

Deprivation and risk: the case for early intervention

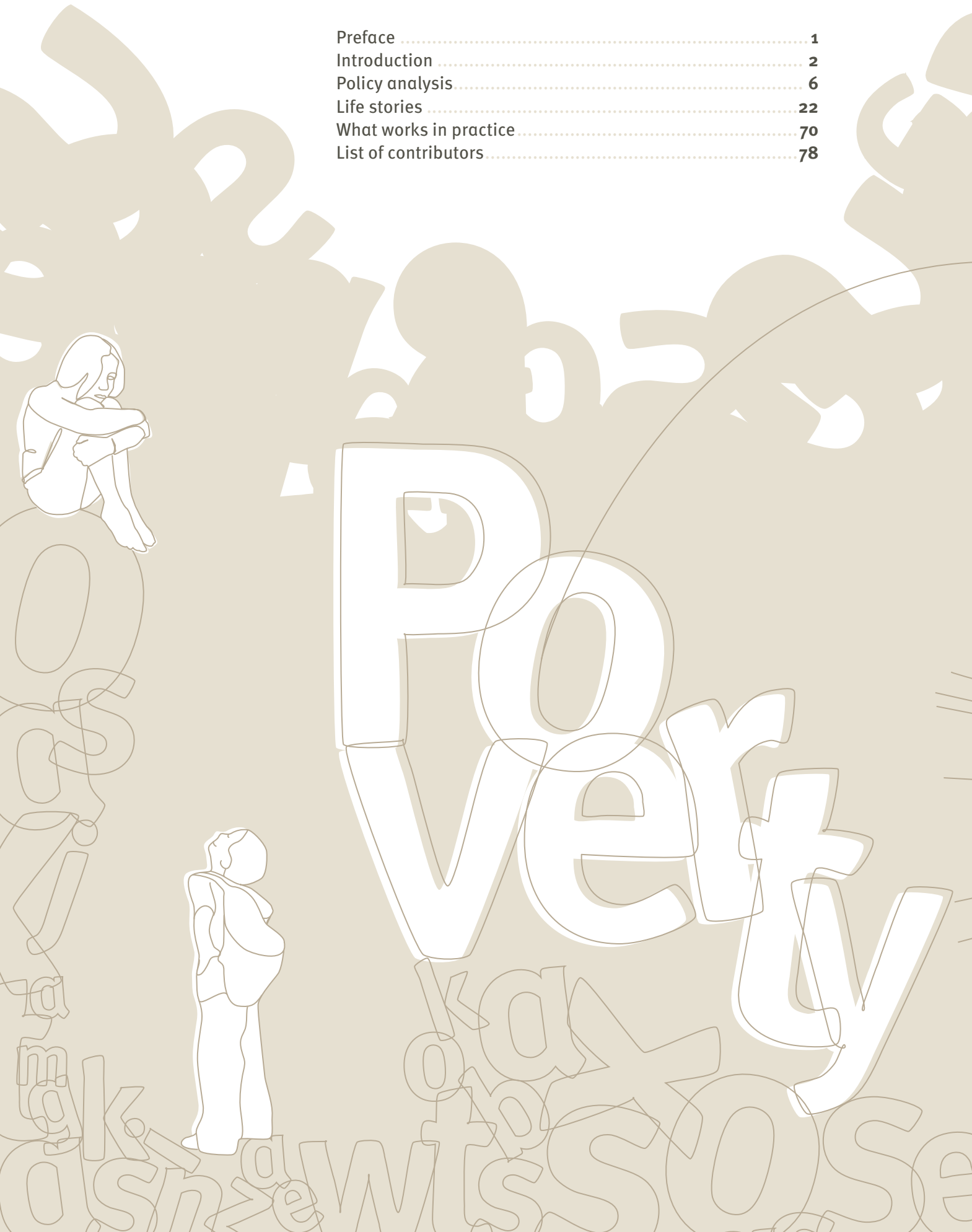


Deprivation

as long as it takes

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Preface

This report is part of a series by Action for Children on the overriding importance of intervening as early as we can to support our most vulnerable children and their families. The deprivation these families experience is deeper and more complex than poverty alone, and the belief at the heart of this work is therefore that fiscal help alone will not stop their problems from being passed on through the generations.

Deprivation and risk: the case for early intervention is about the direct impact of deprivation on the lives of children and their families. Usually when stories are told about families in these circumstances, their problems are reduced to a single cause: irresponsibility or victimhood, a negligent or indulgent State, cultural collapse, poverty or, on occasion, acts of evil. Yet the reality is never simple. The lives of individual children and families are shaped and steered by a complex interplay of policy initiatives, personal experience and local resources.

The structure of this document reflects this thesis. It opens with a series of policy analyses written by independent experts. The opinions given are their own, and do not necessarily reflect those of Action for Children. They focus on the structural challenges facing the UK and provide a context for the rest of the publication. The pieces were commissioned thematically, based on the indices of deprivation developed by governments and assemblies across the four nations. Because these indices are slightly different, we have amalgamated them into the following categories: inequality, health and wellbeing, education, housing, and social mobility.

The second section is a series of interviews with people who have used Action for Children services. The interviewees were selected at random and are not intended to be representative. Their stories are unsanitised and told in the voice and language of people describing their authentic experiences. They do not seek to find ‘the cause’ of the problems they describe. They are simply their stories.

Drug and alcohol use, violence, isolation, crime, and mental and physical ill health all feature prominently, usually against a backdrop of poor local resources and entrenched poverty. Inevitably, low self-esteem is a consistent feature, and the risk or reality of neglect is often in the background. Yet the stories also identify some of the small steps that can be taken to transform lives, whether intensive specialist support, parenting classes, training or joining self-help groups.

Not all the interviewees had a deprived childhood. Some ended up in severely reduced circumstances as a result of violence, drug use or rejection. Those with more secure backgrounds often emerge as more hopeful for the future, once again underlining the importance of early secure attachments and resilience – not only for them but, in order to break the cycle, for their children.

The interviews were semi-structured, using questions based on the indices of deprivation. Names have been changed and geographical locations disguised to protect individuals.

The third section of this report is a summary of what works in tackling child deprivation.¹ Given the policy framework and the experiences of young people and their families, what are the evaluated interventions that can demonstrably improve the lives of families living in deprivation? This last section focuses on what we need more of: targeted, early intervention to meet the needs of families when they need it.

By drawing together the best of our knowledge on policy, our ability to listen to those who have spoken to us so openly, and an understanding of what works in practice, we hope to spark a debate at this critical time in the political cycle about how to rethink services for children and families, reframe our spending on them, and re-imagine the outcomes we seek in a way that explicitly addresses the complex circumstances of children’s lives.

¹ The full report that this summary is based on will be published later in the year.

Introduction



Because we work with tens of thousands of the most deprived and marginalised children and young people in the UK, Action for Children knows first hand what research also demonstrates: lifting children out of poverty under the wing of universal services is notoriously difficult.

That is why over the last few years we have sought to shift the terms of the debate about deprivation. For too long this debate has focused on income. Of course, income is important, but for families who endure hardship over generations, who are trapped in a cycle of deprivation, increasing income alone does not provide freedom.


Action for Children believes that the answer to breaking the cycle of deprivation and neglect lies in providing early intervention, and over the last two years we have built up our case with a body of evidence.

To start with, we published *As long as it takes: a new politics for children*, which made the case for more long-term policy making. Solving the complex problems facing the most deprived children requires a level of long-term commitment that can only be achieved by cross-party consensus and a willingness to take an agenda forward over a generation.

A second significant piece of research demonstrated the effectiveness of our targeted family intervention work.¹ We followed this up with research commissioned from the new economics foundation (nef), *Backing the future*, which identified both the financial savings and the benefits for individuals, families and communities that investing in early intervention would bring. It also showed that for every £1 invested in our services, Action for Children produced returns of between £4 and £10.²

¹ *An evaluation of the targeted delivery of family support*, Synergy Consulting Group, Action for Children, 2009

² *Backing the future: Why investing in children is good for us all*, New Economics Foundation, Action for Children, 2009. The figure refers to services analysed.



In *Child neglect: experiences from the frontline*, we presented new evidence of the damaging effects of neglect and the challenges of dealing with the issues, as told by the professionals in a position to spot the early warning signs – before more serious concerns are reported to the police or social workers.


So far, then, we've made the case for a longer term policy timetable. We've established the micro-economic argument, demonstrating the financial benefit that our projects can bring to deprived areas. We've argued the macro-economic case, that early intervention saves money and saves lives, and we've highlighted new evidence on identifying the early signs of neglect. But in order to understand the urgency of breaking the cycle of deprivation, it is important to learn from the experiences of those who are trapped in it – experiences that are increasingly far removed from the lives of those who make decisions that affect children.

What is it that traps families in deprivation? First of all, there's the obvious answer: most live in areas where their environment is deprived, their opportunities are limited, there's more crime on their doorstep, fewer jobs, poorer housing and education. These are structural issues for government to address and they provide a sobering backdrop to the lives of the children and families who live there. But some children and families thrive in these areas.

The truth is that we don't know exactly why some children in the same circumstances, and sometimes even in the same family, struggle while others thrive. Helping people overcome hardship will never be an exact science. But, as this report illustrates, we can draw on a body of research, a range of evaluated services as well as the judgements of skilled practitioners. Using this knowledge collectively, we can work together to develop a range of responses to meet the needs of the most deprived children and families across the UK, from national policy development down to specific behaviour changes for individual families.

Research tells us that deprivation is corrosive and that harmful behaviours – such as drug or alcohol misuse or criminality – flourish in its shadow. Research also tells us that strong relationships, particularly in the early years, can mitigate this damage and help children and families overcome hardship.

Children thrive because they are resilient and are therefore able to build self-esteem and resist stress and adversity. Children are most likely to develop resilience in loving families with strong relationships with siblings, friends and in the community. Their parents will probably have had a good childhood, a good school experience and good health.



By contrast, the factors that undermine a family's ability to thrive are the experiences of unemployment, family breakdown, drug and alcohol misuse, isolation, violence and mental ill health. Other 'risks' include being a lone parent or having four or more children. Young mothers are more likely to have babies born prematurely and their children are more likely to have health problems.

Where there are multiple risk factors, the evidence is that deprivation is passed down from one generation to the next. To put it another way, the moment a child is born into these conditions, its chances of fulfilling its potential are severely depleted.

This is often seen in the way relationships develop: children are defiant, blamed by parents and disliked by siblings. They are unpopular at school and get into fights or suffer bullying. Low self-esteem is exacerbated. They do badly at school, become involved in crime and drugs, and by the time they are 17 are on their way to becoming a career criminal. This may seem dramatic, but it is a recognised journey that too many of our children have travelled.

Tackling this level of disadvantage requires intensive, targeted and challenging interventions at a point in people's lives when they are open to change. The timing can be prompted by aspiration, as is so often the case when a family has young children. Mothers who were neglected or abused during childhood are often frightened that

they may repeat the mistakes of their parents. They regret their lack of qualifications and decide to study so that they can help their children through school. Men, too, may be prompted by fatherhood to review their lives, and must be encouraged to maintain and build their relationship with their children.

Families need support to change their behaviour. So it is essential that support services operate as hubs, connected to health, education, other voluntary groups and the police to ensure that referrals can be made immediately, needs identified, services provided and support embedded in the community. Progress takes time. Interventions must be monitored and, if they are not yielding results, adapted or ended.

Cycles of deprivation and neglect overlap. The pressure of circumstances, of chronic housing, poverty, unemployment, low income, poor wellbeing and poor education all undermine resilience. It's when these structural conditions combine with other impoverishing experiences – such as violence, crime, isolation, an unhappy childhood, separation and poor mental health – that problems become insurmountable.

Intensive, targeted early intervention is not only the best form of child protection, it also offers children a chance to thrive. In the UK, we invest heavily in the acute end of child protection, yet countries that invest earlier have lower rates of child deaths. In 30 per

cent of serious case reviews, mothers had been in care.³ Domestic violence, mental ill health and substance misuse are in evidence in over half of all cases. In July last year, a conference was told that a regional study had found that 15 per cent of young people not in education, employment or training had died within 10 years of falling out of the system.⁴ These are shocking findings and point to a strategic failure to anticipate problems and invest in resolving them early.

Early intervention is cost effective and it saves lives. It releases social capital. Above all, it gives families who have lived in entrenched deprivation, sometimes across generations, the opportunity to make the most of their lives. It's not easy, it requires a lot of determination, but it works.

There have been great strides in reducing child poverty in recent years, and through the Child Poverty Bill, the Government has demonstrated its commitment to ending child poverty by 2020. These are notable

achievements. Yet the worst-off children and families remain stubbornly beyond the reach of too many initiatives. We must spend money wisely – in a recession in particular. This means we have no choice but to invest in targeted early services rather than pick up the pieces later on in the form of broken lives, crime, damaged and neglected children, despairing families and a more fractured society.

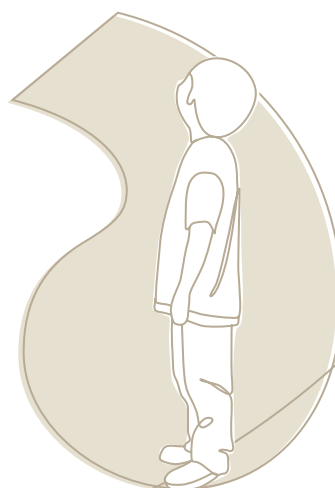
We must be wary of asking the same old question when we know what needs to be done. Intensive, targeted early intervention works, for the families whose stories are told here and for many others. As we approach a time of political change, we must demand the political will to make it a reality. Help us to do this.



Dame Clare Tickell
Chief Executive
Action for Children

³ Brandon, M, Belderson, P, Warren, C, Howe, D, Gardner, R, Dodsworth, J and Black, J (2008) *Analysing child deaths and serious injury through abuse and neglect: what can we learn? A biennial analysis of serious case reviews 2003–2005*, DCSF Research Report No. DCSF RR012, London: TSO

⁴ Jon Coles, Director General for Schools, DCSF, speaking at *The 20th Century School: Families, Community and Accountability*, Westminster Education Forum, 16 July 2009



Policy analysis

Inequality

Philippa Stroud, Executive Director,
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There has been a great deal of analysis about the nature of poverty and inequality in recent years. Many analyses have shown that well-intentioned programmes aimed at relieving poverty have actually had the opposite effect of trapping people in the very situation they wish to escape.

Over the past five years the Centre for Social Justice (CSJ) has sought to understand why people end up in poverty and why, too often, they remain trapped there. Through in-depth analysis, and through talking to thousands of individuals and organisations working on the frontline, we have been able to recommend policy solutions for transforming the lives of children and families living in our most deprived communities.

Both strands of this work – understanding the research and anecdotal evidence from those living with and tackling poverty – reveal a fundamental truth: poverty is more than the absence of money. Income is important and there must be a safety net in place for those who need it, but income alone does not change life outcomes. This is particularly true for people living in the most severe poverty.



Shockingly, a breakdown of poverty trends for *Breakdown Britain* carried out by the CSJ revealed that there are more people living in severe poverty than in 1997.¹ Indeed, even before the recession income inequality was the highest in the UK since records began.² This is despite considerable additional investment in the welfare system. For example, working age benefit expenditure increased by 50 per cent in the decade from 1998/99.³ Likewise, despite the headline drive to tackle child poverty with its corresponding increase in investment, the number of children living below the poverty line has actually increased in recent years.⁴

The simple transfer of monies is not enough. In fact, when unaccompanied by meaningful interventions it can actually do more harm than good. Research has shown that poverty and worklessness are often intergenerational⁵ and that the source of a household's income matters. In other words, income source is more important in determining levels of social exclusion than income level.⁶ A child living in poverty has an unacceptably high chance of becoming an adult living in poverty, and the cycle continues.



To break this intergenerational cycle we must first address *why* families are living in poverty. The CSJ identified five key pathways to poverty – family breakdown, economic dependency and worklessness, educational failure, addiction and indebtedness. Higher household income would make little difference to a child with an addicted or abusive parent, a family indebted to loan sharks, or parents who cannot read or write.

To tackle poverty for the long term, an incoming government must tackle the causes of poverty, and to do so effectively it will need a clear vision for how this can be achieved.

At the heart of society lies the family, yet the institution of family has received little or no support from policy makers. It is within the family environment that children develop – physically, emotionally and psychologically – and the foundations for their future lives are laid. A wealth of data has shown that both family structure and parenting ability have a profound and

long-term impact on children, particularly in the first few years of their life.⁷ A child who has grown up with two nurturing parents has far higher chances of succeeding in life than a child growing up in a broken, dysfunctional family. Public policy should be evidence-led, and the evidence shows the need to invest in families.

Hence a shift is needed from child-focused to family-focused policies, and with it a greater recognition of the importance of couple relationships in order to improve the wellbeing of both adults and children. The CSJ has recommended the implementation of family hubs. Despite a promising vision, Sure Start Children's Centres, with notable exceptions, have too often failed to live up to the early political rhetoric. Family hubs, staffed by health visitors and highly trained early years professionals, would rectify this, offering relationship and parenting support in the heart of our most deprived communities.

Inequality

In conjunction with this, we believe that the role of health visitors should be expanded and enhanced, and that there should be a national rollout of the highly effective Nurse Family Partnership, already being piloted in England, for families in need of intensive support.

In addition to strengthening families, tackling the UK's most entrenched poverty will require a fundamental overhaul of the welfare system. Our *Dynamic Benefits* report⁸ exposed the extent to which the system is bankrupt: designed to help people out of poverty, it is in fact trapping them there.

Despite widespread agreement that work is the most sustainable route out of poverty for most people, the current benefits system actually disincentivises it. Prohibitive participation and marginal tax rates mean that the poorest in society lose the greatest proportion of their income when moving into or progressing in work: for many, work simply does not pay.

Our dynamic modelling has allowed us to recommend a range of reforms that will simplify the system, reduce effective tax rates, address the couple penalty and help people to *sustain* work by tackling the revolving door of repeat claimants. Such reforms would have a transformative impact on the poorest families, usually workless households, who currently struggle at the very margins of society.

At the same time, we need to develop an integrated approach to drug and alcohol addiction for the 1.5 million children living with substance addicted parents.⁹ For too long government has perpetuated the problem through maintenance programmes for addicted parents, whereas what is needed is abstinence-based rehabilitation. We must also ensure that all children have access to an excellent education. Governments should free up the school system through the implementation of pioneer schools, based on successful US charter schools and the Swedish free schools, and encourage and support the engagement of parents in their children's school life through the use of home-school champions, home-school charters and family classes. Only then will our most disadvantaged children be equipped with the skills to progress and achieve.

An incoming government must learn the lessons from the past 20 years. Income redistribution alone will not address severe poverty – for this we must address the often complex needs of those living in such deprivation. Children's outcomes are directly and unavoidably linked to their family experience and public policy must recognise this. The welfare society must be championed, the welfare state reformed. An incoming government can mend a broken UK, but it will need the courage of its convictions.

1 Measured as 40 per cent or less of median income; *Breakdown Britain*, Centre for Social Justice, 2006

2 Brewer, M et al (2009) *Poverty and Inequality in the UK: 2009*, Institute for Fiscal Studies

3 Provided by the House of Commons Library; including tax credits

4 Brewer, M et al (2009) *Poverty and Inequality in the UK: 2009*, Institute for Fiscal Studies

5 Centre for Longitudinal Studies (2007) *The intergenerational transmission of disadvantage and advantage for various studies*, Briefing February 2007

6 Berthoud, R et al (2004) *The dynamics of deprivation: the relationship between income and material deprivation over time*, DWP

7 For a full discussion of the importance of the family environment see *Breakdown*

Britain: Fractured Families, Centre for Social Justice, 2006; and *The Next Generation*, Centre for Social Justice, 2008

8 *Dynamic Benefits: towards a welfare that works. A policy report from the Economic Dependency Working Group*, Centre for Social Justice, 2009

9 *Hidden Harm*, Home Office, 2003; *Alcohol Harm Reduction Strategy for England*, Cabinet Office, 2004

Health and wellbeing

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University of York and Co-Director,
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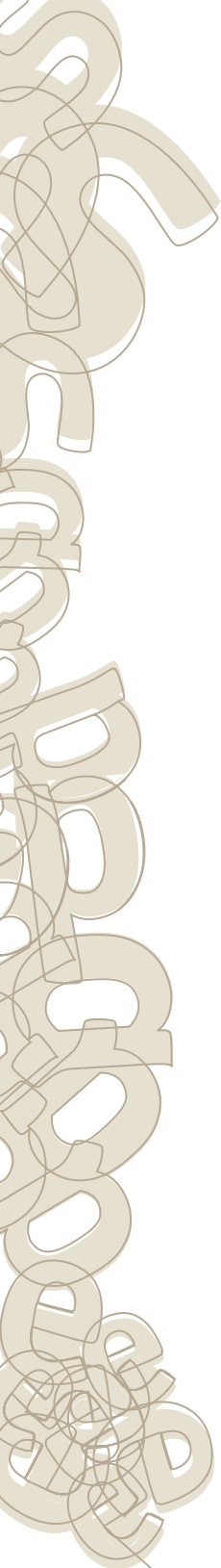
Over the past few decades, the health and wellbeing of children in the UK has improved in some important aspects. As child poverty has fallen since 1998,¹ so fewer of our children suffer the health and emotional impact of relative deprivation. Infant mortality has fallen to an all-time low of 4.9 per 1000 live births,² as have rates of serious infections. Fewer of our children die in accidents, and better medical treatments have produced radical improvements in the survival of children with cancer.

But against these successes must be set some failures. New health and social problems have emerged, such as a rapid rise in mental health problems in children, a rise in teenage pregnancies and sexually transmitted diseases, the high prevalence of binge drinking among children in their early teens, and the epidemic of childhood obesity. Almost a third of our 11, 13 and 15 year olds have been drunk at least twice.³ And The Good Childhood Inquiry, which surveyed thousands of children, reports that increasing numbers of children have mental health problems, and over a quarter regularly feel depressed, often as a result of family breakdown and peer pressure.⁴ Among our very worst-off children and families, the accumulation of these problems can create life-long disadvantages unless timely action is taken.

Health

Inequalities in the health and emotional wellbeing of our children are striking and persistent. Against a backdrop of overall improvement, the social class gap in the infant mortality rate actually increased between 1997/99 and 2002/4, since when it has narrowed slightly.⁵ Young women living in the poorest quarter of households are four times as likely to become teenage mothers as those in the most affluent quarter.⁶ Our poorest children are more likely to be born too early and too small, less likely to be breastfed or immunised, more likely to suffer accidents in the home and on the street, more likely to have asthma, to be overweight and to suffer from chronic illness – all of which puts them on a lifelong trajectory of compromised health and wellbeing, which will spill over across generations.

But it is only when we widen our field of view and begin to compare the health and wellbeing of our children to those in other rich, developed countries that we can see not only how poorly our children are faring but the levels of wellbeing to which we might aspire. Among the 30 Organisation for Economic Co-operation and Development (OECD) countries, the UK has the highest rate of teen binge drinking, and the highest rate of teenage pregnancy in Europe.⁷ We rank 15th for the quality of children's relationships, 20th out of 30 on health and safety, 21st on subjective wellbeing and 28th out of 30



for risky behaviours.⁸ Other countries are poorer and spend less on child welfare, but achieve much higher standards of health and wellbeing.

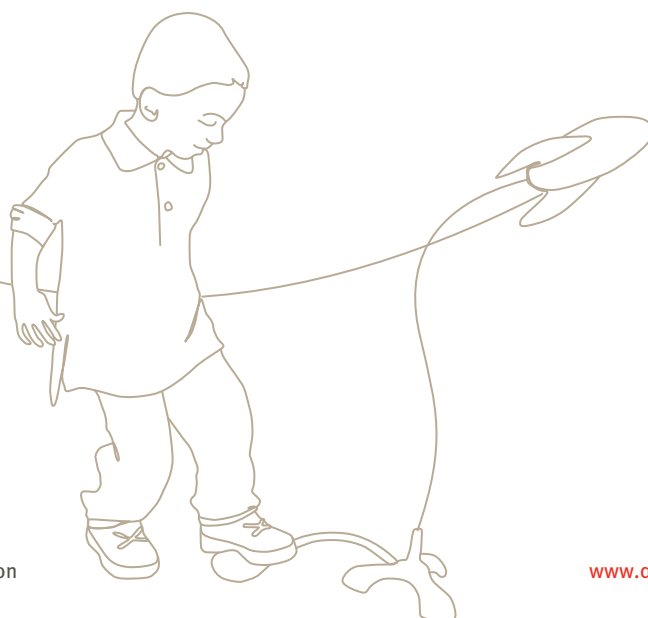
Rather than average incomes and standards of living, what seem to really matter for child wellbeing are levels of income inequality and the proportion of children living in relative poverty. The UK is one of the richest OECD countries, but one of the most unequal and this is reflected in our standards of child wellbeing.⁹ Our current poor performance is a legacy of the steep rise in income inequality in the late 1980s and early 1990s and the persistence of those high levels of inequality today, despite some improvements in child poverty. And because inequality affects adult health and wellbeing, including mental health, drug and alcohol abuse, unemployment,¹⁰ levels of debt and relationship breakdown, the impact of inequality on parents is transmitted to children, establishing intergenerational cycles of deprivation and relative poverty.

The risk of the current economic crisis for the future health and emotional wellbeing of our children is great. As in the 1980s, the hardest hit are young people; one in five young people are now unemployed, and as they enter the age of family formation, we are at risk of another generation of chronically unemployed parents and impoverished families. Most at risk are the 1.4 million plus children living in severe poverty,¹¹ whose

parents are typically out of work, with few educational qualifications, no savings, and who are often burdened with mental and physical health problems. These families are already excluded from full participation in all that society has to offer them and their children, and in the current crisis they risk falling further and further behind.

There is also a risk in our increasing emphasis on child protection. Over-burdened child protection systems cannot provide the best possible services for vulnerable families and children. As a society, we need a paradigm shift in how we think about safeguarding our children and invest in interventions that would actually prevent such problems arising in the first place. We need to adopt a public health perspective on child abuse and neglect, foster a better understanding of the intergenerational transmission of risk, and focus on the potential of targeted and universal health, social services and educational services for prevention. Improved treatment and services for parents with mental health and drug or alcohol abuse are an obvious starting point.

So what can governments do to improve standards of child health and wellbeing and reduce inequalities in child health? There are many evidence-based effective interventions and services that can help. These include but are by no means limited to: the UNICEF Baby Friendly Initiative to improve breastfeeding rates; Sure Start, which helps



both parents and children to get a good start in life and parenting interventions for families with older children; the Family Nurse Partnership for young mothers, successful in the USA and now being tested in England; programmes to promote healthy lifestyles among children, and so forth. Screening programmes for maternal wellbeing, during pregnancy and beyond, are vital. And governments can take action in other sectors, not just health, to improve the wellbeing of children: initiatives to prevent conflict in schools and promote co-operative learning and reform of the juvenile justice system (and indeed the adult criminal justice system) are just two examples.

But none of these universal or targeted initiatives and programmes can be more than a bandage on a bleeding wound that

refuses to heal unless we start to address some fundamental causes of inequalities in child health and emotional wellbeing. In the context of the current economic crisis, all political parties must recognise the profound long-term risks of not acting, and develop concrete evidence-based policies to combat poverty and inequality. Governments need to use all the tools and powers they have to do this. These include a better minimum wage and constraints on top incomes, more progressive taxation that provides targeted support to families with young children, and universal provision of evidence-based services. As well as a commitment to ending child poverty, governments must commit to creating a more equal UK, tackling socioeconomic inequalities to create a better quality of life for all families.

Well being



1 Palmer, G, MacInnes, T and Kenway, P (2008) *Monitoring poverty and social exclusion 2008*, York: Joseph Rowntree Foundation

2 Department of Health (2008) *Tackling health inequalities: 2005–7 Policy and data update for the 2010 national target*, London: Crown

3 UNICEF Innocenti Research Centre (2007) *Child poverty in perspective: An overview of child well-being in rich countries*, Florence: Innocenti Report Card

4 Layard, R and Dunn, J (2009) *A good childhood: searching for values in a competitive age*, London: Penguin

5 Department of Health (2008) *Tackling health inequalities: 2005–7 Policy and data update for the 2010 national target*, London: Crown

6 Ermisch, J and Pevalin, D (2003) 'Who has a child as a teenager?' *ISER Working Papers, Number 2003–30*, Institute for Economic and Social Research, University of Essex

7 Bradshaw, J and Richardson, D (2009) 'An index of child well-being in Europe', *Child Indicators Research*, 2009, 2: 319–51

8 Bradshaw, J and Richardson, D (2009) 'An index of child well-being in Europe', *Child Indicators Research*, 2009, 2: 319–51

9 Pickett, KE and Wilkinson, RG (2007) 'Child wellbeing and income inequality in rich societies: ecological cross sectional study', *British Medical Journal* 2007, 335 (7629): 1080–7

10 Office for National Statistics (2009) 'Labour market statistics', *Statistical Bulletin*, 11 November, Newport: Office for National Statistics

11 Save the Children UK (2007) *Living below the radar: Severe child poverty in the UK*, London: Save the Children UK

Education

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The relationship between deprivation and educational attainment is striking. Across the UK, children from the poorest homes start school with more limited vocabularies and greater likelihood of conduct problems and hyperactivity.¹ During primary school UK children fall further behind, and even the brightest children from the most disadvantaged backgrounds are overtaken by the age of 10 by their better-off peers who start off behind them.² In England, at GCSE level, 40 per cent of children who are eligible for free school meals attain five GCSEs at grades A*–C, compared with 67 per cent who are not. In 2007, 42 per cent of children from the most deprived 10 per cent of areas achieved five good passes including maths and English, compared with 79 per cent from the most advantaged 10 per cent of areas.³ Disadvantages persist after compulsory schooling too. High achieving students from low income families are less likely to go on to higher education, and those who do are more likely to study close to home, and to be on courses that have lower entry qualifications.⁴

The good news is that progress is being made. The attainment gap between students on free school meals and others in England at GCSE level fell from nearly 31 percentage points in 2002 to 27 in 2008. The social class gap at GCSE, which widened during the 1980s, has also closed a little, and

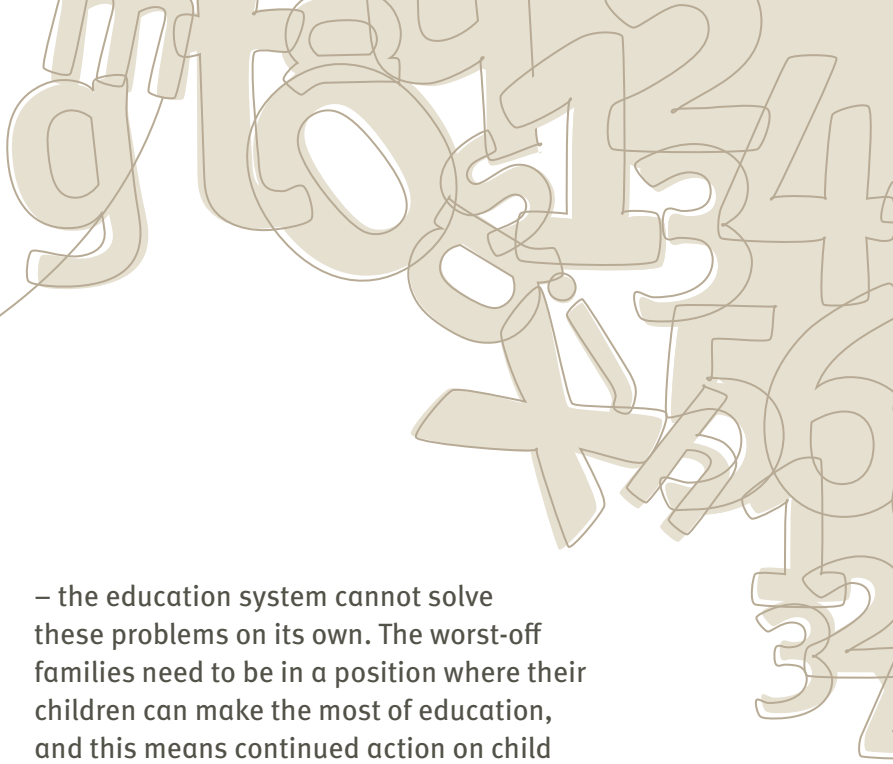
slightly more university entrants are now from lower social class backgrounds.⁵ These changes are positive but they are small. Links between education and deprivation seem relatively resilient to policy interventions. This is particularly true of Wales, which is seeing signs of greater decline in social mobility than the other countries⁶ and Scotland.⁷ So what does the evidence tell us about what is going wrong and what can be done about it?

First of all, it is worth saying that although family income has a direct impact on child development, it is not the only factor. Good home learning environments do exist across the social spectrum and can counteract other disadvantages. Reading to children regularly at age three matters twice as much for their development by age five as family income.

Parental education levels have also been shown to be

important, and parents who are isolated, lacking confidence and dealing with multiple hardships find it harder to support their children's learning. Frequent home moves, bereavement, family breakdown and/or violence make matters worse for some children, such that teachers in schools in deprived areas often talk about the need to provide social and emotional care so that learning can take place. Behavioural, emotional and social difficulties are four times as common in the poorest areas as the richest.⁸ De-industrialisation and long-term unemployment in former industrial communities has deepened the problem of

Education



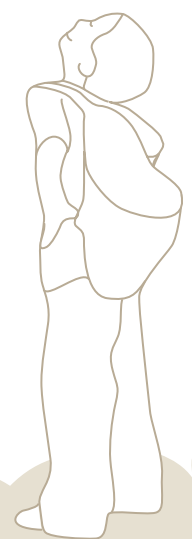
disengagement from education, particularly for white and black Caribbean working class young people. Research carried out in Northern Ireland has shown that school for many poor children is an irrelevant and unenjoyable experience where they are made to feel like failures.⁹ And despite considerable improvement, it remains the case that a high proportion of the worst schools are in the poorest areas, meaning that the people who need the help most are least likely to get it.

Income does matter, though. Recent research shows that every £100 of additional income in the first nine months of life makes the difference of about a month's development by age five.¹⁰ The poorest families cannot afford books, computers, equipment and extracurricular activities and their children's education is also more likely to suffer from poorer nutrition, household overcrowding and stress. Older children from low-income homes may also need to contribute to household costs rather than incur extra costs by continuing education. This is why education maintenance allowances have increased participation and attainment for people from deprived areas.¹¹ As recession bites, the worst-off families are going to find it even harder to find these funds while skills and qualifications become even more important in a competitive job market. Continued financial support will be essential.

Devolution has made education for our worst-off children in the UK a complex area to tackle, but the broad principles are consistent. We must be realistic

– the education system cannot solve these problems on its own. The worst-off families need to be in a position where their children can make the most of education, and this means continued action on child poverty. It also means we need abundant local services. Community interventions can help parents by providing parenting support and, for those who want them, literacy and numeracy support so that they can help their children through school.

We also need to help parents deal with debt and financial stress, solve housing problems, tackle drug and alcohol problems, gain skills and build confidence and networks of social support. We need to provide targeted intervention to support children and their families before these problems become overwhelming. The worst-off families with the most complex problems need intensive and integrated support that may need to be offered for sustained periods.



But education policy is making a difference, and could make more. The priority is to ensure that the poorest areas have the best schools, with the best teachers and the additional funding to enable them to carry out their additional roles.

Second, the early years are vital, and pilot programmes providing regular and integrated support through health visitors should be extended, along with the provision of higher quality childcare.

Third, curriculum and assessment mechanisms must be engaging and build a love of learning and a sense of achievement. We need an education system that enables every child to reach their potential, not one that defines success narrowly and condemns a child to failure when the right levels aren't reached.

Fourth, intensive one-to-one support in primary school is working, and needs to be extended so that no one goes to secondary school unable to read and write, regardless of their home background.

Fifth, in the current economic climate, we need to further cut the costs of education to low-income families, from childcare through to higher education.

And sixth, we must make the most of the opportunity that schools offer to provide a point of contact to link parents into other services and to reduce isolation.

There is nothing in this list that is new. Essentially, the right things are being done and that is why progress is being made. We just need more of them. A huge challenge exists now to expand programmes as public spending is cut. Local community and voluntary services can be further tapped and have much to offer – encouraging intergenerational links and the involvement of grandparents is a good example, as is expanding volunteer reading schemes. But solid foundations have been built through increased education and children's services spending over the last 10 years. If we withdraw it now, we do so at our peril.

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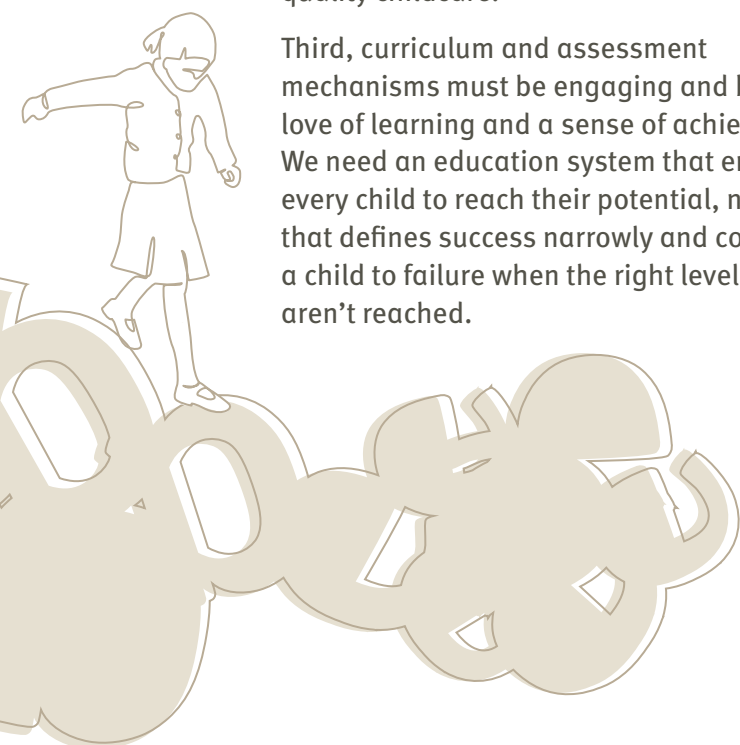
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Housing

Richard Capie, Director of Policy and Practice,
Chartered Institute of Housing

Housing provides the foundations on which so many other areas of our lives are built. It can be a means to save for the future, a way to put aside money for social care, a source of income and a place of business. It can also be, as we have seen in recent years, a speculative investment. And when things don't go according to plan it can be a major liability and cause of instability and distress for both the young and the old.

Our home is universally important. It plays a central role in where we send our children to school and the local services we access. It impacts on health and wellbeing. A decent home and neighbourhood provides the platform from which children and their families realise their hopes and aspirations. But where it falls short it can also cut short this promise to devastating effect.

Today, the UK is in the midst of housing market correction. Prices have fallen over the last 20 months but affordability has worsened for many. A 25 per cent deposit on an average home is around £35,000, or over 100 per cent of a first time buyer's annual income. The average age of first time buyers is 31 for those with help from parents, 37 for those without.¹ While aspirations of home ownership remain high, it is becoming increasingly difficult for a significant

proportion of the population. Importantly, this puts further pressure on the availability of decent and affordable housing for the worst-off children and families.

Things look set to get even worse. By 2031 there are likely to be 29 per cent more households in England than there were in 2006.² The trend across the UK is similar and to counter it we will need hundreds of thousands of new homes every year. But our ability to meet that need looks more and more limited. In 2007–08 we built the most

homes since 1977.³ This was with record levels of government investment and highly favourable mortgage and finance conditions. Yet we still didn't build as many as we needed to. It doesn't get any better. In 2008–09 we built the lowest number of homes

since the 1940s.⁴ Without fundamental and far-reaching changes to our housing and planning systems, we will do well to get back to 2007–08 levels, let alone deliver the homes needed.

Already, 2.2 million households in the UK spend more than half of their income on housing costs, including nearly 40 per cent of people on low incomes.⁵ And as the gap in affordability grows, it is clear that the role of rented housing, and especially social housing, will take on increasing importance.

Home

Today, around one in five homes in the UK are social rented houses and demand for social housing remains high.⁶ There are now 1.8 million households on waiting lists.⁷ But with demand outstripping supply in almost every community, well-intentioned practices of rationing this scarce resource to those most in need have altered our use of social housing from a public good for all, to one that has exacerbated concentrations of deprivation. Beyond housing, the impact is that local schools can be shunned by better-off parents, standards fall and the marginalisation of the worst off continues.

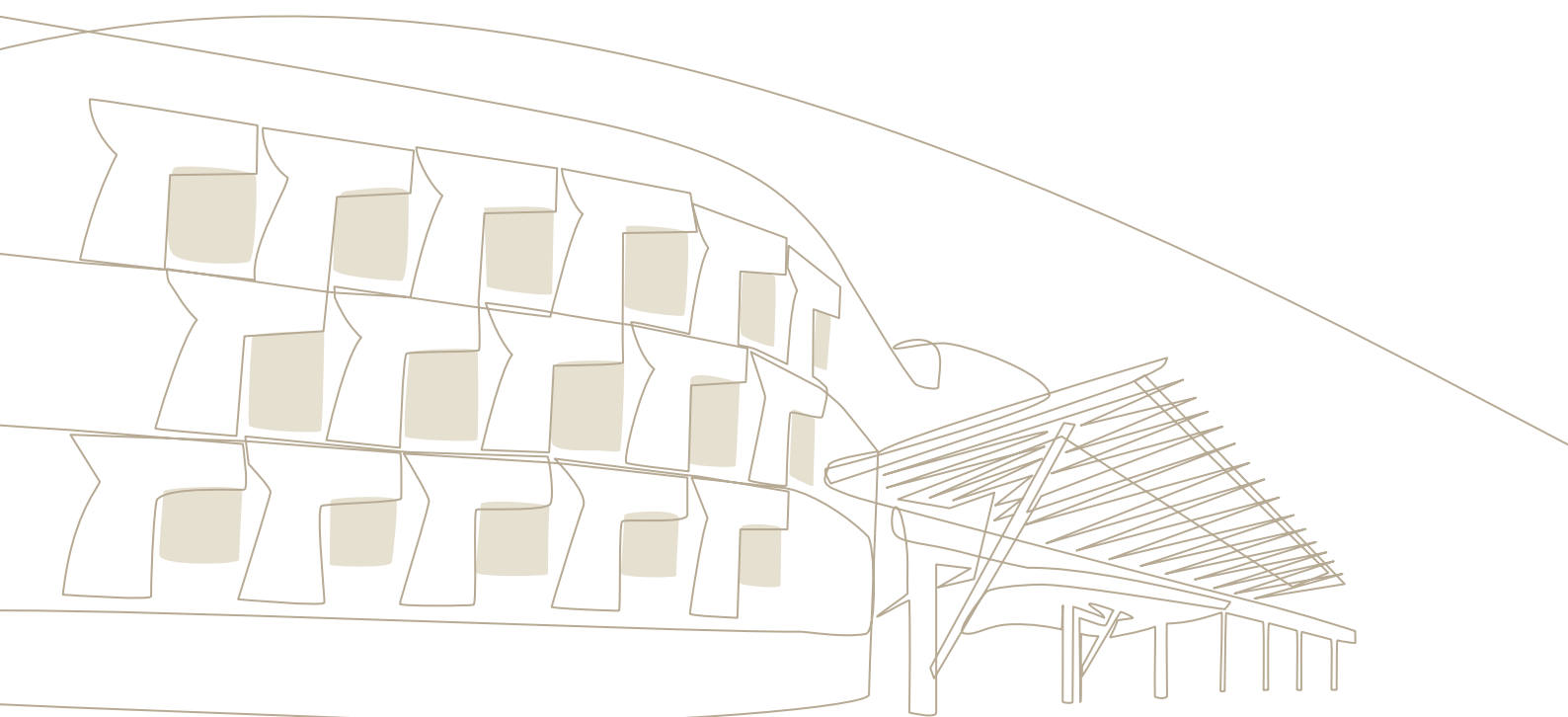
Almost three quarters of social tenants have incomes in the poorest two fifths of the population, and the number of social tenants in work has fallen from 47 per cent to 32 per cent between 1981 and 2006.⁸ Despite its fundamental advantages, social housing has today, rightly or wrongly, become increasingly associated in our wider society with poverty, family breakdown, anti-social behaviour and inter-generational worklessness.

The good news is that the links between social housing and deprivation are not inevitable. Public housing can and should make a positive difference to the lives of families

and, in particular, children. But as social housing has increasingly become the source of housing for the worst off we have failed to respond. Indeed, our well-intentioned approaches to allocations and housing benefit have arguably made matters worse by polarising communities and concentrating on poverty and vulnerability.

Perhaps the most damning indictment of our shortcomings is that children growing up in social housing today are more likely to be associated with a range of unfavourable outcomes in adulthood.⁹ The very housing designed to create an inter-generational platform for opportunity and to guard against unemployment or labour market disadvantage, to support people with mental or physical ill health, to help provide stable accommodation to people who would find it difficult to access housing on the open market, is falling short on its ambitions. There is a real danger that our current approach to public housing is entrenching deprivation for the worst off, rather than helping families build better lives for their children.

Yet, social housing provides higher quality, well-managed housing of a standard that many tenants with low incomes could not



afford in the private sector and has protected tenants from the painful house price volatility of recent years. Social landlords continue to play a key role in regenerating some of the most deprived parts of the country. But we also need to be honest that some of the key aspirations we have for social housing are simply not being realised.

We need to make some difficult decisions. How can we allocate housing to a wider range of people, meeting individual need but balancing that with a greater emphasis on successful communities? Are we prepared to revisit our approach to what we mean by affordable housing and examine a different range of housing that better suits the individuals and families we are trying to help? Are we prepared to look at a more flexible rental regime that matches a different offer? Should we be asking social landlords to play a greater role in transforming lives, not just homes or neighbourhoods?

Social housing is key, but a better private rented sector is equally important. More and more families are settling permanently in private rented housing. For many this is a positive choice. For others, such as families who can't access social housing

and for whom buying a home is a financial impossibility, it is the only choice. The private sector needs to meet their needs better. Short-term tenancies, full exposure to rent and market fluctuations, fragmented regulatory protection, and a wide mixture of physical and management standards vary from the outstanding to atrocious. There are many vulnerable families living at the sharp end of the private sector. We know their ability to use their buying power to influence service improvement is limited. Consumption of private rented housing is changing and society's expectations should keep pace.

Regardless of whether housing is public, private or not-for-profit, in a climate of funding cuts and shifting political priorities we need to make the case for housing. Why? Because the price of inaction is too high. Failing to act now will mean future generations pay the price. That means families and children growing up in homes and communities that undermine opportunity and aspiration, rather than underpinning it.

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Social mobility

Julia Margo, Director of Research,
Demos

The UK moves out of the Noughties with one of the poorest records on social mobility in the developed world. Despite claims of a recent rise in social mobility, we can still expect the next decade to be characterised by low levels of intergenerational mobility, rising unemployment and stagnation in the job market.¹

The challenge for an incoming government will be to boost early intervention and support for disadvantaged children to encourage the development of the skills and capabilities that increasingly underpin social mobility. At a time of anticipated spending cuts, we must guard against an impulse to prioritise acute services at the expense of these services.²

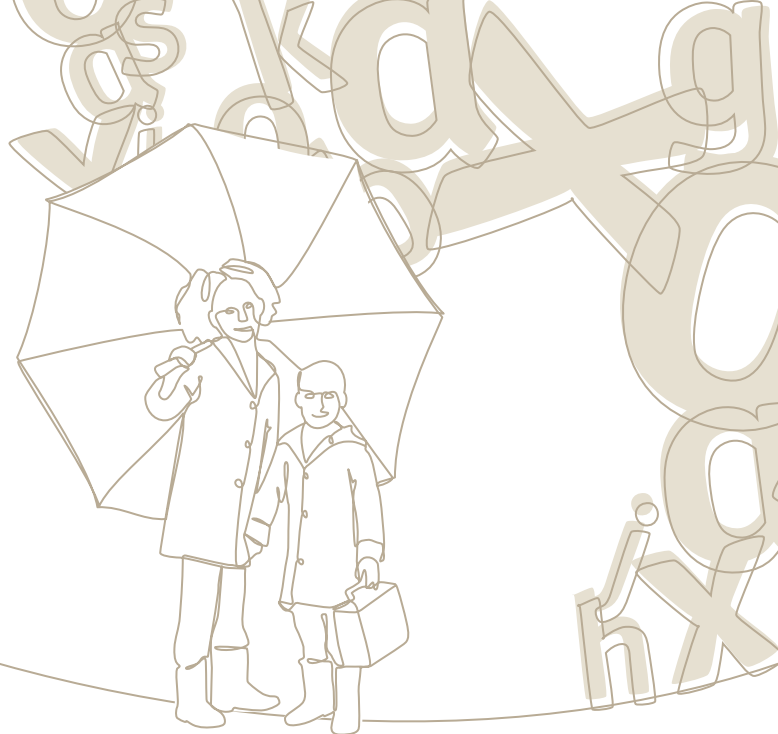
Levels of intergenerational mobility – children doing better than their parents – rose until the 1970s, at which point mobility stagnated. A study analysing birth cohorts from 1900 to 1960 found that the importance of family background to getting a better job declined³ through to the 1970s but since then has remained relatively constant. Parental income was a more important determinant of the adult income of people born in 1970, compared with those born in 1958.⁴

The reality is that social background remains a powerful force in UK society: throughout education, a child's attainment is strongly associated with their social background. By age six, the attainment of a child from a poor socio-economic background with high cognitive skills will be overtaken by a child with poorer cognitive ability but from a better-off background.⁵ And the gap

between the educational outcomes of the richest children in society compared with the poorest continues to widen through school.⁶

There are several reasons why social background is so powerful in the UK. First, we do not share the belief that with enough will and effort anyone can succeed, whatever their start in life. In short, the old boys' network overrides our meritocratic aspirations.⁷





Second, although there is a commitment by the main parties to tackle support in the early years, they have been reluctant to address economic inequality and the intergenerational transmission of wealth. Without addressing the economic roots of social immobility, even the most progressive family support policies will not overcome structural disadvantage.

Third, there are still too few apprenticeships. As a result young people with the potential to become highly skilled, rather than academically successful, will end up in low-paid, unsatisfying employment or unemployment.

Finally, the decline of manufacturing and rise of service industries means that those with social and communication skills (or ‘character capabilities’) will succeed over those with a more traditional skills base.⁸ And since the manufacturing industry rather than service-based jobs will be hardest hit by the recession, the importance of character capabilities in determining success will continue to rise.

Leon Feinstein’s work shows how academic, psychological and behavioural attributes in childhood can impact on future success. Feinstein finds that non-cognitive abilities – character capabilities – at age 10 have substantial implications for adult outcomes. ‘Conduct disorder’ in boys, for example, predicts later adult unemployment, whereas ‘self-esteem’ predicts earnings. For women, ‘locus of control’ – or agency – is a particularly important predictor of labour market success.⁹

In *Freedom’s Orphans*, the Institute for Public Policy Research (ippr) compared longitudinal studies from 1958 and 1970 and found that ‘in just over a decade, personal and social skills became 33 times more important in determining relative life chances’.¹⁰ The same study reported that an ability for application at the age of 10 has a bigger impact on earnings by the age of 30 than ability in maths.

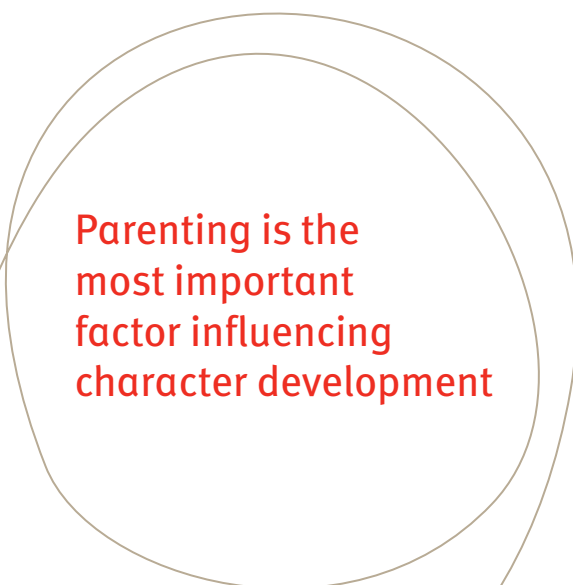
There is also evidence that developing these character capabilities is related to economic background. Over the past couple of generations, material deprivation – and specifically income – has become a strong predictor of a deficit in social and emotional skills.

The implications of these findings are profound for those concerned with social mobility since it appears that the opportunities to develop character capabilities narrowed in lower income households, just as those capabilities became more important.

The development of character capabilities is shaped by a child's experience in the pre-school years. Demos has identified four distinct 'parenting styles' that define the parental approach to child rearing. Children with 'tough love' parents – who combine warmth with discipline – were twice as likely to develop good character capabilities by age five as children with 'disengaged' parents, and did significantly better than children with 'laissez faire' (relaxed) or 'authoritarian' (strict but lacking warmth) parents. Demos's *Building Character* report¹¹ found that eight per cent of parents are 'disengaged', which is approximately 600,000 families in the UK.

The research found that:

- ▶ children from the richest income quintile are more than twice as likely to develop strong character capabilities than children from the poorest quintile. These families were more likely to set more consistent rules, discipline and boundaries
- ▶ while 'tough love' parenting is less frequent in low-income backgrounds, the 'love' element was consistently distributed throughout economic groups
- ▶ when parental style and confidence are factored in, the difference in child character development between richer and poorer families disappeared, showing that parenting is the most important factor influencing character development



Parenting is the most important factor influencing character development



The priority for an incoming government must be to support the next generation in achieving the social mobility that was lost to many of their parents. This means taking the development of character capabilities seriously. In addition, it requires a shift towards early intervention. A recent report by Action for Children found that investing in early intervention and universal services for children and families would save the UK economy £486bn over the next 20 years and improve child wellbeing.¹²

The goals for policy should therefore be to:

- ▶ strengthen support and information to parents to help them incubate character capabilities in their children
- ▶ focus support on disadvantaged children – those with ‘disengaged’ parents and those from the lowest income homes
- ▶ ensure quality control and value for money in early years intervention

An ambitious agenda for equality of opportunity will need to take the development of character capabilities seriously. Some of the issues it will need to address include:

Inheritance tax – the reluctance of both Labour and the Conservatives to tackle the issue of inheritance tax (IHT) is disappointing. It is no coincidence that the two least socially mobile countries (UK and US) are also the two that are least progressive in tackling the transmission of wealth through generations.

Targeting early intervention – there are pockets of excellent practice in Sure Start but we need to be better at targeting those parents who are less engaged and would benefit from the services more. One way of doing this is to incentivise Sure Start Children’s Centres by making funding dependent on their ability to help the most disadvantaged children and families.

Centres could be more focused on child development, particularly parent–child interaction, and become hubs for creating social capital through peer relationships and local networks that can be central to parental support – for example, breastfeeding clubs for new mothers and parenting classes.

Integrating health services – the US Family Nurse Partnership (FNP) offers a promising model to support parents, but we need more evidence for how a FNP should work in a UK context before it is rolled out across the UK.

More emphasis should be placed on the role of health visitors in identifying and supporting positive parenting. Health visitors should carry out a ‘half-birthday checkup’ to monitor progress and identify families that need extra support.

Evidence-based interventions – a national body is required to ‘kitemark’ evidence-based parenting programmes to aid local commissioners and identify programmes that are proven to work.

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Life stories

Abi

The South Yorkshire Town where Abi lives has an ancient heritage. Like most in the area, it grew in the industrial revolution but has struggled since the decline of traditional industries and the collapse of mining.

The town is one of the 11 per cent most deprived in England and one of the five most deprived in the county. Almost half the wards in the town are in the 10 per cent most deprived in England, and nearly half the children in the area are considered to be among the 20 per cent most 'income-deprived' children in the country.

Unsurprisingly there are high rates of health problems; cancer, respiratory disease and coronary heart disease are all well above national averages, while alcohol and drug misuse also figure highly.

It's not all poverty and deprivation. There are wealthier areas, but even there the population is mixed. Small pockets of poverty are hidden in larger, more affluent areas, leading the local authorities to warn against overlooking deprivation in these wards.

Abi is 38. She's been living in this South Yorkshire town for 11 years now with her husband Jason and her two children, Jake, four, and Calum, two. She was born 15 miles away and she puts the loneliness that she felt for many years down to never having been accepted as a local, at least not until recently. Abi and her husband own their home, although now he has been made redundant they're just paying off the interest on the mortgage.

Abi's house is on a quiet street that backs on to a well-known – outsiders would say notorious – estate in one such ward. It's an area that inspires loyalty among its residents but elsewhere in the town it's an embarrassment. This is a community that you're either part of or you're not.

At night, the sound of police helicopters and sirens fills the air. Abi says she won't walk down some local streets after dark. It's the drugs, she explains. 'It's like a lot of areas. It's got its rougher areas and it's got its better areas. It's quite a community. Everybody knows everybody. Obviously I'm not from here. I don't know everybody like other people do.'

A vibrant underground economy flourishes as families do what they can to make ends meet. Children play in run-down streets by boarded-up houses. Mothers, aware of the attraction of uninhabited buildings, point out that the play areas are locked up in the evenings while the empty houses with their broken glass and collections of dangerous rubble welcome children all hours. But they also talk about the area they call their home with warmth. There's a pride in the community that borders on defiance.

Abi's eldest son Jake has suffered from tonsillitis from an early age. At first, she says, it was every two months, then every six weeks, then every month and now every two weeks. He's had his tonsils out now, but he uses a nebuliser and Abi thinks he may have asthma, though they are still waiting for a diagnosis.

When Jake was three and her youngest, Calum, one, Abi hit the wall. She'd been made redundant from the chicken factory when she was pregnant with Jake, losing her £180 weekly wage. Calum had been born prematurely at seven months and following his birth she struggled: 'I did everything for him, don't get me wrong. I looked after him, I fed him and I cleaned him. But I also hated



him. It's really hard to explain. I loved him dearly and I wouldn't have done nothing wrong. I cared for him and cuddled him and kissed him but that bond I had with the first one wasn't there.'

She believes the early days affected their relationship: 'When Calum was born, he went straight away into an incubator. When Jake were born, he were put on top of me. Skin to skin. He had a smell to him. Calum just got whisked away. Then, because he was born from section, I couldn't pick him up.'

'It was round about Christmas time I hit rock bottom. I was a bit depressed. I did actually think about committing suicide a few times, but because I had my kids I'd never do it. I didn't think I were depressed at the time. I think Christmas time is bad, especially when you've got no money and your kids want presents. You've got quite a lot of pressure, and you want to please children. It was total meltdown, basically.'

'I was a bit depressed. I did actually think about committing suicide a few times, but because I had my kids I'd never do it.'

Abi's difficulties in bonding with her younger son continued and raised spectres from the past. 'After being brave all that long, and you've got the pressure of the children; one what you love and another one, you love him, but something's missing. And you think, God, am I going to be like my mum? Am I going to do what my dad did?'

Her dad worked on the moors, digging peat 12 hours a day. Home life was sparked with tension. 'My dad used to drink of a weekend. He used to work all the time in the week. I used to hate Saturdays. It used to be spaghetti bolognese and you could

guarantee it was going to be all over the walls with my mum and dad arguing and fighting. And I don't want my kids to see that.'

Abi felt unwanted and in the shadow of her four siblings. She says her childhood was at times 'diabolical'. One time she had a chicken carcass pushed down her throat. 'I've been beaten, drowned, suffocated. When I come to think about it, it was quite bad. Looking back now, me mum and dad could probably have got done for child abuse.'

Fearful of repeating her own past on her children, Abi spiralled: 'I had no confidence. I lacked self-esteem and everything. I questioned myself in everything I did. My brain was racing all the time.'

'The money factor had a lot to do with it. I wasn't working at my lowest point, so we were just living on Jason's wages, which I don't think was reaching 15 and a half. We didn't get working tax. It's weird how they

Abi

worked that out. Anyway, you think: can I afford even a pair of shoes? Can I afford this or that? Why haven't I got this? Nappies was the worst part – can we afford the nappies this week? – things like that.

'Your brain is running overdrive. You're trying to do the impossible. In the end I was doing 15 jobs and nothing got finished. I was, like, manic, then when you did sit down of a night time you felt like crying all the time.' Her GP diagnosed depression and referred her to a counselling service.

With suicidal thoughts and self-criticism echoing in her mind, Abi was encouraged by her concerned health visitor to attend a playgroup organised by an Action for Children children's centre.

The desire to do the best she can is never far from Abi's thoughts. Her philosophy is that you can break with the past, and do better. And in this desire you can see both her ambition and her downfall.

As she puts it: 'You can either carry on the roundabout, doing the circle of life and just be like your parents, or change. But I wanted to be supermum. And there's no such thing as supermum. I wanted to be on the ground playing with my kids, be a happy wife, do the housework and be jolly and totally different from what they was. It sent me cuckoo.'

At the centre, a plan was put together with a key worker. Abi was particularly worried about supporting her children in school, having herself left without any qualifications and undiagnosed dyslexia. She enrolled in a

series of parenting courses at the centre. In spring 2007, she attended a course focused on behaviour and development. The second ran from September to December 2007, looking at reducing 'conduct problems' in toddlers, and, finally, a 14-week course looking at communication and family relationships. She took a literacy and numeracy course laid on by the centre while her children attended a crèche: 'I wanted to do it for my kids because I can help them with their maths and English if they want. My mum ended up dropping out of school at a young age. She got married when she were 16. I

can remember my sister asking for help and she couldn't do it. I didn't want to be like that for my kids.'

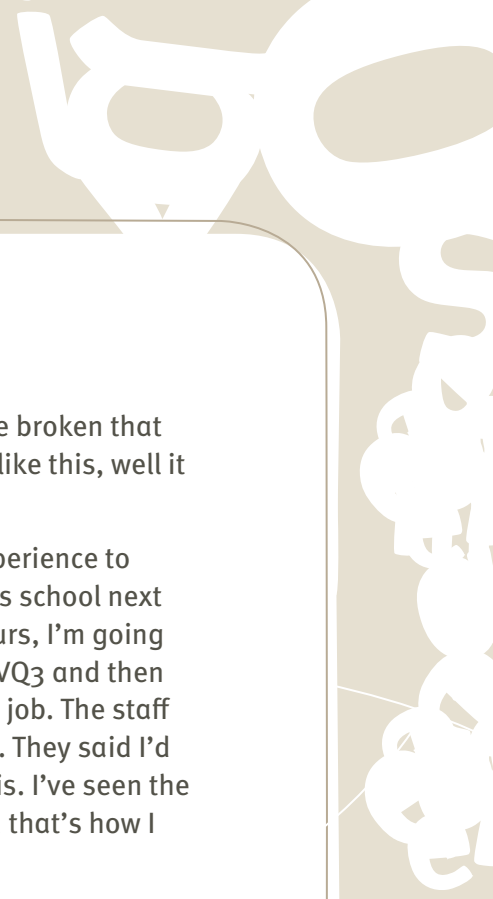
Action for Children's staff visited her at home to help with her feelings of closeness and bonding with Calum.

Through the parenting courses she built up her confidence and through sharing her experiences she found new friendships and started to feel that people were there for her:

'Once you've hit rock bottom and cried and everyone's understood, then you climb up a ladder and you should end up out the other end of the tunnel.' The counselling service felt that Abi's mood had lifted to such an extent that she no longer needed support.

After completing her literacy and numeracy course, Abi got a part-time job in a supermarket for 16 hours a week. It's a sociable job. 'When I walk down the streets everyone says "hello" near enough, and everyone says, "Wow, you know loads of people!"' She sees some of the mothers from





the centre at the supermarket at 3.30 on Sundays when the sell-by dates expire and the food prices go down.

For a while, Abi and Jason had two wages coming in. 'For four months we had this extra money and it were lovely. The kids could have basically, well not everything they wanted, but they could have treats.' Then the recession hit and in January this year her husband was made redundant. 'We just got back on our feet and Jason was made redundant.'

Perhaps a few years ago such a setback would have rocked Abi and her family, but not now. She's

focused on the hopes for her children. How she'd like her children to go to university.

For herself, she harbours ambitions to work for the children's centre she attends and has already had meetings to explore the possibility.

Abi's new-found confidence has released her. Where once she knew no one, now she knows everyone in the street. Where once she felt alone, she's now got a network of supportive mums. Her aspirations have gone beyond her supermum fantasy and are now concrete, attainable and real. She has qualifications and a part-time job. She's channelled her energy into creating a new life, a new job for herself and, most importantly to her, aspirations for her children. 'I'd no confidence. I don't know where I'd be without the centre. I wouldn't like to think what might have happened. And I don't want to think... I made a conscious choice that I didn't want to be like my parents. They say that abused

children become abusers. I've broken that cycle. If there weren't places like this, well it would be that much harder.'

Now she wants to use her experience to help others. 'When Jake starts school next year, and if I've got spare hours, I'm going to volunteer so I can do my NVQ3 and then hopefully I can get a full-time job. The staff said I'd be good to work here. They said I'd be brilliant for a place like this. I've seen the potential of what I've got and that's how I know I'm a good mum.'

'I've come a million miles. I've got a lot of confidence now. I've got a lot of self-esteem.

I can speak my mind. If you've been told as a child that you need to be put in a home, that you're no good, that you've got nothing,

you think you're worthless. But when I look at what I've achieved I have to give myself a pat on the back. I think: "Yeah. You've made it".'

'I've come a million miles. I've got a lot of confidence now. I've got a lot of self-esteem. I can speak my mind.'



Jan and Jamie

Jan and Jamie live in a large northern city, a city of contradictions – vibrant, culturally rich and economically prosperous, yet with some of the worst social deprivation in England. Eighty per cent of its wards fall into the most deprived 10 per cent in England and the rest are all below the national average for most aspects of quality of life.

The Action for Children project is in a ward that is in the most deprived one per cent in the country. Child deprivation scores paint an even harsher picture: it is one of the 10 most deprived in terms of health, income, education and training, and crime. So this is a city of opportunity for many, but for many others the ambitions on show are no more real than window shopping.

When Jan was 10, her mother used to send her round the streets with a collection tin, a sponsorship form and a picture of a little African girl called Kirsty.

Jan used to do well. One night she came back with £90. But as Jan explains: 'Mum was an alcoholic. It was fake sponsorship. She used to take the money off me. She'd make the sponsorship forms at home and then keep the money.'

At 16, Jan was still on the sponsorship scam, but now she had a boyfriend, Jamie, and a baby in tow. Then they got caught. 'One night we went to some people and they phoned the police. We hid in the park and they caught us and they put the pram in the police van. I spent the weekend in the cells. And then I had to go to court. They said I had to make up two bad things that had happened to me in my life or I would have got sent down.'

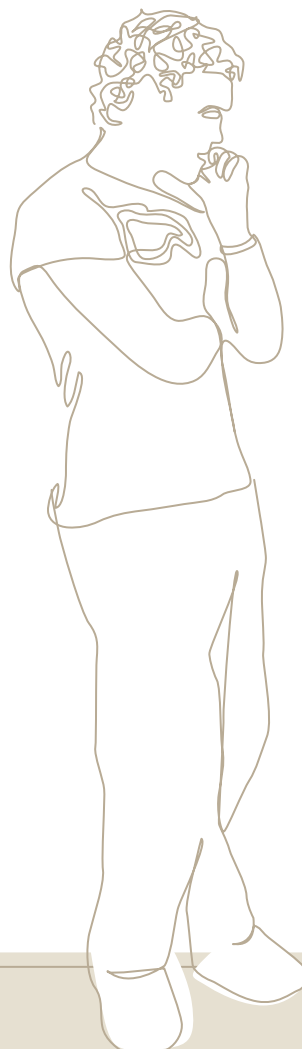
Jan had a long list of bad things to choose from, and they weren't made up. So she told the court the truth: that she was abused by her mum's boyfriend and that she lost a baby at 13. She didn't get sent down.

Jan (22) and her partner Jamie (24) have been together eight years and they have three children, aged five, four and three. They are both slight and softly spoken. If you met them now, you'd think they were just like any other young couple with a young family. But two years ago, Jan, Jamie and their children were referred by their social worker to an Action for Children project set up to work with families who have lost their tenancies because of their anti-social behaviour.

The referral was made after their neighbourhood united in violence against them. It resulted in the couple gathering up their three small children and fleeing, thus making themselves, as the housing office defined it, 'intentionally homeless'.

Both Jan and Jamie grew up a few miles away. Nearly everyone they knew was on benefits. Fraud was common: Jan's mum did it. Jamie's dad works cash in hand but also claims benefits.

When Jan was 12, she was taken out of school by her mother, which she says makes her feel 'dumb'. She doesn't know why her mum



took her out but she says she regrets that it happened. Apart from a head of year who called round to her house once, no one appears to have challenged the decision.

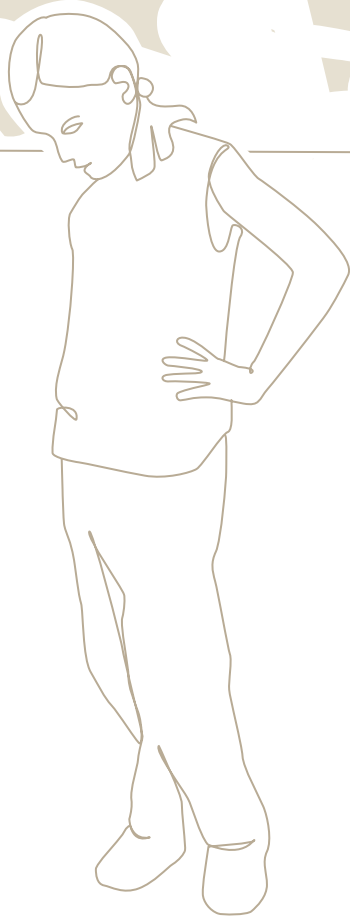
Jamie's parents were also separated. He got through school but the only decent grade he got was in PE. He went to college to do computer studies because 'that was what me dad wanted'. Jamie stuck it out but he wasn't interested.

Jan has a history of depression and self-harm. She says: 'When I take my medication I'm alright, but in the past I've stopped taking it. That makes me have panic attacks. Then sometimes I want to be close to Jamie and the kids and sometimes I can't. I just want to be on my own.'

Both Jan and Jamie have always used cannabis, mostly skunk. Jamie would get jealous and paranoid about Jan going out, they'd argue and he would get violent, hitting her. A couple of times neighbours came round on hearing Jan's screams.

Jamie says: 'We used to smoke out of boredom. We used to wake up in the morning and not be able to get out of bed until we'd had it, and then we'd have it and not be able to do anything anyway.'

They lived in a council house, on an estate known for, in their words, 'smack heads and beer heads'. The couple survived, and still do, on benefits – a combination of disability living allowance, income support, child



'Before we moved in here we didn't dress the kids properly, but since we moved in we take pride in what they look like'

benefit and housing benefit. This brings in a monthly income of around £1,100. Their cannabis habit used to cost them £160 a week, well over half their income before housing costs. It didn't leave much for anything else.

They were always struggling, and their lives were becoming more and more chaotic. Then their youngest daughter Sophie became ill.

At three months, Sophie's weakness became serious. She could hardly hold her head up and she couldn't take her milk. Jan says: 'She was crying all the time. Because

we didn't know what was wrong, Jamie used to get mad.' One night the couple came back from a night out to find neither of their girls could breathe and they raced to hospital.

The couple's older daughter was diagnosed with broncheolitis, an infection of the lungs. But Sophie was diagnosed with a hole in the heart. It took seven months of hospital treatment before she was strong enough to be operated on.

When Sophie came home, she had to be fed through the nose, and the couple were taught how to fill a syringe with milk and then use the syringe to fill the nasal tube. They were also taught how to put the tube back into Sophie's nose when it came out.

Jan and Jamie admit that they were barely managing to look after themselves and their children – and others noticed too. Recently the couple found a note written by Jamie's

Jan and Jamie

mum, who died earlier this year. It read: 'Your kids smell... you need to start bathing them.'

But at that point, Jan and Jamie weren't parenting. They had no routines, no structure and approach, formal or informal, to 'parenting'. They acknowledge now that the children were dirty and scruffy. Jan says: 'Before we came in here, we didn't dress them properly.' Jan and Jamie's own childhood offered little in the way of parenting skills for them to draw on and Sophie's illness tested them further. Then their local community turned hostile.

Jamie explains: 'Where we lived, everyone was in each other's business, you know. There were only about eight houses in the road. We was friends with everyone at first but then something happened. We got the kids took off us for the weekend but that's 'cos the garden was a mess. We had a lot of dogs coming through the house and they ripped up the bags and syringes came out of some of the bags. They were for feeding the baby 'cos she still had to be fed through her tube. So the next-door neighbour phoned the police and said we was on heroin because of the syringes.'

The reason for the syringes was clarified. But at that stage it was too late, it had all kicked off. And by then, Jan and Jamie had retaliated by reporting their neighbours for benefit fraud.

A neighbour attacked Jamie. Windows were broken. The word 'grasses' was daubed on their house. Jan says: 'They sent a 16-year-old to fight

with me. I was at the door and she said, "Get back in your house, smack head." She said, "Come out here" and so I dropped everything and went out. But the only reason I went out was the whole avenue was out and I felt like if I didn't, then they would have thought I was a shitbag or something. So I went out and, anyway, I was getting the best of her. I had her head down and she was telling me to let go and, I don't know, I just couldn't let go and this big man just picked me up and threw me over his head.'

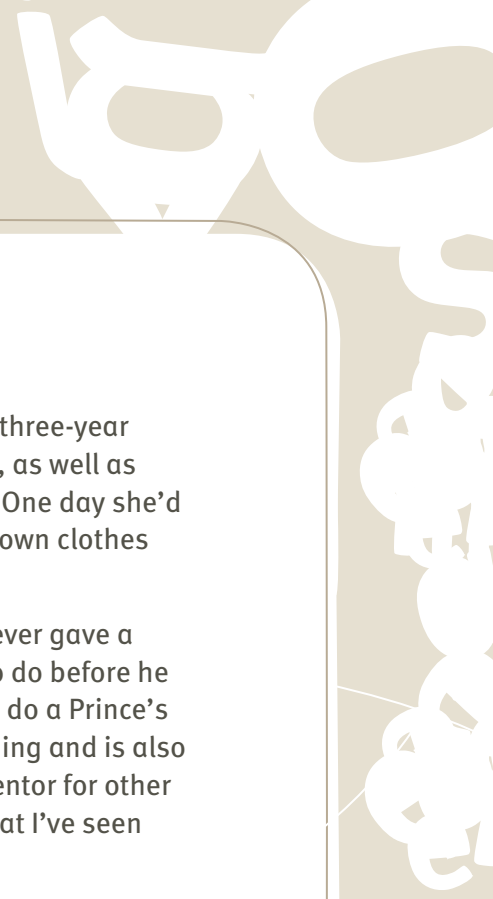
The violence continued with bottles thrown through their windows, attempted break-ins and young boys throwing bikes at the front door. The police were called several times but against such a back catalogue of mutual antipathy, there was little they could do.

Jan and Jamie made a decision. As Jamie says: 'We left the house then. With what was going on with Sophie, we couldn't have this trouble.' With an anti-social behaviour order looming, and knowing it couldn't be applied if they were homeless, intentionally or otherwise, they packed up their stuff and fled.

The couple stayed in hotels, slept in parks and lived in a tent in their mums' gardens until their social worker put them in touch with Action for Children. After committing to cut their cannabis use and work on their parenting and relationship skills, they were accepted by the project.

When Jan and Jamie were first referred to the project, they didn't know how to prepare a meal. They didn't know how to go shopping, or if they got to the shops they never had





a list of what they wanted to buy. The three children were ‘not dressed right’.

The couple started out living upstairs in a flat, progressing only a few months ago to the ‘move-on house’. They were taught how to plan their meals and shopping, and how to stick to routines like regular bedtimes for the children.

They have worked hard for the past two years. Jamie says: ‘You start out here on “observations”. Staff come in at any time to watch your behaviour.’ After close monitoring, they worked on planning family routines, developing parenting skills and managing their children’s behaviour.

The couple have also had relationship counselling and Jamie has worked to control his anger. They can use the house buzzer to call for staff support if they need it but now, living in the coveted move-on house, they hardly need to. When Jamie gets mad now he doesn’t hit out, he walks out instead.

They have learned how to manage money better. They have a post office account and pay for the things they need when their benefit money comes in, and they have a payment plan to reduce their arrears. Jamie says: ‘Now we know what we are going to buy when we go shopping... before we’d buy, like, microwave meals and takeaways but now we plan our meals and Jan does all the cooking.’

‘Before we moved in here we didn’t dress the kids properly, but since we moved in we take pride in what they look like. We don’t want them to walk out and have people say “Them kids look like tramps.”’

Jan is now at college doing a three-year course in fashion and design, as well as GCSEs in maths and English. One day she’d like to create and design her own clothes and sell them.

Jamie, who openly says he never gave a thought to what he wanted to do before he came to the project, hopes to do a Prince’s Trust course in football coaching and is also interested in working as a mentor for other young people ‘because of what I’ve seen and what I’ve been through’.

The three children are at the same school and doing fine. Jan is determined they will stay at the school wherever the family is placed.

Jan says: ‘If we hadn’t had come here, we’d probably be half dead by now and the kids would be with other parents.’

‘If we hadn’t had come here, we’d probably be half dead by now and the kids would be with other parents’

Jamie says: ‘I’m proud of

everything really. Just the way our lives have changed from what we used to do when we was just laid back and doing nothing, never thinking about the kids.’

Their biggest hopes are for their children. Jan says: ‘I hope they’ll be proud of us, not like some kids saying “fucking hate my mum”. When we first moved in here, I used to sit down and cry, and I felt like if it were me and a load of other women stood in a row, my kids would run to someone else rather than me.’

And now? ‘I’m confident,’ she says. And she looks it.



Joanne

Official statistics don't paint a flattering picture of this beautiful but run-down town on the North West English coastline. It's situated in one of the top 10 per cent most deprived districts in England, and the figure is far higher in some of its wards. Here, poor health, alcohol, violent crime, entrenched unemployment and early deaths are all related to the levels of deprivation.

Housing and education fare far better and in schools children are physically active. But the number of people claiming incapacity benefit as a result of mental illness in adulthood is among the highest in the country.

As you approach the station by train, you can see someone has thrown paint at the wall to spell the town's name and then, unexpectedly, another word – 'sickness'.

But this impression only gives one side of the story. It doesn't tell of the sense of warmth and community that bind the town and make it such a welcoming place.

Joanne is 14. She has bright blue eyes and by her own admission she's a bit of a talker.

Joanne's mum died here when she was six or seven. She can't quite remember when but she was 'pretty young'. Alcohol is a problem in this region in general, 'the drug of choice'. Joanne's mum was one of its victims. The children were out at school, and suddenly, unexpectedly, their mum died, and that was that.

It left Joanne, her older sister and dad, who is also alcohol-dependent. Joanne doesn't live with her dad any more and he writes her sad letters. There's

also a half-brother, Liam, and a half-sister, Ruth, on their mother's side.

She says: 'My dad gave me another letter but it wasn't too sad. When I was on the other phone he would text me and say he misses me and loves me. I changed that phone to the phone I've got now. Since then he hasn't phoned me but he has phoned my sister, Debbie. He's not supposed to but she had a missed call from him.'

The problem is that dad turns up for meetings and sometimes the girls can smell the alcohol. Sometimes he just doesn't turn up.

The letters and texts he sends to his daughters are simply too much for the sisters to bear. He says he loves the girls so much he can't live without them, so he's going to join their mum. The girls feel the double pull of responsibility and hurt, not sure if they've been let down or they're letting him down. They understand that their dad isn't able to look after them but feel guilty they can't make him feel better.

'Dad' – or Ray – is in his forties but already looks frail and now walks with a stick. Like many in the area, Ray has been unemployed for so long





he's unlikely to work again. He loves his daughters, but his own needs are overwhelming. He's become increasingly isolated from his community, who have turned on him. Ray's windows have been broken on occasions. His home reflects his own struggle to look after himself: chaotic, messy and unkempt.

Joanne is on her school lunch break at what has become her 'home from home', an Action for Children family centre not too far from the town station. The centre has been the one point of stability for Joanne in a couple of years that have seen her move home and school several times and seen Debbie move into foster care.

Joanne and Debbie first came to the centre a few years ago when they joined a group offering support to the children of alcoholic or drug-addicted parents. At the time, Joanne was living with her dad in what her key worker calls a 'lively' area of the town.

The group did lots of things together, one example of which is still on the wall of the dining room. It's a large traffic light that relates to how the children feel when their parents are under the influence of alcohol or drugs. It helps children identify things they may be reluctant to talk about. At the top are

the 'red' or 'dangerous' symbols, images of bottles and glasses, an angry-looking person and a distressed-looking child. The 'orange' depicts things that children don't like but can put up with. On the green of the traffic light is a picture of Max the cat, laid on the floor, curled up and purring.

About a year ago the girls in the group told staff at the centre that they were worried about Joanne and her sister after a drunken episode ended with their dad hitting them. Children's Services were brought in and it was decided that Joanne and her sister should

move in with their older half-sister, Ruth (22). Ruth has mild learning difficulties, but she took good care of her sisters. She was living in a one-bedroom flat at the

time and the sisters had to sleep on the floor for a while.

Joanne and Debbie weren't getting on too well – Debbie has now chosen to move into foster care. Now the sisters see each other regularly, and when they do there's more affection. Ruth now has guardianship of Joanne and has recently been rehoused in a bigger house in an area close to the sea but further away from Joanne's dad and from her school.

The problem is that dad turns up for meetings and sometimes the girls can smell the alcohol. Sometimes he just doesn't turn up.

Joanne

When Joanne first moved in with Ruth there was unsupervised contact between Ray and the girls at the family centre, but contact with both girls stopped at their request when the visits became too upsetting. Now Joanne has said she would like to see her dad again and contact is set to begin once every fortnight at the family centre, supervised by Joanne's social worker. In the weeks they don't meet up, they've agreed he can write to them.

Joanne has changed schools too. Her old school closed and pupils from there and two other schools amalgamated on one new site. She says she doesn't like the new set up so much: 'In the old school there were numbers on the doors and you knew where you were going but now all the classes are changed and you spend ages getting lost.'

She likes school and is a good student: 'I keep up with my school work. I've got dyslexia and I was in a dyslexia group but at the moment I'm not. I get my sister and my sister's friend to help me with homework.'

Joanne is pleased that while other pupils' attendance and marks have gone down as a result of the school move, 'I've got 100 per cent attendance and I'm on a green target.' She likes music, maths and PE and says she'd like to be a teacher one day.

This is all the more impressive when you learn that Joanne gets up at 6am every morning to get to school. Because of the early starts, it was suggested that Joanne move schools again to one nearer her new home, but Joanne doesn't want to do that.

'They did want me to move school but I don't want to. They want it because I have to get up at six o'clock every morning and I get tired and cranky and have to get the bus. But now I've found there's a bus at 7.20 and I'll get to school on time. Sometimes the alarm goes off at six and I just want to go back to sleep but I make myself get up.'

Joanne still misses the part of town she was brought up in: 'Where we used to live, it was easy. I loved it in that place. I used to stay in and my sister was around. I used to sleep at my friend's nearly every night and spend every day there.'

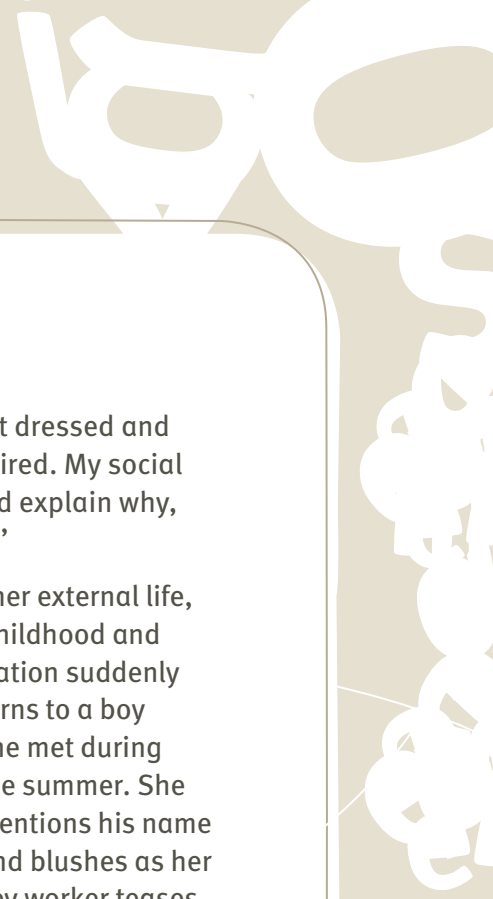
But there were times that weren't as good, as Joanne explains: 'At my dad's house, like at Halloween and Christmas, when my dad gets trouble and everyone breaks his windows and he gets the police out, and he's sick and tired of it. They were doing drugs and calling us "rat" and things like that. It was horrible.'

There were also problems with school when Joanne lived with her dad. 'Yeah, when I was at my dad's I didn't want to get up and I turned my dad's alarm off and went to sleep but then Dad woke me up again with "get up now!" But I didn't want to get up then and I'd go back to sleep.'

Sometimes then Joanne was late for school. But not now. Staff at the centre have worked with Ruth and Joanne to set up better structures during the school week. Homework and bed times are much better established and Joanne is getting to school on time.

Ruth is doing the 'Triple P' parenting course at the project with the parents and carers

Drugs
Alcohol



of other children. The course helps parents and carers to create structure and routine in children's lives, focusing especially, in Joanne's case, on bedtimes and early mornings. Now she goes to bed at a regular time and she makes her own packed lunch the night before school.

Ruth doesn't work and suffers from asthma. She gets money to care for Joanne but Joanne isn't sure how that works. Joanne gets pocket money and money for treats sometimes and she gets to go on trips with her sister.

All in all, Joanne says life is better than it was and it is set to get better as the Action for Children centre helps her find out about clubs such as Guides or Cadets so she can get to know some young people in her new area.

Since Joanne came to the centre she has been supported to manage relations with her dad, to set boundaries with him when his behaviour becomes erratic or manipulative, and to open the door to contact with him if that's what she wants.

She says: 'They've helped me with what to do with my dad and how to go about it and helped me to get out of that place. I can talk to everyone and if there's a problem going on with me and my sister, they can help.'

'If this place wasn't here, I would not be having a good time.'

I ask her what things she's proud of. She says: 'Well, the first one is not being late for school. I was being late.'

But now I get up early and get dressed and to school on time even if I'm tired. My social worker said if I'm late I should explain why, but I've been early every day!'

As well as all the changes in her external life, Joanne is half-way between childhood and womanhood and her conversation suddenly

turns to a boy she met during the summer. She mentions his name and blushes as her key worker teases her about it.

In the absence of guidance from her parents, the centre has provided a guiding, supportive and even loving hand for Joanne to hold on to throughout these turbulent and formative years of loss and rebuilding.

And the result? Joanne is a normal teenager, who likes to talk.

'They've helped me with what to do with my dad and how to go about it and helped me to get out of that place'



Aileen

Aileen lives in a quiet and picturesque rural town in the north of Scotland, close to where she was brought up. Like many such places, it attracts a good tourist trade, with people drawn to its dramatic coastline, wildlife and beaches famous for surfing.

Tourism brings job opportunities, but many of them are seasonal – with almost a quarter of the population in the district employed in the industry, job security can be uncertain. This may explain why employment rates here are among the highest in Scotland and the wages the lowest. Agriculture provides a mainstay of work, as do forestry and fishing alongside more modern developments such as offshore gas and oil. For some, the area is thriving. The decline in population has reversed in recent years.

Nineteen-year-old Aileen, too, is thriving, and you can see it. She talks energetically, her conversation turning to gossip with Craig, her Action for Children care worker, about a new boyfriend. If you went back less than a year you'd have seen a very different person.

Aileen grew up with her family in a Scottish hamlet. For as long as she can remember, her dad has suffered from mental illness, a combination of anxiety, depression and terrifying rages.

The family learnt to recognise the danger signs, like when he started to pore over the family finances. 'When he gets the accounts out, you duck and hide. I've found myself hiding underneath a table at some point,' she says.

At the height of his anger, he once lifted a sofa while his wife was sitting on it. At their worst, the family would suffer one of these aggressive attacks every month, and panic attacks more regularly. Despite his extreme behaviour, Aileen's father has never hit her or her mother or siblings. 'My dad's not a bad man. He was really, really ill,' says Aileen.

The family reacted differently to her dad's mood swings. At 14, Aileen learnt how to control her father's temper and would take

charge by calming him down. Her mother, who spent much of their life together as her husband's carer, succumbed to the stress and was diagnosed with depression. Aileen again stepped

into the breach, providing support, this time for her mother.

But Aileen was also struggling with her own health. It started at 11 when she had her first 'spontaneous seizure', initially diagnosed as epilepsy.

To add to the family struggles, money was in short supply. Aileen's father was a hard worker. Despite his illness he took occasional gardening jobs, clocking in up to 16 hours a day when he could. But a combination of the sporadic nature of his work and his health meant that permanent work was never very likely.

'The first time I didn't give him money, he beat the crap out of me. He grabbed me by the throat, pinned me against the wall and started punching and kicking me.'

Aileen was given medication when first diagnosed with epilepsy. The seizures were short but violent, lasting for two to three minutes and leaving her unable to move for up to half an hour afterwards. The medication had side effects and she put on weight. At school, she was teased and bullied: 'I had stones thrown at me and everything. It did get me really down.' In the end she paid other children to be her friends. 'I don't technically think I have got a friend I've not paid for.'

Aileen stayed at school until she was 17. She left with seven Standard Grades, but was awarded her final grades by default as she wasn't allowed to sit her final exams because of the seizures. Keen to continue her education, she went to college to study childcare. After she suffered two seizures in two months, she was asked to leave by lecturers who she says called her 'disruptive'.

Around this time she met Tom, who became her boyfriend. Almost immediately there were problems. Tom scrounged money to buy cigarettes and alcohol. Aileen was too frightened to refuse: 'The first time I didn't give him money, he beat the crap out of me. He grabbed me by the throat, pinned me against the wall and started punching and kicking me. Every time he did it, he stopped and said "I love you so much".'

Aileen fell in with Tom's friends and started drinking every night. If she had money, she would end up paying. 'He knew if I didn't go out I wouldn't pay, so he would try and make me go out,' she says.

Aileen was desperate to be independent and leave the family home. She moved in with a couple in a nearby town. Her drinking,

though, continued, and after one session with Tom she had a seizure and fell down the stairs of her new home. Unable to move, she lay there until the woman she lived with returned and took her to hospital, where she remained for a week. While she was there, she received a message from the couple: they were sorry, but they couldn't bear responsibility for Aileen in her current state of health.



Aileen was heartbroken. She'd seen the couple as her friends. The thought of returning home was too much to bear. Her seizures continued to haunt her and her boyfriend still beat her up. In November 2008, she'd had enough and took one last massive dose of medication in an attempt to kill herself. The attempt failed.

Her brush with death changed nothing and soon Aileen was back to her drinking ways with Tom. Her feelings of worthlessness were exacerbated by the guilt she felt about her suicide.

Aileen

Then, one day in the spring of 2009, Aileen was rushed to hospital in severe pain. The doctors found a cyst the size of a golf ball and removed one of her ovaries. The next day she woke up alone and frightened, with no visitors, friends or family by her side. 'I was lonely. I was in a hell of a state, in floods of tears. In my head I thought I had a 90 per cent chance of dying. I didn't think I was going to wake up at all. It was worse than the seizures, and that's saying something.'

The doctors warned her that her drinking would kill her if she continued. It didn't stop Tom putting pressure on her to go out, but she stuck to her resolution and has not touched alcohol since.

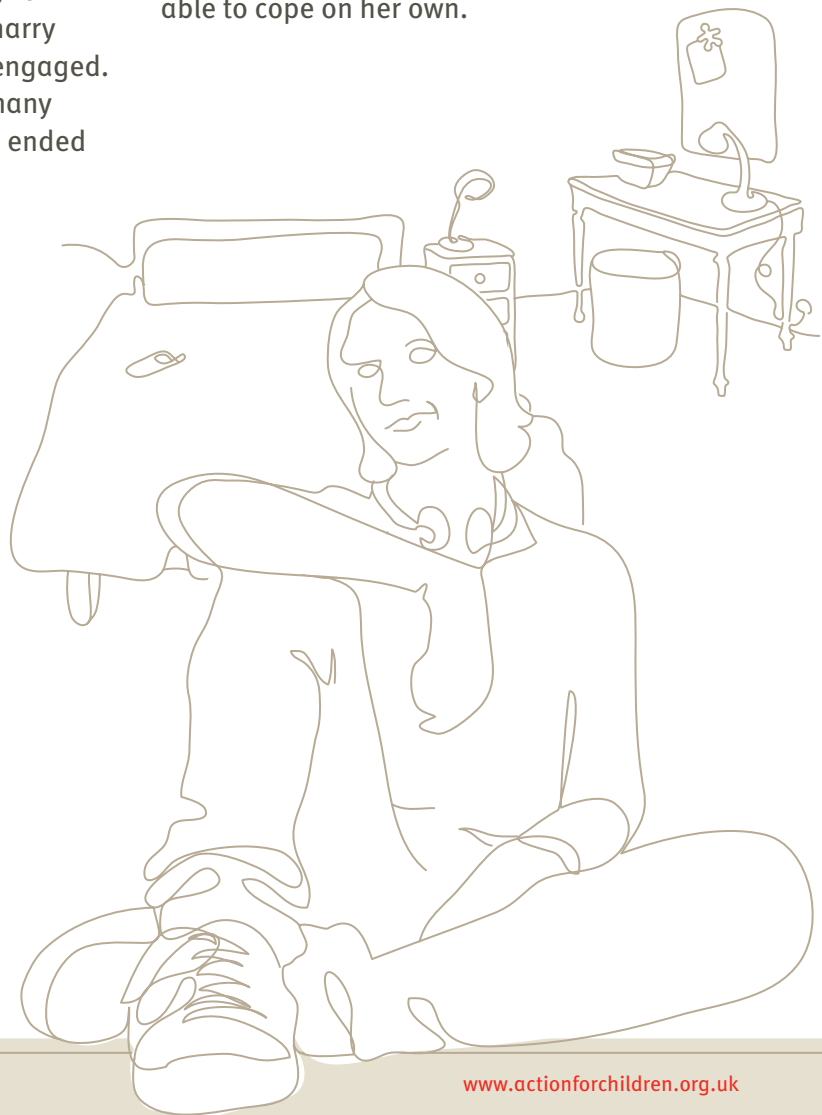
One day, shortly after the operation, Tom told Aileen he no longer wanted to marry her, despite the fact that they were engaged. To the surprise of herself, Tom and many around her, she finally snapped and ended the relationship. She has never looked back.

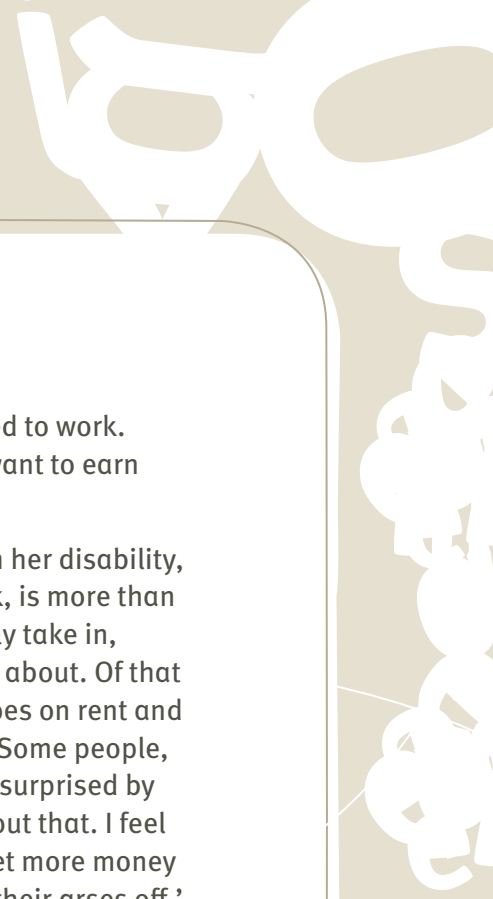
By then doctors had reassessed Aileen's seizures as 'non-epileptic', believing that they were psychologically induced through stress, anxiety and past memories. Her medication was stopped.

Aileen still yearned for independence. She answered an advert for a flatmate in a nearby town. Her new housemates were fully aware of her condition, but another seizure followed and her frightened flatmates asked her to leave.

Aileen decided to register herself as homeless and was referred to a centre in a nearby town. After four months, she was offered supported accommodation with an Action for Children project and, at last, the opportunity to live by herself.

Support, the one thing she had always offered but so rarely received, was now on offer. It came in the form of her care worker, Craig. The Action for Children project offered two years of support in the home, along with courses in budgeting, bill paying and housework, all of which Aileen took to easily. Released from her past pressures, her progress was so remarkable that when it came to her six-monthly review, she was offered her own one-bedroom flat. She was able to cope on her own.





The conversation between Aileen and Craig is easy and familiar. The quick-fire repartee tells you everything you need to know about the bond of trust that has developed in the months since they first met.

Craig says Aileen's confidence was in tatters when they met. 'Her ability to cope was very low. I have seen a young girl become very independent.'

Aileen acknowledges the contribution of the project, and Craig in particular: 'It's made me more confident in myself. It's helped me learn about stuff, like saving money. It's really good on the emotional side of things. If you know you have someone there who is going to support you, you

feel more relaxed about everything and you feel less stressed. I wouldn't have been able to do it without him. Everything would have gone wrong.'

'If you know you have someone there who is going to support you, you feel more relaxed about everything and you feel less stressed'

Aileen now wants to continue where she left off with her studies in childcare. She is taking a European Computer Driving Licence course in the meantime, a recognised qualification in word processing.

Aileen receives regular disability living allowance contributions, but one of the opportunities she yearns for most in life is to work.

'Before I became homeless, I went on jobseeker's allowance,' she says. 'I wanted to get a job. I'd ask the employers, "Can I be employed?" If people with learning difficulties are allowed to work, and lead normal lives, then why can't someone with fits? I understand the employers' point of view. It's difficult for me, the mere fact I cannot

go to college, I am not allowed to work. It's horrible, very horrible. I want to earn my money.'

The money she brings in from her disability, which totals £247 every week, is more than some of her friends and family take in, something Aileen feels guilty about. Of that money, £30.33 every week goes on rent and £25 a month on council tax. 'Some people, like my sister or a friend, are surprised by what I get. I do feel guilty about that. I feel pretty crap about the fact I get more money than some people who work their arses off.'

While she was still living in supported accommodation, Craig took Aileen to a

youth project and she quickly took on a role as a volunteer. Aileen's eyes light up when she talks of the project and she talks with passion of her role as a fundraiser and her involvement.

'Any fundraising that is going to happen is my area,' she says. She has used her volunteering to win a Youth Achievement Award, completing four challenges to show the responsibilities she has taken on in her role.

Aileen remains in touch with her family. She sees her mother from time to time. Her sister lives nearby with her two children and is always on the lookout for childcare. But Aileen knows that her desire for independence is at the heart of everything she's achieved, and while, as always, she's happy to help out, she's not going to sacrifice her hard-won independence easily.



Catrin

Catrin lives along a mountain road in South Wales. Her street is lined by pleasant terraced housing but on closer inspection the brick and stucco facades look dilapidated. Unemployment in this area is described as 'acute' and young people looking for careers often choose to move out. The legacy is felt in the high proportion of unqualified people in the area. Poor housing and high levels of family breakdown contribute to the high level of social exclusion.

At the beginning of Catrin's street is a large fenced-off building site. It will be an estate of four-bedroom housing association properties – perfect for Catrin and her five children to live in. But it turns out she's going to struggle to get one of them, and they'll probably all be gone before she qualifies.

Although Catrin's only been in her home a few months, she moved to the area many years ago, soon after she had her first baby at 16. She's had five more children since. David, her second baby, died of sudden infant death syndrome (SIDS) aged just three months. There's a photo of him on the window sill, alongside pictures of the other children.

Catrin was brought up in a council flat with her father, her mother and two brothers, miles away. Her mother was 'always in and out of mental hospitals' and suffered from anorexia. Her father, who spent a lot of time working away from home, drank and was violent. He never touched her brothers, but took things out on Catrin and hit her regularly. 'A girl thing, I think it was. I was told by my mother that he didn't want me, when I was a baby anyway, because I was a girl. He wanted three boys. That went on for three or four years. It got pretty bad. When I was 11 or 12 maybe, I asked to go into care.' She moved into foster care and stayed there until she was 15.

Catrin was bullied at school – she retaliated and was expelled. At 13 she met the young man who was to become the father of her first child, Harvey. He was a couple of years older than her and she saw in him a chance for a more stable life. So aged 15, she moved in with him and his parents.

It wasn't a good decision. His parents, she says, were alcoholics. Her partner didn't work, and spent his time drinking and taking



drugs. Looking back, she doesn't understand why she was allowed to leave foster care.

But then things got worse. Her partner became violent. At one point he threw her baby, Harvey, down the stairs and locked her in the flat. It was the last straw: 'He'd locked me in before, but that time he forgot to take the phone, so I called my mum. The police had to come to get us out. And I moved to Wales, as far away from him as I could get.' A few years later, her mother, by then separated from her father, joined her.

Catrin was also abused by the father of her youngest child. He beat her so badly that he broke her jaw and blacked both her eyes. Because of these incidents, Catrin's eldest son never sees his father and her youngest rarely has contact with his, and then only in public.

Harvey has just been diagnosed with attention-deficit hyperactivity disorder (ADHD) and is on medication. He's awaiting

Her daughters' bedroom is the worst. Laura has always had asthma and the conditions in the house mean that she can't sleep at home any longer, either in her bedroom or downstairs.

a special educational needs statement. He is now permanently excluded from school and attends a pupil referral unit 15 miles away for two hours a day.

Catrin's other children have problems to contend with too: Laura is eight and has asthma, as does Leah, seven. Ruby has two hearing aids but manages to attend mainstream school with support. Connor, four, has speech and language difficulties and is educated in a special unit.

The condition of her privately rented accommodation doesn't help matters. Initially she was pleased to move, even though it was her seventh home in 13 years. It was

bigger than the three-bedroom house she rented from the housing association. But inside it's cold and damp and Catrin wears a coat as she points out the patch of black mould that spreads along the back wall, up to the ceiling and into the kitchen. She says, matter-of-factly, that her daughters' bedroom is the worst. Laura has always had asthma and the conditions in the house mean that she can't sleep at home any longer, either in her bedroom or downstairs, so she stays with Catrin's mum down the road. Her sister Leah keeps her company. Catrin is awaiting the results of an environmental health inspection into the damp.

She would like to return to a housing association home, but has recently been told that she still owes £400 from a previous tenancy that she will have to pay first.



Catrin

Other than the money she owes to the housing association, Catrin has no debts. She uses loans from the social fund to help when household appliances break down or when she has to buy school uniforms for the children. Her furniture is bought from local second-hand shops, not least because none of the fathers of her children contribute any money. There is a credit union that Catrin would like to join, but it's two bus journeys away and she has neither the time nor the money to get there.

After he was excluded, Harvey spent six weeks at home while a place at the pupil referral unit was found for him.

When he attends the unit, he leaves the house at 8.30am and gets home at 11.45am. It's just enough

time for Catrin to get the others to school and do her jobs around the house. Then she has to work with Harvey on his behaviour. He has in the past been getting in trouble with the law, most recently for taking a bicycle wheel from a neighbour.

But Catrin does find time to work on her parenting at an Action for Children centre she was referred to by social services. In the three years she's attended, she has completed three parenting courses, met the requirements of her parenting order and gained accreditation.

She's learned to establish routines with her children and to use star charts to encourage them to behave. Previously her children would fall asleep anywhere in the house and

she'd pick them up and put them to bed. Now they have fixed bedtimes, and when you go into the kitchen in the evening, you can see a rail with all the school uniforms neatly lined up ready for the morning.

Catrin completed her parenting order, which she did with Action for Children. A laptop presents nine scenarios, such as dealing with sibling rivalry, unsuitable friends, not doing chores, and asks how you would respond to them. This then acts as a basis for further discussion. At the end there's a quiz and some advice about how to reward children and how to set up 'contracts' or agreements

to encourage good behaviour.

The centre also referred her to a local project to help her return to education. Catrin

started a plumbing course and was in her second year when Harvey was excluded. She had to interrupt her course to stay at home and look after him.

She's now hoping that Harvey will be statemented. This would mean he'd be eligible for the local residential special school, which has a good record of helping children manage their behaviour and gain useful qualifications. It would also mean she would be able to complete her plumbing course. In addition, she could keep an eye on Harvey: 'There's a lot of drugs, a lot of heroin, a lot of dope and pills round here. And that's scary, because I've got a 12 year old who's got ADHD, who'd take anything that was given to him. I've been down that road and I don't want it for him.'

'There's a lot of drugs, a lot of heroin, a lot of dope and pills round here. I've been down that road and I don't want it for him.'

Catrin is referring to her descent into drink and drugs after her second son, David, died at three months from sudden infant death syndrome. 'I just went off the rails when he died. Went down the pub and drowned my sorrows.'

For now, though, Catrin has five children to bring up. She gets help from social services, who organise after-school clubs and play schemes for the children. The arrangements are complex, but they mean Catrin can just about keep her family afloat and her children at home.

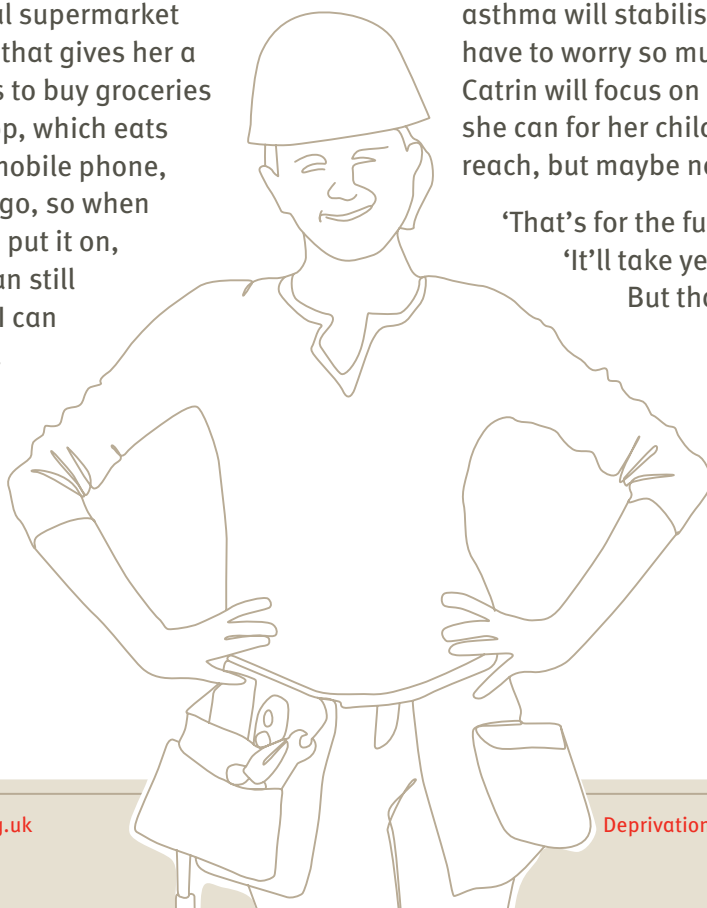
For years, however, she's been dependent on housing benefit, income support and child benefit. Currently her rent is £105 a week, and the family lives on around £300 a week to cover the basics as well as the added extras that come with five children: five sets of uniform, five bills for school trips, five sets of birthdays and Christmases, as well as food, light and heating.

If something breaks, they go without. If she can't get to the local supermarket because the family that gives her a lift is away, she has to buy groceries from the corner shop, which eats money. She has a mobile phone, 'but it's pay as you go, so when I've got the money I put it on, but if not, people can still get hold of me and I can call 999 if I need to. Some weeks it is struggley. If something comes up, it's "oh my God", but I usually keep £20 by just in case.'

Although Catrin moved to the area 13 years ago, she doesn't really feel part of it. She can't complete her training because she needs to look after her children. Being able to work would take her out of this marginalised existence and nudge her towards the mainstream. It would also help her to safeguard her children's health. There's currently just £400 between her daughter Laura's asthma being exacerbated by living in a damp and freezing house, and the alternative: being able to apply for a newly built, four-bedroom, warm and dry housing association property. She manages to look after her children, but her life is always run to the wire. There's never any space for consolidation.

But at the same time, hope is around the corner. Perhaps she'll get a statement for Harvey. Perhaps she can finish her plumbing course and get a job. Then, maybe, she can make some sort of arrangement about her debts and move into somewhere dry and warm. And perhaps then her daughters' asthma will stabilise and she won't have to worry so much. But until then, Catrin will focus on doing the best she can for her children. It's all within reach, but maybe not quite yet.

'That's for the future,' she says.
'It'll take years and years.
But that'll still come.'



Alice

This children's centre in the North West is run by Action for Children and is based in what used to be one of the largest estates in Europe. In the 1950s, the area began its transition from farming community to a social housing complex, with high-rise tower blocks being built on the site in the 1960s.

Poor health and high unemployment are particular problems in the area, while burglary and criminal damage are twice the county average.

Voluntary sector organisations and social enterprise play an active role in regenerating the area from within, drawing on the community's desire for self-improvement.

Alice sits down with a cup of tea in a room at the children's centre. She is a 33-year-old mother of three: Lydia, aged seven, Rory, six, and Ellie, four. Katherine, the Action for Children case worker who supported Alice for two years until eight months ago, is also there.

Alice's story begins when she worked the night shift at a petrol station and met Jon, her husband. Alice was then a confident 25 year old renting her own home and earning her own money. Jon's violence started the day after their wedding, and so began four years of beatings, verbal abuse, intimidation and threats.

'I could handle anything, once. At the garage, you'd get minibuses full of blokes, and drunks and all that, shoplifters. I could deal with that, no problem,' she says. 'Then Jon crept in and gradually he sort of worked his way to move me in with his mum, from my nice little

house. And he controlled me, more and more, so my confidence started dwindling. I thought I wasn't worth anything, and I ended up in debt, no job, no money, no nothing. He sort of decided for me that we were going to get married. I didn't really have much say in it at all.'

Alice was too ashamed to tell her mum and dad, who never knew the full extent of the violence or the sexual nature of some of it. 'My mum just thought he was controlling, domineering, but not the full thing,' she says.

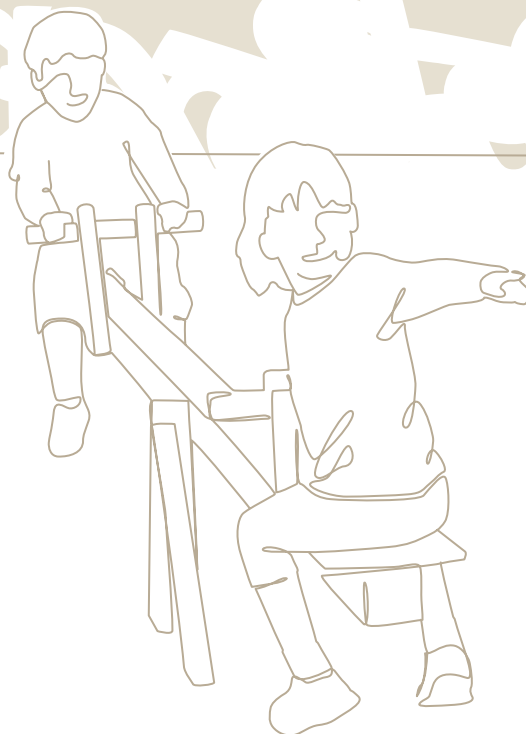
Her voice catches and she stops for a moment. She can't actually say she was raped, but nods when asked. 'I'd say yes to stop the aggravation. I thought every woman had to... I thought that was just married life.'

Her husband's violence continued after the children were born, affecting her eldest daughter, Lydia, most seriously. Both Alice and her eldest child, Lydia, became withdrawn and subdued over the years of living in an atmosphere of fear. The entire family, she says, were terrified of what the next angry mood might bring.

'Every time I started thinking I had to leave and started preparing, I'd get pregnant again. And then I was even more trapped.'



Violence



A couple of months before I did leave, my mum and me decided that she was going to open a bank account for me, and we were going to start to squirrel some money away. But about three weeks after that she had a stroke, and ended up in hospital. A week later, she died. And I'd got a three-month-old baby, so I just thought I couldn't leave, ever.'

Then there was the risk to the children. Alice says: 'There'd been incidents where he'd got arrested for being violent to me and for locking the kids in the car and trying to take them away. So social services got called in.'

'One day the social worker came and told me that I'd got seven or eight minutes to decide whether I was going to stay with Jon and lose the kids or go into refuge. I had to make the decision then, because he'd be back any time.'

Alice chose the refuge. But she was bullied there and her emotional state grew even more fragile. After three months, she was housed by her local council in emergency accommodation. She had no friends in the area, and with her mother recently dead, her marriage over and her confidence destroyed, it was all she could do to get her eldest child to school.

Alice withdrew and her mental state deteriorated fast. Help was occasional. A refuge worker came to see her, but it didn't work out. She sought help from her doctor.

'I thought I wasn't worth anything, and I ended up in debt, no job, no money, no nothing'

Eventually her housing officer referred her to a community centre. It was here a health visitor told her about the Action for Children weekly drop in.

The idea of the drop ins, explains Katherine, is to offer parents a place to meet and have some social contact, at the

same time as allowing the family support workers to pick up on any needs and putting in a support structure to help.

Alice admits 'putting her head in the sand'. Her husband had told her that if she asked for help she would lose the kids. So it took several months before she got one-to-one support from the centre's team of workers, and by then her home situation was out of control.

By that stage, Alice's house was a health and safety risk.

Katherine felt that she needed to carry out an assessment on the children for their own safety.

A home visit made plain the need for

the house to be cleared and cleaned from top to bottom.

The children didn't have beds and slept with their mum, so Action for Children got wardrobes and bunkbeds from local charities. Parenting support was offered – the project worked on helping the children put toys away and giving them stickers and rewards. Routines were established. A health visitor came in to check up on their health.

Alice

But other concerns about the children emerged. Initially, Alice had not thought the children had witnessed any of the violence her husband had subjected her to. 'I thought they were asleep. But my eldest, Lydia, she's pretty much stated that she heard me being strangled. They knew the intimidation and the threats.'

At the same time, Lydia was unhappy at school. The project got a psychologist to help her settle. The school was supportive too. Alice only had a pay-as-you-go phone, which ran out every now and again, so the school was never sure whether her children weren't in because of ill health or because her mother wasn't able to get them to school. Through the project they made an arrangement with Alice to ring her if the children didn't turn up.

But the whole experience badly affected Lydia, who would get fearful if her mum went out of her sight.

Alice sees education as her way forward. Tentatively, she says that she'd like to be a teacher or a social worker.

'She constantly wanted to see where you were, that you were safe, didn't she?' says Katherine. Alice nods. 'I had to stay in the room with her because she was so anxious. I couldn't go downstairs or we'd have five hours of screaming. And she was worried about going to school because, she thought, what would happen to me in the meantime?'

Alice's own mental state wasn't improving. After she'd missed a number of groups and appointments, Katherine called at her house, unexpectedly, and was horrified by what she saw.

The place was dirty and dangerous. Cleaning chemicals were within reach of the children.

A bath was left full of water. The bunk beds were full with toys so the children had nowhere to sleep. The stairs were cluttered. It wasn't safe and Katherine told Alice she would have to call social services in.

That night Alice agreed that her children should go into voluntary care in the hope she would have a chance to overcome her depression and create a safe and happy home for them to live in.

For the next six months, while the children were in care, Katherine and her team supported Alice as she negotiated her way through the appointments she was required to attend as part of the voluntary care proceedings.

'They would be the go-between between everybody, organise the meetings, and

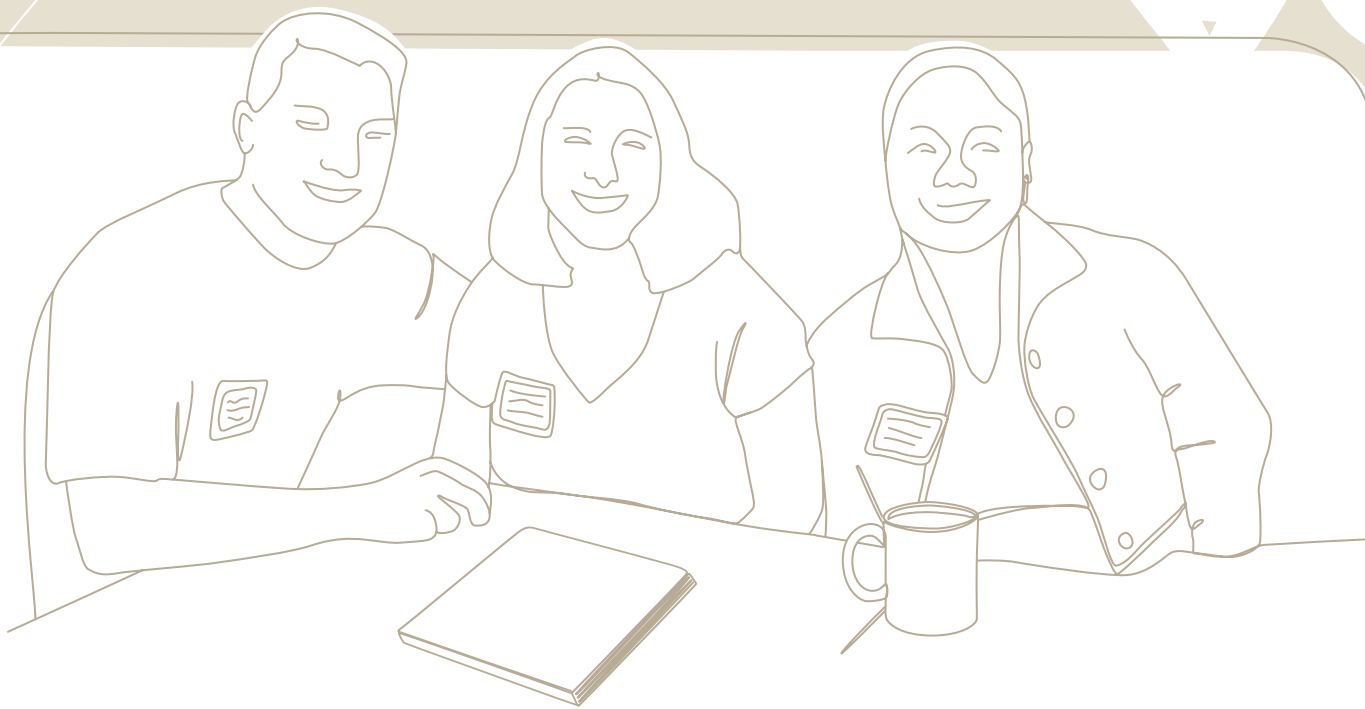
because I can't say things, they'd help me,' Alice says. 'They'd give me a little nudge, and say, "Have you gone to this appointment?"',

because at that early stage I'd missed some really important ones. I didn't want to admit things or face up to things. I wanted to hide. I was very ashamed.'

Alice's mental health remained fragile and she was told by social services that the first steps to take her children permanently into care were being put in place.

She was terrified, but the news turned out to be the prompt she needed to get her act together. Alice finally told her dad what had been happening and he accompanied her to a meeting with social services.

She says: 'Then they all came round, and we did an Aggie and Maggie clean-up day.'



My dad, his girlfriend and my brother, who I'd not seen since my mum's funeral two years before, all got stuck in. I had to close my eyes and let them take everything to the skip.'

The centre decided that it was time to gradually withdraw support to see if Alice could take responsibility and begin to cope on her own. From that point onwards, she did. With medication and therapy, her mental health also began to get so much better that her children were returned to her.

The children are doing 'brilliantly'. They enjoy school, are lively and happy and loving, she says, and are clearly her reason for going on.

The family lives on Alice's incapacity benefit, housing benefit and child benefit. 'The kids are so used to "Wait till Wednesday" that they come out with it now,' she laughs, sadly. 'They say it to me: "wait till Wednesday".' It's always, she says, 'rob Peter to pay Paul'. She manages, just, by informally borrowing and lending the odd £20 here and there with a friend in the same situation.

Alice sees education as her way forward. She left school with 15 GCSEs, and after Christmas she's planning to start an Introduction to Access course. Once that's

completed, she'll do the full Access course, which is her route to university. Tentatively, she says that in an ideal world she'd like to be a teacher or a social worker.

Alice has already been involved in interviewing Action for Children job applicants for roles as family support workers, and her face lights up as she remembers taking part. Katherine has also just asked her to sit on a sub-committee of the charity's local advisory board.

Clearly, Alice is on her way back up. What does she think would have happened without the help Katherine and others gave her?

'I think I'd be dead,' she says immediately. 'The kids would have been taken away. I was getting manipulated and controlled by people in the local area. They're drug addicts and they'd use me to get my money – on a Wednesday, I was suddenly popular. I think they'd have got me on to hard drugs, just to get me addicted. Definitely. And I wouldn't have cared. I really wouldn't have cared. Because I wouldn't have any reason to carry on or any fight left in me.'

Liz

Surrounded by rural areas covered in woodland, canals and rivers, this market town in North England could hardly be more pleasing on the eye. Deprivation is largely invisible in the area although, like all parts the UK, it exists in the backwaters of the town.

Nevertheless, alongside the attractions in this town – its parklands, churches and wood-framed houses – lie others, such as the active drug scene that proved so irresistible to Liz.

Liz hasn't seen her home town much over the last 12 months, although that is set to change.

Before you get to the outer gates, you pass through rolling hills and quaint-looking detached houses that populate the nearby village. It's only on being directed through the main gate that the high-wire fences indicate you're entering a prison.

Pat runs the mother and baby unit here. It's one of two units run by Action for Children. This is a closed prison but many of the lower risk women here live in 'houses'.

The mother and baby unit is one such house. The hall is crammed with buggies and other baby paraphernalia. The only bars here are those of the child gates strategically positioned to prevent toddlers from making a break for the doors.

This mother and baby unit accommodates seven mums and eight babies, from last trimester up to when the babies are 18 months old. The unit is always full and there is currently a waiting list of 15 mums. Mums and their babies have their own rooms, which are not locked at night, and they can cook their own food in the communal kitchen.

It's not easy to get a place. There is a set of 11 criteria for entry, but the key one is that a place is granted in the interests of the baby. Babies that don't get in are cared for by their families on the outside or, if the option of family care is considered too risky, are fostered.

Helping mums to help their babies seems to be working. So far, in three years, of the 34 women who have been resident, only four have re-offended.

The rate for the rest of the prison stands at 77 per cent. So although the unit handbook states that prison is not the best place for a baby, Pat's view is different: 'People say, "Oh isn't it awful that babies are in prison." But I always

say it's much better they are safe here than living the chaotic

lifestyle that mum lived before she came in here.'

In each of the mums' rooms is a single bed, a cupboard, a cot and a pin board covered with photos of their baby. The doors have small square viewing windows but Pat respectfully knocks on each door before entering. The rooms are immaculate. Toys are neatly arranged and the windows have pretty curtains that go some way to hiding the metal grilles.

Fear
Prison

Liz is 31 and doing a 14-month sentence that ends in March 2010. As well as baby Milly, she has two older children who she says she wasn't around for. Liz's partner is also in prison.

She says: 'I didn't know I was pregnant when I came in, and when I found out I was pregnant, I immediately thought, "Oh well, I'll go to the mother and baby unit." I didn't realise how hard it is to get in here. It is a real privilege, not a right. You have to behave beforehand. There's no drugs, no getting into fights. If you don't get in, they send your baby away. I didn't know for ages if I was going to get in here. I don't like to think of what I would have done if I hadn't got in here.'

Liz had to go in front of an assessment board to get a place. Approval came through when she was 33 weeks' pregnant. She remembers it well:

'I came in here and looked at all the other mums with their babies and I thought, "I want mine too." I really wanted my baby.'

Liz has a history of heroin misuse. She was on a methadone prescription when she found she was pregnant. She wanted to come off it then but rapid withdrawal can be dangerous to mother and to baby. Today Liz is down to two milligrams of methadone a day, and due to come off completely in a few days. Her fears that Milly would have withdrawal symptoms have thankfully proved groundless.

She says: 'I'm detoxing. And you do notice it. I've got achy legs and I'm sleepless, but I'm well.'

Liz went into labour at 37 weeks and was taken in an ambulance to the local hospital, accompanied by two officers who were present throughout the birth. 'They didn't have to be there, they could have gone outside and the midwife kept saying to them, "Are you ready to go now?" but I'm not sure they understood. They kept saying, "No, you're alright, we'll stay", so they were there all the way through.' Liz didn't mind, she was just pleased she wasn't handcuffed.

When Milly was born, Liz looked into her eyes and her fears about motherhood rose to the surface. 'I thought, "What do I do if I mess up?" But there was something different with this one. There was an immediate bond. It

was amazing.' Not only has that bond grown, but it has awakened within her an awareness of her potential as a mother – not just to Milly but also to her older children.

'I didn't realise how hard it is to get in here. It is a real privilege, not a right. You have to behave beforehand. There's no drugs, no getting into fights.'

Liz and her older sister were brought up by their mum after her dad left home when she was five. She describes her mum simply as 'brilliant'. 'She managed everything for me and my sister. We went to school and she worked.'

Liz also did well at school, getting nine GCSEs before leaving for a job in a communications department in a big company. At 16, she was paying into a company pension, earning a good wage and partying at weekends.

Liz started to take drugs in her 20s, after her first daughter was born. At first she took drugs socially, buying them out of her wages.

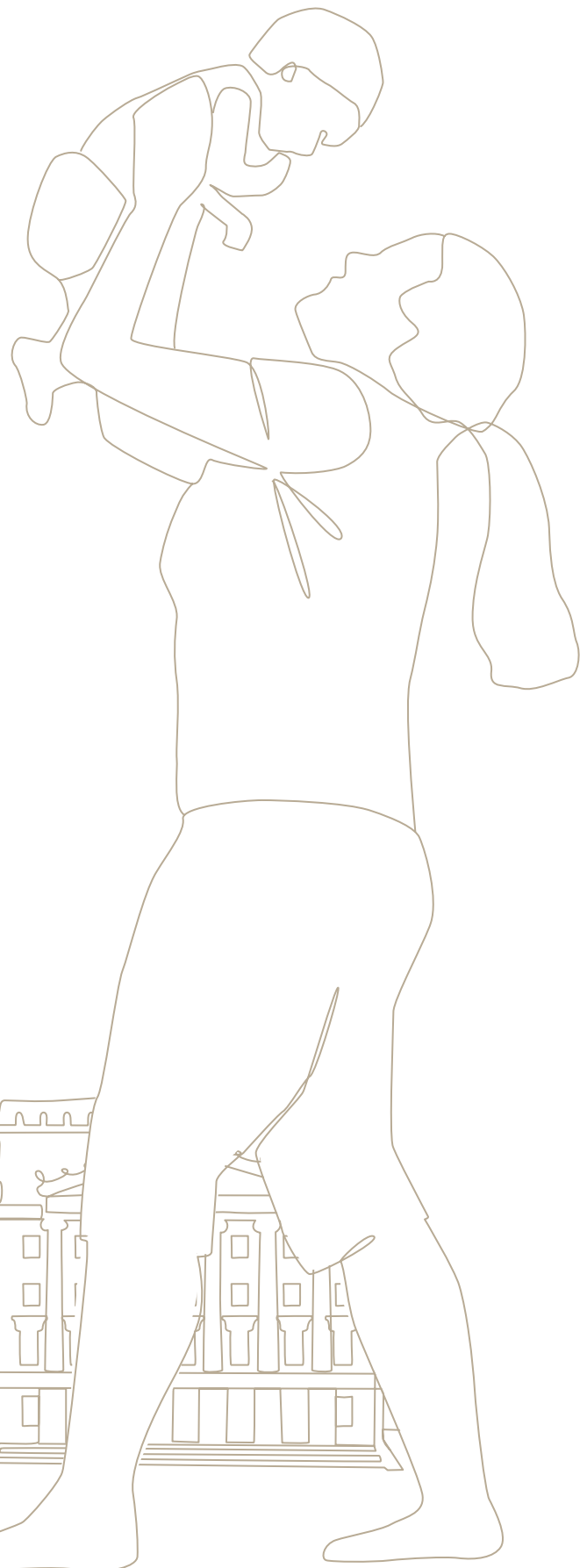
Liz

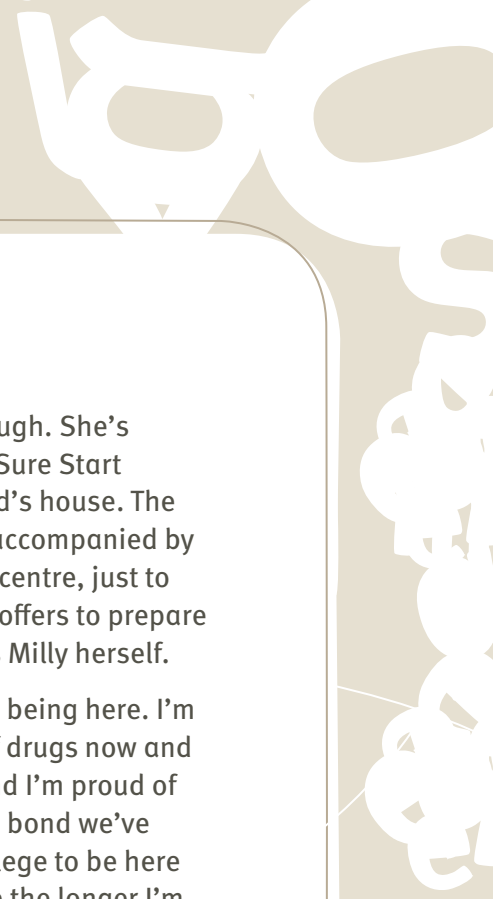
As her dependency grew, her income didn't stretch far enough to support what was now becoming a habit. The control she had on her life as a bright and aspiring employee slipped.

By the time her son was born, Liz's life was, as she puts it, 'chaotic and homeless'. She has had a number of short custodial sentences but this one is her longest.

'Just before I came in here, I lived in a flat run by a charity. It was fine but I lost it because, well because of the reasons that I'm here now.' Liz's other children weren't living with her before she came into prison. Liz's mum now looks after her elder daughter, while her dad has her son. They live a few hundred yards from each other. Her elder daughter is in her first year of high school and loves it.

Liz is more concerned about her son, who is four and has just started reception class. 'He's had a few problems at school. He won't queue when the others queue and he won't sit down when he's told to. They are just assessing him now to see what the problem is. I feel guilty because I wasn't around





when he was little. He's never really had a mum. He'll call me mummy but he doesn't know I'm his mummy.

'But then he's been coming here and my mum told me that he had been with her and said to her, "I'd like to go to Mummy's house now." That made me feel so proud.' And she says: 'I can't wait to be with him. He needs a mum.'

Both children visit regularly and are getting to know their little sister. Liz feels she is finally starting to be their mum. She says: 'I can't wait until I get out of here. We'll have Christmas at home for the first time as a family.'

Liz is due to go up before the 'tag board', which has the power to grant early release. If she convinces the board that she will put Milly first, she has a good chance of being on her way home to live with her dad in less than a fortnight. There she can spend time with her son and concentrate on building up her relationship with him. Otherwise, Liz's 14-month sentence won't end until March 2010.

The mother and baby unit is very clear that they do not look after the babies. Each mum is supported to look after their own child, to cook, wash and even shop for him or her at the weekly baby shop. Since Milly was born, Liz has done parenting classes and she's learned how to feed and look after her baby. Currently she's moving Milly from first to second stage feeds. In short, she's established a daily routine for her and her baby, a routine that she never managed with her other children.

She knows it's going to be tough. She's already registered Milly at a Sure Start children's centre near her dad's house. The day after this interview, Liz, accompanied by Pat, is 'going out' to visit the centre, just to have a look at the services it offers to prepare her better for when she takes Milly herself.

Liz says: 'It's changed my life being here. I'm most proud that I've come off drugs now and am coming off methadone and I'm proud of having Milly. I'm proud of the bond we've got. It's been a massive privilege to be here and I see that more and more the longer I'm here. I do see now that life is what you make. It's not a soft option. You get out what you put in. I don't like to think about what would

have happened to Milly if I hadn't got in here. If I hadn't had all the support I've had, I don't know if I'd have made it.'

'I can't wait until I get out of here. We'll have Christmas at home for the first time as a family.'

Just over a week after this interview, Liz went before the tag board. The board noted her achievements and progress and recommended Liz for early release under the Home Detention Curfew licence, which means she would be tagged on release. Later that month, Liz was released from prison.

So, just like millions of others, Liz can look forward to a 'quiet Christmas at home with the family'. What this Christmas will mean to Liz and her three children, however, is unique.



Sue

Sue's home town is one of the most deprived regions in the North West and England as a whole. It has high levels of violent crime, unemployment, children in poverty, binge-drinking adults, deaths from smoking and early deaths from cancer. However, given its economic status, the town scores surprisingly well in education and housing.

Alcohol is a problem in this region, but heroin also features prominently. One review reports that heroin accounts for three quarters of the known illegal drug use in the area; another that in recent years six out of 10 of all convicted heroin users were unemployed. Take out schoolboys (an alarming one in 20 of heroin users) and students, and no other group scores more than two per cent. In addition, seven out of 10 suppliers were unemployed.

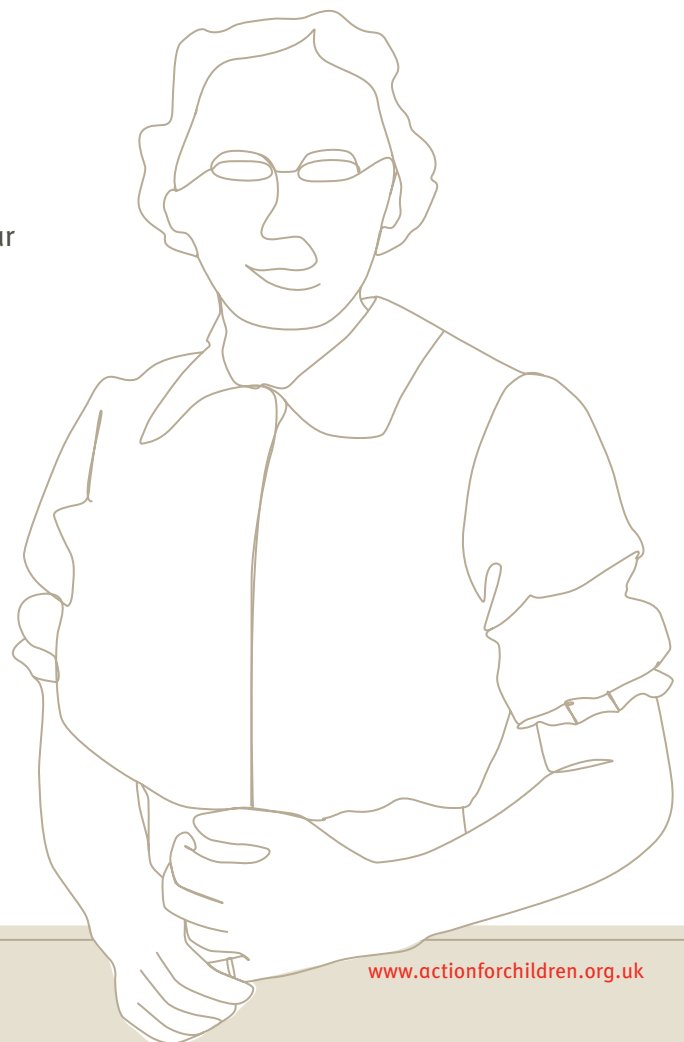
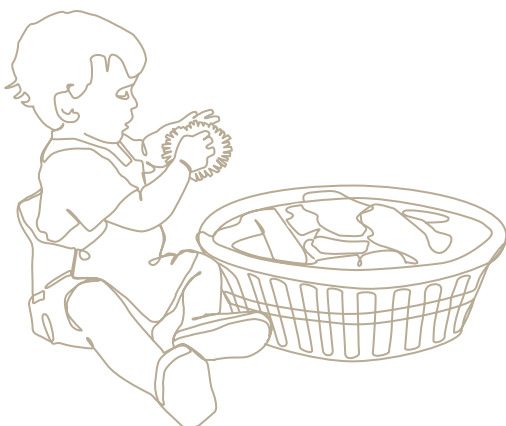
The Action for Children family centre in this North West coastal town holds a 'grannies group', more formally known as the grandparents group, once a month on a Friday. The five or six regulars get together to have lunch, to offload, to share experiences and, if they need it, get expert support and advice from family centre staff. Overhearing the group talk, you get a flavour of their lives:

'You feel you're on your own; you don't feel it's happened to anyone else.'

'I did have a choice – they could have gone up for adoption but I didn't want to, you know. You couldn't think of that at the time.'

'One of them, he's 11 now, he didn't come to me until he was nearly four and he was quite disturbed and he wanted his mama and not me and at times he's still does.'

'They see their mum. Their dad died. It's quite hard. The little ones are harder than the bigger ones and you're getting older. It takes away from being a grandparent – how do you give all your other grandkids the same time?'



Despite the economic profile of the area, the grandmothers' conversation has its share of joy – things the children have said or done, how they are doing at nursery or at school and so on. But what these grandmothers are really here for is peer support and to share their experience of bringing up children. Not their own, but their sons' and daughters' children.

They all have their own reasons for starting out as parents all over again at a time of life when most people are looking forward to regaining some independence. Drugs play a large part, as does prison, and quite often both.

Then there are the two granddaughters who were sexually abused by the daughter's ex-partner. One grandmother known as 'June-with-the-five' is bringing up all of her daughter's children. June-with-the-five's daughter fell from grace by way of heroin and prison. She has a sixth baby on the way but June-with-the-five has no more to give. She simply can't become June-with-the-six and the next baby will have to be brought up in a different family from its siblings.

The grandmothers have taken on these children to avoid them being removed from the family through adoption, fostering or residential care.

Some of the children have behavioural problems, though the grandmothers like to call it 'attitude'. They share worries about the area they live in or advice they've received.

Peer support is what the grandmothers' group is all about.

Although there's a lot of laughter this lunchtime, at times most of the women are on the verge of tears. Then suddenly it's over and they are back to work. Off shopping, to nursery, the school run. The parenting role has begun again for these five women who have already brought up their own children.

Sue is 61. She was one of the first to join the group. Like the others, she was attending courses at the family centre when one of the grandmothers suggested a group just for them.

'Well,' she begins matter-of-factly, 'my son was taking drugs and he met his now wife.

She had four children already, all girls. Then after a couple of years they had Ben. Ben was born early and I went to the hospital to see him and he was four pounds

and a quarter. He was screaming and he had withdrawal symptoms from the heroin.'

Judi, Ben's mum, had lost custody of her daughters because of her 'chaotic lifestyle'. Two daughters lived with their grandmother in London and two were in Scotland with granddad. Sue says: 'So I offered to have Ben. I had to be assessed to see if I was alright to do it. I was 53 and he was three weeks old and I had him from then.'

In those days Sue worked as a cook, a job she gave up to care for Ben. She went along to the big meeting with the director of social

The grandmothers have taken on these children to avoid them being removed from the family through adoption, fostering or residential care

Sue

services: 'I said, well, I can give him all the love he needs and make sure he's kept safe and that's my case.' She smiles. 'Well, I thought I'd blown it – you don't know what they expect. But the director said to me, "You said what you had to say and what you needed to say." And that was that.'

And then Ben became ill.

'They've never, ever said it was because of the heroin. His condition is called West Syndrome and he has lots of seizures.' Ben has since been diagnosed with epilepsy and autism and possibly ADHD, as well as a mild form of the illness tuberous sclerosis, which causes benign tumours to develop.

Sue had entered another world in taking on Ben, a world full of hospitals, specialists, social workers, forms, benefit applications, care orders.

Today Sue gets the disability living allowance high rate and mobility allowance. She did get the carers' allowance but that was stopped when she was told she couldn't have both her pension and carers' allowance. In the end she went for the pension as you get a bus pass with it. She was upset about losing the carers' allowance.

'I asked them does that mean I don't have to bath him, feed him, dress him? I'm not being funny, but if I put him back in the system it would cost you thousands.' The cost of residential care for children varies across the country, but it's roughly £150,000 a year, not taking into account the extra cost of special needs.

Sue says she and her husband never asked about money when they took Ben on and only found out about carers' allowance two years after they should have had it. The family centre is considering whether to appeal the decision, given that Sue worked all her life and earned her pension.

The family centre has supported everyone in the grannies group over the years. Sue's initial contact with the family centre was because of Ben. She came to some groups they run around autism and ADHD, she met other grandmothers there also doing these kind of courses, and then about three years ago the grannies group was born. Since then, she and the other grandmothers on the group have done the Triple P parenting course together.

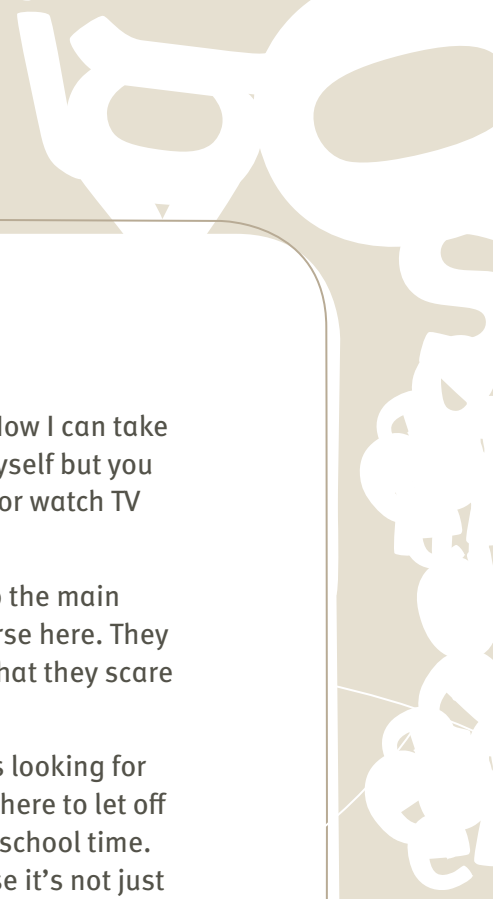
The course covers a range of issues, such as helping parents

and carers with responsibility for children with behavioural problems.

Ben is now nine. He can't talk, he can't feed himself; he can walk and comes running – but that's a problem really as he has no sense of fear. Sue says, 'He does know people but I don't think he knows I'm his nana. He knows who I am but I don't think he knows what nana means.'

Sue is a bit despondent today because she has just had a meeting with the neurologist, who said: 'You are not going to get much more from Ben than you have got now.' Sue sniffs at that. 'They said he wouldn't walk and he does.'

'Being in the group, you realise it's not just you out there'



Ben's parents eventually went to prison but are now drug free and have a two-year-old son Louis. Sue says: 'I think they didn't take Ben back because I don't think they could cope with his disabilities. My son comes every night to see him but they couldn't handle it.' She smiles suddenly. 'I always say to them, "I'm going to swap. You can have Ben and I'll have Louis."'

She doesn't mean it but you can tell Sue is proud of her other grandson Louis. 'People say "How do you cope?" when they see me out with Louis. I see how much more advanced than Ben he is but you can't feel sorry about what he is not or what he might have been. You shouldn't compare, but you do.'

Sue still worries about her son and daughter-in-law and whether they will always stay clear of drugs. 'I said there won't be second time. They won't let me have Louis, you know, if you slip up. They say oh, they would never do that again.'

Sue's direct payments mean she gets time off here and there. Ben is at a school for children with disabilities, which gives her a break. They can get out and about more now Ben is on a combination of a drug called Steridol and amphetamine. Ritalin didn't touch him. 'I used to be black and blue, with black eyes and everything. You couldn't take him in a

shop because he'd scream. Now I can take him to the supermarket by myself but you can't take him to the cinema or watch TV because he won't sit.'

The five women who make up the main grannies group met on a course here. They are a close bunch, and joke that they scare new members off.

'Well, I don't know what I was looking for when I joined, but it's somewhere to let off steam. We only come here in school time. Being in the group, you realise it's not just you out there, but I still look forward to coming because it's a break and you've got people who are in similar situations and it's good to let off steam,' says Sue.

Sue is realistic about her aspirations for Ben. 'Well he's always going to need support. I'm not going to live forever. My son has said he won't go in a home. I said to his mum, "You better not let that happen!"'

'I'm very proud of him. He's very beautiful, red hair, massive brown eyes. His report said: "He has an infectious smile. Ben might not talk but looking at his eyes lets you know if he's sad or happy." I'm proud of him, he's very loving. He'll come up and give you a big kiss... and then a big nip.'

Behavioural Problems

Julie

This riverside Scottish town lies behind the stunning hills and countryside that makes it popular with visitors. This is an ancient town yet it is dominated by new-build projects attracting affluent settlers. In the shadow of these buildings lie families who have lived in poverty for generations.

The statistics tell their own story: high levels of cancer rates, depression and unemployment. Suicide rates are above the high – although falling – Scottish average.

It's an area where old industries are being replaced by new, and indeed economic growth has benefited many sectors of the community.

At the age of 26, Julie and her two sons, aged five and six, have moved out of their home of four years into temporary homeless accommodation.

The immediate cause for her move is eviction for debt, but in reality it goes back much further than that. Julie was diagnosed with depression two years ago. But even her depression is almost certainly a result of other experiences, which at times have threatened to overwhelm her.

She says: 'I'm on anti-depressants. It affects you in all different ways. One minute you can be happy, bubbly, up for anything. The next minute you want to stay in your bed, away from the world. If the kids are playing up, it's hard to try and deal with that while having that in the back of your mind.'

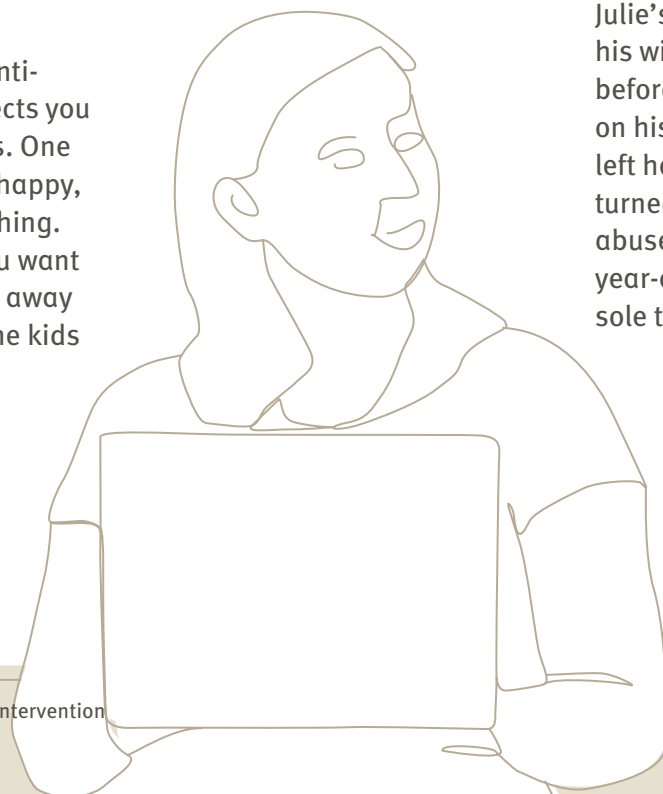
Being in such a low mood, you would rather things go smoothly but when you are in a low mood, nothing goes smoothly. You have just got to get on with it.'

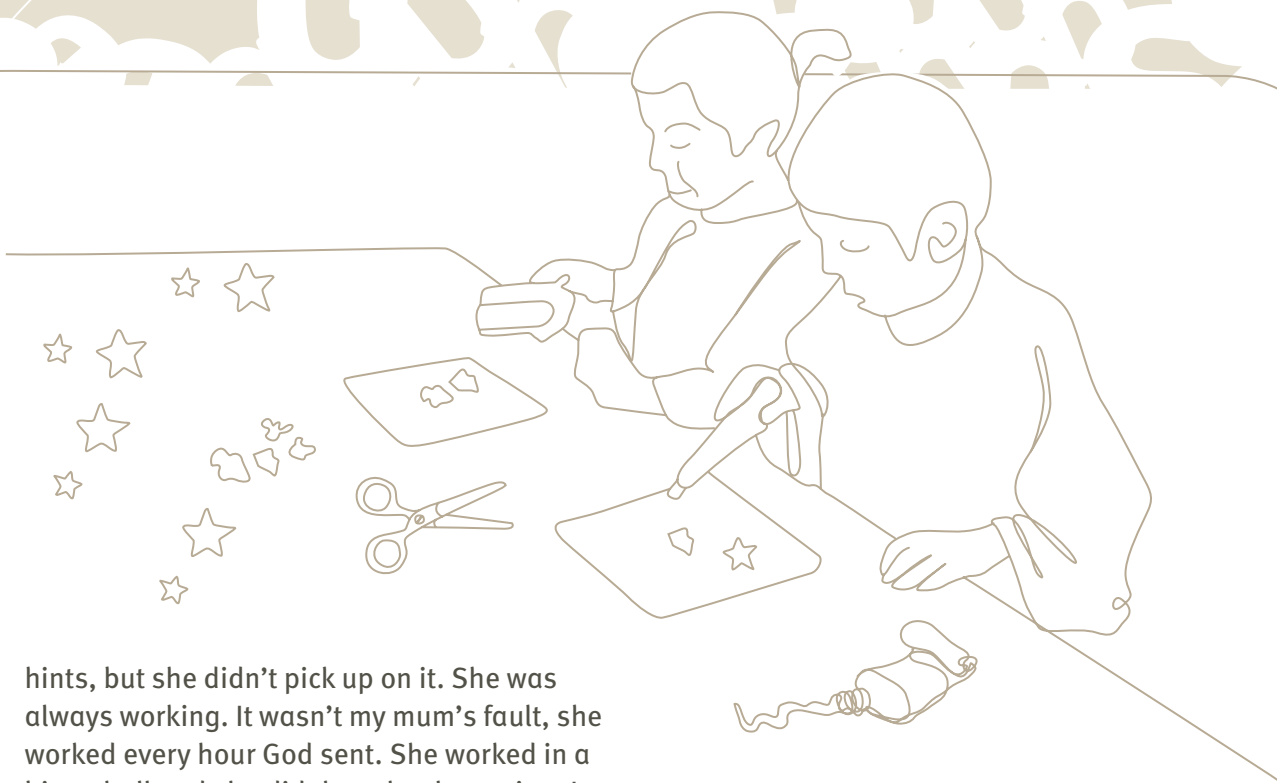
Getting on with it is what Julie has done since her childhood on the east coast of Scotland. When she was young, her father, who died earlier this year from pneumonia, was diagnosed with bowel cancer and had to stop working. Her mother took on the role of breadwinner, working all hours to support the family.

It left her and her siblings alone with their father. 'My father was awfully abusive towards my mother, violently. Me and my younger brother, we were physically abused often, mentally abused often. Me and my sister were targeted sexually. We were all targeted physically and mentally.'

Julie's father waited until his wife was out at work before turning his attention on his children. Her sister left home as soon as she turned 16 to escape the abuse, leaving an eight-year-old Julie to be the sole target of their father's sexual attentions.

Julie tried to tell her mother about the abuse: 'I tried to tell her before it all came out, dropped wee





hints, but she didn't pick up on it. She was always working. It wasn't my mum's fault, she worked every hour God sent. She worked in a bingo hall and she did the school crossing. I needed her then. I think that's why I blamed her for a lot of things.'

When she was 15, Julie contacted the police about the abuse. They investigated but the charges were dropped because of a lack of evidence. It devastated her: 'There is nothing that can describe it. To think nothing ever happened, it never came out. Nobody got punished. It was one of the hardest things.'

By this time, her father had left the family home.

Until then, Julie had had no problems at school. 'I was never one for causing trouble or making trouble for myself. I had been under lock and key all through my childhood. When my father moved out, it was a whole new life. I was free to be able to do things I was not allowed to do before. That's when I started smoking. I was free to be able to go out and have a life. I didn't need to go to school to be free any

'My father was awfully abusive towards my mother, violently. Me and my younger brother, we were physically abused often, mentally abused often. Me and my sister were targeted sexually.'

more.' Julie started truanting from school and left, aged 15, with no qualifications.

Julie was evicted after accumulating debts as a result of being overpaid housing benefits to the tune of £8,000 over two years. When her housing benefits were reduced to repay the debt, Julie found herself unable to afford payments on her home and she went into arrears. Julie's case was investigated for fraud, but all charges were dropped.

Money continues to be a worry. She gets £169 a week from income support, child benefit and child tax. She pays a weekly rent on the property and is still paying off her debt. She sticks to a strict weekly budget to pay for gas, electricity and food. She says: 'It's just a way of life. You always survive.'

Her partner and father of the children comes and goes. He doesn't pay regular

Her partner and father of the children comes and goes. He doesn't pay regular

Julie

maintenance for his children although from time to time he contributes.

‘The bairns, they don’t get very much. They see their pals going swimming and going here and there. I cannot do that with them. It’s horrible, you feel useless. You feel it’s not good enough for them. It makes you feel like shit really, because you cannot give them anything.’

Her eviction meant leaving behind a home in a neighbourhood where she was happy and surrounded by friends and moving to a much tougher area.

‘It’s got a bad reputation. Crime, drugs, hooligans. It’s got a bad name for itself. The area that I am in is right next to one of the worst areas in town. Only the other week someone got stabbed next door, round the corner from us.’

Her experience of crime had prompted her original move to the house she’s been evicted from. When her youngest son was just a baby, Julie’s home was burgled. Almost everything went. Two months later, the same thing happened. A week after that, she moved the family to a different, safer part of town where they spent four years before her move into temporary homeless accommodation. She felt safe there and misses it.

‘That word, “temporary”, means a lot to me,’ she says. ‘I just don’t feel settled. It’s not an area I would want to bring kids up in. Not as young as my two.’ She swears she will not let her children be among the youngsters running around with cigarettes.

Julie has also had her own experience of the wrong side of the law and is facing charges for assault after what she describes as a ‘scuffle’ with a neighbour.

The incident was prompted while her youngest son was recovering from an accident. He fell from the bedroom window after opening it unnoticed, breaking his wrist and fracturing his pelvis, an incident that resulted in her children being put on the at risk register. ‘My bairn was in surgery and theatre. She was busy talking about me, it was silly gossip she was saying. I challenged her, went into the chippy and she put her

hand up so I hit her.’ She is due to stand up in court soon to face the charge.

Julie’s first experience of Action for Children was at 16, when she stayed in supported

accommodation for a few months after leaving home and spending a brief spell with her sister.

In 2005, she was referred to the local Action for Children family centre by her health visitor when her older son was becoming a toddler. ‘He was hitting the terrible twos,’ she says. ‘I didn’t know what the terrible twos were and what to expect.’ With a baby and a toddler to bring up on her own, the family centre offered support she couldn’t get anywhere else.

The project offered respite services for the boys so that Julie could have a break. It also enabled her to visit a psychologist, arranged through the project, to help her work through her past experiences.

‘I didn’t get treated any different. I got a lot of benefit from people here. I talk to people in my situation too. It was not just me. I didn’t feel so alone then.’

Julie's parenting classes took two forms. One was a group session in which mums shared their experiences of bringing up children. The other was a one-to-one with a staff member, sometimes including the children, about specific parenting issues. For example, Julie has a loving relationship with her children and enjoyed playing with them, but needed to pace play better so that the children would be calm before bedtime and could enjoy the excitement of play earlier.

As a result, Julie is able to manage her children's behaviour better. The boys have been coming to the group for years now. They, like their mother, have made friends and joined in at the after-school club. For them it provides stability and Julie says they love it: 'They ask for it every week. They have grown up with the project. They always look forward to coming here.'

'I didn't get treated any different. I got a lot of benefit from people here. I talk to people in my situation too. It was not just me. I didn't feel so alone then.'

Julie says that if it were not for the family centre, she would have been 'hanging from a street lamp' by now. 'The charity has been a big support to me personally. If it was not for their groups, their help and their support, I don't think I would be in the situation I am in. I don't think I would have coped.'

Despite still having considerable challenges to face, Julie feels she is building foundations

for their future. Her energy goes into trying to create a safer and better childhood for her boys than she ever experienced. She has her ups and downs, but the boys have the attention she never had. They are not isolated in the way she was as a child, and

amidst the changes they've lived through, consistency is provided by the school and the project. It means that the children have security, friends, somewhere to go and something to build on.

So, despite their recent move across town, Julie makes sure her boys continue at the same school. She takes a 50-minute bus journey through town every day so her children can keep in touch with their friends and feel settled at school. The boys thrive on the continuity: 'They love it. They are at school every day. It's important. If I knew then what I know now, I would have stuck in at school.'

Julie has high hopes for her children: 'I have the same hopes for my bairns as any parent. That they get a good education, a good job. Settle down and have a family. I just want to see them achieve their goals. I am more than pleased with the way my two boys are turning out. I didn't think I would have got that far with the two of them. I was a young mum with a baby and a toddler – I thought my world was crumbling. A lot of the help and support I got here has helped me through a lot of things. It still does help me through a lot of things.'

Debt De pression

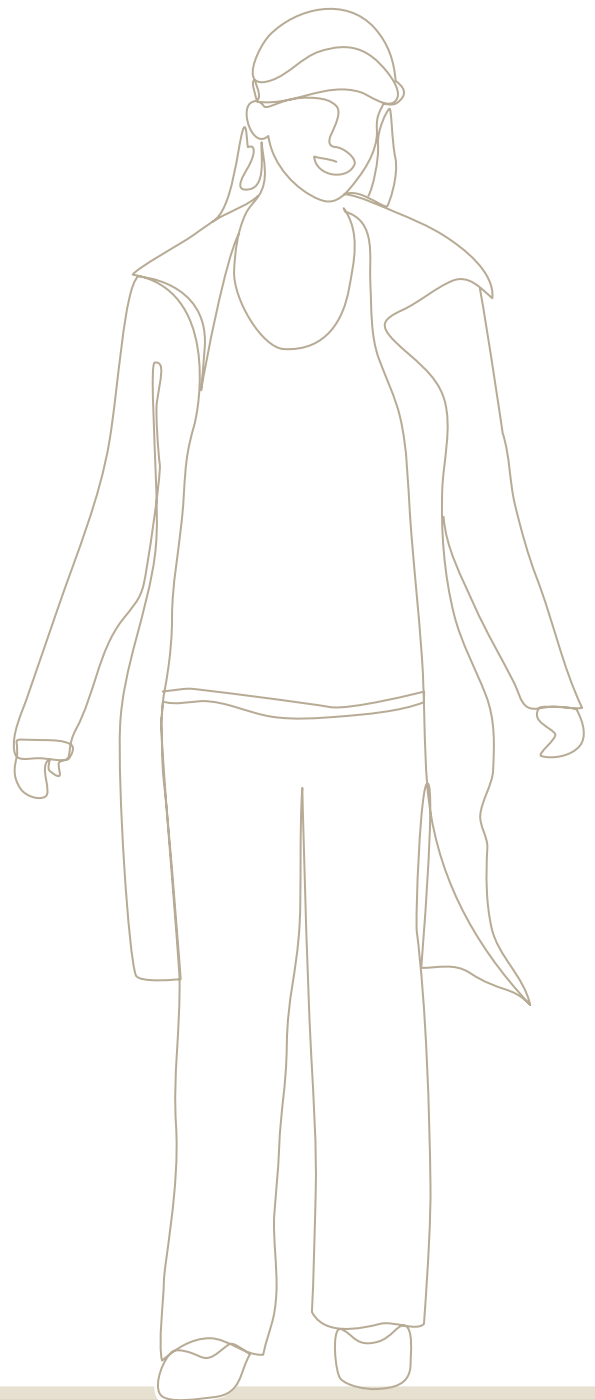
Claire

This sprawl of large housing estates is in one of the top 10 per cent most deprived wards in Northern Ireland. Unemployment, low income and poor health mark the area, and there are over three times as many children on free school meals than the rest of Northern Ireland. Housing supply struggles to meet the local need and the area suffers from overcrowding. The number of lone parents with children is double the Northern Ireland average.

Like many of the most deprived areas in the province, there is a high level of segregation and in this area almost all the inhabitants are from a Roman Catholic background. This makes for a tight-knit community, and one likely to reflect a nationalist or republican political perspective. Not far away are areas prone to conflict at times of political and sectarian tension, although cross-community work to develop mutual understanding and minimise conflict is having an impact.

Claire is 39 and a single mother. She lives with her three children Ella (14), Stefan (12), and Sean (5) in temporary housing. Claire lived most of her life in the town she was brought up in, before going in to care at 12. At 15, she moved to a new care home a long way from her home town, with few visits and only getting out at weekends if she 'behaved'. She remained there until she left care to return home.

Her father died young, and her mother was in and out of psychiatric hospital. So when Claire returned home, aged 18 and alone, she found her mother's house too big. She decided to rent a housing authority flat locally, where she lived for the next 14 years.



During this time, Claire had three children from two long-term relationships. The first lasted seven years and was with the father of her first two. After they separated, Claire had a relationship for six years with the father of her youngest child.

After they split, Claire decided to find a flat that suited her children better. She moved into private rented accommodation, but it was to prove an unlucky move. The arrangement fell through after nine months, leaving the family homeless. Three years and four moves on, the family is still registered homeless and living in temporary accommodation. All Claire wants is to find suitable, stable housing for her children in an area close to

where they were brought up, but she can't get the housing points she needs to be seen as a priority, and she gets frustrated to see others

housed ahead of her. Claire's discomfort is compounded by the 'constant fighting' in the area. Recently her home heating oil, bought with borrowed money, was stolen from her oil tank. She worries about the safety of her older children when they are out.

While her children are healthy, Claire suffers from depression, which she puts down to stress caused by her housing situation and her financial problems. 'I am up and down and I have trouble sleeping.' Her doctor prescribed her tablets but she says she hasn't really taken them and believes 'it's just better to get on with things'. One in three people in this area have a long-term illness and only 60 per cent report they are in good health.

All Claire wants is to find suitable, stable housing for her children in an area close to where they were brought up

But, given her childhood experience, she's most concerned about the impact of moving on her children – 'It's not fair on the we'ans' – and that her 12-year-old boy's behaviour has deteriorated with each change. She says her youngest boy asked during the last move: 'Is this going to be our house for good now, Mummy?'

Money is also a constant worry as she tries to manage on benefits with no support from either of her children's fathers. She receives a total of £203 a week from benefits and out of this comes £23 social fund loan money and about £40 from other doorstep lenders and catalogue books. This leaves her with about £140 a week to buy weekly groceries, pay

bills, buy shoes and clothes, and to give the three children some pocket money on a Saturday. Claire tries to make sure the children have

enough. She dreads Christmas as her weekly allowance doesn't stretch to buying gifts, and turns to catalogue books to buy presents, even though she owes nearly £1,600 already.

Claire walks everywhere – to the children's primary and secondary schools and when visiting friends or her mother in hospital. The exception Claire makes is using a taxi to help her bring the weekly shopping home from the town centre as there is only one small shop located nearby.

Claire left school and care without any qualifications and, having missed out herself, places a great deal of importance on her children getting a good education. She feels that her lack of education affected her own

Claire

ability to read and write. She says: 'I never went. I came out with no qualifications, with nothing really. I wish I had went, cos I want my we'ans to be well educated. That's why I tell them to get your head down and get homework done.' She lives in an area where over three out of four adults have no or low qualifications. Children here are less likely to get five or more GCSEs and few make it into higher education. So despite the moves she's had to make, she's done everything to ensure that the children have not had to move schools.

Claire's eldest child, Ella, is attending school regularly and 'getting her head down' but, she adds, 'Y'know, wee girls at 14 get easily distracted wi' other things.' Her youngest boy, Sean, loves going to the nearby primary school. But Stefan, now 12, is struggling at school.

She says: 'He hates school and does nothing. He can't wait to get home, dropping his school bag, getting changed, eating his dinner and headin' up to his mates... and that's him to about nine at night everyday.'

Claire links Stefan's behavioural problems with the bullying he has suffered, especially during his last two years in primary school. He is small for his age and Claire speaks of other children calling him 'dwarf' or 'midget' and of how at primary school Stefan used to 'lose the head' and take it out on pupils and teachers. She says: 'He didn't really know what he was saying half the time – there was that much anger in him.' Last year, Claire says, 'Every day was a struggle to get him to go into the primary school. He went. But he used to cry going.'

The bullying he experienced dashed his self-esteem and his confidence. The resulting outbursts of frustration and anger caused problems for teachers trying to manage his behaviour. At times he had to be physically restrained and Claire was often rung at home to come into school to calm the situation and to speak out on Stefan's behalf. Sometimes she simply took him home.

In Year 6 of primary school, Stefan was referred to an Action for Children project that works with primary schools across the city area. Run in partnership with the Health and Social Care Trust Child and Adolescence Mental Health (CAMHS) team, the project delivers eight-to-10-week group programmes and individual work aimed at addressing individual children's assessed emotional and behavioural difficulties. Focusing

on children's emotional health and wellbeing, the service also provides group work and one-

to-one support for parents and carers and provides information and support to schools and teachers. By working with parents and teachers, the project offers parents coping strategies, builds up their confidence and works on improving relationships within families and with the school. The project has an excellent track record, with over 90 per cent of education staff saying that the project has a positive impact on their work. The project fosters constructive attitudes to school and aims to reduce the level of anger that some children feel.

Given demand for places, waiting lists for the project meant that it was not until the last term of Year 7 that Stefan and Claire joined

Claire places a great deal of importance on her children getting a good education

the Action for Children programme. Claire says Stefan really benefited from it, but the change she had hoped for did not last after the programme finished. Claire says that she wished she could have joined the programme earlier as Stefan's behavioural difficulties were already well established by the time he started. Claire thinks Stefan would benefit from a longer programme and would like to see it made available in secondary school, something that Action for Children is keen to explore.

Claire said she told the school that Stefan had had suicidal thoughts before leaving primary school and that 'they had to do something'. Stefan has been referred to the local Health and Social Care Trust CAMHS team and is due to have an initial assessment soon.



Claire says that there are few activities for very young children locally. Both of her older children spend a lot of time hanging out on the streets, visiting and staying overnight with friends in neighbouring estates. Stefan attends an after-school club one day a week and likes to go to friends' houses in the area where they used to live and play football, Playstation or other games. Claire thinks he spends a lot of time in that area because his father lives there and Stefan wants to see him.

The absence of a dad clearly has an impact on the older children. Claire talked of the significant emotional distress and hurt the older children feel because their father ignores them. She says that the children were very upset recently when their dad walked right past without acknowledging them. This makes her feel even more that she has to be 'both a mummy and a daddy' to her children.

Things have improved since Stefan went to 'big' school and Claire says: 'I don't get as many phone calls from the new school as I did before.' She says that following tests with Stefan, his new school had told her they were going to get a helper in for him, although as yet no helper has appeared. Claire still uses the support from the Action from Children project and feels they are still a great source of advice in helping her in managing Stefan and her other children.

Jessica

The Welsh port where Jessica lived most of her early life is re-establishing itself after the decline of its heavy industries of coal and steel. Tourism and electronics are the new growth areas, but deprivation remains high and its impact is felt in some of the surrounding towns.

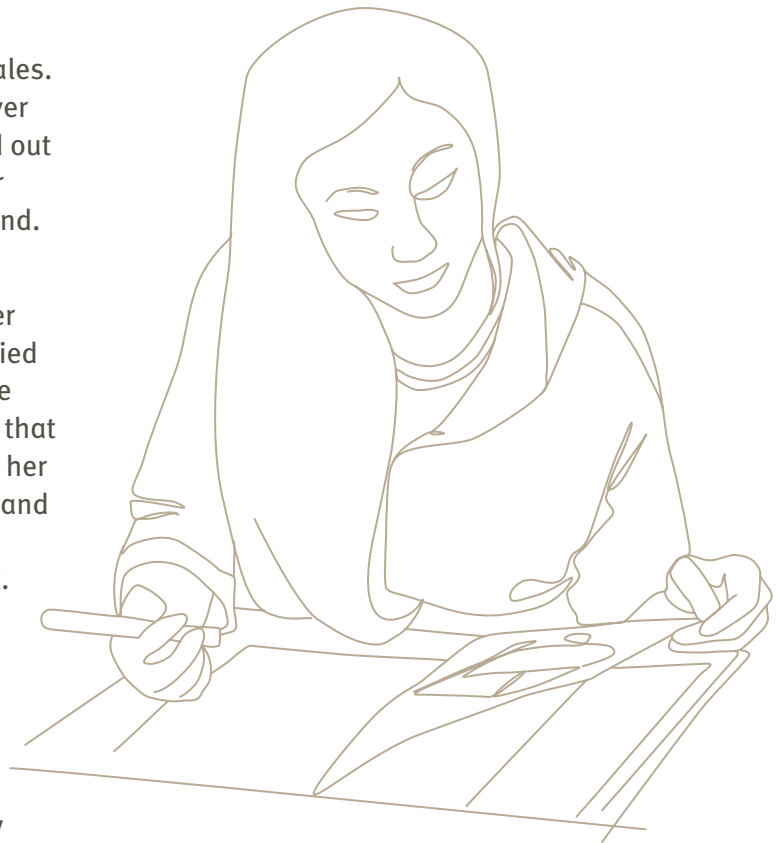
Jessica, 18, is in her first year studying graphic design at university in South Wales. Getting there is an achievement she never imagined possible when she was kicked out of home for the final time, aged 15, after constant friction with her mum's boyfriend.

Throughout much of her teenage years, Jessica was pretty much on her own. After they split up, her parents were preoccupied with getting on with their own lives to the extent that they neglected hers. The fact that Jessica is at university is largely down to her resilience, the guidance of a few friends and a supportive Action for Children service providing help when it was needed most. And of course, the fact that throughout her early childhood she had a loving family home.

Before the age of 12, when her parents split up, family life with her mum, dad and three siblings was happy and financially secure. Jessica, her older brother and younger sister continued to live with their mum, while their dad found a place nearby so Jessica could visit.

Everything changed when her mum found a new boyfriend and decided to move in with him. Her mum's new partner lived in a small council house in the valleys, half an hour away from her home town.

'He had a two-bedroom council house, and with four children, we knew that not all of us could go. My older brother was 17 and my older sister was 18, so they had to move out. Luckily my sister had a friend to move in



with, but that was out of the way, so that was where the separation began. And my brother went to live with my dad.'

Jessica and her younger sister moved with their mum. At first, she says, her mum's boyfriend made an effort, but it soon wore off.

'There were big arguments. I was 13 when it all started to kick off. That was bad for me. I'd had to move house, leave my friends, change schools, start again, try and settle in, and then I'm thinking, I don't like living here, I really don't like this. It was quite upsetting, thinking, you know, what am I going to do?'

Meeting her boyfriend, whose large and welcoming family lived nearby, just as she turned 14, was a stabilising force. It also meant she had a place to go when things got too bad at home. But that was also the year that matters came to a head and Jessica was thrown out for the first time. It was a shock, she says, but a relief as well.

‘I went to stay with a friend from school who was lovely. His mum was a social worker. I’d still see my boyfriend on the weekend and was quite settled. But I missed my mum. I knew it wasn’t her. It was her boyfriend who was doing all this. And after about a month, I had a phone call where she kept saying she was sorry, and because I missed her so much, I said I’d come back. Her boyfriend tried to be nice to me for a good two weeks, and I thought, “Oh great, you know, maybe he’s realised that I’m not a bad person.”’

But the arguments between Jessica and her mum’s boyfriend became more frequent. Her mother quit her job, leaving herself and her boyfriend now living on benefits. ‘Not long after we moved, my mum was having a few difficulties in work, so her boyfriend was like, well, I don’t work, why don’t you not work as well?’

Jessica was thrown out again and ended up moving in with her father and her brother.

‘I was so happy about that! But my dad had a girlfriend, and she lived in Bristol. And on the weekends he’d go to stay with her. My dad was very happy for me to stay and I was getting on well in school and everything, but I felt bad, because he’d said a few times

that he wanted to move in with his girlfriend. He never said I had to leave, but I felt I was holding him back, and I wanted him to be happy.’

Jessica moved back in with her mum and her mum’s boyfriend to leave the way clear for her dad.

It didn’t work out for Jessica however. The tensions ratcheted up, this time around the lead-up to her GCSEs. She says her mother’s boyfriend would criticise her revision methods and undermine her academic abilities. Having held things together for weeks as she completed her exams, Jessica rang her dad in desperation.

‘He actually drove straight down from Bristol and picked me up – it was amazing!’ she exclaims.

‘And I stayed with him and his girlfriend for two weeks. They were wonderful to me. We went out for meals, and they

cheered me up. It was lovely. But they knew and I knew that I couldn’t stay there, they only had a one-bedroom place and I was only sleeping on the sofa. So they took me back to my boyfriend’s, and the plan was I’d stay at my boyfriend’s house for the weekend, and then go back home and try and finally sort things out.’

When she arrived at her boyfriend’s, however, Jessica found that all her belongings had been removed from her mother’s house, stuffed into black bin bags and dumped on her boyfriend’s drive. Aged 15, she was homeless.

Jessica found that all her belongings had been removed from her mother’s house, stuffed into black bin bags and dumped on her boyfriend’s drive. Aged 15, she was homeless.

Jessica

'I was devastated,' she says. 'I had a big cry with my boyfriend's mum, Emma, and she gave me a big hug. She said, "Stay here as long as you like."'

Emma helped her to get benefits and supported her to apply to do a fine art course at college. But her housing situation was still precarious: her boyfriend had a large family and there wasn't enough room for her to stay.

Emma got in touch with Action for Children, which arranged for Jessica to live in one of its supported accommodation units. She had just turned 16 and started college. For Jessica, the offer came at the right time. Any later and her dreams of university could have disappeared.

Suddenly, she was living on benefits and had to become self-reliant. Despite being estranged from her mum she was pleased to be

independent and, having left the turbulence of her home situation, felt settled for the first time in years.

Managing her money was a big challenge however, and one that Action for Children has helped her with over the past two years. Coping with loneliness was also hard, and Jessica says the warmth and care given by her project worker and the wider Action for Children team is what kept her going at her lowest points.

'Natalie [her project worker] would come over every Tuesday or Thursday and that helped, because I did feel alone then. It was the little

things, like taking me out to a cafe for a drink or for lunch, and we would have a big chat about how I was doing. If I was having problems I wouldn't just ignore it because I knew I could talk about it to her. And she was so helpful and understanding.'

As her supported tenancy went so well, Action for Children suggested that she would be able to cope with her own private tenancy, in one of their houses. Pleased at the prospect, in December of that year Jessica moved into her own home.

Sometimes, she says, living alone and coping with the stresses of simply being a teenager, let alone family rift and her loss of

trust in her mum, led to her mental state becoming 'quite low.'

'I'd be asking myself, "Is it my fault I'm sat here on my own?"

I think a lot of

young people who are homeless probably think that too. Like at the time I was getting kicked out and being told I wasn't welcome, I was asking, what's wrong with me then?'

Money was very, very tight. Housing benefit paid the rent, and she got £47.95 (at that time) a week in income support. No matter how carefully she budgeted, she explains, it was never quite enough.

'Before I did anything, I'd pay my bills. It was £5 a week gas, £5 electric, £5 water, £5 TV licence, and then every week I'd spend £15 on food. I used to go to Asda to stock up on loads of frozen stuff and salads.'

Jessica says the warmth and care given by her project worker and the wider Action for Children team is what kept her going at her lowest points



Her saving grace, she says, was the £30 a week educational maintenance allowance (EMA) she got because of studying at college.

‘Without the EMA, and being able to ask my dad for the odd bit of money, I wouldn’t have managed,’ she says. ‘That would pay for extra food, and cleaning stuff, extra gas and electric, and if I needed to get a few tops or something. And my dad would pop up once a month with a big bag of food.’

When she mentions that her project worker was worried over the summer that she was losing too much weight, she puts it down to anxiety about moving out of her rented home and starting at university; the stress of doing exams, applying for student loans entirely under her own steam, and feeding herself properly on a tiny budget.

Now she’s a student, she’s eligible for full loans and grants, and by being careful and disciplined, she can now afford to go out one night a week. But without the early helping hands of her boyfriend’s mum

and the Action for Children project, her ambitions may have been even beyond her resources.

‘If my boyfriend’s mum hadn’t got in contact with Action for Children, I’d probably still be living with them now, but I’d never have gone to university.’

Jessica emphasises that a love of learning has always been one of her greatest satisfactions, but also says that the role model offered by her parents, who gave her security in her early

years, has also been crucial to the way she thinks about her future life.

‘I don’t want to live on benefits. Having been on benefits, I don’t like it. I know there’s working people out there, who are paying taxes for me to live. And there’s a lot of young people out there who finish school with no GCSEs, have a baby and end up in a council flat for the rest of their lives. That’s their life plan. But for me, I want to have my own things and pay my way.’

Homeless

Eilidh

The mines that once dominated this Scottish town closed a few years back, and more recently the breweries moved out. Some of the older buildings have been refurbished and proved attractive to a growing population of commuters. It's a popular town, with 80 per cent of inhabitants agreeing it's a good place to live.

But where there is deprivation, it's entrenched, and some of those living in the worst-off areas feel they've been left behind. It's these areas where drug and alcohol use is high. Eilidh and her children live in such an area, in a block of flats initially built, many years ago, as temporary housing.

Still only 21, Eilidh is a single mother bringing up three young children, aged two, one and three months. She and her children, Sarah, Russell and Lucy, are squeezed into a tiny two-bedroom council flat crammed to the rafters with their belongings.

The flat is poorly maintained. There is little space for the children. The stairwell is too narrow for the double buggy, which means Eilidh has to travel up to her flat with one child at a time, leaving the other two outside unattended. The doors jam, leaving mother and children locked in. And whereas the internal doors lock without prompting, the windows don't have locks at all, which worries Ellie as she watches over a boisterous and increasingly fast-moving two-year-old.

Only just out of her teenage years herself, Eilidh is working hard to put her troubled childhood behind her. She focuses on looking after her young family – giving them the attention and nurture that she never had herself.

Eilidh was only nine when her parents started on heroin. Their home was chaotic and Eilidh and her three brothers were left to fare for themselves. When people came to visit, it was usually to take drugs. Eilidh says that the visitors never troubled her, but her mother and step-father – the man she calls her father – were both in and out of jail for supplying drugs.



At the age of 12, Eilidh started running away, sometimes twice a week, usually staying with friends until the police picked her up and returned her home. At the same time, Eilidh started taking drugs. She tried heroin, stealing it from her mother, but settled for Valium, which was easily available on the streets. She paid for the drugs with money she was given to buy clothes. It was only when her mother went to prison, and money stopped coming in, that Eilidh had to conquer her dependence.

Eilidh started to cut herself. Social workers were assigned to the family but weren't able to help her. She says: 'Everything was building up. My mum and dad were heroin addicts, I just couldn't cope. I more or less wanted to end it all.' Aged 12, she tried to kill herself. Her second suicide attempt followed not long afterwards.

When Eilidh was 14, her step-father was sent to prison for five years, although he was released after three. Her mother was in prison at the same time and social workers arranged for Eilidh to be taken into foster care, while her three brothers remained at home.

Her first experience of foster care didn't work out. The second was better and Eilidh felt a little calmer, though she continued to run away, take drugs and drink. It was only when she was moved to her third foster family – Action for Children carers – that Eilidh's life began to change.

She explains: 'That's when I started changing, because they treated me like I was one of their daughters. If the mum went out and bought her daughters something, she would buy me the same thing. If she would give them a cuddle, she would give me a cuddle. They are like a second mum and dad to me.' Eilidh is still in touch with her foster family and says they are like an extra set of grandparents to her children.

Eilidh had a chequered school career. She was excluded from secondary school for a time, returning only to be bullied and then excluded again for assaulting another girl. Nevertheless, she managed to come out with three standard grades in maths, history and English. She says: 'If I'd stuck in at it, I would

have been at the top classes. I wish I'd stuck at it. It was just me trying to be smart and cheeky. I just wanted to have a carry on.'

Since leaving school, Eilidh achieved two Scottish Vocational Qualifications (SVQs) from the Prince's Trust Foundation, which she took before the birth of her first child. She took part five times in the Columba 1400 social enterprise project on the Isle of Skye, which draws out the leadership skills of young people from difficult backgrounds.

After the birth of her first child, Eilidh was diagnosed with post-natal depression. The condition meant the natural bond between mother and child was slow to come to Eilidh. 'I couldn't cope,' she says.

'Everything was building up. My mum and dad were heroin addicts, I just couldn't cope. I more or less wanted to end it all.'

Eilidh

'The doctor gave me tablets. Before I was on them I was greeting [crying] all the time. It was something I couldn't help. It felt rotten.'

To add to it, Eilidh is now on her own, having broken ties with her on/off partner of six years and the father of her three children. The couple's relationship was marked by violence that first erupted three years ago. She explains: 'I was two weeks' pregnant with Lucy. He battered me silly, all the way round the flat. I was black and blue, had black eyes and I could hardly walk. But I did love him. He apologised and I was stupid enough to go back.'

A second violent beating left her with a permanent scar on her leg where he kicked her. Eilidh then moved out of the flat they shared and in with a friend and her mother. But again she returned to her ex-boyfriend.

Eilidh insists he never touched the children. The final straw came for Eilidh when her ex-boyfriend found work and used his earnings not for his children, but to pay for a holiday to Turkey.

Despite their history, Eilidh knows how important it is for their children to have a positive relationship with their father. She leaves them with him twice a week, once at their paternal grandfather's house and the second time at a family centre run by Action for Children.

It's clear from this that Eilidh works hard to maintain relationships in her life. She has rebuilt her relationship with her father after he was released from prison, renounced his

drug habit and enrolled on a methadone programme. He has helped Eilidh a lot but recently he's been diagnosed with multiple sclerosis. Eilidh tries to help out, but with the children, there's not much time.

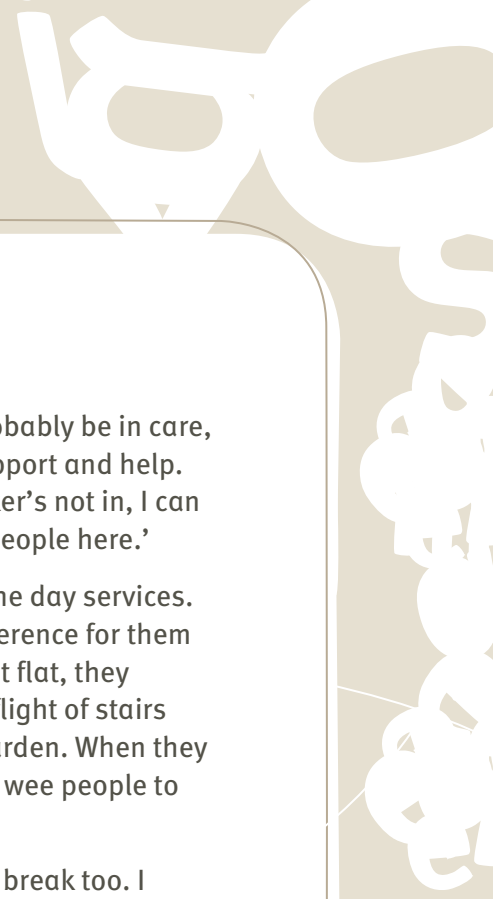
She has also worked to repair her relationship with her mother, although this has been more difficult. Her mother is also on methadone but is picking herself up again after recently suffering a relapse.

Eilidh has received support from Action for Children since her third foster placement, when she was in her teens. She's now been attending an Action for Children children's centre for two years, having been referred there by her health visitors.

'I get support and help. If I come in and my case worker's not in, I can talk to any of the rest of the people here.'

One of the advantages of the centre is that she can drop the children off there and have a break for a few hours. It took a

while for Eilidh to settle at the centre, largely because of her shyness. She has often found it difficult to trust people and ask for help and has felt lonely as a result. Now, though, she's at home at the centre. Her own flat has no outside play area so her children make the most of the opportunity to play and join in with other children. Staff give the children one-to-one time, helping with games, reading stories and chatting with them. It means that the children are better prepared for school and are more likely to settle in easily. They've learned to develop the all-important social skills that enable children to form strong friendships and build confidence.



Her case worker says: 'The children were quite isolated. But they're coming out of their shell. They're happy and contented and their mother's done everything she can to protect them against the things she's experienced.'

Eilidh is unemployed and lives on income support child tax credits and child benefit amounting to £258 a week. It's a tight budget, but Eilidh says she is content with the money she takes in and how it allows her to provide for her family.

Nevertheless, Eilidh would like to go to college and get the qualifications she missed out on during her turbulent childhood. If she does, the project will be able to offer the support it offers to other parents, including childcare.

Her case worker says: 'When she went into care, Eilidh was a very angry child. She was crying out for help. She sees exactly what she was like when she was younger, but she totally wants to break the cycle. She's had no role model as parents, but she's determined to be completely different with her children. She can stand up for herself and she absolutely loves her children. She's sharp too: in different circumstances she'd have shone right through school.'

The advice and support offered by staff at this local family centre have helped Eilidh to gain the strength and sense of purpose that she needs to face the future. 'If it was not for the family centre, I would actually be lost.'

I think my wee 'uns would probably be in care, if it was not for here. I get support and help. If I come in and my case worker's not in, I can talk to any of the rest of the people here.'

Her children love coming to the day services. Eilidh says: 'It makes the difference for them because with me living in that flat, they cannae get out. We are up a flight of stairs and I can't put them in the garden. When they are here, they have got other wee people to play with.'

'It's good for me to get a wee break too. I get tired now and again with having the three of them.'

Hoping to make up for time lost, Eilidh plans to go to college in January to study childcare. Her chosen subject is evidence of her investment both in education and in her children's future, and a chance to build a career for herself. She is determined her children will not walk the same path as she did and miss out on education.

She says: 'I want them to stick in at school, to have minds of their own and not let anyone say "you do this". I want them to decide what they want to do. I would love them to go to college and university and everything. It's what I want for them. As long as my wee 'uns are happy, I'm happy.'

Self-harm



What works in practice

Summary of key points for policy and practice

Action for Children commissioned Oxford Brookes University to do this research (including a review of the literature in the UK and internationally) to identify effective interventions that help children and young people cope with, and break, the cycle of deprivation. Here we summarise the key problems that arise, the evidence of what works and lessons for the future. The full review will be published later this year.

The definition of child deprivation used here is an amalgamation of definitions of material deprivation.¹ In particular, it is adapted from the definition used by the Organisation for Economic Co-operation and Development (OECD): ‘the inability for individuals or households to afford those consumption goods and activities that are typical in a society at a given point in time, irrespective of people’s preferences with respect to these items’.² With this in mind, together with the domains of deprivation identified in the Indices of Multiple Deprivation across the four nations of the UK and the wording of the

Children Act 1989 (s.17) defining a child in need, the definition used here is that:

‘A child is deprived if they are unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, the standards of health, housing, environment, access to services, safety, education and employment enjoyed by those living above 60 per cent of median income.’

In commissioning this research, Action for Children was particularly concerned about the four to seven per cent of families who experience multiple disadvantage persistently. This group, it is argued, ‘requires greater assistance to help them move out of multiple disadvantage and policy and services should consider the intensity of support to improve the outcomes for this group’.³

The review has adapted Bronfenbrenner’s ecological model to place child wellbeing within the spheres of the family, the community and policy.⁴



Policy recommendations

This review identifies key areas where policy initiatives are needed to support children to break free from the cycle of deprivation.

At the micro level of the family, the report focuses on children rather than on parents and on the three key areas that underpin children's lives and ultimately their health and wellbeing:

- ▶ family
- ▶ community
- ▶ education

In this summary, we have combined the sections on community and education as they overlap significantly.

This summary focuses on interventions that will help children and young people lead healthy and fulfilling lives. The aim is to identify policy and evidence-based interventions that will reduce the risk factors associated with cyclical deprivation in children's lives and promote their resilience and wellbeing.

Evidence-based interventions

This summary includes examples of evaluated practice that can make a difference in the right policy context. They focus on early intervention, parenting programmes, whole-family therapies and inter-agency interventions.

Family support

Policy initiatives must be aimed at better supporting parents with mental ill health and other issues that may limit their capacity to parent. In addition, support for parents suffering from mental ill health should be improved to ensure that home support and community health liaison continue throughout the parenting years, and at least until the youngest child has reached 14.

Early childcare

The early years are key. There needs to be a commitment to universal, full-time, high-quality, free nursery provision, with priority being given to rolling out these services in more remote rural areas and areas of high deprivation. Further policy initiatives aimed at increasing parent literacy are needed to improve children's educational outcomes and parental engagement.

Access in rural areas

Parents on low incomes in rural areas have more difficulty accessing a range of children's services, including good-quality early years provision and opportunities for parents to engage actively with others in their child's development. These problems are likely to be acute where a parent or a child is disabled. All children are entitled to have access to good-quality, affordable and local sport, arts, leisure and social facilities, as well as holiday clubs and out-of-school care.



Economic and spatial digital divide

The digital divide will have an increasing impact on deprived children, and change and innovation in both IT and education are likely to disadvantage them still further. All children, including those in remote parts of the UK, should have easy and free public access to high-bandwidth broadband both within and outside school.

Diversity in education

Education has long been recognised as a potential key to social mobility, yet it has also continually failed many children, especially those from deprived backgrounds and those from African Caribbean and some other minority ethnic cultures. In a culturally diverse country, curriculum topics and school staffing should reflect, as far as possible, the student profile and provide positive role models for children.

Widening opportunities and the school day

Despite the advent of extended schools, many children (particularly older children) spend between 3pm and 7pm with no parent in the home and nothing to do. School hours have barely changed since the 19th century, when children were often employed after school. It is time to consider lengthening the statutory school day, which would allow for non-academic lessons such as sport, drama or vocationally related subjects, and has the potential to benefit, in particular, those from deprived backgrounds or at risk of delinquency.

Healthy eating in schools

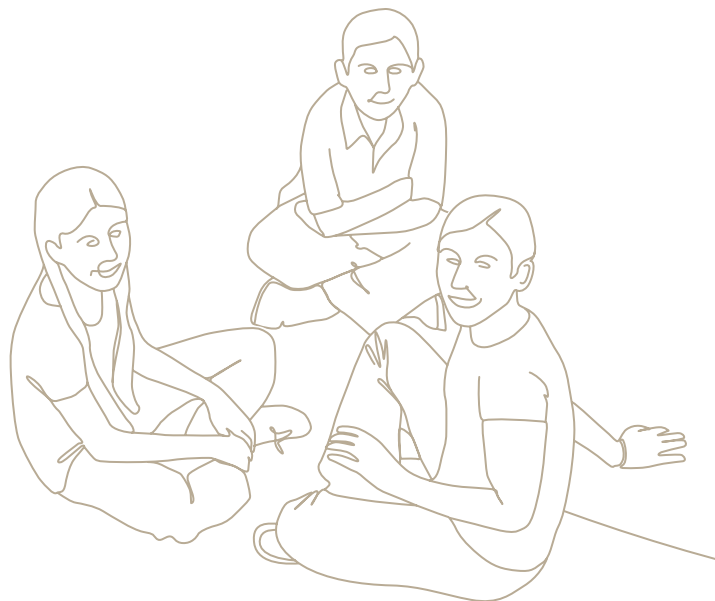
Children leading chaotic lives are most likely to have health problems. Healthy, free school meals must be provided in a non-stigmatising way so that vulnerable children have the best chance of growing up healthy.

Safeguarding children and young people

Rather than looking to countries with a strong focus on child protection (such as the US, Canada, Australia and New Zealand), policy makers should be warned by the fact that these countries all have higher pro rata child maltreatment death rates than the UK, and instead look to countries such as Spain, the Netherlands and Scandinavia, where death rates from child maltreatment are lower and where the policy focus is preventive, with a focus on supporting the wider family.

Public health

Tackling child deprivation cannot be achieved without ensuring that public health considerations are part of all policy initiatives, as advocated in the Acheson Report (1998). In addition, none of the key findings in this report are likely to be effective unless the gap between the richest and poorest in our society is narrowed.



Key findings

Children and parents

All the research shows that to be effective, interventions need to be put in place as early as possible. Early interventions with very young children are likely to prove the most effective for long-term outcomes. However, early intervention also means recognising and tackling problems as soon as they become apparent.

Parenting is the most critical influence on children's lives.⁵ However, parents' ability to provide for children is undermined by poverty, particularly where it is persistent and compounded by access to and lack of resources, especially in the community and education.⁶

Where children face multiple risks (such as parental unemployment or mental ill health, for example), the risk of them developing psychosocial problems increases. The combination of these events is greater than the sum of single events.⁷ Building children's resilience can protect them against disadvantage. Three main factors contribute to resilience: self-esteem, a warm, cohesive and supportive family, and a family able to access external support.⁸

Children living in deprived families and communities are less likely to have access to external systems of support and therefore to develop resilience. In education, academic underachievers are not sufficiently supported in the national curriculum. Many seek self-esteem in other ways, such as joining gangs, and withdraw from mainstream society.

Deprived families are more likely to include lone parents or step-parents, to have a disabled child, to include children under five years of age, to have no adult in the household employed or to be headed by a teenage parent.⁹ The single most protective factor for teenage mothers in reducing the risk of child maltreatment or neglect is for them to live (where appropriate) with a related adult.¹⁰

Many young mothers are discouraged from returning to work as they face low wages that will only cover the cost of childcare. Yet the overwhelming majority acknowledge that having a child at a young age has made them feel more responsible and determined to get a good job.¹¹

Depression, mental ill health and substance misuse problems can undermine parental attachment, as can insufficient support for a mother, problems caused by a pre-term baby or a baby with health problems.¹² Stress and isolation add to the risk of poor attachment, neglect and parental abuse.¹³ A mother's postnatal depression can impair a child's cognitive and social development and is linked with significantly increased levels of child disturbance, particularly among boys.¹⁴

Families living in deprivation may have high aspirations for their children but find it difficult to overcome the obstacles in their way, including poor literacy. Additionally, it is important to make parents aware of their role in building a child's aspirations. This can be achieved through outreach to parents, such as Sure Start Children's Centres, early years initiatives and local mentoring projects.¹⁵

Evaluated early intervention programmes

Parenting programmes

Action for Children children's centres provide a mix of universal and targeted services for families, allowing families wary of services to use them without stigma and to engage constructively with the programmes. As their needs change, they are able to join other tailored programmes. Our children's centres link health, social and education services to provide integrated services that identify children's needs early on and link into supporting services.

We offer a range of programmes to meet local need. 'Empowerment for Parents', for example, is a programme particularly suited for black and minority ethnic parents. The Webster-Stratton 'Incredible Years' programme is a series aimed at helping young children with behavioural problems, providing cost-effective, community-based and universal prevention programmes to improve social competence and reduce risk factors that are linked in later years to deprivation (such as youth offending, drug abuse or violence). 'Mellow Parenting' is part of the Incredible Years programme and is designed for parents with complex needs, including mental ill health and child protection concerns with children aged 1–7.

Webster-Stratton parenting programmes are used in many Action for Children projects to support families parenting teenagers, including Moray Supporting Families Service and Pontllytyn Family Centre.

North Solihull Children's Centre Network, managed by Action for Children, has worked with over 500 fathers or male carers in parenting support programmes that have improved outcomes for children.

Family therapeutic services

Brief strategic family therapy focuses on children and young people aged 8–18 who are at risk of behavioural problems such as substance misuse and crime. Sessions involving the whole family are held in the home or at the project, or in other settings felt to be appropriate. Multi-systemic therapy is an intensive family- and community-based treatment programme aimed at young people aged 12–17 who are chronic offenders, violent or substance abusing and their families. It is largely home based and allows for the provision of intensive therapeutic services.

Action for Children's MIST project in Torfaen offers intensive fostering for children in care and aims to reduce the number of young people in the youth justice system, maintain educational placements, create a stable environment for young people and improve family relationships. The project is on call 24 hours a day, seven days a week. Our Renfrewshire Primary Support Project also offers intensive family support, providing early intervention for vulnerable children at risk of offending and helping to combat anti-social behaviour. The project includes group work, mentoring and individual work with parents.

Community and schools

Good-quality pre-school education benefits children's overall development. Starting pre-school before the age of three is likely to lead to better intellectual development, however the quality of learning in the home is more important for children's social and intellectual development than socio-economic status, parents' level of education or parents' occupation.¹⁶

Supportive communities offer vital support to children and help them build healthy relationships with their families, their community and their teachers. Relationships create social capital and improve wellbeing. Yet children in the most deprived areas are likely to experience high levels of vandalism and anti-social behaviour. One in four children on difficult-to-let estates achieve no GCSEs compared to the figure of one in 20 in England.¹⁷

Teenage mothers report having to move house frequently and to live in circumstances with which few are happy. They report poor standards of accommodation, including living in a dangerous or noisy area. Many would like to live near their parents.¹⁸ There are likely to be fewer opportunities to play and for children to make friends and be released from the pressure at home.¹⁹

Education is a key preventive measure for young mothers.²⁰ Teenage mothers are themselves almost twice as likely to have mothers with no qualifications.²¹ More than a third of young mothers left school before the statutory leaving age and more than half had not gone into education, employment or training. More than half of the teenage mothers are the only adults in their household and suffer from loneliness and isolation.²²

Children living in temporary accommodation can suffer from lack of privacy or space in which to work or play. These conditions affect their socialising, health and schooling.²³ These problems can be exacerbated in rural areas where resources can be thinly spread and the cost of delivering services is high.



Early years partnership work

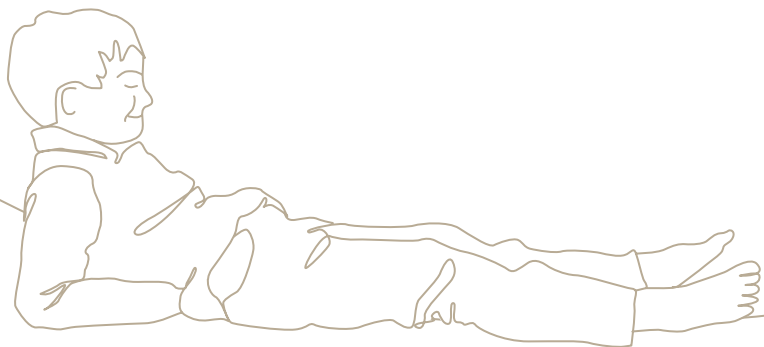
The 'PEEP Learning Together' programme is one of several that extends education services to children during their early years by encouraging parents to take part in their child's early years education. Some services are home based. Action for Children uses this and similar techniques as part of its universal and targeted services.

Mentoring

The Action for Children and Chance UK partnership mentors children aged 5–11 who are on the verge of being excluded from school and who are at risk of being involved in anti-social behaviour and criminal behaviour unless early intervention support is made available. In the United States, Big Brothers Big Sisters offers adult mentoring to 6–18 year olds from low-income families. Despite relatively modest cost implications, the programme appears to be effective in improving behavioural outcomes for children.

Multidisciplinary working

The Marlborough Family Service Education Centre works with parents and school-age children to break the cycle of children's disruptive or problematic behaviour. The work is based in a special classroom and focuses on families with multiple problems (including parents with mental ill health and poor literacy or numeracy skills) and aims to reintegrate young people in mainstream schools. Action for Children's Schools Multi-Agency Resource Team in Torfaen works in primary schools to prevent behaviour problems escalating and support poor health and social development.



What needs to change

This summary demonstrates the wide and progressive impact of deprivation on children and their families. The United Kingdom can learn much from countries such as Denmark, where mainstream parenting support is an integral part of health and education provision and childcare. The challenge for the years ahead will be to establish

a new generation of childcare experts or pedagogues who can drive the needs of children further up the agenda. If we invest in children, we invest in our future. This truth and the ideas contained in this report should guide practitioners to find solutions to gaps in services within their areas, and can guide policy makers in the distribution of resources.

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Philippa Stroud is Executive Director of the Centre for Social Justice. She spent 17 years in poverty-fighting projects and published a book on social injustice before her involvement in the CSJ. From 1987–1989, Philippa worked in Hong Kong and Macau among the addict community. From 1989–1996, Philippa pioneered a four-stage residential support project in Bedford enabling homeless people to move off the streets and to become contributing members of the community. From 2001–2003, Philippa developed a project in Birmingham to care for the homeless, addicts and those in debt. In 2003, she became a founder of the Centre for Social Justice. In 2005, Philippa became the Director of the Conservative Party’s Social Justice Policy Group focusing on rethinking the Party’s approach to the family, education, addiction, debt and employment.

Kate Pickett trained in biological anthropology at Cambridge, nutritional sciences at Cornell and epidemiology at UC-Berkeley. Kate is Professor of Epidemiology at the University of York, where she conducts research on the social determinants of health, with a particular focus on maternal and child health. She is an NIHR Career Scientist, and her research is also funded by the UK Medical Research Council, the UK Economic and Social Research Council, and the US National Institute of Health. She is co-author with Richard Wilkinson of *The Spirit Level*, chosen as one of the top 10 books of the decade by the *New Statesman*, and a co-director of The Equality Trust.

Dr Ruth Lupton is a Senior Research Fellow at the Centre for Analysis of Social Exclusion, LSE, where she works on educational inequalities and also on the problems facing low-income neighbourhoods. Much of her work examines the relationships between poverty, place and education. Recent relevant publications include a chapter on New Labour’s record on educational inequalities in Hills et al (2009) *A More Equal Society? Assessing Policy Towards Poverty, Inequality and Social Exclusion 1997–2008* and ‘Taking school contexts more seriously: the social justice challenge’ (with Martin Thrupp) in the *British Journal of Educational Studies* (2006). She is a member of the National Equality Panel.



Richard Capie is Director of Policy and Practice at the Chartered Institute of Housing. Prior to joining the CIH, he was Head of Policy at the Housing Corporation. In 2006, Richard spent six months seconded to Communities and Local Government, working on the review of housing and regeneration that led to the 2008 Housing and Regeneration Act. Prior to joining the Housing Corporation, Richard worked for a national housing association and a London local authority. Richard has an MA from the Australian National University and an MSc from the London School of Economics.

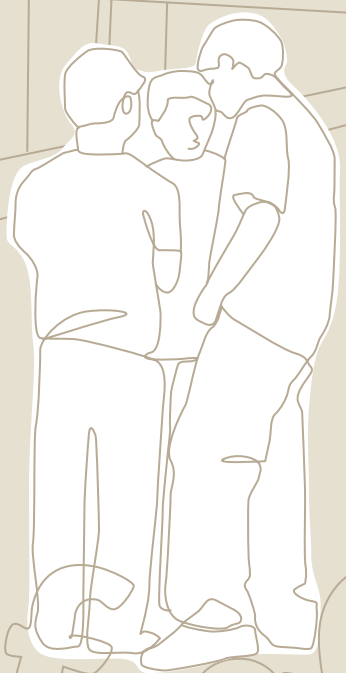
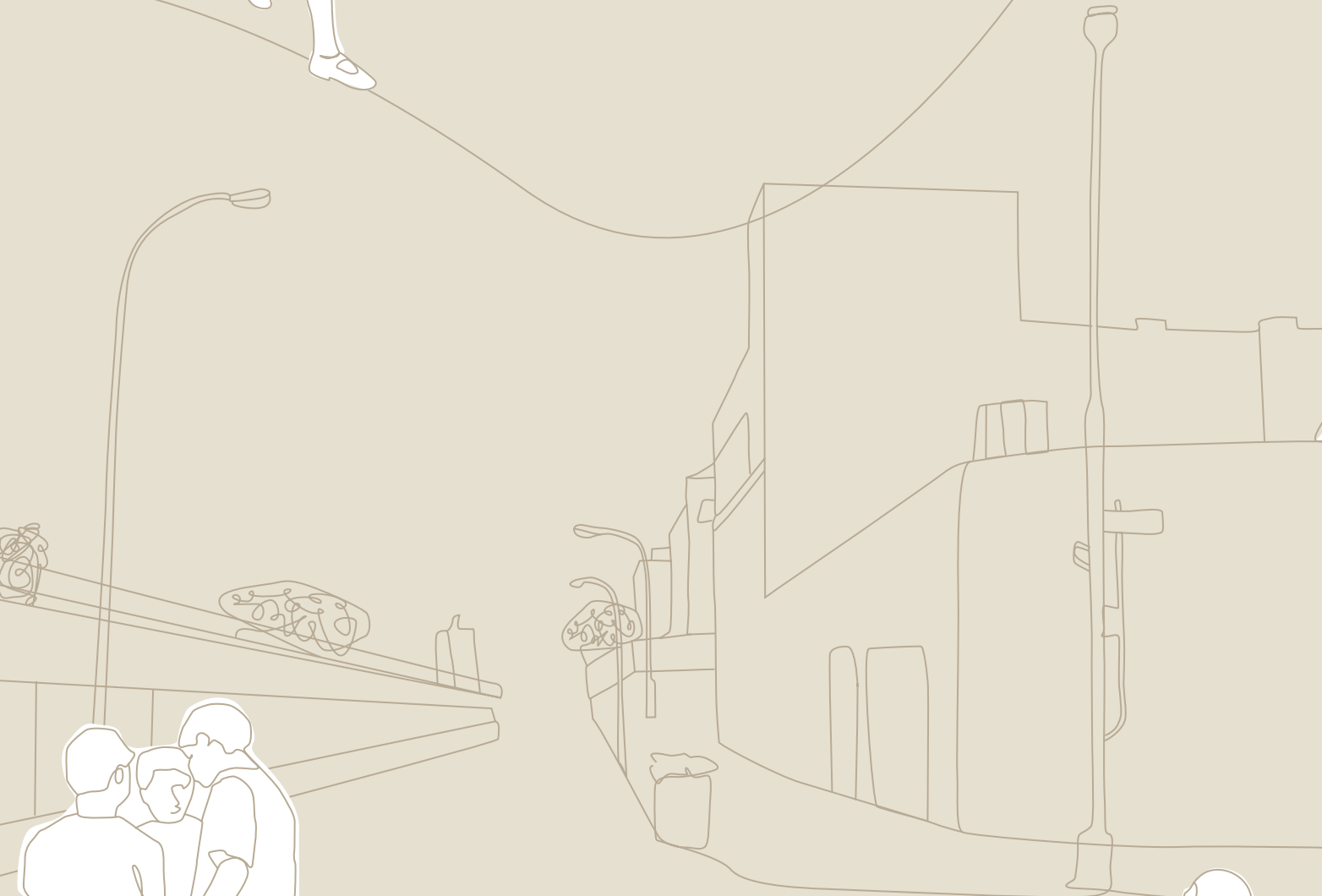
Julia Margo is Director of Research at Demos. Her areas of special interest include social mobility, wellbeing, and children and young people, and she is a regular commentator in the international and national press. Previously Julia was Associate Director and Head of the Strategic Research Team at the Institute for Public Policy Research (ippr). She was also editor of *Public Policy Research*, the leading policy and politics journal published by Wiley-Blackwell. Previous to working at ippr, she worked as commissioning editor on the *Sunday Times News Review*, and as Parliamentary Researcher to Paddy Ashdown and Simon Hughes.

Interviews were conducted by Leanne Gordon, Tim Linehan, Ross McCrea, Susannah Strong and Louise Tickle.

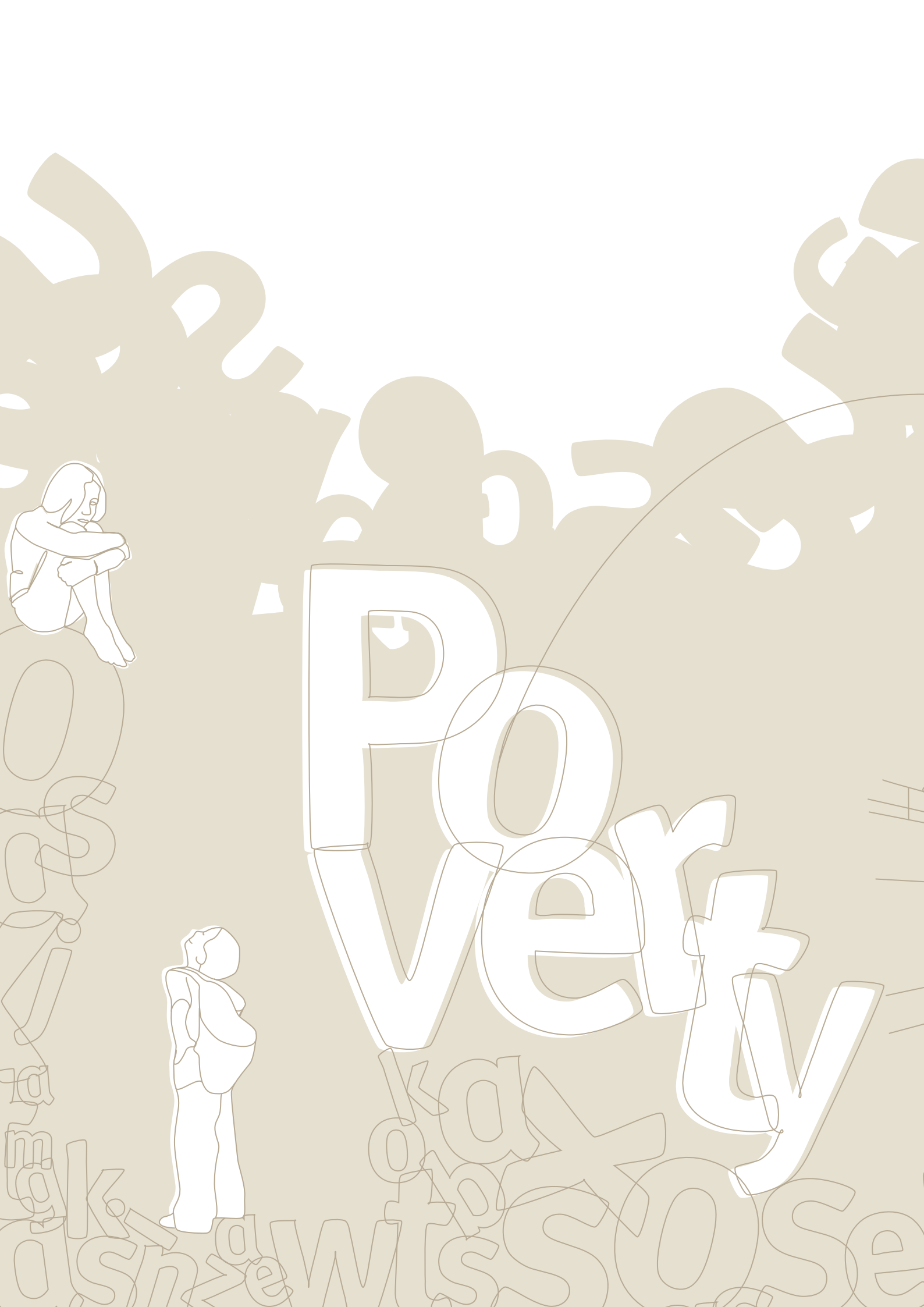
Additional research was carried out by Sarah Honeywell. The report was **edited** by Tim Linehan.

Action for Children would like to thank all those who gave up their time to be interviewed.

Inequality



1 2 3 4 5 Social



Poverty



Background text elements include various letters and symbols: 'O', 'S', 'a', 'm', 'ok', 'sh', 'ye', 'w', 't', 's', 'o', 'se', 'ka', 'da', 'L', 'H', and '\$'.



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Action for Children is committed to helping the most vulnerable children and young people in the UK break through injustice, deprivation and inequality, so they can achieve their full potential.

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as long as it takes