

## Priority families

Nottingham City Joint Strategic Needs Assessment April 2013

### Introduction

These families are defined as those where there are a wide range of social, educational, financial and other issues affecting both children and adults, leading to poor outcomes (including, but not restricted to, poor health and wellbeing outcomes) for all members of the families, and intense use of resources across all partners with low chance of improvement.

Priority Families is the terminology now being used by Nottingham City Council and the wider partnership to refer to the programme of work that is being developed to refer to families presenting with several risks where a number of agencies / partner organisations are involved and are as a consequence, some of our most high cost families. This replaces the term 'complex families' which was used in relation to large needs assessment carried out by the City. Priority Families incorporates within it, those families meeting the Coalition's Troubled Families Unit criteria.

The 'intergenerational cycle of disadvantage' discussed by Allen and Duncan Smith (2008, and 2011a 2011b) as part of their Early Intervention work means that parental behaviour along with societal norms and a lack of positive role models, helps to ensure ongoing negative outcomes for children within these families. Nottingham was a key area that contributed to this evidence base and continues to be nationally acclaimed. It is known that many health and wellbeing issues are correlated with multiple deprivation (Marmot 2010), therefore if progress is made with reducing the number of priority families, there are likely to be resulting improvements in health and wellbeing levels across the City.

This chapter will focus on the needs analysis carried out as part of the 'Total Place' project, and the multiple issues specifically relating to complex families. Families in this context are households with one or more adults and dependent children or young people. Child poverty and elderly people with complex needs are covered elsewhere in the JSNA.

The issues experienced by these families commonly include the following, many of which already have dedicated chapters in our JSNA: [homelessness](#), [problem drug use in adults](#), [problem drug use in children and young people](#), [alcohol misuse](#), [avoidable injuries](#), [safeguarding](#), [children in care](#), [domestic violence](#), [teenage pregnancy](#), [parenting](#), [offenders](#) and [prostitution](#). The hyperlinks to these chapters are provided above.

Other relevant issues to these families with multiple problems which are not currently covered specifically by the JSNA include unemployment, crime including antisocial behaviour, high use of A&E, low educational attainment and low school attendance. Some of these areas are in development.

### Key issues and gaps

Lack of pooled budgets to deal with a 'joint' issue which has knock on costs for many partners

Lack of understanding of impact on Early Intervention projects on take up of statutory

## services

Findings from the research done with practitioners and families indicates that overall there seems to be enough service- but the depth of involvement of any particular service is inadequate.

There is frequently a focus on the issue in hand, rather than holistic view of person and/or family. Project management approach is needed for some families

Navigating around services is a major problem for both practitioners and families and it would be helpful if a user friendly pathway could be developed.

Findings from the research done with practitioners indicates that the level of assessments carried out and the supervision of practitioners and their caseloads was not adequate.

CAFs are not adequately implemented locally. This would address many problems but the benefits need communicating to frontline workers. CAFs currently address the needs of individuals within the family rather than looking at the needs of the whole family

There is a risk about the sustainability of projects such as the 'FIP' and therefore a need to embed better practice in mainstream services

## **Recommendations for consideration by commissioners**

Ensure full implementation of CAF. Development and implementation of Family CAF

Consider exploring an early intervention, pooled budget approach across partners to intensively intervene with these families, with a view to better outcomes and lower overall costs.

Consider developing a pathway of services that can be used to help both professionals and families navigate their way around services. We would need to ensure that this is mindful of the Public Sector Equality duty.

Develop an operating framework which outlines the importance of following best practice with regards to assessment of complex families, planning of services and supervision of staff. This will also include principles learnt in the secondments and interviews with families and describe how they can be applied to mainstream working.

Consider defining a joint goal around working with complex families.

Consider whether different actions can lead to long term savings against services for complex families.

Look at implications for recruitment and training of workforce and whether job descriptions will enable different ways of working.

Consider whether any changes to services (either rationalisation or growth) need to be made to improve outcomes for complex families and reduce costs.

## 1) Who's at risk and why?

Priority Families is the terminology now being used by Nottingham City Council and the wider partnership to refer to the programme of work that is being developed to refer to families presenting with several risks where a number of agencies / partner organisations are involved and are as a consequence, some of our most high cost families. This replaces the term 'complex families' which was used in relation to large needs assessment carried out by the City. Priority Families incorporates within it, those families meeting the Coalition's Troubled Families Unit criteria.

National literature (including The Marmot review, 2010) and local data tells us that the most deprived families, as classified by IMD, are likely to experience worse health and wellbeing outcomes in terms of higher rates of smoking, poor mental health, adult and child obesity, teenage pregnancy, high levels of A&E attendance and high levels of emergency hospital admissions. Unemployment is high and levels of academic achievement are low, which reinforces the intergenerational nature of deprivation and ongoing poor outcomes in these families. It is worth noting however that in terms of numbers, a large proportion of the City's families live in deprived areas, however only a small proportion of these will become 'complex' or be identified as 'priority'.

The needs analysis carried out as part of the 'total place' project locally identified complex families based on intense resource use across partners. This will be discussed in detail in section 2 below, however demographic information about these families can then be related back, to identify 'risk factors'. Black, and black & mixed ethnic groups were over significantly represented, and Pakistani ethnic group was significantly under represented. The local data was also mosaic profiled, and the mosaic groups 'N' (Young people renting in high density social housing) and 'O' (Families in low rise council housing with high levels of benefit need) were significantly over represented in the 3 highest cost groups.

## 2) The level of need in the population

Children's services within the City Council carried out the 'Total place' project in 2010 and part of this was an extensive [cost and needs analysis](#) (Murray et al 2011). Activity data was extracted from several systems across partners, including CAF, children's Social Care, children's Centres, Connexions, Early Years, Education, Education Welfare, Educational Psychologist, Behavioural Support, Nottingham City Homes, Youth Offending, Police and Probation. Unfortunately health data could not be included within the timescales but subsequent analysis was carried out.

Over 65,000 people were profiled, across approx 50,000 households. Events were linked at individual and household level so that the most 'complex' families could be identified.<sup>1</sup> Complexity was defined as high concentration of activity rather than necessarily cost although the analysis was done both ways. A list of risk factors was identified which would indicate complexity, the analysis would identify how many of these risk factors were present within each family (households used as a proxy) and complexity was then defined by looking at the families with the most risk factors present.

<sup>1</sup> The dataset was constrained to households containing children in school or young people known to the Connexions service, due to the need for a universal dataset, so it is accepted that this needs assessment focuses on families with dependents and identifies the most complex of these, and is therefore a 'young' dataset. For more information please see the full report.

There were 2625 of these 'complex families', accounting for 7% of the households profiled, and primarily living in housing to the North of the city. Nearly half of all these complex families live in 5 wards: 16.4% of them in Aspley, 8.8% in Bestwood, 8.8% in Bulwell, 8.5% in Bilborough and 7.1% in St Ann's. See figure 1 below for a map of where the top 3 high cost groups live across the City. Almost half of all the financial resources included in the dataset were spent on them. A breakdown is given below of some of the % of analysed resources spent on these complex families:

32% of education welfare

86% of statements of special educational need

55% of education psychology

31% of social care involvement

53% of child protection plans

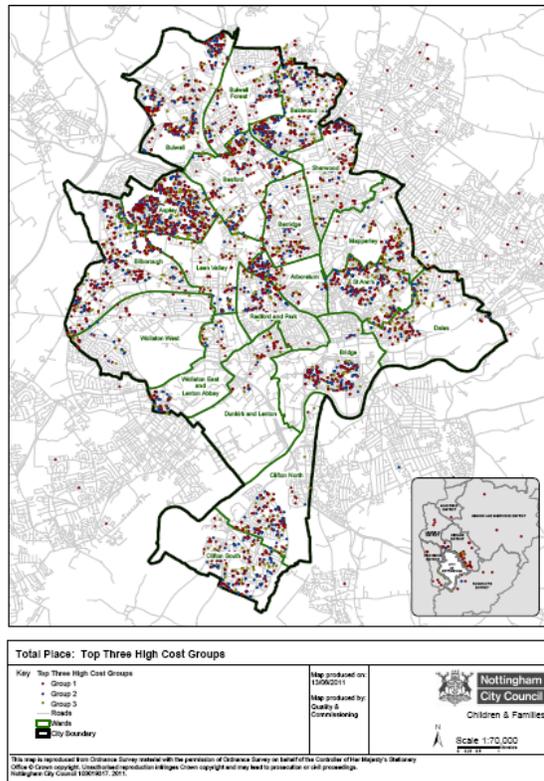
78% of youth offending team involvement

46% of households with victims of major crime (Band D)

32% of Nottingham City Homes arrears

56% of all residents on probation.

Figure 1: Geographical distribution of the top 3 high cost groups



A segment summary was produced which five different segments of families, and their typical characteristics. This is shown below.

Figure 2: Nottingham complex family segments and their defining characteristics

16% cost	44% cost	24% cost	13% cost	2% cost
CiC	Segment 1 (7%)	Segment 2 (14%)	Segment 3 (19%)	Segment 4 (10%)
<b>CiC</b>	<b>Complex &amp; Chaotic</b>	<b>Complex, vulnerable to escalation</b>	<b>Resilient but under Sig financial stress</b>	<b>Low income and just coping</b>
High cost group due to placements in care	Over 50% are NCH in Arrears On Free Schools meals	Over 20% Social Care Children in need NCH In arrears Free school meals	Good use of early years indicates working families Low additional School support Low YOT involvement	High FSM and low use of early Years
Wide range of service Provision coordinated	Over 30% need SEN Social Care Children in Need Police Involvement	Over 10% Education welfare Police involvement 1% on probation	Involvement with Police still High (12%)  Social care involved (11%) but not on CPP's	Low involvement with all services except Universal  Low police involvement
	Also Education welfare Major crimes NEET Child Protection Behaviour support 2% on probation			
	Protection	Extensive Support	Additional Support	Additional Support

#### Later addition of health data

It was not possible during the original project timescales to include health data in the original analysis, however health events data for the corresponding time period were subsequently extracted, and matched at household level both to the 'complex' households, and to the other profiled households. The analysis was restricted to Nottingham City residents. The datasets linked to were hospital inpatient admissions, outpatient attendances, mental health healthcare trust activity, and A&E attendances.

In some cases, there were similar findings, that a disproportionate amount of activity and therefore cost was attributed to these households, compared to all the households profiled. The effect was particularly strong in mental health referrals and use of A&E, with a weaker effect in outpatient hospital admissions. However, this was considerably less dramatic, than for the other partner's datasets. This may be due to a greater concentration of costs in health in older people, compared to the families with children profiled as part of this analysis. Also, in the case of hospital inpatient admissions, the effect was actually reversed, with complex families underrepresented compared to the proportion of the overall population that they represent. This was the case when looking at the number of people admitted, and also the number of emergency bed days. This can be explained by older people making up a much proportion of overall inpatient hospital activity, compared to the younger nature of the complex families and other households profiled in the Total place analysis. A&E costs are relatively cheap, compared to being admitted to hospital as an inpatient, therefore complex families are not the most expensive segment of the population for health. Mental health costs are harder to quantify currently. However given the higher prevalence of smoking, obesity and low levels of physical activity in the areas where large numbers of complex families are prevalent, it is likely that they will 'grow into' being more costly to health in the future.

### 3) Current services and assets in relation to need

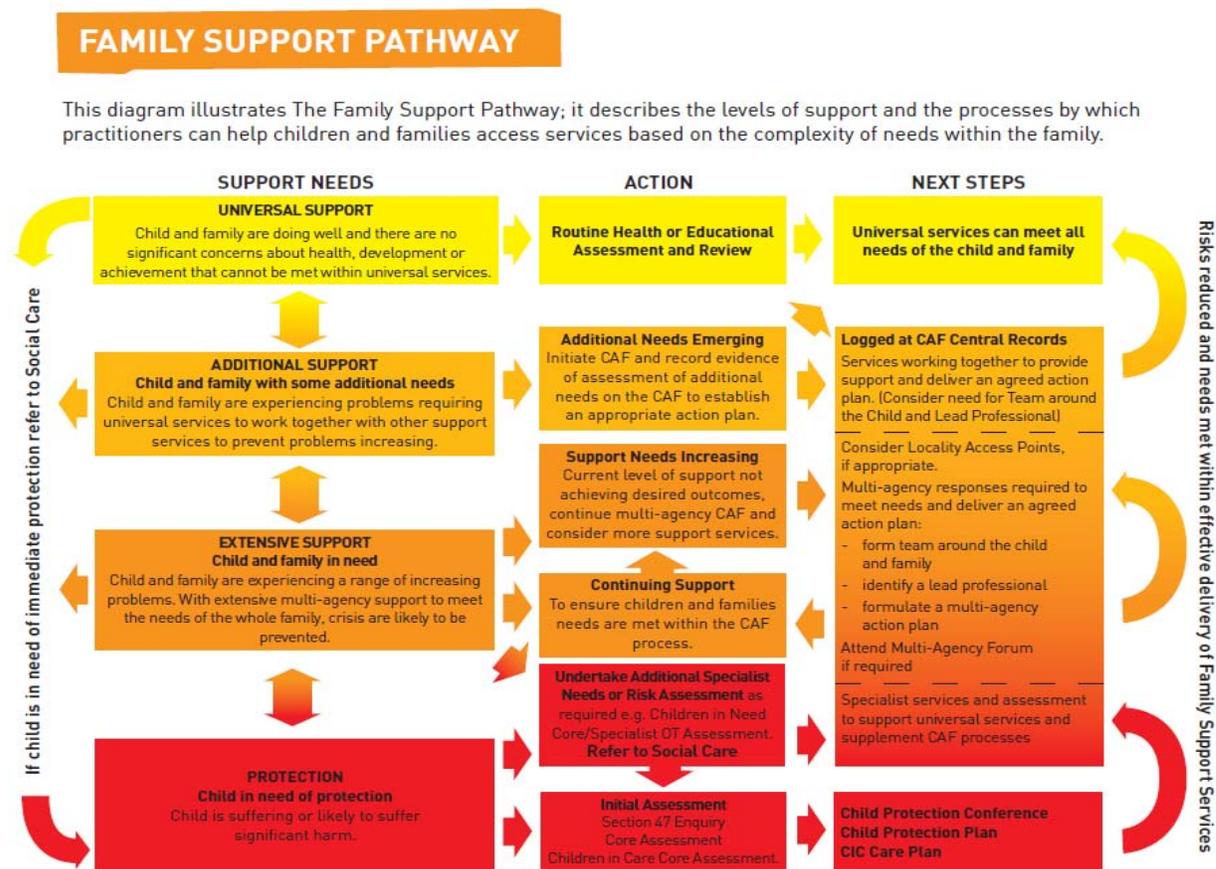
By the nature of these complex families with multiple problems there are many different agencies commissioning many different services to address a multitude of issues. The national policy steer is to explore an early intervention, pooled budget approach to intensively intervene with these families, with a view to better outcomes and lower overall costs.

Relevant chapters within the JSNA covering these issues include: [homelessness](#), [problem drug use in adults](#), [problem drug use in children and young people](#), [alcohol misuse](#), [avoidable injuries](#), [safeguarding](#), [children in care](#), [domestic violence](#), [teenage pregnancy](#), [parenting](#), [offenders](#) and [prostitution](#). The hyperlinks to these chapters are provided above, and the 'current services in relation to need' section of these chapters should be consulted, but this will not be reproduced here.

This section will focus primarily on the current arrangements or services commissioned specifically to focus on the issue of 'multiple problems/ complex families.'

#### Family support strategy

Figure 3: Nottingham City's family support pathway



The city has launched this [strategy](#) for 2010-2014 to build on successes and improve the way support is offered to families who need help. The purpose of the strategy is to provide a consistent approach in the delivery of family support services. The strategy sets out the vision, a set of delivery priorities and a pathway for support that provides a framework for identifying

appropriate family support provision at different levels of need. The strategy is also designed to aid the planning and commissioning of family support services. It has been developed to recommend support at different levels of need and also incorporates the local CAF guidelines and safeguarding referral guidelines. A toolkit has been developed to support the implementation of the strategy. Some of the 'tools' available in the City are described below.

### CAF

CAF stands for 'Common Assessment Framework' This is a nationally implemented process which enables the needs of children and young people to be identified, where there are additional needs. It is implemented locally as part of the family support strategy. A multidisciplinary team (known as a 'Team Around the Child') can then be identified, and a lead professional. Regular meetings are held, and issues raised and resolved, the process enables professionals to work together, share information and provide integrated support. A multi agency action plan is created in order to identify services to meet the identified needs of the child or young person.

More information is available [here](#) on the national programme and [here](#) on the local implementation.

The criteria for doing a CAF are:

- a practitioner is worried about how well a child or young person is progressing (e.g. concerns about their health, development, welfare, behaviour, progress in learning or any other aspect of their wellbeing)
- a child or young person, or their parent/ carer, raises a concern with a practitioner
- a child's or young person's needs are unclear, or broader than the practitioner's service can address.

### Priority Families workstream

Following the needs assessment work which this chapter summarises, a workstream has been organised to focus on the 1200 priority families identified. The government is offering payment by results funding against a set of outcomes. A strategic commissioning review is also being carried out by the City Council in 2012/13. More information is available [here](#).

### Family and Community teams

Family Community Teams lead the City Council's approach to providing additional and extensive support to children, young people and their families, again as part of the overarching family support strategy. Family Community Teams offer family support services through:

- Children's Centres
- Play and Youth provision
- Family Support Teams
- Multi-Agency Locality Teams, including child & adolescent mental health (CAMHS)
- The Education Welfare Service
- The Disabled Children's Team
- Provision for disabled children

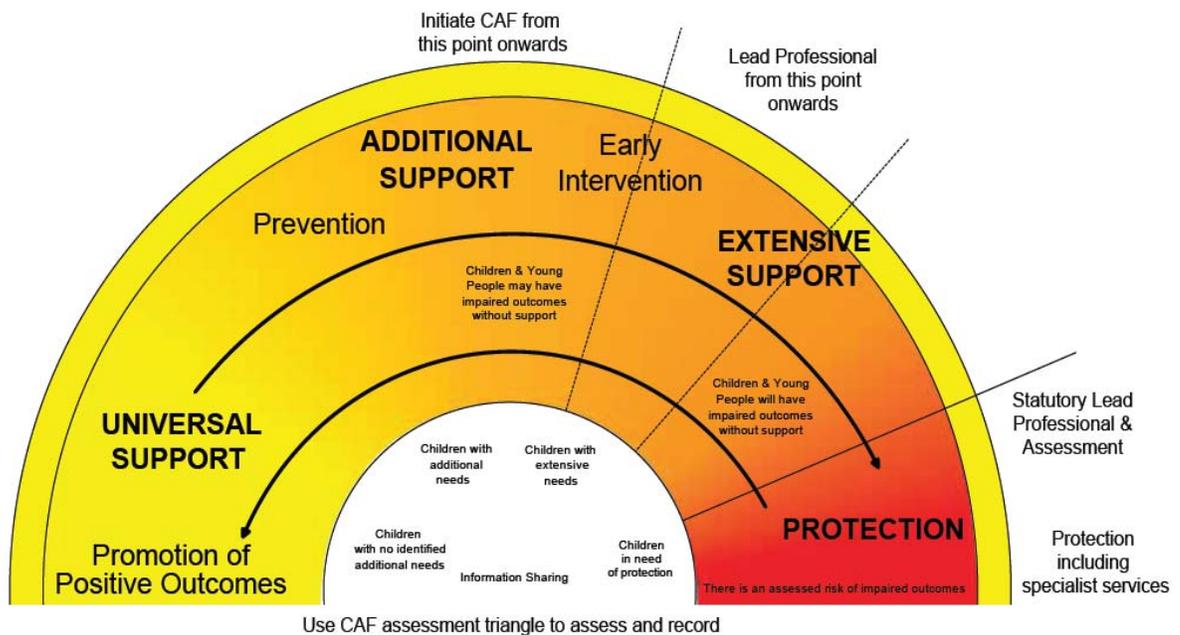
Support can be accessed via three Locality Access Points – North, Central and South. The purpose of the Locality Access Point is to ensure that requests for additional and extensive

support are allocated swiftly and seamlessly to the appropriate services within Family Community Teams. More information on the referral process can be found [here](#).

### Early intervention model

Nottingham was one of the Early Intervention pilots and has invested heavily in this agenda. A series of interventions were developed which had rigorous evaluation and have contributed to the national evidence base on good practice interventions in this area. The FIP and FNP described below are part of this programme.

*Figure 4: Nottingham's model for prevention and early intervention*



### Family Intervention Project (FIP)

A nationally recognised Family Intervention Project is working across the city. Traditionally the FIP has worked with families that have a history of multiple services involved and who have not engaged, seen as some of the most challenging families in the city. The first aim and remit of the FIP has been to work with the most problematic and chaotic families at risk of eviction or other enforcement action as a result of their anti social behaviour. The criteria has now expanded to include domestic violence, prolific persistent offenders, non engagement with CAF process, young people at risk of entering criminal justice system and intergenerational families entrenched in poverty. The second aim was to explore how the families had to come to reach crisis point and develop and share lessons learnt through promoting workforce development.

### Family Nurse Partnership (FNP)

This service was developed as part of the 'Think Family' agenda which advocated a holistic and family focussed approach to service delivery. The service works with vulnerable teenage parents and their families. It is an intensive home visiting service which aims to improve pregnancy outcomes, child health and development and parental aspirations for themselves and their baby. The same family nurse visits from early pregnancy until the baby is 2 years old, developing relationships with the mother, father and family to support and educate on parenting

and issues that concern the young women.

#### Partnership approach

One Nottingham partners and the City Council are now moving towards delivering a family based approach. Work with our most challenging families reaches across all key One Nottingham partners and covers five of the six Nottingham Plan priorities. This work is being taken forward through the Health and Wellbeing board.

#### **4) Projected service use and outcomes in 3-5 years and 5-10 years**

The concept of complex or priority families is a fluid one, there may be 'trigger' events that cause an escalation of activity for example a parent losing their job, a relationship breakdown or an adult going to prison. Therefore families may move in and out of the definition of 'complex', so the need for services addressing complex families may also be fluid. Many of the risk factors for these 'trigger events' may be affected by the economic downturn.

The Index of Multiple deprivation measures a variety of indicators, many of which are characteristics of the 'complex families' discussed in this chapter. These include income, employment, health, education, housing and services, living environment and crime. In the IMD 2010 Nottingham City actually became less deprived, compared to the IMD 2007, which may suggest that the problem of complex families may reduce in the future. However the data that has gone into the calculation of the IMD 2010 pre-dates the economic downturn. In Nottingham as well as nationally this has meant cuts to public sector bodies and also a loss of contracts held with private sector companies. This has meant fewer jobs in both sectors. Fewer jobs in the public sector may affect graduation retention as historically a high proportion of our graduates (as well as the local population) are employed by the public sector. (Nottingham City Council 'State of Nottingham' report, 2011, available [here](#) online.) There will be significant impacts to families from the welfare reforms impacting on income and tenancies.

However the effect of many of the schemes and initiatives across the City have yet to be seen and may mitigate against these factors. We have the new Health and Wellbeing board which has chosen priority families as a priority and the focussed work has an opportunity to make a real difference.

Overall, it is fair to say there is therefore a significant amount of uncertainty as to levels of future need.

#### **5) Evidence of what works**

The Department for Communities and Local Government (DCLG, 2013) has published '[The Cost of Troubled Families](#)'. This report considers the financial case for local authorities and other local agencies to invest in effective services for troubled families. It looks at the pre-intervention cost of troubled families, the case for investment in family intervention services and the links between areas' service improvement plans and the financial case for change. In a separate but related development, DCLG has also published '[Working with troubled families - A guide to evidence and good practice](#)'. This is a tool to help local authorities and their partners, who have asked for guidance on how best to work with troubled families, and for the evidence about family intervention to be brought together in one place. The report looks at academic evidence, local evaluations of practice, what practitioners have told us works in their services and what families tell us makes this work different and successful for them. See also The Cost of Troubled Families above.

There is a wealth of national evidence consistently supporting the case for taking a family focussed, holistic view of families when trying to support them in order to improve outcomes,

rather than focussing on individuals needs in isolation to the rest of the family. This has led to the development and national implementation of CAF (this has been promoted as a method of identifying and supporting complex families since the Children's Act (2004). The original justification for CAF including the importance of taking a holistic view of the family around a child or young person, and across the full range of services engaged with the family- can be found in the serious case reviews which fed in to '[Every Child Matters](#)' and Lord Laming's review) and pilots (including Nottingham) of the Family Intervention Project (FIP).

A toolkit of best practice '[Helping Families Thrive](#)' has recently been published by the DWP which identifies lessons learnt from the child poverty pilot programme.

The [Social Research Unit at Dartington](#) have been collecting and assessing examples of good practice in interventions working with complex families, and their work is cited by Allen (2011) and Field (2010).

Graham's Allen's early intervention work (2011a, 2011b) has reviewed and recommended a range of cost effective evidence based approaches to improve outcomes for children and families, much of which is very relevant to the priority family's agenda.

## 6) User Views

The Action learning part of the 'total place' project carried out locally aimed to analyse how services deliver to 'complex' families, how practitioners view their work and the impact they are having, how families may view and interact with the services, and whether we are currently set up and equipped across the partnership to deliver what is needed in order to achieve good outcomes. The findings from this work are summarised below:

### Practitioner views

Part of the 'Total place' project carried out locally looked at the delivery of services to 'complex families'. Staff views were elicited (during a 5 week secondment programme which workers underwent with the Family Intervention Project) to gain understanding of the systems in which they operate and identify any barriers present when working with particularly challenging families. Some of the issues identified are listed below:

- Significant gaps exist in assessment, planning and partnership working despite service managers feeling that existing processes are robust.
- No fundamental gaps in service provision but there is confusion. Large number of services, multi-agency meetings and partnerships mean it is difficult for practitioners to navigate and support each other properly across the partnership.
- Quality and scope of assessments, plans and supervision: Assessments and plans are often too narrow in focus, with the skills required to carry them out often not strong enough. Supervision is often not challenging enough. Service delivery and targets are focussed on rather than the needs of the family, and partnership working needs development.
- The role of workers is unclear- services see themselves first and foremost as providing their own specialist role and see focussing on a family's wider needs as extra.
- Services are not building sustainable change for families- a stronger project management role is required and also greater continuity with families.
- Relationships are vital – change is only possible if the wider network around an individual is engaged.
- Improvements in data and information sharing are required in order to develop and conduct more robust assessments, work better in partnership, reduce duplication and

conduct better needs analysis to inform commissioning.

Further detail from the case studies with practitioners is available in the [full report](#). Murray et al (2011)

#### Family views

A small number of 'complex' families were interviewed by Nottingham university. Some similar themes emerged to those identified during the work with practitioners, but there were also some new findings:

- The scale and complexity of problems within some families would make it very difficult for practitioners to navigate and signpost families.
- Families welcomed the prospect of hands on practical help with their problems rather than just advice.
- Many families were resigned to their problems, with low levels of responsibility taken for improving things. Some would say and do anything to get services out of their lives.
- Families perceptions of themselves (caring, tight, coming together to sort their problems out) contrast with how they think professionals see them (hectic, needy, chaotic, trouble) and they feel that professionals only view them negatively, not seeing their strengths.
- Families could identify earlier points where interventions could have engaged with them better (e.g. been less judgmental), causing them to resist interventions later on.
- Services that engaged with wider family were appreciated.
- Absence of broader engagement of services with other services is evident e.g. services dealing with adults issues within a family not talking to those dealing with the children.
- Families felt that if they asked for help from social services it wasn't there, whereas if someone reported an issue with their family to social services then they would quickly get investigated.
- Poor communication from services to families about what is happening and why certain things are happening.

Further detail from these case studies is available in the [main report](#). Murray et al (2011)

#### 10 year timeline of a family

A 10 year timeline of a family that the Family Intervention Project (FIP) had worked with was created in order to show the scale and complexity to illustrate the scale and complexity of the issues facing a typical 'complex' family. This was compiled using case files from across various services, and shows on one page some of the activity and outcomes around that family. It shows the escalation of issues and service involvement over the years, as well as the lack of engagement from the family and inability of services to change behaviour. It is littered with missed appointments by the family, re-referrals for services, more assessments, and services closing cases due to lack of engagement. Activity peaked at the time the FIP became involved, and although service activity was still high afterwards it became more co-ordinated with outcomes improving over time and eventually handovers back to mainstream services. It should be noted that it is not clear whether the relative lack of service activity in the earlier years is due to a definite lack of activity or less complete recording.

#### Ethnographic work

Pen portraits of 10 families were created by the University of Nottingham, working alongside families facing challenging life circumstances. This was carried out as part of the 'Early Intervention' project work in Nottingham. These pen portraits of families within Nottingham show the reality of their lives beyond just the services involved and provide an important insight into

some of the very real issues that families face and some of the ways they cope with them.

### **7) Equality Impact Assessments**

EIAs have been completed for the family support strategy, the Family Intervention Project and the removal of the CAF team, in order that these do not treat protected groups unfavourably. These can be on the Nottingham City Council website.

### **8) Unmet needs and service gaps**

Lack of pooled budgets to deal with a 'joint' issue which has knock on costs for many partners  
Lack of understanding of impact on Early Intervention projects on take up of statutory services

Findings from the research done with practitioners and families indicates that overall there seems to be enough service- but the depth of involvement of any particular service is inadequate.

There is frequently a focus on the issue in hand, rather than holistic view of person and/or family. Project management approach is needed for some families

Navigating around services is a major problem for both practitioners and families and it would be helpful if a user friendly pathway could be developed.

Findings from the research done with practitioners indicates that the level of assessments carried out and the supervision of practitioners and their caseloads was not adequate.

CAFs are not adequately implemented locally. This would address many problems but the benefits need communicating to frontline workers. CAFs currently address the needs of individuals within the family rather than looking at the needs of the whole family

There is a risk about the sustainability of projects such as the 'FIP' and therefore a need to embed better practice in mainstream services

### **9) Recommendations for consideration by commissioners**

Ensure full implementation of CAF.

Consider exploring an early intervention, pooled budget approach across partners to intensively intervene with these families, with a view to better outcomes and lower overall costs.

Consider developing a pathway of services that can be used to help both professionals and families navigate their way around services. We would need to ensure that this is mindful of the Public Sector Equality duty.

Develop an operating framework which outlines the importance of following best practice with regards to assessment of complex families, planning of services and supervision of staff. This will also include principles learnt in the secondments and interviews with families and describe how they can be applied to mainstream working.

Consider defining a joint goal around working with complex families.

Consider whether different actions can lead to long term savings against services for complex families.

Look at implications for recruitment and training of workforce and whether job descriptions will

enable different ways of working.

Consider whether any changes to services (either rationalisation or growth) need to be made to improve outcomes for complex families and reduce costs.

### **10) Recommendations for needs assessment work**

Improve collation and quality of information to support and evidence decision making, assessment and impact measurement.

Improve understanding of assets available, or services available to be deployed to meet needs.

### **Key contacts**

Clare Gilbert, Lead Commissioning manager, Nottingham City Council,  
[clare.gilbert@nottinghamcity.gov.uk](mailto:clare.gilbert@nottinghamcity.gov.uk)

Luke Murray, Intelligence manager (Insight JSNA), Quality and Commissioning, Nottingham City Council, [luke.murray@nottinghamcity.gov.uk](mailto:luke.murray@nottinghamcity.gov.uk)

Louise Noon, Public Health Development Manager, Public Health Nottingham City,  
[louise.noon@nottinghamcity.gov.uk](mailto:louise.noon@nottinghamcity.gov.uk)

Colin Monckton, Head of commissioning and Insight, Quality and Commissioning, Nottingham City Council, [colin.monckton@nottinghamcity.gov.uk](mailto:colin.monckton@nottinghamcity.gov.uk)

### **References**

Allen, G. (2011a). Early intervention: The Next Steps. HM Government.

Allen, G. (2011b). Early intervention: Smart Investment, Massive Savings. HM Government.

Allen, G. and Duncan Smith, I. (2008) Early Intervention: Good parents, great kids, better citizens. Centre for Social Justice and the Smith Institute. Available at: <http://www.centreforsocialjustice.org.uk/client/downloads/EarlyInterventionpaperFINAL.pdf> [Accessed 17 August 2012]

DCLG (2013). The Cost of Troubled Families. Available at [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/68744/The\\_Cost\\_of\\_Troubled\\_Families\\_v1.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/68744/The_Cost_of_Troubled_Families_v1.pdf) [Accessed 22 February 2013]

DCLG (2012). Working with troubled families - A guide to evidence and good practice. Available at [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/66113/121214\\_Working\\_with\\_troubled\\_families\\_FINAL\\_v2.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/66113/121214_Working_with_troubled_families_FINAL_v2.pdf) [Accessed 22 February 2013]

DCLG (2010) The English Indices of Deprivation 2010. Available at: <http://www.communities.gov.uk/documents/statistics/pdf/1871208.pdf> [Accessed 17 August 2012]

DfE (2012). The CAF process: general article. Available at: <http://www.education.gov.uk/childrenandyoungpeople/strategy/integratedworking/caf/a0068957/the-caf-process> [Accessed 17 August 2012]

DWP (2012). Helping Families Thrive: Lessons learnt from the child poverty pilot programme. Available at: [http://research.dwp.gov.uk/asd/asd5/Child\\_poverty\\_pilots.pdf](http://research.dwp.gov.uk/asd/asd5/Child_poverty_pilots.pdf) [Accessed 31 July 2012]

Field, F. (2010) The Foundation Years: preventing poor children becoming poor adults. The report of the Independent Review on Poverty and Life Chances. HM Government. Available at: <http://webarchive.nationalarchives.gov.uk/20110120090128/http://povertyreview.independent.gov.uk/media/20254/poverty-report.pdf> [Accessed 04 December 2012]

The Marmot review (2010). Fair Society healthy lives: Strategic review of health inequalities in England post 2010. Available at: <http://www.ucl.ac.uk/marmotreview> [Accessed 17 August 2012]

Murray, L (2011) Total Place Cost and needs analysis. Nottingham City Council. Available at: <http://www.nottinghaminsight.org.uk/insight/handler/downloadHandler.ashx?node=65779> [Accessed 17 August 2012]

Murray, L (2011) Total place project: final report. Nottingham City Council. Available at: <http://www.nottinghaminsight.org.uk/insight/handler/downloadHandler.ashx?node=66331> [Accessed 17 August 2012]

Nottingham City Council (2011) Indices of Deprivation 2010, city compendium. Available at: <http://www.nottinghaminsight.org.uk/d/63285/Download/> [Accessed 17 August 2012]

Nottingham City Council (2011) The State of Nottingham. Available at: <http://www.nottinghaminsight.org.uk/insight/scs/scs-state-of-nottingham.aspx> [Accessed 17 August 2012]

Nottingham City Council (2011) Family Support Strategy. Available at <http://www.nottinghamcity.gov.uk/ics/index.aspx?articleid=14713> [Accessed 17 August 2012]

Nottingham City Council (2012). Nottingham- Early Intervention City. Available at <http://www.nottinghamcity.gov.uk/index.aspx?articleid=303> [Accessed 17 August 2012]