

Learning from Families

Policies and Practices to Combat Social Exclusion
amongst Families with Young Children in Europe

Report for England and Wales

October 2005

CONTENTS

	page
Executive Summary	5
Introduction	7
PART I	9
1. POLICIES AND PROGRAMMES – the views of expert witnesses	
1.1 The Context	9
1.2 Rationales behind the NAPs/incl 2001- 3, NAPs/inc. 2003 – 2005 and other major policies that target families with children under 5	10
1.3 Principal challenges, objectives and strategies for implementation	10
1.4 Reservations	12
1.5 The Welsh perspective	13
1.6 Achievements and remaining challenges	14
1.7 Summary	15
PART II	16
2. POLICIES AND PROGRAMMES – the experience of parents	
2.1 How the inquiry was carried out	16
2.2 The context of Social Exclusion	16
2.3 What We Learned From Parents	
2.3.1 Low income	17
2.3.2 Lack of resources	18
2.3.3 Lack of gainful employment	20
2.3.4 Non or reluctant use of services	22
2.3.5 Lack of social networks	23
2.3.6 Negative feelings	24
2.4 The impact on children	25
2.5 Risk and protective factors	26
2.6 Coping strategies and reasons for non use of services	27
2.7 The process into and out of social exclusion	
2.7.1 Factors leading to social exclusion	28
2.7.2 Barriers to use of services	28
2.7.3 Breaking / Turning Points / Sustaining Influences	30
2.7.4 The current situation – outcomes	31

2.8	Interventions –	
2.8.1	How families assess them	32
2.8.2	Genesis	33
2.8.3	Home-Start	34
2.8.4	SureStart	35
2.8.5	Suggestions from parents	35
2.9	Family Reference Groups (FRG)	
2.9.1	Benefits and Income Support	37
2.9.2	Services and service delivery	37
2.9.3	Reconciling work and family life	38
2.9.4	Social support	39
2.9.5	Comments and suggestions from the Family Reference Groups	39
3.	Concluding Comments	41
4.	Recommendations	46
	References	48
	Appendices	50
Appendix 1	Topic Guide, Part 1	50
Appendix 2	Maps of Departmental Responsibilities	51
Appendix 3	Methodologies	55
Appendix 4	Operational Definitions and abbreviations	59
Appendix 5a	Letter of introduction to families	62
5b	Interview schedule	63
5c	Topic Guide for Reference Groups	73
Appendix 6	Project Area Information	74
Appendix 7a	Family Information	77
7b	Dimensions of social exclusion in participating families	78
	PART III	
3.	PRACTICAL FRAMEWORK FOR ASSESSING POLICIES AND PRACTICES FOR FAMILIES WITH YOUNG CHILDREN IN RELATION TO COMBATING SOCIAL EXCLUSION	separate document
	Acknowledgements	79

EXECUTIVE SUMMARY

What is this project about?

“Learning from Families in Europe” is a project that focused on how socially excluded and particularly vulnerable families with young children actually experience policies and practices intended to benefit them, and how parents think they can be improved. Parallel inquiries were carried out in Greece, Hungary and the Republic of Ireland as well as England and Wales. The work was coordinated by Home-Start International and funded by the EU as part of its interest in tackling social exclusion. This report refers to the project in England and Wales. It is a qualitative study, based on in-depth interviews with ten families, and two Reference Groups in each country to test emerging themes and issues. The former had all been reluctant to use services, and in approximately half the families, either the parents or children had disabilities. Most, but not all lived in areas supported by SureStart Local Programmes.

What we learned about Government intentions

The report falls into three parts. Part I established that in England and Wales, social exclusion is recognised as a complex phenomenon, manifest in high levels of child poverty, high teenage pregnancy rates and the existence of highly deprived communities with high concentrations of vulnerable people. The Government recognised the importance of supporting families with young children and had made a substantial investment in preventive interventions targeted at the most deprived communities, notably through SureStart. The best way out of poverty was seen as employment. To this end, strategies also included financial incentives, increased opportunities for training, and the provision of affordable, good quality child care.

What we learned from families

Part II, the core of the project, describes in their words how marginalised parents experienced and reacted to such measures. In graphic detail it becomes clear that families living on Income Support are struggling to keep up with the cost of living, denied many of the things most people take for granted. Others living just above the threshold(s) for benefits are caught in a poverty trap, particularly families in which disabilities causes extra expense. Lacking savings, insurance, and often adequate housing or transport, parents told of getting heavily into debt they could not repay. Employment was not a viable option - disabilities prevented some parents, whereas others wanted to care for their own children while they were young and sought part-time work that was not available. Lack of jobs, lack of accessible, affordable child care, lack of transport and unhelpful employer attitudes all militated against employment as the solution. The situation for families in the study was further exacerbated through lack of social support networks, broken relationships and a culture of independence that affected parental will to seek out information or to accept help from public services. With some notable exceptions, the unhelpful ways in which services they had used had been delivered, distances they had to travel and conflicting information served to alienate them and discourage further contact. It left them disillusioned, humiliated and unsupported. It rebounded on the well-being of their children.

Exploration of how they came to accept help revealed that most parents hung on until they reached 'rock bottom' and were obliged to accept some form of support. The qualities that made a difference to them accepting a service and staying with it lay largely in the way it was delivered. Qualities that matter were: - to be shown openness; trust and respect, above all not to feel judged; not to be 'fobbed off'; to receive prompt, responsive action; accurate relevant information given in small chunks by word of mouth; and a sense that services are working together and know what others are doing.

Conclusions

It became clear that there is a significant gap between the government's vision expressed in the Ten Year Strategy and reality for some of the most vulnerable families. They will continue to fall through the net unless policy makers, programme developers and service deliverers address shortcomings across the whole range of services and support – particularly transport, – in tandem with issues of poverty.

Recommendations

The key recommendation is to reflect and act upon Part III - a Practical Framework for Assessing Policies and Practices for Families with young Children in relation to Combating Social Exclusion. Produced as a separate document, it is a tool based entirely on what parents have said and highlights some of the ideas and suggestions they have made to improve the situation. It is designed to bring into focus some of the issues – targeting v. mainstreaming; information giving; disincentives to work; - from the perspective of socially excluded families with whom service providers find it difficult to engage, to provoke lateral thinking and to prompt careful consideration about how far policies and programmes can be made effective in reaching out and helping all families, including the most marginalised and alienated.

Learning from Families in Europe – Policies and Practices to Combat Social Exclusion amongst Families with Young Children

REPORT FOR ENGLAND AND WALES

Introduction

“Learning from Families in Europe” is the result of a collaborative association between Home-Start UK (for England and Wales), Home-Start Ireland, Home-Start Hungary and the Institute of Social Protection and Solidarity, Department of Research and Evaluation in Greece, in cooperation with the DG Emploi from the European Commission through their framework for Social Protection and Inclusion. Home-Start International coordinated the project. This independent voluntary organisation is committed to supporting vulnerable families through information exchange among governmental and non-governmental bodies, as well as supporting Home-Start schemes in some 30 countries. The project received funding from the European Commission within the frame of the Community Action Programme to Combat Social Exclusion 2002-2006 – Trans-national exchanges (Phase II)

Over two years, (2004 – 5), researchers in five European countries have looked at policies and programmes for socially excluded families with young children primarily from the perspective of parents, especially those with young children who tend not to use services intended to benefit them. The motive was to help governments, as well as statutory and voluntary bodies, build social environments that lessen the accumulation of risks, encourage protective buffers, and help families towards social inclusion. It is hoped to stimulate “political debate and support for national strategies” as stipulated in the Joint Report on Social Inclusion¹

The emphasis on families with young children stemmed from an earlier exploratory study that involved organisations in four countries from December 2000 – June 2002². The report of that project pinpointed a number of gaps in knowledge about social exclusion, in particular the potential importance of the social and subjective dimensions and the need for deeper and more extensive listening to parents with young children, as well as learning from their actual behaviour in response to policies and programmes intended to help them.

The partners identified large families, single parent families, families where there were disabilities, immigrant and ethnic minority families together with issues related to reconciliation of work and family life as subjects for further investigation. In the current project, researchers in each country paid particular attention to one of these groups. In England and Wales, the focus was on families the disabilities and families with whom helping agencies had found it hard to engage.

The partners agreed that the National Action Plans for Social Inclusion (NAPs/incl), mandatory in member countries of the European Union, should be the anchor for the inquiry. Whilst families with young children are at the core of the project, preliminary activities included mapping departmental responsibilities for policies that seek to combat social exclusion in families with young children in each country (Appendix 1) and documenting policy makers' intentions and strategies in key areas within the NAPs/incl. against Poverty and Social Exclusion.

This report focuses on the project in England and Wales. It falls into three parts. Part I outlines the challenges facing policy makers and the key principles underpinning policy developments. It looks behind the NAPS/incl 2001 – 3 and 2003 – 5 at the rationales for policies intended to promote social inclusion in families with young children, at the strategies being pursued, and at what is thought to contribute to positive and less positive outcomes. It provides the base-line and context for the second and main part of the project.

Part II aims to provide insight and understanding into the reality of social exclusion as it is experienced by marginalised parents and, by drawing on their observations and encounters at the receiving end of policies and programmes, to better understand the barriers to use of services and full participation in society.

These experiences and encounters also provide the crucial ingredient of Part III – A Practical Framework for Policy Makers and Programme Developers. This, in a separate document, seeks to establish a direct connection between what parents said and what will help those who plan and/or deliver policies and programmes to think about and act upon. Together with the DVD, in the cover, it is intended to give life to the situations in which some of the most vulnerable families exist and from which policy makers and practitioners alike have the power to help them escape.

It had been intended to include a section devoted to children's views. However, in the light of the young age of almost all the children in the families interviewed together with constraints of time and the need for specialist skills, the partners decided not to proceed, but they acknowledge the deficit.

PART I

1. POLICIES AND PROGRAMMES – through the eyes of expert witnesses

The cross-country strategy agreed by the partners involved asking pre-agreed and circulated questions of at least five policy makers and/or programme developers in all participating countries - from National Government, local authorities, the voluntary sector and academia (Appendix 1, Agreed Questions). In England, officials responsible for the NAPs/Incl. were key contributors. They were also pivotal in suggesting who to approach as respondents in the government departments concerned with early years (Appendix 2, Map of Departmental Responsibilities).

Six potential respondents in England and five in Wales were asked to take part in order to obtain wide coverage. All agreed. The ways in which this part of the inquiry and also the methodology used in subsequent interviews are explained in greater detail in Appendix 3.

1.1 The Context

To set the exercise in context, chronic problems facing policy makers in the UK in 2001 included: -

- *high levels of child poverty (1 in 3 children living in households below 60 per cent of the national median);*
- *the highest teenage pregnancy rates in the EU; a high proportion of children in workless households,*
- *and the existence of deprived communities with high rates of unemployment, mortality, low educational attainment and high concentrations of vulnerable people, including minority ethnic groups, lone parents and those with disabilities³.*

Impressive progress had been made by 2004 in extending support through SureStart Local Programmes and in reducing child poverty. The number of children living in low - income households had fallen by 500,000 since 1997 (a drop of 16 per cent). It was estimated that had the Government taken no action, a further 1.5 million children would have been in poverty⁴. In spite of considerable growth in average incomes, the long-term increase in the numbers of children in poverty had been put into reverse. The UK, uniquely in Europe, had brought most departments together in one unit with a Minister for Children. Notwithstanding, problems remained in all the above areas. Against this background, what were the main points made by our expert witnesses who contributed to the inquiry in England and Wales?

1.2 Rationales behind the NAPs/incl 2001- 3, NAPs/inc. 2003 – 2005 and other major policies that target families with children under 5?

Government officials referred to a significant body of research and experience that demonstrates long-term benefits, especially for poor children, of quality pre-school education and parent support and education. Children who participate in pre-school programmes are more likely to complete secondary education, to go on to college or vocational training and to be gainfully employed. They are less likely to have been in trouble with the law. Research has also demonstrated substantial savings in social welfare and prison costs, estimated in America as seven dollars for every dollar spent on early intervention, (increased to \$17 in 2005) ^{5,6}.

A mounting body of hard physical evidence supports the crucial importance of early intervention. Research on critical periods for development and the effects of stress on the brain development of young children, as well as studies of the effects of different parenting styles had been especially influential ^{e.g.7,8,9}. These, together with other cogent evidence of the deleterious effects of poverty on the well-being of children¹⁰, had made a substantial impact on policy development (intervention by the State), resulting in a sizeable investment in the early years, in preventive interventions and programmes targeted at the most deprived communities.

1.3 Principal challenges, objectives and strategies for implementation

Whilst it was generally recognized that multi-dimensional, complex problems lie at the root of social exclusion, the primary challenge was seen at Government level as the eradication of poverty, specifically child poverty. Respondents observed that long periods of unemployment can lead to deteriorating health. Deprived areas, identified by research, slip into decline, a vicious circle of diminishing resources and economic growth ensues. An important proportion of people in these areas are likely to have children under five and to be in a period of the life cycle that is widely recognised as incurring extra expenses and is often stressful.

The best way out of poverty was seen as finding a job. Joblessness – the increased number of people who are neither in paid employment, living with somebody in paid employment, nor actively seeking work – was identified as a more cogent spur towards social exclusion than unemployment. In England, the number of those receiving incapacity benefits had more than trebled since the 1970s. Women were over represented in low income groups and had lower employment rates than men. Getting those who could work into employment was seen as the way to reduce expenditure on benefits as well as to reduce the numbers on low incomes. Added advantages were seen as the social and psychological benefits to individuals of being with other people, of information receiving and giving, the acquisition and use of skills and the self-esteem and confidence they engender.

A number of **strategies in both England and Wales** had been developed to achieve the desired result including:

i. Financial incentives so that those in work would be better off than on Benefit. The Child Care Tax Credit, for example, helps lower and middle income parents prevented from entering the labour force by expensive child care, whilst the National Minimum Wage narrows the gender gap. It has had the greatest effect on women's pay since the Equal Pay Act of 1970.

ii. Increased opportunities for training to enable parents to enter or re-enter the labour market, for example, in England through New Deals, and in Wales through Genesis – an EU supported project that provides free childcare and support for anyone wanting to access a learning opportunity.

iii. The provision of affordable, good quality childcare through the National Child Care Strategy to deal with a major barrier for parents wishing to enter the labour market. This had involved substantial increases in day care for the young children of working parents across both countries through the creation of Neighbourhood Nursery Centres, the extension of out-of-school hours childcare places and 25,000 new childminder places. Use varies according to the age of the child, but 94 per cent of children aged two and under, whose mothers worked, receive childcare¹¹. By investing in Children's Centres (comprehensive facilities at local authority level) and expanding quality pre-school education and out-of-school care, the Government aimed to cater for all children aged four and over by September 2004.

iv. SureStart Local Programmes – key to tackling social exclusion in families with young children - involved unprecedented spending on early years provision. These programmes target children aged three and under in the most deprived neighbourhoods. Those at risk include families low in skills, workless households, especially where there is long term unemployment; families where there are disabilities, single mothers, large families and some ethnic families. Lone fathers are increasingly recognised as marginalised and in need of support.

Every Local SureStart Programme is different, but all harness statutory and voluntary sector services in measures to reach and support vulnerable families including the setting up of a *Children's Centre* in all local authorities in areas of greatest disadvantage. Core services aim to provide primary health care, play facilities and early education; advice and support; help for families with special needs and outreach to provide support in the home. Services may act as a gateway to more intensive support where appropriate. Eligibility for a Local SureStart Programme is intentionally area-based in order to avoid stigma. Anyone living in the designated areas can use the services. Another distinctive characteristic of the Programme is that it requires contact with every child under four. This does not imply that everyone had to go on using the services, but there had to be some level of assessment of every child.

Families with disabilities are included in the core programmes. Success in reaching them and some other vulnerable families is often patchy. The level of support to enable a parent to look after a disabled child or to enable the State to support a parent is very high in terms of people and money. However, individual programme managers are very successful in bringing services to the people.

It had been estimated that 56 per cent of poor children live in the 20 per cent poorest wards. Given the need to direct resources to those who need them most, it made sense to channel energies into the most run down areas.

v. *Joined-up Government, partnership and joint working at all levels.* The Treasury and all devolved administrations were represented on the Joint Ministerial Committee on Poverty with the common goal of eradicating poverty. The interdepartmental *SureStart Unit* had responsibility for child-care, early childhood education and SureStart, to ensure that government policy is joined up. Most SureStart Local Programmes were implemented by Early Years Partnerships convened by Local Authorities, with stakeholders included in the policy making process.

vi. *The requirement of evidence-based practice.* The Impact Evaluation of SureStart began reporting on outcomes for children in the summer of 2004, but evaluation of the programme will take some time to complete.

vii. *Programmes of Neighbourhood and Community Renewal,* Whilst not specifically directed at parents with young children, these also impinge on them, in particular through improved living and leisure facilities, play areas etc.

viii. *The Department of Health* retains an interest in promoting social inclusion. Priorities were in terms of public health targeted at deprived areas, mainly through SureStart and health visitors. Issues of particular concern are mental health, teenage pregnancy and young mothers. It was hoped to extend the 'Healthy Schools' Programme to nursery schools.

1.3 Reservations

Some criticism of these policies emerged from respondents in local government, in the voluntary sector and from academics. A study at Brunel University of out of school care for vulnerable children found that middle class parents often tended to be very good at mobilising access to services at the expense of the most needy¹¹. In other's experience, the area-based strategy may reduce stigma within it, but it does little to counteract the stigma attached to the area by those outside it. Nor does it ensure that the needs are met of equally poor families living in affluent areas or in rural poverty. Concern was voiced that SureStart was not a universal service and many marginalised families lived outside the designated areas. This problem was recognised and efforts were being made to reach out to such families. In England, a new policy of 'seeding' entailed the identification and support of small pockets of deprivation outside the larger designated areas.

Several respondents pointed out that voluntary sector services, like Barnardo's and many smaller specialist organisations, are not confined to the most disadvantaged areas. They also support vulnerable families in comparatively affluent areas. A survey of family services¹² found that the voluntary sector provides 49 per cent of family support services, and that there are twice as many services for families with children under five as for families with children aged five to 10. Home-Start is one of the well-established voluntary sector services that through some 300 independent schemes, rooted in their own communities in all types of area, reaches out to support families in their own homes and to bring about change in some of those who are most disengaged. At the same time, respondents emphasised the importance of achieving change by changing communities, that is to say the total environment.

Some respondents were troubled by the perceived lack of adequate support for children of asylum seekers, prisoners and Travellers. They expressed concern about the real benefits of working for many parents – given the costs of childcare and travel, the prevalence of debts and the low wages of many female employees.

1.4 The Welsh perspective

As Tables 1 and 2, in Appendix 2 indicate, many of the policies and programmes in England and Wales had much in common, but there were also differences. For example, in Wales, Communities First¹³ involved an integrated approach to addressing poverty. It is a long-term programme (minimum 10 years) enabling communities themselves to decide what is needed and to help them realise their ambitions. It encourages risk taking, creativity and imaginative approaches. It aims to build confidence and self-esteem, raise incomes, improve health, education and skills, housing, and create jobs.

Respondents from Wales stressed the need to raise confidence, self-esteem and expectations in many socially excluded people, especially young mothers, as a forerunner to job seeking. Genesis for example, aimed to interest and prepare young women to enter the labour market. Respondents emphasised the importance of raising individual expectations and providing support to enable hitherto undreamed of ambitions to be realised, not just getting 'a job'. Welsh respondents also placed emphasis on the importance of play as preparation for learning in young children, as opposed to an early start in reading, writing and number skills. Wales may have been the only country in the world at that time to publish a Play Policy. Wales also appointed a Children's Commissioner in 2001 – "a children's champion and an independent human rights institution for children". One consequence has been the setting up of a Children's Council – the Funky Dragon – in which a topic under consideration was how best to reach and listen to very young children.

Different approaches to the funding of Local SureStart Programmes had been adopted in Wales. Funding was not directed to clearly defined areas from central Government and limited to them, as in England, but channelled through local government. Some respondents in Wales suggested that the latter method allows more room for negotiation in the light of local circumstances.

In Wales, the Children and Youth Support Fund (Cymorth), a unified grant from the Welsh Assembly Government provided almost £40 million in 2003 to improve the life chance of children and young people. About one third covered the 0 - 3 age group. This was cited as a clear reflection of the importance attached to focusing on prevention and the early years.

1.5 Achievements and remaining challenges

Respondents were agreed that considerable progress had been made in getting mothers into work (Objective 1 in the NAPs.Incl). Local SureStart Programmes, increased availability of and easier access to childcare, improved training facilities and financial incentives (benefits and tax relief) were all seen to play a part in positive outcomes. A strong minority view was that a job is not always the best solution for some parents and children. Local Authority and voluntary sector respondents stressed the need for parents to gain confidence and self-esteem, and to raise expectations of what can be achieved as the enabling factor for many socially excluded parents. The dearth of training pitched at appropriate levels for low achievers entering the labour market impedes development. Poorer outcomes among those with disabilities and some ethnic minorities were said to stem from practical and cultural issues and required local specific strategies.

With regard to preventing the risks of social exclusion (Objective 2), respondents suggested the National Minimum Wage and other benefits, Credit Unions, community involvement in decision-making - a powerful tool in bringing people together – and greater awareness of the importance of *how* policies are implemented (the need for flexibility and respect) as contributing to positive outcomes. Poor housing, unreliable and expensive transport, failure to mainstream SureStart and not bridging the gap between listening to what people are saying (often well done) and translating that into policy and practice were all cited as having a negative impact on outcomes.

Helping the most vulnerable (Objective 3) was seen as most challenging. In addition to factors already mentioned, continuity of investment and of individual services and personnel were seen as vital for positive outcomes. Voluntary sector respondents and academics felt strongly that it was not acceptable to raise expectations in services and then to discontinue them. At the same time, given limited resources, Government respondents insisted on the necessity, in any intervention, of robust evaluation to establish whether objectives are met. There was also concern that 'listening to parents and responding to their needs' does not necessarily improve outcomes for children. All agreed that difficulties in telling which programme was having which effect were a barrier to progress. Inability at local level to adequately assess effectiveness in terms of cost and outcomes for families, particularly children, impede headway. There was a need for outcome-based studies that ask the right questions and for appropriate methodologies. Viewed from the voluntary sector, some funding mechanisms/policies also affected the sustainability of programmes and/or the ways they developed, to the detriment of some of the most vulnerable families. Stigma and cliques were identified as counterproductive, and also the assumption that a few active and articulate members of a community speak for all.

This could account for failure to reach and involve disengaged families.

Success in mobilising all relevant bodies (Objective 4) was helped by commitment to principles and policies, but individual agendas and 'empire building' hindered progress.

Commitment to principles and policies helped success in mobilising all relevant bodies (Objective 4), but individual agendas and empire building hindered progress.

It was also noted that in England there was continuing dialogue with young people through a Children and Youth Forum and that a Children's Commissioner was being established as part of new legislation currently before Parliament.

Regarding funding policy in England, in addition to funding mainstream services, there was a move away from support for innovative projects that target the most vulnerable families to supporting local projects with national significance that were known to work.

1.7 Summary of Part I

A wide variety of strategies, programmes and projects existed for particularly marginalised families with young children. Some approaches and delivery mechanisms were working well for some vulnerable groups, but there was still a lot to learn about how to reach and support others. Sustainability was a live issue, as were flexibility in policy implementation, and the search for effective ways of involving local communities, including young people, in the process of developing solutions to the problems they face.

It was clear that Government recognised social exclusion as a complex phenomenon, and rated poverty – especially child poverty – the main priority and challenge. It saw the best way out of poverty as gainful employment for parents. Strategies aimed at helping vulnerable people to achieve this included: -

- Financial incentives
- Increased opportunities for training
- The provision of affordable, high quality child-care
- SureStart Local Programmes
- A national minimum wage
- Joined up government and partnership at all levels
- Programmes of neighbourhood renewal

But how do parents, particularly some of those who are most vulnerable, see it, - and how do they respond to these policies and programmes? Unfortunately families, especially those in greatest need, do not necessarily benefit from such strategies. The "Law of Inverse Care", well established in the literature¹⁴, is a recognised block to 'Helping the most vulnerable' (Objective 3 in NAPs/Inc). Indeed, a major problem for the partners was how to reach parents who, by definition, were 'hard to reach'. How was this to be achieved?

PART II

2. POLICIES AND PRACTICES IN THE EXPERIENCE OF PARENTS

2.1 How the inquiry was carried out

The research team decided to work retrospectively, to carry out small, qualitative studies in each country of a maximum of ten families. Five of these families would be considered by referring agents to have been 'hard to reach', but they would eventually have accepted help and reached a stage when they would be willing and able to share their experiences. Five families would belong to one of the special groups – in England and Wales, this was families in which parents and/or children had disabilities♣. More than 55,000 children under five living in the UK have disabilities ranging from mild to very severe¹. No statistics were available of families with children under five in which both parents and children have disabilities.

This strategy was considered feasible because of Home-Start's track record of being accepted by many families who, initially at least, do not use other services^{2,3}. Two Family Reference Groups* in each country would also provide additional and complementary sources of information (see Appendix 3 for details of methodology and caveats, Appendix 5 for the Interview schedule, Appendix 6 for information about the project areas and Appendix 7 for background information about the families).

2.2 The context of social exclusion

Answers to two questions underpinned this project. To what extent did the situation of the families at the time of first contact with the reference services (Home-Start, Genesis or SureStart) match the perceptions of referrers and the criteria for inclusion in the study? And how far did their situation fit the model of social exclusion relevant to families with young children developed in the partner's preparatory work⁴? These were that at time of referral each family should manifest indicators of at least three of the following dimensions of social exclusion:

1. Consumption (low income),
2. Savings (low wealth, lack of resources),
3. Production (lack of gainful employment),
4. Services (non or reluctant use of services),
5. Social (social isolation),
6. Subjective (negative feelings).

Three dimensions should apply to 'hard to reach' families (HTR)♣ in addition to 'non or reluctant use of services'.

At the time they accepted help and according to the information given in the interviews, all but two families matched the criteria for inclusion*. Those two were dropped from the study, and two other families who matched the criteria were added.

*Denotes operational definition or explanation in Appendix 4

♣ denotes explanation in Appendix 4

Using the theoretical model previously developed by the partners, analysis showed that all the remaining families evidenced indicators in four of the six dimensions of social exclusion to a greater or lesser extent.

2.3 What we learned from parents

We can now consider how far parents' accounts illuminate the six dimensions. No distinction will be made between localities in England and Wales or between HTR groups and families with disabilities (FWD)♣ or SureStart Local Programme Areas♣ unless clear differentiating themes or issues arose in the course of parents' narratives.

2.3.1 Low Income

Recurring themes and issues♣

- Lack of comprehensive information on Benefit entitlements
- Difficulties, especially for those with learning disabilities, in coping with forms and new ways of accessing benefits
- Non-payment of money through the CSA♣
- Difficulties facing those who just fail to qualify for Income Support♣
- Social Exclusion not confined to the most deprived areas♣

The overall picture when parents accepted help from the agency was of a struggle to make ends meet and of benefit dependency at a time when benefits were not always as supportive as they are today. It quickly became apparent that poverty and social exclusion affect parents outside areas designated for SureStart Local Programmes. Parents in the Project Area in England (PAE) did not speak of the same degree of financial worry as those in Wales (PAW); but this could be a consequence of local referral policies in Home-Start, as the complexity of need in families accepted for support has to be commensurate with the experience of available volunteers.

Some parents lacked information on entitlements and felt defeated by complex forms. Most qualified for income support♣ and were receiving child benefits♣ of between £55 and £120 a week. One single mother with two young children was in full time employment receiving £80 a week. She spoke of inability to pay for childcare or to make ends meet. Another on £75 a week said she went without food one day each week and relied on her mother to tide her over. Others detailed inability to heat the house adequately, to pay for basic needs of a new baby. Holidays♣ were not on the agenda. Narratives echoed reports from more extensive studies⁵.

Parents drew attention to the situation of single mothers who just fail to qualify for Income Support. They incur extra expenses they cannot afford, perhaps due to disability, that they are obliged to pay themselves. Hardship also accrued for single mothers who had not received money owing to them through the CSA♣. A recently referred single mother with one under five, in rented accommodation and within a SureStart Local Programme, received £150 Industrial Injuries Benefit*, but said she did not eat two days a week.

*Denotes operational definition or abbreviation explained in Appendix 4

She also said she went without heating to provide for her child who needed special foods. Such situations were not confined to SureStart areas. Parents in families where there were disabilities who in normal circumstances could cope financially, said their lives changed through extra expenses incurred by taxis, visits to hospital, equipment, home care and lack of social support.

Examination of parents' comments in relation to the time that had elapsed since they accepted help from the agency suggested that changes in tax and benefits had improved standards of living in recent years. Few complained of current excessive or enduring financial hardship. It was also apparent that expectations of what constituted necessities had risen. Consequently, the low income dimension is related to the second dimension of social exclusion – resources. A mother, who had accepted help in July 2003, signalled the link. She said:

'Things weren't really bad. We didn't go without food or clothing, but we got deeper and deeper into debt' (PASW – [South Wales], HTR and not at that time SureStart)

2.3.2 Lack of Resources

Recurring themes and issues: -

- Environmental stresses, including anti-social behaviour
- Lack of safe play space for under fives
- Debt and activities of loan sharks, door to door salesmen, banks
- Lack of local amenities (PASW)♣

Parents on low incomes (PAE and PAW) and in all groups said that they been unable to save. For most parents, the situation had not changed since accepting help. They were unlikely to have a bank account or insurance or a car, but almost all had debts, some of them running into thousands of pounds. *'I can't save a penny and I'm in debt. It's bad, bad, bad'* expressed a common but not universal response.

Especially in Wales, parents spoke of pervasive pressures to borrow: *'Everyone does it, don't they?'* Exceptionally some mothers scrimped and saved for their children. Others had endured a particularly difficult period after taking on more debt than they could handle, but recognising the pitfall, stopped. Nevertheless, families with disabilities who could not get out, and those in more isolated areas cited the need to buy goods from catalogues or door to door salesman, coin operated systems of Pay-as-You-Go television and other 'indispensable' items like washing machines, as reasons for getting deeper into debt.

Amongst the least well off, while there might not be a table for eating together, there was an up to date television set and computer. These were among the items regarded as essential. The reason usually given for the presence of computers was that they were necessary for the children's education, though most parents used them too. In contrast, the families who nearly qualified for benefits had older TV sets and no computer.

One possibility, in exceptionally difficult circumstances, was to seek an emergency loan from Social Services, repayable through weekly deductions at source and without interest. Some mothers said they would not do this since they would still have to pay the money back and they could not live on what was left. They preferred to borrow elsewhere and pay back only what they could afford or ‘*not be at home*’ (when the collector called), in spite of the mounting and excessively high interest rates. They felt they had no choice. Some mothers in the HTR groups had been taken to court for non-payment of debts, but still felt they had no alternative.

Few of the minority of parents who had set up bank accounts were happy. Some had tried one and stopped it. Parents using direct debits to pay utilities were caught by interest charges when an Allowance was suddenly and mistakenly cut – in one case from £65 a week to £19. It took time to rectify and debts built up. A few had joined credit unions through a Home-Start group but the habit was not widespread.

Regarding their experience of education, parents said they had enjoyed at least some lessons in school, or had enjoyed lessons but not been good at exams. Exceptionally, some parents in the FWD groups had formal educational qualifications (‘O’ levels, nursing qualifications or a degree), but most participants had none.

One of the most important and influential resources for any family with young children is their house and the neighbourhood in which they live. Parents expressed concerns about the following, particularly in PASW, where topography and local history play a significant role (Appendix 2)

- ‘Forgotten’, run down estates with few amenities where it was felt that everyone was labelled because of the misdemeanours of others

“It’s the area. You can’t win. Most people around here are drug addicts. Not everybody, see. But we all get tarred with the same brush. We’re all scum to the police” (father, age 38, FWD)

- Victimisation/ theft (FWD)

“We had eggs around the house, stones thrown at the windows, doors kicked in. My back gate – that was thrown off its hinges. My bicycle was stole as well. It was constant for thirteen years” (father, 36, FWD)

“I was treated like a three headed alien by other mothers at the school, because I was different” (FWD –PANW [North Wales])

- Anti-social behaviour

“The walls are thin and the racket just on the other side of the children’s bedroom went on and on. They couldn’t sleep” (HTR)

- Lack of safe outside play space for very young children

“We’re frightened to go down there. It’s littered with broken bottles and needles. It’s a dangerous road to cross” (FWD/HTR, PASW)

- The effect on the children of the above

“They couldn’t go out. It was horrible. If we went out together, they’d spit and call after us” (FWD, PASW)

“It’s the house really. It has really steep steps front and back and there is nowhere for the children to play. The new playground down the road is full of needles and dog dirt. I can’t bake in the oven because the kitchen floor is uneven and everything slides to one side. I have one small living space where we fall over each other and a small single room for both kids”. (HTR mother, PAE)

Most of the houses were local authority stock. Overcrowding was a particular problem where there were several under fives as well as older children. The few families in private rented accommodation mostly lived in poorly maintained and overcrowded conditions.

“Income Support said they would only pay £300 (a month) because that was all it was worth, but I had to find somewhere and no one would house us so I had to take it. I have to pay the extra rent each month out of my money – it’s going up to £360 next month. If I had a local authority house I would not have to pay any extra – the house costs a fortune to heat – it’s damp and freezing”. (HTR, single mother, PAE, SureStart).

The situation for most families in PAE was not so extreme. Parents did not speak with the same intensity of fear of crime or of perceived victimisation in their community.

2.3.3 Lack of gainful employment

Recurring themes and issues: -

- The effects of ill health and disability (all groups)
- Problems of work/life balance (all groups)
- Employer attitudes and types of work available (HTR)
- Lack of child care and child care costs (PASW)
- Preference to stay at home with young children (all groups)
- Hardship due to withdrawal of benefits when employed (WFD)
- Advantages of paid work (HTR)
- The value of volunteering (FWD)

At the time they accepted help from the reference service, most mothers in the HTR groups were single parents prone to ill health. Anti-depressants and smoking were common resorts. One mother was in employment but had to give up because of ill health. An HTR mother gave up a childcare course when she became pregnant. Others said they had truanted and left school as soon as possible. Other disincentives to work were cost or unavailability of childcare, or the wish to stay at home with young children.

A few mothers had work experience ranging from responsible jobs in retailing to administrative posts in industry. They were mainly in their thirties, having started their family in their late twenties. The chief inhibiting factor for them was lack of confidence in their ability to cope with advances in technology and the new skills required in their old jobs plus reluctance to face the unknown demands of refresher courses, where available.

Some mothers had tried getting a job, but it 'had not worked'. Local jobs were poorly paid and the hours long or did not fit in with family life (PASW). The following illustrate the gamut of experience, from the benefit extra income and interest can make to the effect of employer attitudes and the need for skills training and guidance.

"When I worked it was brilliant because it was part-time in school hours (children 3 and 4 years old). I had the weekends off – it was great. I could pay my debts and I could buy the little extras. Then we had a new boss. He didn't like me. He didn't understand that if the children were ill, I had to be there with them. I left" (HTR)

Another mother described having to get up at three in the morning, being bussed out of the area to spend the day packing shelves in a supermarket, returning home around 6pm. Her husband, who had been made redundant, cared for the children. When the firm no longer provided transport, she gave up.

Parents frequently referred to administrative errors that took time and effort to rectify and caused significant problems for them

"I got a job 18 months ago, and applied for housing benefit, but they forgot take childcare into account and I was paying £140 for childcare as well as rent. They stopped paying housing benefit by mistake, but I couldn't manage on what I was paying out and I got into arrears – that's why I got the eviction notice (single mother", PAE)

Yet another mother's perspective:-

"Well, I did work for a time as a hairdresser, but they said I wasn't quick enough. Then I got a job in a factory and was fired for nicking. I didn't try after that. It wasn't worth the bother" (HTR).

Finally, from a mother who was very isolated and depressed;

"I tried working in the shop, but it didn't work. I wanted to be with the children. I could not cope". (FWD).

With families where there were disabilities, responses ranged from:

"If only I could walk, there's nothing I would like better than to work and be off benefit' through 'I can't work – I'm on disability allowance', and 'I had to give up work to be a full time carer – it's the right thing to do' to 'I could not hold down a job because I never know when there's going to be a crisis".

Parents acknowledged the interest and the money that a job might bring, but questioned whether it was worthwhile, especially if both parents work. They can find themselves in a poverty trap – losing the £50 Carer's Allowance, still doing the caring work, being means tested for equipment and other needs.

"I still do the work – I get up at 5.30am, have a shower and get dressed. Then I get the children's books ready and their lunches. At 7am the carers come to help me wash and dress him (it takes three people). When he is in his chair, they leave. Then for 7.30 I manage to put a blanket on, feed him, brush his teeth and get the little one ready for 8.20.....and I'm caring for him from when he comes home from school until bed at midnight" (FWD)

Perhaps because of their experience of Home-Start and the help they had received from volunteers, parents felt that the contribution of volunteering was often undervalued. Parents with disabled children made it clear that their first responsibility was to their children and this would conflict with responsibilities in paid employment. Becoming a volunteer gave them a worthwhile option that did not impose undue stress when inevitable crises arose at home.

2.3.4 Non or reluctant use of services

Recurring themes and issues: -

- Lack of information
- Unhelpful attitudes
- Health visitor as the most helpful communicator

HTR parents may have been considered by referrers as non or reluctant users of services, but they had all been in receipt of some state benefits and had contact with some services.

Parents were not always fully aware of all their entitlements, but they were aware of the role of social services and some had been in close contact. They knew about schools and playgroups, libraries where they were available, and whether or not there were community meeting places, but seldom about initiatives like the Child Trust Fund, or about voluntary sector associations that offer support to vulnerable groups with specific problems. Although churches in the project areas provided a number of community services, including some for young children, these did not figure in parental accounts.

Almost all parents had been in contact with health visitors, their GP and a variety of hospitals and health professionals. In the main, health visitors and GP's, where families had made contact, were found helpful; but parents often described hospital staff as more remote and abrupt. They said they felt shunted around from one consultation to another without being properly informed. Almost all referred to cost, the distance they had to travel and transport difficulties, particularly in PASW. HTR parents said how difficult it had been to ask for or to accept help. For some, this seemed to have its roots in a prevailing culture of independence.

The main sources of information (HTR) were observation of the neighbourhood and sometimes word of mouth from relatives. Some had tried 'asking' but did not feel they got 'proper replies'. Few said they used the Citizen's Advice Bureau or local paper. Preferred sources of information were 'people' and TV, (for example, story lines in TV soaps) and where accessible, Job Centres. Some (FWD) had done their own research/reading into their or their child's disabilities.

2.3.5 Lack of social networks: -

Recurring themes and issues:-

- Social networks – a two edged sword
- Isolation experienced by lone ethnic minority families in a different culture
- The role of local features in isolation
- Psychological impact of isolation
- Practical impact of isolation

Intensity of contact is not necessarily a positive attribute. Some carers (FWD) found that they were in constant contact with people, including professionals, who were excessively demanding or unsupportive, taking time in lengthy assessments and promising help that failed to materialise. This dissipated energy and detracted attention from the needs of their own families.

Most parents, not just those from Home-Start for whom isolation is the most frequent reason for referral, but also Genesis and SureStart families, spoke of loneliness – of having been new to the area, without family or friends nearby, especially following the break-up of a relationship.

Ethnic minorities were not numerous in the project areas, and affected families brought home the isolation experienced by parents living in a very different cultural environment from their own:

"I didn't have friends or relatives. I am Moslem and there are not many things in this area for my culture. There is no one whom I can share with, or my children can share with" (HTR)

Other isolating influences were small hilltop communities lacking many basic amenities, approached by narrow twisting roads, without footpaths or adequate bus services (PASW).

"I didn't know any one up here. I tried to mix, (playgroup) but they were quite cliquy. My Mum is only about five minutes drive away – but it's two buses if I want to go and see her and a long walk up the hill. She is arthritic and can't walk up the hill". (HTR)

For FWD, the emphasis was on the effects of caring responsibilities, and/or inability to leave the house, as well as not having supportive friends and neighbours. There was also a pervasive sense of independence ‘we keep ourselves to ourselves’, of self-insulation and/or stoicism:

“We never go out or leave them. It’s a 24 hour job and no social life” (Couple family, FWD)

2.3.6 Negative feelings

Three main themes were identified from parental narratives: -

- Feelings of hopelessness, powerlessness and depression characterised HTR mothers and related to all dimensions of social exclusion.
- Anger and frustration, feelings of ‘being fobbed off’, concerns ignored, exhaustion, a never-ending struggle, anxiety and depression were common especially amongst families with disabilities.
- Concern regarding the negative effects on the children

Fathers were particularly expansive, giving insights into the tensions engendered by their situation:

“I just felt inferior. You feel belittled because you cannot look after your kids and that. You’re supposed to be an adult, able to look after your kids. To me, I wasn’t a man. I couldn’t even open the door”. (father, 38, agoraphobic, couple family).

“I’m down the hospital, but then I get shouted at because I’m neglecting the housework. Then I get shouted at because I’m not doing this and I’m not doing that. Then I get told off by social services because I’m not in the house, which I’m not really, because I’m always running about after other people”. (father, 36, full time carer).

It was not uncommon for parents in couple families to say that when one partner ‘went down’, the other found the energy to struggle on, but for mothers on their own the story was usually different.

“My house was in a right state. I just couldn’t do anything. I used to be on the settee in my pyjamas. It was just like – do what you want. Do anything. They watched TV and videos all day long. There was no routine. I used to have crisps and drinks and things in my bottom cupboard in the kitchen, so she (2 year old) could just go in there and get what she wanted when she wanted it. And I could just sit there” (HTR).

2.4 The Impact on Children

Some parents said the impact on older children was to make them very self-sufficient and unselfish, but most recognised that the situation adversely affected young children. They spoke of social isolation – no one to play with - behaviour problems, bedwetting, aggression and tantrums and said that these made them feel even worse failures, knowing that they ought to be doing better. Poor housing and lack of fresh air affected health, especially in families in private rented accommodation

“It’s so cold and damp in the bedroom, and we’re all on top of one another, there’s nowhere to put anything, nowhere for the children to play outside either. I get so up tight I’m afraid I’ll do something silly. I just don’t have any patience and I shout at them and they’re always crying and that.... They’ve got coughs that don’t go away and I’ve got this rash.....”(PAE)

Two issues surfaced in families where there were disabilities. Firstly where a parent had disabilities, there were instances of carers as young as four years of age.

“Terry looks after me. He does the laundry. He does the hoovering. He does the mopping and dusting. He cleans the cat tray, feeds the dog and on really rough days, when I’m in a lot of pain and find it difficult to move at all, he will go and fetch a drink and painkillers and make sure I take them. He worries about me and won’t settle at night until he knows I’ve gone to bed. He’ll put me to bed and then pop back in the middle of the night to make sure that I’m alright” (PANW, FWD)

Also repercussions on siblings of a child with disabilities could be equally challenging:

“As a family, we can’t even play a game. Jack will just walk through it. The children know we can’t get them out. As for TV, well Jack loves it, but we have to watch everything he likes from the time he gets in from school until he goes to bed with us at about 11.30pm. We have to lock all the food away or he’ll just eat and eat it all. We can’t leave him alone with the little ones because of what he might do”. (PAE, FWD)

2.5 Risk and Protective Factors

A theoretical approach to risk factors* and their effects on young children that influenced the partners in their earlier thinking was the work of the Dutch developmental psychologist, Jo Hermanns⁶. He found that a single or specific risk factor does not cause behaviour problems in children, but an accumulation of risk factors (three or more) is the necessary trigger. He also drew attention to the buffering nature of protective factors, above all that of social support for parents. This raised the question whether a heavy burden of stress, particularly lack of social support, could interact with coping strategies, affecting parental behaviour as well.

Parents commonly said they had little or no social support during their most difficult times. When social isolation and seven other verifiable* risk factors were plotted for families in each group, all HTR families totalled at least five of the following categories: single parent; financial problems; mental illness/ depression; domestic violence, ethnic minority; large family; child or parent with disabilities. FWD commonly totalled five or six. These do not give a full picture of all the risk factors experienced by individual parents. Bereavement, overcrowding, redundancy, moving house, a hostile environment, drug and alcohol abuse, poor health among others figured in most narratives. They added to the burden of stress.

A perceived protective factor in couple families was a close relationship. They may not have had strong support networks, but they had each other whereas socially isolated parents without a partner were arguably more vulnerable.

“Well, it’s our relationship. We’ve spent so many years so close. If we have a problem, we just sit down and talk it through” (FWD).

Exceptionally, parents mentioned singing, drawing and religious faith as protective factors – and *‘knowledge – yes, knowledge – through reading finding out that what was happening to us was actually quite common’ (FWD, PANW)*. Currently, training for a job, emotional and practical support from a GP, health visitor, SureStart and Home-Start volunteers were all seen as reducing stress.

One other major characteristics and protective factor, common to all parents, in spite of some initial indications to the contrary, was the strength of the bond between them and their children. This emerged in the course of tracing the process in and out of social exclusion.

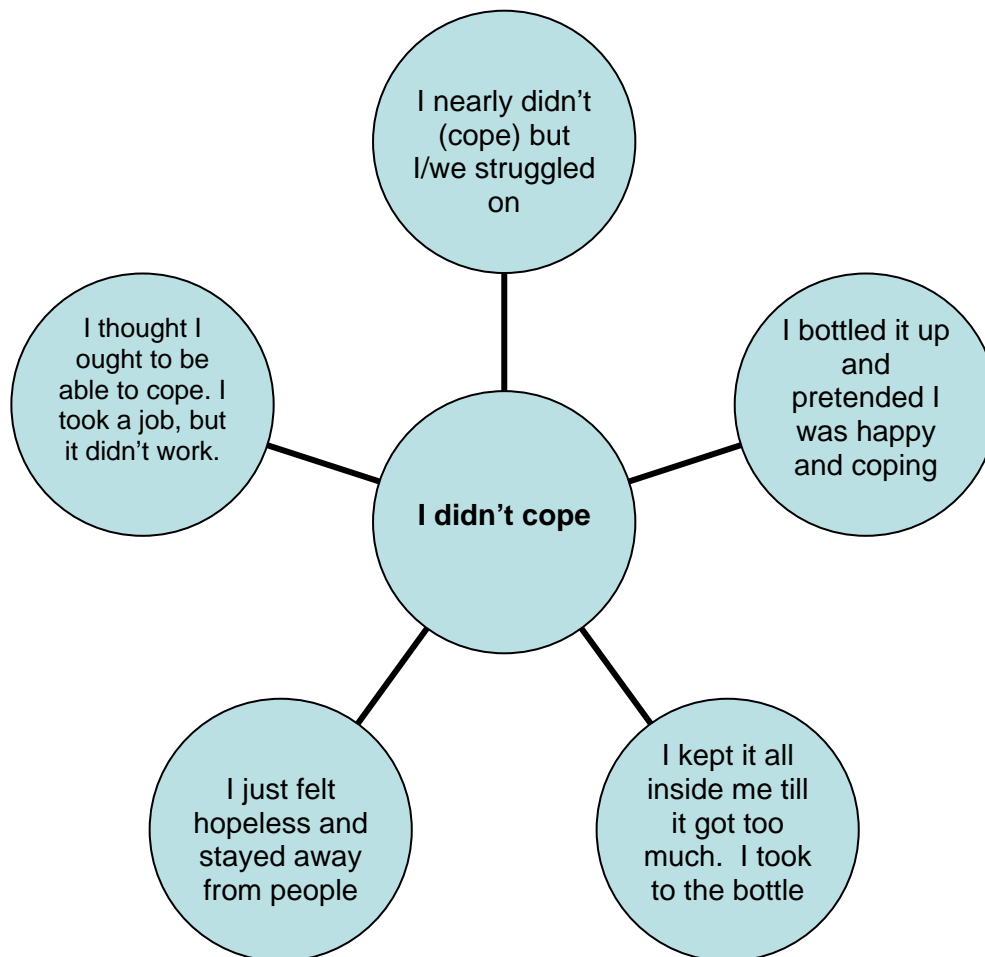
* denotes operational definition or abbreviation explained in Appendix 4

2.6 Coping Strategies and Reasons for non use of services

The probes in the interview schedule (Appendix 5b) suggest that researchers expected that in talking about how they coped, parents might refer to making do, buying clothes from charity shops, jumble sales, buying cheaper foods or borrowing. With the exception of the latter, nobody referred to those aspects.

The typical answer to 'How did you cope?' was succinct: - 'I didn't cope' or 'with great difficulty'. Especially HTR parents thought in terms of emotional rather than practical coping. Five types of reaction emerged, shown in Figure 1 below. Parents in the HTR group manifested 'not coping' by pretending, withdrawing or escaping (and borrowing), whilst FWD struggled on, coping (managing) with difficulty.

Figure 1 Coping Strategies



It is to the part played by these strategies and other factors in the process into and out of social exclusion that we now turn.

2.7 The process into and out of social exclusion

2.7.1 Factors leading to social exclusion

Life events seemed to be the factors bringing parents into social exclusion. Accounts of how dimensions of social exclusion had affected them revealed a number of routes into their situation at the time they accepted help: -

- An inter - generational cycle of disadvantage (HTR).
- Fractured or broken relationships – sometimes sudden, sometimes abusive and prolonged in coming to a head, but always accompanied by other difficulties (mainly but not exclusively HTR families).
- Standard of living eroded by job loss, by expenses incurred in sudden onset of illness, or by the need to care long term for a child or parent with chronic problems. Caring responsibilities rendered impossible an ordinary social life and occasionally ostracism cut parents off from society (FWD).

2.7.2 Barriers to use of services

Most parents knew they needed help. Reasons given for reluctant use were: -

- Disillusion – services unavailable, inappropriate or unacceptable (FWD)

Help would be gratefully received, but it has not been forthcoming – promises made, but no follow-up and again

During the last two years, I have had four child care social workers – they are always cancelling appointments and sometimes just don't turn up and

"I need help". "We cannot give you help. He (son with cerebral palsy) needs too much help".

- Fear and lack of trust in 'authority'(FWD)

"I was frightened they would take him (son with cerebral palsy) off me, so I didn't go to the doctor. Eventually I did go, after I had stopped eating".

- Humiliation

"We were broke and I found out we could claim for sheets, bedding and things like that through Scope – they said I had to go round the shops, get written quotes for the things we needed and then approach this Board – I thought it was so degrading I decided not to bother". (PAE)*

* denotes abbreviation in Appendix 4

- Health and stamina (HTR,FWD)

Parents said they were often worn down by sleepless nights, travel, worry about diagnoses that did not come, assessments that did or did not happen – *“Everything was such a struggle and a fight. You don’t have the strength”*

Psychological barriers were particularly evident among HTR families: - a deep conviction that they ought to cope, and reluctance to admit that anything was wrong.

“To me it was one thing asking for help if you had split up or had a bereavement, but when you have a baby you should be happy and I thought people would think what is the matter with you! I didn’t want to admit that I needed help, but when you’re depressed your whole brain doesn’t function”.

A common solution, slightly more pronounced among older mothers, was to *‘put on a happy face and cry in private’*, firm in the belief that one has to *‘stand on one’s own feet’* and that *‘you don’t tangle with social services’*.

- Fear of meeting new people; or exceptionally, of terror at outside contact because of the legacy of serious traumas as a child and teenager.
- Fears stemming from personal experience of services; these were expressed with some force and related mainly to the ways professionals had treated parents suspected of neglect or abuse.

“Social Services took me apart – it takes a lot for anyone to get close to me now”, (mother who had sought solace in drink and whose children had been removed).

“I don’t trust anyone, not after our experience of hospitals and social services”. (parents took a child to hospital for treatment, and were falsely suspected of abuse, but offered no apology or respect when the facts were established).

- Lack of transport, attitudes, cost and form filling

These barriers were particularly evident among families living up the valleys in South Wales since it often requires several changes of bus to reach hospitals and other services. Transport did not emerge as a concern among families in PAE, except where there were disabilities. The need to fill in forms emerged as a strong disincentive, especially when parents had difficulty with reading and writing.

“We have to travel back and forth to Merthyr, don’t we? That takes three buses...and you have to get off and wait and then they come late and you have a row then when you get to hospital because you’re not on time, but you can’t do nothing about it. They think because we’re mobile, we don’t need transport, even though we travel with all these children (4).... They’ll pay you the bus fare back – but you’ve got to fill in a form and then you’ve got to wait.....and if there’s a question that you don’t know what they mean and what to put down – then you’re stuck” (father, dyslexic, FWD).

"I was young and they made me feel small. The woman who weighed the babies (not a nurse) was so condescending about me smoking that I used to walk in with an attitude..... I know I can get half fare passes and help with hospital travel, but it's such a performance you just don't do it. 'The attitudes, the distance you have to go and the cost of it all. There's no point'" (Mother, HTR)

- Information versus access and availability

Most parents, including HTR families, were well aware of the main services and sources of support. The response *"I didn't know anybody and I didn't know where to start. I never saw a health visitor"* was an exception. The main problem (PASW) was lack of local services and access (transport) to 'available' ones.

2.7.3 Breaking / Turning Points / Sustaining Influences

Yet families in all groups came to the point when, however reluctantly or thankfully, they accepted help from the reference services - Home-Start, Genesis or SureStart. Attitudes began to change, at least to some services. The process varied. All HTR families said that, in one way or another, they reached 'rock bottom'. The following were the main triggers for them to accept services: -

- Social services intervention

This occurred where mothers were suicidal, where there was domestic violence and/or alcohol abuse and the children were taken into care

"I don't know what the breaking point was. I was out of it (drunk). The kids were taken away. I never see them"

or when families were in rent arrears and the situation got out of hand. Parent(s) were persuaded or obliged to accept support from an agency – Home-Start.

"I didn't have no choice, but she (the Home-Start co-ordinator) sat and listened. There was a kindness about her".

- A professional who had developed a trusting relationship, or a new partner (HTR)

'My new boyfriend realised there was something wrong and insisted that I saw the doctor. He put me in touch with Home-Start';

The mother who had been alienated by attitudes at the clinic towards smoking, said:-

"It was my health visitor. She was great. She knew me and what I was like – she accepted me for who I was. It was my doctor who put me in touch with Home-Start and helped with other problems as well"

- Outreach

Outreach played a significant part, not only in Home-Start but in finding and helping single parents into jobs through Genesis (PASW), and providing the link to services and support in the home through SureStart (PAE).

- Finding a service that met the need –

for example the FWD for whom social services had been unable to provide help in the home. – *‘Home-Start sent a volunteer who happened to be a trained nurse and she gave practical and emotional support in the home that I needed’*; and from the mother who was told by social services that her son needed too much help – *“the first volunteer didn’t work out, but the second understood and has been a tremendous support”*

- The parent-child bond

A common thread that ran through all the HTR narratives, although occasionally submerged at times of greatest stress, was the strength of the bond between parents and children. It was this that mothers said made them accept help and change:

“It would be down to the kids – because I like to see them happy and with friends, and not, like feeling embarrassed at me. So I thought, if they can do change, I can do change’ and from the mother who spent her day on the settee: *‘I thought: I’ve got to do something different for my baby so I accepted the offer of Home-Start”*

In families with disabilities, this same bond seemed to be the driving and sustaining influence in parents fighting for what they knew was right for their family

“If your child has a life limiting condition, you do not want him to go away. We wanted outreach help here at home. I want his elder brother to tease him and to watch a dvd together. I want his little brother to hear stories with him. If I can’t have that because he’s stuck in a respite place, then there’s no point”.

2.7.4 The current situation – outcomes

All HTR families had reached a stage when they could talk about their experiences, although mothers often broke down as they relived them. Some mothers changed in a relatively short period, of about one year. Most said they had gained confidence, they had changed the ways they coped; they had taken courses, found new interests, been re-housed, found a new partner, or started training with a job in prospect. Others, although better off and on a more even keel, were battling on in overcrowded or poor housing, but spoke of newfound confidence, friends, activities and interests – voluntary work, singing, drama and painting – and the intention of training (e.g. child psychology; homeopathy) and getting a job when the children were older. Progress was often uneven; taking three or more years to ease and overcome difficulties built up over decades. For a minority sustained support would continue to be a necessity. One single parent, now a member of Home-Start staff, commented that it had taken fifteen years for her to get back to where she was when her marriage broke up. FWD said they were better off financially, and through the ‘reference services’ had accessed entitlements and other sources of support, as well as benefiting from ongoing emotional and practical support.

Few anticipated paid employment outside the home. An HTR mother summed up aspirations for children when she said:

'Well, they deserve a better life than I have had. I want to give them what I didn't have – a good education, a good job when they leave school. All the things I haven't had – things my parents couldn't afford to get'

2.8 Interventions

2.8.1 How families assess them

Turning to aspects of services and interventions that helped families move forward, the qualities uppermost in parent's minds when assessing services - their interface with policies - related to whether service representatives: -

- Listened (HTR/FWD)
- Seemed genuine, open and straightforward (HTR)
- Did not judge (HTR)
- 'Came to me'
- 'Were there for me' - emotional support
- Gave information in small chunks, face to face
- Offered practical help
- Were reliable and prompt responsive action (HTR/FWD)
- Showed respect (HTR/FWD)
- Did not try to manipulate 'fob off' passing on from one agency to another (FWD)
- Could be trusted (HTR/FWD)
- Were open and informative about entitlements and services (FWD)
- Worked together with others

On this basis, overall reactions to social services and housing were pejorative due to 'attitudes', feeling 'let down' and 'conflicting advice'. A few parents praised the help they had received from social services and, in general, appreciated that the service was overstretched and had responsibilities for child protection, but felt the style of communication was often undermining and unwarranted. The final point in the list above relates to comments about Adult and Child Disability Teams who seemed not to be working together where there were concerns about parents and children. With few exceptions, parents found GPs helpful and an important link with other services, while health visitors mostly emerged as trusted, valued and much appreciated sources of support. In contrast, attendance at hospitals was often problematic and attitudes of some staff discouraged persevering. Psychiatrists, occupational therapists and physiotherapists could be very helpful, but 'tend to come a few times and are never seen again'.

Some parents had not been told or had not realised that these are often time-limited services. Similar reservations applied to some time-limited SureStart services. Portage*, where it was available, received unequivocal praise. Parents supported by the Probation Service found the home visits, support group and help with finding employment very helpful. FWD valued respite care but had reservations about it as the sole answer to their needs. Parents expressed satisfaction with nursery schools, family centres, childminders and playgroups, and especially improved childcare, after school care and wraparound care – where available.

In the main, parents welcomed changes in Tax Credits and other benefits, including new methods of payment, though an important minority found adjustment to the new system difficult. Participants also referred to positive help and advice from Job Centres♣, from the Rowntree Fund♣ and the Social Fund*.

Turning to the three reference services - *Genesis, Home-Start and SureStart* – most parents said that the service from which they had accepted help was instrumental in them accessing the above services relevant to their needs.

2.8.2 Genesis

This is a project in Rhondda Cynon Taff, South Wales. It has helped many parents to realise their potential and gain the skills and confidence to participate in all aspects of community life. The Women's Advisor for the Project provides individual support and guidance for women and men wishing to access training/education and/or employment. She provides formal support for groups wishing to undertake different training courses by liaising with training providers, getting courses set up and accessing grants etc. for group members, and also informal fun based activities to help build confidence, raise self esteem and encourage parents to move on. *Genesis* has a 20 place nursery and a mobile childcare team that offers crèche facilities for all ages across the authority, as well as to individuals in their own homes.

Jenny's story:

"I started my family at seventeen, but my marriage broke up and I was left with two children. I felt a failure to my children because I was sitting at home all day, nothing to do, nowhere to go. I got very low. Then when Sue (the Women's Adviser) came along – she came to my house as well - and said: we can help you do this and that, it was like – I wanted an appointment straight away. The way I see it is, I don't want my children to grow up thinking that it was OK to sit down and let the government pay to bring them up. You have to work to get what you want. If you want nice things – the luxuries, you've got to work for them. That's the main reason, because my father and mother never really worked all my life. They got a job for a couple of months and then they didn't. And I always thought, well, I don't need to get a job. The only thing that stopped me was that I didn't want to see my daughter get pregnant at a young age as I did and then her just end up like I did feeling a failure. I'm doing a course in childcare – I've always wanted to do that. It has changed me. Now I know I can do stuff. I'm more confident in myself. I'm doing it for my children's future and I'm also doing it for myself".

* Denotes operational definition, abbreviation or explanation in Appendix 4

♣ denotes explanation in Appendix 4

2.8.3 Home-Start

The majority of parents who participated in this project had accepted the offer of help from Home-Start. This is a confidential home visiting scheme offering emotional support, friendship and practical help to families with a child under 5 years of age. Volunteers visit families in their homes for as long as they are needed.

They can: -

- Provide an extra pair of hands for harassed mums or dads
- Be a 'mum' or a 'dad' to a lone parent in need of someone to care about them as well as their children
- Listen to parents with problems and befriend them through a difficult period
- Take parents and the children to health and dental appointments
- Help families make new friends, feel less isolated and encourage them to access other services
- Support mothers with post natal illness

Parents repeatedly voiced similar comments relating directly to the offers of help outlined above, but stressing the importance of the right match of volunteer.

"I could talk to my volunteer and she'd listen to my worries. She gave practical help when I didn't have enough pairs of hands – really beneficial and something I might like to do myself one day" (HRT)

"Great! I didn't feel judged or under pressure. She sits and listens and understands'. I didn't know where to start (finding help) but she let me off load, knew places to go, helped me develop a routine and manage the children better. I found some really good facilities through Home Start, and I feel quite different about myself. I wouldn't have talked like this to you a year ago" (HTR).

"I can trust Home-Start. The volunteers and staff are always there and you can talk to them. It's like being with your mates. We have a good laugh. It never feels official.... The trips are great because you can take the kids to places you just couldn't afford and you're with people you know. They don't cost a lot" (HTR)

"I'd still have been in bed if it hadn't been for Home-Start" (Father, FWD)

"My volunteer chased up Social Services, and Aids and Adaptations. She was a big support in getting advice about incontinence. She's made it possible to keep hospital appointments, helped me know where to go to find funding and help with equipment. And she helped get my friend from the group re-housed. They don't discriminate and if you feel down, the workers always know. It's been a life-saver" (FWD)

2.8.4 SureStart

The focus of SureStart is on children under four years of age in the most disadvantaged areas. The aims are to work with parents to improve health and social development through early identification of children with emotional, behavioural and/or learning difficulties. Help begins within three months of a baby's birth, providing an assessment of need and advice and help for parents. SureStart Local Programmes differ according to the needs of a particular area, but they all provide a range of services including stimulating play facilities for children and openings for education and training for parents. Programmes aim to coordinate existing health, social services and education and are linked to local Early Years Partnerships. Significant numbers of Home-Start schemes operate in SureStart areas, providing family groups as well as their main activity – home visiting.

Kelly's summing up:

"SureStart has really made a difference. I've had a really rough time with my little boy and hospitals and stuff, but they got me help with his speech and they got him into a nursery to give me a break. They've been really good. If it hadn't been for SureStart, I'd have been in hospital. And that's the honest truth. They've helped me so much. Someone comes out to see me every week to make sure that I'm alright and that I don't need anything".

2.8.5 Some suggestions from parents: -

- The contribution of people who are trying hard to cope with disabilities needs to be acknowledged and rewarded. Parents who work as well as care should not be penalised as at present.
- Benefit advice and information is needed at the outset (of disabilities), not two years down the line. There are those who cannot do it for themselves.
- Recognise the need for emotional as well as practical support (FWD)
- Reduce the number of assessments and simplify paper work in general.
- Provide other options as well as residential respite. Individual families need appropriate care at the right time for them (FWD)
- Keep facilities in the local community in pram-pushing distance. Children who are bussed out cannot integrate, or use local shops and parks. The whole family is pushed away (FWD)
- Consider shorter school holidays – it is easier to cope for shorter periods and there is less effect on younger siblings - or a system of shared care e.g. 5days/2 days or 3 days/4 days (FWD)
- Improve administration of benefits(FWD/HTR)

- Protected play areas for young children are needed (FWD/HTR)
- Help the mentally ill so that they can return to work – home based work?
- Improve public transport and ensure equal facilities for disabled people and parents with young children (HTR/FWD)
- More affordable child care so that parents have a real choice
- Implement policies more quickly and uniformly; above all, change the ethos of condescension where it exists.

2.9 Family Reference Groups (FRG)

The number of families that it was possible to interview on a person-to-person basis was small. The partners therefore decided to discuss the main topics that had emerged in interviews with parents with two groups of between six and nine families in each country to widen the knowledge base. One set would be of families with young children who attended an established group and had not necessarily been ‘hard-to-reach’ or in a SureStart Local Area Programme.’ The other was to comprise families in which there were disabilities (*Appendix 3, Methodology*).

The response of one mother (self-employed and working from home in order to care for her child with disabilities) illustrates the contrast in experience and opinion of a minority of FRG parents with those already interviewed. She insisted: - “*The DLA* is not good enough. What can you do with £65 a week?*”- but she had earlier told us that there was no speech therapy available for her child through the Health Service and she had been paying £65 an hour for private help. Yet as was quickly pointed out by other parents whose children have serious disabilities *£65 a week can and does make a huge difference to keeping your head above water*” “*For many parents the DLA kicks in in a big way*”.... “*It gives you some choice.*”

Such comments brought out very clearly points made in face to face interviews about the financial burdens borne by parents in families where there are disabilities but who do not qualify for income support and other benefits or who live in areas where services are inadequate to meet demand. Extra and unrecognised costs include additional heating, equipment, housing alterations, special clothing and food, taxis, phone calls, and stays in hospital.

Given the diversity of backgrounds within these Reference Groups, what was striking was the strength of agreement and confirmation of many of the themes and concerns that emerged in person-to-person interviews, and the ways in which those themes were elaborated and/or explained.

* denotes an explanation in Appendix 4

2.9.1 Benefits and Income Support

Some families in SureStart Local Programmes seem overloaded with services, while privation persists for many families elsewhere.

“Everyone should be entitled to the same support if they need it”.....”When I moved here I asked what I would be eligible for and they said ‘nothing’ because this is not a SureStart area” (lone parent on income support).

Weaknesses in the administration and delivery of financial support (including the CSA) and benefits, rather than the level of support (except for lone parents) cause great hardship. These include: -

- The barriers to accessing benefits, including difficulties caused by lack of information, or by conflicting information and how it is communicated.
“A picture of bureaucratic mismanagement, For three months I lived on about £45 a week with three children. Eventually, they paid the arrears and said they still owed me money. It would be paid into my bank account. That was a year and a half ago and they still have not paid it”.....and..... “It can take 6 months to get Family Tax Credit sorted out after starting work”
- The complexity of form filling:
“DLA forms are a minefield and for anyone who doesn’t know English or who is dyslexic, they’re impossible”- and – “Parents who have no direct comparison of what they do with their disabled child with another child are at a loss in completing them”
- Increased acceptability of debt and the activities of unregulated lenders, loans and the Family Fund contribute to a great deal of unnecessary stress.
“If you don’t ask, you don’t get, but who do you approach? They pass the buck. Who is willing to listen and able to do something? When you come off the phone your head is banging”...”And after it all, you’re still in debt”

2.9.2 Services and service delivery

Parents spoke of the lack of facilities for mothers with young children, of places to meet, of life in overcrowded, inappropriate and/or substandard housing, lack of outside play space and environmental stresses. They drew attention to the lack of information and services in some areas, notably the lack of dentists, and the difficulties experienced by families with young children who have to travel long distances to hospitals for appointments at difficult times. They confirmed the way exhaustion undermines the ability to fight for what their children need, the loss of confidence in previously confident individuals, of feeling demeaned and of trying to hide what they feel. In sum: -

- Too often services are designed to meet the needs of the people providing them and not those they are supposed to be helping.
“You start off thinking the system is there to help you. You get so disillusioned with time-limited services when problems are not going to go away”. (FWD)

- In spite of notable exceptions among health visitors, GP's, consultants and other service personnel, in general parents felt that

"People in authority knock your self esteem and are not good at explaining or taking parents' worries seriously"...and some found "The intimidation is terrible" and "the power differentiation incredible"

- Poor transport causes major problems for many families in accessing hospitals, job centres and other facilities; and travel claims are not worthwhile.

"Either the buses don't come", or" you're waiting in a wheelchair", or "standing there with a buggy"- and they just go past – they won't take you if there's already one on board"... "If you can get on, the steps are high and there's no one to help you – people just look and the buses sway about so"... "To have to walk from one end of the hospital to the other with kids and buggies and then wait, and then trail back at the end of a long day – it's just not worth it."

Even parents with cars had difficulties:

"They advised me to get there a minimum of one and half hours before the appointment time. You keep driving round and coming back – there's such a queue. The car park costs, you have to walk miles, children miss school time"

- Joint working is patchy. Many service providers still seem not to be linked up
*"Each team (health, education, social services) have their own separate criteria for assessment and parents have no idea what they have at the back of their minds".
"Children and adult teams do not seem to talk to one another"*

2.9.3 Reconciling work and family life

- Parents' priority is children over jobs. The main reasons for taking a job are the need for money and adult conversation.
- Paid employment outside the home for parents with very young children should be a question of choice. For many families, particularly lone parents, financial stringency means there is no choice, and the stress of coping with work and family life can undermine health.
- Much available work is unfulfilling. Benefits are complicated and employer attitudes vary greatly towards mothers with young children.
"It seems to be all or nothing. There is a need for a soft entry to employment. You can't try it and withdraw if it really does not work".
- The difficulty (too frequently the impossibility) of finding qualified, reliable, acceptable and affordable child care, especially for parents with children with disabilities (non SureStart areas).
- Families in which there are disabilities are better off not working.
- Stress can undermine couple relationships and end in shouting matches, but they usually work it through together (FWD) *"You've always got each other to bounce off. It would be worse as a single parent".*

2.9.4 Social Support

Parents in the Reference Groups confirmed the need for undemanding social support for some parents

“I didn’t need social services, or the health visitor, never mind how nice she was. It needs other people, like you and me, to say ‘I had that problem’ – I found that was easier – and not to judge you, just be there for you”

2.9.5 Comments and further suggestions from the Family Reference Groups

- *‘The health visitor is the best contact and source of information, but if you move and have a child of 2+ you do not have that contact’ (a hole in the net?)*
- *‘Parents can do a great deal to help themselves and to support each other, but funding tends to go to large organisations that are not parent led. Local organisations find it increasingly difficult to receive funding. Large organisations often do not reach out to them’ (FWD)*
- *‘Family Tax Credit enquiries should be Freephone. They should be answered within 10 minutes with ring back in an hour – and ensure the right information is given’ (parents dependent on call boxes)*
- *‘Job Centres should tell you what is available to you as well as making sure that you are not getting what you are not entitled to’*
- *‘Provide local directories when you have your baby. List what is available in the local area (not miles away and inaccessible)’*

“They sit on the end of your bed and talk about contraception. They give you bags full of advertising bumph, but what you really need is the phone number of someone you can contact if you get worried, someone you can talk to”

- *‘Give information to partners, including information about father’s rights and how much time they can legally take off’*
- *‘The Internet is useful, but we are not told about dependable sites’*
- *‘Councils should build extensions on houses’ (to deal with overcrowding)’*
- *‘Introduce legislation to curb the activities of loan sharks, and education to help people avoid getting into debt’*
- *‘It would help if one person came and did an assessment. There is too much to take in at joint meetings’*
- *‘When children have received a clear diagnosis – they should get the DLA on a doctor’s recommendation, without further form filling’ (FWD)*

- *'Preventive intervention and support (e.g. physiotherapy and/or life skills) could make all the difference to a child's later independence and ability to cope – that is what matters to parents' ' Parents need better explanation about statementing, and choice between mainstream and special schools'.
'Ask children for their views'*
- ◆ *'Every child with a disability should have a pot of money that follows them through life. It would give a sense of security rather than a struggle for every penny'*

"Consider re-marketing health and social services as helpers rather than people who are going to criticize you and tell you what you should do. If you want to empower parents, give them support and guidance and the tools to cope at every level and every stage – or otherwise an intermediary, a buffer or advocate between them and the professionals."

3. CONCLUDING COMMENTS

The usual question asked by policy makers is: ‘What works?’ (for most people), but with issues such as social exclusion in which minorities are involved, the question extends to: ‘What works for whom?’ (for minorities within minorities).

This project focused on two specific marginalised groups in England and Wales. –

1. Non or reluctant users of services - families with young children who find it difficult to ask for or to accept help until pushed to extremes, and with whom agencies find it hard to engage, and

2. Families in which parents and/or children have disabilities that result in complex and enduring needs together with high probability of social isolation. (Ref: Objective 3 in the National Action Plans for Social Inclusion). It involved in-depth interviews with parents in twenty families with the aim of enabling them to talk freely about their experiences of services and support and of life at the sharp end. In addition, a further thirty parents, members of established parents’ groups in each country, participated in four **Family Reference Groups** to broaden the knowledge base and permit comparison with what had emerged in face to face interviews.

The study differs from most others that focus on social exclusion since in addition to hard indicators – low income, lack of resources and unemployment – interest centred on the ‘softer’ dimensions of lack of social support and parents’ negative feelings. Earlier work¹ had suggested that these could be relevant to understanding and reaching out to parents who, in spite of manifest difficulties, shun most service provision. The aim was not to ‘measure’ feelings but to gain insight through them into aspects of policy and practice that create barriers to usage.

3.1.1 Government achievements

Since 1997 the New Labour Government has done more than any previous government in recognising the importance of the early years for future wellbeing. Uniquely among member states, it has made unprecedented investment in services and support for young children and their families in the most deprived areas. Tony Blair, speaking in November 2004, claimed that: “Government policies have resulted in significant strides forward in reducing child poverty, in improving living standards and in the provision of services to improve childcare, education and health, especially where SureStart Local Programmes operate”. He also said that: “principles underlying policy include choice and flexibility, equality of opportunity for children with disabilities and support for parents”⁷.

It is true that services are better for many disadvantaged families, and there are many examples of inventive approaches and good practice. Sadly, improved living standards, services and the supporting principles outlined above too often failed to coincide with the experience or desires of most parents in this study. Others, for various reasons, were unable to take advantage of opportunities open to them.

3.1.2 Service delivery – a key issue

Overall, parents' responses suggest that almost all statutory and voluntary services of different kinds can be acceptable and work well, but a word count of typescripts showed that the words 'fight', 'battle' and 'struggle' occurred most frequently, and that they relate primarily to the ways benefits and services are delivered. Weaknesses in administration of taxes and benefits, mistakes blamed on computer systems, as well as shortcomings in the interpersonal skills of some staff who deliver services colour perceptions, undermining beneficial policies or making it difficult to assess their effectiveness. Further, mistrust of banks, encouragement to take on debts, and raised expectations of material well-being in families who sometimes find it hard to manage money vitiate the beneficial consequences of tax credits and other policies.

Families with disabilities were more forthcoming with comments about services than 'hard to reach' parents - they had longer experience. Their views fit closely with other studies of issues that concern parents with disabilities^{8,9}. These include the hostile and malign treatment sometimes shown to those with learning disabilities by the communities in which they live (the need to change attitudes), and the confusion caused by too many people trying to help them (the need for joint working by professionals and volunteers, and a more sensitive approach to the way contact with families is managed). Parents also drew attention to gaps in services targeted by area, and rifts in services that result in inadequate support for parents. Considerable ambivalence about mainstream versus special schools surfaced. Some parents welcomed the trend. Others felt that their children need the help of specialist teachers to acquire life skills rather than trying (and failing) to master general school subjects; also that policies that remove children from small units to large, noisy ones some distance away cause distress and prevent involvement in their local community. Real dilemmas exist that highlight the need for choice and flexibility

Parents in the **Family Reference Groups** recognised that there is no bottomless pot of money; that many services are overstretched and that Government directs resources to areas of greatest deprivation. Most of them lived in areas of deprivation, yet they pointed to substantial gaps between the rhetoric of help for families with young children, of support for those with disabilities, and of early help to prevent the need for crisis intervention - and reality. Their experience was of being told they had to manage, even though they felt near the end of their tether and that a very little help of the kind they needed would make all the difference. They deplored that it was necessary to exaggerate before statutory services would respond, that crisis rather than preventive intervention was available to them.

3.1.3 The downside of targeting

Parents in the Reference Groups also brought out strongly the existence of poverty and social exclusion outside SureStart Local Programmes; and the difficulties faced by single mothers, and by families where there are disabilities who just fail to qualify for Income Support. Policies that target the poorest areas inevitably mean that some on the borderline financially and/or geographically are likely to be trapped in poverty and to lack the support they need. They corroborated that parents are not always aware of entitlements and are prey to pervasive and often damaging pressures to borrow. Above all, they identified with the barriers to use of services within the services themselves that parents portrayed so graphically in the in-depth interviews.

3.1.4 Information a critical issue.

Parents in disadvantaged areas who have taken part in larger surveys^{10,11} are reported as wanting more written information, yet HTR* parents repeatedly said that they needed face to face explanations in small, digestible chunks relevant to their situation. This desire represents an early stage in the process of “coming out of social exclusion” for some of the most vulnerable families and one of which Opportunity Links, the organisation that looks to provide family friendly information services primarily through children’s centres should be aware.

Moreover, information giving should be a two way process. The decision regarding the locating of a children’s centre is an example of when it is vital to take account of the perspectives of marginalised families. Only by listening to parents, including **all** potential users of services, is provision likely to be sufficiently sensitive to local needs. The danger is that ‘experts’ and articulate parents will dominate debate and those who lack confidence will continue to be disenfranchised and lose out. There is also likely to be a discrepancy between what some of the most vulnerable parents say they want and what they actually do when the opportunity is there. Some deeply entrenched beliefs and cultural values regarding responsibility for child care lie uneasily with the rationales that underpin child care policies.

3.1.5 Reaching out to reluctant users – what works?

The common factor in reaching parents with whom agencies found it difficult to engage appears to lie in the nature of the relationship established between the ‘representative’ of the service or policy and the parent(s), and their ability to recognise and match the perceived need with an appropriate service. As others have found¹², where a genuine attitude of trust, empathy and respect is communicated, where the approach is non judgmental and accentuates the positive rather than dwelling on what needs to change, then there is fertile ground for growing belief on the part of the parent that the help offered is desirable and beneficial. These general factors penetrate cultural and psychological barriers of temperament and personality, the legacy of damaging experience, and some manifestations of physical or mental ill health. The general hypothesis finds support in well-documented evidence that questions the sole use of the medical model to explain the efficacy of different psychotherapies¹³.

It could be argued that all families lie along a continuum of disengagement – engagement, and they can move in either direction in response to services and policies. In some SureStart Local Programmes and in the Genesis Project, being the bearer of relevant information works to establish contact. If childcare, training, a job, courses or medical help meet a felt need, then an offer of help will probably be accepted. Even so, the initial stages may need to focus on varied and unthreatening ways of raising interest, confidence, and self-esteem.

* denotes explanation in Appendix 4

Towards the disengaged end of the continuum offers of child care, training and job opportunities tend to fall on deaf ears. The obstacles that preoccupy these parents have to be addressed before formal information, medicine or employment can help. Time-limited support can also increase mistrust rather than provide a kick-start. Depressed, worn out, isolated parents are more likely to respond positively to low profile, undemanding and sustained social support, listening without strings, than professional advice and assessments, or enthusiastic invitations to join groups¹⁴. Early changes take time and initial responses are not always recognised as very real first steps towards social inclusion.

Such small steps are not easily recognised, but measures of coping strategies that move from escaping, avoiding and ignoring through to accepting, socialising, sharing, consulting, explaining, negotiating and supervising, particularly in relation to children, could be developed. They might also be useful measures of change alongside “desired outcomes for children and the environment” as stated in *Every Child Matters: Change for Children* (2004), - the national framework for achieving change in children’s services – namely that children should:- ***Be healthy: Stay safe: Enjoy and achieve through learning: Make a positive contribution to society and achieve economic wellbeing.***

3.1.6 Parents put children before work

The main mismatch between policy objectives and the views of parents in this project lies in attitudes to employment. There is no doubt that lack of affordable childcare, unhelpful employer attitudes and loss of confidence following a career break are barriers to work for some, and disabilities intervene for others. Nevertheless, the main message to emerge is the desire to be at home when children are young (this extends beyond the first year). This conviction appeared stronger among isolated lone parents. It may be because they feel their children are their one unthreatening human relationship. There was no hint of shame or embarrassment as has been suggested in one influential study¹⁵. Some other parents emphasised the damaging stress they and their children experienced from trying to combine work and family life. They insisted that they were not work-shy, but they considered the most important job they could do was in the home while their children were young.

3.1.7 Conclusions

It becomes abundantly clear that some of the most vulnerable families will continue to fall through the net unless policy makers address shortcomings across the whole range of services and support – particularly transport (even in some urban areas), housing, medical, legal and benefit systems – in tandem with issues of poverty. The 10 Year Child Care Strategy (2004) indicates Government commitment to achieving these, but there is a significant gap between the vision and reality.

Parents who participated in the initial in-depth interviews are ‘success’ stories. They did engage eventually and they said they felt their lives and their children’s lives had improved, but in ‘off-piste’ discussion, some also said that they were aware of many others in their neighbourhoods who are not coping, who know they need help, but who had refused the offers that they themselves had accepted. One challenge is to tackle underlying misplaced stoicism and mistrust as well as feelings of failure as a parent and to build on the strengths of parents to create situations in which trust can grow. Some may argue that meeting such a challenge will too be costly and time-consuming, but the long-term costs to mental health services of not doing so could be greater. A society that seeks to promote equality of opportunity and social inclusion cannot ignore **any** parent who all too easily sinks below the horizon of politicians and policy makers. If “Every Child Matters,”¹⁷ then *Every Parent Matters too*.

4. RECOMMENDATIONS

1. **Make policies and targets robust but flexible enough to allow considerable local variation to move the least engaged families along the continuum**

- Ensure that sustainable funding is available for low profile outreach that builds on the positive attributes of the most vulnerable parents.
- Allow sufficient time for trusting relationships to be forged between the family and the helping agency so that the all-important first steps towards social inclusion can be taken. It cannot be assumed that provision of one-stop shops and quality child care is enough.

2. **Diversify ways of communicating information**

- Some parents asked why the themes and issues that they have raised and are so real to them could not be woven into daytime TV dramas.
- Others who had been reluctant users of services thought that they would be in a good position to reach out to those in their communities who were still non-users. They and others like them might welcome preparation/ employment in that capacity.
- Mobile Job Centres might also help isolated parents who cannot get into town centres, and who feel their financial situation gives them no choice but to take any available job, however stressful and dead end it may be.

3. **Act to avert the poverty into which many low and middle income families with disabled children in England are sinking**

- Remove Means Testing for equipment and house alterations, as in Northern Ireland (2004) and in Wales later this year.
- Take steps to remove the disincentives to work, and alleviate the sense of injustice felt by parents who take employment outside the home and find themselves worse off both financially and in terms of the support they receive through removal of Benefits.
- Extend out of hours clinics to parents in employment. Currently, keeping clinic appointments involves at least half a day off work.
- Similarly, consider broadening the extended school agenda to include special schools to help parents of disabled children into work.
- There is a need for more opportunities of satisfying and financially rewarding *part-time work*, especially for parents of children with disabilities. They may be over qualified for available part-time jobs, but the added physical and emotional pressures of coping with a disabled child mean that their capacity to work more than part time is much reduced.

4. **Consider research into typologies of the processes of parental engagement and possible links with coping strategies and improved outcomes for children.**
5. **Temper policies that emphasise employment and provision of affordable, quality child care as the only way out of poverty.**
 - Some parents give priority to caring for their young children themselves and, with training and support, might prove a valuable source of quality childcare as registered childminders for mothers who wish to work.
 - Others have not yet reached the stage of being able to benefit from 'choices'. They need support in the home environment before they will venture out into training or entrust the care of their children to others, however well qualified.
 - Lateral thinking and a variety of new ways into lifelong learning and possible employment are called for.
6. **Intensify efforts to listen and respond to parents, especially from all minority groups.**
 - Involve them as partners in strengthening joint working between agencies, for example in training staff in service delivery and, from the earliest stages, in the locating and planning of children's centres. Include them actively in the process of mainstreaming so as genuinely to redress the imbalance of power between them and those who plan and provide services.
 - Reflect on the suggestions and comments parents have made (pp. 36 and 40) and the qualities they value in the local environment, their communities and service provision (p33).
7. **Study the 'Practical Framework for Assessing Policies and Practices for Families with Young Children in relation to Combating Social Exclusion**

(Part III of this Report in separate document). It is a tool based entirely on what parents in England and Wales have said. Together with the DVD, about the experience of families in Wales, Ireland, Greece and Hungary, it brings into focus some of the issues from the perspective of socially excluded families with whom service providers find it difficult to engage, and is intended to promote lateral thinking and action.

REFERENCES

Part I

1. Commission of the European Communities, (2003) *Joint Report on Social Inclusion, summarizing the results of the examination of the National Action Plans for Social Inclusion (2003 – 2005)*, Brussels
2. Home-Start International, (2002) *Tackling Social Exclusion in Families with Young Children*, London, HIS
3. DWP, (2003) *Opportunity for All, Fifth annual report*, London, The Stationery Office Limited
4. Ibid
5. Lazar, I., and Darlington, R., (1982) *Lasting Effects of Early Education: A Report from the Consortium for Longitudinal Studies*, Monographs of the Society for Research in Child Development, Serial No. 195
6. Schweinhart, L. J., Montie, J., Xiang, Z., Barnett, W. S., Belfield, C. R., and Nores, M., (2004) *Lifetime effects: The High/Scope Perry Preschool study through age 40*, (Monographs of the High/Scope Educational Research Foundation No. 14), Ypsilanti, Michigan: High/Scope Press.
7. Karr-Morse, R. and Wiley, M.M., (1997) *Ghosts from the Nursery: Tracing the roots of Violence*, New York, the Atlantic Press
8. Perry, B.D. et al. (1995), Childhood Trauma, The Neurology of Adaptation and Use-dependent Development of the Brain: How States become Traits. *Infant mental Health Journal*, Vol.16, No.4
9. Ermisch, J., Francesconi, M., and Pevalin, D., (2001) *Outcomes for Children*, DWP Research Reports, No. 158
10. Bradshaw, J. (Edit). (2002), *The Well-being of Children in the UK*, York, Save the Children
11. Barker J., Smith, F., Morrow, G., Wells, S., Hey, V., and Harwin, J., (2003) *The Impact of Out of School Care on Children and Families*, Final Report to the Department of Education and Skills from the Brunel Out of School Care Research Unit and the Brunel Child Focused Research Centre, Uxbridge, Brunel
12. Henricson, C., Katz, I., Sandisin, M., and Tunstill, J., (2001) *National Mapping of Family Services in England and Wales*, London, National Family and Parenting Institute
13. Communities Directorate, Welsh Assembly Government, October 2002, *Communities First Guidance*,
14. Hall, D M B., (Ed.), (1996) *Health for All Children*, Report of the Third Joint Working Party on Child Health Surveillance, 3rd Edition, Oxford University Press

Part II

1. Department of Health (2000) *Quality Protects: Disabled Children, Numbers and Categories*
2. Frost, N., Johnson, L., Stein, M., Wallis, L., (1996) *Home-Start and the Delivery of Family Support – Negotiated Friendship*, Leicester, Home-Start UK
3. Harrison, M., (2003) *Hooray! Here comes Tuesday, The Home-Start Story*, Leicester, Bamaha Publishing
4. Home-Start International, (2002) *Tackling Social Exclusion in Families with Young Children*, London, HSI
5. Adelman, L., Middleton, S., Ashworth, K., (2003) *Britain's Poorest Children: Severe and persistent poverty and social exclusion*, London, Save the Children
6. Hermanns, J. (1998) Family Risks and Family Support: An analysis of concepts. In J. Hermanns & H.R.Leu (Eds.), *Family risks and family support* (pp.9-37). Delft, Netherlands, Eburon
7. Blair, T., (11.11.2004) Speech to the National Daycare Trust
8. Olsen, R., and Clarke, H., (2003) *Parenting and Disability: Disabled Parents' Experiences of Raising Children*, Bristol, The Policy Press
9. Cooke, P., (2004) *ACTing to Support Parents with Learning Disabilities*, Research Project Funded by The Home Office Family Support Grant Programme, 2001-2004, Nottingham, Ann Craft Trust
10. Quinton, D., (2004) *Supporting Parents, Messages from Research*, London, Jessica Kingsley Publishers Ltd.
11. Ghate, D., and Hazel, N., (2004) *Parenting in Poor Environments, Stress, Support and Coping*, London, Jessica Kingsley Publishers Ltd.
12. ATD Fourth World, (July 2004) *Valuing Children, Valuing Parents, Focus on the family in the fight against child poverty in Europe*, Val d'Oise, International Movement ATD Fourth World
13. Wampold, Bruce E. (2001) *The Great Psychotherapy Debate, Models, Methods & Findings*, Mahwah, New Jersey, Lawrence Erlbaum Associates, Pubs.
14. Everitt, S (forthcoming) *A Study of Isolated and Lonely Families Supported by Home-Start*
15. Hoeschler, P (March 2004) *A thematic study using trans-national comparisons to analyse and identify what combination of policy responses are most successful in preventing and reducing high levels of child poverty*, Final Report submitted to the European Commission DG Employment and Social Affairs, Germany, University of Dortmund
16. National Framework (December 2004) *Every Child Matters: Change for Children*

APPENDICES

APPENDIX 1

TOPIC GUIDE FOR PART I

Learning from Families in Europe – Policies and Practices to Combat Social Exclusion amongst Families with Young Children

This project is formally a collaboration between Home-Start UK, Home-Start Ireland, Home-Start Hungary and the Council for Social Care in Greece, in co-operation with DG Emploi from the European Commission through their framework for Social Protection and Inclusion. These are the agreed questions that researchers in all countries asked of their Reference Group.

1. What is the rationale behind the NAPS/incl 2001 – 2003 and 2003-2005 objectives, and other major policies that target families with children under 5?
2. What is the rationale for the limited focus on families with children under 5 behind the NAPS/incl 2001 – 2003?
3. What are the Government's strategies for implementing the objectives, and the rationale for selecting those strategies?
- 4 (a) Note views on significant successes, weaknesses and barriers to progress
- 4 (b) What do you think contributed to positive and less positive outcomes?
5. Were there any special measures for particularly marginalised families?
6. What key priorities can this Home-Start International Project 'Learning from Families' help government to tackle social exclusion in families with children under 5?

APPENDIX 2

Maps of Departmental Responsibilities in England and Wales with emphasis on Families with young Children 2004

Note: The United Kingdom's approach is founded on a model of partnership and joint working inside and outside Government, across all sectors – with public, voluntary and private sector bodies and through involvement with local people in the development and delivery of policies. Most measures are delivered by two or more agencies. Each country in the UK develops different approaches to suit its particular needs. The UK, alone among partner countries, has brought most departments concerned with early years services together in one unit with a Minister for Children.

ENGLAND

Department	Principal Responsibility	Delivery Agency	Principal Policies / Programmes
Work and Pensions	<ul style="list-style-type: none"> Strategic planning of Government's welfare reform agenda Promote opportunities for all to work, or support for those who are unable to do so. Ensure the best start for children/end child poverty 	<ul style="list-style-type: none"> Job Centre Plus Working Age and Children Child Support Agency 	<ul style="list-style-type: none"> Services for working age people in 17 areas, helping them obtain work and obtain Benefits National Minimum Wage New Deal for Lone Parents New Deal for Disabled People Parental Leaves Child Support Scheme – increases income to lone mothers
Inland Revenue	<ul style="list-style-type: none"> Administering the UK's system of personal taxation Financial support for families with children Provision for child care when parents are at work <p>Making work Pay</p>	<ul style="list-style-type: none"> Inland Revenue Offices 	<ul style="list-style-type: none"> Child Benefit The Child Care Tax Credit (helps lower and middle income parents who are prevented from entering the labour force by expensive child care) The Working Tax Credit (helps ensure that people moving from Benefits into work are better off by guaranteeing a minimum income for working families with children) <p>Ctd.</p>

Department	Principal Responsibility	Delivery Agency	Principal policies / programmes
Department for Education and Skills	<ul style="list-style-type: none"> • Planning and Delivery of the National Childcare Strategy • Early Years Education • SureStart • Children's Social Services • Raise standards in early years services 	<ul style="list-style-type: none"> • Children, Young People and Families Directorate Local Authority Children's Strategic Partnerships • SureStart Unit • Support Grant Team 	<ul style="list-style-type: none"> • Children's Centres • Neighbourhood Nurseries • Early Excellence Centres • New Deal for Communities • Registered Childminding/ • SureStart Local Programmes • Quality Protects – for looked after children, those leaving care, children in need of protection and for disabled children • Children Fund.- local solutions via the voluntary sector • Voluntary sector services e.g Parent-Line , Home-Start • Children Fund Local Network helps children in poverty achieve potential through the work of voluntary, community and Faith groups
Office of the Deputy Prime Minister	Housing, homelessness, social exclusion		
Home Office	Crime and policing		
Health	<ul style="list-style-type: none"> • Strategic planning for mainstream Child Health – • A particular interest in teenage pregnancy and children with disabilities 	<ul style="list-style-type: none"> • Primary Health Care Trusts • Local clinics. • Health Visitors 	<ul style="list-style-type: none"> • Health and Equality Action Plans • Health Action Zones • Healthy Schools Programme (extending to nursery schools) • National Service Framework

WALES

Note: The Assembly Government’s cross-cutting policy development is overseen by the Cabinet Sub-Committee on Children and Young people, chaired by the Minister of Health and Social Services. This Committee is supported by the Children and Young People’s Co-ordination Group. The Assembly Government is committed to the UN Convention on the Rights of the Child and to enabling children and young people to participate in planning and review of services that affect them. The Children’s Commissioner is a “children’s champion and independent human rights institution for children”. Planning, transport, the environment, economic development and rural development fall within his scope as well as children’s issues such as health, education and social services. (Ref. Children’s Commissioner for Wales, Annual Report, 2002-3)

	Principal Responsibility	Delivery Agency	Principal Policies / Programmes
Welsh Assembly Government	Strategic planning	<ul style="list-style-type: none"> • Children and Families Division (CFD) 	<ul style="list-style-type: none"> • Communities First – the Flagship programme for alleviating poverty across Wales
		<ul style="list-style-type: none"> • CFD 	<ul style="list-style-type: none"> • Framework for Partnership This is an overarching programme for developing the health, social care and well-being of children. It also Children and Youth Support Fund (Cymorth)
		<ul style="list-style-type: none"> • CFD 	<ul style="list-style-type: none"> • Early Entitlement for 0 – 10 year olds in Wales – within the context of the Framework for Partnership, this develops a positive focus on early intervention
		<ul style="list-style-type: none"> • CFD 	<ul style="list-style-type: none"> • SureStart supports children 0 – 3 and their families by working with parents, particularly in disadvantaged areas.
		<ul style="list-style-type: none"> • CFD 	<ul style="list-style-type: none"> • Children First – This is the key programme for protecting children from abuse
		<ul style="list-style-type: none"> • CFD 	<ul style="list-style-type: none"> • Childcare Action Plans – benefits children, parents and childcare providers by building on quantity, quality and capacity of childcare provision
(Ctd.)			

Wales ctd.	Principal Responsibility	Delivery Agency	Principal Policies / Programmes
Welsh Assembly Government	Strategic Planning	CFD	<ul style="list-style-type: none"> • Young People's and Children's Forums – These are established in all local authority areas
		CFD	<ul style="list-style-type: none"> • Children and Young people's Assembly, Funky Dragon – Council of representatives from forums and other peer led groups have bi-annual meetings with Ministers
		CFD	<ul style="list-style-type: none"> • Genesis: This project helps parents in Rhondda Cynon Taff gain skills and confidence to participate in all aspects of community life
		CFD/PSD (Policy Support Division)	<ul style="list-style-type: none"> • Integrated Centres – There is to be at least one integrated centre in each local authority with a range of services, early years education, child care, open access play and community development by March 2004
		CSWLD Culture Strategy Welsh Language Division TSCP Language and Play Coordinators in all Local Education Authorities	<ul style="list-style-type: none"> • Iaith Pawb – This is the National Action Plan for a Bilingual Wales • Basic Skills – book bags are delivered to all babies in Wales at the 8-9 month health check.

As in England, at the time this project began, many more policies and programmes were in the course of being developed, with Task Forces on Child Protection, on Black and Minority Ethnic communities and Child Poverty, charged with setting long term strategic direction and recommendations for action. A National Service Framework for Children was to focus on setting standards and defining service models to improve quality and equity in the delivery of health and social care. In both England and Wales, re evaluation of the needs of Traveller's children, asylum seeking children and the services for children with special educational needs were underway.

APPENDIX 3

Methodology

Re: Inquiry into Policies and Practices from the Perspective of Policy Makers, Programme Makers and Academics

The researcher established a National Reference Group in both England and Wales composed of policy makers with a particular interest in or responsibility for the National Action Plans against Poverty and Social Exclusion (NAPS/incl), academics with expertise in the early years and/or social exclusion and executive representatives of relevant statutory and voluntary agencies. A total of 11 respondents participated in a small group and /or by telephone or email (see *Acknowledgements*). The aims were to map and assess policies and practices intended to combat social exclusion amongst families with young children.

Researchers from partner countries identified six key questions about rationales, strategies and outcomes. They were circulated to Reference Group members in advance of interviews and discussion. Questions were linked to the National Action Plans that each member country was obliged to submit for the years 2001-2003 and 2003–5 to tackle problems of social exclusion by developing policies and systems at national levels. (*Appendix 1, Key Questions*).

After a pilot interview, views were collated under sub-headings for each question. Responses were analysed in 4 columns headed agree/disagree/no comment/don't know. Three repetitions of the same point ensured inclusion in the report.

There must be caveats in extrapolating from such small numbers, but responses representative of a range of agencies formed the base line for seeing how far policy makers' reasoning, intentions and expectations would be reflected in the perceptions and experience of intended beneficiaries.

Re: Inquiry into Policies and Practices from the Perspective of Parents

The researcher sought advice from Home-Start Consultants regarding well established schemes in areas of disadvantage, predominantly but not exclusively served by SureStart Local Programmes*. She contacted the coordinators of four Home-Start schemes in Wales (a small cluster of three in the south and, at the recommendation of the members of the Reference Group, one in the north) and one Home-Start scheme in northern England that fitted the criteria♣ (*Appendix 4 Operational Definitions*). These areas were chosen because they were accessible to the researcher (*Appendix 6, Project Areas*). To broaden the scope, Children's Services in Rhondda Cynon Taff (RCT) and SureStart Managers were asked to suggest families who would participate. All those approached agreed and obtained informed consent from the families. Confidentiality – a key component of the Home-Start ethos – was assured (*Appendix 5a – Introductory Note to Families*)).

* Denotes an operational definition or explanation in Appendix 4

In selecting families for interview, Home-Start co-ordinators looked to provide a range of experiences and backgrounds amongst families who they regarded as a) having been socially excluded* and hard to reach♣, or b) families with disabilities♣. Even though referred for help by a health visitor or social worker – or occasionally personal inquiry, it had proved very difficult to engage with these parents.

Most families participated through Home-Start (England = 9, Wales = 8). Genesis, through Children's Services in RCT suggested 3 families, two of whom participated. In England, a SureStart manager suggested three families, but two of these had to be eliminated as, when contacted, it was clear that they had been initiative takers. In England and Wales, a total of 20 families participated in person to person interviews of which 11 were one parent families. Family size ranged from 1 to 9 children. Further details are given in Appendix 7a (*Family Information*) and 7b (*Dimensions of Social Exclusion*).

The partners developed a semi-structured Interview Schedule, piloting two versions in districts other than those chosen for the main inquiry. One was highly structured, the other open ended. A compromise solution allowed parents to express their views freely but with sufficient structure to permit cross-country comparison (*Appendix 5b*).

Interviews in Wales took place in October and in England during November and December 2004. Those in Wales took place in the home, were tape-recorded and lasted between one and two hours. The researcher noted pauses, emotional reactions and dynamics in transcription. A coordinator was present at six interviews since she felt that her presence would give the family greater confidence. She also helped by playing with the children. Another coordinator chose not to be present because she thought families might not feel free to criticise the service. Parents appeared to speak equally freely whether the coordinator was present or not.

The tape recordings were of mixed quality. Soft voices often failed to be heard clearly where both parents contributed (4 families) and where very young children were present (6 families). So the Home-Start scheme coordinator in England offered to take down the conversations verbatim in shorthand and transcribe them. This was acceptable to the families and reliable. Nine interviews (one with both parents) took place in the home, and one in the office. Parents were friendly, very frank and helpful. The researcher conducted Interviews as relaxed conversations, guided by the schedule. She adhered to the main framework but did not pursue all the probes, allowing parents to relate their experiences in their own ways. The researcher also made field notes after all interviews as well as completing the schedule.

Analysis involved creation of a draft index, annotation of the scripts x themes/ issues/queries. Main research questions were then set out in matrices with quotes and references to other relevant passages, checked by reference to original scripts, and translated into general concepts. Discussion with staff and volunteers to check facts and to provide a different perspective, with colleagues and social workers not connected with the project, as well as with Reference Group members acted as a further check on methodology and sources of bias.

* Denotes an operational definition or explanation in Appendix 4

The strength of a qualitative approach is that it permits respondents to say what they want to say within a broader framework than is possible using quantitative methods. It allows for on the spot clarification and may illuminate aspects relevant to research questions that would otherwise remain untapped. It raises awareness of the realities of life and issues we are trying to understand. Parents interviewed on their own territory arguably feel more secure and will speak more freely, providing insights into relatively small populations (hard to reach families, and where there are parents and/or children with disabilities) and suggesting hypotheses for further study.

Main weaknesses lie in the lack of random selection and the dangers of missing data - raising issues of validity, reliability, and interviewer bias. The process of analysis takes time and requires constant checking for loss of objectivity in selection of facts and comments. Small numbers in each country make generalisation impossible.

Nevertheless, in this project, even though every family is unique, together they reflect a broad range of parents with young children who tend not to make use of services, most of whom are dependent on the benefit system. The total number of face to face interviews (N=50) are spread across five countries and different cultures. The addition of Family Reference Groups (FRG) in England and Wales alone involved another 30 families, making numbers more substantial than at first appears.

Re: Family Reference Groups

a. Wales

Participating families in Wales lived in the north of the country in the mixed rural/urban county adjacent to the district where in depth interviews had taken place. Preliminary contact with two existing Home-Start groups was made through the Home-Start Scheme Manager. Both groups were in areas of deprivation, one of which benefited from SureStart funding.

Families were self-selected in that they were told about the project and its aims, and chose to come to special meetings. Two members of 'Daffodils,' a support group for families with multiple births also joined in one of the meetings. Two Reference Groups took place. These were held in Home-Start offices and a SureStart Centre. Three couple families contributed to the first meeting (with additional input in writing from 3 other parents who had been unable to attend) and nine to the second.

Brian Waller moderated both these groups using the Topic Guide (Appendix 5c). Proceedings were tape recorded and notes also made by the researcher.

b. England

In England, Family Reference Groups took place in Community Centres, one in the northern and the other in the southern outskirts of Sheffield – a northern city known for steel production, with areas of high deprivation as well as affluence. One group of families (also members of an existing Home-Start group) - (FRG 1) lived in a large estate with a high degree of deprivation but not qualifying for SureStart. The other was a semi-rural area of mixed development. Parents, couples with disabled children, who took part in FRG 2 were users of the Family Inclusion Project, one of the services provided by PACES SHEFFIELD, an organisation that provides training, information and advocacy for parents with disabled children. Six parents came to FRG1; and nine to FRG2.

The researcher used the Topic Guide (Appendix 5c) as a framework for informal discussions. Maggie Rowlands and Moira McCourt respectively took notes in the groups as a fail-safe for the tape recording.

Thirty families in total took part in the Reference Groups. Participating families represented a wide range of backgrounds – single parents on income support (10), parents from couple families (20 – including 4 fathers). Some were in paid employment, a few professionals but mainly skilled and non-skilled workers in their twenties and thirties. Most were receiving Benefits.

Appendix 4

Operational and other definitions, abbreviations

- Areas of Deprivation – these are measured by Indices of Deprivation that combine a number of indicators (e.g. employment, health deprivation and disability, education, skills and training, housing and geographical access to services) into a single deprivation score for every ward and local authority
- Carers Allowance – a carer is eligible if s/he spends at least 35 hours weekly looking after someone who gets a Disability Living Allowance (DLA)
- Child Benefit – regular payment for everyone who is bringing up children of £16.50 for the first child and £11.05 for subsequent children
- Child Protection Register – Register kept by a Local Authority of children deemed at risk of abuse or neglect
- Child Tax Credit – paid directly to a person directly responsible for caring for a child
- C.S.A - Child Support Agency, set up by Government to ensure that divorced and separated fathers contribute to support their children
- Child Trust Fund - gives every child born since September 2002 a free personal kick start to their savings worth at least £250.00
- Council Tax Benefit – rebate paid to people on low income who are subject to the Tax on home owners.
- Criteria for choice of area – area of multiple deprivation, predominantly but not exclusively within SureStart Local Programmes
- Cymorth – a Welsh Assembly Government initiative working to improve the life of children and young people in disadvantaged families
- Disability – “a physical or mental impairment which has substantial and long-term (normally 12 months or more) adverse effect on a person’s ability to carry out normal day-to-day activities” (Disability Discrimination Act 1995)
- Disability Living Allowance (DLA) – help with costs for personal care, support and getting around. Individual circumstances affect the amount.
- FWD – Families with disabilities
- FRG1 W and FRG1 E – Family Reference Groups comprising parents with young children and members of established groups, not necessarily HTR or supported by the Reference Services but representing a range of views and experiences in Wales and England

- FRG2 W and FRG2 E – Family Reference Groups in Wales and England comprising members of established groups in which the parents or children had disabilities
- G.P. – General Practitioner (local doctor)
- Hard to Reach criteria are that each family should have a child under five at the time they were ‘hard to reach’, and fall into at least 3 categories of the 6 dimensions of social exclusion previously identified by the partners of which one would be non or reluctant use of services. If possible, families should have one or more risk factors over and above the list of social exclusion indicators.
- Health visitors – are qualified nurses with at least two years practice. They are key people in delivering healthcare locally, focusing on health rather than illness. Work can include visiting and advising people with disabilities, parents with children under 5 about hygiene, safety, feeding, immunisation and managing behaviour, and problems such as post natal depression, bereavement and poor housing. Most cover the area of a GP’s practice and they spend most of their time in the community
- Holidays – for most people, holidays involve saving for at least two weeks vacation, probably for a package holiday to a sunnier climate. For HTR families, a ‘holiday,’ if it happens, is more likely to mean a day trip to the sea or park.
- Housing Benefit – is an allowance paid by local councils to people on low income who rent housing from them or from a private landlord
- Industrial Injuries Benefit – at aged 18+ £120.10 weekly
- Income Support – Minimum income guarantee as long as savings do not exceed £8,000. Not available if attending a Job Centre
- Job Centre Plus – brought together the former Employment Service and Benefit Agency into a single organisation providing a comprehensive package and in-depth guidance for the long-term unemployed.
- Job Seeker’s Allowance – paid to people over 18 years of age, who are capable, available and actively seeking work. The amount depends on individual circumstances
- Large family – 4 or more children
- Parental Leave – 13 weeks unpaid leave for each child up to the fifth birthday, and 18 weeks for parents of a disabled child. Parents must have worked for one year.
- PAE – Project Area England
- PANW - Project Area North Wales

- PASW - Project Area South Wales
- Portage – is a home and educational service for parents of pre-school children with additional support needs and their parents. It takes place in the child's home and aims to equip parents with the skill and confidence to help their child whatever the child's difficulties may be. Portage offers practical help and ideas to encourage a child's interests and make learning fun for all the family. There are currently around 150 Portage services registered with the National Portage Association. (National Portage Association)
- Recurring theme/issue - mention by two or more families in one group of 5.
- Reference Services – in this study the term refers to the services that had made a difference in families' lives
- Risk factor - one that preceded the behaviour
- Rowntree Fund – The Family Fund is for families with disabled children under the age of 16 (Joseph Rowntree Foundation)
- Scope – is a UK disability organisation whose focus is people with cerebral palsy
- Social Fund – is administered by Jobcentre Plus and provides discretionary lump sum payments, grants and loans for important costs that are hard to pay out of regular income
- Socially excluded – 'feeling isolated, depressed, lonely, powerless, apathetic and possibly a loss of dignity'. Definition agreed by the Partners at the Athens Seminar, June 2001.
- Social Services – have legal duties to look after the welfare of people in their local authority area. They provide information, advice and help, particularly to anyone assessed as vulnerable and at risk, those with a disability or mental health problems. Services include Child Protection, family support centres, respite care and home care
- SureStart Local Programmes – These are the key strategy for tackling social exclusion in families with children under four in the most disadvantaged areas. The focus is on children. In England funding is channelled to the Programmes; in Wales Local Authorities decide where it will be used.
- SureStart Maternity Grant - £500.00 to parents on Income Support, or other low income support
- Verified risk factor – one that could be verified from the information available.

Appendix 5a

Trans-national basis for introductory note to families

1. Explanation of who we are and why we are seeking an interview: - to learn from families how they experience the policies and programmes intended by government to help them – what has helped or hindered them in accessing and accepting services (not just Home-Start or Social Services). We want to understand why it is that some people ask for and accept help and others do not. So we are seeking an interview
 - To look at what was helpful or unhelpful for families in times of need
 - To look at how easy or how difficult it was to ask for help
 - To feedback to governments the views of families from five countries in Europe who, by taking part and reflecting on their experience, will have helped to compile the joint report.
 - We hope to influence government thinking on policies where necessary by sharing parents' views, with the aim of improving services and support for families.
2. We are asking families to participate who have sought help (for example from social services, Home-Start or other services) during times of stress and who are willing to share their experiences.
3. All interviews will be treated in the strictest confidence and individuals will not be identified
4. Unless there is any objection, we would like to tape our conversation so that there is no need for copious note-taking. The tapes will be erased at the end of the project.
5. Feedback will be available to all participants – either directly, or through a copy of the report.

Appendix 5b

Interview Schedule

No.....

Note: This schedule has been compressed

HTR

FWD

SECTION 1 PERIOD OF NON OR RELUCTANT USE

A: EXPLORING SOCIAL NETWORKS AND THE ENVIRONMENT

A1 Were you living here then? (allow the discussion to flow to get a picture that could include the following prompts)

On your own?	Husband/wife/partner?
Children?	Mobility?
Mother alive? (explore contact)	Other relatives? (explore contact)
In-laws? (explore contact)	Special friend?
Neighbours:	
Friendly?	Unfriendly?
Hostile?	In and out of each others houses?
Keep themselves to themselves?	Other

A2 Had your children friends to play with informally?

Neighbours children?	Immediate siblings?
Cousins?	How often did they get to play?

A3 How was the area you were living in?

Social Environment

High unemployment	Influx of immigrants
Funding cuts	Discrimination
Lack of community spirit	Physical Environment
Physical remoteness	Lack of public spaces
Lack of appropriate social services/amenities e.g.	
School	Clinic/GP
Hospital	Post office
Baker	Grocer
Pharmacy	Meeting place/village hall/Pub
Sports Centre	Play grounds
Library	Poor public transport
Poor road/rail links	Poor housing
Pollution	Bad town planning
Vacuum in countryside	Geographical isolation
Dog fouling	Racial harassment
Prostitution	Violent Crime
Burglary	Drug misuse,
Other.	

A4 Did you get any help or support from

Husband/wife/partner?	Parents/ in-laws?
Relatives/friends?	Neighbours?

(Explore acceptability/ reliability/ appropriateness – willingness to ask/accept help)

A5 How did your social network and where you lived impact on your children?

A6 How did you feel about your living conditions at that time?

B. EXPLORING THE EMPLOYMENT SITUATION

B1 Did you have a job? if not go to B6

Explore availability

Working hours

Whether obliged to take on work

Home work

Whether paid the National Minimum Wage,

Whether covered by insurance?

Type of job,

Stability of job,

Night shift,

Gender equality,

B2 Was your job what you wanted to do?

Explore work expectations

B3 How did your work fit with your family life?

Did work hours match school/childcare hours?

For yourself?

Child(ren)?

For you & partner?

For your close relatives?

How much spare time did you have?

For relaxed play with your

For bedtime stories?

For you and friends?

Was it stressful for you?

Did you have any help?

If yes, from whom and what?

B4 How was it for your children?

B5 How did you feel in general about your work?

Overall, was it felt worthwhile working?

B6 If not working, were you looking for a job?

How difficult was it for you to look for a job?

Presence of children

Other.

Lack of know-how

Not enough jobs,

Did anybody help you and how?

Did you get an unemployment benefit?

B7 If not working, was there anybody else in the household working?

Explore nature and stability of work

B8 How did you feel about not working?

Did you feel bad for not having a job or that you should have had a job?

C. EXPLORING CONSUMPTION AND LIVING CONDITIONS

C1 Was your family's income adequate to meet your family's needs?

Meet food expenses?

Pay the bills?

Pay expenses for children (clothing, education etc)?

Buy toys for the children?

Go out for entertainment?

Have some holidays?

Buy presents for family members/friends/children's friends?

Emergency repairs or buy some extra furniture or equipment that you thought you needed for the house?

Did you have to pay rent or a loan instalment on top of your other expenses?

How difficult that was for you?

Did you have other debts?

How were your living conditions

Poor housing?

Overcrowded?

Forced to live with relatives?

C2 Did this affected your children in any way?

C3 Did you get any help from anywhere?

If yes, what and from whom?

From a family member, friend.

List here benefits for which family could be eligible

Income Supplement

Child Benefit

Working Tax Benefit

Child Tax Credit

Council Tax Benefit

Carer's Allowance

Child Benefit)

Child Support Agency

Housing Benefit

Other

Was this help reliable?

Substantial?

C4 How did you feel about that?

D. EXPLORING FAMILY RESOURCES AND CUSHIONS

D1 Did you manage to put something by for a rainy day or have something that you could draw on as a fall back?

A house of your own?

A car?

Some savings?

Some piece of property (not to be used in Ireland and UK)

(Explore if anybody helped to obtain all the above)

An insurance scheme that covers health expenses and allows for unemployment benefit?

A degree?

Some professional experience? Some practical skills?

The Church

A good relationship with partner/parents/children

Personal emotional resources?

Other?

E. EXPLORING THE RELATIONSHIP WITH PUBLIC SERVICES

E1 Many people find it difficult to ask for help from a Service – How did you find it?

Lack of information
Cost
Access
Independence

Attitudes
Distance
Inertia
Other

E2 Before you used Home-Start (SureStart, Genesis), did you try to get help from any other agency or services? Did you know where to get help?

Health Visitor
Social Worker

GP
Other

E3 Did you use any services for your children?

Kindergarten?
Speech and language support?
Pre- or after-school childcare

Play group?
Child minder?
Other

E4 What were your experiences of other services – were they helpful to you? How did you feel about your relationships with services?

E4 How did you get information about what was available in the community?

CAB
T/V
Magazines
Other

Family Centre
Radio
Local paper,

E5 What for you is the best source of information?

F. EXPLORING FEELINGS AND THE SUBJECTIVE EXPERIENCE

F1 Can you describe how you felt about all this?

Stressed
Desperate
Powerless
Other

Depressed
Deprived
Isolated

Any effect on physical and mental health?

F2 How about your children?

Do you think that they have been affected?

G. EXPLORING GAPS AND MISSING POINTS

G1 Thinking back, can you think of any other factors that made your situation more difficult –

e.g. money worries, child behaviour (if not already discussed).

Illness/ poor health
Relationship problems
Loneliness
In laws
Criticism
Feeding problems,
Family breakdown
Lack of mobility
Lack of legal status
Too many responsibilities
Other

Bereavement
Low expectations
Domestic violence
Young Mother
Children – behaviour,
Lack of sleep
Large family
Distrust of authority
Immigrant status
Problems with the police

G. EXPLORING COPING STRATEGIES

H1 How did you manage through that time?

H2 What did you do to cope with the situation?

Cutting down on expenses
Buying second-hand clothes
Other?

Borrowing money

SECTION 2 TURNING POINTS

TP1 How did you hear about/get in contact with Social Services/Home-Start?

When exactly did it happen? Duration of visiting (in months)

When – if there was any point you can remember – did you feel that things began to change?

What were the turning points that made you give them/it a try?

Who or what led to you accepting help?

Looking at my baby and thinking 'What am I doing?'
Being bullied by a friend (or professional)
Other

TV Programme
A persistent health visitor

E. EXPLORING THE RELATIONSHIP WITH PUBLIC SERVICES

E1 Many people find it difficult to ask for help from a Service – How did you find it

Lack of information
Cost
Access
Independence

Attitudes
Distance
Inertia
Other

E2 Before you used Home-Star (SureStart, Genesis), did you try to get help from any other agency or services? Did you know where to get help?

Health Visitor
Social Worker

GP
Other

E3 Did you use any services for your children?

Kindergarten
Speech and language support
Pre- or after-school childcare

Play Group
Child minder
Other

E4 What were your experiences of other services – were they helpful to you? How did you feel about your relationships with services?

E4 How did you get information about what was available in the community?

CAB
T/V
Magazines
Other

Family Centre
Radio
Local paper,

E5 What for you is the best source of information?

F. EXPLORING FEELINGS AND THE SUBJECTIVE EXPERIENCE

F1 Can you describe how you felt about all this?

Stressed
Desperate
Powerless
Other

Depressed
Deprived
Isolated

Any effect on physical and mental health?

F2 How about your children?

Do you think that they have been affected?

SECTION 3 THE PRESENT SITUATION

PS1 How would you describe your present situation compared to the situation you were living in before contacting the Social Services/Home-Start?

Substantially improved?
More or less the same?

Partly improved?
Worse than before?

What difficulties that you were facing then, are less of a problem now in terms of:

Social networks
Income
Relationship with services
Psychological state

Employment,
Resources,
Personal problems,
Other

PS2 Who or what first helped you to feel better? What made the difference?

Making a friend
Getting a job
Better housing
Move out of district
Finding a new partner
Getting treatment/counsel for a problem
Having a volunteer
Other

Starting training
Stopping working
Winning some money
Finding child care
Separation/divorce
Children older
Having a social worker,

SECTION 4 ASSESSING INTERVENTIONS

AI 1 How would you describe the help you have received from the Government/Social Services/Home-Start?

Was there any value in it?

AI 2 From the above Services that you (or your children) have used in the past or are using now, which have helped you (and you children) most?

Exploration of why s/he thinks so
Effectiveness of intervention
User-friendly Service?
Other

AI 3 Which have helped you (and your children) least?

Can you suggest anything to improve them?

SECTION 5 HOPES AND ASPIRATIONS

HA1 What are your hopes for the future for you and your children?

HA 2 Have you any plans of how to make them happen?

SECTION 6 OBSERVATIONS OF CHILDREN

(Any extra points relating to children if present)

SECTION 7 ISSUES OF SPECIAL RELEVANCE TO FAMILIES WHERE THERE ARE DISABILITIES

Appendix 5c:

Family Reference Groups – Topic Schedule

1. Work and family life.....

A. What has your experience been?

Prompts

Do you have a job? What type of job is it? How does work fit with family life? How is it for your children? Did work hours match school/childcare hours?

If not working, do you feel you should have a job? What are the barriers?

How did you feel about that?

B. What would you like to see happen

2. Benefits/income and getting by.....

A. What has your experience been?

Prompts

Can you meet food expenses? Pay the bills? Pay expenses for children (clothing, education etc)? Go out for entertainment? Buy presents? Have holidays? Emergency repairs or buy some extra furniture or equipment that you thought you needed for the house?

Do you have to pay rent or a loan instalment on top of your other expenses? Do you have other debts?

Do you get any help from anywhere, Lone Parent Income Supplement, Back to Education Grant?

How did you feel about that?

B What would you like to see happen?

3. Services and service delivery.....

A. What has your experience been?

Prompts

Was it difficult to ask for help from a Service?

Outside of Home-Start, did you try to get help from any other agency or services?

What were your experiences of other services –are they helpful to you?

How do you feel about your relationships with services?

4. Family support

A. What has your experience been and what would you like to see happen?

Prompts

Do you get family support from your own families?

How would you describe the help you have received from the Government/Social Services/Home-Start? Is there any value in it?

B. What would you like to see happen?

Appendix 6

Area Information

6a Project Area England (PAE)

The Metropolitan District of Wakefield in the north of the country extends to some 360 kilometres. It has a total population of 315,172

Age structure:	children 0 - 4	18,097
	5 -14	42,307
	15 - 64	206,136
	65+	48,631

Source: Census 2001, National Statistics website: www.statistics.gov.uk
Crown copyright material is reproduced by permission of the Controller of HMSO

Historically Wakefield District was a coal mining area. The industry declined in the latter part of the last century with significant job losses. A large proportion of the district's population is still experiencing employment deprivation. 26,301 people are unemployed through sickness, disability or wanting to work but unable to find a job. Wakefield ranks 22 out of the 354 local authorities in England in terms of income deprivation. There are also more people and more wards suffering more health and more disability problems when compared to many other areas of England.

All but two participating families lived in the most deprived wards, and 5/10 were within a SureStart Local Programme (i.e. one of the top twenty most deprived areas where there are also a significant numbers of children aged under four). These wards are near to Wakefield City Centre, well served by transport and other facilities. Consequently, they do not rank highly in geographical deprivation.

The terrain is undulating in parts, roads are good and well lit, with a thriving community centre and a children's centre. Three dedicated nursery schools take children from 3 – 5 years of age and offers 5 half day, free sessions a week of 2.5 hours. Some schools have additional child care facilities for which a charge is made. Care that wraps around the 2.5 hour free nursery sessions for children aged 3 and 4 is also available. Neighbourhood nurseries open Monday to Friday, 50 weeks of the year offer full day care.

There is a wide spectrum of health and family support services in both the statutory and voluntary sectors. Supermarkets and corner shops, museums, theatre, leisure and sports facilities, and other cultural attractions lie within easy reach – except for people with disabilities or parents without transport who live on the fringes of large estates or in the semi-rural outskirts. District housing stock is reasonably good quality. High levels of private rented accommodation exist in the most deprived wards. Ethnic communities are not well represented in the District.

Source: Wakefield Metropolitan District Council

6b Project Area North Wales (PANW)

Rhyl is the largest seaside town in Denbighshire in the north of Wales, with a population of 24,889;

Age structure: -	0 - 4	1,496
	5 - 14	3,379
	15 - 64	15,132
	65+	4,872

Economic activity: -	Working age	17,201
	Economically active	9,857
	Economically inactive	7,344
	Unemployed	875

Source: Census 2001 National Statistics website: www.statistics.gov.uk
Crown copyright material is reproduced by permission of the Controller of HMSO

The project area (one ward) is one of income deprivation and unemployment, currently running at 10.7 % and second worst in Wales. Part of this is due to the seasonal nature of much of the work (holiday hotels, shops and catering) and the high mobility. There are problems with sub-standard housing, houses in multiple occupation, homelessness, drugs and violent crime.

At the same time, much of the surrounding town and countryside are well served with transport, schools and childcare facilities, shops and other amenities, leisure centre, library, museum and theatre. Unemployment is generally low. Approximately one fifth of the population of Denbighshire speak Welsh, though English is more commonly spoken in the town.

Source: Support Services, Environmental Directorate, Denbighshire County Council, August, 2003

Crown copyright material is reproduced by permission of the Controller of HMSO

6c Project Area South Wales

	<u>Rhondda Cynon Taff: (RCT)</u>	<u>Caerphilly</u>
Population	231,946	169,519
Age structure		
	0 - 4 = 13,885	10,617
	5 - 14 = 31,398	23,688
	15 - 64 = 150,112,	79,464
	65+ = 036,511	34,414

Source: National Statistics website: www.statistics.gov.uk
Crown copyright material I reproduced by permission of the Controller of HMSO

The project focused on several small areas served by three strategically placed Home-Start schemes within the large districts of Rhondda Cynon Taff and Caerphilly. The history and topography of the region account for this. The Welsh Valleys stretch south from a range of mountains that run roughly east to west, down towards the coastal plain where the big cities like Cardiff are located.

The valley sides are often steep so it is possible to be only a mile or two, as the crow flies, from a place in a neighbouring valley, but the terrain is such that it is necessary to travel down the length of one valley and up the adjoining one to reach it. Building is mostly in the valley bottoms. It is expensive and/or difficult to build on the valley sides, but there are some settlements on the tops. The area was once famous for its coal and iron mines, but today most have gone. The slag heaps have been landscaped and the valley bottoms flattened. Electronic and manufacturing factories are now a main source of employment.

RCT	Employed	85,380	Caerphilly	65,655
	Unemployed	05,927		4,346
	LT unemployed	01,674		1,264
	Retired	22,770		16,628
	Caring for family	10,934		08,310
	Sick/disabled	21,493		14,680
	Other ad 100%			

Source: National Statistics website: www.statistics.gov.uk
 Crown copyright material is reproduced by permission of the Controller of HMSO

These figures do not adequately represent the pockets of deprivation that exist, especially in isolated communities up in the valleys and on hilltops. Cymorth♣/SureStart* funding has enabled development of a wide range of services that aim to reach all families with young children rather than focus on defined 'local programme areas' and it is recognised that children's centres may have to act as bases for outreach to some areas, rather than as one-stop shops.'

* denotes explanation in Appendix 4

Appendix 7a

Family Information

Situation at time of referral

Note: Due to concerns regarding confidentiality on the part of some Home-Start coordinators, 'case-study' information on the 20 participating families is presented here in less individually identifiable ways than in the Grid format originally agreed by researchers.

1. SureStart Local Programmes

5/10 families in the Project Areas in both England and Wales lived in areas designated as SureStart Local Programmes; 3/5 in both countries were FWD

2. Family Status

FWD in England and Wales	7/10 = couple family 3/10 = single parent
HTR in England and Wales	2/10 = couple family 8/10 = single parent

3. Age groupings of parents in England and Wales

Age grouping	FWD♣	HTR*
41 – 45	2 (couple families)	0
37 – 40	2 (couple families)	0
31 – 36	5 (3/5 single parents)	4 (3/4 single parents)
26 – 30	0	3 (2/3 single parents)
20 -25	1 (single parent)	2 (single parents)
15 .19		1 (single parent)

4. Number of children

No. of children	FWD	HTR
1	4 families (2 single parents)	0
2	1 single parent family	4 single parent families
3	1 couple family	4 (3/4 single parents)
4	0	1 couple family
5	3 couple families	0
6	0	0
7	1 couple family	0
9	0	1 (single parent)

* denotes explanation in Appendix 4

Appendix 7b

Dimensions of social exclusion in families in England and Wales

Dimensions	Categories	FWD	HTR
1. Social networks	Very isolated, no family or friends nearby	6	9
	Social network much curtailed	2	1
	Social network but negative effect	2	0
2. Employment	Father working (couple family)	3	2
	Neither parent working (couple family)	4	0
	Single parent – not working	3	8
3. Low income	On Income support	5	9
	Not qualifying for income support	5	1
4. Lack of resources	Modest savings	1	0
	Financial No savings or 'cushions'	4	3
	No savings and in debt	5	7
	Educational No formal qualifications or skills	6	8
	Some work experience/ higher education	4	2
	Amenities/ environment Adequate	6	5
	Poor or very poor	4	5
5. Public services used	Social Services/ Home-Start/ NHS	6	2
	Home-Start/ National Health Service	3	6
	SureStart/ NHS	1	0
	Genesis/ NHS	0	2
6. Feelings	Angry, frustrated	7	1
	Hopeless, depressed, powerless	3	9
Health	Chronic disability	5	0
	Mental or health problem likely to improve	5	0
	Post Natal Depression, and/or trauma	0	10
Housing	Private	1	0
	Private rented (poor standard)	3	3
	Local Authority rented	6	7

Acknowledgements

Many people have contributed to this report. Foremost, grateful thanks are due : -

- To all the parents who took part in the in depth interviews, for their openness and generous gift of time. Without them there would have been no project.
- To the Scheme Managers, Coordinators and volunteers who liaised with the families and were so supportive and efficient – Claire Beaumont of Home-Start Wakefield, Margaret Salerno and Amanda Gough, Home-Start Caerphilly Borough East; Hilary Owen and Joanne Roe, Home-Start Cym Rymni; Meira Owen, Home-Start Denbighshire and Meirwen Jones, Home-Start Rhondda Cynon Taff.
- To all the families who took part in the Family Reference Groups and, for their help in contacting the families and organising the groups, Ann Woods, Home-Start Flint, Anne Bell, Home-Start Sheffield and Helen Pemberton of Paces Sheffield; and Moira McCourt and Maggie Rowlands for their help in note taking

I owe a debt of gratitude to the members of the Project Advisory Group:- Chris Burston, Department of Work and Pensions Social Inclusion Team; Dr. Ganke Mueller, Principal Research Officer, Children and Families Division, Department for Education and Science; Rob Hutchinson, Director, Portsmouth Social Services; Liz Green, SureStart Unit, Brian Waller, Director of Home-Start International, and to Professor Judith Harwin, Director of the Interdisciplinary Child Focused Research Centre at Brunel University for her valuable advice on research issues. And also to Sue Galsworthy, Women's Advisor in the Genesis Project, RCT; to Ingrid Kalischer, SureStart Programme Manager, Wakefield West and to John Evans, RCT for their help and advice.

I would also like to thank John Abraham, Head of Child and Family Programmes, Welsh Assembly Government; Peter Clark, Children's Commissioner for Wales; Carol Daniels, Head of Early Years Services, Rhondda Cynon Taff; Naomi Eisenstadt, Director, SureStart; Dr. Penelope Leach; Mary Macleod, Chief Executive, National Family and Parenting Institute; Wendy Rose, Senior Research Fellow at the Open University; Clare Roskill, Department for Education and Skills; Karen Turner, Department of Health; Catriona Williams, Chief Executive of Children in Wales; who participated as respondents or readers, for their helpful comments and advice

Finally, grateful thanks to Maggie Rowlands of Home-Start UK who coordinated the project in England and Wales, and Alex Sibun and Nick Potter at Home-Start International for their much appreciated practical help and support