

Annex B4: Terms of reference for the Review of High Cost, High Harm Families

Much of the response to section B1 is relevant to this section as the ADSS perspective tends to concentrate on prevention at the highest level of need and risk. The evidence presented below includes responses designed to deal effectively with the consequences of chaotic parenting – that is, children whose behaviour is unacceptable and apparently beyond control.

Who are these families? How can we define them and how many of them are there?

There is already a wealth of definition and research both nationally and internationally about this grouping, and their number depends entirely on the threshold and definition chosen to identify them.

What progress has already been made in addressing the needs of high cost, high harm families?

The problems presented by such families are multi-faceted and require coordinated action by all stakeholders in local crime and disorder partnerships. However, the following example of intervention by Hammersmith and Fulham presents a positive approach to the consequences for children and young people:

ASSIST is a multi-agency service which has developed over a number of years specifically to work with young people on the threshold of care to prevent them becoming looked after.

Two independent evaluations of the service commissioned in 2005 demonstrated the effectiveness of the model both in terms of reducing the number of care episodes for adolescents aged 12-16, and, as a consequence, achieving considerable net savings on the children's placement budget. Thus, of the 30 young people involved in the first evaluation, all of whom were deemed at serious risk of becoming looked after, 75% remained with their families at the end of their involvement with the service.

The model of intervention relies on the service being able to deliver immediate and intensive packages of support engaging with both the young person and their family, often at the point of acute crisis. Such intervention may have a number of elements, employing both established social work methods, e.g. solution-focused therapy and as well as the more practical group work and activity-based approach that would be found more commonly in youth work services. The team also benefits for having access to other professional services - education, and the Young People's Development Project as well as the ability to engage staff on flexible contracts to maximise the delivery of service at times when the young person and their family are most in need of the support.

More recently, the service has expanded to work young people placed outside the borough in high cost residential placements and again we have seen evidence in relation to two young people (whose combined care packages were in excess of 400k/annum) of the teams ability to establish them back in the local community.

Can we better align local services to improve identification of these families earlier on and before they become high cost, high harm?

We have ample risk indices to enable early identification of the population that might develop truly chaotic lifestyles or whose children will suffer or put themselves at risk of exclusion as a result of lack of care and control. However, the social science does not yet exist to enable accurate prediction within this population of the actual families at risk. Care therefore needs to be taken in balancing inputs with the rights of the individual, and the link of sanctions to predicted outcomes – as opposed to actual behaviour – creates a moral and ethical minefield. Furthermore, families move in and out of “risk” and children’s lives are affected differently as a result. Some highly targeted local interventions are therefore indicated, those which offer a choice of evidence-informed services to a population, which will pick up a number of the families with the greatest likelihood of becoming chaotic. Evidence of such approaches was given in Section B1, additionally; Stockport’s parenting support project reported the following success:

This project provides support in targeted areas of Stockport for parents of children up to ten years, including:

- 1. Webster Stratton Parents' Survival Courses for parents of children aged 2-10 years. These involve structured group work offering the opportunity to explore parenting styles, behaviour management strategies and gain support from other parents. This is, an internationally validated programme using cognitive social learning theory. Independent evaluations have shown it to be effective in reducing conduct problems in young children, and in the longer term it can help to prevent child abuse, and the development of offending behaviour by children and young people.*
- 2. Individual work with parents who are experiencing difficulties managing their children's behaviour, or who simply wish to explore parenting issues. This service offers appointments at outreach clinics with an experienced health visitor and compliments the existing Parent and Child and Sleep Clinic services.*

One recent group in Brinnington worked with parents who in this case all self referred, although three were receiving support from social services, and two had domestic violence issues.

The range of problems identified by the parents at the beginning of the course were:

<i>- Temper tantrums</i>	<i>- Hitting and fighting with siblings</i>
<i>- Non-compliance</i>	<i>- Behaviour problems</i>
<i>- Eating difficulties</i>	<i>- Children out of control</i>

The parents' perceptions of the benefits of attending the group were:

<i>- "I don't let him wind me up any more!"</i>
<i>- "The kids are not shouting and have stopped being so annoying."</i>
<i>- "He has really enjoyed the extra time and play sessions we've had."</i>
<i>- "It's not the kids that have changed – it's us!"</i>

The course was evaluated using a range of techniques in order to provide an objective assessment.

All the parents who attended the course expressed how much they had enjoyed it. In particular they voiced the realisation that they were not alone in facing the challenge of their children's behaviour. They were able to normalise some of the behaviours that they had previously perceived as 'naughty'.

From April 2003 to December 2005 at least 330 children had benefited from this service. To support the parenting work we also offer a peer massage programme in targeted primary schools, enabling children to experience no-aggressive touch. Rates of bullying have decreased in schools where this has been run.

What interventions here and abroad have been shown to work in reducing the harm caused by these families and supporting them to exit the cycle of low achievement?

The DWP summary:

www.dwp.gov.uk/ofa/reports/chapter1-5.asp

What is the appropriate balance between support and sanctions for these families?

It will not be possible to prevent all antisocial behaviour by parents and children, and the offer of choice in supportive services will only ever engage a proportion (but the biggest proportion) of those families whose behaviour creates the greatest difficulty for those around them. Many of the parents in these groups have significant needs in their own right – surveys show that they include large numbers who are subject to domestic abuse, are substance dependant or experience mental illness. The adult services needed to tackle these problems are often unavailable as the threshold for their use is set so high. So, despite the serious problems created for their children, And which the children often then visit on their communities, levers and sanctions that are applied without first addressing the service deficit are wholly inappropriate. Furthermore, sanctions which have an unintended consequence , whether directly or indirectly, of increasing the numbers of children looked after should be avoided at all costs.

In particular, the links with domestic abuse should be explored much more fully:

As an example of preventative strategy into practice-Derbyshire has allocated £400k of new money this year and domestic abuse services are to be a major beneficiary with completely new infrastructure within the voluntary sector to be set up in the two almost non-resourced eastern districts. Hitherto development has been piecemeal and very much related to local individual effort. This initiative has been well documented and more detailed evidence of the benefits to children can be provided.