fitting need

In order to examine whether policy delivery was effective or not, two elements were explored - what was being delivered and how. The first of these relates to the content of the policy and what it was intended to achieve. Critical to this was whether an initiative was seen to fit the needs of individuals. The needs fit has two dimensions. First, whether the objective of the policy, for example moving someone into work, was what that individual wanted. Secondly, whether the help delivered by a particular intervention was considered appropriate, for example, whether the training provided helped people into the jobs they wanted to do. In the households interviewed, the most positive examples of multiple interventions were when people felt that both aspects were operating. On the flip side, when policies were not fitting someone's needs, there was invariably an unsuccessful outcome, either with the policy objective not being met or change not being sustained.

5.4.1 Fitting focus of policy to individual need

Broadly speaking, policy initiatives either focused on a measurable outcome, such as movement into work or away from offending, or was aimed at sustaining and supporting individuals in existing situations - for example, continuing to work or study or to feel more confident as a parent. In the main, the families were supportive of the focus of key initiatives targeted at their household, sometimes despite facing personal problems which limited the effects of these policies.

Much of the supportive work offered by providers, from a range of different services, was described as having been of great importance to individuals in matching their needs. For example, one young person who experienced problems at home described the role her school counsellor had played during that period:

'I had no-one else to talk to, I think that's why I was in so much telling her all these things.' (Female, 18, mixed ethnicity, young person household).

But service providers were worried that the emphasis on moving people from welfare to work failed to recognise the complex and multi-dimensional nature of problems facing individuals. As we have seen, such concern was not unfounded if underlying personal needs or problems were not addressed. In such circumstances, moving from welfare to work was thought to be inappropriate or premature and unlikely to have a successful outcome.

Similarly, some service providers felt that parents should have a choice over whether they worked or not. Staying at home to bring up children should, they felt, be seen as valid and valued activity.

5.4.2 Fitting components of intervention to individual need

In order for policy delivery to be effective, the components of particular interventions also have to fit individual needs. Initiatives like Step-Up, which concentrates on helping people into the type of employment that they want by providing intensive and multi-level support for individuals, were welcomed by providers. One of the project workers from Step-Up described why he thought it worked well:

'It is mandatory but it's all about the candidate really. We'll meet him the first day and we'll say 'Look what do you want to do?' It's all about getting them a job...so if they want to be... a fitness instructor, or they want to have a driving job we would market them for that you see, so it's all about them.' (Male StepUp project worker, statutory agency, low income families group).

However, some families described difficulties with the content of the policies they were accessing. The problems mainly concerned the training being offered, especially on the compulsory New Deal schemes. For example, someone wanted to do a one-year NVQ in painting and decorating but was only able to do a six month training course with his New Deal scheme. There were others who felt that the training courses were a waste of time. One parent had just had his JSA sanctioned, because he refused to go on a specific training course for the second time:

'It was just hopeless first time round, it didn't get me a job, so what's point of doing it again. Maybe it might have worked second time around but from what I did it was exactly the same thing.... a truck course, a driving course sommat like that, that's worthwhile that you're definitely gonna get a job out of [would be more useful].' (Male, 34, white, two parent family).

In contrast, service providers felt that there had been improvements in training provision although they agreed that there should be greater variety and better quality training. Quality was also important in relation to housing and childcare. Where clients had been offered what they perceived as poor quality or inappropriate care or housing, then they felt poorly served.

5.4.3 Mediating factors

There were factors that people described as being vital to ensuring that they could sustain their participation in initiatives, or move into employment and education.

Financial stability

Chief among these was financial stability. This was particularly important for people moving into work, which, service providers felt was likely to be low wage, poor quality and, sometimes, insecure work. Increases in household income could be marginal. That was especially so when balanced against the increased costs associated with working and when taking into account the loss of benefits and associated rises in housing costs. It was a source of real frustration for some people to feel that they were continually offered work which would leave them no better off, as the following quote illustrates:

'I'm looking for work still... it's not easy. Not with wages they want to pay. They're talking like £150, £200, but the rent on this place is £150 a week, so it's no good to me is it?' (Male, white, 39, two parent family).

It was important for people to be able to assess what their financial position would be if they went into work or back to college. Service providers thought that 'better-off' calculations used in Jobcentre Plus were the best way to do this. However, sometimes delays in processing in-work tax credits or run-on support caused subsequent difficulty and undermined the usefulness of these calculations. Similarly, a growth in short-term work contracts made accurate calculation more difficult because people were moving backwards and forwards between benefits and work, often accompanied by sharp dips in income as benefits or wages stopped.

Childcare

Service providers and parents viewed the cost of childcare as a continuing barrier to progress, which in some areas was exacerbated by poor local provision. In some families, informal childcare was provided by family and/or friends, but there was also a range of provision on offer from different policy initiatives. Childcare provision was critical in enabling lone parents to work. But it also played an important role for two parent families in particular circumstances, such as dealing with a child with special educational needs or when a parent was ill. Service providers

described childcare as the most significant cost for parents moving into work. They saw tax credits making a significant contribution to childcare costs and providing a real financial incentive to work. However, they also said that affordable childcare was still scarce and, even with additional financial help, could be prohibitive for those on low incomes.

For work to be sustainable, parents had to be satisfied with the quality of the childcare that was being provided and it had to be accessible to both home and work.

5.5 Interaction between service providers and policy recipients

The relationship between those providing services or delivering interventions and participants was critical to effective delivery. Irrespective of the need being addressed, where there was a personal interaction with a service provider, the expectation from household members was that the deliverer should:

- Be polite.
- Show respect; and
- Be knowledgeable about the policy they were delivering.

Delivery itself was also expected to be timely and unproblematic. There were different ideas about what could be considered a reasonable length of time. But it was important for there to be open and realistic communication about how long involvement in an initiative or intervention might take. People became frustrated when that did not happen or where the indication was incorrect. However there were many other facets of the individual relationship seen to be important.

5.5.1 Continuity

Service providers felt that most clients responded especially well when they had an ongoing relationship with an individual service provider. This allowed trust and confidence to be built - especially important for clients with self-esteem problems. It also enabled an individualised approach where the person receiving the policy was made to feel as though their unique set of circumstances were being taken into account. It was in such contexts that individuals could be given the most coherent support package.

Household respondents' views resonated with this, particularly where the nature of the intervention was ongoing. There was evidence that developing trust in a service provider was especially challenging for people who had experienced the most severe problems, and whose trust had been most badly damaged in the past. Women who had been victims of domestic violence were the most explicit about this. They spoke of a preference for being dealt with by women, and the difficulties they faced trusting people again. One woman, who had been in a long relationship with a violent man described her experiences as follows:

'...there's not many people that I do trust and it does take us a long long time. I mean she told me, my CPN, well, she told me that it was like knocking against a brick wall for the first four months. She says but...doing my job... you've got to know your ways of...working around it. And she says, I knew you'd be comfortable one day... we just had to find that one day, that's all.'
(Female, 31, white, lone parent household).

Echoes of the importance of relationship building were found across the sample. Young men who had been disengaged and difficult to reach and lone parents who had experienced social isolation, also spoke about having made a connection with a particular service provider. Even when individuals had not experienced traumatic events, they still preferred to see the same person.

However, providing continuity presented real challenges for service providers. They felt that organisations were often unable to provide the continuity needed because of staff turnover, an issue which they felt the Government needed to address. Service providers talked about the stresses of coping with the burden of responsibility caused by the expectations of service users. This was felt to be especially so when working with young people where continuity was seen to be especially important. In particular, it was noted that, because of the breadth of their role, there was high expectation and pressure placed on Connexions workers. One service provider described the situation:

*'...there's no consistency because it's such a stressful job and so under-resourced that people don't stay. And they've got all of that so you know even if they make a bit of a bond with you, well you're going to b****r off in 6 months. And you are, that's the truth.'* (Female service provider, London, vulnerable young person group).

Other factors contributing to turnover included skilled workers being promoted away from the front-line into management and a failure to find ways to ensure career progression without removing people from front-line contact with clients. The burden of targets, onerous accountability procedures and the feeling that much work was going unrecognised, were also seen as underpinning high turnover, as was the pressure to continually seek funding for a service alongside doing a job and accompanying job insecurity.

The balance of providing continuity of service while not ending up with a situation where a service provider became irreplaceable, was difficult to achieve. It was particularly significant for individuals and families in the most vulnerable situations. This was exemplified by Daniel's experiences (page 86). His early childhood had been affected by domestic violence and family breakdown and he was subsequently fostered by his older sister. They had a social worker who played a critical role in supporting them through the fostering period, which was a difficult time for both of them.

5.5.2 Delivery at group sessions

Some initiatives, aimed at supporting individuals, were designed to be delivered in a group setting, for example, parenting classes. These were particularly effective in enabling parents to share problems. Confidentiality in these sessions was viewed as particularly important, to engender the trust for people to share problems.

5.5.3 'Being listened to'

What was really striking from the way that people talked about their interactions with service providers was the importance of being made to feel as if they were being treated like valued individuals, not just another client. Being listened to was vital.

The effect when people felt they were not being listened to could be significant. The following quote is from a young lone parent, who had very negative attitudes to social services:

'...my first social worker really she [wanted me to have] an abortion, she wasn't listening to my point of view. She didn't even want to hear, she just said 'Listen to me'...you're a bad child, bla bla bla. But they were saying "These are your options, you can do bla bla bla bla, you can do bla bla bla. Choose" But at the end of the day it's me, it's not their life, it's my life.' (Female, 17, black, lone parent household).

Daniel will soon be 19. He has just moved back to live with his mum, Nicola, and 12 year old brother. Nicola has just ended a nine year relationship with Daniel's stepfather who was alcoholic and abusive for much of their time together. In the last few years of this relationship the family experienced considerable instability both emotionally, in the composition of the household, and concerning their housing situation.

Daniel left home aged 15 after he had been stealing from his stepfather for several months and was cautioned by the police. He went to live with his sister, Lucy, who is 23 and a lone parent, who now has two young children. His sister fostered him formally, as the police had placed Daniel in care. He continued stealing while living with Lucy. He also truanted from school for some time before stopping attending altogether and he did not complete his GCSE year. Daniel left Lucy's after a year and a half when their relationship deteriorated and Lucy felt unable to cope with him. Since then Daniel had lived with different family members, neighbours and friends each on a short-term basis before moving back to his mum's. He is now actively seeking work, and has stopped stealing because his family made it clear he was not welcome until it stopped. Daniel feels that his relationships with family members are much improved. His family are very important to him

Daniel has had a lot of social worker involvement since leaving his mum's home, and has also had a youth worker. These helped in relationship difficulties between him and his sister. His social worker died a year ago and although he was allocated a replacement he has not engaged with her to the same degree. He recently decided he no longer needs a social worker despite noting that he still has problems with his behaviour and with family relationships.

There were comments about the type of person delivering the policy. For young people, this was linked to the service provider being someone they felt they could relate to. For example, Nathan's mother talked about the difference between the psychologist and the learning mentor, Dave who Nathan saw:

'He (learning mentor) was younger...he seemed to be on a level with Nathan. He was...someone Nathan could see as being, yes, I can see where you're coming from... where the psychologist was like very prim and very proper and not someone Nathan would probably relate to. Dave was easygoing, he could talk to him.' (Mother, 30s, white, young person household).

5.5.4 Responsive service delivery

The hugely complex needs of some respondents, particularly young people, required intensive work for service providers who were trying to create a service where people felt they were being listened to and which responded to their needs. For example, if people thought that the service provider was making a particular effort to help them, either by working over their lunch hour or after hours, this made a big impact.

Seb's experiences illustrate how a young person's experience of two service providers could be radically different. First, he described his experiences in the housing office when he was made homeless:

*'They treat me like I was ... sorry to say ... but a piece of s**t. They treated me as if I had done something wrong, it's like they were punishing me...because they weren't looking at me ... like they weren't really interested, it was like 'Yeah yeah yeah, all right', whatever.'* (Male, 16, white, young person household).

In contrast, his experience at Connexions was quite different as he described in Section 3.3.1.

Service providers felt that the multiple needs of socially excluded people could not be met by a rigid approach. People with unstable lives often lacked diaries, bus fares and alarm clocks. They felt that outreach projects were particularly useful. For example, there were projects mentioned where workers would go to collect people and take them to training schemes or projects. Service providers spoke of some clients needing support around the clock, seven days a week rather than just during office hours. Reflecting on this, mainstream service provision such as benefits, housing and sometimes, social services, were described by service providers as being particularly unresponsive. They were viewed as being difficult to get hold of, over-stretched and bureaucratic. Service providers taking a different approach felt that the burden fell on them to try to be accessible. It put extra pressure on over-stretched projects and services.

5.5.5 Confidentiality

Knowing that information would remain confidential was very important to clients. When confidentiality was seen by respondents to have been broken, it had a harsh impact on the individual's view of service providers. The examples of where this had happened in the sample, related to young people giving confidential information to social services or to someone at school, such as a teacher or learning support mentor.

The following quote is from a young lone parent who was very angry with social services and explained why:

'...the foster parent that I was put with at the beginning I didn't like the way she was. So I went to my social worker and I said to her "This is confidential?" and she said "Yeah yeah yeah", so she's saying "Why are you not so happy" so I said to her bla bla bla bla. And then the next thing the foster mum she's really really angry at me. And she said the social worker phoned her and told her everything I did not like, which I thought was just wrong. If like it's supposed to be confidential you're not supposed to phone which makes the situation there even worse, cos now she's all upset with me' (Female, 17, black, lone parent household).

Views about delivery of policy at community level differed from how people talked about interventions in which there was some face-to-face contact with a service provider. People were pleased that regeneration work was taking place; it fitted a need at a community level. However, the inconvenience caused to people, for example where there had been scaffolding up for months on end, and the work not fitting the community's priorities, were also remarked on.

5.6 Accessing services

Despite families in this study having been chosen for having received multiple policy interventions, they still described in some detail how various access issues had frustrated their attempts to move forwards or overcome barriers they were facing. Their experiences were supported by the perspectives of service providers working with a range of different vulnerable households. The key problems are discussed below.

5.6.1 Physical access

Ease of access to services in terms of availability, opening hours, proximity and access via public transport were important to people wanting to use them. Despite the research having been conducted in two inner-city areas, some families experienced physical access problems. The key ones concerned the availability (and proximity) of childcare and local training providers. These were issues also raised by service providers.

Despite these difficulties, there was evidence of some good local provision, especially following newer, flagship initiatives. Sometimes family members even described a choice of different access points. This was particularly so in young people's accounts of accessing Connexions and for parents using Sure Start services. For example, one young man described how there was a Connexions office in his local area, but said that Connexions representatives also visited both the youth centre he attended and his school. Similarly, one lone parent described receiving leaflets and being visited by a Sure Start representative at her home to be informed about the support and services available.

There was also evidence that recent changes to the way in which benefits were paid, were overcoming previous access difficulties. Parents who were receiving benefits paid directly into their bank accounts, described the added convenience of not having to make an additional journey to a post office, for example, to cash their benefits. Similarly, direct payments of in-work tax credits were felt to be convenient when they arrived promptly.

5.6.2 Boundary issues

Service providers felt that a 'postcode lottery' still affected access to some services. This meant that people in need who might benefit from a service, would not always be able to access it. There was also some evidence of this in families' experiences. A mother, whose son had special educational needs, told us about her experience of finding out about and trying to access Sure Start:

'I saw a pamphlet [in the GP surgery] and I picked it up and it showed me the map of the Sure Start area, and we're just outside of it. And I've had other people mention Sure Start to me and it would have been fantastic... I think the community paediatrician is looking into whether or not we might still be able to access some of the facilities because of the need' (Female, 30, mixed ethnicity, two parent family).

Service providers also described the difficulties they sometimes faced when working across administrative boundaries. On occasions, for instance, funds which had been allocated to providing support to specific clients, did not transfer with them across boundaries when they moved. This problem was mentioned in relation to children moving between schools and people moving between different institutions such as care homes or prisons. And in the health service, the different boundaries of primary care trusts, mean that in any single borough, clients may be eligible for different health-based services because they come under different primary care trusts.

5.6.3 Eligibility criteria

Service providers described complex eligibility criteria which varied from service to service and were subject to frequent change. This complicated the process for professionals trying to facilitate access for clients. Service providers felt that professionals not being clear about entitlements or sending people from office to office to access support, increased anxieties for vulnerable clients. This also brought a loss of confidence that might affect their responsiveness to interventions. It was seen as a particular problem for 16 to 18-year-olds and on housing issues. But it was also described by service providers as an ongoing issue for all areas of policy delivery.

They also described various examples, including difficulties with securing mainstream support, because of strict or bureaucratic eligibility criteria. The process for 'statementing' children with SEN was also seen as complex and bureaucratic. Some service providers felt that mainstream services colluded in excluding people who had faced difficult or unusual challenges, because these young people were felt to be difficult to work with. For example, a trainer working with young men under 16 who were not in school, described how some of his clients made fast progress and obtained the highest level of NVQ qualifications his agency could provide. However, he then found it impossible to move these clients on to the next step because local colleges refused to admit them under-age even if they had reached the appropriate competence level.

5.6.4 Information flows and application processes

Effective access includes ensuring that accurate information about services or support are provided to clients and that the application process is manageable. Both were thought to be problems, particularly for vulnerable clients or those with complex family circumstances or needs.

Availability, clarity and consistency of information

The availability and clarity of information for potential clients was critical. Overall, service providers felt that people still had trouble accessing information about what support was available to them. Some evidence from the case studies reflected these views – with people occasionally not having heard about tax credits or other high profile flagship initiatives, like Sure Start. But, other accounts suggested that information was more widely available than it used to be. Reasons given for this change included: the wider range of initiatives taking place, and improved information and communication about policies. Typical of the latter were TV advertisements about tax credits and New Deals. Some parents with children at school, described a sense of reassurance about being kept informed by the school about what was happening over school based initiatives such as anti-bullying activities.

One lone parent described the differences in terms of childcare provision for her four year old child, compared to her experience with her eldest son 18 years previously. Nowadays, besides childcare funding, there were lists of registered childcare providers who were available.

Where problems were encountered, they concerned core benefit claims and financial support. It was noticeable that these problems were encountered at transitional points, such as when people moved into work or training or got married. For example, one lone parent described the difficulties she had in getting information from her employer when she wanted to claim WTC.

A lack of understanding of the role and intention of services was a barrier to use. Also, fear about the implications of accessing services, was holding some people back. Service providers described, for example, how parents facing crises may fear that accessing appropriate support services could result in their children being taken away from them. Another provider spoke about how fears of retaliation from their 'pimps' prevented some young girls who were street workers from accessing support.

Families had also been provided with inconsistent information either from different sources or from the same sources at different times. A low income household had experienced problems when the couple got married. They described having lost their housing and council tax benefits which left them in a dire financial position. Part of the problem was that his immigration status was in question. But they had been given different information at different times by 'the benefits people' about the implications of getting married. Over time it emerged that they should not, in fact, have lost either benefit, but this was only learned after a family friend who happened to be a social worker looked into their case.

It was evident that access to information worked particularly well when individual service providers were able to navigate clients through the different forms of help and support available. A lone parent, for example, described how seeing a lone parent adviser had helped her:

'I found her really, really good because she sorted out working families tax credit, how much I would be entitled to and child minding fees. She also got some funding because income support had run out...and I had to work a month in hand so I didn't have any money so she had a bit of extra funding there... we went through the form together for family tax credit to make sure I had filled it in properly and she said yes everything was fine and she sent it off.' (Female, 30s, white, lone parent household).

Some flagship policies, such as Sure Start, Connexions and NDLP, were designed to act as 'gateways' to a range of additional support. And there were other circumstances – for example people with mental health problems - where contact with a service provider could result in access to a range of other support.

The application process

Service providers felt there had been progress in making benefit forms and procedures more accessible to people since 1997. But they still thought the forms and procedures for applying for benefits remained complicated, especially for people with limited basic skills. This was illustrated by this woman's response to the process of applying for core benefits:

'...rolls and rolls of paperwork to get through to try and get to be able to sign on'
(Mother, 35, white, young person household).

'Top-up' benefits such as in-work tax credits and other means tested forms of support (or those dependent on differing levels of incapacity), were described as particularly confusing and complex to apply for. That was particularly so because they come into play at transitional points in people's lives when anxieties and pressure can be high. For example, the mother of one of the young people had a chronic health condition. She described how when applying for her mobility allowance one year, she filled in the form herself rather than asking her GP to do it. As a result the amount she received went down from £300 to £100. She did not know what to put down on the form, had not mentioned some important issues and had not felt able to say how far she could walk each day on account of it being very variable.

The time that elapsed while applications were being processed was also a problem. For example, one lone parent had been working since shortly after her son was born. In recent years she had been unemployed for around three months. She then applied for JSA and for housing benefit. But so long did they take to come through that they fell into debt and, by the time the Housing Benefit finally came through, she had already found a new job. In other cases, there was evidence that delays in processing benefit and tax credit payments were compounding existing poverty and housing instability, either by adding to the families' financial difficulties, or by undermining people's ability to meet their rent payments.

5.6.5 Concerns about the delivery site

Policies were accessed in different ways, reflecting a variety of delivery mechanisms. Some involved an individual going to the offices of a service provider. Others were accessed by phone or internet or, as in the case of some benefits and tax credits, paid directly into someone's bank account. When delivery involved a face-to-face meeting, the place of contact physical surroundings could also affect people's experiences.

Negative experiences were described when people felt uncomfortable waiting in a particular place. This was common when people spoke about 'DSS' offices and housing offices, and partly relates to their concerns about other service users, as this quote about a local 'DSS' office illustrates:

'...they were just very hard places to go and sit down with small children and you're having people like drug addicts in there and...you have to sit down with them people and you're not like them and then you don't want the kids going over to them' (Female, 21, white, lone parent household).

In contrast, newer services like Connexions and Sure Start were praised for delivering their services in welcoming environments.

CHAPTER 6: Conclusions and key messages

A central aim of this research was to understand how government policies, either singly or in combination, had affected families at risk of social exclusion. In doing so, certain features of policies or policy delivery have been highlighted as effective in stimulating or supporting positive change. Similarly, the evidence has indicated areas where initiatives or interventions have been lacking or even countermanded movements away from social exclusion. In this final chapter we provide an overview of such features to inform future strategy and policy development.

6.1 The context

The settings for this research evidence are the lives of 20 families. Each family had experienced aspects of social exclusion. They comprised three household types, each of which has been the target of multiple policy intervention since 1997: lone parents with at least one child under 16; households with a young person aged 16 to 18 who had experienced a prolonged period of not being in education, employment or training; and two parent families with long term experience of low income or unemployment. The nature of the households' problems varied, but six were common to all three groups - poverty and debt; barriers to employment and long term worklessness; educational difficulties; neighbourhood or community difficulties; poor mental or physical health; and housing instability or inadequacy.

There were two main ways in which families became vulnerable. For some, the process had been relatively swift, triggered by a single event or crisis such as leaving an abusive relationship, the onset of a health problem, teenage pregnancy or criminal prosecution. For others disadvantage and exclusion had been an enduring and long term experience although often underpinned by a persistent problem such as ill health or long term unemployment. Over the time frame for the study (1997 to 2003), the families' circumstances had changed, most usually with shifting levels of exclusion rather than a single downward or upward spiral.

Since 1997, the families had experienced a wide range of policy related initiatives and services. The families, between them, had experienced well over 100 different types of policy interventions. These were of three main types. They comprised core support such as income related and other benefits, health and social care, and educational services; focused initiatives with specific purposes and time frames that were experienced as either single interventions (such as EMA) or as a package (such as ISSP or NPLP); and community or neighbourhood initiatives, such as NDC.

6.2 Impacts of policy interventions

The impacts of policy interventions were complex to detect. There were both interactive and cumulative effects resulting from receipt of multiple policies, often with a chain of consequences resulting, both for the targeted individual and their families. Often these were affected by changes resulting from naturally occurring life events and personal development which could accelerate or hinder progress. There were also other long term circumstances which made individuals or families more or less open to policy interventions. Despite such complexity, it was possible to discern a long list of outcomes that had resulted from – or were linked to – policy related initiatives or support.

6.2.1 Positive impacts of policy

Policies that had had positive impact all had, in some way, strengthened the living standard or extended the capabilities of the families. Some of the most important features noted were as follows:

Improved living standards and material resources

In some households, there had been a significant increase in household finance that resulted in a better and noticeably different quality of life. These were generally households where an adult had returned to work or had entered employment for the first time, mostly as a result of employment programmes and training initiatives. CTC and WTC were seen as crucial in helping to 'make work pay'. Children in households where parents were receiving training or had moved into work were benefiting materially from increased household income.

Material resources had also improved in households where a young person received an independent income through training or educational allowances or, more rarely, through entering employment. This had helped to reduce the financial strain on the whole family as well as providing the young person with some money of their own.

In other households, where income had increased to a lesser extent, there had been some easing of financial strain through increases in Income Support, receipt of passport benefits and additional allowances such as cold weather payments. Similarly, the provision of social housing and help with costs (through HB and subsidised housing) had been critical to some people's stability. Children in households that had moved into new accommodation after difficult experiences in temporary housing, had benefited from a more secure living environment, both physically and in terms of its permanency.

Regeneration programmes were also welcomed for having improved the neighbourhood, by making it a safer and more hospitable environment in which to live. This again had brought improvements for children by providing more safe places to play.

Acquired skills and attainments

The acquisition of qualifications and skills and more positive attitudes towards employment and education were found across the sample as a direct result of policies. For some, movement into employment had occurred as a result.

Lone parents had acquired specific qualifications and skills through training which had allowed some to find work above the lowest paid level. Flexible learning, accessible child care and continuing benefit receipt were all important in helping lone parents to embark on and sustain education and training programmes.

Young people had either been re-introduced to education through gateway providers or had found their own route in through approaching colleges. Youth offending programmes had led to engagement in education or training. Some young people were more optimistic about their chances in the job market because of the training and education received.

Group based parenting classes were valued for giving skills, confidence and strategies that would help in the longer term. They were also seen as helpful in enabling parents to share problems.

For some children at school, early year services had helped to overcome difficulties or sustained participation at school.

Improved health

Most of the positive changes reported related to mental rather than physical health. Mental health intervention had been critical in allowing people to either manage or stabilise their conditions and hence their ability to cope. For young people, there had been some effective results from receiving counselling or from psychological interventions through educational services.

Adaptations to the home or care support for people with disabilities or progressive chronic illness had afforded increased independence to the individual and lessened demands on their families.

Psychological and emotional wellbeing

Many of the interventions experienced, and particularly entering employment, education or training, had brought an increased sense of wellbeing. Repeatedly people spoke of better feelings of self esteem, self confidence, or generally feeling happier as a result of getting out of the house, having a purposeful activity, being with other people and generally focusing on something other than themselves or their family. Feeling better had also created the potential for further progress by helping people to think about making further changes or giving their lives some focus.

For young people who had fallen outside the education system, effective alternative provision had helped to reduce disaffection as well as encourage a more positive attitude to learning. Similarly youth offending programmes had made young people more inclined to cut down offending and 'keep out of trouble'

For women who had experienced domestic violence, refuges were often noted for the support they gave and their impact on self esteem and confidence.

Strengthened family relationships and social networks

In two parent families, there had been some strengthening of the relationship between partners, usually as a result of other changes occurring (i.e. alleviation of financial problems, entry to training or employment).

Relationships between parents and their children had notably improved where parents experienced a greater sense of wellbeing through moving into training or work. They had also improved where there had been some personal development for a young person through education, training or offending programmes.

Parenting classes were seen as having a clear impact on family relationships, through the acquisition of skills and confidence noted earlier. Children were also felt to be benefiting from attending childcare and the greater variety of activity this brought.

Social networks had extended through 'getting out of the house' and meeting new people – in newly entered work, training, education or parenting classes. For some young people, participation in training or other programmes had resulted in a changed peer group.

6.2.2 Undermining influences

There were certain factors that made some families less receptive to receiving policy interventions. Of particular relevance were personal circumstances or problems which left individuals less able or willing to respond to opportunities offered. These included unstable or poor housing, problems with children's education, disability or chronic illness, habitual drug use,

and persistent and deepening debt. Circumstances such as these meant that any attempts at change were ineffective unless the problem concerned was first resolved or taken fully into account in any provision made.

People's willingness to engage with a policy was sometimes linked to the stage of life they were at or personal developments that were naturally occurring. The reverse was also true and these same features could also act as brakes on other changes occurring. For example, not all parents wanted to return to employment before their children were in full time school. Levels of personal development reached by young people, as they moved through their teens into adulthood, were not always conducive to engagement with formalised programmes and services.

Similarly, unexpected changes in personal circumstances could easily upset or avert progress being made in other areas. For example getting pregnant, the onset of an illness, increased caring responsibilities had all led people to leave or change routes in newly entered training or employment. Leaving an abusive relationship, and hence a previous home, had similarly diverted people from making progress in other areas, even if temporarily.

Prior negative experiences of services or support had also made some households unreceptive to interventions or reluctant to seek help. In some cases this was because they had low expectations and saw little potential in engagement. In other cases it was because a previous experience had been seen as intrusive, stigmatising or even damaging. There were also cases where a lack of accurate information about what was on offer exacerbated an inherent reluctance to engage.

6.2.3 Differential impact across study groups

There were notable differences between the three study groups in the range and extent of impact experienced.

The greatest level of positive change was experienced by lone parent households and there was evidence to suggest that, in the main, policies were working well as a package. The combination of information, personal support, help to access training, childcare and jobs and financial support had helped some lone parents to make significant progress. Besides acquiring new or enhanced skills and entering training or employment, the lone parents were most likely to have experienced change in all the other areas of life described above – improved living standards, improved health, strengthened family relationships and improved general wellbeing.

Two parent family households experienced least change. This was thought to be related to several factors. Perhaps most significantly, they had had fewer policy contacts than the other two types of household; and those which had been experienced were more often single focus rather than package interventions. They also appeared to experience more barriers to change due to unresolved personal problems or because they were unreceptive to policies because of a poor earlier experience. There was also some evidence to suggest that these households were more static in terms of life change so were less likely to have an opportunity to harness developments that were naturally occurring or to come into contact with services because of major life change. There may also be other reasons for this pattern which would be impossible for a study of this nature to detect. For example, lone parents have been a particular focus of government policy. Greater provision is available to this group. Decisions about work may be very different for lone parents and subject to different influences than for couple households. Also the voluntary nature of NDLP may mean participants have different attitudes to participants on mandatory programmes such as ND25+.

The young people households fell somewhere in the middle in terms of the level of positive change experienced. There were examples of young people who had progressed with some assuredness, either in terms of entering education or training, or in avoiding or reducing offending behaviour. This had been accompanied by changes in other areas of life such as family

relationships and lowered risk of homelessness. Conversely there were some for whom the period had seen more faltering steps forward, often accompanied by periods of inactivity or re-engagement in negative behavioural patterns.

6.2.4 The sustainability of outcomes

There is some evidence to suggest that some of the positive changes that had occurred were much more likely to be sustained than others. This could be gauged from a number of features within the data:

- The individual's own assessments of, or certainty about, the likely durability of the change.
- The importance of the benefits that have accrued from the change.
- The extent to which the change had been reinforced by multiple policy contact.
- The existing longevity of the change; and
- Other personal developments occurring for the individual which supported the change.

Using such evidence, the changes experienced appeared most sustainable for lone parents and most fragile for young people. This is partly because of the life stage the young people had reached but also because policy interventions had been more variable in their impact. But there were also factors that were likely to increase the likelihood of sustainability of change among young people, such as continued independent financial support to sustain engagement in training and education.

For two parent families there was some evidence to suggest that the stability of families' circumstances was likely to be sustained with the continuation of core support, even if more active change was unlikely.

Despite such evidence, it is not possible for a cross sectional study such as this to offer any firm conclusions about the sustainability of the outcomes that were found. All the changes that had occurred were open to being supported or undermined by families' changing circumstances, the personal development of individuals and other external factors. They may also be affected by future changes in the ways policies are developed or delivered. It would therefore require longitudinal research with these same families and individuals to know the extent to which positive impacts became embedded – and the factors that were relevant if they did not. Such research would also enable longer term assessment of how, and to what extent, progress for parents with young children leads to attitudinal or behavioural impacts on their children

6.3 Policy delivery

Policies thought to be working well were those where one service provider was able to meet the multiple needs of an individual (or family) quickly and efficiently. They were doing this either by accessing other policies, or by signposting them effectively to other relevant policies. The most significant examples of progress made by the families tended to be where policies had been directed at different problems within households simultaneously. Service providers were clear that the only way to address the issues facing people, was for front-line service providers to get close to users and adapt provision to fit their needs. If individuals felt that service providers did not understand their situations, were not listening to them and were not genuinely trying to be responsive, then interventions were more likely to fail. Conversely, when service providers were seen to be highly responsive to individuals, and built confidence and trust in the process, progress was more likely. This was particularly so for young people who may lack family support.

Flagship programmes and targeted initiatives were most commonly seen as holding such features. More exceptionally, similar attributes were experienced in mainstream services such as health and education, but were not evident in others, such as housing.

Four generic features of policy delivery were felt to be critical in helping to reduce social exclusion

- **Integrated services**

People facing social exclusion usually have multiple issues to deal with in their lives. Also, service providers were strongly of the view that integrated services, or 'package' interventions were vital. They allowed the various difficulties facing people, to be properly identified and then addressed through different, linked programmes, initiatives or support.

Integrated services which were felt to have responded well to the needs of socially excluded individuals and families were Sure Start, Connexions, NDLP and ISSP.

- **Ease of access**

Partly related to the need for integrated services, the importance of ease of access to services was emphasised by both families and providers. Information about the services and support available was felt to have become more widespread. But people described various issues related to access that had frustrated attempts to get appropriate support or services. Access to programmes and services in inner city areas was still felt to be limited for some families.

The main problems encountered, noted by both families and services providers, had been:

- **Physical access**, both in terms of opening hours as well as location. The need for transport to childcare facilities and to provision for special educational needs, was noted.
- **Boundary demarcations**, preventing some families from gaining access to a service because of where they lived. There were also some difficulties for service providers when working across different administrative areas.
- **Eligibility criteria** which were complex, varied from service to service or were subject to frequent change, were seen as a hindrance to accessing services and support. This was felt to be a particular problem in some areas like benefits or access to housing, but was thought to exist in many areas of policy delivery.

- **Application processes** were mentioned as a particular problem in claiming and receiving benefits. Benefit claim procedures were felt to be dauntingly complex and bureaucratic – both initially and around points of transition.
- Service providers saw **continuity** in service and support as vital for people at risk of social exclusion. This was felt to work best where there was an ongoing relationship with an individual service provider. This allowed trust and confidence to be built. It also helped to facilitate an individualised approach to meeting the full range of needs. It was felt that it was in such contexts that individuals could be given the most coherent support package. The views of families and individuals supported this with some powerful examples of support of this kind. Young men who had been disengaged and disaffected and lone parents who had experienced sustained social isolation, spoke about the importance and impact of making a connection with a particular service provider.

However, providing such continuity placed a heavy burden on individual service providers and was not always easy to sustain, largely because of staff turnover. This was felt to be an issue that needed some attention, particularly in flag ship programmes where the demands were high.

There was a strong plea from service providers to ensure **greater stability in government policies for tackling social exclusion**. It was felt that initiatives were frequently changing which was seen as counter-productive. It made it difficult to keep up to date with what was available and advise clients accurately. It also removed the opportunity to refine and improve initiatives and made it difficult to assess the impact of interventions over time. Service providers thought that many of the broad approaches taken by this Government were the right ones and that there was no need to jettison initiatives and start again. It was also felt that greater continuity in funding would help create stability.

6.4 The contributions of different policy areas

As was described in Chapter 1, the study was designed to explore experiences of policies, support or interventions which had been explicitly developed to address key aspects of social exclusion. There was a focus on national policies rather than local area-based initiatives. There was also a particular interest in new initiatives introduced since 1997 rather than in existing forms of support.

All these factors had a bearing on the study's policy focus and on the particular initiatives that were of interest when talking to the study participants. As was shown in Chapter 3, they span six broad policy areas. They concern education and training, employment and work related credits, earnings replacement and other benefits, housing and environment, health and social care and law and criminal justice. These, in turn, relate to the responsibilities of individual government departments although some cross cut departments.

Evidence about the impact of different policy domains on the families studied came from three main sources. These were initiatives referred to as having had some positive outcome; features of policy delivery which were seen as either effective or detrimental in helping to move people out of difficult circumstances; and areas of life in which new or existing problems remained unresolved.

Using such benchmarks, it was evident that certain areas of policy had been successful in having an impact on social exclusion, others rather less so. Probably most successful was education and training, particularly the latter, where there has been a lot of policy activity since 1997. This had not only resulted in targeted change, such as the acquisition of skills and qualifications or movement into employment, but it had also had an impact on all other key areas of life for some of our families. For similar reasons, programmes and initiatives within the field of criminal justice, particularly youth offending schemes, also fared well in their impact on the study families.

Certain initiatives within the social security and in-work benefit field, were felt to have had an important impact on the families. In particular, in-work tax credits had acted as an incentive for making and sustaining a move into work as well as generating additional income. Similarly, the continuation of Income Support while in education, had allowed such activities to be undertaken. But equally, for households that had remained outside any economic activity, entitlement to other benefits and allowances had allowed families to maintain a stable, if only minimal, standard of living.

Most of the health care services received were core support and not immediately identified as notable interventions. Also, for some, the treatment or care received was to help manage or stabilise a chronic condition so was not necessarily memorable in its effects. As a consequence, the health initiatives identified, mainly involved acute episodes or were initiatives which had led

to significant change in the treatment or care provided for a chronic illness. Nevertheless, there was limited note of the impact of health initiatives either at the personal or area level, through for example health promotion. In some cases, a lack of help with managing a chronic illness had undermined more proactive initiatives in employment, education or training.

A similar situation emerged over social care in which highly effective interventions were rarely noted. It was more common to find that social work interventions had been at best neutral, and at worst negative, in their impact. This was either because the help or advice offered was felt inappropriate to the families' needs or because the whole intervention was seen as intrusive.

Housing availability and affordability was a big issue for many of those in the study. Generally, effective housing policy was felt to be lacking and housing services to be insufficiently responsive. This had created particular problems for some households – especially for women who had experienced domestic violence and for younger people where remaining in the parental home was becoming unsustainable. For other families there had been a lack of response to the need for stable housing and frequent moves had been experienced. These had been disruptive to family life, had a detrimental effect on children's schooling and in some cases prevented other changes, such as getting back into work, from happening. High housing costs were also seen as a deterrent to entering paid employment, as HB did not fill the necessary gap for those not in social housing.

There were some very specific areas where strategies to address social exclusion were felt to be missing or lacking. Those most noted by the families and service providers were:

- Greater alternative provision for those excluded from school (although where it was available it was generally thought to be effective).
- Strategies to deal with bullying in more schools.
- Improved training provision on compulsory ND programmes to allow a greater range of options and sufficient time to gain skills that will be beneficial.
- Wider targeting of information about tax credits, benefits and of 'better off' calculations.
- Alternative provision for those excluded from other services, such as GPs, because of their behaviour.
- Play areas and provision for 5 to 13-year-olds.
- Support for children who have witnessed domestic violence.

In appraising these relative contributions, it has to be remembered that this study was solely concerned with the impact of policy on social exclusion. It may be, of course, that with other objectives in sight – and an alternative set of performance priorities – the policy areas would be differently assessed. Nevertheless, it is perhaps significant that the areas that appear to have had greatest impact, are those that have programmes or initiatives which carry the most applauded features of policy delivery. These are integrated, responsive and individualised services that keep an awareness of the full range of an individual's or family's problems. These features have equal relevance to core services as to targeted initiatives.

6.5 Evaluating the success of social inclusion policies

Evidence presented about the multiple impacts of policies, demonstrates the difficulties inherent in trying to measure, and set targets, for progress towards social inclusion. The reasons for transitions into and out of social exclusion and disadvantage, have been shown to be hugely variable. However, an important finding from this research is that the factors which account for positive change in households are not necessarily the factors which will be measured quantitatively when governments or departments appraise the success of different interventions.

'Monitoring systems for employment programmes which are targeting unemployed people have traditionally focused on "hard", quantitative outcomes such as the numbers going into jobs or the numbers gaining qualifications. There is growing recognition, however, that such measures taken in isolation are inadequate in demonstrating the success of a project as a whole. Also, these "hard" measures of success do not give a complete picture of a client's increased employability. It is often both unlikely and inappropriate for many projects to expect to achieve "hard" outcomes from target groups that are socially excluded and facing multiple barriers to employment.'

The complexity of attempting to measure progress made by people with multiple disadvantages is widely recognised. The literature uses the concepts of 'hard' and 'soft' outcomes to differentiate between changes which are easily identifiable and measurable, and those which are more intangible or less easily captured. It is relatively easy to compare the numbers of people who have moved into work, or returned to education, or the numbers of people who have a teenage pregnancy adviser. In contrast, it is far harder to quantify the impact of policy interventions which seek to bolster self-confidence, build self-esteem or develop basic skills such as money management.

This study has shown the central importance of recognising more widely the role of 'soft' outcomes in the success of social inclusion programmes. The term **distance travelled** has been used to refer to the progress that an individual makes towards greater employability as a result of policy or programme intervention. 'Soft' impacts for the families in these case studies often had a major role to play in the 'distance travelled' by individuals, and indirectly on changes experienced by their families. They were also a significant factor in how and why, certain policy combinations appeared successful and others less so in promoting change.

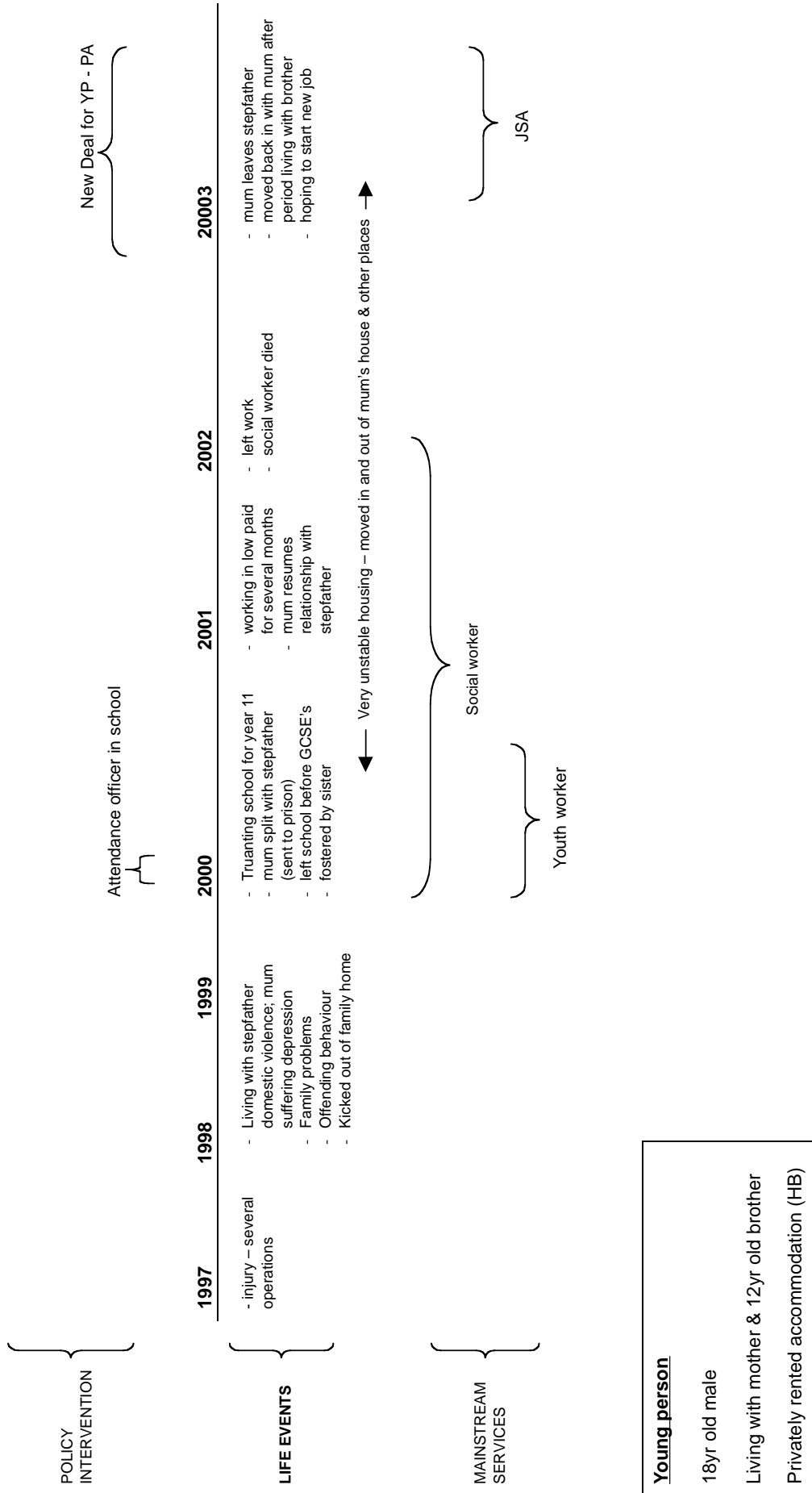
The study's findings from this study underline the important and, in some cases vital, role that policies can play in generating and sustaining progress. The web of factors accounting for change is dense and this sometimes makes it difficult to identify the key factors of influence. For example, bolstering self confidence may be a pre-requisite for change and may also be increased and bolstered by the change (i.e. mixing with people, decreasing social isolation and improving wellbeing). 'Soft' outcomes have a clear role to play both in creating a receptive environment for a change and, in encouraging and enforcing progress. At present there is a lack of clarity among service deliverers about how such impacts can be measured or recognised.

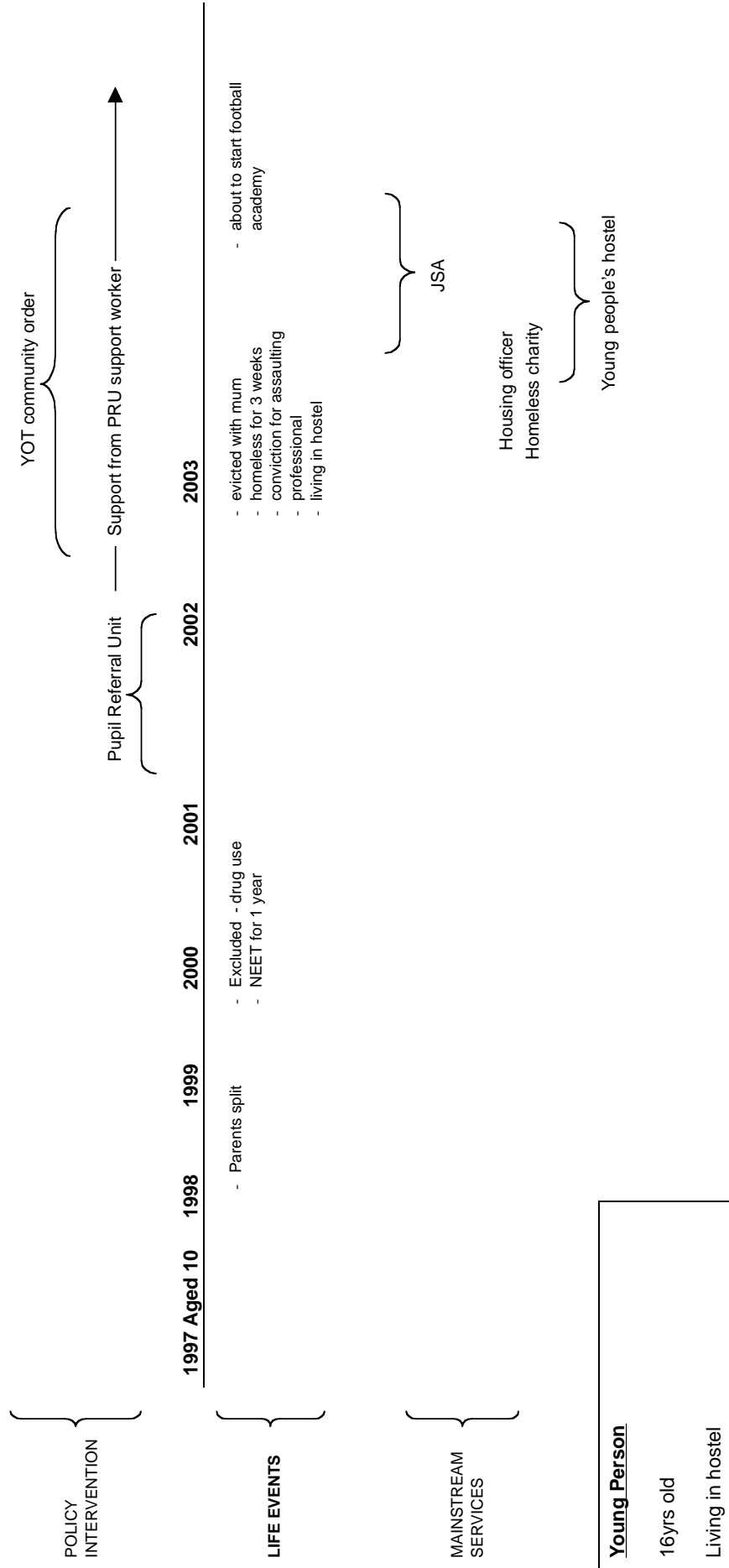
Delivery agencies often have to operate within the parameters of organisational target setting, and often the targets set can produce difficulties for providers attempting to make more subtle, lasting change to people's attitudes or motivations. It would seem worthwhile to spend further time considering how the distance travelled towards social inclusion can be recognised by delivery agencies and the Government, as well as for participants to demonstrate their own personal successes.

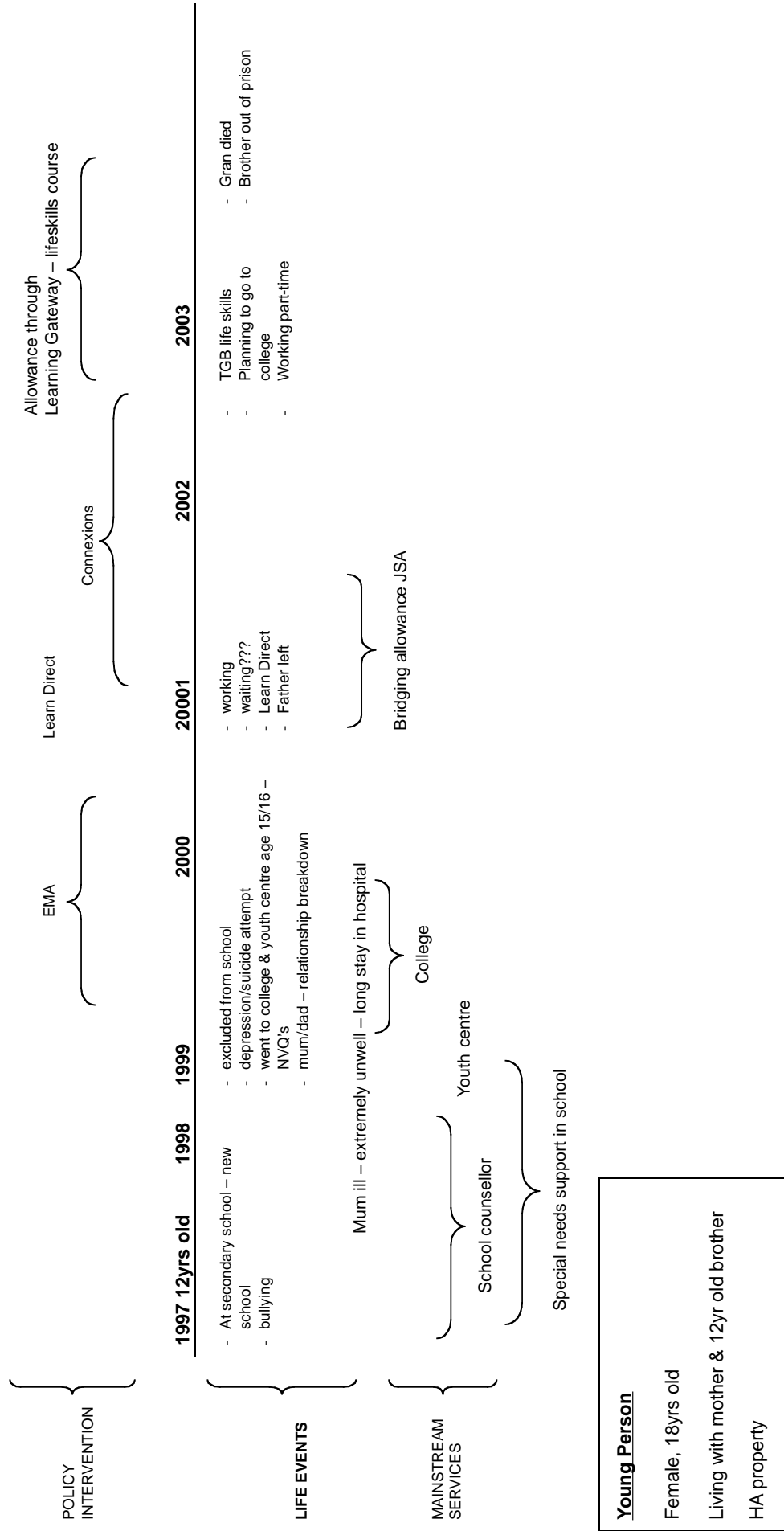
APPENDICES

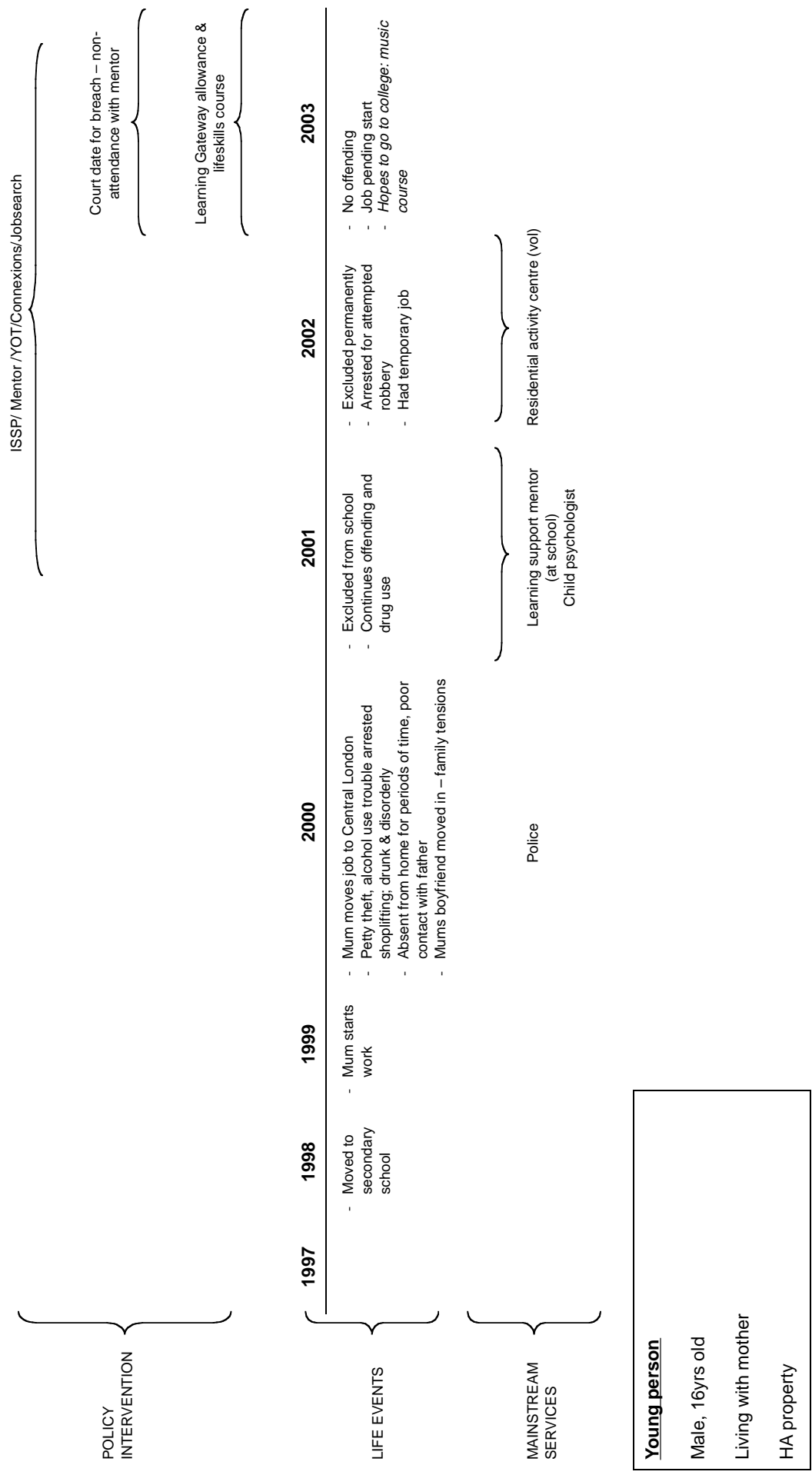
APPENDIX A TIMELINES

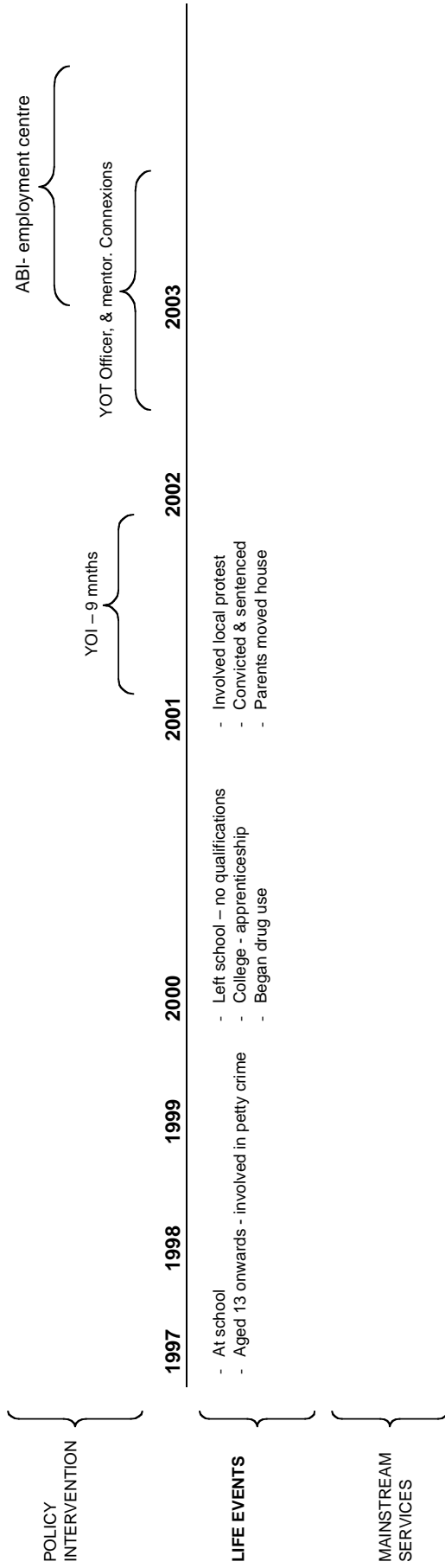
This appendix is made up of 'timelines' for each of the households included in the research. The timelines show key life events or changes along the horizontal axis, and detail policy interventions received by the household above the timeline, and mainstream service receipt underneath the horizontal line. These are a graphical aid to understanding the complexity and relationships between life events, interventions and service receipt. These timelines are not attributed to alias' used in the main body of the report. This is to protect the anonymity of respondents.



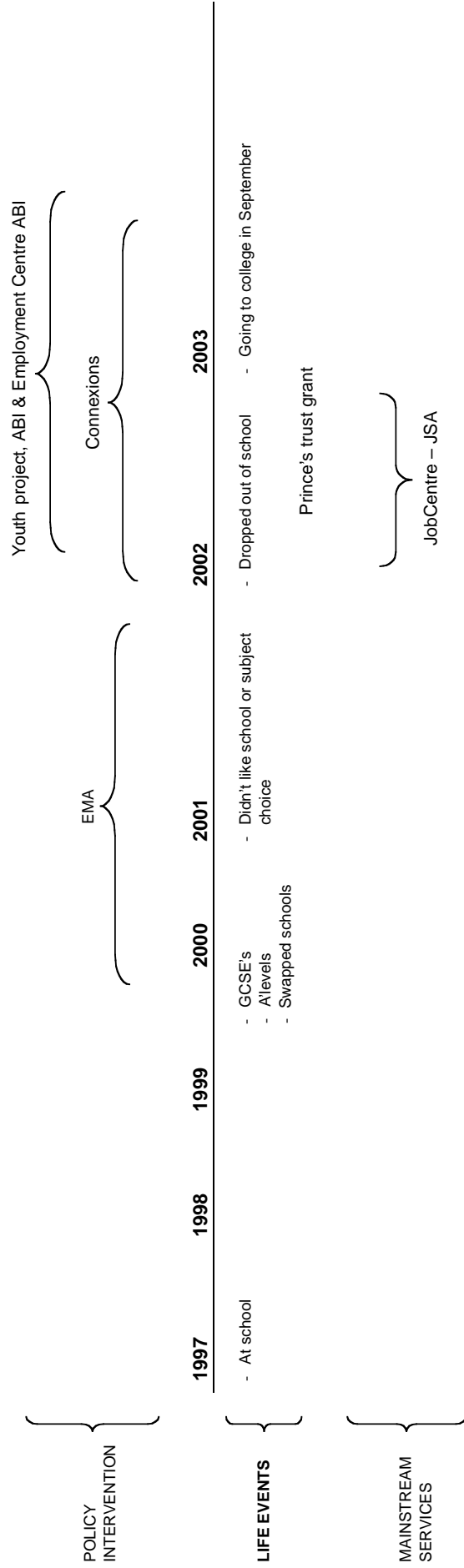




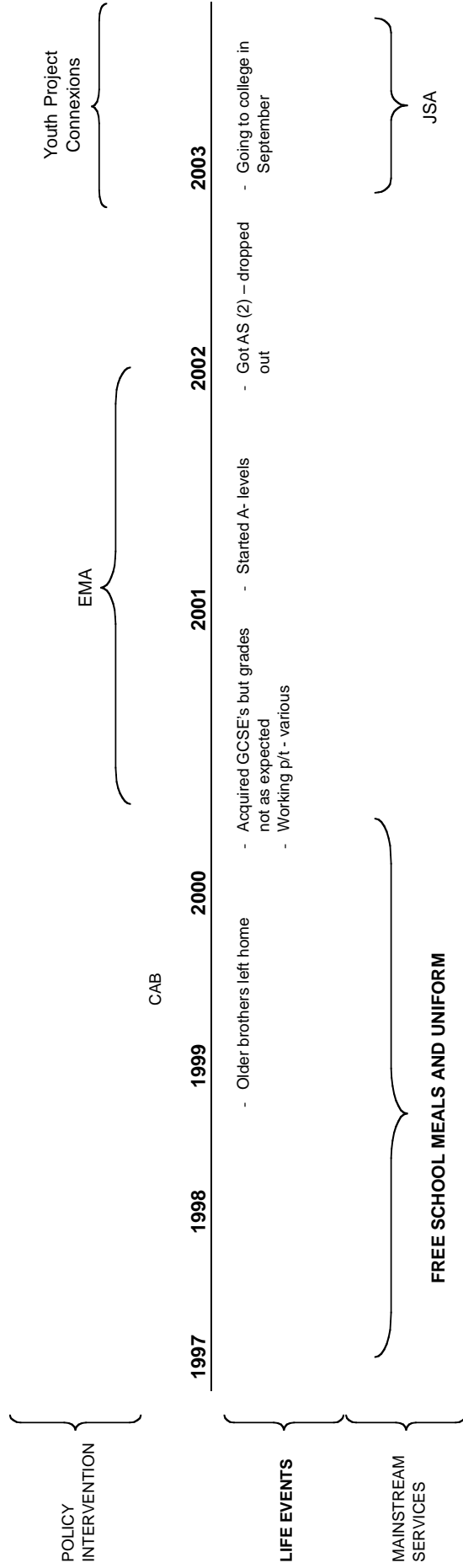




Young person
 Male, 18yrs old
 Living with mother, father & 3 siblings
 Privately owned property

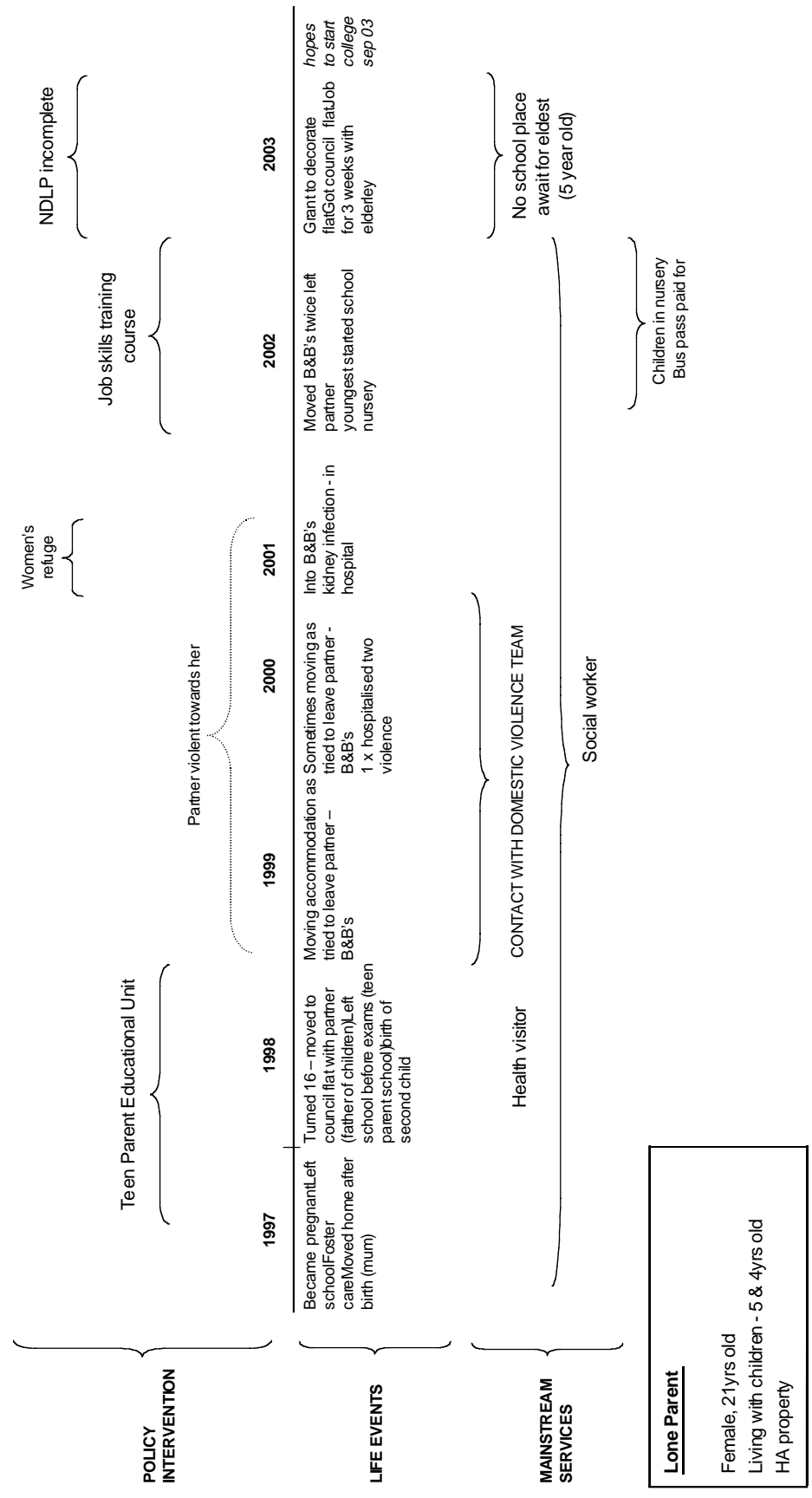


Young person
 Female, 18yrs old
 Living with mother & 16yr old sister
 Housing tenure unknown

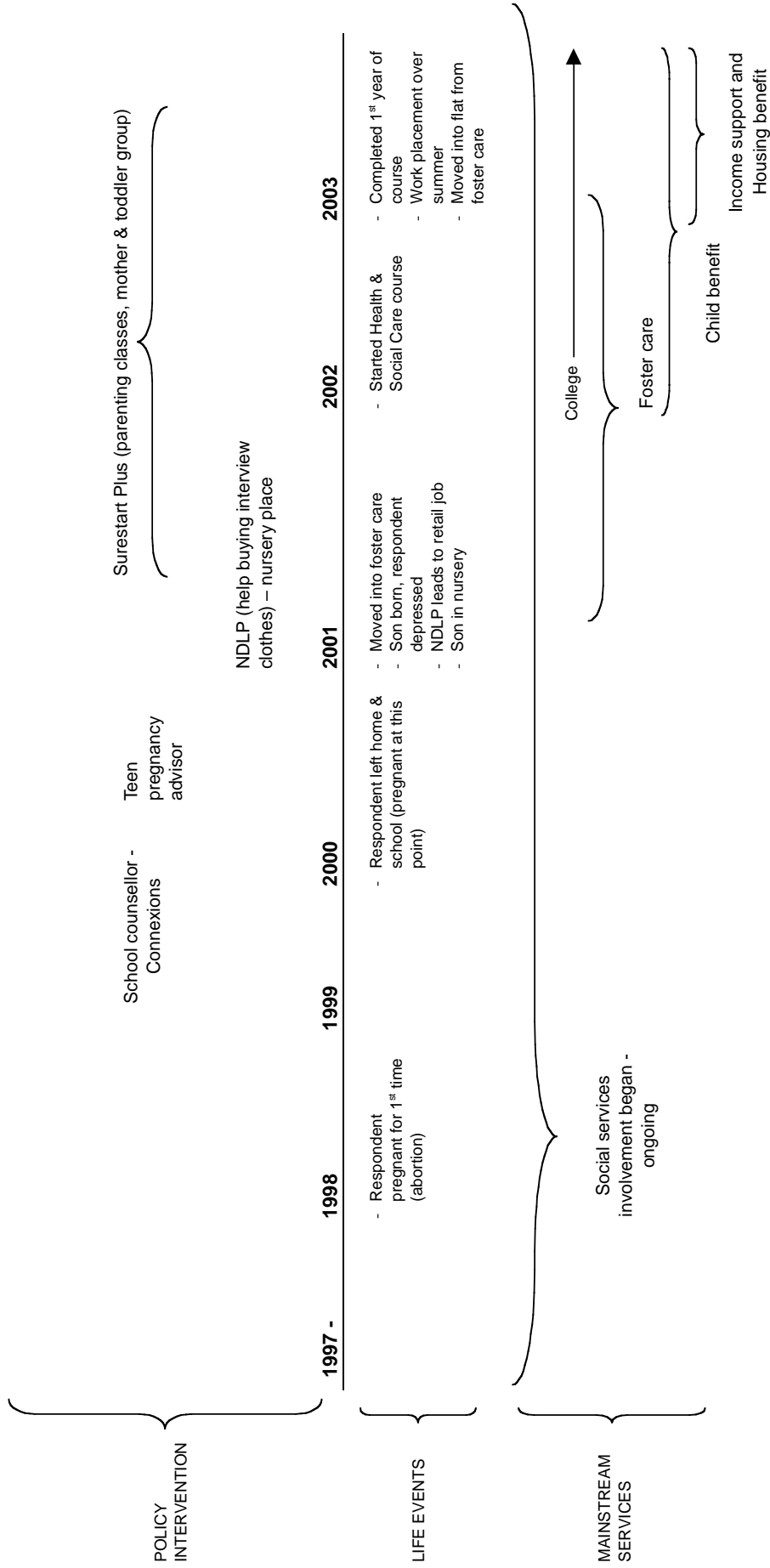


Young person
 Female, 18yrs old
 Living with mother & 19yr old brother
 Housing tenure unknown

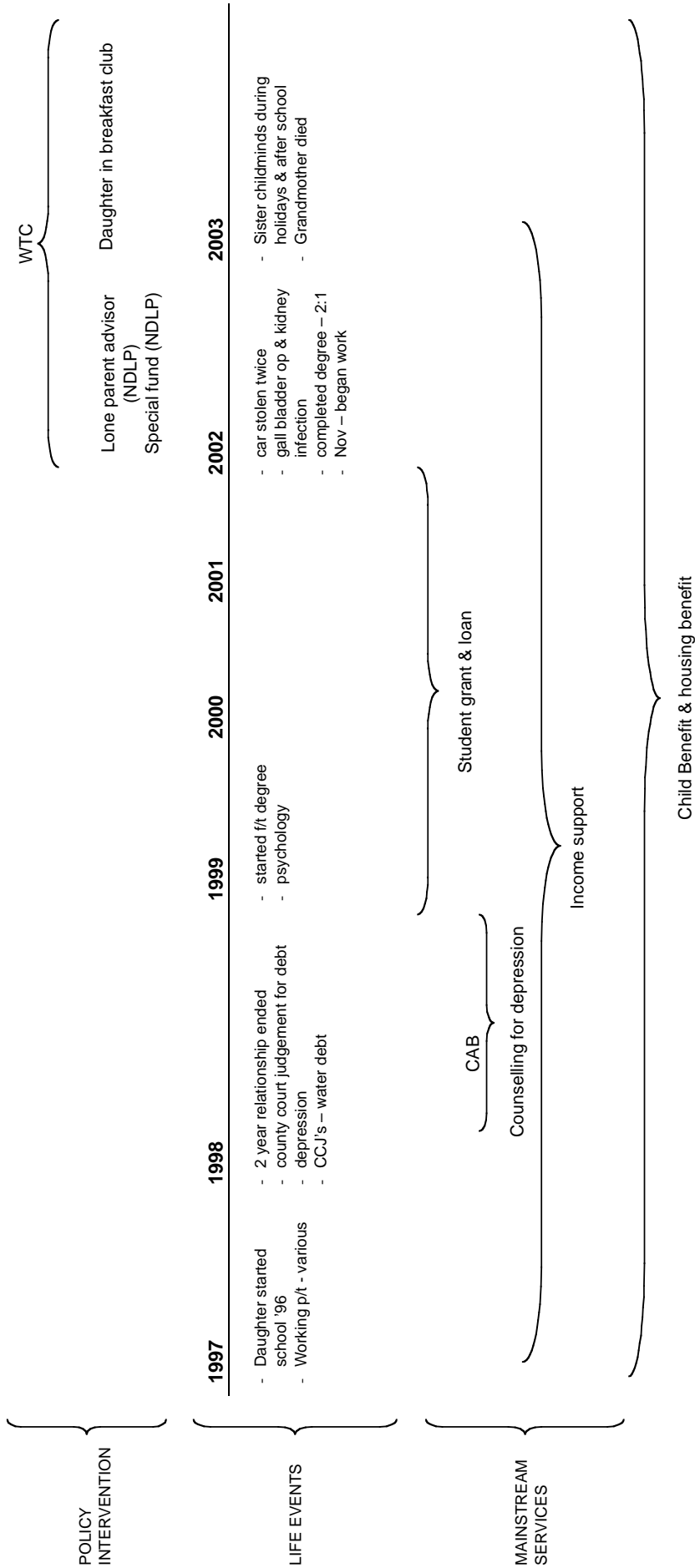
Child Benefit, Income Support / Housing Benefit



Lone Parent
 Female, 21yrs old
 Living with children - 5 & 4yrs old
 HA property

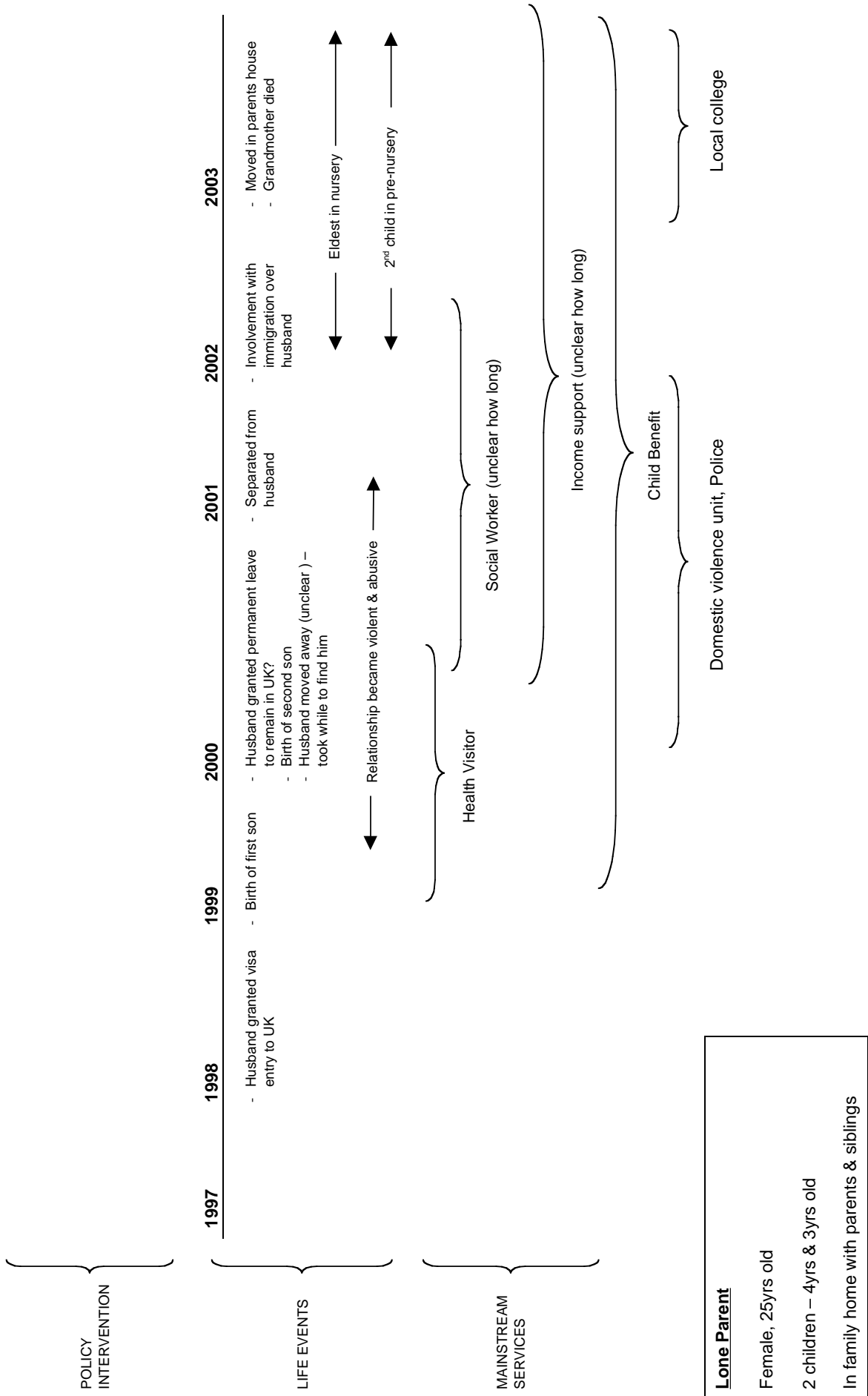


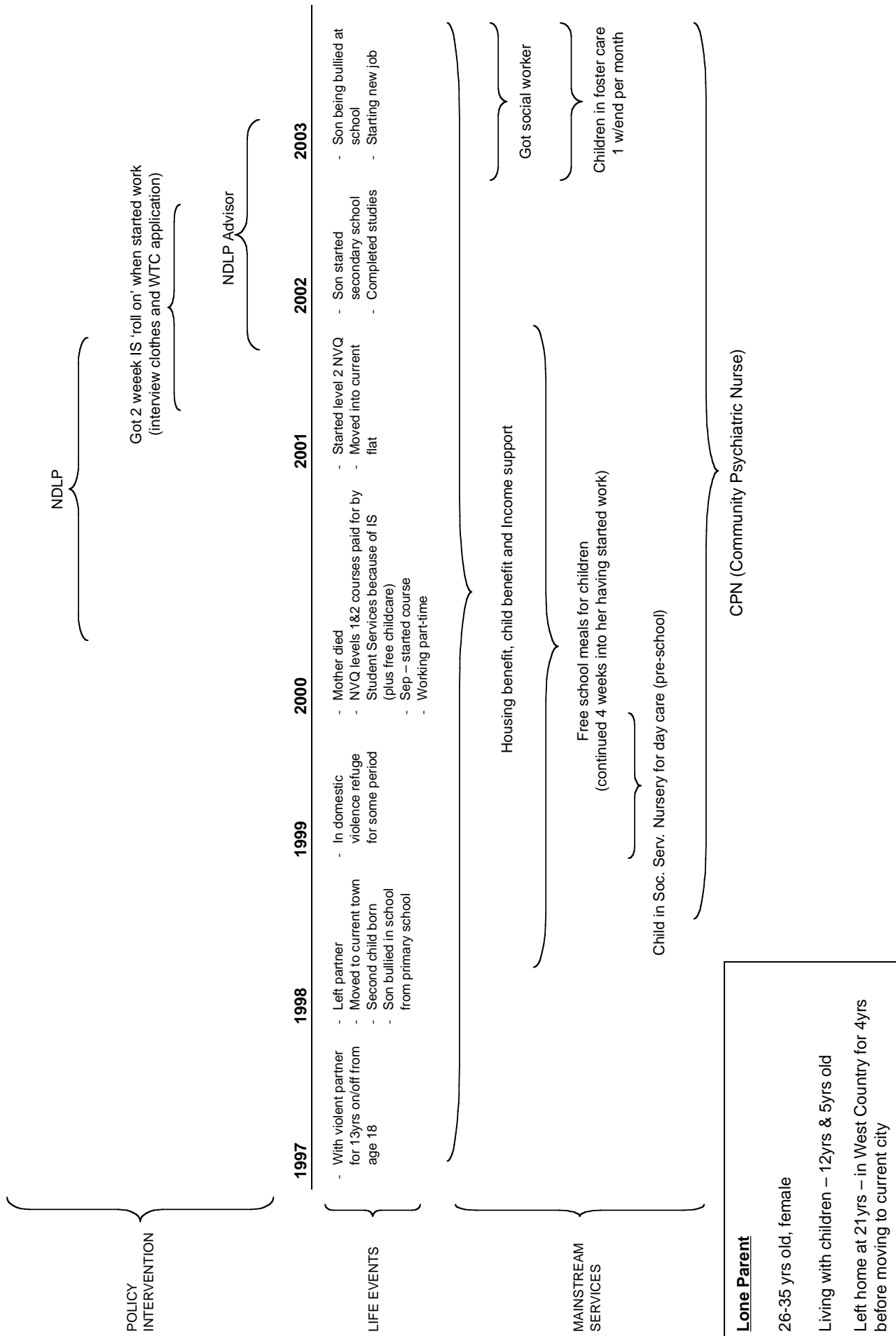
Lone Parent
 Female, 17yrs old
 Living with 18mnth old child
 HA property

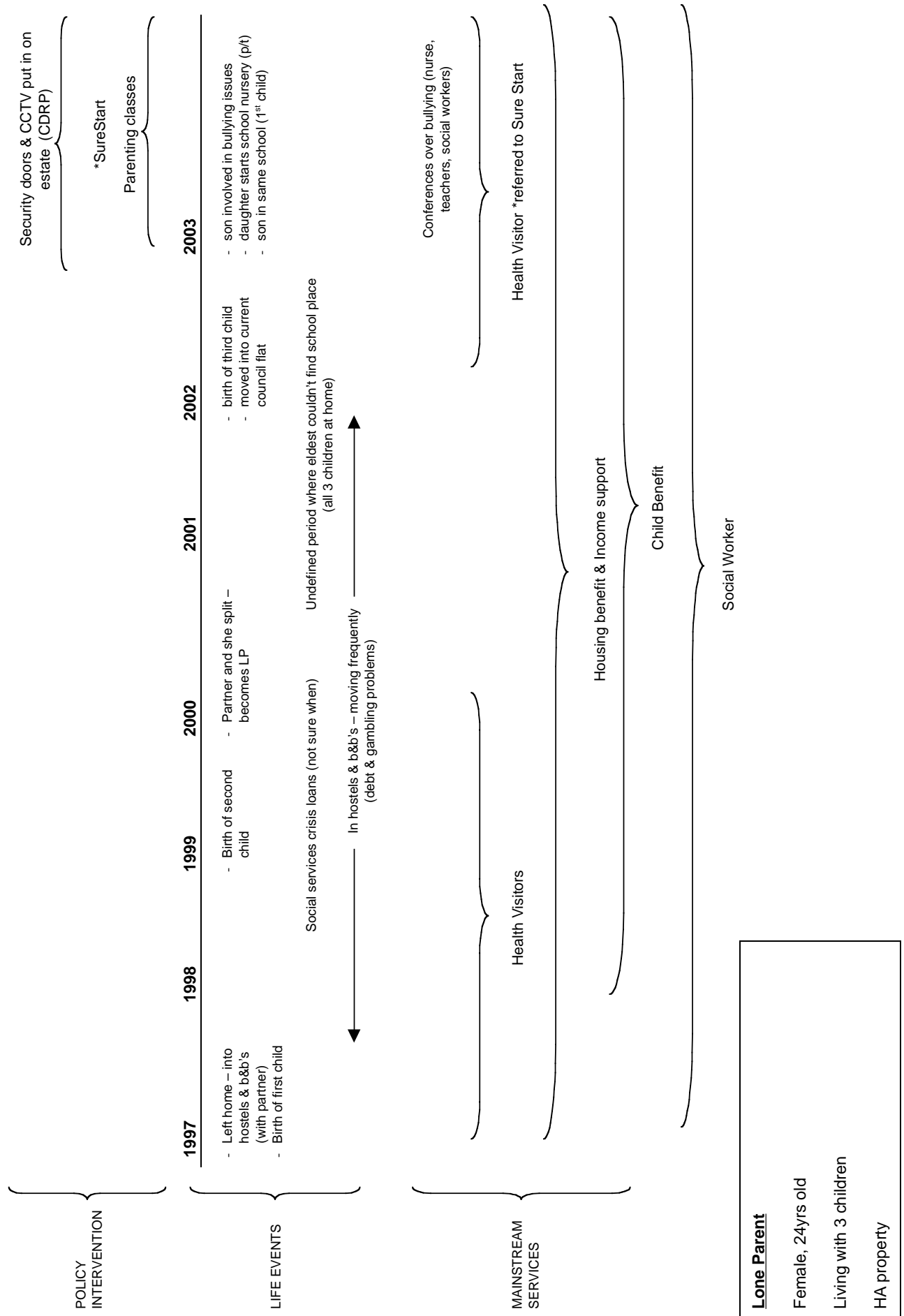


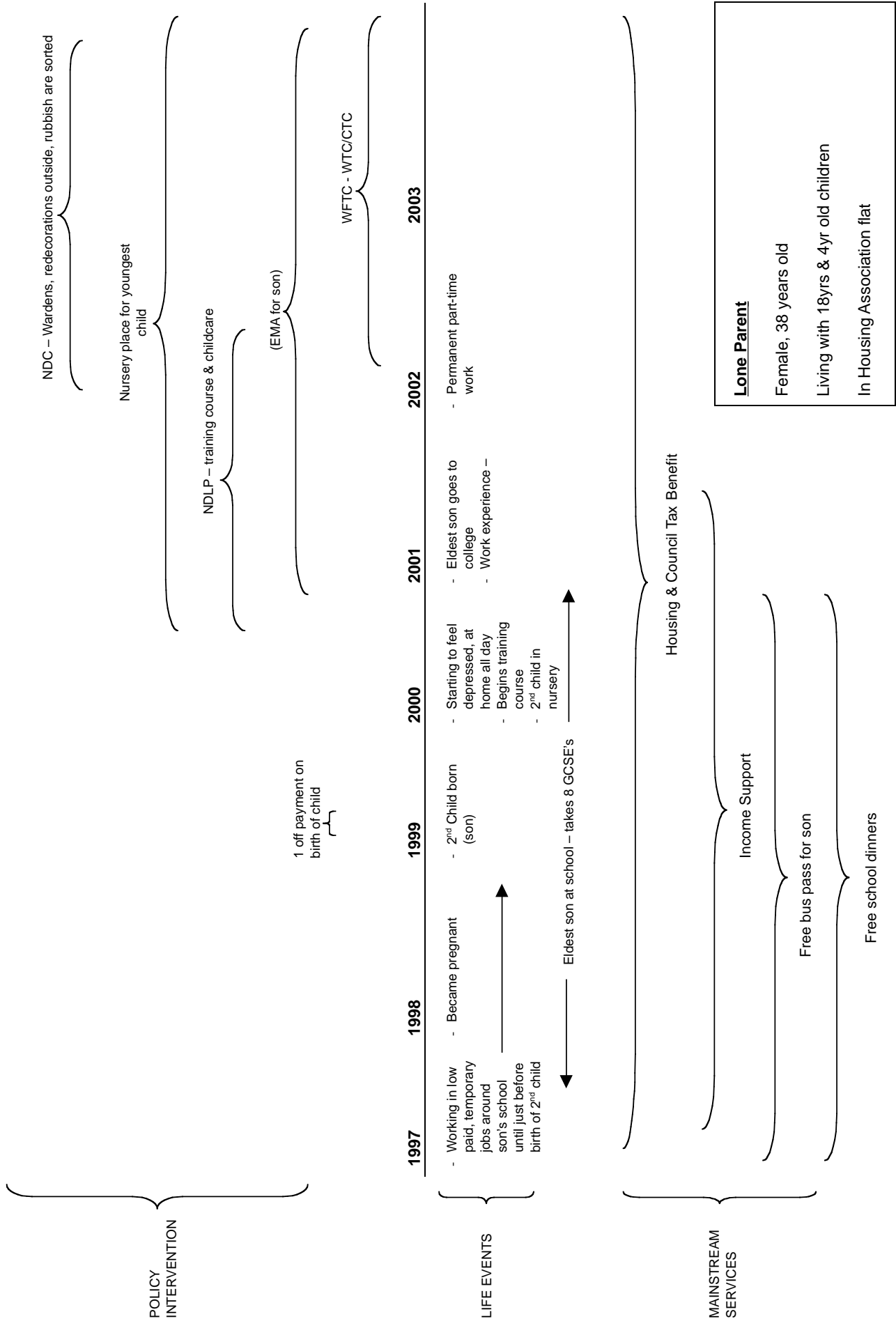
Lone parent
 Female, in her thirties
 Lives with 9yr old child
 In privately rented property

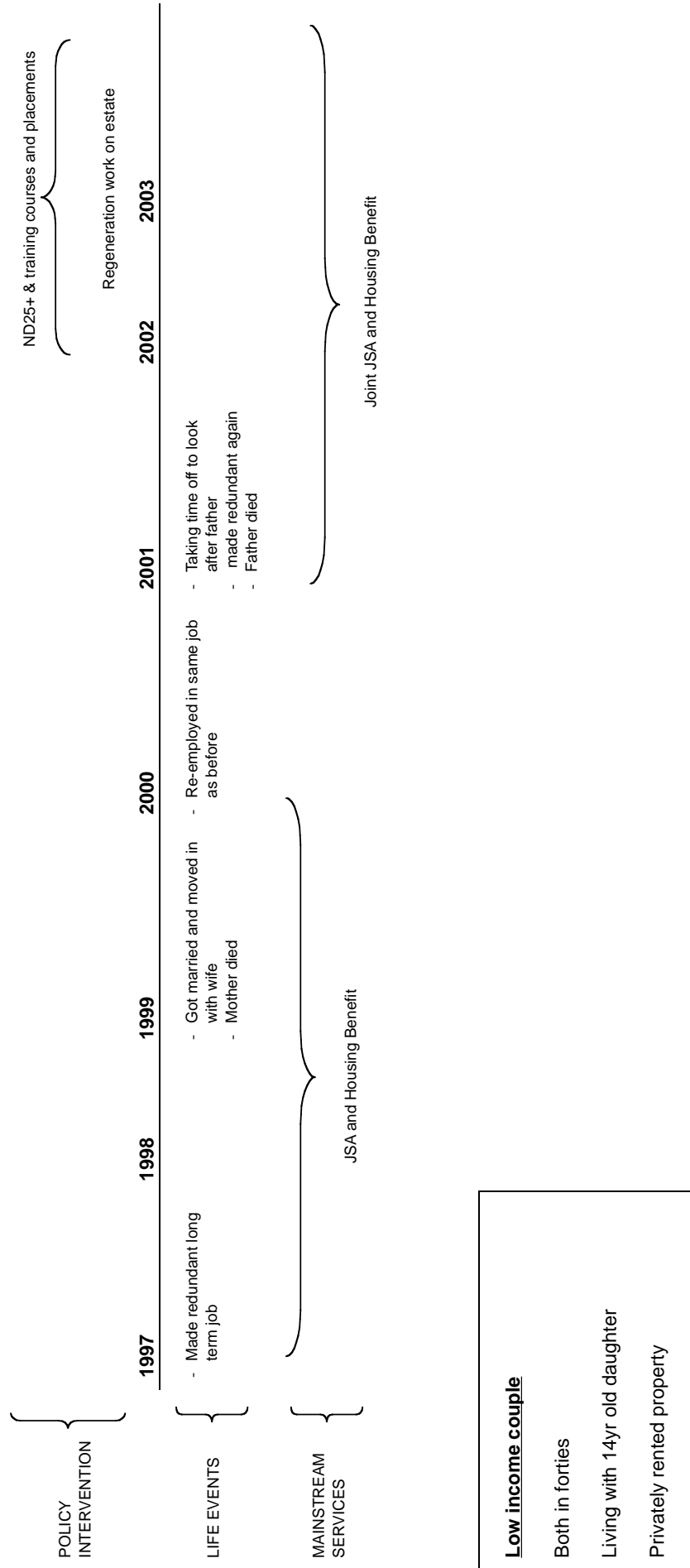
NOT RECEIVED CSA FROM FATHER – OWED £4,000 - £5,000

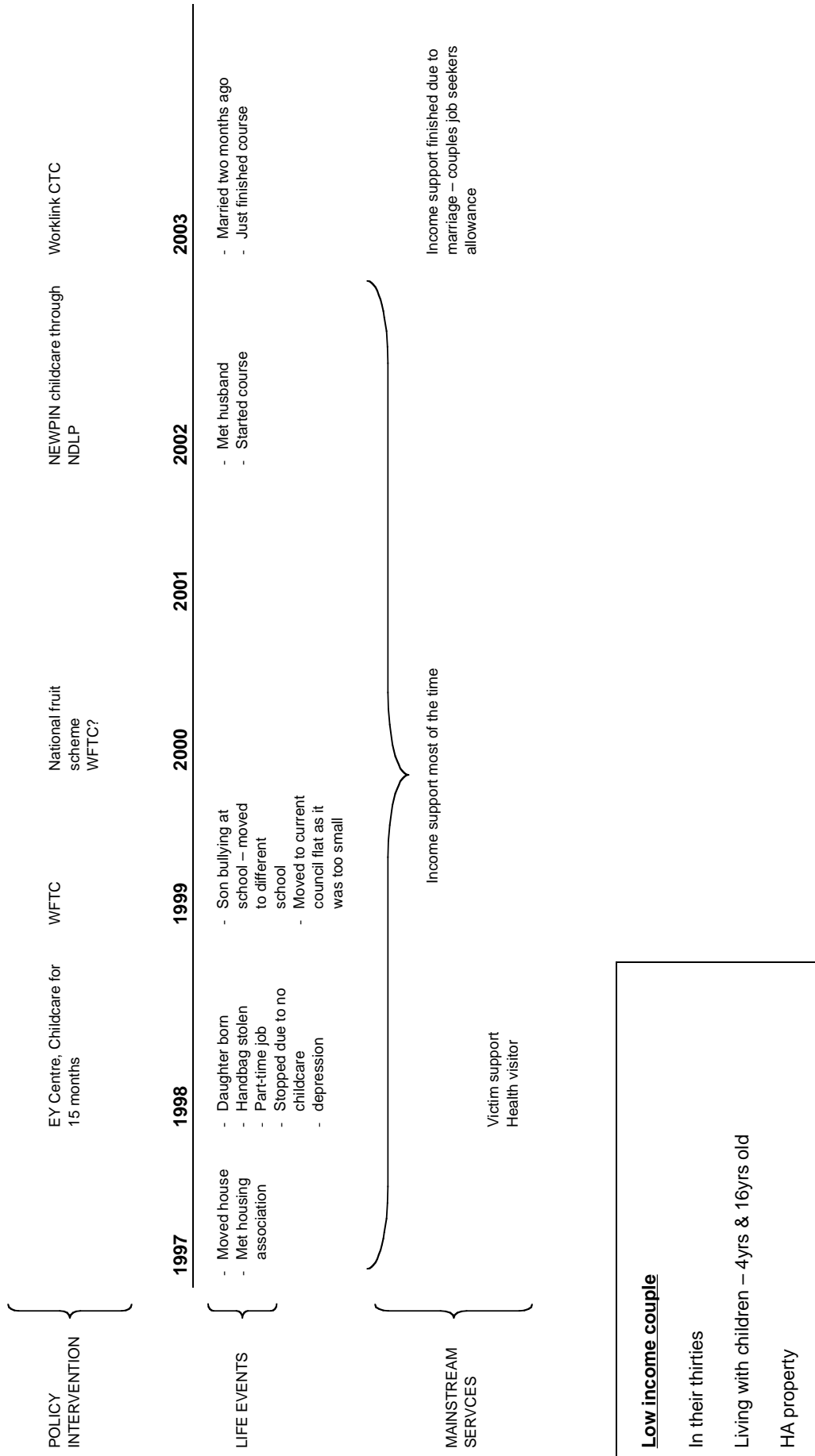


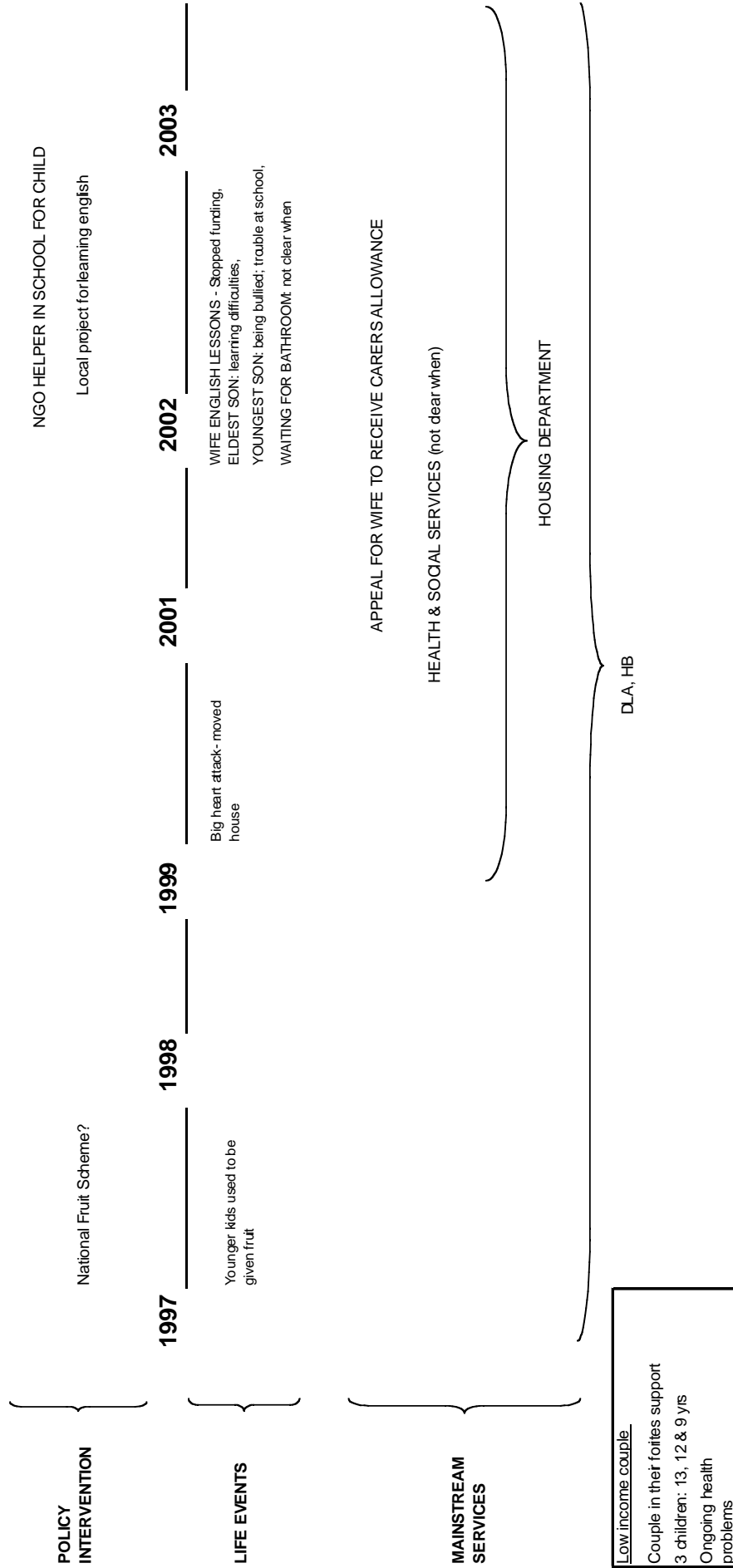


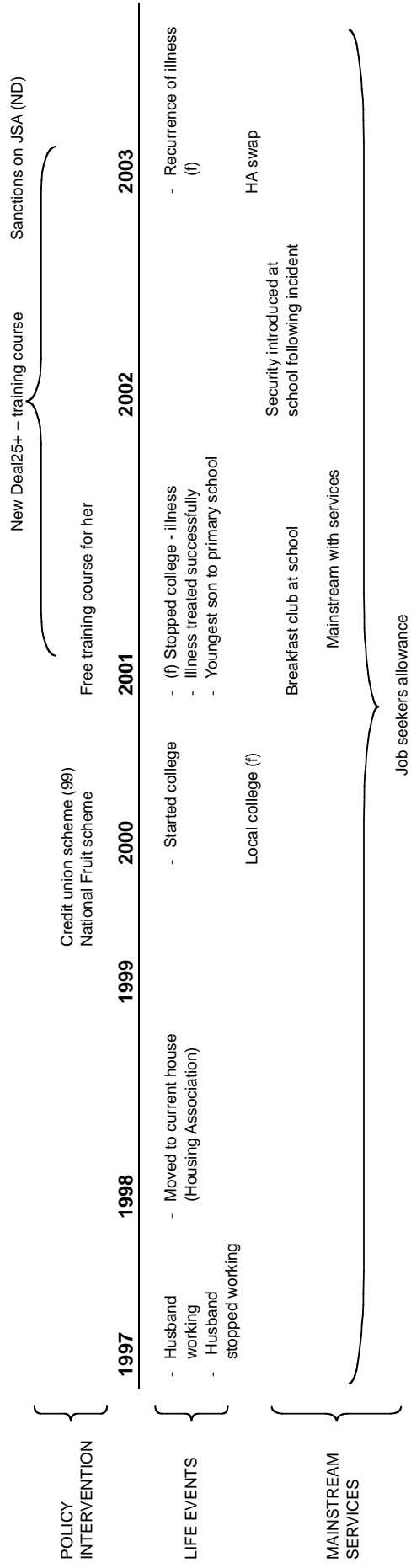




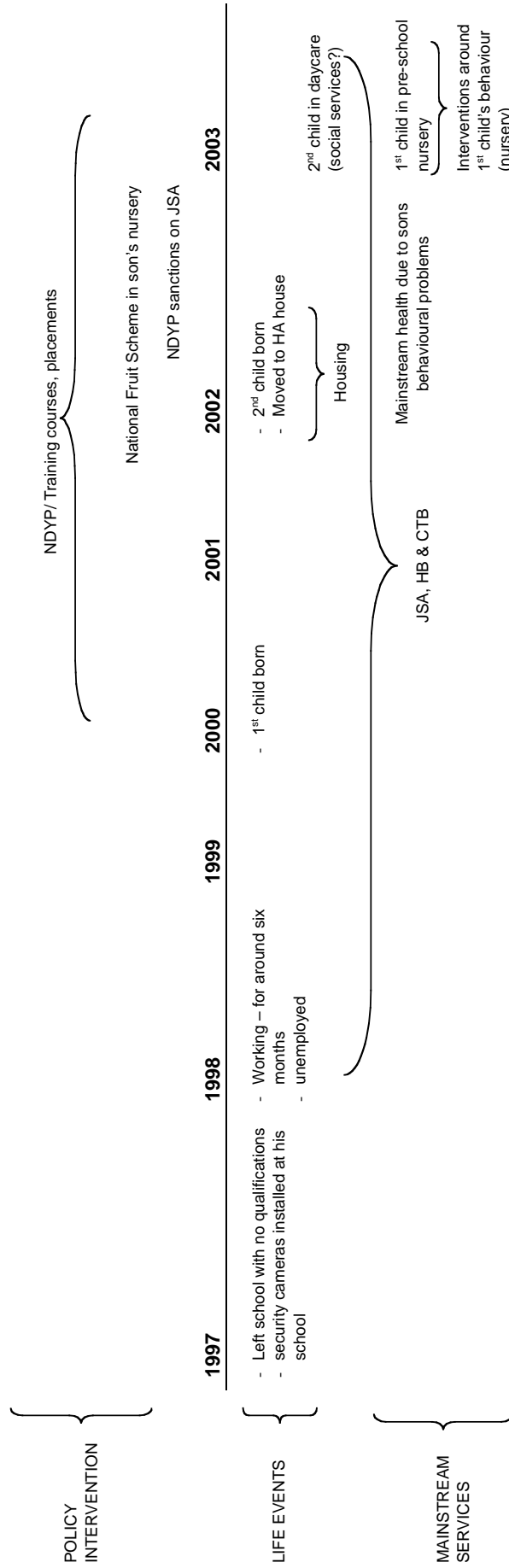




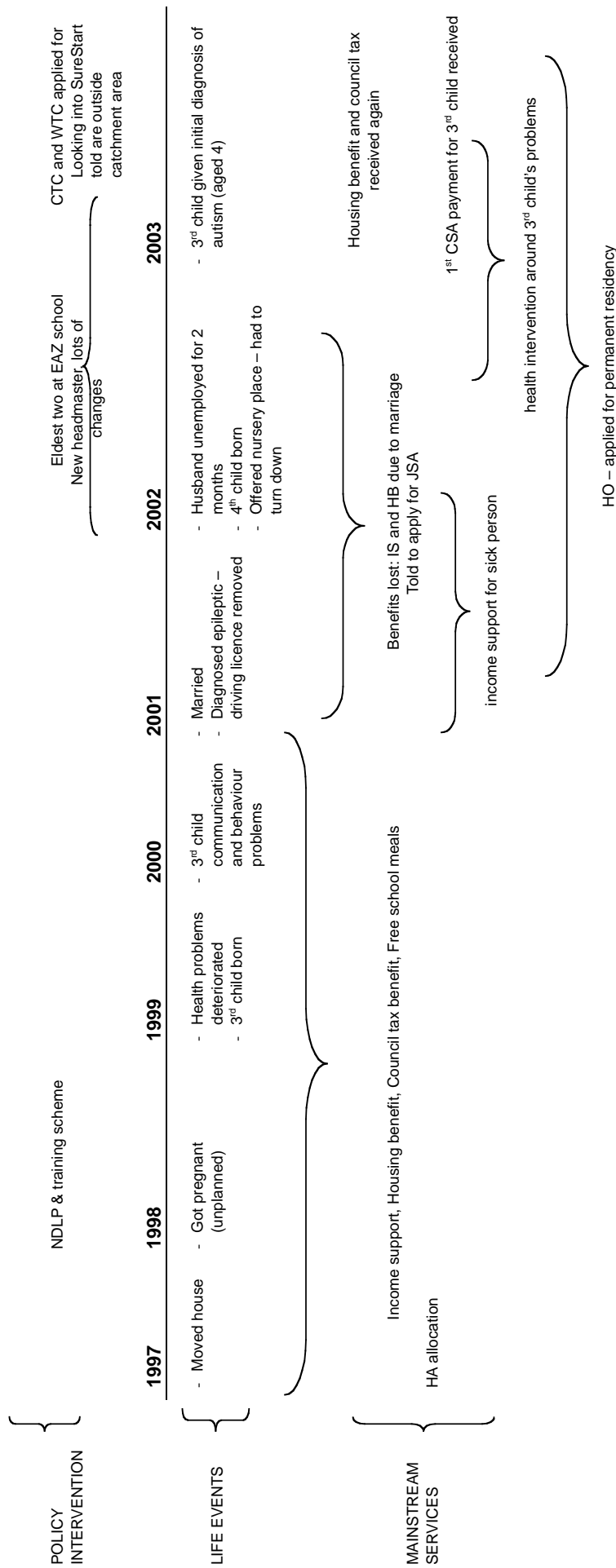




Low income couple
 In their thirties
 Living with children: 7 & 9yrs old
 HA property



Low income couple
 In their early twenties
 Living with 2 children: 3yrs & 1yr old
 HA property



Low income couple
 In their early thirties
 Living with 4 children: 10, 8, 4yrs old
 and 18months old
 HA property

APPENDIX B METHODOLOGICAL APPENDIX

Further to Chapter 1 of the report this appendix discusses issues of methodological design and conduct of the study.

The study areas

The study was conducted in two areas. Both were inner city areas, one in North West Yorkshire (Bradford), the other in South East England (London). The study areas were selected to include high concentrations of multiple disadvantage and therefore risks of social exclusion, diverse ethnic populations and concentrations of policy initiatives. Areas were sought where initiatives were in operation as pilots (for example EMA), existed as targeted initiatives (such as Excellence in Cities or EAZ schools), or where programmes such as SureStart and SureStart Plus were in established operation.

Areas were initially scoped through the Indices of Deprivation 2000 at a ward level. The policy interventions in each area were mapped through discussion with local council members, local charitable organisations and through web-based research. Also, in the second area in which research was conducted, members of the research team visited the area, mapping where Housing Association property was clustered, and talking to local professionals about regeneration activity in specific areas.

Sample design and selection

Defining the household types

Besides the considerations set out in Chapter 1 there were other considerations in choosing these groups, their definitions and the application of sampling criteria within and across groups.

- **Group 1 - lone parent households with at least one child aged under 16**

Lone parent families, as well as demonstrating high levels of poverty among families with children, have been the target of tailored support and initiatives. This has been particularly the case for lone parents with school aged children. Initiatives have been focused on labour market opportunities. Also lone parents are eligible for a range of more generic policies and initiatives across a broad area including education, childcare and health. Statistical trends show lone parents as forming a significant minority of the population. The experiences of lone parents and their children have been the subject of much policy and research. This, therefore, suggested this group as a key for inclusion in this exploratory study.

- **Group 2- households including at least one young person (aged 16 to 18) who has recently experienced a prolonged period of not being in either education, employment or training (NEET)**

The Government's programme aimed at tackling social exclusion has placed emphasis on breaking perceived intergenerational cycles of social exclusion. Besides the raft of interventions introduced to support young people, there was a further rationale in including this group. The challenge vulnerable young people pose for providers tends to result from the complexity of their personal circumstances and the need for support to be individually tailored. As a result the interventions introduced for this group are often intensive, targeted support measures. The nature and quantity of the interventions designed to reach young vulnerable people, therefore, made them an ideal group for this study.

- **Two parent families with at least one child aged under 16 who have long-term experience of low income or unemployment**

This Government has placed a great deal of emphasis on reducing child poverty. Although child poverty rates have fallen, families with children make up the largest group of the poor. Two adult families with children make up a significant majority of families with children, so were important to include. They were also perceived as the group within this study most likely to have experienced key welfare to work policies. For example, members of this group could have received New Deal 25 plus, New Deal for Young People (18 to 25 years) or New Deal for 50 plus. These compulsory policy interventions could not have been experienced by the other two sample groups.

The sample was not designed to be statistically representative. Unlike quantitative samples those used for qualitative studies are chosen to ensure full coverage of all sub-groups or diversity within groups. The sample, was purposively selected on the basis of a range of key characteristics identified as relevant to the given population. The samples in the three groups were selected using a purposive design which ensured key constituents could be included. The key criteria for selection were:

- Policy intervention experience.
- Gender and age.
- Ethnicity.
- Current activity.
- Household structure.

These criteria were applied across the sample as a whole, and within groups. For example the sample sought to achieve a spread across ages for lead respondents within the study as a whole. Also, for example, diversity of ages was sought among parents and children.

Recruitment

As discussed in Chapter 1 no single sample frame was available for the households. Recruitment was done via local agencies and door to door.

Yields from local agency recruitment were lower than ideal. This was because there was comparatively little lead-in time for the recruitment process. In many cases, agencies sent recruitment documentation to their clients, where they were not likely to see clients for some weeks. This is likely to have eliminated responses from households with low literacy rates, and to have introduced the research in a less engaging format than hearing about it face-to-face.

Door-to-door recruitment was employed as an alternative method. This was a highly intensive recruitment strategy, although allowed the research team to engage with potential respondents in some detail around their policy receipt at the point of first contact. This was a useful method as the recruitment criteria were complex, particularly concerning which policy combinations qualified for the research. Door-to-door recruitment also allowed research team members to identify likely policy receipt from potential respondents' descriptions of interventions. This was because awareness of policy titles (such as the New Deals) was often low.

Finding potential respondents who had experienced enough policy types that were of relevance, was a time consuming and difficult task. This was particularly true of the two parent families, who had often experienced less policy intervention than lone parent families and young vulnerable people.

Once respondents were identified and their consent secured to take part in the research in principle there was a second stage to the recruitment process. This involved recruiting other household members as well as the lead respondent. Researchers arranged to re-contact potential respondents at an agreed point a day or so later once they, the 'lead respondent', had talked to other household members. A summary of the research and what participation would mean was left with potential lead respondents for other household members.

Where other household members declined to take part in the research the household could not be included. This was different for lone parent households where there were not other adults in the household and discussions about interviewing children, happened after the initial interview. However, interviews with children were mentioned as a possibility at the recruitment stage for the lone parent to consider from the outset. The recruitment of other household members was a particular issue in young person households, where parents or guardians often declined to take part. This secondary stage of recruitment added a final dimension to the complex recruitment task.

Staff were recruited from a range of agencies identified during the area mapping exercise as being delivery agencies for a range of key policy initiatives. After initial agency contact (usually made during the household recruitment phase), researchers asked agencies to nominate a member of staff best placed to discuss the impact of policy on their client groups.

We made small donations to voluntary sector agencies who had assisted with the recruitment exercise in recognition of the time they gave to the research.

Conduct of interviews

The interviews in households were conducted using a life history approach. This allowed respondents to identify key areas in their life which they saw as important, or as having changed in some way in relation to government policy across the time span of roughly six years (1997 to 2003). Participants talked in their own terms about what had changed and what had not during that period. They were then encouraged, through careful probing, to consider the role of government policy in any changes. Researchers discouraged participants from making single evaluations of policies they had experienced. Instead they encouraged them to consider how combinations of support or interventions worked together in the context of individual and household circumstances.

The discussion groups for staff took place in local accessible venues during working hours. Travel expenses were paid and lunch or afternoon tea provided. The groups were moderated by members of the research team. The household case study interviews generally took place in respondents' homes and lasted around an hour and a half. Some interviews with lead respondents were longer (up to two and a half hours) or researchers returned for a second visit to complete the initial interview.

Although generally undesirable in qualitative research, interviews of this length were felt necessary in some cases to fully map the complex policy interventions, support and changes over time. Lead interviews were often conducted by two researchers in order to allow greater flexibility in conducting follow up interviews.

Follow up interviews took place either immediately after the lead interview, or shortly afterwards. Great care was taken to reassure interview respondents that details discussed in each interview were confidential to the research team and emphasis especially was placed on confidentiality from other household members.

Analysis

Framework is a qualitative analysis method, developed at the National Centre, which uses a thematic approach to classify and interpret qualitative research data. Framework involves a number of stages. First the key topics and issues which emerge from the data are identified through familiarisation with the transcripts. Following this a framework of key themes is devised (see Appendix C for this framework). A series of thematic charts or matrices, are set up each relating to a different thematic issue (for example, in this case, issues around education). The columns in each matrix represent the key sub-themes or topics while the rows represent individual participants. Data from each respondent is summarised into the appropriate cell. The context of the information is retained and the page of the transcript from which it comes is noted, so that it is possible to return to a transcript to explore a point in more detail or to extract text for verbatim quotation. The charts allow the full pattern of the individual's attitudes and behaviour to be reviewed. They also display the range of views of behaviours described by participants, and allow the accounts of different participants or groups of participants to be compared and contrasted.

APPENDIX C RESEARCH DOCUMENTS



Our ref: P.6075

e-mail: k.woodfield@natcen.ac.uk

Recruitment contact letter - agency

16 May 2003

Exploring household change: qualitative case studies

Dear «Name»

The Social Exclusion Unit (part of the Office of the Deputy Prime Minister), has asked the National Centre for Social Research to undertake a research study exploring recent changes in the lives of households at risk of social exclusion. It will specifically investigate the role of a range of government initiatives in household change since the mid 1990's. NatCen is an independent research organisation which conducts applied social policy research across a range of different policy areas.

The study will identify and explain the causes of change and barriers to change, in the lives of individuals and households. The study will increase understanding about how policies are working in combination within targeted households. Whilst some evidence currently exists about the impacts of individual policies, we have little information on how different initiatives work together. It is hoped that this study will provide policy-makers with a more detailed understanding of what factors drive household change in relation to social exclusion, what barriers to that change exist, and how policy initiatives, service reforms and delivery impact on the lives of households.

The study will focus on families with children, lone parents and young people (aged 16-18) not in employment, education or training. These three groups have been identified as being particularly at risk of poverty and social exclusion and have been the focus of much policy attention in recent years. The research is being carried out in two areas in England and we are currently seeking help from local agencies and organisations working with households which fit into one of these three groups.

As we understand your agency, «Name_of_Organisation», works in particular with «Client_groups». We are seeking your help with contacting households to take part in the research. This would involve contacting 5-10 households for (each) of the group(s). We will provide an information sheet about the study for household members, as well as a short background information form to be filled in for each household.

A researcher will phone you in the next few days in order to discuss this with you in more detail.

During July we will be conducting group discussions with professionals from agencies and organisations in your local area, and would like to invite a member of your organisation to attend one of these groups. These discussions will focus on change that has occurred for the household

groups in recent years, what has driven or impeded progress, the impact of initiatives and views on the future for these groups. Every voluntary organisation will be offered a small financial donation (to the organisation) as a mark of thanks for their assistance with the research and in the recognition of the difficulty in resourcing staff time where a staff member takes part in the discussion group.

As a key provider of services to groups with which this study is concerned, we view your local area knowledge as critical to the success of the research. We would therefore like to seek your help in contacting families to take part in the study. We have enclosed a letter from the Social Exclusion Unit, an information sheet about the study, and a leaflet about the National Centre for your information. Please feel free to contact a member of the research team to discuss any aspect of the research, or to ask any questions you may have. Otherwise a member of the team will be in touch with you shortly to discuss this study. We realise that you are very busy, but would greatly appreciate your help with this valuable study.

Yours sincerely,

Kandy Woodfield (Research Director), Jenny Graham, Alice Mowlam

k.woodfield@natcen.ac.uk (020 7549 9553)

Jenny Graham (researcher) – 020 7549 9542

e-mail: j.graham@natcen.ac.uk

Alice Mowlam (researcher) - 020 7549 9556

e-mail: a.mowlam@natcen.ac.uk



Initial household contact letter (for agencies)

Our ref: P.6075

e-mail: j.graham@natcen.ac.uk

May 2003

Exploring household change: a qualitative research study

The Social Exclusion Unit (part of the Office of the Deputy Prime Minister), has asked the National Centre for Social Research (NatCen) to undertake a research study exploring recent changes in the lives of a small number of households who have experienced a range of different government policies since the mid 1990's. *NatCen* is an independent research organisation which conducts applied social policy research across England, Scotland and Wales.

The focus of the study will be to explore the changes experienced by households relating to key aspects of peoples' everyday lives such as: employment and education, health, access to services and personal relationships. It is hoped that this study will provide policy-makers with a more detailed understanding of how their policies have affected people's lives, including: understanding the factors which promote positive change, any barriers to change that might exist, and what role policy initiatives and local service delivery play in the lives of households.

At the moment we are trying to identify households who would be willing to take part in the research. The research will be taking place between May and July in your local area.

What would taking part in the research involve?

If your household takes part in the research you would be visited by a member of our research team, who would interview you. The interview would take place at your home, or another place if you prefer it and would be about your life and change in your household since the mid 1990's. Following this interview the researcher would come back another time (usually within a week) to conduct interviews with other members of your household, including young people and some children (obviously depending on age and parental consent). All members of the research team are experienced in working with children and young people.

The interviews will take place between late May and early July at a time that suits you. Each interview would last around an hour and a half. They will be informal and entirely confidential. Every person interviewed will be given a gift of £20. This would not affect your receipt of any benefit.

What should I do now? Please read the rest of this letter and please fill in the form attached (household information form) and return it to us in the enclosed envelope.

Filling in the form means you are giving your permission for a researcher to see your details. **You do not have to be certain you would like to take part at this stage.** We may not be able to include every household willing to take part.

We treat all names and details as confidential to the research team. They are not passed to any other organisation of any kind, and records of names and addresses are destroyed at the end of the research.

What will happen next?

If you have put on your form that you are happy to be contacted by a researcher about taking part you may receive a phone call or a letter from a member of the research team. The researcher will be able to answer any questions you may have. If you are still happy to take part they will then arrange an appointment time for the first interview.

If you do not hear from a researcher within eight weeks it means you will not be invited to take part in the main research. However, we would like to take this opportunity to thank you for the time you have taken reading this letter and completing the attached form, we are very grateful for your help.

Please do feel free to contact either **Jenny Graham** on **020 75499542** or **Alice Mowlam** on **020 7549 9556** to discuss any questions or queries you may have about this important research. Otherwise we may be in touch with you shortly, please remember that it is important to return the enclosed form even if you have decided against taking part in the study.

Yours faithfully,

The research team:

Kandy Woodfield, Research Director
Jenny Graham, Researcher
Alice Mowlam, Researcher

Qualitative Research Unit



Project summary(for agencies)

As part of its work to better understand how policies are working together, the Social Exclusion Unit, in the Office of the Deputy Prime Minister, has commissioned the National Centre for Social Research to undertake a research study exploring recent changes in the lives of households at risk of social exclusion, and the factors underpinning change. *NatCen* is an independent research organisation which conducts applied social policy research.

Objectives

The key objective of the research is to provide a detailed understanding of recent changes in the lives of households which are, or have been, at risk of social exclusion. The study will comprehensively map changes (both positive and negative) experienced by households since the mid 1990's in key areas of their everyday life including:

- employment and education
- financial status
- crime and personal safety
- housing
- health and wellbeing
- access to transport and services
- personal relationships
- expectations or aspirations for the future

In exploring change in these areas the study will seek to:

- Undertake a detailed exploration of the combined impact of policies as perceived by targeted individuals and households
- Develop a more detailed picture of how policies are experienced by their intended recipients and to understand what makes the difference in whether they achieve their intended outcomes or not

This research will provide policy makers across government with important evidence to help them better develop and deliver policies to tackle social exclusion.

Who will be involved?

The study will be conducted using a qualitative approach, which is ideally suited to detailed investigations of complex issues bound up with peoples' everyday life experiences. It will focus on **young people at risk, lone parents and low income families with children** which are all groups who have been targeted by multiple policies due to being identified as particularly at risk of poverty and social exclusion. It will collect the perspectives of both individual members of low-income households and service providers who work with these groups. Research will be conducted with eighteen households across two locations in England (one in London and the other in North-East England). Each case study will involve a lead interview with a key respondent and then additional interviews with other relevant members of the household (including, for example, children and grandparents). Three different types of households will be included in the sample to allow comparisons between households of different compositions and facing different types of social exclusion. In addition, a series of discussion groups will be conducted with local providers responsible for delivering a range of services to these groups in the two study areas to collect their views on the impacts of current policies on their client groups.

For further details please contact either: Jenny Graham, Alice Mowlam, Josie Dixon or Kandy Woodfield at -

The Qualitative Research Unit, the National Centre for Social Research, 35 Northampton Square, London EC1V 0AX Tel: 020 7250 1866



Topic Guide – household depth interviews

(LEAD RESPONDENTS)

(REVISED 03/06/03)

Objectives

- To map change and/or lack of in all areas of life for individuals and households
- To obtain a detailed understanding of policies experienced and within that to understand perceptions of:
 - how policies work in combination
 - the role policies play in household change
- To explore the nature and extent of change & factors driving change
- To explore & understand the perceptions of household members of the impacts of policies & changes on themselves and the household
- Where change has not been experienced to understand factors accounting for the lack of change and key barriers to change

INTRODUCTION

- Introduce self, NatCen, stress independence from ODPM/DWP etc.
- Explain: study & aims of study; length of interview
- Reassure: in relation to confidentiality & anonymity, use of tape recorder

1. RESPONDENT & HOUSEHOLD BACKGROUND

- Current composition of household
 - relationships between household members (e.g. daughter, partner, flatmate etc.)
- History – composition, relationships & activities of all household members
 - overview of key changes to household composition since 1996/97

- Overview – income & benefit flows – what & key changes
 - debt & loans – levels of
- Housing tenure

2. OVERVIEW OF HOUSEHOLD LIFE - CRITICAL EVENTS MAP

- Major life events & changes since 1996/7 (e.g. births, bereavements, re-partnering, marriage, house moves) **IMPORTANT TO GET A DETAILED EVENTS MAP AT THIS STAGE TO ALLOW FOCUSED PROBING IN LATER SECTIONS**
- Expectation of life now 5 yrs ago – extent to which current life meets expectations or not –explore all factors
- Comparison of life then & now – overall improvement/ lack of change/ overall decline in standard of life/ enjoyment of life/optimism about the future

Probe – how easy or difficult is it to cope with life now compared to 5 years ago?

3. MAPPING LIFE AREAS, CHANGE, POLICY INVOLVEMENT & IMPACTS

- This section should be tailored as much as possible to focus in on the specific experiences of each individual within the household. The policy focus of each interview will vary for each respondent.
- Remember that wherever support/intervention/help/advice discussed probe for as much detail as possible on where that intervention etc. came from – who provided it, in which organisation, based where, any names of ‘schemes’ etc that are known to respondent
- All the following sections cover the project time scale 1996/7-present day but again should be focused to hone in on critical changes/life events which affected specific respondents
- NOTE – also explore mainstream service providers – e.g. education, health etc.

3.1 Education

- Detailed experiences of & changes in education participation at:
 - individual level/ household level (including any difficulties experienced on part of children e.g. truanting, exclusions, behavioural difficulties, periods of sustained absence)
 - * check covering all education stages/possibilities- compulsory education to 16, post compulsory education, adult learning, training & training schemes.
- Level of parental involvement with child(ren)s/ young people’s education
 - factors/ barriers to involvement (e.g. language, parental levels of literacy/numeracy, study–life balance, work-life balance, personal confidence/skills etc.)
- Choices

- options available in choosing schools/ colleges/ courses
- Role of any outside involvement in support, help, advice, or financial help
 - formal/official (like official help from schools, Connexions/careers advisers, EMAs, college loans, education welfare workers (social workers))
 - informal/unofficial (like advisers, mentors, people that help/support learning) and friends & family
- Accessing services /support/ help – pathway to support or intervention
 - level of choice/ decision making in any support/intervention received
 - quality of support & services
- Impact of any services/ support/ help from outside the household
 - financial / practical / emotional
 - * on individual level
 - * on whole household level (KEY to include 'knock-on impacts on other household members/relationships etc.)
- (Within education) comparison on support/intervention etc – least & most effective types of support
 - factors & reasons in effectiveness
 - any ineffective support/policy – explore all reasons/factors
- KEY QUESTION - Interaction of policies/interventions – how different things worked together/affected one another
 - * Explore both within education AND IMPORTANTLY interaction of education policies/intervention on OTHER policies/interventions
- Gaps in services/ support/ help & suggestions

3.2 Parenting

- Detailed experiences of & changes in parenting (i.e time spent with children, relationship with children and other parent, confidence in parenting etc.)
- Detailed experiences of & changes in childcare arrangements
- Role of any outside involvement in support, help, advice, or financial help
 - formal (like social workers, SureStart workers, Sure Start Plus workers, education welfare workers, NEWPIN (New Parents Info Network)

- informal (advisers, mentors, parenting groups, play groups, people that help/support) and friends & family
- Accessing services /support/ help
 - choice involved
 - quality of support/ services
- Impact of any services/ support/ help from outside the household
 - financial / practical / emotional
 - * on individual level
 - * on whole household level (KEY to include 'knock-on impacts on other household members/relationships etc.)
 - * (Within parenting) comparison on support/intervention etc – least & most effective types of support
 - factors & reasons in effectiveness
- Any ineffective support/policy – explore all reasons/factors
- KEY QUESTION - Interaction of policies/interventions – how different things worked together/affected one another
 - Explore both within parenting AND IMPORTANTLY interaction of parenting related policies/intervention on OTHER policies/interventions
- Gaps in services/ support/ help & suggestions

3.3 Employment, training & unemployment

- Detailed experiences of & changes in employment / unemployment & work training at:
 - individual level
 - household level
- Experience of moving into work-
 - work/life balance e.g. effect on time spent with children, partners, running the home/household tasks
 - development of self-confidence, esteem, new skills
 - financial implications (feeling 'better off' etc.)

- Transitional periods - experience of & any help from government/benefits/employers of finances around moving into work/ moving out of work/ practical support (e.g. accessing childcare, transport, etc.)
- Attitudes to working – any changes in wanting to work etc.
 - factors/sources of changes
- Level of choice in changes in working life – working/not working, what kind of work, working hours
- Role of any outside involvement in support, help, advice, or financial help
 - Formal/official (like job centres, benefits offices, job centre plus, advisers in job centres/ New Deal)
 - Informal/ unofficial (like advisers, community employment centres, training around interviews/writing CVs, help looking for the right jobs) and friends & family
- Accessing services /support/ help
 - pathway to intervention/ support
 - choices involved
 - quality of support/ services
- Impact of any services/ support/ help from outside the household
 - financial / practical / emotional
 - * on individual level
 - * on whole household level (KEY to include 'knock-on impacts on other household members/relationships etc.)
- (within employment/training/unemployment) comparison on support/intervention etc - least & most effective types of support
 - factors & reasons in effectiveness
- any ineffective support/policy – explore all reasons/factors
- KEY QUESTION - Interaction of policies/interventions – how different things worked together/affected one another
 - Explore both within emplyt & trg AND IMPORTANTLY interaction of emplyt & trg related policies/intervention on OTHER policies/interventions
- Gaps in services/ support/ help & suggestions

3.4 Household income & finance

- Key changes/ patterns in income & financial management at:
 - individual level
 - household level
 - * factors/sources of changes
- Explore particularly in relation to types of income:
 - Income from work
 - Income from benefits – type of benefit, level of benefit (inc. incapacity benefit, income support, housing benefit, JSA)
 - related to children (child benefit, LONE PARENTS-CSA/ child support)
 - Tax credits – e.g. WFTC
 - Inheritance
 - Informal economy
- Probe around:
 - Debt & loans
 - Money management
 - Intra-household distribution & financial control
- Role of any outside involvement in support, help, advice, or financial help
 - formal (like job centres, benefits offices, job centre plus)
 - informal (help around budgeting(YP), CAB, debt relief planning)
 - friends & family (loans etc.)
- Accessing services /support/ help
 - choice involved
 - quality of support/ services
- Impact of any services/ support/ help from outside the household
 - financial / practical / emotional
 - * on individual level

* on whole household level (KEY to include 'knock-on impacts on other household members/relationships etc.)

- (Within income & money management) comparison on support/intervention etc – least & most effective types of support
 - factors & reasons in effectiveness
- Any ineffective support/policy – explore all reasons/factors
- KEY QUESTION - Interaction of policies/interventions – how different things worked together/affected one another
 - Explore both within income & fncl mgt. AND IMPORTANTLY interaction of income &fncl mgt related policies/intervention on OTHER policies/interventions
- Gaps in services/ support/ help & suggestions

3.5 Housing

- Detailed experiences of & changes in housing situation
 - House moves – reasons for, experience of
 - Who in household moved where & why
- Also explore in relation to:**
- * any overcrowding/ space issues
 - * repairs/ maintenance of home
 - * transitions - costs incurred, gaps between housing etc.
 - * sense of independence
- Role of any outside involvement in support, help, advice, or financial help
 - formal (like housing benefit, applying for housing, dealing with council, getting repairs done)
 - informal (help with official forms/documents, help finding housing (YP))
 - friends & family
 - Accessing services, social housing & support/ help
 - choice involved
 - quality of support/ services

- Impact of any services/ support/ help from outside the household
 - financial / practical / emotional
 - * on individual level
 - * on whole household level (KEY to include 'knock-on impacts on other household members/relationships etc.)
- (Within housing) comparison on support/intervention etc – least & most effective types of support
 - factors & reasons in effectiveness
- Any ineffective support/policy – explore all reasons/factors
- KEY QUESTION - Interaction of policies/interventions – how different things worked together/affected one another
 - Explore both within housing AND IMPORTANTLY interaction of housing related policies/intervention on OTHER policies/interventions
- Gaps in services/ support/ help & suggestions

3.6 Crime and disorder

- Comparison of feelings and experience of crime now to 5/6 yrs ago
 - what differences
 - how/when/ by who differences made

Explore particularly:

 - * Crime levels/ fear of crime
 - * Experience of crime (personal and family/neighbourhood)
 - * Safety & security – police, wardens, Neighbourhood Watch, also inc. street lighting, CCTV etc.
- Offending behaviour & interaction with criminal justice system
 - comparison of change over time
 - factors/sources of changes
- Role of any outside involvement in support, help, advice, or other help
 - formal (i.e. Victim Support/ probation/youth offending team)
 - informal and friends & family

- Accessing services, & support/ help
 - choice involved
 - quality of support/ services
- Impact of any services/ support/ help from outside the household
 - financial / practical / emotional
 - * on individual level
 - * on whole household level (KEY to include 'knock-on impacts on other household members/relationships etc.)
- (Within crime & offending) comparison on support/intervention etc – least & most effective types of support
 - factors & reasons in effectiveness
- Any ineffective support/policy – explore all reasons/factors
- KEY QUESTION - Interaction of policies/interventions – how different things worked together/affected one another
 - Explore both within crime/offending AND IMPORTANTLY interaction of crime/offending related policies/intervention on OTHER policies/ interventions
- Gaps in services/ support/ help & suggestions

3.7 Neighbourhood

- Comparison of neighbourhood now to 5/6 yrs ago
 - What differences
 - How/when/ by who differences made
- Detailed experiences of & changes in:
 - Local community & environment
 - Physical appearance
 - Cleanliness
 - Local facilities – shops, banks, etc.
 - Local transport
 - * factors/sources of changes

- Involvement in any community based activities e.g. youth groups etc.
- Impact of change or lack of change on:
 - on individual level
 - on whole household level (to include 'knock-on impacts on other household members/relationships etc.)
- Comparison of changes/ improvements/ lack of etc – least & most effective
 - factors & reasons in effectiveness
- any ineffective changes in area – explore all reasons/factors
- Interaction of policies/ changes in neighbourhood – how different things worked together (KEY QUESTION PROBE)
 - factors & reasons in effectiveness
- Gaps in changes – other big needs to improve neighbourhood

3.8 Wellbeing

Health

- Key experiences & changes in wellbeing and health - physically & emotionally
 - * Explore own – others in household
 - factors/reasons/sources of changes
- Role of any outside involvement in support, help, advice, or financial help
 - formal (Health visitors, GP's, hospitals, community health teams)
 - informal (drugs services/counsellor,)
 - information/advice about diet
 - friends & family
- Accessing services, & support/ help
 - choice involved
 - quality of support/ services
- Impact of any services/ support/ help from outside the household

- financial / practical / emotional

* on individual level

* on whole household level (KEY to include 'knock-on impacts on other household members/relationships etc.)

- (Within health) comparison on support/intervention etc – least & most effective types of support - factors & reasons in effectiveness
- Any ineffective support/policy – explore all reasons/factors
- KEY QUESTION - Interaction of policies/interventions – how different things worked together/affected one another
 - Explore both within health AND IMPORTANTLY interaction of health related policies/intervention on OTHER policies/interventions
- Gaps in services/ support/ help & suggestions

3.9 Social networks & emotional well being

- Explore extent of time spent with/ support received from & changes in relationships with: family / friends / others
- Emotional well being & support – any times found it difficult to cope - when/what situation – where received any support
- Crisis support – who/ when needed over last 5 yrs
- Comparison of support – most effective
- Diff't sources of support – how worked together/not
- Gaps in support/ social network – suggestions & recommendations
- Explore any role of religion in lives
- *YP only* – explore peer groups, their importance, changes in peer group etc.
 - changes in family/ parental relationships

4. Multiple policy experiences [KEY AREA- CENTRAL TO RESEARCH]

Thinking back on all of the areas of life & changes in life discussed....

- Most important changes in life areas – what has had biggest impact on:
 - Personal experiences / household experiences
- Area of life in which policies/intervention had most /least impact – reasons/factors

- [KEY QUESTION - PROBE THOROUGHLY] What works best in terms of:
 - Delivery models : (e.g. universal financial support vs means tested financial support, 1 to 1 tailored support vs drop-in, key worker type support vs. support from diff sources)
 - Mechanisms: (e.g. financial vs practical vs supportive role/help)
- How support/ policy/ help worked overall together in diff areas of life – across household
- [KEY QUESTION - PROBE THOROUGHLY] Interaction of multiple initiatives experienced:
 - Nature of cross-cutting impact, if any
 - * Unpack how cross-cutting impacts came about/ revisit impacts discussed earlier
 - Multiplying/confounding effects – 2 interventions in same area of life twice as helpful as one alone or not? – factors/reasons
- Most important types of help/ support/ financial overall & combinations of different types of help
- Any areas of life lacking change – what, if any, changes would like to see:
 - How could that change be achieved
 - Support/ differences in policy/ income etc required to make changes

5. Overall reflections

- In what ways has any improvement/ decline in standard of life affected other areas of life
- Greatest obstacle/barrier to wellbeing & improvements in general quality of life/ reaching aspirations at personal/household level
- Future expectations – explore any differences with aspirations
- Future aspirations – what would like to see different in household/ own life in 5 yrs
 - What changes needed/ how any change needed to reach aspirations
 - What support/ intervention/ policy needed to reach aspirations

Thank respondent & give £20/ voucher

*****Follow up interviews in household – check to set up appointments*****



Topic guide for focus groups with service providers

July 2003

Key objectives are, from providers' perspectives, to:

- Identify the key issues/difficulties faced by the target group
- Map the key changes for that target group since 1997 (in relation to social exclusion)
- Explore the reasons for change (or lack of it)
- Understand the role of government initiatives/policies in household change
- Discuss the most/least effective ways of facilitating change for households
- To understand what is working, what is not working for who and why

Introductions

- Introduce self and Natcen. Confirm independence of NatCen. About NatCen: independence, not for profit, working across range of social policy areas, work for other vol. and stat. sector orgs and for central/local government departments.
- Summarise aims of study: Study funded by the SEU, part of ODPM. Exploring household change in low income households over the last 7-8 years. Particularly interested in exploring what works in overcoming barriers to social inclusion and the role of government policies in that change. Focusing on three h/hold types: households with vulnerable young people 16-18 (specifically those who are NEET); lone parent households with children 16 and below; and low income couple households with children 16 and below. Conducting work with 18-20 households in London and West Yorkshire and six groups in the same areas with professionals delivering support, assistance, training etc. to those target groups.
- Summarise outputs: Will produce a written report, results will be used by the SEU and others to understand more about how/if efforts to overcome social exclusion have worked in the last 7-8 years.
- Confirm independence of NatCen from the SEU/ODPM then introduce others present (explain SEU presence and seek consent) – 'we have a colleague from the Social Exclusion Unit research team here today, she is interested in hearing your points of view, 'I hope that's ok with everyone. Does anyone have an objection to that?'

Practicalities

- Introduce tape recorder; reassure them that everything they say will be treated confidentially and that the findings will be anonymised. Remind them about length of group, refreshments available, location of toilets etc.
- Review the specific objectives for the group. Run through key topic areas.

- Remind about confidentiality (both between themselves and with the research team), and how material will be used, remind them that we are interested in their opinions and that the group is an opportunity for them to share ideas and experiences, we are very interested in hearing about real examples from their caseloads. Outline ground rules (no right or wrong answers/ don't talk at once/ switch off mobiles)
- Invite questions

1. Context: individual and organisational details (Keep brief)

Brief, round table (explain will do this 'roundtable' approach only once, chance to introduce yourself to each other, after that will open the floor for discussion)

- Organisation represented (briefly)
 - Voluntary or statutory
 - Location
 - Description of the organisation's client-group/s
- Individual (briefly)
 - Length of time in current position
 - Role in organisation and responsibilities
 - Personal role in delivering services to target group(s)
- Role in delivering national initiatives (briefly)
 - Identify, where possible, what nationally funded work the organisation does and what national initiatives the organisation is involved in delivering for this client group

Important – where org. delivers to more than one target group, get details of specific delivery to the group in question (ie. lone parents/vulnerable YPS/low income couple households with children)

2. Describing the target group (ie. lone parents/vulnerable YPS/low income couple households with children)

Begin with flipchart brainstorm (Reminder – “This is an opportunity to explore the issues you and your clients face (main focus is on clients but some of the later questions relate to them and their practice). Some of your thoughts may be different this is fine, we simply want to agree a shortlist of the most critical issues at this stage”. Encourage participants to think outside the 'box' of their day to day work.

- Identify key issues facing target group (i.e. lone parents, vulnerable young people, low income two adult families). Explore the critical barriers or obstacles to full social inclusion.
 - PROBE if necessary: Areas might include: financial poverty, social stigma, exclusion from educational opportunities, neighbourhood deprivation, childcare gaps, health, emotional wellbeing, crime, housing, employment opportunities etc.

- Explore issues facing (1) Primary clients (i.e. lone parents, vulnerable young people, low income two adult families) and (2) Secondary clients (children, other dependents in the household)
- Identify what has changed since 1997. Identify what's changed for target group (i.e. lone parents, vulnerable young people, low income two adult families) since the late 1990's?
 - PROBE if necessary: Areas might include: Demographic changes (e.g. changes in health, family composition), Socio-economic changes (e.g. income, criminal activity, drug-taking, employment) or Policy related (e.g. impact of local or national initiatives). Ask participants to cite real life examples. "Can you give an example of a case from your experience where progress has been made/has been lacking or things have got worse?"

3. The impact of key policy changes for households

- Brainstorm on flipchart the different policy changes affecting this group.
- In discussion, explore the impacts of these policies on:
 - Primary clients (i.e. lone parents, vulnerable young people, low income two adult families)
 - Secondary clients (children, other dependents in the household)
 - Intermediaries (agencies, as it effects their ability to deliver services to these groups)

Explore spontaneously first. The emphasis needs to be on the joint impacts of policy rather than looking at the impacts of policies one at a time. Prompting needs therefore needs to encourage participants to think across different policy domains. "We are particularly interested in the joint impacts of some of these policies" At the same time the facilitator needs to refer back to the 'issues' and 'changes' lists generated in section 2 and also to ensure that the key areas addressed in the h/hold interviews are covered. These include:

- Parenting
- Education
- Financial
- Housing
- Employment
- Neighbourhoods and regeneration
- Crime and disorder
- Health and wellbeing

Ask participants to cite real life examples. "Can you give an example of a case from your experience to explain what you mean?"

4. Understanding the impacts

Explore the reasons for the impacts identified

Explore all of the policy impacts that have been listed on the flip charts. Examine how these have come about and discuss the underlying mechanisms and processes that have led to the identified impacts. Explore what has helped or hindered progress. Again the emphasis needs to be about understanding the combined impacts of policies (identified by the participants in section 3) as far as possible rather than working through each policy individually. "We are interested in understanding why the impacts you've identified have come about. Especially where these are about the combined effects of different policies"

Explore spontaneously, but ensure coverage of the following. Looking across policies as far as possible:

- Policy emphasis/ objectives/ aims (The broad thrust of policy, the focus of specific policies, where the emphasis of policy and groups of policies lie: e.g. whether the emphasis is on getting people into work? on financial/housing stability? on tackling problematic substance use? on childcare? etc.). Explore the reasons why different emphases/ objectives/ aims succeed or fail for this target group.
- Relative importance of 'soft' and 'hard' outcomes of policies (e.g. personal support/ confidence building/skills development versus financial measures and incentives).
- Interactive effects. Explore how:
 - national policy drives and/or affect local area initiatives
 - local/national initiatives are affected by mainstream service provision
 - how policies work together
 - how agencies work together
- Effectiveness of policy instruments. Have some impacts come about because policies or groups of policies have been well/ poorly designed or targeted. If so how?

Discuss sustainability of change

- Do policies produce lasting change for people and their families? Why/ why not?
- Explore any issues or practices which encourage or undermine sustained change

5. Differences in policy impact on different 'sub-groups'?

- Are there are some groups for whom policy is having more or less success? Explore why some clients are benefiting more than others and why some are 'hard to help'. Explore:
 - Factors related to increased/ positive benefit
 - Resistance from target group

- Immovable barriers in people's lives
 - Barriers that are not recognised in policy design
 - Whether policy is poorly targeted or inappropriate for particular sub-groups
 - Adequacy of delivery mechanisms (implementation failure)
 - Policies working against each other
 - Others?
- Are some 'sub-groups' 'beyond help' requiring completely different policy aims and approaches?

6. The Future

- Invite suggestions for:
 - Gaps to be addressed by national policy
 - Delivery issues which require addressing
 - New/different groups to target
 - New/ different models of support
 - New/different policy emphases
- Discuss hopes for the future. What do participants hope will happen in the future?
- Explore expectations for the future. What do participants expect to actually happen? Examine any dissonance between hopes/expectations and reasons for dissonance
- What one thing could government could do which would most make a difference to the client group in question? Go round the group one at a time. Ask people to pick out the most important thing Government should do.
- Invite participants to raise any outstanding issues

CLOSING – THANK ALL PARTICIPANTS, REASSURE ABOUT CONFIDENTIALITY.



Household Interviews – Analytical Framework

1. Household Life events & policy map

- 1.1 Profile of household (demographics, activities)
- 1.2 (further columns split into life events & policy experience summary)- '97
- 1.3 '98
- 1.4 '99
- 1.5 '00
- 1.6 '01
- 1.7 '02
- 1.8 '03
- 1.9 Other

2. Finance & Household income

- 2.1 Experiences of (detail)– what/how/when- descriptive
- 2.2 Views of experiences
- 2.3 Decision making process & influences on decisions
- 2.4 Access to provision/services
- 2.5 Informal & formal support/intervention (& guidance in accessing support)
- 2.6 Views of support & guidance
- 2.7 Direct impacts (on respondent in this area of life)
- 2.8 Indirect impacts (on other HH members, on resp's other life areas)
- 2.9 Barriers to change
- 2.10 Appraisal of change (broad view of life area)
- 2.11 Other

3. **Employment, unemployment & employment training**
 - 3.1 Experiences of (detail)– what/how/when- descriptive
 - 3.2 Views of experiences
 - 3.3 Decision making process & influences on decisions
 - 3.4 Access to provision/services
 - 3.5 Informal & formal support/intervention (& guidance in accessing support)
 - 3.6 Views of support & guidance
 - 3.7 Direct impacts (on respondent in this area of life)
 - 3.8 Indirect impacts (on other HH members, on resp's other life areas)
 - 3.9 Barriers to change
 - 3.10 Appraisal of change (broad view of life area)
 - 3.11 Other
4. **Parenting & childcare**
 - 4.1 Experiences of (detail)– what/how/when- descriptive
 - 4.2 Views of experiences
 - 4.3 Decision making process & influences on decisions
 - 4.4 Access to provision/services
 - 4.5 Informal & formal support/intervention (& guidance in accessing support)
 - 4.6 Views of support & guidance
 - 4.7 Direct impacts (on respondent in this area of life)
 - 4.8 Indirect impacts (on other HH members, on resp's other life areas)
 - 4.9 Barriers to change
 - 4.10 Appraisal of change (broad view of life area)
 - 4.11 Other
5. **Education & training**
 - 5.1 Experiences of (detail)– what/how/when- descriptive

- 5.2 Views of experiences
 - 5.3 Decision making process & influences on decisions
 - 5.4 Access to provision/services
 - 5.5 Informal & formal support/intervention (& guidance in accessing support)
 - 5.6 Views of support & guidance
 - 5.7 Direct impacts (on respondent in this area of life)
 - 5.8 Indirect impacts (on other HH members, on resp's other life areas)
 - 5.9 Barriers to change
 - 5.10 Appraisal of change (broad view of life area)
 - 5.11 Other
- 6. Health & well being**
- 6.1 Experiences of (detail)– what/how/when- descriptive
 - 6.2 Views of experiences
 - 6.3 Decision making process & influences on decisions
 - 6.4 Access to provision/services
 - 6.5 Informal & formal support/intervention (& guidance in accessing support)
 - 6.6 Views of support & guidance
 - 6.7 Direct impacts (on respondent in this area of life)
 - 6.8 Indirect impacts (on other HH members, on resp's other life areas)
 - 6.9 Barriers to change
 - 6.10 Appraisal of change (broad view of life area)
 - 6.11 Other
- 7. Housing**
- 7.1 Experiences of (detail)– what/how/when- descriptive

- 7.2 Views of experiences
- 7.3 Decision making process & influences on decisions
- 7.4 Access to provision/services
- 7.5 Informal & formal support/intervention (& guidance in accessing support)
- 7.6 Views of support & guidance
- 7.7 Direct impacts (on respondent in this area of life)
- 7.8 Indirect impacts (on other household members, on respondent's other life areas)
- 7.9 Barriers to change
- 7.10 Appraisal of change (broad view of life area)
- 7.11 Other

8. Neighbourhood (environment- inc amenities, transport, etc) & Crime

- 8.1 Experiences of (detail)- what/how/when- descriptive
- 8.2 Views of experiences
- 8.3 Decision making process & influences on decisions
- 8.4 Access to provision/services
- 8.5 Informal & formal support/intervention (& guidance in accessing support)
- 8.6 Views of support & guidance
- 8.7 Direct impacts (on respondent in this area of life)
- 8.8 Indirect impacts (on other HH members, on resp's other life areas)
- 8.9 Barriers to change
- 8.10 Appraisal of change (broad view of life area)
- 8.11 Other

9. Exploring policy interaction & change

- 9.1 What works best & least (mode, content, nature)

- 9.2 Fit between priorities (life areas) & policy intervention
 - 9.3 Inter-relationships between policy intervention within life areas
 - 9.4 Inter-relationships between policy intervention between life areas
 - 9.5 Inter-relationships between policy intervention with mainstream services
 - 9.6 Key gaps in intervention
 - 9.7 Sustainability (of impact)
 - 9.8 Indirect policy impacts (summary from data in charts 2-8.7)
 - 9.9 Non policy related change – drivers/barriers
 - 9.10 INTERPRATIVE COLUMN - analysis notes by researcher
 - 9.11 Other
- 10. Change, reflections & suggestions**
- 10.1 Overall view on household life quality/ changes over study period
 - 10.2 Aspirations of the future (self & hh)
 - 10.3 Expectations of future (self & hh)
 - 10.4 Suggestions for improvements to policy interventions
 - 10.5 Suggestions for improvement to mainstream services
 - 10.6 Other



Staff focus groups – Analytical Framework

1. Background

- 1.1 Organisation (Type, role, size and whether voluntary or statutory)
- 1.2 Individual's job roles (Role in organisation, nature of responsibilities, how long in post)
- 1.3 Issues identified as relevant for client group (LIST those identified)
- 1.4 Debates about issues eg, priorities, discussion about whether some issues were actually issues etc.
- 1.5 How household members are affected by issues
- 1.6 How these issues have changed over last 8 years, if at all
- 1.7 Other

2. Policy impact

- 2.1 List of initiatives and policies to address issues pertaining to this client group
- 2.2 General impacts of SE programme (to include description of impacts and any explanation given about mechanism, factors involved)
- 2.3 Impacts of specific policies or groups of policies (to include description of impacts and any explanation given about mechanism, factors involved)
- 2.4 Impacts of policies on other household members
- 2.5 Other

3. Gaps, barriers and facilitators

- 3.1 Conflicts between policies (examples of policies working against each other)
- 3.2 Synergies (examples of policies working in tandem to support each other)
- 3.3 Gaps (examples of where there are gaps in policy)
- 3.4 Barriers to policy impact (policy design issues not recorded elsewhere)
- 3.5 Barriers to policy impact (individual level - eg, resistance, lifestyle issues etc)

3.6 Sustainability

3.7 Other

4. Interactions/ policy levels

4.1 Joint agency working (positive)

4.2 Joint agency working (negative)

4.3 Interaction at POLICY level with mainstream services (positive)

4.4 Interaction at POLICY level with mainstream services (negative)

4.5 Interaction with mainstream services at OPERATIONAL level (positive)

4.6 Interaction with mainstream services at OPERATIONAL level (negative)

4.7 Interaction between local and national initiatives

4.8 Other

This report presents case studies of different types of households at risk of social exclusion including lone parent families, young people and low-income couples with children.

The report explores the experience of people within these households as a result of recent policy intervention. The National Centre for Social Research carried out this research.

Other reports in this series:	ISBN
Breaking the Cycle: taking stock of progress and priorities for the future.	1 85112 724 0
The drivers of social exclusion: review of the literature for the Social Exclusion Unit in the Breaking the Cycle series.	1 85112 725 9
The impact of government policy on social exclusion among children aged 0–13 and their families: a review of the literature for the Social Exclusion Unit in the Breaking the Cycle series.	1 85112 726 7
The impact of government policy on social exclusion among young people: a review of the literature for the Social Exclusion Unit in the Breaking the Cycle series.	1 85112 727 5
The impact of government policy on social exclusion among working age people: a review of the literature for the Social Exclusion Unit in the Breaking the Cycle series.	1 85112 728 3
The impact of government policy on social exclusion among older people: a review of the literature for the Social Exclusion Unit in the Breaking the Cycle series.	1 85112 729 1
Low income and multiple disadvantage 1991–2001. Analysis of the British Household Panel Survey – a report for the Social Exclusion Unit in the Breaking the Cycle series.	1 85112 731 3

All are available from ODPM Publications. Telephone: 0870 1226 236.

ISBN: 1 85112 730 5

Price: £15.00

