



Tackling disadvantage: across the life course, and from generation to generation

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**Making
government
work better**



The Social Exclusion Task Force

- Based in the centre of UK Government, the Cabinet Office
- Aim to address the **cross government** issues that lead to deep and enduring disadvantage in communities, families and individuals
- Two main ways of working
 - The Socially Excluded Adults Public Service Agreement (PSA 16)
 - Short term projects commissioned by departments

What this talk will cover

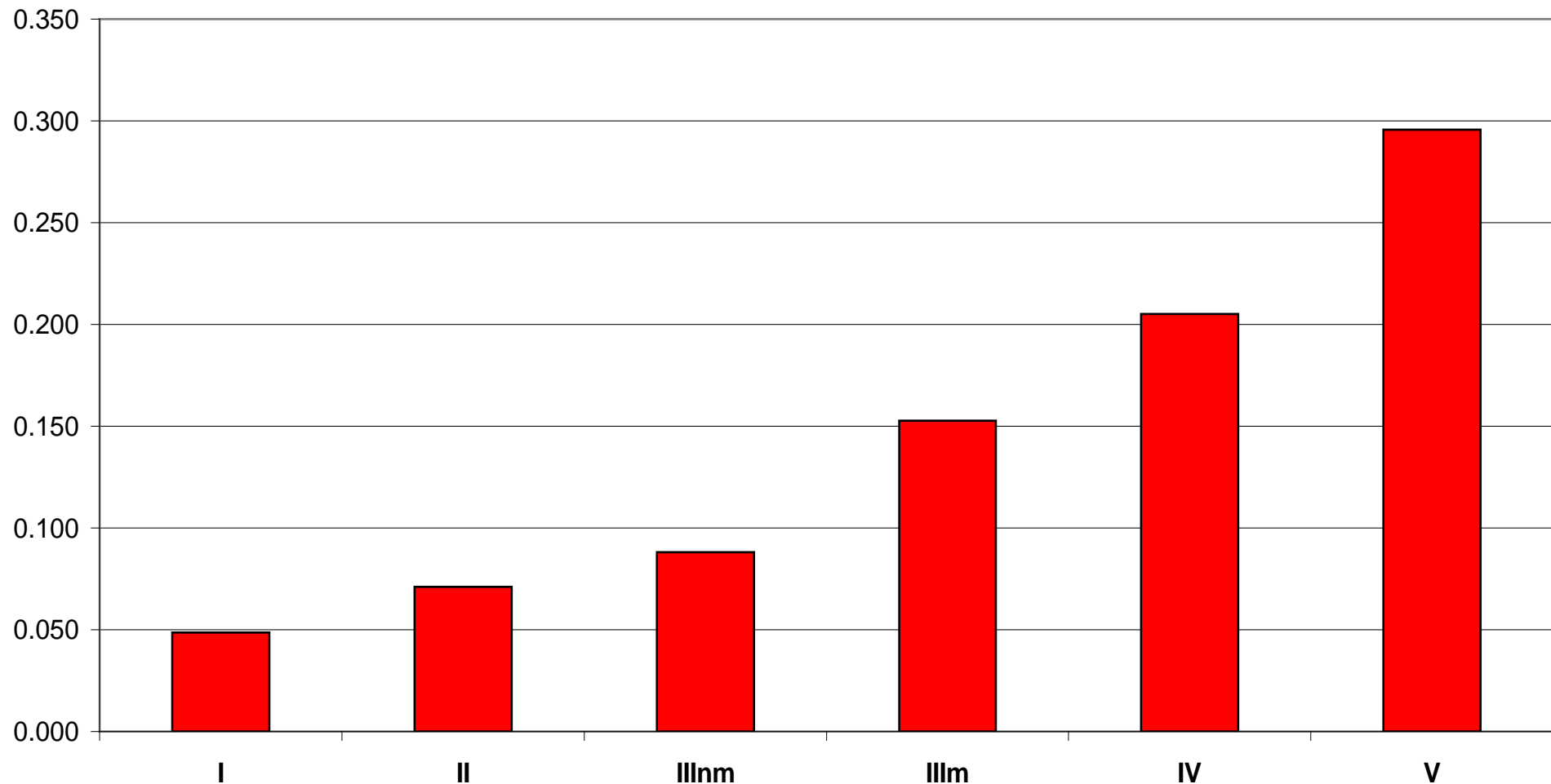
- A few things we know about disadvantage
- Why those at bottom are so hard to shift
- Systems change and intervention programs
- Key learning from experience of trying both
- Ongoing dilemmas

What we know

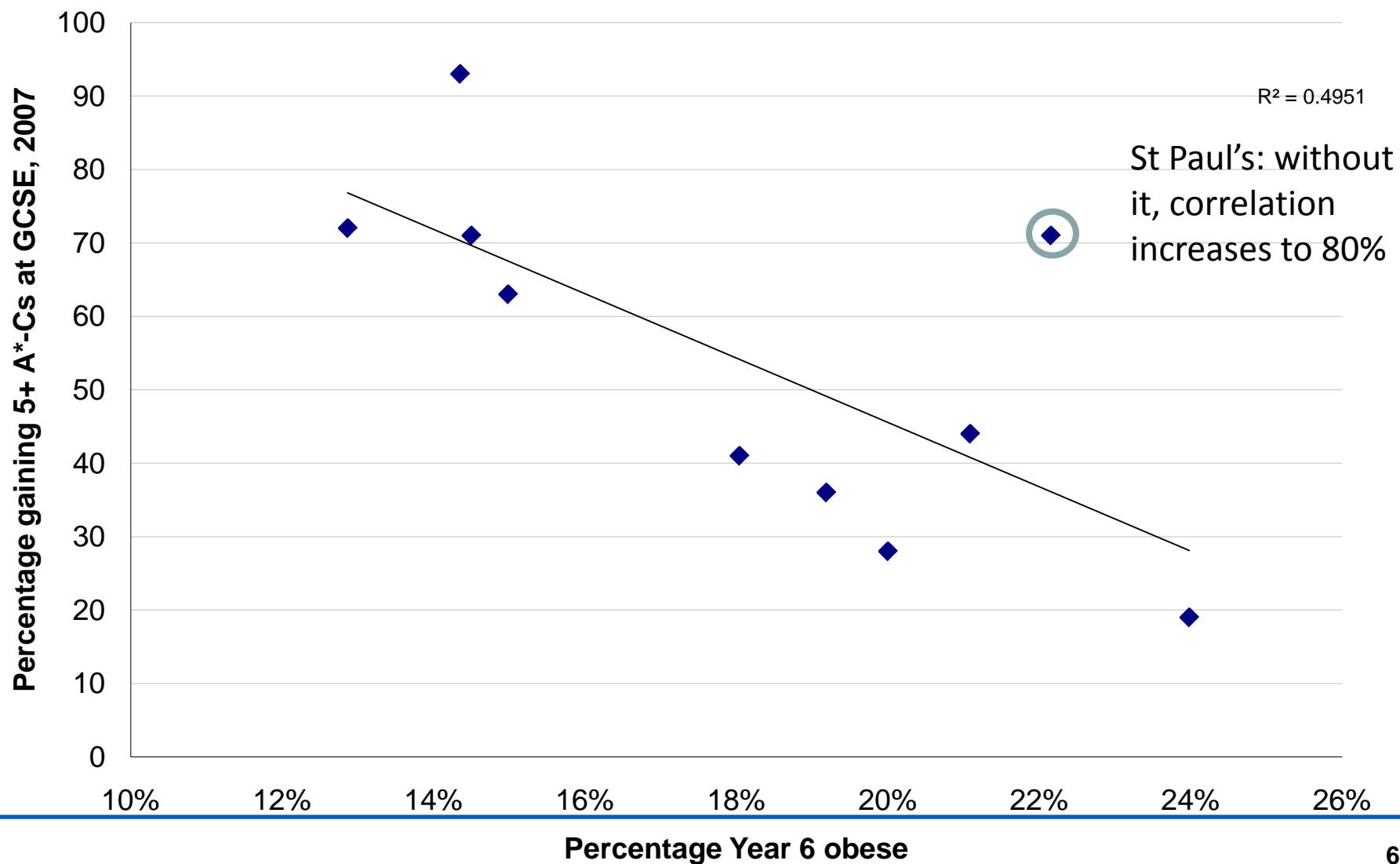
- Inequalities interact, and clump together: poor health, poor educational achievement, poor employment prospects, raising children in poverty;
- Clear gradient, so disadvantage not just in bottom quintile;
- Within every cohort children fall in and out of risk;
- Disadvantage is intergenerational; and has negative impact and costs across the life course.



Probability of multiple deprivation at 30 years, by birth SES, 1970 Cohort Study

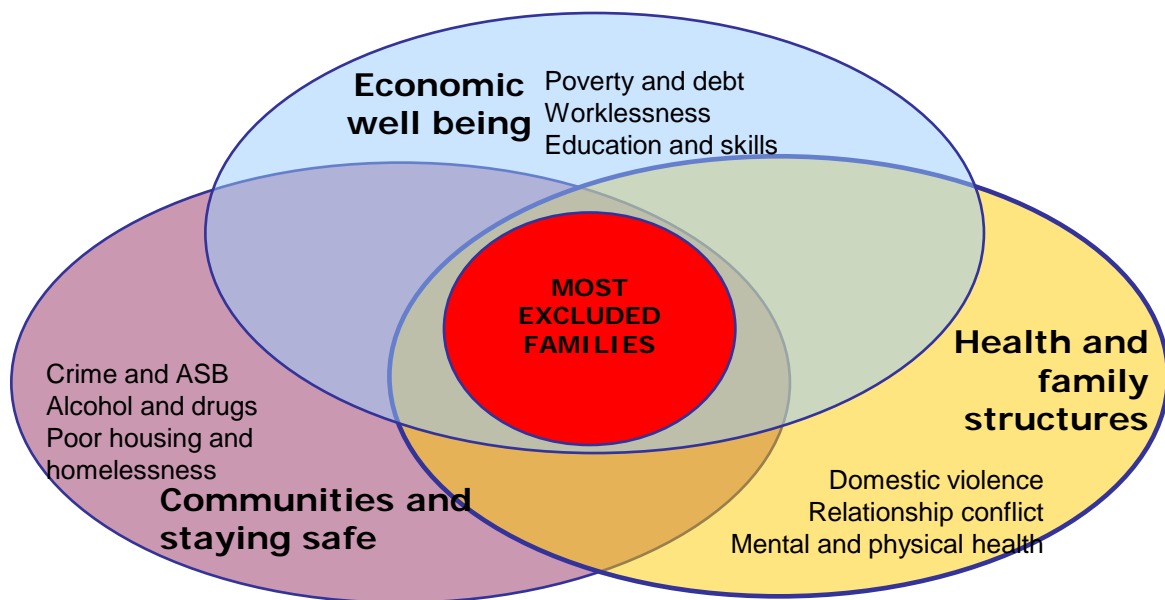


Interrelationship: health and education inequality



Families matter: disadvantage transmitted across generations

- Homelessness increases the risk of being on the Child Protection Register from 1% to 12%
- 63% of boys with convicted fathers go on to be convicted themselves
- Parental alcohol misuse is a factor in >50% child protection cases
- Parental disability can lead to caring responsibilities for child
- 1:4 children witnessing domestic violence have serious social and behavioural problems
- Strong association between parental income and child's future income as an adult
- Children from workless households are much more likely to become poor and workless adults



Why haven't we cracked the problems of exclusion

Inequality gaps widen as policy success for the many leaves a few even further behind

- Even with the recession, most people in Britain are healthier, wealthier, and wiser (?) than thirty years ago
- Successive successful policies have left behind individuals and families with increasingly complex, inter-related and persistent problems
- Public health messages and policies that work for the many, still miss some; need to address a highly segmented market; a more nuanced approach to targeting

The challenge of narrowing the gap in outcomes: what can Govt do?

Individual characteristics	Social factors	Systems issues
Gender Genetics Ethnicity	Parental education Parental engagement Peer influences Community norms Behaviour and lifestyle Family income	Housing Employment Working conditions Transport Health care
Least amenable to change	Mix of amenable and fixed characteristics	most amenable to govt interventions

Systems reform: PSA 16

- One of 30 key priorities for the Government, announced in October 2007 as part of the Comprehensive Spending Review, in place until April 2011
- Key goal: a **home** and a **job** for four groups at risk of deep exclusion
 - Adults with learning disabilities
 - Adults with severe mental health problems
 - Young adults leaving the care system
 - Offenders under probation supervision

What can be achieved with the PSA

- All four groups at risk of deep exclusion of net loss rather than net contributor to society and economy
- Home and job for these groups requires complex cross government working, and complex delivery chain analysis
 - 6 different central govt departments
 - Local delivery dependent on LA, Health, Probation, third sector partners
 - Complex lines of accountability from Whitehall to front line
- Small numbers, high impact; delivery will demonstrate challenges and possibilities of inter sectoral working

The Aspirations Project: systems approach and systems change

Aims

- Examine patterns of - and influences on - educational aspirations among young people living in different deprived communities
- Explore the potential of community-based approaches in helping young people to set ambitious aspirations and support them to fulfil their potential

Key findings

- **Educational aspirations matter** – parental aspirations have a positive influence equivalent to 4 additional terms progression at school
- **11-14 critical** – move from idealistic to realistic goals
- **‘Bucking the trend’** - high aspirations despite high deprivation
- **Importance of local context** – composition, economic history, physical location and connectivity – and less tangibles such as ‘identity’
- Mono cultural communities with long history of unemployment tend to be high on bonding capital and **low on bridging capital**
- Young people in these communities tend to stay in them, very limited travel, very limited social networks
- **Complex delivery landscape** – lack of explicit focus on aspirations; lack of involvement of business; gaps around 11-14s

Inspiring Communities

- Over £10m funding from central government (CLG, DCSF and Cabinet Office)
- Campaigns in 15 neighbourhoods with low educational aspirations
- Intensive and positive campaigns – mobilising the community around the goal of helping local young people to fulfil their potential
- Identifying and shifting attitudinal barriers within different sections of the community
- A neighbourhood partnership – local communities, local government, schools, businesses, health services, third sector working together.... better alignment of interventions

A new model of neighbourhood partnership:

- A partnership between local services and local people
- Bringing new and existing programmes together: pooling and aligning budgets
- Mobilising the community

Inspiring community campaign

- Broadening young people's horizons
- Raising parents' aspirations
- Expanding local social networks
- Providing advice and inspiration

Neighbourhood partnerships supported to:

- Understand attitudinal barriers
- Map resources coming in to the neighbourhood
- Design and implement social marketing interventions



Evidence based Programmes, 3 exemplars

- Sure Start (systems and programme approach)
- Family Nurse Partnerships
- Predictive Risk Modelling

Sure Start local programmes: impact on 3 year olds

Evaluation methodology

- Using data from NESS and MCS matching areas were carefully chosen to compare
- 5883 children/families in 93 SSLP areas, and 1879 children/families in 72 non SSLP areas
- 14 outcomes in common for NESS and MCS at 3 years

Impacts on family functioning: significant differences

- Child positive social behaviour
- Child independence and self regulation
- Parenting risk index (observer rating of parent child relationship)
- Home learning environment
- Total service use
- *Child immunisations*
- *Child accidents (could be attributable to timing effects on data collection)*

Family Nurse Partnerships

Family Nurse Partnership Pilots

- Structured home visiting programme for disadvantaged parents from pregnancy until child age two

Goals

- Improve pregnancy outcomes
- Improve child health and development and future school readiness and achievement
- Improve parents' economic self-sufficiency



30 years development and 3 large scale trials

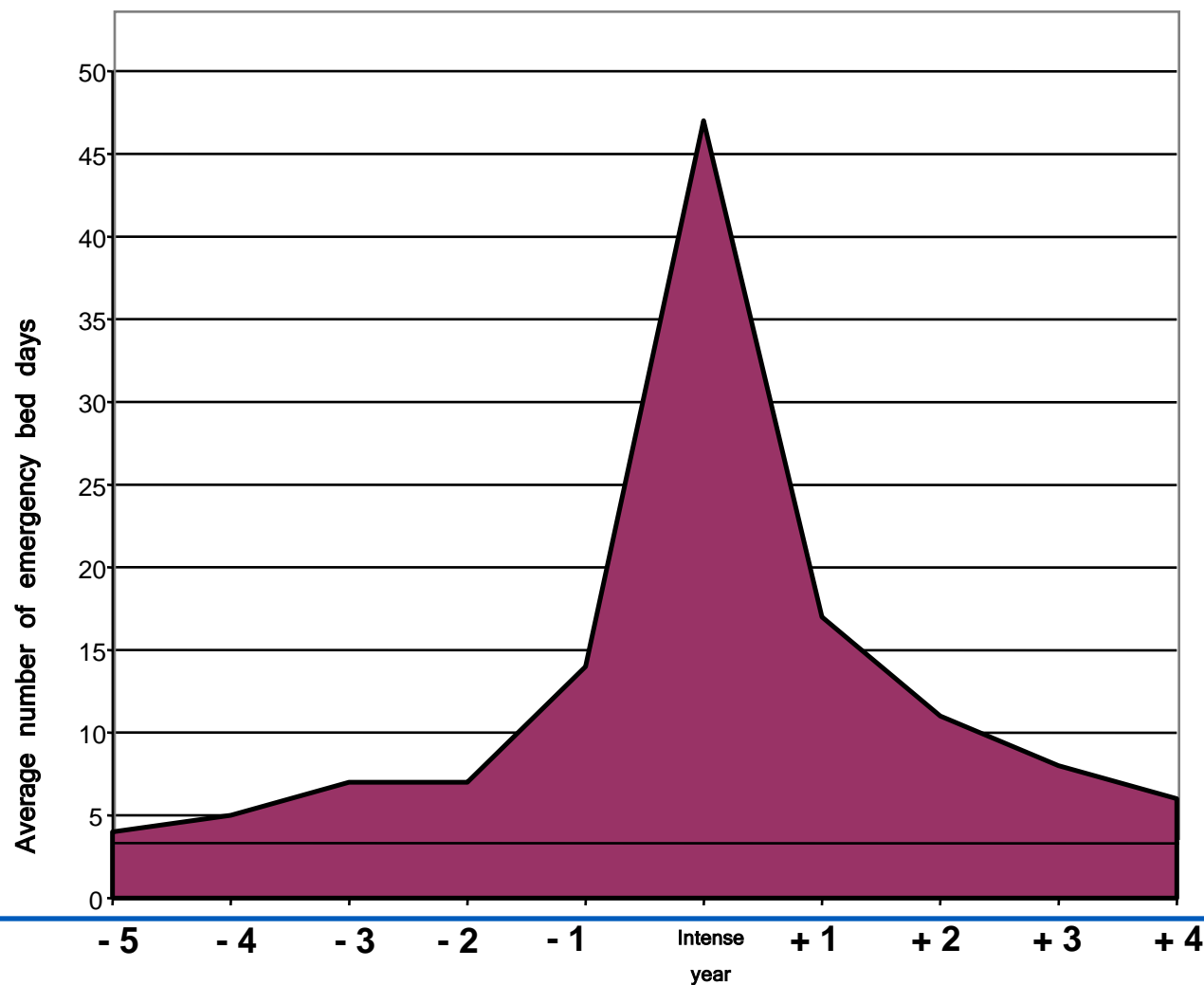
- Improvements in women's prenatal health
- Reductions in children's injuries
- Fewer subsequent pregnancies
- Greater intervals between births
- Increases in fathers' involvement
- Increases in employment
- Reductions in welfare and food stamps
- Improvements in school readiness

Predictive risk modelling; preventing unplanned hospital admissions: Croydon experience

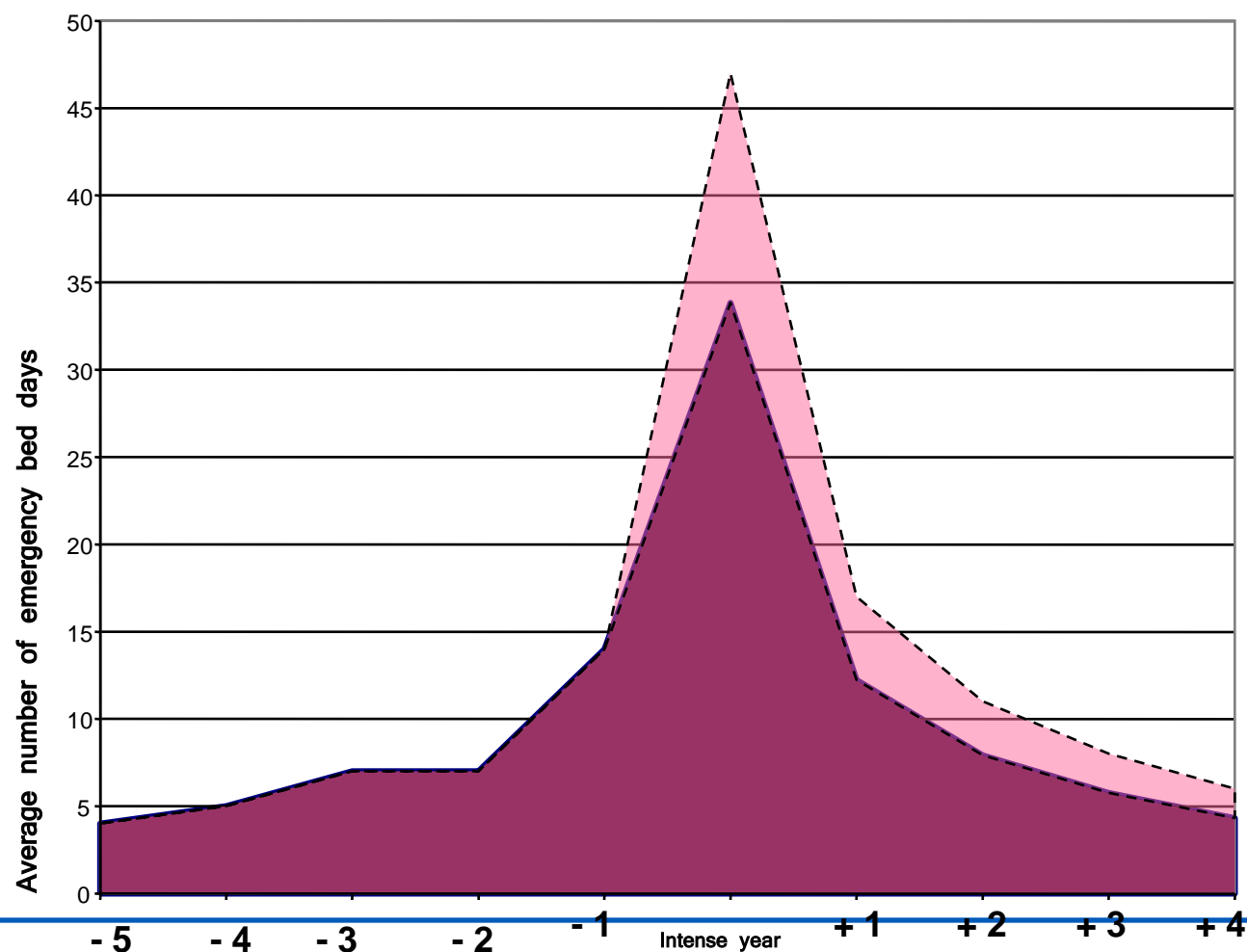
- Identify high risk people in the population, and offer intensive community based support;
- Identification of risk based on individual patient data, out patient and accident and emergency admissions, use of GP services;
- Data is anonymised, and GP gets back advice on which of his/her patients could benefit from the service;
- Only works if the preventive intervention is offered to people who are truly at risk; accurate identification is crucial.



People come into risk at any age, but there is often a rapid turnover of high-risk individuals;
how to identify those most at risk



When patients identified a year before they become high risk,
a 20% risk reduction starting at year -1. 20% reduction means the nurse's efforts have much more of an
impact.



What have we learned

- Community based programmes shift the curve but miss out on the most disadvantaged;
- Programmes must address the needs of the whole family, **and** adults living on their own. To date govt policy has failed single people not living with their families;
- The most promising interventions need rigorous evaluation, and are sometimes hard to scale up;
- The common feature of all successful programs is the quality of staff: well trained, motivated, and clear in their purpose. Staff investment is least appealing, delivering more is always more attractive than delivering better.

Working across Government

- Varying priorities among departments
- Language and culture of departments varies
- No common organising principle for structures of departments: for the PSA, 3 depts about the people, and 2 depts about what the people need
- Deep disadvantage almost always a minority interest in any single department
- Departments themselves hugely complex, one route in does not engage the whole of the dept's activities

Tensions in policy making, ongoing dilemmas

- Universal or targeting
- Community designed, manualised, or standardised from Whitehall
- How to decide on universal entitlements versus local decision making: 'post code lottery'
- 'interventions' or 'system reform'
- Structural solutions, workforce solutions, cultural change

What is our overarching strategic intent?

- Anti-poverty; we care about lifting the bottom, but less about reducing the top
- Social mobility: we care about inequality in life chances, but accept as some go up, others go down
- Tackling inequality: we care about the distance between the top and the bottom

Policy responses to each of these is different



With thanks

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