

“The best public services work with the grain of people's social relationships...”

TIES THAT BIND

Duncan O'Leary
Jo Salter

Demos is Britain's leading cross-party think tank. We produce original research, publish innovative thinkers and host thought-provoking events. We have spent 20 years at the centre of the policy debate, with an overarching mission to bring politics closer to people.

Demos is now exploring some of the most persistent frictions within modern politics, especially in those areas where there is a significant gap between the intuitions of the ordinary voter and political leaders. Can a liberal politics also be a popular politics? How can policy address widespread anxieties over social issues such as welfare, diversity and family life? How can a dynamic and open economy also produce good jobs, empower consumers and connect companies to the communities in which they operate?

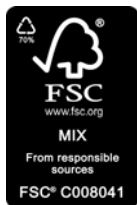
Our worldview is reflected in the methods we employ: we recognise that the public often have insights that the experts do not. We pride ourselves in working together with the people who are the focus of our research. Alongside quantitative research, Demos pioneers new forms of deliberative work, from citizens' juries and ethnography to social media analysis.

Demos is an independent, educational charity. In keeping with our mission, all our work is available to download for free under an open access licence and all our funders are listed in our yearly accounts. Find out more at www.demos.co.uk

First published in 2014
© Demos. Some rights reserved
*Magdalen House, 136 Tooley Street,
London, SE1 2TU, UK*

ISBN 978 1 909037 51 9
Series design by modernactivity
Typeset by Chat Noir Design, Charente
Printed by Lecturis, Eindhoven

Set in Gotham Rounded
and Baskerville 10
Cover paper: Flora Gardenia
Text paper: Munken Premium White



TIES THAT BIND

Duncan O'Leary
Jo Salter

Open access. Some rights reserved.

As the publisher of this work, Demos wants to encourage the circulation of our work as widely as possible while retaining the copyright. We therefore have an open access policy which enables anyone to access our content online without charge.

Anyone can download, save, perform or distribute this work in any format, including translation, without written permission. This is subject to the terms of the Demos licence found at the back of this publication. Its main conditions are:

- Demos and the author(s) are credited
- This summary and the address *www.demos.co.uk* are displayed
- The text is not altered and is used in full
- The work is not resold
- A copy of the work or link to its use online is sent to Demos

You are welcome to ask for permission to use this work for purposes other than those covered by the licence. Demos gratefully acknowledges the work of Creative Commons in inspiring our approach to copyright. To find out more go to *www.creativecommons.org*



Contents

Acknowledgements	7
Foreword	9
Executive summary	11
Introduction	17
1 Interdependence	25
2 Self-help and mutual aid	37
3 Family services	51
4 Policy dilemmas	63
Conclusions and recommendations	77
Notes	83
References	87

Acknowledgements

Thank you to Quarriers for making this project possible and to Nicolas White and Paul Mullan, in particular, for all their support.

We are also extremely grateful to our advisory board, for offering advice and feedback throughout the life of the project, including with drafts of the final report.

From Demos, thank you to Rosie Hutton for research support, Claudia Wood for help shaping the ideas and to Ralph Scott and Rob Macpherson for seeing the report through production.

Finally, thank you to the many people who participated in our discussion groups, kept diaries and welcomed us on case study visits during the research.

As ever, all errors and omissions remain our own.

Duncan O’Leary

Jo Salter

January 2014

Foreword

Quarriers is one of Scotland's largest social care charities, supporting thousands of disadvantaged families each year. These families have been struggling to cope in the face of major reforms and a stalled economy that has stunted opportunities.

At Quarriers, we run a number of services to support disadvantaged families, such as the Ruchazie Family Support Service in the East End of Glasgow. However, we know the number of disadvantaged families we support is only the tip of the iceberg. To tackle head-on the challenges faced and develop innovative services that meet the needs of these families we sought to uncover the true scale and nature of disadvantage across Scotland.

The findings in *A Wider Lens* – the first instalment of the research – painted a truly bleak picture of what life is like for thousands of families across Scotland who experience multiple disadvantage every day.¹ *A Wider Lens* looked further than the simplistic understanding of disadvantage, recognising that hardship is about a lot more than low income. It provided insight into the struggle thousands of families across Scotland go through daily as they cope with poverty, worklessness and poor health.

The extent of severe disadvantage in some areas of Scotland showed the scale of the challenge facing local authorities, which need to find effective ways to work with families facing a complex set of problems at a time of dwindling public resources.

This second report from Demos digs deep below the headline figures to provide us with a better understanding of the lived experience of disadvantage, and illustrates the devastating effects welfare reforms can have on the lives of the families we support. It also shows the compounding effect multiple disadvantage has in creating complex, interrelated hardships that feed off each other and are incredibly difficult to overcome.

However, as this report highlights, these families can be extremely resourceful and resilient. It also gives us as a service provider a valuable insight into the services that these families say they need, which we can then attempt to address rather than try to fit them into existing services, which often do not deliver the outcomes they need – or deserve.

Paul Moore
Chief Executive, Quarriers

Executive summary

Context

In Scotland and beyond, public services now share a common ambition: to move from standardisation to personalisation. This report explores the potential for a further shift: from services that focus on the individual, to those that recognise the importance of people's relationships with others.

This report examines the role that whole-family support can play in serving people facing multiple disadvantages. The report follows a Demos study in 2012, also supported by Quarriers,² which found that there are approximately 24,000 families with children in Scotland experiencing multiple disadvantage. These numbers help us understand the scale of multiple disadvantage in Scotland, but not necessarily the nature of it. This study was designed to explore how the different factors combine and interact with one another in people's lives – and what the appropriate responses might be.

The research for this project involved five focus groups held in locations across Scotland, speaking to a total of 41 parents. The groups explored the types of pressures that families were facing and the sources of formal and informal support that they drew on when they were dealing with problems. Following these focus groups, Demos recruited ten parents to keep a diary for four weeks – an exercise designed to capture the things affecting families over a longer time-frame. Finally, Demos researchers made four case study visits to projects from across the UK to explore different models of whole-family support for families suffering from multiple disadvantages.

Findings

We found low income to be a common thread running through most of the problems faced by families, both as a cause and effect

of people's own mental and physical wellbeing and as a serious strain on people's relationships with others. Tackling multiple disadvantage, therefore, can never be left to family services in isolation. Many families find themselves swept along by broader economic currents, which reflect the number and nature of jobs available to them in local areas.

However, our work shows that it is not just different disadvantages that can have a domino effect, with a problem in one person's life producing knock-on effects in another. Multiple disadvantage is a story of interdependence between people, not just between problems. More often than not, it is a story of relationships. In particular, families can provide a vital extra layer of resilience, helping people in ways and at times that statutory services cannot. Similarly, dysfunctional relationships with family members and others can diminish people's capacity to flourish.

The best services recognise and work with this complexity. They understand that improving a child's outcomes may require first addressing problems being experienced by parents or siblings. They understand that solving a parent's problems may require working directly with the children or a partner too.

Policy often does too little to take account of this interdependence. Some of the stories from our study raise question marks over whether government currently does enough to recognise the social and economic value of unpaid care, for example. In other respects, policies can serve to actively undermine the kind of self-help and mutual support that families engage in. Reforms such as the removal of the under-occupancy penalty (dubbed the 'bedroom tax') have left people with the choice of either finding more money for rent from already-stretched budgets or moving away from the support networks that make life liveable for many.

Meanwhile, many of the systems there ostensibly to help support people are often not experienced as 'supportive' in any real sense. People frequently complained about the complexity of the welfare system, were worried about the consequences of recent reforms, exhibited a chronic lack of trust in social services

and, in rural areas in particular, felt that statutory services were abandoning them altogether.

However, there remain reasons to be optimistic. Many of those people we spoke to refused to see themselves as ‘disadvantaged’ and many explicitly did not want or expect statutory services to solve all of their problems for them. People were often more worried about other family members than themselves and, despite experiencing problems of their own, were more than willing to help out others where they could.

What people want

What people valued most of all were relationships characterised by an ethic of mutual respect – with both peers and service providers. This provided the foundation of trust for people to share their problems and work with others to try to resolve them. Naturally, this often meant people turning to others in their own families or friendship networks, whom they believed would listen to them, even if not necessarily resolve all the issues in question.

Where people did turn to professionals working for statutory agencies, they overwhelmingly looked for someone they could trust, rather than specific professional expertise. The services that we visited were succeeding because the staff recognised the importance of families themselves sharing information about their lives and entering into relationships with services, based on cooperation, rather than compliance.

However, there are major policy challenges to supporting this way of working in a systematic fashion. The dual role that social services plays in monitoring and seeking to help families can erect barriers to the kind of trusting relationships that whole-family support depends on. And the desire to focus public resources on those activities that deliver measurable ‘outcomes’ can come into tension with the kinds of support that families want for themselves.

Recommendations

Our recommendations are designed to help the Scottish Government and its partners work with the grain of healthy relationships rather than against it:

Recommendation 1: As part of a ‘family and friends’ approach to policy making, the Scottish Government should undertake a review of the financial and other support provided to full-time and part-time carers of adults. This review should consider seeking avenues for new sources of funding and support, drawing on lessons from the use of social impact bonds for foster parents in England.

Recommendation 2: The UK Government should repeal the ‘under-occupancy penalty’ (estimated to save £505 million in 2013–14³), using the money currently allocated for the married tax allowance (which is estimated to cost £700 million annually⁴). This would allow more families to remain close to the friends and relatives they depend on.

Recommendation 3: If people have family in a local area this should count in their favour when councils make decisions on the allocation of council housing. This would help support, rather than undermine, the family networks that many people rely on.

Recommendation 4: Alongside policing conditionality regimes, job centres should also be legally required to ensure that welfare claimants receive all that they are entitled to. We consider providing this kind of help and information to be a far better use of funding than current proposals from the Department for Work and Pensions (DWP) to compel people who are long-term unemployed to attend the job centre every day.

Recommendation 5: Family support services should make continuity of relationships between staff and service users a priority. Staff retention is one aspect of this, as it allows stable and lasting relationships to develop between support workers

and families. When staff leave, measures should be put in place to smooth the transition from one support worker to another.

Recommendation 6: The UK Government should split the entitlement and service provision aspects of job centres. The role of job centres would be to process claims and marshal conditionality regimes, while other organisations provided help with training and job seeking. Those requiring assistance would be able to choose which of these organisations they approached. This would make services more accountable to their users, creating a more equal and constructive relationship as a result.

Recommendation 7: The UK Government should consult local authorities, the social work profession and vulnerable families to explore whether splitting the enforcement and support functions in social care would be feasible and desirable. Should structural change not prove viable, these stakeholders should explore other ways to produce healthier relationships between social workers and the families they work with.

Recommendation 8: The Scottish Government should explore how to give families more discretion to choose who the named professional for children should be. Under the Getting It Right for Every Child framework,⁵ the expectation is that the 'named person' role will transfer from midwife to health visitor to teacher or headteacher as the child grows up. There should be more flexibility about who fulfils this role, allowing families to opt for those they trust, reflecting the importance of personal relationships.

Recommendation 9: Institutions providing services to families in Scotland should ensure that they have governance structures which give formal representation to service users, professionals and the funders of the service. This would help them build constructive relationships, so that some compromise can be found between the 'outcomes' that government wants to achieve

through funding services and the priorities of service users themselves.

Recommendation 10: Local authorities in Scotland should find ways to systematically bring families themselves into the discussion about which ‘outcomes’ targeted services will pursue and be held to account for. There may be lessons to learn from ‘outcome-based commissioning’ in adult social care. Bringing families into such conversations about the fundamental purposes and goals of interventions is an important way of building trusting, cooperative relationships with families.

Recommendation 11: Targeted services working with families should undertake peer support assessments when they first engage with families, in order to understand people’s networks of support. They should then construct peer support plans, designed to help build on and strengthen these networks. Similar to carer support plans, this would enable policy makers to look at how the service can offer support or additional skills to the people who are supporting the family at the centre of the intervention, whether a partner, family members, friends or neighbours.

Introduction

In Scotland and beyond, public services now share a common ambition: to move from standardisation to personalisation. This report explores the potential for a further shift: from services that focus on the individual, to those that recognise the importance of people's relationships with others.

The drive for more personalised services has exposed the limitations of what can be planned from the centre. Policy makers only ever have limited information about each person's particular circumstances, needs and aspirations. Therefore, while governments can set frameworks for services to operate within, they must devolve most decision making to frontline professionals and service users themselves.

Personalisation also demands that different services work in harmony with one another. This matters not just to avoid duplicating effort, or wasting service users' time, but also to ensure that different agencies work effectively towards the same goals. This too demands a change of mindset, from a focus on narrow targets within bureaucratic silos, to a problem-solving approach that works back from the perspective on the end user.

This shift towards person-centred services matters most for people facing multiple problems in their lives. For example, ensuring that problem drug users have access to the right treatment is a vital step. But people's capacity to sustain a different life can depend on a range of wider factors, including whether people have a job to go to and somewhere appropriate to live. Solving one problem in isolation is insufficient.

However, it is not just public services that help determine whether people sink or swim. People's networks and relationships can also be decisive. In particular, families can provide a vital extra layer of resilience, helping people in ways and at times that statutory services cannot. Similarly,

dysfunctional relationships with family members and others can diminish people's capacity to flourish. Problem drug users need more than a job and a home – they also need the right relationships with people around them.

The best services recognise and work with this complexity. They understand not just the interdependence between different problems, but also the interdependence between different people. They know that improving a child's outcomes may require first addressing problems being experienced by parents or siblings. They understand that solving a parent's problems may require working directly with the children or a partner too.

Such an approach does not represent a move away from the personalisation agenda of recent years, but rather a deepening of it. Just as 'joined-up' services start with a clear picture of the role different services can play in working towards an agreed goal, family-centred services work through establishing a clear idea of how people's personal relationships affect their ability to flourish. They recognise that the human condition means that people are inevitably dependent on others, who are often dependent on them in some way too.

This report

This report examines the role that whole-family support can play in serving people facing multiple disadvantages. It follows a Demos study in 2012, also supported by Quarriers, which sought to quantify multiple disadvantage in Scotland. That report, *A Wider Lens*, adopted seven indicators of disadvantage:

- low income
- worklessness
- no educational qualifications
- overcrowding
- ill-health
- mental health problems
- poor neighbourhood⁶

A Wider Lens found that there are approximately 24,000 families with children in Scotland that are affected by four or more of the seven disadvantages above. This compared to approximately 55,000 working age households without children and 52,000 pensioner households with four or more disadvantages.⁷ These numbers help us understand the scale of multiple disadvantage in Scotland, but not necessarily the nature of it. This study was designed to explore how the different factors combine and interact with one another in people's lives – and how policy makers should address this. It focuses specifically on the 'families with children' group identified in *A Wider Lens*.

Findings

In the chapters that follow we detail how different forms of disadvantage can interact with one another. We find low income to be a common thread running through most of the problems faced by families, both as a cause and effect of people's mental and physical wellbeing and as a serious strain on people's relationships with others. Tackling multiple disadvantage, therefore, can never be left to family services in isolation. Many families find themselves swept along by broader economic currents, which reflect the number and nature of jobs available to them in local areas.

We also find that many of the systems that ostensibly help support people are often not experienced as 'supportive' in any real sense. People frequently complained about the complexity of the welfare system, were worried about the consequences of recent reforms, exhibited a chronic lack of trust in social services and, in rural areas in particular, felt that statutory services were abandoning them altogether.

However, there are reasons to be optimistic. Many of those people we spoke to refused to see themselves as 'disadvantaged' and explicitly did not want or expect statutory services to solve all their problems for them. People were often more worried about other family members than themselves and, despite

experiencing problems of their own, were more than willing to help others where they could.

What people valued most of all were relationships characterised by an ethic of mutual respect with peers and service providers. This provided the foundation of trust for people to share their problems and work with others to try to resolve them, as people often turned to others in their own families, or friendship networks, who they believed would listen to them, even if not necessarily resolve all the issues in question. Where people did turn to professionals working for statutory agencies, they overwhelmingly looked for someone they could trust, rather than someone with a specific set of professional expertise.

During the research we case studied four projects from across the UK. Where things worked well, these projects worked with the grain of what people were looking for. They built trust by creating safe spaces for people to discuss their lives without fear that ‘failure’ would be held against them or their family. They worked with people towards agreed goals, rather than focusing exclusively on problems. And they helped families build resilience and self-reliance, through strengthening social networks and individual capabilities. These principles contain important lessons for professionals and providers of whole-family support.

The big challenge is how to support and encourage this way of working systematically through public policy. There are reasons to think this will always be difficult. First, states embody particular forms of power, from the ability to withhold access to services or income to the power to break up families altogether. This makes it hard for state services to create the ‘safe spaces’ that people value and need if they are to share sensitive information about their lives. Asking for help from social services, or even a teacher or health visitor, can be a nerve-racking experience for many who fear losing their children. The consequence of this is a power imbalance between service user and service provider, which can make mutuality in that relationship difficult to achieve.

In services such as welfare to work the answer may be to separate the aspects of the service that monitor people's behaviour from those that lend people a hand. Different people – and perhaps even different agencies – could undertake these different functions, so that people feel able to trust those there to help them. Whether such an idea is practical or attractive for policy makers in other services that combine monitoring and assistance, such as social services, should be properly examined by social work professionals and advocates for families themselves. If structural separation of these roles is undesirable the challenge is to find ways to mitigate the tension between these dual roles.

Second, the priorities of families may not always match up neatly to those of the state. Government funding must come with a degree of accountability, but often valuing 'softer' outcomes, such as brokering peer relationships, can be difficult – however important they seem to people. How can services draw the line between being social spaces owned by the people who use them and public services driven by the desire to achieve certain ends?

The answers may be different for universal and targeted services. For universal services such as children's centres, taxpayers' interests must be represented without drowning out the voice of either professionals or the people who wish to use the service. Formalising mechanisms within institutions for dialogue between these different interests is one potential answer. For example, policy makers should explore whether service users, professionals and funders should all be formally represented in the governance structure of all universal services such as children's centres. Such representation would take place at the level of the institution itself, to allow human-scale relationships to develop.

For more targeted services, the new focus on delivering 'outcomes' for public services is designed to allow service providers to focus on achieving agreed goals rather than ticking bureaucratic boxes. However, this still leaves the question of who defines the outcomes that should be worked towards in the case of each family. For example, the state may identify reducing anti-

social behaviour as its top priority ‘outcome’ and attach funding to that outcome accordingly. The family in question, however, may be more concerned with finding sustainable employment or helping children avoid exclusion from school. These outcomes are often linked, but they are not the same thing.

The danger is that services engage with families having already agreed what outcomes they will work towards and have to either ignore or retro-fit families’ priorities into that framework. The task for policy makers is to find ways to bring even the most challenging families into a conversation about what a service or intervention is for. Here there are lessons that can and should be learned from adult social care, where professionals and families work together on outcome-based commissioning.

Third, while states tend to see things in very rational terms – often based on who has the official power, responsibility and qualifications to address a particular problem – people often do not. Our research shows that people want to work with others who they already know and trust, so the quality of human relationships with teachers, GPs, job centre workers and other professionals often overrides more objective considerations about who is best equipped to help. This poses questions for the future of roles such as the ‘named person’ in children’s services in Scotland – a role currently allocated to families according to objective criteria such as children’s life stage and professional expertise.⁸ How and whether families could be given more discretion over who fulfils this advocacy role for them is another area that should be explored further.

Similarly, the stress that people place on personal relationships also points to the importance of staff retention in services like children’s centres. Improved ‘outcomes’ depend on not just the credentials of the staff working there, but also their ability to build trusting and cooperative relationships with families over time. Service providers themselves should therefore identify the retention of staff as a key priority, and consider ways to mitigate the damage done when trusted support workers leave their jobs to go elsewhere.

The insight that services should do more to work with the grain of human relationships also has implications for the way

services interpret people's needs and build on their strengths. Increasingly, public services in Scotland have been adopting an 'asset-based' approach to working with people, by building on strengths rather than simply dwelling on weaknesses. It is important that public services frameworks recognise the potential for people's social networks, not just their individual skills and capabilities, to be key assets to build on.

To support this approach, policy and practice should be framed around the notion of 'family and friends', with relationships with carers, friends and extended family all recognised as vital assets to be built on. A 'family and friends' approach could have implications for everything from the way housing is allocated – with the aim of housing people near support networks – to the creation of 'peer support plans' for individuals in contact with social services.

In a period of constrained public spending there will rightly be increased scrutiny of every pound spent by government, which is likely to lead to an intensification of the drive towards focus, accountability and measurable outcomes for services that work with families facing multiple disadvantages. The central message from our research is that families cannot be left out of the conversation about exactly what those outcomes are and how they should be achieved. Working with the grain of human relationships is challenging for governments, given that state services embody certain forms of power and tend to deal best with those things that can easily be measured. However, moving towards an approach that recognises the central importance of human relationships should be in everyone's interests in the long run.

Methodology

The research for this project involved five focus groups held in locations across Scotland (Glasgow, Inverness, Lanark, Edinburgh and Sanquhar in Dumfriesshire), in which we spoke to 41 parents – 26 mums and 15 dads. The parents in our groups ranged in age from 18 to the late 60s, and their children's ages ranged accordingly. Some were also grandparents. All of the

people whom we spoke to were multiply disadvantaged in the sense that they were experiencing several of the seven issues that formed the focus of our original analysis.

The groups explored the types of pressures that families were facing, and the things that they worried about daily. Parents were then asked about the sources of support that they drew on when they were facing problems – including their relationship with ‘formal’ support services. This was intended to draw out what parents considered to be good support, and conversely, what made some support services bad at helping them in practice.

Following these focus groups, Demos recruited ten parents to keep a diary for four weeks. Printed diary packs and instructions were provided, and people were asked to keep a record of what they did day to day, any difficulties they encountered, and who they turned to for support in those situations. For each diary-keeper, this exercise was followed by an in-depth interview, in which the content of the diaries was discussed in detail. We asked questions to establish how people felt about the different pressures they were facing, whether they viewed them as short-term or long-term problems, how they prioritised different issues day to day, and what would have helped the most in different situations they described in their diaries.

In contrast to the focus groups, which provided a snapshot of what families were worried about at a particular moment in time, the diaries were designed to capture the concerns that were affecting families over a longer time-frame. Finally, Demos researchers made four case study visits to projects from across the UK to explore different models of whole-family support for families suffering from multiple disadvantages.

1 Interdependence

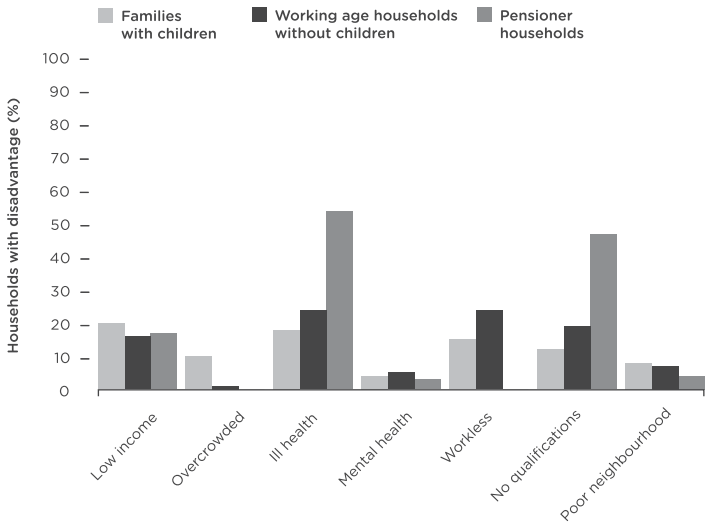
A Wider Lens identified the prevalence of different forms of disadvantage for families with children in Scotland.⁹ It found low income to be the most prevalent disadvantage, affecting one in five families, followed by ill-health (18 per cent) and worklessness (15 per cent). More than one in ten (12 per cent) of Scottish families with children reported that the highest earner had no qualifications, while 10 per cent faced overcrowding at home. Of the seven disadvantages measured in *A Wider Lens*, people are least likely to report that they live in a poor neighbourhood (8 per cent) and that someone in the household suffers from problems with mental health (4 per cent).

A Wider Lens found that roughly the same proportions of families with children and working age households without children were experiencing one or more disadvantages – 47 per cent and 49 per cent respectively – and the rate of severe multiple disadvantage (four or more disadvantages) was also similar between the two groups. However, the types of disadvantage that they were likely to be experiencing were different – with families with children more likely to be overcrowded, living below the poverty line and in more deprived neighbourhoods. Working age households without children were more likely to be experiencing ill-health, to be out of work and to have no qualifications (see figure 1).

Living with multiple disadvantages

Qualitative research for this project reinforced the suspicion that the figures shown in figure 1 reflect, at least in part, a technicality. In our previous analysis, indicators of disadvantage were measured at a household level, so lone adults would tip the scales on some of these measures. On unemployment, for

Figure 1 **The prevalence of disadvantage by population sub-group, Scotland, 2009-2010¹⁰**



example, it only takes one adult in the household to be unemployed for the whole household to be out of work. Families containing multiple adults, where at least one adult is working, would not be described as ‘workless’, though *underemployment* and low pay may still pose significant challenges. This was true of many of the families whom we spoke to. Just because families are not classified as unemployed in the national figures, this does not mean that they are not short of work.

Our discussion groups highlighted low income and worklessness as both causes and effects of many of the other disadvantages that people face. In discussion groups, people were almost universally worried about the rising cost of living, whether they were surviving on reduced working hours, low wages or on stagnating welfare payments:

Everything's going up, petrol's going up, the lot's going up, and I feel that the government – and I don't think one's any different to the other – they all seem to be able to take our money, one way or the other.

Man, Inverness

Every day is a struggle... I cannot afford anything. I go to charity shops a lot, but I cannot even afford them.

Man, Edinburgh

Many families were budgeting from day to day rather than from month to month, leaving them extremely vulnerable either to changes to their income (from wages or welfare payments), or unexpected rises in the cost of living. One family described a car breaking down as one such example of an unexpected cost, which had major implications for their standard of living that week. Others described how irregular work would affect people's ability to pay for essentials from one week to the next:

My partner works. He does loft installation. But he is paid by the size of the job so it goes up and down. One week we could be alright and then we could struggle for three weeks. The majority of the month it's only one week we get an alright week... I'm paying council tax, I've just been hit with a 144 pound council tax. I've not got the wages. I'm just getting by.

Woman, Glasgow

For many families the absence of any real savings was also closing off opportunities to reduce the cost of living in ways that other families might. For example, many families paid for their utilities using a prepayment meter, as a way of managing cash flow, even though they were aware that this was more expensive overall. This is an example of how poverty can create a vicious cycle, with lack of assets making it harder for people to make savings from day to day.

Parents adopted various strategies to make their money go further – for example, cooking in bulk and then freezing portions. One consequence of a low income for parents was that they lacked the money to pay for things beyond the basics,

particularly social and leisure activities. Finding things to keep their children – and themselves – occupied was a constant preoccupation, especially when they were not working. The cost of activities like soft play, swimming and kids clubs limited their options. Some found it necessary to go without essentials and reported skipping meals or resorting to local food banks:

There has been a massive increase in food, and then I worry... you find stuff hard, like little luxuries and that. Do you know what I mean? Even getting your hair done or that, on top of spending all your money on nappies and wipes.

Woman, Edinburgh

I had to go to charities and food banks, I had to go, because I had nothing for my kids. And if I didn't go there, they would starve, and I would rather see food on the table than let them starve.

Woman, Glasgow

Many of those families whom we spoke to came from the 12 per cent of Scottish families with children in which the highest earner has no qualifications. This had obvious consequences for the kind of job opportunities people felt were within reach. Several of our focus group participants and diary-keepers were attending courses with a view to improving their employability. However, in the view of the people we spoke to, there were bigger structural barriers to employment beyond their personal qualifications. For many, the problem was not just a shortage of jobs in the local economy, but also a lack of jobs flexible enough to fit around caring responsibilities.

Family services helped address this problem of how best to balance working and family life through the provision of childcare while parents went out to work – but even those parents with children in school or nursery had had difficulty finding jobs that would allow them to work to such defined hours. This points to the need for labour markets that are flexible not just for employers, but also for employees, if work and family life are to go together.

A second major barrier to employment, which we return to in the next chapter, was the welfare system. Many felt that, once the costs of childcare had been factored in, the incentive to work was very low. People found that as their incomes rose, various entitlements to support such as subsidised rent fell away, leaving people barely better off than before.

Such problems were magnified for single parents who could not rely on a spouse to take on childcare responsibilities while they went out to work. One single mother had actually been told by her job centre adviser that the cost of childcare would be as much as she would earn if she was working, and so there was no point in her looking for a job until her daughter was in school:

If you wanna look for things there is, obviously depending on what you like doing... but it's just the travel, childcare.

Woman, Glasgow

I've got two boys, a three- and a nine-year-old... I think the hardest thing for me is I've already been to see the benefit calculating advisers and stuff to go back to work and I've basically got told not to go back to work until your [little one] starts school because you'll just be paying childcare out of your wages... I'm dying to go back to work. I've worked every day since I was 16 years old.

Woman, Glasgow

They keep saying – 'But you'll get money towards childcare.' Mmmhmm, yeah, what about the summer holidays?... Easter holidays, winter holidays? 'Oh, just take a part-time job.' I don't want a part-time job – I want a full-time [job], I want money.

Woman, Sanquhar

For those families with people suffering from ill-health these pressures were heightened. One woman we spoke to in the Inverness focus group was the full-time carer for her son, who was in his 40s, and had been involved in an accident several years previously, which had left him severely brain-damaged. She

had help from home carers, but because of the lack of appropriate day care facilities for adults with acquired brain injury she had very little respite in between carers' visits.

Similarly, the focus group in Sanquhar, in Dumfriesshire, contained a very high number of parents of children with health conditions or learning disabilities, ranging from Down's syndrome and attention deficit hyperactivity disorder (ADHD) to chronic heart condition. One mother in this group commented that she was 'dying to go back to work', but finding childcare for her son was an especially big challenge – because of his learning disabilities, he needed one-to-one support, and most childminders were reluctant to turn away other children to look after him on his own. This type of caring responsibility also extended to grandparents, with one diary-keeper acting as the full-time carer for her grandson who has learning disabilities. Her diary describes the sacrifices she had willingly made for her grandson: 'If he's happy then I am happy.'

Having one ill or disabled family member, whether adult or child, put pressure on the remaining family members, leaving less of a safety net against future misfortune. These challenges highlight some of the structural disadvantages that many families face – a lack of assets, a lack of family-friendly jobs and a welfare system that does not do enough to help people work their way out of poverty – beyond people's own skills and characteristics.

The rising cost of living and the absence of appropriate work for many parents had knock-on effects for families. The most tangible of these was the link to poor neighbourhoods and overcrowding, which stemmed directly from a lack of resources. While some parents worried about the areas in which they were bringing children up, many were reluctant to move away from family and friends even if they could afford to do so. Where families moved home the decision to move tended to be driven by the necessity to save money rather than to find somewhere more suitable to bring up their children.

There were several cases of 'voluntary overcrowding', where families were actively trying to move to properties that were smaller than they required (in at least one case, this had been denied by the housing association). One woman in the focus

group we hosted in Edinburgh was in the process of downsizing to a two-bedroom property, which would be more affordable, despite being pregnant with her fourth child.

In turn, overcrowding had an impact on the health of everyone in the family. One woman in the Inverness focus group had been sleeping on a chair in the sitting room, so that her sons could each have their own bedroom now that they were older; she suffered back problems as a result. Parents in overcrowded housing accepted that families were ‘stuck together’, resulting in increased levels of tension and stress:

I am sleeping in the sitting room, on a chair, I've been sitting there for nearly five years now, with my boys, but they don't want me in their room, it's not like when they were younger. I can't even walk into their rooms now. And I am in the sitting room and I asked if there is any chance of me getting a new sofa or something to sit on that I don't have and... No, it's not right. She said, 'No, it's not my job, I don't do that.'

Woman, Inverness

Low income and unemployment were also strongly associated with mental health problems. Some of this amounted to straightforward worrying about children's welfare when household budgets were stretched. But low income also affected people's mental states in more subtle ways. Many parents described a lack of social contact and stimulus, through not having opportunities to get out of the house and mix with other adults. They thought this contributed to worsened mental health, and incidences of diagnosed mental health conditions, such as depression, anxiety and bipolar disorder were common among focus group participants and diary-keepers. This concern over social isolation reflects the wider theme of this report: the importance of human relationships in providing the kind of formal and informal support that enables individuals to flourish.

One mother wrote in her diary that she was frequently bored and lonely, and would love to find a job or another occupation that got her out and about, but felt that this would not be possible until her daughter started school. Parents recognised that their poor mental state or mood resulting from

their own difficulties had an impact on other family members, especially children – again, this was particularly evident among single mums who felt that they were stuck at home with limited social opportunities, and that this made them worse parents:

I haven't worked for the last four years. It causes a lot of depression because there is nowhere to go and there is nothing to do... There is nothing about... [kid crying can't hear]... getting out, you're out and about and you're mixing with people

Woman, Glasgow

It plays with your head when you have so many things to worry about.

Woman 1, Edinburgh

I keep thinking like I'm going to fail my bairns, I'm going to fail them.

Woman 2, Edinburgh

Aye, like the bairns are watching you stressing out, probably thinking mum's struggling, dad's struggling.

Woman 1, Edinburgh

Visits to family centres were one of the few opportunities for many parents to socialise with others and overcome this sense of loneliness and isolation – particularly as spending time in shared spaces did not come at any extra cost. The excerpt from one of our diary-keepers provides one example of this (case study 1).

Case study 1 Single parent, unemployed

Week 1, Monday

Took my daughter to soft play with nursery as part of 'fun week'. After that went to quarries for funday monday & some adult conversation. That finishes around 5pm so home to play get dinner etc. Once daughter in bed I chill & watch TV

Money spent: £0. Money received: £0.

Tuesday

Today I take my daughter to nursery & then go get some food shopping. Home put it away & back to get my daughter from nursery. Today I'm shattered as not had much sleep due to daughter up/down all night. So once she's sleeping I went to bed.

Money spent: £40. Money received: £60.

Wednesday

Today I done [sic] usual nursery run & housework nothing exciting feeling a bit bored. Just went to local shops for gas/electricity & after a dinner went out with my daughter for a while just to get out of house a while.

Money spent: £20. Money received: £0.

Thursday

Was bored/fed up so went a walk down to Quarriers to use the PC & to talk to other adults. I then went paid bills & collected my daughter. Then had a relaxing night watching DVD with XXX [daughter].

Money spent: £0. Money received: £0.

The qualitative work for this project also revealed something that would merit further study. Poor physical health was less common than poor mental health for the families who participated in our research, but this anecdotal evidence does not tally with the figures reported in *A Wider Lens*, indicating that families with children are four times more likely to report physical than mental health. A manager at one of the family support projects we visited for our case studies thought that undiagnosed mental health problems and mild to moderate

learning disabilities were becoming increasingly prevalent among the families they were seeing.

More than the sum of its parts

The descriptions above draw out some of the ways in which individual disadvantages were manifesting themselves in the lives of the families we spoke to. This also begins to give an indication of how the ways in which people describe their lives do not break down easily under neat headings such as housing, health and qualifications.

None of the families involved in our research were experiencing a single disadvantage in isolation and it was the combination and interaction of different factors that constituted their particular circumstances. Though sometimes one issue was given primacy – ‘money’ was the immediate response when parents were asked what they worried about most – the problems families experienced were rarely considered independently.

This reflects not only the connections between different problems, but also the connections between different family members. Many people struggled to find work because of caring obligations. For some, low income caused depression and anxiety partly because people worried about the effects on their loved ones. For others, the pressures of parenting could trigger depression and anxiety independently of families’ financial circumstances. Sometimes people were suffering from ill-health because of the sacrifices they were making for others. Overcrowding too was a distinctly ‘family’ problem – something borne out by the fact that 10 per cent of Scottish families with children live in conditions of overcrowding (compared with 1 per cent of households without children and no pensioner households¹¹). People’s problems could rarely be properly understood in isolation from their relationships with others.

This is not to say that every problem is a ‘whole-family’ issue. Some of the problems that we heard about in the focus groups and through the diary exercises were not specific to families and would have affected a single adult in a similar way. Feeling depressed during periods of unemployment is one such

example. However, even this was often linked to people's sense of isolation from others – people missed not just the income but also the relationships with the people they worked with. Most people who were facing difficulties in their lives were influenced by the presence of other family members and people's sense of duty and obligation to them. Many were influenced by people's relationships with friends, peers and members of their support networks.

The next chapter explores the sources of formal and informal support that families use to cope with and overcome these problems.

2 Self-help and mutual aid

Perhaps the most striking thing about talking to families facing multiple disadvantages was just how little most people tended to dwell on the negative aspects of their lives. Many regarded their daily struggles not as emblematic of their place in a particular category of disadvantage, but simply as part of life. Difficulties like a tough neighbourhood or low income formed the background to families' lives rather than the foreground, which was more focused on just 'getting on with things'.

One of our diary-keepers was a mother in her 30s with two young children and one older, teenage daughter. She was claiming Disability Living Allowance for mental health reasons, but made no mention of this in her diary. Instead, she wrote about her daily activities – making breakfast for her children, taking them to nursery, coming home and doing household chores, going shopping for food, picking the children up again, preparing dinner and getting the children ready for bed at the end of the day. During the four weeks, she did not write about anything that had been particularly problematic for her or her family. When asked about this, she said that she preferred not to think of her life as a series of problems:

You can't go around all the time thinking 'that is a problem, this is a problem'... You would go mad.

Another mother, in the Edinburgh focus group, challenged the idea that her life needed to change:

I wouldn't change my life for anything – I might not have fuck all, but I have got my bairns, and they love me. I love them [children] and they love me, and that's what I need. I don't need the government to give me extra money. I mean, it would be nice, but... [laughter].

Woman, Edinburgh

Where people did describe the consequences of various disadvantages their worries tended to centre on other people in their family rather than themselves. A typical example of this was a husband who had recently suffered a heart attack. He devoted a lot more time in the focus group to worrying about how his wife would react to her impending Personal Independence Payment (PIP) assessment than he did talking about his own health.

Similarly, a mother in her 60s was more worried about her disabled son than the physical challenges that she faced in looking after him day after day. Parents frequently described going without food themselves, let alone ‘treats’ such as haircuts or buying new clothes, and tended to be more concerned about whether they were providing properly for their children. Often it was somebody else in the group who pointed out a person’s needs for them – such as for respite care, or for an occasional ‘luxury’.

Peer support

In these circumstances most parents relied on everyday acts of support performed by extended families and peers, many of whom relied on them in the same way. This mutual support ranged from borrowing money, a sympathetic ear, sharing knowledge and advice, babysitting, driving to and from hospital appointments, and taking children out for day trips. Families described lending household appliances to one another (as illustrated in case study 2), while participants in one focus group spoke of plans to save on transport and accommodation costs through several families taking a break away together. Each of these stories illustrated something important: that social relationships – beginning with immediate family – can be a buffer to social disadvantage.

Case study 2 Grandparent

Saturday, week 2

Had an early visit from neighbour over the road. Pleased to see him as haven't seen him for a couple of days.

Neighbour in No.2 phoned asked did I have a mop for her to clean windows. She didn't need anything for that as it started raining. End of her cleaning them.

I must admit I have very good neighbours all around. There if needed and all ways enquire about XXX [grandson] even if it's just a phone call.

Watched telly no win on lottery tonight will just wait for another night. Off to the old kip. XXX off to his too. Bless him.

Money spent: £0. Money received: £0.

Sunday, week 2

Nothing new happened, today normal. Saw my usual two neighbours along with friend YYY as well.

A friend from along the village contacted XXX [grandson] and took him shooting. Something that was really appreciated as it got XXX [grandson] out for a little time in male company for a change for him and myself.

No new happenings otherwise. Usual watching telly again tonight. Will be off to bed soon.

Money spent: £1.50. Money received: £0.

Wider support networks within communities were even more important for single parents. The single parents we spoke to often relied on friends and extended family to provide care for their children, either while they worked or by carrying out everyday tasks such as doing the weekly shop or decorating a home. Single parent households were typically the most stretched financially of all those we studied, and single parents

relied on social time with friends and family in public spaces to help overcome a sense of isolation (case study 3).

Case study 3 Single parent mother

Week 1, Thursday

Got up and had breakfast. Took kids to visit my uncle till [sic] it was time for nursery. Then came home and cleaned my house.

Money spent: £0. Money received: £0.

Week 1, Friday

Took kids to nursery. Went to visit my aunty. Then went to get kids. Went to park for a wee bit then made dinner.

Money spent: £0. Money received: £0.

Week 1, Saturday

Went over and stayed with my mum for the day. Took kids to the park with my sister and niece had a good time.

Money spent: £0. Money received: £0.

Week 1, Sunday

My uncle came up and took the kids out for the day so I started to decorate my house. Painted my toilet and hallway.

Money spent: £0. Money received: £0.

There were some examples of family members making enormous sacrifices for one another. The diary excerpt shown in case study 4 describes a typical day for one carer with responsibilities for both his disabled wife and an adult son

suffering from severe mental health problems. Examples like this raise big questions about whether public policy makers sufficiently value and support the people who provide care for other family members.

The rationale for examining this further is not just ethical but also economic. According to Carers UK, one in eight people in Scotland care for ill or disabled loved ones who would otherwise cost the state around £10 billion each year.¹² Even in times of austerity, therefore, there may be ways in which governments could do more to support the work that carers do, particularly if the result of that help is that fewer of those people need to be cared for in institutional settings. For example, just a 1 per cent change in the number of people providing care in Scotland, or the number of hours being provided, would cost the state another £100 million.¹³

Case study 4 57-year-old unemployed carer with low skills and poor health, part 1

Week 1, Monday

Woke 5.00 with joint pain as usual. Got XXX's [wife with disability] foot warmer ready and made coffee for her. Put wash on and remade the bed.

6.00 had cut tea + toast + 2 co-codamals [sic] for pain. Made XXX tea and toast.

6.20 put cream on legs + feet then her support stockings on. She canny do it herself. I'm feeling really low today. Just keep going.

7.00 fed the dogs and tidied up the kitchen.

7.30 helped XXX in the loo and then put her portable oxygen cylinders on charge for tomorrow.

8.00 am made XXX toast + coffee + my porridge + tea for breakfast.

8.30 until 10.00 am had a lie down. Pretty sore and feeling low.

10.00 get YYY [middle aged son with learning difficulties] out of bed, got his clothes and then showered him in the wet room. He's out at 12.30 for 4 hours respite care. It's photography today.

12.00 made lunch for XXX, YYY and me. Saw YYY off 12.30.

*12.30 till [sic] 2.00 pm had pills and a lie down on couch.
Housework and prepared tea for 5.00.
6.00 till [sic] 9.00 put other wash on. Sorted dishes and,
hot water bottles, fed dogs, worked out the money for week.
Bed 9.00 pm.*

*Money spent: £5 on YYY pocket money. Money
received: £0.*

Recommendation 1: As part of a ‘family and friends’ approach to policy making, the Scottish Government should undertake a review of the financial and other support provided to full-time and part-time carers of adults. This review should consider seeking avenues for new sources of funding and support, drawing on lessons from the use of social impact bonds for foster parents in the England.

For the most part, people’s complaints were less about the absence of support (though this was the case more in rural areas, where many people felt the state was gradually withdrawing through the closure of job centres and other services) and more about their frustrations with the services they were already in touch with. The welfare system was foremost among these. Our study took place during the period in which the Government’s reforms to housing benefit – referred to by opponents as the ‘bedroom tax’ – were introduced.

Under the new rules many found themselves being forced to choose between paying more rent, at a time when resources were already more stretched than normal, or moving away from the support networks that make life workable. The diary extract in case study 5 continues from the entry shown in case study 4 and underlines how moving house barely registered as a consideration for many people in our study who could not conceive of moving away from their local neighbourhood and support networks.

Case study 5 57-year-old unemployed carer with low skills and poor health, part 2

Week 1, Wednesday

Helped XXX twice during the night in loo. Got dressed 5.30 am. Right hip making work slower with pain routine until 7.00 am. Looked out some old parts to fix bus managed to temporarily fix it by 9.00 am cold and sore. Cleaned up and lay down until 11.00 am. Made lunch after getting YYY up and sorted. YYY in mood today being awkward.

12.30 pm received letter 'bedroom tax'. Really lifted my spirits where am I going to find an entire £25 per week cried, lay down for a while.

4.00 pm sorted tea for 5.00 didn't eat mine gave it to dogs, had a tin Pilchards and an anti-depressant pill for my supper can't remember much I was upset.

Routine then bed 9.00pm. Couldn't sleep for ages trying to work things out in my head. Got up.

11.30 pm took more co-codamol for pain eventually slept a bit before XXX woke me for help with cramp. Didn't sleep much YYY was moaning most of the night.

Money spent: £15 Money received: £0.

In some cases the bedroom tax seemed to ignore the realities of family life in other ways. Separated parents, for example, depended on having a 'spare' bedroom for their children to visit. Giving up that room to move to somewhere smaller, even if possible, would simply have made it harder for people to fulfil their responsibilities as parents. One father was on the brink of regaining custody of his two daughters, and was keeping a bedroom spare for them.

Stories like this one illustrate not just the need to reverse some of the recent changes – for those already living in council accommodation at least – but also to find ways to ensure housing policy does not detach people from the networks of support they depend on. For example, some local authorities

already take factors such as people's work records into account when deciding which families should be prioritised on housing lists. Whether people already have family in a local area could become an additional factor to take into account in these decisions, so that housing policy might help reinforce people's support networks rather than unpick them.

Recommendation 2: The UK Government should repeal the 'under-occupancy penalty' (estimated to save £505 million in 2013–14¹⁴), using the money currently allocated for the married tax allowance (which is estimated to cost £700 million annually¹⁵). This would allow more families to remain close to the friends and relatives they depend on.

Recommendation 3: If people have family in a local area this should count in their favour when councils make decisions on the allocation of council housing. This would help support, rather than undermine, the family networks that many people rely on.

Self-reliance

Frustration with housing benefit reforms was just one irritation among many that people had with the welfare system. In stark contrast to the picture often painted of families settling for a life of dependency, the over-riding priority of the people whom we spoke to was to be in a position to provide for their loved ones themselves:

Financial support would be good, but I don't know what. Food stamps, fuck that. How about just getting me a job.

Man, Edinburgh

So I would say in desperate need, financial help, you would go to somebody, if you were in desperate need, but if you're not, you'd rather keep your standards and say, 'do you know what? I don't need that'.

Man, Edinburgh

When I took the job I lost carers allowance. We are no better off than we were on benefits. I'm worried about what is going to happen – I cannot lose the car, I do not want to lose my job and I can't end up back on benefits.

Man, Inverness

However, many expressed frustrations with various aspects of means testing, which they felt were undermining their ability to work their way towards a better life. Means testing by household income was a particular source of frustration, undermining the kind of mutual support described above. One woman, for example, explained that her partner had moved in with her and her two children, in part to save money, but that because he had been in work they lost various forms of financial support, from housing benefit to council tax benefit. Experiences like this frequently left people feeling stuck and unable to improve on their standard of living, either through working themselves or pooling resources with others. One focus group participant summed up the feeling of disempowerment:

I want the report to make a change. You should listen to us and get the press involved; and write to parliament. They would never listen to us. We're telling you: electricity, gas, food. We can't afford nothing. Do you understand? You have the power to make them listen.

Man, Edinburgh

Such was people's distrust of the welfare system that many parents in our discussion groups had come to the view that the system was deliberately designed to work against their interests. Several people described how they felt that information was deliberately being withheld from them about what they were really entitled to:

I wasn't told if he's two years old, he can get free nappies because of his disability... [I found out] because of another mother... I think that's terrible. It's simple things like that – they don't like to tell you everything to cut money when they can.

Woman, Sanquhar

It wasn't just until last week when he [husband] went to sign on, that he found a form to do with the council tax, and we didn't realise that we were entitled to any [rebate].

Woman, Sanquhar

There's the home discount scheme for heating if you're on certain benefits. I phoned them and it was £130 into your electricity meter [general dismay: 'How come they don't tell you that?!'].

Woman 1, Sanquhar

[Group discusses the specifics of this home discount scheme for heating – who is eligible etc]:

They don't tell you nothing.

Woman 2, Sanquhar

Amid this general sense of mistrust it was striking that the institutions that people were willing to put their faith in were those with a specific mission to serve them, rather than those with a dual role of monitoring behaviour and offering support. For example, when people were asked to imagine how things could be different, some felt that they needed advocates such as Citizens Advice staff, who were unequivocally on their side to help them establish exactly what they were entitled to.

Recommendation 4: Alongside policing conditionality regimes, job centres should also be legally required to ensure that welfare claimants receive all that they are entitled to. Job centres should receive additional funding to enable them to deliver this. Job centres should decide for themselves how they do so, for example by colocating with welfare advice services, or training advisers to play more of a signposting role. We consider providing this kind of help and information to be a far better use of funding than current proposals from the DWP to compel people who are long-term unemployed to attend a job centre every day.

This raises an important point: often the services that families facing multiple disadvantages come to rely on hold the power of sanction over them. This is true of job centres, housing authorities and social services, which wealthier families do not use. By contrast, wealthier families tend to use only services that serve their interests, such as schools or GP surgeries. This threat of sanction damages the relationship between people and service providers, resulting in an ethic of compliance and disempowerment rather than one of openness and cooperation:

It's when people put you in a box and make it bad. It's different if they have your best interests at heart, if they believe in you.

Man, Sanquhar

It's how you feel towards that person. There's only so much you'll tell that person, you dunnae tell everybody everything, because that is you keeping your valid space, that is your privacy.

Woman, Glasgow

You don't want to let your guard down, and say I'm struggling, I'm not coping. They just think 'fail, fail, fail' or they take the bairn off of you.

Woman, Edinburgh

Another notable feature of the services that the families in our study often relied on is that they are natural monopolies. Where parents and patients are increasingly given choice over the school, GP surgery or hospital they go to, the people in our study have no choice but to hope for the best service from their job centre or housing authority. Many found themselves relying on institutions that had very little incentive to take their views into account. Parents complained of job centre advisers who they felt did not respect them properly or listen to their views:

You get sent on the courses and they don't even help.

Woman, Sanquhar

When you go to the job centre, you're just a number aren't you?... they're not interested in your family or anything else.

Man, Edinburgh

It's us that's keeping these people in a job... I feel like the only real people that's benefiting from [the local employment service] is the people that are in jobs for [local employment service].

Man, Lanark

The result was that people found themselves going through the motions within job centres, or being sent on courses elsewhere, which did little to improve their prospects of employment. Several parents in our groups also recounted stories of unresponsive or intransigent housing associations whose staff did too little to address problems when they arose. The diary excerpt shown in case study 6 gives a flavour of this and demonstrates how such frustrations are not incidental to families' ability to manage in challenging circumstances. The families' sheer lack of control over when and how services are delivered results in other aspects of their lives having to be put on hold while they waited.

This raises questions about how to make services more accountable to people when user choice or opting out altogether is not realistic. If people cannot easily be given a choice over their welfare provider or housing association then opportunities for user voice – and redress when things go wrong – are important.

Case study 6 Unemployed couple with young child, low qualifications, poor housing, mother pregnant

Week 2, Monday

Went to the council to report a repair. Ask them when it will be, they just said that they will get someone out.

Money spent: £0. Money received: £0.

Week 2, Wednesday

Waited for the council to come and do the repair in the bathroom as I think there is damp or mold [sic] coming through the walls. No-one turned up yet.

Money spent: £0. Money received: £0.

Week 2, Thursday

Had to go shopping on my own as wife had to wait for the council. She told me that they have not been yet and my wife when [sic] to the hospital to get her blood's [sic] done as we are expecting a second child.

My wife asked her mum to take care of our son but she said 'no' so we had to take him with us.

Money spent: £60. Money received: £60.

Week 2, Friday

Waited in all day for the council but still never came. Have to go to the service point on Monday to see when they will come to do the repair.

Money spent: £0. Money received: £0.

Week 3, Monday

Signed on. Had a phone call from 20-20 to see how my job search is going as I have to do this instead of seeing an adviser at the job centre. If not I will get my benefits stopped.

Went to the council to see when repairs are done. They said it can take up to 3 weeks.

Conclusion

The stories described in this chapter serve to illustrate the resilience and resourcefulness of many families facing multiple disadvantages. Within families, people often make significant sacrifices for their loved ones, in ways that deserve more recognition and practical support. Beyond the home, extended families, neighbours and peers provide vital sources of support. That support is itself often reciprocated: on one day people will be receiving a loan, lending a hand or offering a sympathetic ear, the next day they may be providing these things. Such networks mattered to all the parents we talked to, especially single parents.

However, rather than building on people's desire for self-sufficiency and these networks of mutual support, too often government interventions can overlook or undermine them. The clumsy bedroom tax is a high profile recent example of this, as it leads to people having to move away from their support networks if they cannot afford to pay it. But the problems are more deeply engrained than this, as people's wider frustrations with the welfare system attest.

Equally problematically, many of the services that families with multiple disadvantages come to rely on are not accountable or responsive to the people they serve. This perhaps reflects some of the ways they differ from other public services, including their ability to sanction the people they serve and people's inability to go elsewhere if they are not happy with the services they receive. As a result, those providing the services struggle to create open and trusting relationships with the people they are charged with serving, so families who already experience various disadvantages find themselves having to contend with support services that do not feel all that supportive. This is not to say that every service encountered by the families in our study was substandard or unresponsive, but rather to note that this was the experience of all too many of the people we spoke to.

The next chapter explores how family services can avoid some of these pitfalls.

3 Family services

Family services seek to work with the complexity of human relationships, understanding them as both a cause and a solution to many of the problems that people face. This chapter draws on four case study projects from across the UK, which work to address the needs of the family as a whole, rather than individual members in isolation. Each of them illustrates ways in which family services are finding ways to move beyond some of the problems described in the last chapter. Each project aims to create a relationship with families, which is characterised by mutual trust and shared purpose – and leaves families more stable and self-sufficient in the long run.

The four case studies are:

- Circle Scotland's Haven Project in Edinburgh (Scotland)
- Quarriers Family Centre in Ruchazie, Glasgow (Scotland)
- The Integrated Family Support Team (IFST) in Newport (Wales)
- The Family Recovery Programme, in the London tri-borough of City of Westminster, Kensington and Chelsea, and Hammersmith & Fulham (England)

Distributed information

Each of the projects we visited starts from the recognition that information about families is distributed among many people, rather than held by any one individual. This is the basis for bringing together different professionals to build up a shared picture of the needs of each family.

Case study 7 The Tri-Borough Family Recovery Programme

Scale: The programme works with around 65 families at any one time, and has worked with over 200 families since it was first set up.

Organisation: The programme runs across the three boroughs of Westminster, Kensington and Chelsea, and Hammersmith & Fulham.

Focus/eligibility: The programme brings together professionals from different agencies to intervene with families at risk of losing their children, home and/or their liberty. Its objectives are to reduce:

- crime and anti-social behaviour*
- truancy and exclusion from school*
- the number of people not in work and claiming benefits*

Eligibility is restricted to those households which meet at least two of the following criteria:

- adults being on unemployment benefits*
- children being excluded or not attending school*
- offending by any family member under 18 or anti-social behaviour from any family member*

Any statutory agency can refer families to the programme, either with or without their consent.

Funding: Funding comes principally from the Department for Communities and Local Government's programme Troubled Families.

Case study 7 summarises the Tri-Borough Family Recovery Programme in London, which deals with families 'at crisis point' bringing together a vast range of agencies, including job centres, local health services, the metropolitan police, local family centres and drug services, all working with shared objectives. These agencies pool information and work towards common objectives

through the creation of a single care plan for each family. A designated team around the family works towards delivering on the plan.

What is important about the approach of the Family Recovery Programme is that it recognises the need to bring families themselves into this process. Such an idea is not straightforward – many of those involved with the programme have a history of disengagement with services and sometimes have experienced failed interventions involving multi-agency teams in the past. But as the staff at the Family Recovery Programme we spoke to recognised, the rationale for involving families themselves is a deeply practical one.

As the typology of knowledge illustrated in figure 2 shows, neither families themselves nor the professionals working with them ever see the whole picture on their own. Professionals understand things about the families they are working with which the families themselves do not recognise. Equally, families hold information about their lives that may be vital to understanding how best they can make progress. The best interventions therefore find ways to encourage people to reflect openly on their situations and enter into a dialogue with professionals about their own situation.

This suggests that referrals from different agencies need to be brought together so that information is shared across different professional boundaries – but that this can never be enough. The staff whom we spoke to across the four services were at pains to emphasise that the purpose of a referral is to highlight and begin to describe a problem, rather than wholly define it:

I have a referral, but I don't tend to use that. I'd like to hear from their [the family's] perspective where they are at... It's really finding out from them what changes they would like to make.

It can depend where the referral comes from and the relationship they have with the referrer.

Sometimes the social workers refer them and they have an agenda: 'We want this to happen.' And actually that's not the priority for the family.

Figure 2 **Johari's windows: a typology of self-knowledge**

	Known to self	Not known to self
Known to others	Open	Blind
Not known to others	Hidden	Unknown

Establishing the full picture can also take time, as families reveal and learn more about themselves as they engage with services like the Family Recovery Programme. This underlines the importance of ensuring that there is flexibility to adapt the single care plan and that the team around the family is willing and able to reconfigure as new information comes to light.

Building trust

Families often do not reveal information about themselves immediately when approached by staff from family services. As noted in the last chapter, people are naturally nervous about discussing problems that they fear might be held against them in some way. This is especially the case when they communicate with staff from services that hold official powers of sanction – and to which people have been referred for interventions on the grounds of child protection, such as the Family Recovery Programme. Services must therefore find a way of moving from a relationship based on suspicion and compliance to one of trust and cooperation, where people feel able and willing to share information about their lives.

This can be achieved in different ways in different contexts. The Quarriers Family Centre in Ruchazie, which works with families at various stages of difficulty – from early intervention to situations involving risk and statutory intervention – focuses on creating ‘safe spaces’ where parents can get to know and build relationships with staff (case study 8).

Case study 8 Quarriers Family Centre in Ruchazie

Scale: The family centre supports up to 100 families through a multi-disciplinary team.

Organisation: Quarriers is a Scottish families charity, which has been established for 140 years and provided support in child and family centres for over 25 years. It has more than 150 sites nationwide.

Focus/eligibility: The centre provides nursery education and day care, and undertakes outreach work, family work, group work and individual work. The nursery places are for children up to the age of 3 and it offers an extended day and all-year-round provision. Parents can self-refer to the centre, or be referred to it by statutory agencies such as health, education and social services.

Funding: Funding from the centre comes from two main sources: Glasgow City Council (education and social work departments) and the Scottish Government's Early Years Action Fund. There are additional grants from a range of organisations, including Cattanach, Volant, Postcode Trust, the Community Health and Food Initiative, and Cash for Kids.

The centre has an open door policy. Any family in the community who can benefit from the centre may use its facilities, including a kitchen where families can cook and eat together. It fosters a homely atmosphere, employing a 'drop-in worker' specifically to welcome these families. The staff's interests outside work are drawn on to enhance provision; for instance a staff member with a passion for food runs cooking classes. Staff at the centre explain that by offering the families a degree of ownership over the spaces and activities run by the centre, parents can become more comfortable in the environment.

Most of the Ruchazie service users whom we spoke to had first come into contact with the service through one of its free 'fun days'. One diary-keeper, now a regular at the centre, said that before she started visiting the centre she had assumed that it was only for people 'with a social worker' and that because she had never had any involvement with social services, it was not

the type of place that she could use. Having become accustomed to the centre and its staff though, she had come to identify it as somewhere she could go, not just for social contact with other parents, but also for help and support:

The parents are very proud of the centre. They take care of the centre, they have great ideas... about how to make the centre a lot better, because they do see it as their centre.

Support worker, Ruchazie

The nursery is amazing for that. Food. Sometimes we have fun days. Outings we have in the summer are a good way of doing that. Fathers who sometimes we don't see will come, and then they can be good because you can introduce the families to one another.

Support worker, Ruchazie

In interviews, staff described the importance of these kinds of bridging activities. They were seen as a successful way to engage people, before introducing them to other services run by the centre which range from day care, fathers' groups and parenting classes to a broader offer of financial advice, literacy support and health visits run by other agencies. The best whole-family support projects are based on creating environments in which people feel able to talk about something as personal and vulnerability-inducing as their familial relationships. This way of working also highlights the importance of staff retention – many of the parents we spoke to said they placed their trust in particular people having got to know them over a period of time. Continuity of staff, where possible, is an important ingredient for building trust.

Recommendation 5: Family support services should make continuity of relationships between staff and service users a priority. Staff retention is one aspect of this, as it allows stable and lasting relationships to develop between support workers and families. When staff leave, measures should be put in place to smooth the transition from one support worker to another (for example through introducing longer notice periods for support

workers, and more overlap between outgoing and incoming support workers, so that new workers and families have time to be introduced to and get to know each other).

Shared objectives

At the more acute level of need, building trust needs to be done in different ways. This challenge is keenly felt by the IFST in Newport, Wales (case study 9). The way in which families are referred to the programme – and the implicit risk to parents of losing children on the ‘at risk’ register – poses a major challenge for the IFST. Parents are likely to be on the defensive as soon as they engage with services that have the power to remove children from their care.

Case study 9 The Integrated Family Support Team in Newport (Wales)

Scale: The centre works with between 50 and 100 families per year.

Organisation: Newport local authority.

Focus/eligibility: The IFST brings together professionals from health, social care and other statutory services to address families’ needs. It focuses on families where there are concerns about child welfare and where parents are engaged in substance misuse. In order to ensure interventions are targeted at those in the greatest need, children must be on the Child Protection Register, be ‘looked after’ or ‘in need’ for families to be eligible. Referrals to the IFST must be initiated through child protection services. Other agencies and services are not able to make direct referrals.

Funding: The project is funded directly by the Welsh Assembly on a three-year grant as one of three pioneer projects bringing together multi-agency support.

The central way in which professionals at the IFST were able to build trust was to establish some shared goals with the

families they worked with. Many of the professionals we interviewed throughout the research argued that addressing a family simply as ‘a problem’ risks only entrenching the divide between the professional and the family member. Building towards an agreed set of goals can help move the relationship from compliance to cooperation by establishing common ground. Gradually, trust and personal relationships can be built if professionals and the family agree and experience working towards shared goals.

Such a process has additional benefits beyond the initial process of building trust and gathering information from the family itself. Agreeing a clear set of goals and mapping out a path to achieving them can also create a foundation for professionals and families to hold one another to account as they work together. If and when there are setbacks both sides can refer back to the ways in which they have agreed to work together, allowing for frank discussions about what has gone wrong and how it can be put right, as well as demonstrating to service users that they are capable of solving problems.

One IFST service user we interviewed described her experience. She had been receiving support from IFST for over a year, after being referred by a social worker. At the time of her referral, she was using heroin, and was also a heavy drinker – her two young children had been placed in foster care. In the past, she had also been the victim of domestic violence. Throughout her life, she had been in regular contact with social services, as a result of her chaotic home life, drug use and depression, and she had little expectation that the IFST would make any difference.

An IFST support worker visited her every day for the first three months, and worked with her and her family to identify their strengths, envisage the goals that they would like to work towards, and track their progress towards these goals. In the past, her partner, who was also using heroin, was able to ‘go off the radar’ when social workers were visiting, but because of IFST’s whole-family approach, his needs were also addressed – both our interviewee and her partner were prescribed methadone, as it was realised that his drug use was affecting hers. Our interviewee and the staff working with her recognised the

importance of establishing a shared set of positive objectives as the basis for the service to work with her and her partner.

Capabilities and connections

The connection between the IFST service user and her partner illustrates a further important aspect of successful interventions: they recognise the intimate connection between people's personal capabilities and their social relationships. Addiction, while a personal struggle, also has a social context. People are more likely to flourish when they have supportive relationships around them. Circle's Haven Project, based in the Forth ward of Edinburgh, recognises that this close connection between individual capabilities and family relationships applies even more to children (case study 10).

Case study 10 Circle's Haven Project

Scale: In 2012/13, Circle's Haven Project provided outreach support to 33 families, and offered group work to 162 children, 40 fathers and 62 mothers.

Organisation: Circle is a small charity based in Lanarkshire and Lothian in Scotland. It provides holistic help, support and advocacy for children, parents and families experiencing disadvantage due to personal, social or economic circumstances. Circle has 12 projects, of which the Haven is one.

Focus/eligibility: The Haven Project, based within Craigmoynton Primary School, provides support to children and families living in the local area to improve the general wellbeing of the whole family. Support is available for families with children under 12 although, because the project adopts a whole-family approach, it can also reach any older siblings in the family who are aged 12 and over. Families may refer themselves or be referred to the centre by professionals from other agencies, including social workers, teachers, health visitors and specialist drug and alcohol teams.

Funding: The project's funding comes primarily from Edinburgh City Council through two funding streams: Sure

Start, which funds early years work with expectant parents, babies and nursery age children, and mainstream local authority funding, which is aimed at supporting children of primary school age and their families.

Circle's Haven Project is based in the Forth ward of Edinburgh, which has high levels of drug and alcohol abuse, crime and unemployment, and low levels of educational achievement compared with the rest of Scotland. The project offers two forms of support – family outreach work and group support work. Staff at the centre described to us how they try to avoid focusing solely on children alone, recognising that what looks like a 'quick fix' can leave the underlying causes of a problem in place. They carry out needs assessments for each family that they work with, based on the framework Getting It Right for Every Child,¹⁶ but were clear that an assessment of a child's needs should act as a starting point for thinking about how to support a whole family. Staff were well aware that this could lead to a more complex picture than the original referral or assessment might suggest:

If they can get a medical definition for a behaviour, so if it's ADHD, it lowers the [family's] anxiety, you can get it treated, you can get medication for it, but actually the underlying issues won't change.

I find that once you meet with the family it starts to be like an onion – the layers come off... There's a whole myriad of different influences there.

Support worker, Circle's Haven Project

Just as individual capabilities depend, at least in part, on people's social relationships, so too do people's social relationships depend on individual skills and capacities. Fixing relationships is not simply a matter of match making, or encouraging people to resolve disagreements. It often also depends on equipping individuals with new skills. Thus while Haven runs programmes designed to boost children's participation in extracurricular activities such as the Duke of

Edinburgh Award, the centre also works to equip parents to bring up their children as best they can. Haven runs 15 different programmes of group activities focusing on family outreach work. These include a class called 'Raising children with confidence', which teaches parenting skills, and dedicated parenting and support groups for fathers.

Like the other projects in our study, Haven recognises the importance of brokering peer networks beyond the immediate family. Activities such as the 'Pregnancy Cafe, for parents to be', brings parents into the centre not just to learn about topics such as child nutrition, but also to meet one another. Similarly, the centre's preschool environmental education programme aims not just to help prepare children for school through literacy work, but also to bring local parents together. This drive to extend peer networks, so that parents are able to tap into more sources of informal mutual support beyond the centre, has also led to several parents taking up formal mentoring roles through the centre, after completing a course on parenting or literacy.

Conclusion

These examples illustrate some of the working principles behind providing effective support for families. Professionals do not simply share information with one another but recognise that families inevitably know things about their own situations that statutory agencies cannot. Unlocking this information is not easy, either for preventative services that people may be unfamiliar with or targeted interventions for families already in difficulty. This partly reflects the power imbalance between families and the institutions people interact with, which at heart bring people back to the fear that they will lose their children.

This distrust can be overcome in different ways. Family centres can help develop relationships with parents by creating spaces and activities that parents themselves have some ownership over. Over time relationships of trust can develop, which allow people to cope with the vulnerability associated with asking for help. For more acute services, where relationships between families and services may be mandated because of child

protection concerns, professionals must find other ways to establish a level of trust. The most effective method can be to encourage families to provide input and establish goals to work towards with professionals. If this can be achieved, it can create common ground and provide a basis for families and agencies to hold one another to account.

Once trust has been built, family-centred services work through the sometimes complex connections between people's problems, their individual capabilities and their relationships with others. Often this entails initially taking a wider perspective, which recognises the role of other family members in influencing people's lives. Services can then focus again on individuals, helping equip people with life skills, from parenting skills to balancing the family budget. Finally, the best services often leave people with stronger peer networks than existed before. This can be achieved as a by-product of the way services are designed, or through more deliberate approaches such as mentoring schemes, in which parents are recruited to support and advise one another.

The question for policy makers is how to encourage this way of working more systematically. The next chapter addresses this question.

4 Policy dilemmas

Powers

Each of the projects described in the last chapter receives most of its funding from the state. Those running these projects have found their own ways of forging the kind of relationships with people whom the families in our study said that they value: those characterised by mutual trust and shared purpose, which leave families more stable and self-sufficient in the long run. Public funding and services underpinned by these kinds of relationships are not incompatible.

However, there are certain aspects of the way that states tend to operate that can pull in the opposite direction from this way of working. The first is that states embody forms of power that can make mutual relationships between professionals and the public hard to achieve. With job centres this power is the ability to withhold entitlements when people do not comply with the conditions attached to welfare entitlements.

These powers are often necessary to achieve public policy goals, but they can come at a cost. It can be difficult for job centre advisers to establish positive, constructive relationships with job seekers, who tend to believe that they are being monitored more than they are being supported. One way to understand this is to imagine what it might be like to visit a GP knowing that they had the power to withhold healthcare – the nature of the relationship would be different entirely. In the welfare system, one solution to this might be to separate the functions of checking entitlements and providing support. If different people, or even different institutions, performed these two functions those using these services might be more persuaded that ‘advisers’ are really there to advise them rather than monitor their behaviour.

It is clear from our research that the same problems exist with social services: another service which combines the functions of monitoring and support. The sanction in this case is more serious still than withholding welfare entitlements. Many families' biggest fear is that they will lose their children after being judged inadequate parents. The consequence is that parents can be reluctant to ask for help, let alone to enter into open and cooperative relationships with the staff of the services they are referred to.

As with the welfare system, the problem is not the existence of these powers, which are of course necessary to protect children across Scotland and beyond. The problem arises when the same people are asked to perform the two roles together. Whether a reform for social services similar to that proposed above for welfare would be practical or attractive requires deeper examination than was possible within the scope of this project. The profession itself would need to be consulted, alongside those families with experience of using the service. If large-scale structural reform should prove to be unviable or undesirable, alternative ways in which governments could help provide frameworks more amenable to healthy relationships between social workers and families need to be found.

Recommendation 6: The UK Government should split the entitlement and service provision aspects of job centres. The role of job centres would be to process claims and marshal conditionality regimes only, while other organisations provided help with training and job seeking. Those requiring assistance would be able to choose which of these organisations they approached. This would make services more accountable to their users, creating a more equal and constructive relationship as a result.

Recommendation 7: The UK Government should consult local authorities, the social work profession and vulnerable families to explore whether splitting the enforcement and support functions in social care would be feasible and desirable. This may not be the case because of the requirement that professionals in

children's services should report cases where children are considered to be at risk. Should structural change not prove viable, these stakeholders should explore other ways to produce healthier relationships between social workers and the families they work with.

A more incremental reform would be to consider the role of the 'named person' in children's services in Scotland, which emerges from the framework *Getting It Right for Every Child*. At present the person in this role provides 'a point of contact who can work with them [a child and their family] to sort out any further help, advice or support if they need it'.¹⁷ This is separate from the lead professional role, as professionals work less as conveners of different services and more as advisers and advocates for the family itself.

The named person role reflects the desire of many families in our study to have someone to turn to for advice and support when they need it. However, it is worth considering *who* exactly fills this role and how they are chosen. Just as states inevitably embody certain forms of power, they also have a tendency towards allocating responsibilities in a rational way, which can be standardised across a country. In the case of the named person, responsibility is allocated according to who is perceived to be the most qualified to fulfil the role. The official guidance states,

During pregnancy and the early period following birth, the child's Named Person will be the midwife assigned to the family. After the midwife's postnatal supervision ends (usually around ten days after birth), a health visitor will become the child's Named Person until the responsibility moves to education. Health visitors provide consistent, knowledgeable and skilled contact for families, as do staff in early years services and other practitioners working with pre-school children. When the child enters early primary school, he or she should be assigned a member of the school staff as the Named Person. This could be the child's class teacher, a teacher with a guidance role, the head teacher or another designated member of staff. At secondary school level, a Named Person can be allocated taking into account the skills and expertise of staff. Local circumstances will dictate the best person for the role. It will also be for local authorities to decide for themselves

*at what age or stage Named Person responsibility will transfer from health to education.*¹⁸

While this approach may make sense to those designing the system, our research suggests that this is less likely to be the case with families themselves. Time and again the people we spoke to valued a personal relationship far more than they did a set of specific expertise. People turned to those they felt they could trust. The implication of this is that the system could be far less prescriptive than is currently the case, allowing families a much greater say in who the named person might be for their child. For example, rather than having the named person role shifting from person to person – health visitor to primary school teacher to secondary school teacher to healthcare professional – families may wish to choose someone they have a pre-existing relationship with such as a GP.

Recommendation 8: The Scottish Government should explore how to give families more discretion to choose who the named professional for children should be. This would allow families to opt for someone they trust, reflecting the importance of personal relationships.

Outcomes

A further aspect of the way modern states operate is the desire to see measurable outcomes when public money is spent. This reflects a perfectly proper desire, on the part of both politicians and the public, to ensure that taxpayers' money is spent efficiently and effectively – a concern that will only increase at a time of constrained public spending. However, the inevitable focus on deliverable outcomes raises policy dilemmas for both universal services and more targeted interventions.

Where universal services are concerned there will always be a tension between 'what works' and what families really want. The projects we visited attracted parents in part by giving them some ownership over how to use resources available to them. 'Safe spaces' were provided, allowing trust to be built and

offering people opportunities to overcome the sense of loneliness that many parents in our discussion groups complained of. There is always likely to be a tension between these activities, and activities such as parenting classes or literacy courses, which have clear ‘outcomes’ – and therefore funding – attached to them.

There is no simple answer to resolving this tension.

Focusing merely on making family centres warm and approachable risks them drifting away from the very purposes for which they have attracted public funding. On the other hand, simply pursuing activities shown to produce measurable ‘outcomes’ carries the paradoxical risk of making those outcomes harder to achieve. If parents feel they are not being listened to, or that services are not willing to adapt to their priorities, they may stay away altogether. Many of the parents we spoke to had not attended centres with specific goals in mind, but rather because friends or neighbours had recommended the atmosphere as warm and inviting.

The answer must be negotiation within institutions between service users, the professionals working there and those representing the interests of the taxpayer. If these three sets of interests are properly represented in discussions about how best to use the resources available, everyday compromises will ensure that centres can find the best mix of ‘what works’ and what people want. The centres that we visited often achieved this through informal processes – listening to parents and responding to their feedback. Centres themselves and the policy makers who provide funding should consider how these processes might be formalised so that service users, professionals and funders are all represented in the governance structure of institutions.

Recommendation 9: Institutions providing services to families in Scotland should ensure that they have governance structures which give formal representation to service users, professionals and the funders of the service. This would help them build constructive relationships, so that some compromise can be found between the ‘outcomes’ that government wants to achieve through funding services and the priorities of service users themselves.

For more targeted interventions – and particularly those where funding is attached to the achievement of specific outcomes – the challenge is how to ensure that families’ own priorities are not entirely lost. Our research suggests that what families want, and the best services provide, is a relationship with professionals that has an ethic of mutuality and shared purpose. If service users have no say in the underlying purposes of an intervention, then their priorities must either be ignored or shoe-horned into a framework already agreed by others. This makes an ethic of mutual respect and shared purpose all the harder to achieve.

The challenge is how to ensure that even families at the more acute end of the spectrum are part of the conversation about which goals any given intervention will work towards. This may involve more tailored commissioning structures, which start from a consultation with each family to identify key outcomes and construct interventions, rewards and accountability structures from there. Such an approach would aim to combine the accountability achieved through ‘payment by results’ with the flexibility and personalisation achieved through methods such as individual budgets. This will not be as simple as large-scale programmes, which simply aim at two or three defined outcomes and then work back to find ‘suitable’ families. But our research suggests that it is likely to be more effective if families have a sense of agency and ownership over the goals interventions are working towards.

Recommendation 10: Local authorities in Scotland should find ways to systematically bring families themselves into the discussion about which ‘outcomes’ targeted services will pursue and be held to account for. There may be lessons to learn from ‘outcome-based commissioning’ in adult social care. Bringing families into such conversations about the fundamental purposes and goals of interventions is an important way of building trusting, cooperative relationships with families.

Policy makers can also do more to steer targeted services towards a more family-centric approach, ensuring that services

seek to understand and build on people's support networks rather than ignore or undermine them. One way to encourage the adoption of a 'family and friends' approach would be for services to undertake peer support assessments when they first come into contact with families and to construct peer support plans as part of the services they provide. These plans would be based on two simple questions: who supports you? and how can we support them?

Recommendation 11: Targeted services working with families should undertake peer support assessments when they first engage with families, in order to understand people's networks of support. They should then construct peer support plans, designed to help build on and strengthen these networks. Similar to a carer support plan, this would look at how the service can offer support or additional skills to the people who are supporting the family at the centre of the intervention, whether a partner, family members, friends or neighbours. This would allow family services to work with and strengthen an existing circle of support around the family.

Beyond family services, there is still work to be done to ensure that other areas of public policy support family life, rather than make it more difficult. Areas for further investigation include: how to ensure that workplaces can be flexible enough to accommodate the needs of parents, how to ensure that housing and welfare policy reflect the importance of family networks rather than undermine them and how can governments do more to value the work of unpaid carers who often make incredible sacrifices.

The Scottish policy landscape

There are encouraging signs that policy makers in Scotland are ready and willing to embrace more relational, family-focused support.

Codesigning and coproducing public services

In 2010, Dr Campbell Christie was invited by First Minister Alex Salmond to chair the Commission on the Future Delivery of Public Services. The Commission was tasked with redesigning the way that public services operate in Scotland, based on a ‘vision’ set out by the Scottish Government for Scotland’s public services, which includes improving outcomes, driving up quality, reducing demand (including through early intervention and prevention), and fostering a public service ethos.

The final report of the Christie Commission was published in June 2011,¹⁹ and contained a strong focus on putting individuals and communities at the heart of public service design and delivery. Its priorities for reform included ‘recognising that effective services must be designed with and for people and communities – not delivered “top down” for administrative convenience’ and ‘working closely with individuals and communities to understand their needs, maximise talents and resources, support self-reliance and build resilience’.²⁰

Alongside these priority areas, the report also set out eight specific recommendations. One recommendation that is now being addressed by the Scottish Government stands out in relation to this work: ‘Making provision in the proposed Community Empowerment and Renewal Bill to embed community participation in the design and delivery of service.’

Evidence submitted to the Commission reflected the view that communities participating in public services led to better, more sustainable outcomes, increased levels of satisfaction among service users and staff, and cost-savings for service delivery. The Commission was therefore keen to see Scotland take a coproductive approach to public services.

Box 1

Coproduction: The delivery of public services that utilises the assets and resources of professionals, users of the service and their friends and family. The aim is to achieve better outcomes and efficiency through state-citizen collaboration.

Codesign: A set of tools used to help those affected by the outcome of a public service become involved practically in the

creation of that service. It encourages participation, cooperation and the shifting of power to the process itself as well as the outcome.

A community empowerment and renewal bill was a key manifesto commitment of the Scottish National Party in 2011, which is now being taken forward by the Scottish Government in its Programme for Government 2013/14, and forms parts of the Government's response to the Christie Commission.

An initial consultation on the Community Empowerment Bill was held in summer 2012 – and as this report went to print, the Scottish Government had just begun to consult on a draft bill and detailed policy proposals, to run until 24 January 2014.

Crucially, the bill introduces new measures to give communities more of a say in how public services are delivered, and encourages proactive rather than reactive conversations between communities and the public sector, in which communities are empowered to take the lead. Under the provisions included in the bill, 'community bodies' would be able to approach deliverers of public services and ask to be part of the process to improve service outcomes.

This is a bold statement of purpose from the Scottish Government, though we suggest that it should go even further, by extending an invitation to individual (and groups of individual) service users – not just 'community bodies' as currently defined by the bill (which requires the body to have a written constitution among other things) – to participate in public service design and delivery.

Building on assets

Coproductive approaches to public services are underpinned by the idea that service users themselves have resources to contribute, including knowledge, skills, strengths and experience. These are viewed as assets comparable to the expertise of professionals, and this fundamentally changes the balance of power

within the practitioner–service-user relationship, with people becoming participants in rather than recipients of support.

This kind of assets-based approach was described by the chief medical officer for Scotland, Sir Harry Burns, in his 2010 annual report, *Health in Scotland 2010*, as ‘a coherent set of ideas and concepts for identifying and enhancing those protective factors which help individuals and communities maintain and enhance their health even when faced with adverse life circumstances’.²¹ In a health context, an assets-based approach involves a shift in emphasis from the factors that cause disease to the factors that create health (from deficits to assets). By building these factors into health-related interventions, the idea is to help people feel that they are in control of their health and their life by building on the capabilities of individuals and communities – improving confidence and self-esteem, while connecting people with others in their community.

Combined with the findings of the Christie Commission and the focus on community empowerment, this shows that the idea of asset-based support already has some traction in Scottish health policy, and can be extended and applied to a wider range of issues, not just health.

Plans for children and families

The points above reflect wider developments in Scottish social policy that will have an impact on the ways that services for children and families are delivered. Other changes specifically relate to this group. The most significant of these is the Children and Young People (Scotland) Bill,²² which is currently at the committee stage in the Scottish Parliament.

The bill was introduced in April 2013 and contains a number of changes to children’s services, including:

- requiring local authorities and health boards to develop joint children’s services plans
- requiring a ‘named person’ for every child aged under 18 – a feature of the Getting It Right for Every Child framework, which would be legislated for in the bill

- requiring a single child's plan for targeted interventions – similarly, legislated for in the bill from the Getting It Right for Every Child framework
- creating a statutory definition of 'wellbeing'
- extending the number of hours of free early years education for 3- and 4-year olds, and some 2-year olds

In addition, the bill makes provision to increase the amount of support given to looked after children, care leavers and kinship carers, and legislates to strengthen children's rights in Scotland.

For the purposes of this report, the 'named person' and the single child's plan are the two most pertinent changes, addressing how care is coordinated in families, and providing improved support for kinship carers. These are some of the changes the bill will introduce:

- *Named person*: The named person is expected to transfer from midwife to health visitor to teacher or headteacher, as children grow up. The role of the named person is to be a first point of contact for families, helping them to access services, providing information and support, and advocating on their behalf with other agencies.
- *Child's plan*: Every child identified as having a 'wellbeing need', which requires a specific statutory intervention over and above that provided by normal statutory services (schools, health services, and so on), should have a child's plan prepared by the responsible authority (health board, local authority or school, depending on the child's age).
- *Kinship care*: Support for kinship carers (including financial payments and practical help such as childcare) will be extended to informal kinship carers who are applying for residence orders, but do not require social work supervision.

The changes set out in the bill will serve to increase joint working and integrate services for children and families, while focusing on early intervention and prevention.

Wider support networks

In 2012 Scotland published its first National Parenting Strategy²³ with the aim of championing the importance of good parenting, and improving the availability of parenting support throughout Scotland. This includes access to information about good parenting, as well as more targeted support in cases where parents are struggling, and addressing wider issues in a family's life that may have an impact on parenting skills. In doing so, the Scottish Government recognises the necessity of 'supporting the people who support others' and treating parents as an essential resource in the lives of their children. This same ethos could easily be extended from parents to the people who support parents – recognising that relationships of support are frequently reciprocal, with people giving help one day and receiving it the next.

The impact of welfare reform

Lastly, the Scottish Government has already recognised the lasting implications of the package of welfare reforms currently being undertaken by the UK Government, and is actively looking at ways to mitigate the impact of reforms on the most vulnerable households in Scotland.

In January 2012, ahead of the passing of the UK Welfare Reform Act, the Scottish Parliament set up a Welfare Reform Committee. Its purpose was to oversee the proposed changes, reviewing the act as it passed through parliament, monitoring its subsequent implementation and how this might affect welfare provision in Scotland, and considering areas where separate Scottish legislation is required.

The so-called 'bedroom tax' continues to be an area of concern for the Committee, which is exploring alternative measures to tackle under-occupancy in Scotland. In June 2013, the Committee commissioned research from Professor Ken Gibb at the University of Glasgow on the impact of the bedroom tax in Scotland.²⁴ The report presented figures from a survey by the Convention of Scottish Local Authorities (COSLA) that showed that the change was affecting around 82,000 households in Scotland, costing them an average of £50 a month each; 15,500 of the households are families with children.²⁵

Applications for emergency funding from the Housing Discretionary Fund in the first two months after the bedroom tax was introduced had risen fourfold compared with the same period in 2012 – up to 22,000. All but one council housing department had seen an increase in incidences of arrears since April 2013.

The report noted that the tax is not solving the problem of under-occupancy in social housing – as many people are responding to the tax either by paying it or seeking emergency support. Professor Gibb notes: ‘The *pull* factors that keep people in their homes and existing settled communities outweigh the *push* driver of the charge.’²⁶

Following the passing of the Welfare Reform Act in the UK, the Welfare Reform (Further Provision) (Scotland) Act was introduced to the Scottish Parliament in March 2012, and passed into law in August 2012. The act gives Scottish ministers the power to make changes to parts of the legislation relating to the new Universal Credit and PIP benefits where this impacts on areas that the Scottish Government has legislative power over. These powers are necessary because some existing benefits, which have been abolished by the changes, are used in Scotland as eligibility hooks for certain benefits and entitlements such as free school meals, EMA, blue badge parking permits (passport benefits). Under the powers granted in the act, Scottish ministers can either shift the hook (for example, to an element within Universal Credit), or create new eligibility criteria.

Furthermore, the Scottish Government has made it clear that it would scrap the bedroom tax if it gained independence following the referendum in 2014 – and has pressed the DWP to properly measure the impact of the tax on Scottish households.²⁷

Conclusion

In recent years Scottish policy making has been moving in the direction argued for in this pamphlet. Policy makers have sought to ensure that services are both codesigned and codelivered, so that they draw on the information, resources and assets of people themselves. Reforms have been introduced to ensure that service

users have advocates to help ensure that their priorities are met, while family relationships have become an increasing focus, through a greater emphasis on parenting. The ideas in this pamphlet seek to build on that foundation – recognising the fundamental importance of human relationships between families and communities and with service providers themselves.

Conclusions and recommendations

This report has sought to learn directly from disadvantaged families in Scotland and the projects that serve them. Building on the findings of *A Wider Lens*, which sought to quantify multiple disadvantage for families in Scotland, the research was designed to draw out the qualitative experience of that disadvantage and the ways in which services can help respond to it. Our work shows that it is not just different disadvantages that can have a domino effect, with a problem in one person's life producing knock-on effects in another. Multiple disadvantage is a story of interdependence between people, not just between problems. More often than not, it is a story of relationships.

At times this interdependence between people can drag people down, with people's social networks preventing them from escaping from negative patterns of behaviour such as drug abuse. However, very often there is a positive story to tell about the everyday sacrifices that people make for one another, which can often spill over into forms of disadvantage. The parents in our study described going without essentials, worrying about their ability to care for others, and even suffering physically as a result of the sacrifices they were making for their families. Often people's wider support networks, beyond immediate family, played a vital role in helping people cope day to day.

Too often public policy fails to recognise the importance of these daily sacrifices. Some of the stories from our study raise question marks over whether government currently does enough to recognise the social and economic value of unpaid care, for example. In other respects, policies can serve actively to undermine the kind of self-help and mutual support that families engage in. Reforms such as the 'bedroom tax' have left people with the choice of either finding more money for rent from already-stretched budgets or moving away from the support

networks that make life liveable for many. Means testing benefits by household can leave people no better off when they choose to pool resources in various ways.

Family services often find themselves working against the grain of these problems. They seek to work with the complexity of family relationships, recognising them as both the cause and the solution to many of the disadvantages that people face. The services that we visited were succeeding because they recognised the importance of families sharing information about their lives and entering into cooperative relationships with services.

Often this was achieved by giving families some agency so that they could help determine the purpose of interventions or the best use of resources in family centres. Working towards shared goals was the key to unlocking trust. The projects we visited then work with a subtle understanding of the interaction between individual capabilities and social connections. They recognised the need to address families as a whole, but also that doing this would often require equipping particular individuals with new skills.

There are major policy challenges to supporting this way of working in a systematic fashion. The dual role that social services plays in both monitoring and seeking to help families can erect barriers to the kind of trusting relationships that whole-family support depends on. And the desire to focus public resources on activities that deliver measurable ‘outcomes’ can come into tension with the kinds of support that families want for themselves. While there are no easy answers to these dilemmas we hope that this report has pointed to some of the ways policy makers might respond. The central thrust of any whole-family intervention – and the policy framework behind it – must be to bring families themselves into the heart of the conversation.

Recommendations

Distilling the findings contained within this report, we have produced a set of recommendations that will help the Scottish Government and its partners to work with the grain of relationships rather than against it. Sometimes, this will involve

allowing context and relationships to take priority over professional knowledge and expertise, but the case study examples we have reviewed in this report – as well as our conversations with struggling families across Scotland – suggest that this approach ultimately holds the key to engaging genuinely with families on their own terms.

When we talk about ‘relationships’, we are really referring to two sets of relationships:

- those with professionals who work to support the family
- existing personal relationships with immediate and extended family members, friends, neighbours, partners and others in the community

The gold standard of family support should be to nurture positive relationships with support workers, built on trust and mutuality, while also recognising and strengthening personal relationships with the people who form the wider networks of support that families draw on in times of trouble.

In the course of our research, we came across structural problems that formed significant obstacles in the lives of families. These included welfare reforms, rising costs of living, and lack of employment opportunities – particularly employment that could be made to fit around childcare responsibilities. Though family support services can play a role in mitigating against the worst effects of these problems, the responsibility for addressing them lies elsewhere.

However, there is much that can still be done through reforming the way services interact with families themselves. Scotland has an opportunity to set the agenda for ‘family and friends’ policy making, which looks at building on wider networks of support, as well as improving the quality of relationships that families have with support workers and other services. To this end, Demos has produced the following recommendations:

Recommendation 1: As part of a ‘family and friends’ approach to policy making, the Scottish Government should undertake a

review of the financial and other support provided to full-time and part-time carers of adults. This review should consider seeking avenues for new sources of funding and support, drawing on lessons from the use of social impact bonds for foster parents in England.

Recommendation 2: The UK Government should repeal the ‘under-occupancy penalty’ (estimated to save £505 million in 2013–14²⁸), using the money currently allocated for the married tax allowance (which is estimated to cost £700 million annually²⁹). This would allow more families to remain close to the friends and relatives they depend on.

Recommendation 3: If people have family in a local area this should count in their favour when councils make decisions on the allocation of council housing. This would help support, rather than undermine, the family networks that many people rely on.

Recommendation 4: Alongside policing conditionality regimes, job centres should also be legally required to ensure that welfare claimants receive all that they are entitled to. Job centres should receive additional funding to enable them to deliver on this. Job centres should decide for themselves how they do so, for example by colocating with welfare advice services, or training advisers to play more of a signposting role. We consider providing this kind of help and information to be a far better use of funding than current proposals from the DWP to compel people who are long-term unemployed to attend the job centre every day.

Recommendation 5: Family support services should make continuity of relationships between staff and service users a priority. Staff retention is one aspect of this, as it allows stable and lasting relationships to develop between support workers and families. When staff leave, measures should be put in place to smooth the transition from one support worker to another (for example through introducing longer notice periods for support

workers, and more overlap between outgoing and incoming support workers, so that new workers and families have time to be introduced to and get to know each other).

Recommendation 6: The UK Government should split the entitlement and service provision aspects of job centres. The role of job centres would be to process claims and marshal conditionality regimes only, while other organisations provided help with training and job seeking. Those requiring assistance would be able to choose which of these organisations they approached. This would make services more accountable to their users, creating a more equal and constructive relationship as a result.

Recommendation 7: The UK Government should consult local authorities, the social work profession and vulnerable families to explore whether splitting the enforcement and support functions in social care would be feasible and desirable. This may not be the case because of the requirement that professionals in children's services should report cases where children are considered to be at risk. Should structural change not prove viable, these stakeholders should explore other ways to produce healthier relationships between social workers and the families they work with.

Recommendation 8: The Scottish Government should explore how to give families more discretion to choose who the 'named professional' for children should be. Under the framework Getting It Right for Every Child, the expectation is that the 'named person' role will transfer from midwife to health visitor to teacher or headteacher as the child grows up. We suggest that there should be more flexibility about who fulfils this role, allowing families to opt for those they trust, reflecting the importance of personal relationships.

Recommendation 9: Institutions providing services to families in Scotland should ensure that they have governance structures which give formal representation to service users, professionals

and the funders of the service. This would help them build constructive relationships, so that some compromise can be found between the ‘outcomes’ that government wants to achieve through funding services and the priorities of service users themselves.

Recommendation 10: Local authorities in Scotland should find ways to systematically bring families themselves into the discussion about which ‘outcomes’ targeted services will pursue and be held to account for. There may be lessons to learn from ‘outcome-based commissioning’ in adult social care. Bringing families into such conversations about the fundamental purposes and goals of interventions is an important way of building trusting, cooperative relationships with families.

Recommendation 11: Targeted services working with families should undertake peer support assessments when they first engage with families, in order to understand people’s networks of support. They should then construct peer support plans, designed to help build on and strengthen these networks. Similar to carer support plans, these would enable policy makers to look at how the service can offer support or additional skills to the people who are supporting the family at the centre of the intervention, whether a partner, family members, friends or neighbours. This would allow family services to work with and strengthen an existing circle of support around the family.

Notes

- 1 L Bazalgette, *A Wider Lens*, London: Demos, 2012.
- 2 See the website www.quarriers.org.uk/ (accessed 18 Dec 2013).
- 3 BBC News, 'How do the housing benefit changes work?', 30 Jul 2013, www.bbc.co.uk/news/business-21321113 (accessed 10 Jan 2014).
- 4 R Joyce, 'The new tax break for some married couples', Institute for Fiscal Studies, Sep 2013, www.ifs.org.uk/publications/6869 (accessed 10 Jan 2014).
- 5 Scottish Government, 'What is GIRFEC?', nd, www.scotland.gov.uk/Topics/People/Young-People/gettingitright/background (accessed 19 Dec 2013).
- 6 Bazalgette, *A Wider Lens*. This list of disadvantages was selected on the basis that there were questions covering each of these topics, which the whole of the Scottish Household Survey sample were asked. This was not the case with indicators such as drug or alcohol abuse, for example. For more detail on the definitions of each of these indicators, see appendix A of *A Wider Lens*.
- 7 Bazalgette, *A Wider Lens*.
- 8 Scottish Government, 'The role of the named person', Practice Briefing 1, Edinburgh: Scottish Government, 2010, www.scotland.gov.uk/Resource/Doc/1141/0109328.pdf (accessed 11 Dec 2013)

- 9 Bazalgette, *A Wider Lens*.
- 10 Ibid.
- 11 Ibid.
- 12 Carers UK, *Valuing Carers 2011: Calculating the value of carers support*, London: Carers UK, 2011, www.carersuk.org/media/k2/attachments/Valuing_carers_2011____Carers_UK.pdf (accessed 11 Dec 2013).
- 13 Ibid.
- 14 BBC News, 'How do the housing benefit changes work?'
- 15 Joyce, 'The new tax break for some married couples'.
- 16 Scottish Government, 'What is GIRFEC?'
- 17 Scottish Government, 'The role of the named person', nd, www.scotland.gov.uk/Topics/People/Young-People/gettingitright/named-person (accessed 11 Dec 2013).
- 18 Scottish Government, 'The role of the named person'.
- 19 Commission on the Future Delivery of Public Services, *Report on the Future Delivery of Public Services*, the Christie Commission, Edinburgh: Scottish Government, 2011, www.scotland.gov.uk/Resource/Doc/352649/0118638.pdf (accessed 11 Dec 2013).
- 20 Ibid.
- 21 NHS Scotland, *Health in Scotland 2010: Assets for health*, annual report of the Chief Medical Officer, Edinburgh: Scottish Government, 2011, www.scotland.gov.uk/Resource/0038/00387520.pdf (accessed 11 Dec 2013).

- 22 Scottish Parliament, Children and Young People (Scotland) Bill, www.scottish.parliament.uk/help/62233.aspx (accessed 11 Dec 2013).
- 23 Scottish Government, *National Parenting Strategy: Making a positive difference to children and young people through parenting*, Edinburgh: Scottish Government, 2012, www.scotland.gov.uk/Publications/2012/10/4789 (accessed 11 Dec 2013).
- 24 K Gibb, *The 'Bedroom Tax' in Scotland*, Welfare Reform Committee, SP Paper 409, Edinburgh: Scottish Parliament, 2013, www.scottish.parliament.uk/S4_Welfare_Reform_Committee/Reports/wrr-13-05w.pdf (accessed 11 Dec 2013).
- 25 COSLA, '100 day survey reveals pressure on councils from bedroom tax', Convention of Scottish Local Authorities, 8 Jul 2013, www.cosla.gov.uk/news/2013/07/100-day-survey-reveals-pressures-councils-bedroom-tax (accessed 11 Dec 2013).
- 26 Gibb, *The 'Bedroom Tax' in Scotland*.
- 27 Scottish Government, 'Impact of "bedroom tax" must be assessed', 18 Jun 2013, www.scotland.gov.uk/News/Releases/2013/06/welfare18062013 (accessed 11 Dec 2013).
- 28 BBC News, 'How do the housing benefit changes work?'
- 29 Joyce, 'The new tax break for some married couples'.

References

Bazalgette L, *A Wider Lens*, London: Demos, 2012.

BBC News, 'How do the housing benefit changes work?', 30 Jul 2013, www.bbc.co.uk/news/business-21321113 (accessed 10 Jan 2014).

Carers UK, *Valuing Carers 2011: Calculating the value of carers support*, London: Carers UK, 2011, www.carersuk.org/media/k2/attachments/Valuing_carers_2011____Carers_UK.pdf (accessed 11 Dec 2013).

Commission on the Future Delivery of Public Services, *Report on the Future Delivery of Public Services*, the Christie Commission, Edinburgh: Scottish Government, 2011, www.scotland.gov.uk/Resource/Doc/352649/0118638.pdf (accessed 11 Dec 2013).

COSLA, '100 day survey reveals pressure on councils from bedroom tax', Convention of Scottish Local Authorities, 8 Jul 2013, www.cosla.gov.uk/news/2013/07/100-day-survey-reveals-p pressures-councils-bedroom-tax (accessed 11 Dec 2013).

Gibb K, *The 'Bedroom Tax' in Scotland*, Welfare Reform Committee, SP Paper 409, Edinburgh: Scottish Parliament, 2013, www.scottish.parliament.uk/S4_Welfare_Reform_Committee/Reports/wrr-13-05w.pdf (accessed 11 Dec 2013).

Joyce, R, 'The new tax break for some married couples', Institute for Fiscal Studies, Sep 2013, www.ifs.org.uk/publications/6869 (accessed 10 Jan 2014).

NHS Scotland, *Health in Scotland 2010: Assets for health*, annual report of the Chief Medical Officer, Edinburgh: Scottish Government, 2011, www.scotland.gov.uk/Resource/0038/00387520.pdf (accessed 11 Dec 2013).

Scottish Government, 'Impact of "bedroom tax" must be assessed', 18 Jun 2013, www.scotland.gov.uk/News/Releases/2013/06/welfare18062013 (accessed 11 Dec 2013).

Scottish Government, 'The role of the named person', Practice Briefing 1, Edinburgh: Scottish Government, 2010, www.scotland.gov.uk/Resource/Doc/1141/0109328.pdf (accessed 11 Dec 2013)

Scottish Government, 'The role of the named person', nd, www.scotland.gov.uk/Topics/People/Young-People/gettingitright/named-person (accessed 11 Dec 2013).

Scottish Government, 'What is GIRFEC?', nd, www.scotland.gov.uk/Topics/People/Young-People/gettingitright/background (accessed 19 Dec 2013).

Scottish Government, *National Parenting Strategy: Making a positive difference to children and young people through parenting*, Edinburgh: Scottish Government, 2012, www.scotland.gov.uk/Publications/2012/10/4789 (accessed 11 Dec 2013).

Demos - Licence to Publish

The work (as defined below) is provided under the terms of this licence ('licence'). The work is protected by copyright and/or other applicable law. Any use of the work other than as authorised under this licence is prohibited. By exercising any rights to the work provided here, you accept and agree to be bound by the terms of this licence. Demos grants you the rights contained here in consideration of your acceptance of such terms and conditions.

1 Definitions

- A **'Collective Work'** means a work, such as a periodical issue, anthology or encyclopedia, in which the Work in its entirety in unmodified form, along with a number of other contributions, constituting separate and independent works in themselves, are assembled into a collective whole. A work that constitutes a Collective Work will not be considered a Derivative Work (as defined below) for the purposes of this Licence.
- B **'Derivative Work'** means a work based upon the Work or upon the Work and other pre-existing works, such as a musical arrangement, dramatisation, fictionalisation, motion picture version, sound recording, art reproduction, abridgment, condensation, or any other form in which the Work may be recast, transformed, or adapted, except that a work that constitutes a Collective Work or a translation from English into another language will not be considered a Derivative Work for the purpose of this Licence.
- C **'Licensor'** means the individual or entity that offers the Work under the terms of this Licence.
- D **'Original Author'** means the individual or entity who created the Work.
- E **'Work'** means the copyrightable work of authorship offered under the terms of this Licence.
- F **'You'** means an individual or entity exercising rights under this Licence who has not previously violated the terms of this Licence with respect to the Work, or who has received express permission from Demos to exercise rights under this Licence despite a previous violation.

2 Fair Use Rights

Nothing in this licence is intended to reduce, limit, or restrict any rights arising from fair use, first sale or other limitations on the exclusive rights of the copyright owner under copyright law or other applicable laws.

3 Licence Grant

Subject to the terms and conditions of this Licence, Licensor hereby grants You a worldwide, royalty-free, non-exclusive, perpetual (for the duration of the applicable copyright) licence to exercise the rights in the Work as stated below:

- A to reproduce the Work, to incorporate the Work into one or more Collective Works, and to reproduce the Work as incorporated in the Collective Works;
- B to distribute copies or phonorecords of, display publicly, perform publicly, and perform publicly by means of a digital audio transmission the Work including as incorporated in Collective Works; The above rights may be exercised in all media and formats whether now known or hereafter devised. The above rights include the right to make such modifications as are technically necessary to exercise the rights in other media and formats. All rights not expressly granted by Licensor are hereby reserved.

4 Restrictions

The licence granted in Section 3 above is expressly made subject to and limited by the following restrictions:

- A You may distribute, publicly display, publicly perform, or publicly digitally perform the Work only under the terms of this Licence, and You must include a copy of, or the Uniform Resource Identifier for, this Licence with every copy or phonorecord of the Work You distribute, publicly display, publicly perform, or publicly digitally perform. You may not offer or impose any terms on the Work that alter or restrict the terms of this Licence or the recipients' exercise of the rights granted here under. You may not sublicense the Work. You must keep intact all notices that refer to this Licence and to the disclaimer of warranties. You may not distribute, publicly display, publicly perform, or publicly digitally perform the Work with any technological measures that control access or use of the Work in a manner inconsistent with the terms of this Licence Agreement. The above applies to the Work as incorporated in a Collective Work, but this does not require the Collective Work apart from the Work itself to be made subject to the terms of this Licence. If You create a Collective Work, upon notice from any Licensor You must, to the extent practicable, remove from the Collective Work any reference to such Licensor or the Original Author, as requested.
- B You may not exercise any of the rights granted to You in Section 3 above in any manner that is primarily intended for or directed towards commercial advantage or private monetary

compensation. The exchange of the Work for other copyrighted works by means of digital filesharing or otherwise shall not be considered to be intended for or directed towards commercial advantage or private monetary compensation, provided there is no payment of any monetary compensation in connection with the exchange of copyrighted works.

- c If you distribute, publicly display, publicly perform, or publicly digitally perform the Work or any Collective Works, You must keep intact all copyright notices for the Work and give the Original Author credit reasonable to the medium or means You are utilising by conveying the name (or pseudonym if applicable) of the Original Author if supplied; the title of the Work if supplied. Such credit may be implemented in any reasonable manner; provided, however, that in the case of a Collective Work, at a minimum such credit will appear where any other comparable authorship credit appears and in a manner at least as prominent as such other comparable authorship credit.

5 Representations, Warranties and Disclaimer

- A By offering the Work for public release under this Licence, Licensor represents and warrants that, to the best of Licensor's knowledge after reasonable inquiry:
 - i Licensor has secured all rights in the Work necessary to grant the licence rights hereunder and to permit the lawful exercise of the rights granted hereunder without You having any obligation to pay any royalties, compulsory licence fees, residuals or any other payments;
 - ii The Work does not infringe the copyright, trademark, publicity rights, common law rights or any other right of any third party or constitute defamation, invasion of privacy or other tortious injury to any third party.
- B except as expressly stated in this licence or otherwise agreed in writing or required by applicable law, the work is licenced on an 'as is' basis, without warranties of any kind, either express or implied including, without limitation, any warranties regarding the contents or accuracy of the work.

6 Limitation on Liability

Except to the extent required by applicable law, and except for damages arising from liability to a third party resulting from breach of the warranties in section 5, in no event will Licensor be liable to you on any legal theory for any special, incidental, consequential, punitive or exemplary damages arising out of this licence or the use of the work; even if Licensor has been advised of the possibility of such damages.

7 Termination

- A This Licence and the rights granted hereunder will terminate automatically upon any breach by You of the terms of this Licence. Individuals or entities who have received Collective Works from You under this Licence, however, will not have their licences terminated provided such individuals or entities remain in full compliance with those licences. Sections 1, 2, 5, 6, 7, and 8 will survive any termination of this Licence.
- B Subject to the above terms and conditions, the licence granted here is perpetual (for the duration of the applicable copyright in the Work). Notwithstanding the above, Licensor reserves the right to release the Work under different licence terms or to stop distributing the Work at any time; provided, however that any such election will not serve to withdraw this Licence (or any other licence that has been, or is required to be, granted under the terms of this Licence), and this Licence will continue in full force and effect unless terminated as stated above.

8 Miscellaneous

- A Each time You distribute or publicly digitally perform the Work or a Collective Work, Demos offers to the recipient a licence to the Work on the same terms and conditions as the licence granted to You under this Licence.
- B If any provision of this Licence is invalid or unenforceable under applicable law, it shall not affect the validity or enforceability of the remainder of the terms of this Licence, and without further action by the parties to this agreement, such provision shall be reformed to the minimum extent necessary to make such provision valid and enforceable.
- C No term or provision of this Licence shall be deemed waived and no breach consented to unless such waiver or consent shall be in writing and signed by the party to be charged with such waiver or consent.
- D This Licence constitutes the entire agreement between the parties with respect to the Work licenced here. There are no understandings, agreements or representations with respect to the Work not specified here. Licensor shall not be bound by any additional provisions that may appear in any communication from You. This Licence may not be modified without the mutual written agreement of Demos and You.

This project was supported by:

Quarriers
Scotland's Family Charity

In Scotland and beyond, public services now share a common ambition: to tailor services to the needs of individuals. This report explores the potential for a further shift: from services that focus on the individual, to those that recognise the importance of people's relationships with others.

Ties that Bind explores what this looks like in practice for the 24,000 families in Scotland facing multiple disadvantages, including low income, inadequate housing, worklessness and ill-health. It draws on discussions with parents from across Scotland, case study visits to successful public service projects and diaries kept by disadvantaged families. The report identifies the extent to which people rely not just on formal services, but also informal networks.

Relationships with friends and family can either drag people down, or provide an extra layer of resilience – helping people in ways and at times that statutory services cannot. Government's first duty is to do no harm. Welfare policies which uproot people from their social networks should be avoided, while local authorities should make it easier for family members to live near one another. Family centres and social services, meanwhile, must earn the trust of the families that they work with. This is the difference between services based on compliance and disempowerment and those that really make the difference.

Duncan O'Leary is Deputy Director of Demos.

Jo Salter is a Researcher at Demos.

ISBN 978-1-909037-51-9 £10

© Demos 2014

