

Chapter 5: Childhood and Teenage Years

Summary

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

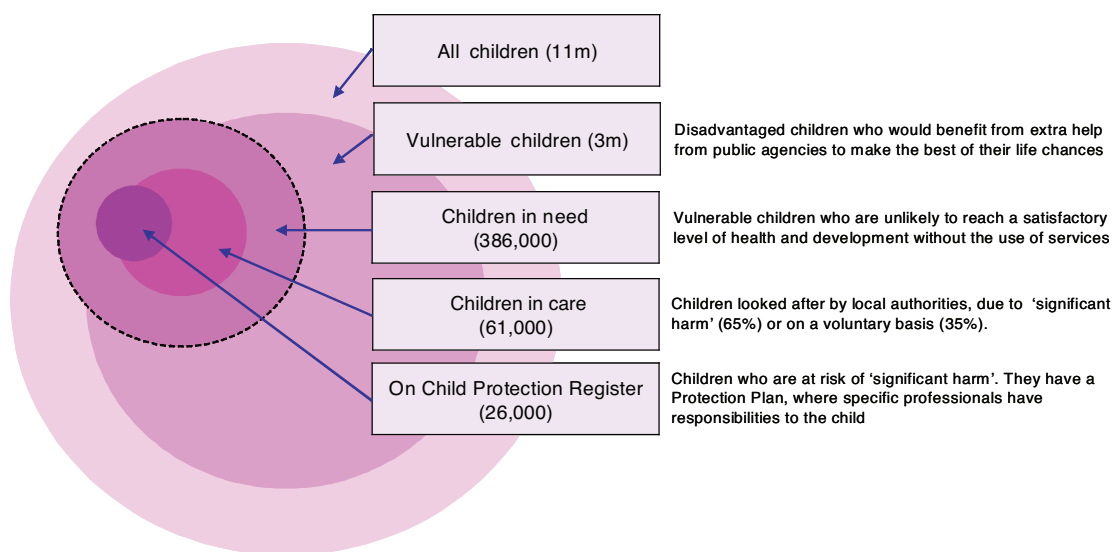
- publish a Green Paper in October 2006 on children in care, setting out the Government's proposals to transform their outcomes. This will include proposals on individual budget-holding arrangements to ensure that every child in care has someone who understands their personal needs and has the leverage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



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

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

Figure 5.1: Children in need in England



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

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

5.4 An example of such behaviour is where children display a low level of social and emotional skills. As children get older the

warning signs become even more obvious. In a group of a hundred 10-year-olds, the five identified as highest risk are over 40 times more likely to experience five or more problems by the age of 30 compared with the 50 lowest risk 10-year-olds (see Chapter 2 for further detail).⁶⁰ Indeed, by the time we reach late childhood, problems may be sufficiently pronounced to shift the focus from 'prevention' to 'early intervention'.

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

⁶⁰ Feinstein, L and Sabates, R (2006) *ibid*

5.5 Children and young people who are especially likely to suffer a lifetime of social exclusion and limited life chances include: children in care, teenage mothers, and children with the poorest educational attainment. These groups are more likely to suffer from

unemployment, ill health, and many other poor outcomes. They also significantly overlap. For example, children in care are much more likely to be teenage mothers than their peers, and low educational attainment is associated with both teenage pregnancy and being in care.⁶¹

Box 5.1: Social and emotional learning

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

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

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

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

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

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

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

⁶⁵ *ibid*

What we have already done

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

- **Driving up educational attainment.** Investment per pupil (including capital spending) has doubled from £2,500 in 1997 to £5,000 in 2005/06.⁶⁶ This has helped to raise literacy, numeracy and GCSE pass rates. In 2006, 79 per cent of 11-year-olds reached the expected 'level four' standard in English, up from 63 per cent in 1997. In maths, 75 per cent attained the required standard, compared with 62 per cent in 1997. In addition, the number of pupils gaining five A*–C GCSE or equivalent grades increased from 45 per cent in 1997 to 56 per cent in 2005.⁶⁷
- **Joining up children's services.** The launch of *Every Child Matters* (ECM) in 2003 marked a major new phase of government activity to improve not only the educational attainment of children, but also their well-being more generally. ECM is bringing together, under new directors of children's services within each local authority, responsibility for educational outcomes and children's social services. This is driving joined-up working, for example through the use of pooled budgets. Extended Schools are one of the most visible results of the ECM programme (1,791 already in place).
- **Protecting vulnerable children.** Many agencies that deal with vulnerable children and young people are now working together better, using new multi-agency processes for assessment, information sharing and delivery of multiple services. Building on the Common Assessment Framework (see Chapter 3), local authorities and their partners are rolling

out arrangements under which a lead professional drives coordinated delivery of interventions from a number of agencies for children and young people who need multiple services.

- **Reforming the youth justice system with a focus on preventing offending.** Since 1998 the youth justice system has gone through fundamental reform, including the establishment of multi-agency Youth Offending Teams (YOTs) bringing together criminal justice and children's services. Individual assessment of the risks and needs of children and young people in the youth justice system informs interventions by YOTs, including a focus on addressing the underlying causes of offending as well as holding young people to account for their behaviour. The Government has also focused on increasing engagement in education, training and employment and addressing identified substance misuse and mental health needs among young offenders.

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

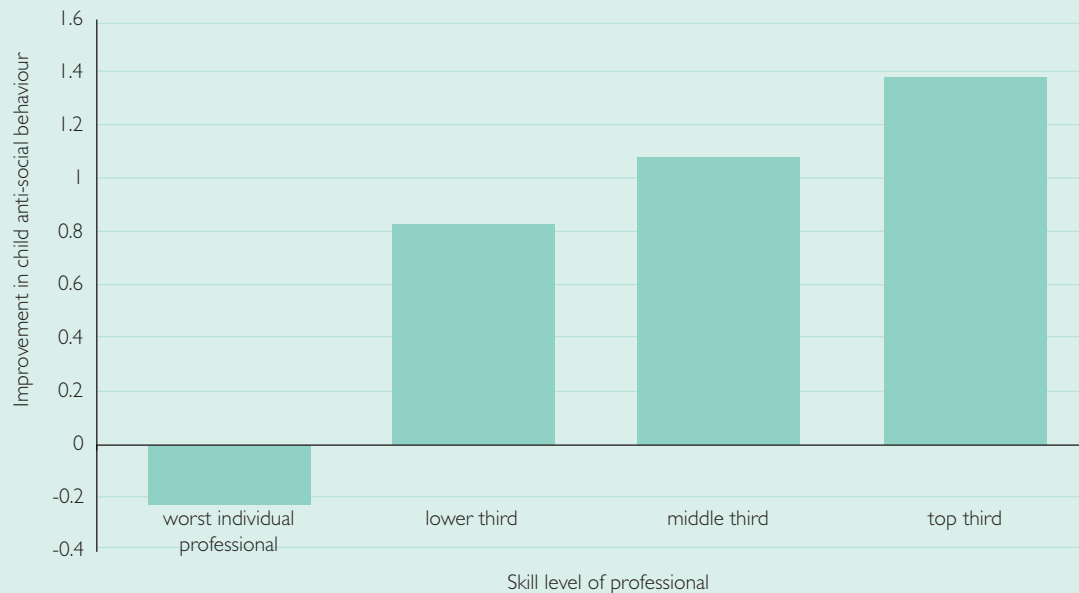
5.8 In addition, the Government has begun to put together a series of programmes to tackle childhood problems at their root, with a new focus on parenting.

Improving parenting in families

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

⁶⁶ Budget (2006), HMT

⁶⁷ Department for Education and Skills

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

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

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

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

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

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

- £10 million is being invested in Early Learning Partnerships to support parents of 1–3-year-olds who are at risk of learning delay. The

projects will be delivered by voluntary and community sector groups linked to Sure Start Children's Centres.

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

by parental problems or a lack of support at home, and will aim to identify ways in which schools can work better with parents.

- The Government will also establish 10 health-led parenting support demonstration projects from pre-birth to age 2 (see Chapter 4).

Projects to address anti-social behaviour and offending

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

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

Measures to ensure engagement

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

- The Education and Inspection Bill, published in February 2006, introduces measures to enable schools and local authorities to make earlier use of parenting contracts and empowers schools to apply for parenting orders.
- As part of the Respect Action Plan, the Police and Justice Bill, published in January 2006,

contains proposals to enable a wider range of agencies to seek parenting contracts and orders where there is anti-social behaviour by young people in the community.

Continuing challenges

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

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

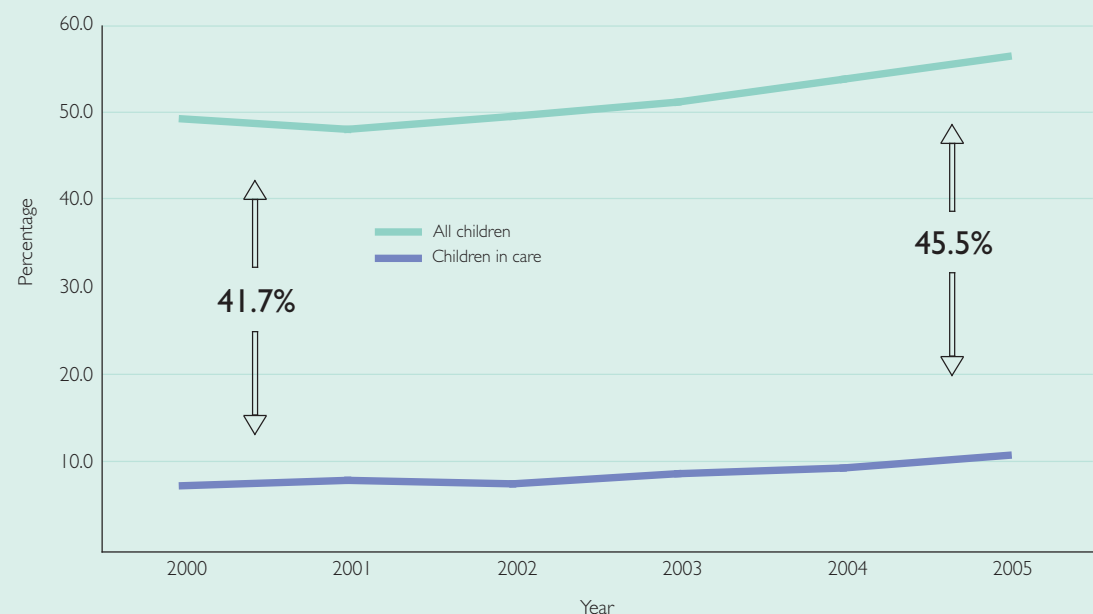
5.16 As well as structural variations in how services are delivered, there are significant variations in performance, both between local authorities and between different groups of

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

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

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

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



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

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

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

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

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

How the challenges will be met

Children in care

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

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

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

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

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

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

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

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

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

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

Teenage pregnancy

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

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

ACTION 19: The Government will publish an updated Teenage Pregnancy Strategy⁷¹ with a particular focus on failing local authorities and on the underlying causes of teenage pregnancy.

Box 5.2: Teens & Toddlers

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

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

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

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

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

⁷¹ Department for Education and Skills (September 2006)

Children and young people with mental health problems

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

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

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

Box 5.3: Multi-systemic Therapy

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

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

Families

5.30 As already discussed, the Government is sharpening its focus on parenting through a number of initiatives to help support parents in those families where children and young people are at the highest risk of falling behind, anti-social behaviour, and other problems. The Government

will build on these programmes to ensure that parenting support is available for families with additional needs, to tackle problems earlier on. Additionally, although good parenting resolves many problems, it is critical that we ensure public services are fit to address wider family problems to get the best for children.

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

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

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

⁷⁴ Henggler, S W *et al* (1993) Family preservation using multi-systemic treatment: long-term follow-up to a clinical trial with serious juvenile offenders *Journal of Children and Family Studies*.

Borduin, C M *et al* (1995) Multi-systemic treatment of serious juvenile offenders: long-term prevention of criminality and violence *Journal of Consulting and Clinical Psychology*

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

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

5.33 We recognise that there are several programmes and new initiatives that seek to address the problems of children, young people and their families, including the parenting

programmes already described, work in adult services (as discussed in the next section in this chapter) and ongoing work across government to ensure that families' services are increasingly joined up.

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

Box 5.4: Budget-holding lead professionals

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

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

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

⁷⁵Budget (2006), HMT

Conclusion

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

