Out of trouble

Families with complex problems
A guide for funders

May 2012
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Based on research commissioned by Barclays
Executive summary

As the dust settled on last summer’s riots, attention soon shifted from the young people who had been rioting to the troubled families that they had grown up in. The prime minister pledged that his government should be judged on its success at transforming the lives of 120,000 such families by 2015. But who are these families, and why are they such a problem?

The government defines troubled families as those where parents are out of work, children are not in school, and family members are involved in anti-social behaviour and crime. These families often face a range of other problems as well, such as mental and physical ill-health, domestic violence, drug and alcohol addiction, isolation, and relationship breakdowns. Such problems are often long-standing and inter-generational. Children with troubled parents are eight times more likely to be suspended or excluded from school than other children, and ten times more likely to be in trouble with the police.

These families face personal difficulties and distress, but they also create problems for others in their community, and are very expensive to the taxpayer. It is estimated that the 120,000 most troubled families cost society up to £9bn every year.

What is being done?

In the last year, the government has made troubled families a priority and committed an extra £448m over the next three years to target the most difficult families and provide them with intensive support. It has also pledged to expand some early years services to prevent problems emerging. However, whilst these efforts are encouraging, they will not reach all families in trouble.

For example, local authorities are expected to provide 60% of the funds to match the government’s overall investment in troubled families, but it is not clear whether they will provide the full amount, whether intensive approaches will be diluted to save costs (for example, with bigger caseloads), or whether they will focus on the families that are easiest to help. Meanwhile, the government’s commitment to double one intervention (the Family Nurse Partnership model) by 2015 will still only cover 40% of estimated need for this intervention.

Charities play an important role in working with troubled families. They are not seen as a statutory authority, so it is often easier for them to gain the trust of resistant parents. They are also effective at drawing in volunteers from the local community to support families in trouble.

But charities need more funding to fill gaps and reach families that are not helped by government services.

Private funders can make a difference

Additional support for families with complex problems would help to break inter-generational cycles of disadvantage. This would improve the lives of many families, whilst creating huge cost savings for society. We have identified three priorities for private funding:

1. **Provide support in the earliest years:** More parents split up in the first year after a child’s birth than at any other time. The earliest years are also a critical time for child development. Proven programmes, such as the Family Nurse Partnership programme, are successful at supporting young, vulnerable families and need to be expanded.

2. **Fund intensive, long-term support for the most challenging families:** There is good evidence that an assertive key worker approach can help families get back on track—as long as support is over the long term and caseloads remain small. The Westminster Family Recovery Project is an excellent example of such a programme.
3. **Fund additional mental health support for parents:** There is a clear gap in mental health support for families. There is a need for staff who are trained to recognise mental health problems, make timely referrals and provide families with practical support. Family Action’s Building Bridges project is effective in providing mental health support.

This is a challenging and complex area, but charities and funders have the potential to help thousands more families in trouble to lead healthy, happy and productive lives.
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Introduction

Poor family environment is at the root of many social problems. Children growing up in troubled homes are severely disadvantaged in terms of educational attainment, life skills and future prospects, and their problems are likely to be a significant financial burden on society in the future.

These families need help now, and with unemployment soaring and public spending getting tighter, private funding is needed more than ever. This is a guide for funders who want to improve the lives of troubled families and their communities, and reduce the huge costs associated with them. It identifies effective approaches that are helping to prevent and address problems facing troubled families.

- Section 1 describes who troubled families are, the scale of the problem and the costs involved.
- Section 2 looks at how government services and charities are supporting families in trouble.
- Section 3 identifies effective projects and priorities for independent funding.
- Section 4 considers the role of independent funding in supporting families in trouble.

We hope this report will inspire more individuals, companies and charitable foundations to support troubled families. This is a challenging and complex area, and the social issues involved do not always generate a lot of sympathy or support. But by supporting effective charities and proven interventions, funders have the potential to help thousands more families to lead healthy and fulfilling lives.

Box 1: Working with Barclays

In 2011, the wealth and investment management division of Barclays commissioned NPC to identify the most costly social problems in the UK, and the most effective charitable interventions that address them. We came up with a list of options for funders who want to improve the economic well-being of society, as well as improving lives.

As a result of this research, we published Early interventions: An economic approach to charitable giving. The report highlighted three of the most costly issues in the UK: troubled families, children with conduct disorders and mental health and employment.

Out of trouble provides funders with more detail on the first of these issues. We have also published a more detailed report on mental health and employment.

We are grateful to Barclays for supporting the original research that provides the basis for this report.
1. The issue

What are troubled families?

In troubled families, the parents are out of work, children are not in school, and family members are involved in anti-social behaviour and crime. These families frequently face a range of other problems as well, such as mental and physical ill-health, domestic violence, drug and alcohol addiction, isolation, and relationship breakdown. Problems are often long-standing and inter-generational. Children with troubled parents are eight times more likely to be suspended or excluded from school than other children, and ten times more likely to be in trouble with the police.1,2

The government has calculated that there are 120,000 troubled families in England—families that suffer from at least five of the following characteristics:

- no one in the family is in work;
- they are living in poor or overcrowded housing;
- neither parent has any qualifications;
- the mother has mental health problems;
- at least one parent has a longstanding illness, disability or infirmity;
- the family has a low income; and
- they cannot afford certain food or items of clothing.

Families that have at least five of these problems tend to struggle significantly and display a range of other problems too, such as involvement in crime or domestic violence.3

The cost of troubled families

Around £9bn a year is spent on England’s 120,000 troubled families, at an average of £75,000 per family per year.4 Most of this money is spent on taking children into care (fostering, residential care, adoption and social workers), and there are significant costs associated with crime and anti-social behaviour. There are also eviction costs, benefit payments, and to a lesser extent, the costs of drug and alcohol dependency, specialist schooling and healthcare.

Not only are troubled families very expensive in the short term, but they also carry a high future cost, because growing up in a family with multiple problems puts children at risk of difficulties such as offending, unemployment and poor mental health, which are themselves very costly. Given the high costs associated with the relatively small number of troubled families, and the inter-generational nature of these problems, there is a strong case for funders to support interventions that help these families.

3 Department for Communities and Local Government, http://www.communities.gov.uk/communities/troubledfamilies/
4 Ibid.
Where do troubled families live?

There are families with complex problems throughout England, and as Figure 1 shows, many are found in rural regions, the South East and the South West, as well as large cities, such as Birmingham and Liverpool.

Figure 1: The distribution of troubled families in England

The government is focusing its funding on ten areas that contain high numbers of troubled families: Birmingham, Lancashire, Kent, Manchester, Essex, Leeds, Liverpool, Bradford, Norfolk and Sheffield. However, this list is based on absolute numbers of families, rather than the proportion of troubled families in an area. Independent funders may want to focus on geographical areas not included in this list. If they do want to focus on areas in this list, they should consider how to avoid duplication and instead to fill gaps in government services.

One particular area where additional funding is likely to be needed is in the poorest London boroughs. London as a whole has 19% of troubled families, but seems to have received relatively little funding for troubled families, and it is not clear that boroughs would be able to fund schemes to the level required. Independent funding could be used to fill this gap.

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1 Estimates for how families with multiple problems are distributed across local authorities are calculated using population estimates and indices of deprivation and child well-being. See http://www.communities.gov.uk/documents/newsroom/pdf/2053538.pdf.
2 Communities and Local Government (28 March 2012) Troubled Families: Top 10 areas are on board as Government is ready to go. www.communities.gov.uk
2. The role of government and charities

Given the high costs associated with troubled families, and the nature of the problems that they face, it is not surprising that central and local policymakers see them as a priority, and many government agencies and charities are involved in supporting them.

The challenges that services face

A wide range of government services support troubled families: social workers, health visitors, drug and alcohol teams, mental health workers, job centre staff, housing officers and others. However, for families with many complex problems, single interventions from agencies working alone are usually ineffective. Around 90% of the money spent on troubled families is spent on reacting to their problems, and most of it is not providing lasting results or changing lives.\(^1\)

Too often, different family members and problems are dealt with by different professionals, with each service having its own funding and accountability structure. One council observed that ‘many families were being offered too many services that ran concurrently, were poorly phased or were contradictory’.\(^2\)

Some families have significant accumulated needs in different areas, but still fall below the threshold for support from any one service (such as mental health or drugs and alcohol). Other families receive support, but the support is not intensive enough. The charity Participle estimates that statutory family workers spend only 14% of their time in families’ homes, and the majority of that time is spent collecting information to fulfil reporting duties.\(^3\)

A further problem is that the families that are most vulnerable are least likely to access and benefit from support because:

- they may be suspicious of statutory services and fearful of engaging with services, often because they believe their children may be taken away;
- they may have had negative experiences of services due to stigma or discrimination, or they may have been turned away by services in the past; or
- they may have low aspirations for their children and lack confidence to encourage services to provide support for them.\(^4\)

Troubled families are therefore a particularly difficult group to support, and require specialist approaches.

Government initiatives

The government has pledged to make families with complex problems a priority. In response to the challenges that services face, it advocates using ‘troubleshooters’ in local areas—trained key workers who will work with families on action plans to turn their lives around, applying sanctions if they do not cooperate and coordinating the agencies that support them. This approach is modelled closely on what were previously known as ‘Intensive Family Support Services’, and prior to that, ‘Family Intervention Projects’, under the previous government.

\(^{1}\) Communities and Local Government (2012) The Troubled Families programme
\(^{2}\) City of Westminster (2010) Repairing broken families and rescuing fractured communities
\(^{4}\) Ippr (2011) Parents at the centre.
There is good evidence that this model is effective as long as it is implemented and funded correctly (see Section 3).¹

In March 2012, the Department for Local Government announced a new, £448m ‘payment by results’ scheme that will target ten local authorities with high numbers of troubled families (see Section 1). This scheme will provide up to £4,000 per family to local authorities that get children back into school, reduce youth crime and anti-social behaviour, and get adults back into work.²

In addition, Community Budgets have been introduced in 16 areas to focus resources on challenging families.

The government has also committed to expand preventative approaches, including the successful Family Nurse Partnerships programme—a specialist nurse-visiting service for vulnerable young mothers. This programme will be doubled in size by 2015 to reach a total of 12,000 families. In addition, 4,200 new health visitors will be introduced by 2013, and free early learning will be provided for three and four year olds.

Where are the gaps?

Government’s initiatives and additional funding have been welcomed by experts, but there are some concerns about whether the reality on the ground will match political rhetoric, given funding cuts elsewhere. Local authorities are expected to provide 60% of the funds to match the government’s investment in troubled families, but it is not clear whether they will provide the full amount, whether the intensive approach will be diluted to save costs (for example, with bigger caseloads), or whether the payment by results approach will encourage local authorities to focus on the families that are easiest to help.⁴

With existing family intervention projects, NPC has heard that funding cuts are leading to larger caseloads, shorter-term interventions, fewer outreach services, and long waiting lists (particularly for mental health services). In short, funding cuts are undermining key elements of effective interventions. Although there is a good understanding of what works, additional funding is required to ensure that principles of effective practice are actually implemented.

Finally, despite the commitments outlined above, there are still not enough specialist services—especially for parents with mental health and substance misuse problems.⁵ The government’s commitment to doubling the Family Nurse Partnership scheme by 2015 will only cover 40% of estimated need.

The role of charities

Given some families’ resistance to government agencies, and the need for ongoing support, charities provide particularly important support to troubled families. First, they are not seen as a statutory authority so it is often easier for them to gain the trust of parents who are resistant to interventions. Second, they are effective at drawing in volunteers from the local community to support families in trouble. This is valuable both in providing essential practical help (for example, with budgeting or mealtimes) and in providing ongoing support after a formal intervention ends.

Charities provide many services for families with complex problems, often with funding from government. Around 20% of family intervention services are provided by charities, such as

4 Matt Gavanagh, Dave’s ‘Troubleshooters’ policy is right—but it needs working on, in The Spectator, December 2011.
Action for Children and Barnardo’s. Many charities provide practical support for the whole family while bringing specialist expertise to a particular issue (for example, Family Action has expertise on mental health; Addaction on substance misuse; and Revolving Doors Association on offending). A number of charities such as Barnardo’s, Action for Children and Family Action run children’s centres, which deliver many preventative services for young families. Charities are also involved in developing new approaches, such as Multi-Systemic Therapy, which has been piloted by the Brandon Centre.

Charities have unique qualities in supporting families in trouble and many experienced organisations are already working in this field. However, much of their funding for work with troubled families comes from government, which poses a question for independent funders about how they can play a distinct role and which aspects of support they should focus on. We consider these questions in the next two sections.

**Box 2: Building bridges for families in trouble**

When Family Action’s Building Bridges project first met the Barker family, they were going through a difficult time. The parents, Sarah and Alex, were out of work and in debt. Sarah had been admitted to hospital for a psychotic condition, and since returning home had become housebound, anxious and overweight. Sarah and Alex had different approaches to parenting, and their daughter Amy was beginning to show problems with her speech and behaviour, which only added to Sarah’s stress.

With support from Anna, the Building Bridges key worker, things started to change. Anna helped Sarah to manage her stress and anxiety by establishing a routine based on earlier waking and bedtimes, healthier eating and more exercise. She accompanied Sarah on shopping trips to give her confidence in leaving the house, and showed her the importance of playing with Amy in creative ways. She helped Sarah and Alex to see how their inconsistent parenting were causing some of Amy’s behavioural problems, and helped them to support Amy and each other.

Soon, Sarah’s relationship with Amy grew stronger, and Amy’s speech, behaviour and self-esteem improved considerably. She found a nursery place for Amy close to home, and began studying childcare and volunteering for a local mental health charity. She made friends and went swimming with them regularly, losing more than a stone in weight. Alex took driving lessons, volunteered in a community centre and stopped smoking. The couple reviewed their household budget to reduce their debt, and eventually found permanent housing in better quality condition.

*Source: Adapted from a real case study provided by Family Action. Names have been changed.*
3. Effective support

It is not easy to change the lives of families with complex problems. But there is a growing understanding of what works and a number of effective programmes that need to be expanded. This section highlights three priority areas where additional support is needed: intervening early to prevent problems before they become serious; expanding intensive long-term support to reach more families; and providing more mental health support to families in trouble. In each case, we outline why this is a priority issue, and give an example of an effective approach.

Early intervention

Once complex family problems become entrenched, parents become much more resistant to support and the cost of intervention spirals, so it makes sense to fund preventative services. Although difficult to target, intervention is especially important in the earliest years of children’s lives: more parents split up in the first year after a child’s birth than at any other time. The first year is also a key time for child development: influencing a child’s social and emotional development becomes harder and more expensive the later it is attempted.

Unfortunately, current provision tends to focus on crisis support, with many families not referred until problems have become seriously out of control. According to one family services manager in a local authority, ‘You cannot believe the level of unidentified need coming into children’s centres.’ Additional independent funding would help to shift the balance towards preventing problems, and build the evidence that this approach is more effective. There are some programmes with strong evidence, such as the Family Nurse Partnership programme (see Box 3), some of which are being piloted by government. However, these are not currently at a scale to reach the levels of need throughout the country, and there is a case for expanding them with independent funding.

Box 3: Family Nurse Partnership

The Family Nurse Partnership (FNP) scheme provides intensive and structured home visits from specially trained nurses, for young, first-time mothers from early pregnancy until the child is two years old. It is one of two programmes globally that has been proven to prevent child maltreatment in an international review by the Lancet. UK pilots show a range of benefits—mothers show increased confidence and higher aspirations for themselves and their children, they stop smoking, they show higher levels of breastfeeding, and their children develop in line with age group norms.

FNP costs around £5,000 per family for two years’ support. Though cost comparisons should be treated with caution, one US evaluation estimates that when targeted at high-risk families, the programme creates savings of $5 for every $1 invested by the time children were aged 15. The savings arise from reduced welfare and criminal justice expenditure, and improved health. FNP is currently run by the NHS, but there are gaps in provision and additional private funding could help it to expand outside the NHS as a social enterprise.


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2 Ibid.

Intensive key worker support

Experts say that when working with the most difficult families, it is crucial to have one assertive key worker who can get to the bottom of the problems that family members face and coordinate support from other providers. Small caseloads and long-term, intensive support are essential: the most effective family intervention services provide support for over a year, with workers visiting several times a week.¹

Different models of intensive family support have been used by government and charities for more than a decade, and there is good evidence that they work well if implemented correctly. The intensive, long-term focus of support means that this is an expensive approach, but pilots by charities and local authorities, such as the Westminster Family Recovery Programme (see Box 4), show good evidence of cost savings within a year.

However, programmes have so far not reached a scale where they can support high numbers of families, and there is a risk that expanding such services at a time of funding cuts will dilute both their intensity and their focus on the highest needs. Additional funding could be used to provide support in new areas that are not prioritised for government funding (see Section 1), or to ensure that existing services provided by charities are able to maintain intensive and long-term support.

Box 4: Westminster Family Recovery Programme

The Westminster Family Recovery Programme (WFRP) uses an intensive key worker approach like many others, but it is innovative in a number of ways. It has a highly targeted approach focusing on the 75 most troubled families in its area, an ‘Information Desk’, which collects and analyses data from partner organisations to offer real-time briefings to workers, and it is particularly good at drawing in support from a range of voluntary agencies. There is good evidence that WFRP makes a difference in children’s and adult’s lives, and the project is widely cited by experts as best practice among intensive family support services.

WFRP assigns a team to each family, sets goals, creates a bespoke care plan, and provides support to address needs and challenge behaviour. As a result of the programme’s work, some families secure tenancies, there is improved take up of mental health services, 80% of truanting children improve their attendance at school, and the number of families not registered with a GP falls by 66%.¹ Involvement in crime and antisocial behaviour also falls significantly in the year following intervention.

WFRP’s model is intensive and expensive, but there is good evidence that it creates savings within one year. WFRP costs £19,500 per family per year, but creates average savings of £40,000 per family within one year. With the highest risk families, the savings are even greater: over £130,000 in one case.

² Ibid.
Support for mental health problems

Parental mental health (especially maternal depression) is a key factor in determining behavioural problems for many children. Children are confused and upset by their parents’ behaviour. Many have no one to talk to, and feel lonely and scared. The profound stigma attached to mental illness may also mean that they hide their worries and remain silent. Parents with mental health problems sometimes feel anxious, uncertain and unconfident about caring for their children, which can exacerbate their problems. In times of crisis, this may mean that they are unable to fulfil their parenting role, and there is a risk of children being taken into care.

Unfortunately, support for parental mental health problems is also the aspect of existing family intervention services that experts believe is weakest. Mental health problems are particularly difficult for untrained staff to identify, diagnose and support, and specialist services often have long waiting lists and are forced to focus on supporting people who are in crisis or have serious mental illness. There is a strong case for philanthropic funding to fill this gap by providing additional mental health support for troubled families that do not meet the threshold for acute services. Family Action’s Building Bridges project provides support for families with all kinds of complex needs, and has a particular expertise with mental health problems (see Box 2 above and Box 5).

Box 5: Family Action: Building Bridges

Family Action’s Building Bridges programme provides support for families with multiple problems, and has a particular expertise in supporting families where a parent has a mental health problem. It uses trained workers and volunteers to provide practical and emotional support to improve parenting skills and encourage the healthy emotional development of children. Support can include counselling parents, helping children understand their parent’s mental health problems through play and pictures, or working with the whole family to put in place simple routines for breakfast, bath time and bedtime. Workers also help families to plan for times of crisis.

This support helps parents to manage their anxieties and reduces the likelihood of crisis and hospitalisation, which are traumatic for the whole family. Improvements in parental health, better care at home, and having someone to talk to help children to lead a normal, happy life and reduces the risk of them being placed in care. Evaluations over the last six years provide good evidence of the effectiveness of Building Bridges, and several experts highlight the model and quality of its workforce in supporting the most challenging families. As a result of Building Bridges, there are fewer family breakdowns, improved take up of mainstream services, reduced truancy and hospital admissions, fewer children taken into care, and reduced depression in children.*


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4. What can independent funders do?

Deciding what to fund

The role of private funders in supporting families with complex and multiple problems is not straightforward. Although there is a clear need and a strong case for investing, the government already sees the issue as a priority and has invested in a range of pilots and new initiatives in recent years. As a result, there is a limited role for philanthropic funding in the areas of lobbying and further pilots. Funders should therefore prioritise service delivery and expansion of effective programmes. They should focus on preventing problems before they emerge and on ensuring that effective models retain quality and work with the highest need families. They should also try to meet gaps—whether geographical gaps in services funded by government, or gaps in the types of service provided, such as mental health support.

The role of philanthropy is complicated because effective interventions for families with multiple problems require support from many different agencies at once. Any one charity, however effective, is only likely to be part of the answer. For some ambitious funders, this is likely to mean funding partnerships and working with local services to help change the system. For others, it may mean identifying charities that are good at linking and coordinating other organisations’ interventions. The Big Lottery Fund’s Improving Futures programme is an ambitious initiative that takes a partnership approach, aiming to draw on the expertise of charities in reaching families in trouble. It has an extensive evaluation, so should provide detailed lessons about effective approaches for other funders and government (see Box 6).

Box 6: Improving Futures for families in trouble

The Big Lottery Fund’s (BIG) Improving Futures programme is providing £26m to 26 projects across the UK over 3–5 years. The projects will be supporting over 10,000 families where the eldest child in the family is between 5–10 years old. Projects provide support for families at different stages of intervention, from early stage support for emerging problems, to families who are on the cusp of crisis. It is based on the principle that voluntary and community sector projects are particularly effective at reaching troubled families.

The programme was developed over two years based on wide consultation. The overall aims include:

- improved outcomes for children in families with multiple and complex needs;
- new approaches to local delivery that demonstrate replicable models, and which lead to more effective, tailored and joined-up support to families with multiple and complex needs; and
- improved learning and sharing of best practice between public services and voluntary and community sector organisations.

In order to meet these aims, BIG has commissioned an extensive evaluation of this programme to understand how the successes of Improving Futures projects can be replicated elsewhere. This will include: an assessment of the risk and protective factors for children, parents and family; an overall assessment of overall impact; a cost-benefit analysis of all projects; an annual stakeholder survey; and a longitudinal beneficiary survey.*

* For more information see: http://www.biglotteryfund.org.uk/prog_improving_futures_new_projects.pdf
Balancing risk and return

Funders should consider the risks, returns and opportunities of different funding options. These will depend on a range of factors, including the amount they want to give, their ambition, their willingness to engage with government or other partners, and their attitude to risk.

- **Returns**: The social return is what the funding achieves: how many people are helped by an intervention, and by how much. When assessing returns, funders should think about success rates, the impact on individuals, cost-effectiveness and wider impact (for instance, proving that an intervention works can lead it to being scaled up).

- **Risk**: Just as with commercial investment, risk plays a role in charitable funding, and it is not in itself a bad thing. Indeed, the ability to take risks is what gives private funders a distinct role in tackling social problems. Funders should weigh up risks of factors such as quality of evidence and the time it may take for results to be delivered.

- **Opportunity for investment**: Funders should consider whether there is a clear and distinct role for their funding, and whether this means more than just writing a cheque. They should look at what type of funding is needed (for example, project funding or long-term support to grow an organisation), the level of engagement required, and whether there are opportunities for social investment.

In Table 1, we apply these criteria to the three interventions highlighted in Section 3 to illustrate how independent funders might approach the complex issue of troubled families.
## Table 1: Three approaches to supporting troubled families

<table>
<thead>
<tr>
<th>Early intervention</th>
<th>Intensive key worker support</th>
<th>Support for mental health problems</th>
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<tbody>
<tr>
<td><strong>Return</strong></td>
<td><strong>Risk</strong></td>
<td><strong>Opportunity for investment</strong></td>
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<tr>
<td>High if targeted, but realised over the long term. The Family Nurse Partnership model shows evidence of 5:1 return on investment from US trials (over 15 years) for high-risk families, but there is no UK cost data yet. Returns for low-risk families is 1.25:1. The model is generally well-targeted with high success rates. There is potential to establish it as a social enterprise.</td>
<td>Low. This is a proven model with a 30-year track record, multiple randomised controlled trials, and good evidence from UK pilots. The main risks are the long timescale for return, and the fact that the economic benefit is likely to be lower in the UK than in the US. Structured model reduces delivery risk, but roll out would need to be managed carefully.</td>
<td>Yes, but requires high engagement. There is scope for expansion and clear demand. However, government is the main provider and there has been little private funding so far. There is an opportunity for private funding through social enterprise, but this requires engagement and resources, or a willingness to partner.</td>
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<tr>
<td><strong>Medium and realised in the short term.</strong> There is good evidence of at least a 2:1 return on investment in one year. Unit costs are high, and success rates vary, but potential savings are very high (eg, £40,000 per family). There is potential for wider impact.</td>
<td>Low to medium. There is very promising evidence of impact from multiple government studies. Cuts to referral partners and large caseloads are likely to reduce the effectiveness of the key worker model, though additional funding could mitigate this.</td>
<td>Maybe. The area is dominated by government services and funding, with very little private funding at present. Charities are involved but private funders would need to structure funding carefully to avoid direct subsidy, or would need to partner with local authorities.</td>
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<tr>
<td><strong>Medium. Success rates vary and cost-effectiveness is not known. But the cost of intervention is low relative to service costs it prevents. Funding evaluation could make economic case stronger and create wider impact.</strong></td>
<td>Medium. Evaluations are of mixed quality. Some use clinical scales, but without control groups and samples are often small. Cuts to statutory partners are likely to reduce effectiveness. Delivery organisations are solid and have good reputations.</td>
<td>Yes, clear role and investment-ready opportunity. Private funding is currently used to replicate projects in new areas. Additional income could be used to expand further, or to fund evaluation or economic studies to prove the model.</td>
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A final word

With recent cuts in public funding, projects supporting troubled families are facing larger case loads, having to shorten their interventions and providing fewer outreach services. The government is committed to the issue, but it is unlikely that this support will go far enough—for instance, its commitment to doubling the Family Nurse Partnerships programme by 2015 will still only cover 40% of estimated need.

Support for troubled families has been relatively neglected by independent funders. Many have seen the issue as the government’s responsibility, considering the issues to be too complex or sensitive, or considering troubled families to be less deserving of charitable support than other issues.

But investing in innovative and evidence-based approaches can help to improve the lives of some of the most disadvantaged families in the UK, and create social and economic benefits for society. At first glance, interventions like the Family Nurse Partnership may look too expensive or too long term or simply too unpopular, but this report helps to make a case for why programmes like this are excellent value for money, and why it is important to fund them.

We hope that this guide and the funding opportunities we present will encourage more private funders to support this issue. At NPC, we are always keen to work with funders to explore how they might target their resources in the most effective way. If you are interested in discussing how we might help, please contact Casey Stander on cstander@philanthropycapital.org or 0207 620 4850.
New Philanthropy Capital (NPC) is a charity think tank and consultancy dedicated to helping funders and charities to achieve a greater impact.

We provide independent research, tools and advice for funders and charities, and shape the debate about what makes charities effective.

We have an ambitious vision: to create a world in which charities and their funders are as effective as possible in improving people’s lives and creating lasting change for the better.

For charities, this means focusing on activities that achieve a real difference, using evidence of results to improve performance, making good use of resources, and being ambitious to solve problems. This requires high-quality leadership and staff, and good financial management.

For funders, this means understanding what makes charities effective and supporting their endeavours to become effective. It includes using evidence of charities’ results to make funding decisions and to measure their own impact.