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## **Children taken into Care and Custody and the 'troubled families' agenda in England**

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### **Abstract**

Children taken into care and custody are arguably the most vulnerable and problematic groups within the wider debate and responses developing to the 'troubled families' agenda in England. They represent what the state most wants to avoid when it intervenes in the life of a family. This article is based on an analysis of the service involvement and needs of the 196 children taken into care or custody over a three year period (2008-2011) in one city local authority in England. The research was undertaken to inform the response to prevention of entry into care and custody which was the original focus of the most intensive part of the troubled families programme in the city. Interviews with 10 senior professionals from a range of agencies involved in setting up this local programme, explored the way the emerging troubled families agenda was shaping ideas about the understanding of and response to the needs of these children and their families. Key findings of the study illustrate the range and complexity of need as well as the sequence and amount of agency involvement. Professionals were often critical of the thinking behind the troubled families agenda, but were positive and creative about new ways of working with these families.

**Key words:** Troubled families, care, custody

## **Introduction**

'Troubled families' are currently a key social policy focus of the Coalition government in the UK. In common with New Labour, the Coalition views these families as having a 'responsibility deficit' in relation to taking up paid work, causing a disproportionate amount of anti-social behaviour and failing their children in myriad costly ways. Links between the current agenda and a response to the August 2011 riots in England are explicit (Pickles, 2012; Wintour, 2011). The Department for Communities and Local Government, DCLG (2013, para 1) provides the following definition of a troubled family:

*Troubled families are those that have problems and cause problems to the community around them, putting high costs to the public sector [our emphasis].*

The emphasis on *having* problems as well as *causing* problems is critical to the national political rhetoric about troubled families, alongside the desire to cut costs to the public purse. The estimated 120,000 families in England are said to cost around £9 billion a year, or £75,000 per family. The troubled families programme was launched in December 2011, with the stated expectation that the lives of these families could be 'turned around' by 2015 (DCLG, 2013).

This article is based on research that is ongoing and began as this agenda was launched. The main focus of data collection is on children taken into care or custody who represent the most costly part of state intervention in family life. The research is an in-depth study of one city local authority (hereafter referred to as 'the city') in England; the needs of and service interventions with a cohort of children who had been taken into care or custody (the original focus of the most intensive part of the local troubled families provision); and, how the troubled families agenda is constructed in national and local policy discourse.

### **The 'troubled families' agenda**

The troubled families agenda has evolved out of a long history of governments trying to create a coherent policy initiative around a highly complex set of issues (see Welshman, 2012 for an historical overview) that have often been characterised as concentrated in particular communities. More recently policy has focussed on families: as in Family Intervention Projects, where early schemes were housing-led projects (see Parr, 2009). There are continuities across the decades in the concentration of social problems (such as worklessness, low educational attainment, substance misuse) in particular localities and specifically in social and council housing. These social problems are in turn underpinned by poverty, lack of opportunity and mental health issues; as well as behaviours that present contemporary society with a range of challenges in relation to the future of the children in these families.

Poverty and lack of opportunity generally underpin the situation of families described as 'troubled'. However, Britain has many poor families, CPAG (2012) estimates that there are 3.6 million children (27% of all children) living in poverty in the UK and that almost two-thirds of these children live in a household where the adult works. The current programme has a strong emphasis on changing behaviour, rather than material circumstances per se. This follows the way that recent governments in the UK (both New Labour and the Coalition) have been increasingly focussed on behaviour; whilst social scientists have been more concerned with unravelling the relative influences of agency and structure (Welshman, 2012, p.9). Welshman (2012) highlights the importance of addressing *both* the behavioural and structural causes of poverty. From the outset the troubled families initiative has been criticised for using poverty indicators as the prime way of estimating the number of these families, and thereby associating poverty with anti-social behaviour and criminality (Levitas, 2012). Perhaps we should not be surprised, academics have long noted the way that social policy and crime have become inextricably linked (Crawford, 1997); and, how those who do not adhere to the conventions of the moral majority are in turn constructed as 'anti-social' (Rodger, 2008). This has affected the way welfare professionals have to work; Parr (2009) observes that

*'traditional forms of social work interventions have become located within a discourse of tackling anti-social behaviour'* (p.1261).

The estimate of 120,000 troubled families is said to come from data from the 2005 *Family and Children Survey*, FACS (Hoxhallari *et al*, 2007) which found that 2% of families face 'multiple problems'. Government officials extrapolated from the results of this survey to cover the population of England, which produced a figure of 117,000 which was rounded up to 120,000. Levitas (2012) has criticized the methodology and misrepresentation of 'evidence' behind the 120,000, highlighting that it is based on old data, that there is bias in responses to longitudinal surveys such as FACS and that the margins for error are not considered and could produce very different results. She points out that in any case a more apt description of the group identified by this survey is *'severely and multiply disadvantaged'* (p.4).'

The measures used to identify the 120,000 families include the following seven criteria. To be designated 'troubled', families had to meet five of the seven criteria:

- No parent in family is in work
- Family lives in overcrowded housing
- No parent has any qualifications
- Mother has mental health problems
- At least one parent has a long-standing limiting illness, disability or infirmity
- Family has low income (below 60% of median income)
- Family cannot afford a number of food and clothing items (Levitas, 2012, p.4-5).

None of these criteria include crime and anti-social behaviour, or 'causing' problems (as in the DCLG definition provided above). The FACS data was modeled to create the estimated number by local authority using the Index of Multiple Deprivation, thereby acknowledging the poverty that underpins the living circumstances of most families characterized as 'troubled'.

In practical terms local authorities have had to draw up a list of families to fit the likely number modelled by government to a set of national and local criteria (which are different from the FACS data). National criteria include, households who:

- Are involved in crime and anti-social behaviour
- Have children not in school
- Have an adult on out of work benefits
- Cause high costs to the public purse (DCLG, 2012a, p.3).

Any family that meets the first three national criteria should automatically be part of the programme. The fourth category has been put forward to allow local discretion in relation to using additional criteria to include families that a local authority is concerned about. Local discretionary criteria include:

- Families with a child on a Child Protection Plan or likely to be 'Looked After'
- Families with frequent police call-outs or arrests or proven offenders (eg individuals have been in prison; prolific or priority offenders; gang involved)
- Families with health problems (eg emotional and mental health; drug and alcohol misuse; problems caused by domestic abuse; under 18 conceptions)  
(DCLG, 2012a, p.5).

The real (political and policy) agenda might be better identified in three assumptions, reported in an interview with Prime Minister David Cameron, at the launch of the troubled families programme. These assumptions focus on a 'responsibility deficit', its assumed connection with the nature of state interventions, and the likely cost of changing families in these circumstances (Wintour, 2011). So, firstly, according to Cameron:

*'...my mission in politics – the thing I am really passionate about – is fixing the responsibility deficit, building a stronger society, in which more people*

*understand their obligations, and [where] more take control over their own lives and actions'* (Wintour, 2011, para 12).

Secondly, it is assumed that the help needed won't necessarily cost a lot:

*'When the front door opens and the worker goes in, they will see the family as a whole and get a plan of action together, agreed with the family. This will often be basic, practical, things that are the building blocks of an orderly home and a responsible life. These things don't always cost a lot but they make all the difference'* (para 11).

Thirdly, too much (well-meaning, but 'disconnected') state help is seen as part of the problem:

*'And they [the single key worker] will get on top of the services, sorting out, and sometimes fending off, the 28 or more different state services that come calling at the door. Not a string of well-meaning, disconnected, officials who end up treating the symptoms and not the causes, but a clear hard-headed recognition of how the family is going wrong, and what the family members themselves can do to take responsibility'* (para 11).

There are some continuities in these statements: particularly the 'responsibilisation' agenda promoted by previous Labour governments; the long documented problems of co-ordination across agencies; the desire to make better use of public resources; and the belief that poverty and anti-social behaviour are necessarily linked. What is new is the context of attempting change (through a 'rebranding' of the issue as 'troubled families') against the backdrop of rolling back the welfare state and major public sector cuts, as well as an emphasis on payment by results. In the context of the troubled families programme, 'payment by results' means that local authorities collect a payment for each eligible family, if they improve in relation to the specified national criteria. This

payment increases as a proportion of the total available for each family (£4,000): 20% in year 1, 40% in year 2; 60% in year 3) (see DCLG, 2012a, p.8-9).

It has been quickly recognised that the simple solutions suggested in the quotes above are unlikely to happen. The particular challenges of the payment by results approach has already been documented in a Cabinet Office (2012) report which notes that troubled families have '*complex and over-lapping problems*' and that '*cost relating to outcomes are not generally collected in easily useable ways*' (p.2); and, that linking payments to outcomes in the context of commissioning is an additional challenge. Louise Casey's (Head of the Troubled Families Programme) interviews with 16 families added weight to the acknowledgement that in many families problems are complex and that abusive and violent relationships, as well as mental health issues need to be addressed (DCLG, 2012b).

The current study set out to inform debate about the troubled families agenda by looking at the evidence about the scale and nature of the needs of the most vulnerable and costly children who had been taken away from their families and into care or custody. The most intensive part of the local programme (upper 'Tier 3', see Figure 1) originally aimed to prevent entry into care and custody (the remit was later widened). The focus on this group is framed within the wider debate and response to the developing agenda on troubled families.

### **Research context**

The city has a total population of over 200,000; of whom approximately 46,000 are aged 0-19. The population is predominantly White; Black and Minority Ethnic groups make up about 11% of the whole population; and, 14% of children and young people. There are about 86,000 households and 30,000 contain only one person. The city is in the top 100 most deprived local authorities in England and has pockets of severe deprivation. The city scores low (over 300, out of 354 districts, where 354 is the most deprived) on the composite index of child wellbeing developed by the Department of Communities and Local Government (DCLG, 2011). The number of children taken into care or

custody is between 60-70 children per year. At any one time, over 200 children are in care and up to 20 are in custody (under 1% of all 0-19 year olds). The DCLG estimated that the city would have over 500 troubled families.

Figure 1 illustrates how the focus of the troubled families programme in the city is on families in Tier 3 (referred) services – those already known to social services, the youth offending team (YOT) or child and adolescent mental health services (CAMHS). Initial searches to meet the three main *national criteria* of - families not in work with children who are persistent absentees from school *and* with records of crime and anti-social behaviour against the family - revealed relatively few families (around 80 families, those at the apex of the second pyramid). However, with the addition of the *local criteria* (in this city this included – a child in need; child on a child protection plan, domestic violence in the first year of the programme) admissible in the troubled families programme; many more families were identified. A further 400 families met two national and one local criteria and over 3,000 met one local (1,400) or one national criteria (1,700).

**INSERT Figure 1 (about here): Troubled Families and how they fit into the tiered provision of services**

This search for families to fit national criteria set by government illustrates the problem of designing a programme based on estimates on the number of families from one set of criteria (The FACS 2005 survey) and then setting up different criteria for local authorities to find these families. Furthermore, identifying families is made more complex when considered in light of what is known about how ‘family’ and ‘household’ are understood and lived by the families that are the focus of this article. Morris (2012) highlights how the voices of families in her research ‘*resisted definition by household*’ (p.4). An issue that is crucial to how (whether?) we can achieve a reliable estimate of the scale of need in a city; and, how professionals can work with and help these families.

## **Methodology**

The current study involved the analysis of quantifiable data (the cohort of 196 children taken into care and custody, 2008-2011) and the collection of qualitative data through in-depth interviews with professionals involved in setting up the local troubled families programme. The research was based on a pragmatist epistemology and mixed methods design. The cohort data directly informed the needs assessment for the most intensive part of the local programme. The cohort of 196 children was created in order to undertake a series of searches across agencies to profile their needs and service involvement. In addition participation in a monthly steering group and ten in-depth interviews with the key agencies involved in this field informed the interpretation and analysis of the data, as well as the analysis of the local discourse in different agencies about the broader troubled families agenda. In essence this was a highly reflexive and applied piece of research that engaged with policy and practice discourse as it was emerging. As the interviews were informed by the findings from the quantifiable data, as well as participation in a steering group (and other meetings) for a year (at the time of the interviews); they could develop from what was already known and the progressive focussing (Silverman, 2000, p.143) that is characteristic of research where researchers are exposed to the research site over a prolonged period. Interviews were transcribed in full and subject to thematic analysis based on the central research questions. These questions were: what are the needs and problems of the children in these families? How are they understood by key professionals from different agencies? And, what are the solutions?

There are clearly a number of ethical and data protection issues in conducting research of this kind. The research underwent ethical reviews (University and NHS review) that advised on how the data on the 196 children was compiled and kept. All searches were undertaken by staff in local agencies within their own service only and compiled into a single Excel database by a data handler. The Excel database had the names and addresses removed, and the data was imported into SPSS for analysis by the University. This part of the research was concluding as the city was compiling its own 'live list' of families they would be working with in the first year of the programme.

Interviews with managers in key agencies involved in setting up the way the city responded to the troubled families programme were conducted during this time (summer 2012).

### **The cohort of children taken into care or custody**

The cohort included all children aged 6-17 years (without a disability) who were taken into care or custody over a three year period (2008-2011). The cohort of 196 children was predominantly made up of children who had been taken into care (86.1%, 159 of 196). However, there was an overlap between the children taken into care and those taken into custody in the same timescale. Over a quarter (26.5%, 52 of 196) had been in custody, of whom 15 had also been taken into care within the three year period. 37 children were taken into custody only during the three years, but 7 of them had also been in care outside this timeframe.

Over half (58.7%, 115) the whole sample is male. This pattern changes when the sample is looked at in relation to the care and custody samples. Slightly more than half the care sample is female (52.9%, 84); and, the great majority of the custody sample is male (84.7%, 44).

The biggest group of children are 'White British'; these 151 children (77% of all children in the cohort) live in 119 households (73.5% of all households). It follows that some of these households had more than one child taken into care or custody over the three year period covered by the database. 'White European' and 'White Other' groups together account for the next biggest ethnic groups (21, 10.7%); followed by Black (11, 6.0%) households (variously categorised as, 'British', 'African', 'Caribbean', and 'Other'). There were three 'Gypsy/Roma' families, from which five children were taken into care. Ethnic groups not categorised as 'White' make up around one in eight (12.2%, 24) children and a similar proportion of households (13.6%, 22).

The 196 children lived in 157 households (which we refer to as 'families') with 231 adults (with some changes during the 3 year period); 23 of these households had more than

one child taken into care or custody. The 62 children (31.6% of the whole cohort) in these 23 families (14.6% of all families) differed from the families where only one child was taken into care or custody in some important respects. The families can be characterised as having child welfare as the biggest issue in most cases. Less than a third (29%) had a record of offending behaviour, compared with nearly two-thirds (64.2%) of families with one child taken into care or custody. The children were significantly less likely to have a record of a violent offence or come to the attention of crime prevention projects in the city. Where these children offended, they committed fewer offences. Only two children, from one of these 23 families, spent time in custody. On average, the children were younger when they were first referred to social services, or when they had a CYPR completed by the police (whichever came first). They were also younger when taken into care. In sum the city had a very small number of families (23 over a three year period) who could be characterised as primarily vulnerable and in need of high levels of support for many (sometimes all) of their children.

### **A profile of need and service involvement**

Figure 2 illustrates the profile of need and service involvement of the children. It includes educational issues (2008-2011 only as this data is very complex), offending behaviour, social services involvement, referrals to child and adolescent mental health services (CAMHS) and police records of concern (Child and Young Person Records, CYPRs). CYPRs may indicate either welfare or offending behaviour concerns. Service involvements, other than education, are on the basis of ever having a referral or involvement. Offending behaviour and social services involvement are of course high because of the nature of the cohort.

### **INSERT Figure 2 (about here): A profile of need and service involvement (N=196)**

Figure 2 illustrates that almost all children (92%) had a record of educational problems or additional needs during the three year period (2008-2011), including special educational need (SEN) or education in a special school, persistent absence over 15%,

exclusion and turbulent moves of school (moves in the middle of term and so on). Nearly a third (32%) of the cohort spent some time in a special school in the city during the three year period covered by the cohort. Over half (53%) had a record of offending and over a third (35%) had committed a violent offence. Nearly half (47%) had been referred to one of the city's crime prevention projects and over a quarter (28%) had spent time in custody. Almost all the cohort had a record of referral to social services and most (166, 84.7%) had been looked after: either within the 3 year period (159) or outside this period (7). Three-quarters (75%) had been referred to Child and Adolescent Mental Health Services (CAMHS) and most were accepted. Police records of concern (Children and Young Person Records, CYPRs) were found on nearly all the children (96%) with the number of records ranging from 1 to 74, with a mean of 15.5 records per child.

We did not have access to reliable individual level data about where families lived, which can be seen as a proxy indicator of relative poverty. However, local authority prevalence data on the broader group to be included in the first year of the troubled families programme in the city indicated that over two thirds of the families lived in the more deprived areas of the city and that nine in ten families rented their homes either from the city council (over half) or privately (over a third).

### **Sequence of service involvement**

Table 1 shows the mean age of engagement with services (apart from education, as a universal service) and therefore provides insight into the typical trajectory (or sequence) of agency involvement experienced by the whole cohort. On average (mean age across the cohort) children were referred to Social Services first, followed by a CYPR being filed by the Police, referral to CAMHS, being taken into care, Crime Prevention intervention 1 (younger offenders), first offence, Crime Prevention intervention 2 (older offenders), and lastly offending leading to custody. The age range for referral to each service (youngest to oldest) is most marked in relation to referrals to Social Services and the child being taken into care, followed by referrals to CAMHS, then having a CYPR filed by the Police. Thereafter a reducing number of young people became

involved with crime prevention projects, of whom more than half had a record of an offence.

**Table 1 (about here): Sequence of agency involvement by mean age (N=196)**

**Amount and severity of service involvement**

Unlike Table 1, Figure 3 uses the percentage of the sample that experienced a particular service or indicator. Figure 3 is ordered with the most commonly experienced services first and the order is very similar to that in Table 1. This makes Figure 3 a good indicator of attrition along the typical trajectory from referral to social services to custody. It is worth noting, however, that Figure 3 cannot accurately detail all service involvement for every child. Those that do not fit the typical trajectory, for example, not having a referral to social services (8 in this cohort) but have offended will be excluded from indicators relating to their offending behaviour. The critical change and drop in prevalence (from 42% to 21.8% of the sample) is at the point the individual has a record of a criminal offence. Figure 3 shows a trajectory through services with children referred to as 'highest severity' showing signs of more agency involvement and multiple problems. It is notable that those who have had involvement with all agencies in our study are very small in number (5 children in 3 years, or 2.7% of the 188 who had a referral to social services).

**INSERT Figure 3 (about here): Amount and severity of service involvement (N=188)**

**Interviews with key professionals**

In depth interviews were carried out with ten senior professionals across a range of agencies involved in the local initiative. Interviewees included representatives from Social Services, Education, Housing, Child and Adolescent Mental Health, the Police, Targeted Youth Services, Department for Work and Pensions, Community Safety, Barnardos and the Troubled Families Co-ordinator.

Taking children into care and custody represented what they most wanted to prevent. This represented the apex of the pyramid of need within the city (or Tier 4 services, as they are known, see Figure 1) and a way of working that saw the solution to issues as outside, rather than inside, the family:

*“I think agencies get to the point where they no longer know what to do and then they see the solution as outside of the family, rather than assisting the family in addressing whatever issues that they have. And I think that's quite difficult and...I think that's the biggest challenge, and it's going to require an attitudinal shift by all of the agencies in the way that we work if we're going to make a difference.”*

We explore four key aspects of these interviews with professionals below: the label of ‘troubled family’ and alternative conceptions of the issue; the arguments about the ‘responsibility deficit’; how professionals are involved with these families; and, the potential solutions.

### ***The label – ‘troubled families’ and alternative conceptions***

All professionals interviewed felt that the ‘troubled families’ concept was *not* the right way to describe the group of people they were trying to help. All recognised the diversity of issues that brought some families to the attention of several agencies in the city across the welfare to criminal justice spectrum. They were concerned about the potential for adverse effects of the label in relation to how families would perceive any service set up to address the issue so defined. They were however in general agreement that you had to have some term or concept to be able to work as a multi-agency group; in this respect the local term of ‘families with multiple problems’ had most support, as one interviewee commented:

*“I don't like it [the way we refer to these families] and I would imagine probably a lot of other professionals don't either, [.....] but because we've got to have a joint understanding of who we're on about and what we're on about we need to use that terminology but I think.....there needs to be an agreement to*

*change that terminology probably nationally, because probably most people aren't very happy with it, but I feel that it could impact on how people see those families and then impact on the subsequent work because of it, because there's a stereotyping."*

For one interviewee the use of the term 'troubled family' had a direct effect on the accommodation they were going to use in working with families:

*"When we got the original tender for the FIP [Family Intervention Project] we got a building, [name of building], to use, and two weeks before we were due to start the landlord pulled out because he'd contacted the Home Office to find out about 'troubled families' and Family Intervention Projects, and whatever he was told from the Home Office actually totally put him off of having us because he didn't want those sorts of families in his building."*

Professionals preferred a range of other terms such as 'hard to help' or 'families with additional needs'. Most emphasised the multi-faceted and systemic nature of the issues in these families:

*"...what we're talking about is families with ingrained systemic issues that require a multiagency response or a multifaceted response."*

Reference to 'inter-generational issues' was common, either in relation to patterns of behaviour, or time spent in care. One interviewee focussed specifically on educational attainment:

*"...the intergenerational issue around educational attainment and how educational attainment can change things for you – for individuals- I think is underestimated....[refers to particular locality] you could see the patterns of behaviour that had happened through each generation; and they'd all been to the*

*same secondary school education (when they attended) and attendance was a huge issue, attainment was a huge issue.”*

***Is there a ‘responsibility deficit’?***

Several interviewees had some sympathy with the idea that families did not always take enough responsibility for themselves, but in general did not like the concept of ‘responsibility deficit’. Typically their view of this issue related as much to criticism of professional practise as it did to the behaviour of families. Frequently front line workers were seen as too willing to do things *for* families, avoid challenging them and/or refer the problem on to another agency. For some it was a case of:

*“The more you do for someone the less they’ll do for themselves.”*

Although the latter type of response was also qualified with the recognition that the benefit system was difficult to escape for families who could not get well paid work, or the qualifications to aspire to this in the first place. Others went back to the emphasis on need, challenging circumstances and the way services worked with families:

*“..... I think it's certainly not my experience of the children and families - that myself and my team work with - that they have a responsibility deficit. They are often in significant need and have some real challenges that any family would struggle hugely with and therefore need support to help with that. I think they often struggle to engage ....., but I again struggle to blame the families for that. I think that's often about the way we engage with them and sometimes around budgets and funding....”*

***Are numerous services involved with families at the same time?***

It soon became clear (from our care and custody cohort; as well as from the local authority work on creating a ‘live list’ of families they were going to work with; and, in these interviews with professionals); that although families might have been involved with numerous services over time, this did not necessarily mean that services were

involved with a family *at the same time*. Sometimes this was a case of families being referred to a service but not actually getting a service:

*“Certainly some of the families that come to us, the children have a whole list of people.... on the database they're involved with, but when you contact them they'll say, 'oh well they didn't make the first appointment or they've not engaged with us'.”*

Several interviewees spoke of a 'referral on' culture:

*“.....we'd like to try and .... break this sense of 'I've done my job if I've referred them somewhere' ..... to try and remove this sense ... that there is a referral sort of culture and we end up with families that get very confused about who is doing what within their lives....”*

### **The solutions**

There was general agreement that focussed intensive 1:1 support for families; by skilled professionals with small caseloads was a well evidenced and appropriate way of working. A strong theme in interviews was that 'who works' (the quality of the individual professional and their ability to make relationships with families) was more important than 'what works' (programmatic approaches). This coupled with listening to what families said they wanted and needed was viewed as of key importance. These themes are illustrated in the following quote:

*“....we listen to what families say, children say, young people say...what they don't want is to keep having to tell their story time and time again to other people.....What they want is actually someone who can be consistent and a bit tough so that they don't let go of them, so they can't duck and dive. Because it's hard for them to keep that... it's difficult but if they can keep that relationship with somebody the difference it can make to them in terms of themselves is huge.”*

Several interviewees highlighted the importance of how the issue was conceptualised and defined in the first place, in relation to what could be the potential solutions:

*“...it comes back to how you define the problem, doesn't it? And right from the start I'm not sure we're defining the problem right. Is the problem about poverty? To some extent it is, but then not everyone living in poverty is creating the same kind of problem that other people are. ....And for me it's about aspiration and resourcefulness.”*

It was common for interviewees, in different ways, to recognise that the way services worked with families needed to change. One interviewee thought that this might well be a bigger challenge than the families themselves:

*“I suspect the biggest challenge in this programme isn't necessarily going to be the families themselves, interestingly, but will be the point at which we realise that stuff around them has got to change. That will be the real challenge and that point of saying well there are multiple organisations with overlapping aims, multiple professionals going in and out of people's lives, not in a way that means they are leading to sustained change.”*

In another case, the interviewee was keen to differentiate between what he saw as the 'root cause' of the issue and the pragmatics of dealing with the effects in a way that meant families were willing to accept help:

*“...the root causes I would say are high unemployment, low income, the class system, the lack of opportunities..... Dealing with the effects if they're not going to deal with the root causes, I think it is about.... getting services in there, the services that families are willing to access, and I think that's the crucial key [.....] you can put as much money into whatever you want at whatever we think but what's really important is what those families think and want because*

*then if they're not going to access it there's no point in us having it."*

Several interviewees emphasised the importance of being able to see the solution as within families themselves, rather than the provision of particular services:

*"I think the solution is within the families themselves and using the family's strengths, using the family's resilience of what's helped them survive up to now, and sort of building on them really."*

### **Discussion and conclusions**

This research illustrates the way need and service involvement plays out with the children who are taken away from their families and into care or custody. Whilst these children do have evidence of the involvement of a range of helping and support services, as well as criminal justice agencies in many cases; the data showed that this involvement can occur over a protracted period of time (not 'the 28 or more state agencies calling at the door' referred to in the earlier quote from Cameron). Sometimes it was a case of referrals and notifications of concern, rather than the provision of help and support. Furthermore, Figure 3 shows how very few (5, 2.7%) of these children had the involvement from the full range of services in this study.

Apart from being taken into care and/or custody, what the whole cohort shared in common was: a very high level of additional educational need and problems; high visibility in records of concern from the police (CYPRs); and, high levels of referral to CAMHS. However, individual cases within the cohort showed very different trajectories along the route to being taken into care or custody. Some cases could be characterised as primarily about vulnerability and social need; whilst others related to highly problematic and aggressive offending behaviour, usually alongside well documented concerns about the family circumstances of the young person. Between these extremes there was a range of circumstances that most often included child welfare issues but in many cases there was also evidence of highly problematic or offending behaviour.

Individual cases showed the complexity and range of needs and circumstances but they also illustrated some areas that may be helpful (although fairly obvious) indicators for early intervention. Firstly, another sibling taken into care (prior to the child in our cohort study) is an indicator of likely issues with other children in the family; this was particularly apparent in the 23 households where more than one child was taken into care or custody over the 3 year period covered in this study. Secondly, early visibility (at primary school age) with the police and crime prevention projects/agencies is key; for example, multiple CYPRs were completed on the cases with the evidence of most need and service involvement. CYPRs were under-utilised. Persistent absence from school was common as well as exclusion and turbulent moves of school in the most problematic cases.

It was not possible to capture the role of the Lead Professional in our study; this is an important area to follow up in relation to what is happening across these interventions and agency involvements with children. These individuals may have useful insights into when and how to intervene more effectively.

Staff interviewed from a range of agencies resisted and were critical of aspects of the national agenda, particularly the language used, whilst recognising that ways of working with these families did need to change. As Parr (2011) has argued the extent to which programmes of intensive family support might have a positive, punitive or relatively benign impact depends on the context, in particular the 'habitus' (Bourdieu, 1990) and agency of staff in relation to their professional cultures and individual dispositions. Interviews also illustrated that many professionals believed that 'who works' is at least as important as the programmatic approaches, or 'what works'. The overall message from the interviews with key professionals and discussions at steering groups, illustrated how compliance and resistance could co-exist in relation to the troubled families agenda. Professionals' criticisms of aspects of the agenda co-existed with a recognition that their services needed to change as well as the families they worked with.

So, what are we to make of the troubled families agenda? Our study suggests that it is a confusing agenda that has involved the mislabelling of a number of inter-locking, as well as separate, needs and issues. The language used at national level left professionals in our study feeling uncomfortable. The assumption that it will be possible to 'turn these families around' by 2015 is clearly political rhetoric, based partly on the initial confusion about what the problem is, as well as some naivety about the complexity of the needs and issues they have. The small number of families uncovered by local authorities in the first year of the programme (2012-2013) who were workless, *and* anti-social or criminal, *and* have children who do not attend school, has led to increasing emphasis on 'high cost' and local discretionary criteria. An important reminder that policy is better developed on the basis of evidence rather than the reverse (Gregg, 2010). Nevertheless, the initiatives arising out of this agenda may well be usefully subverted by local authorities (not least by their ability to add local criteria to the national criteria) in order to help their most vulnerable and challenging families.

## References

Bourdieu, P. (1990) *The Logic of Practice*. Cambridge, Cambridge University Press.

Cabinet Office (2012) *Payment by results for troubled families. Report on the feasibility and design stage*. London, The Cabinet Office.

CPAG, Child Poverty Action Group (2012) *Child Poverty Facts and Figures*.  
<http://www.cpag.org.uk/child-poverty-facts-and-figures>  
[downloaded 22.10.2012]

Crawford, A. (1997) *The Local Governance of Crime: Appeals to Community and Partnership*. Oxford, Clarendon Press.

DCLG (2013) *Helping troubled families turn their lives around*, 12 February  
<https://www.gov.uk/government/policies/helping-troubled-families-turn-their-lives-around#background> [downloaded 30.5.2013]

DCLG (2012a) *The Troubled Families Programme. Financial framework for the Troubled Families programme's payment-by-results scheme for local authorities*.  
<https://www.gov.uk/government/publications/the-troubled-families-programme-financial-framework> [downloaded 30.5.2013]

DCLG (2012b) *Listening to Troubled Families. A report by Louise Casey CB, Department for Communities and Local Government.*

<http://www.communities.gov.uk/documents/communities/pdf/2183663.pdf>

[downloaded 22.10.2012]

DCLG (2011) *Tackling Troubled Families*. Press Notice, December 15<sup>th</sup>

<http://www.communities.gov.uk/news/newsroom/2052313>

[downloaded 22.10.2012]

Gregg, D. (2010) *Family intervention projects: a classic case of policy-based evidence*. London, Centre for Crime and Justice Studies.

Hoxhallari, L., Conolly, A. and Lyon, L. (2007) *Families with Children in Britain: findings from the 2005 Families and Children Study(FACS)*. Research Report 424. London, DWP.

Levitas, R. (2012) *There may be 'trouble' ahead: what we know about those 120,000 'troubled' families*. Policy Response Series No. 3. April. Bristol, University of Bristol.

Morris, K. (2013) Troubled families: vulnerable families' experiences of multiple service use, *Child and Family Social Work*, 19(2), 198-206.

Parr, S. (2009) Family Intervention Projects: A Site of Social Work Practice, *British Journal of Social Work*, 39, 1256-1273.

Pickles, E. (2012) *August 2011 Riots*, speech July 13<sup>th</sup>

<http://www.communities.gov.uk/statements/newsroom/august2011riots>

[downloaded 30.5.2013]

Roger, J.J. (2008) *Criminalising Social policy. Anti-social behaviour and welfare in a de-civilised society*. Cullumpton, Willan.

Silverman, D. (2000) *Doing Qualitative Research*. London: Sage Publications.

Welshman, J. (2012) 'Troubled Families': the lessons of history, 1880-2012, *History and Politics* <http://www.historyandpolicy.org/papers/policy-paper-136.html#S1> [downloaded 30.5.2013]

Wintour, P. (2011) Cameron puts £400m into helping families out of 'responsibility deficit', *the Guardian*, December 15<sup>th</sup>

<http://www.guardian.co.uk/society/2011/dec/15/cameron-400m-chaotic-families>

[downloaded 30.5.2013]