Targeting the Most Needy Families

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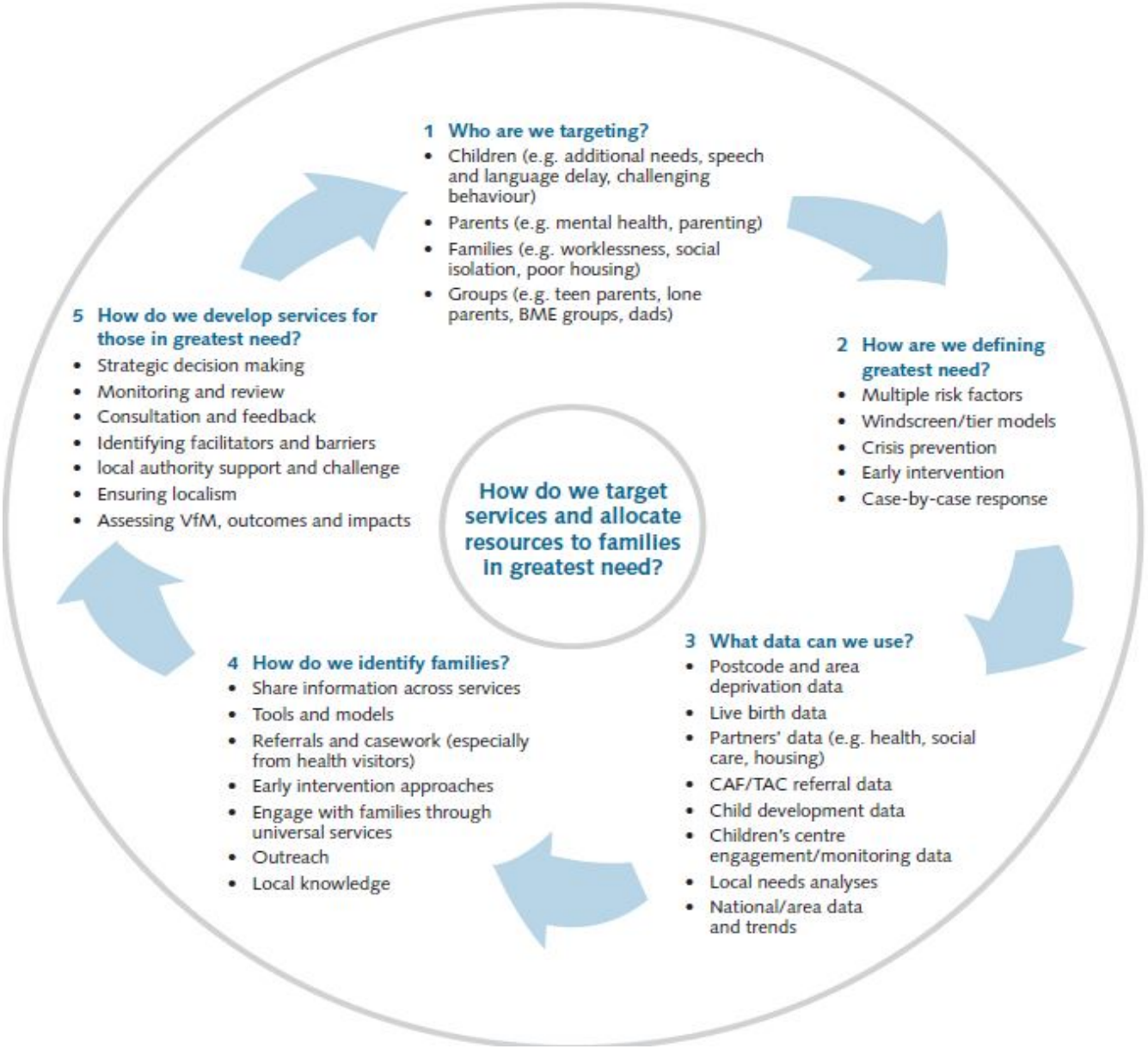
About the research

Funded by the Local Government Association

To explore the different approaches which LAs and early years settings can take to targeting support on the neediest families

A rapid review of policy and research

Case studies of 6 local authority areas: 47 interviews with LA and Children's Centre staff, seven focus groups with staff from other Centres and services


1 Who are we targeting?
• Children (e.g. additional needs, speech and language delay, challenging behaviour)
• Parents (e.g. mental health, parenting)
• Families (e.g. worklessness, social isolation, poor housing)
• Groups (e.g. teen parents, lone parents, BME groups, dads)
2 How are we defining greatest need?
• Multiple risk factors
• Windscreen/tier models
• Crisis prevention
• Early intervention
• Case-by-case response
3 What data can we use?
• Postcode and area deprivation data
• Live birth data
• Partners' data (e.g. health, social care, housing)
• CAF/TAC referral data
• Child development data
• Children's centre engagement/monitoring data
• Local needs analyses
• National/area data and trends
4 How do we identify families?
• Share information across services
• Tools and models
• Referrals and casework (especially from health visitors)
• Early intervention approaches
• Engage with families through universal services
• Outreach
• Local knowledge
5 How do we develop services for those in greatest need?
• Strategic decision making
• Monitoring and review
• Consultation and feedback
• Identifying facilitators and barriers
• local authority support and challenge
• Ensuring localism
• Assessing VfM, outcomes and impacts
How do we target services and allocate resources to families in greatest need?

1. Who are Children's Centres targeting?

Children (e.g. additional needs, speech and language delay, challenging behaviour)

Parents (e.g. domestic violence, mental health, parenting issues)

Families (e.g. worklessness, social isolation, poor housing)

Groups (e.g. teen parents, lone parents, BME groups, dads)

- **But Children's Centres prefer to see their work as *supporting* children, parents and families, rather than targeting groups**

2. How do they define ‘greatest need’?

It is difficult to achieve a precise definition of ‘greatest need’. Children’s Centres tend to prioritise:

Those facing multiple or severe challenges

Parenting issues and children with additional needs

Crisis prevention, early intervention and addressing child poverty (e.g. poor housing, adult skills and confidence)

- **But Children’s Centres are also responding to local priorities and individual needs, with a case-by-case response**

3. What data do they use?

Geographical deprivation (postcode & area)

Live birth data

Partners' data (e.g. health, social care, housing)

CAF/TAC referral data

CC engagement (monitoring data)

Local needs analyses

National/area data and trends

- **But some face challenges in accessing key data incl. from health (e.g. live birth data) and social care (e.g. about families known to them)**

4. How do they identify families?

Share information across services (incl. drawing together multiple sources of information and interpreting data intelligently)

Tools and models (e.g. early years entitlement model)

Referrals & casework (esp. from health visitors)

Early intervention approaches

Outreach

Local knowledge (incl. community entrepreneurs)

- **But universal services remain key to reducing barriers and engaging vulnerable families**

Examples of practice

1. **Blue slips model** – overcoming barriers to new birth data using ‘blue slips registrations’
2. **Engage first approaches** – from stay and plays, to cooking clubs and community days, to formal initiatives such as PEEP
3. **Community model** – local parents trained to engage families through outreach

5. How do they develop services for the most needy?

- Strategic decision-making
- Monitoring & review
- Consultation & feedback
- Identifying facilitators & barriers
- LA support & challenge
- Assessing VfM, outcomes and impacts
- It's a dynamic system - services need to 'step down' as well as 'step up'

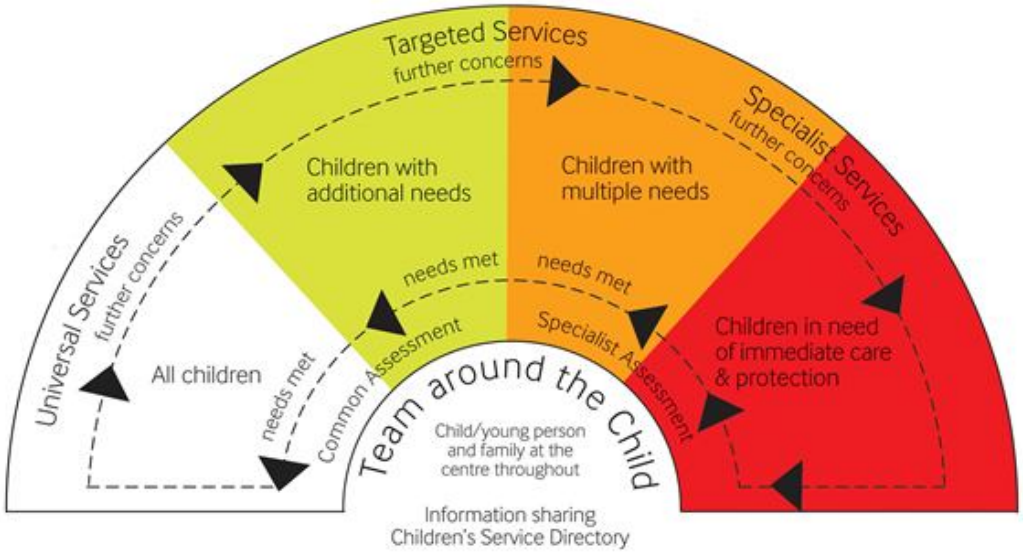
Staff attitudes are key to understanding barriers ...

‘ There used to be a term “hard to reach”. But we don’t use it any more, because we recognise it’s us who are hard to reach, not the families ...

If you’ve not got any confidence, or you think that they will tell you that you’re a bad parent – if that’s what’s preventing families engaging with us, we’ve got to try to reduce those barriers .’ (Centre manager)

Who are the ‘most needy’?

- Difficult to define precisely
- In practice, focus on children at Levels 4, 3 and 2
- But this does not include early intervention and ‘hidden needs’
- This model focuses on children, not families
- What are the consequences for staff of dealing with families at higher levels of need?



Continuum of Needs
(commonly known as The Windscreen)

Key issues and implications

Identifying families in greatest need is a complex process

Staff are keen to prevent stigmatising

Universal services are key

Language is important ('supporting families' rather than 'targeting needs')

Some centres face difficulties in getting certain data

Workforce and training implications for data management, evidencing impact and dealing with families with more complex needs

Further information

Published report is available at:

http://www.nfer.ac.uk/nfer/publications/LGTC01/

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