

## **FRIENDS UNITED NETWORK**

*Changing Children's Lives through Friendship.*

In response to the Ministerial written statement inviting submissions from interested organisations, I should like to make the following comments on behalf of the children's charity, Friends United Network or 'FUN' -

([www.friendsunitednetwork.org.uk](http://www.friendsunitednetwork.org.uk)) My comments are based on 17 years experience as CEO of 'FUN' running a long term befriending service for at risk children. I have worked in the voluntary and public sectors since 1970 and have therefore had the opportunity to see many initiatives come and go, including the radical change in social worker's role in the 1970s from specialist (eg. child care officers) to 'generic' and have also been round the circuit in terms of the decentralisation versus centralisation of services debate. While my comments are based on my experience in London, I know from discussions with colleagues in similar positions across the UK that the same situation and serious dilemmas confront social services providers throughout the country.

I feel most qualified to submit comments under the heading of 'Prevention', 'Parenting' and 'High cost/high harm families', because FUN exists primarily to offer a preventative solution to the unmet needs of vulnerable and 'at risk' children/teenagers (5-21) growing up in socially excluded, lone parent families in London. These children are growing up in families at risk of becoming locked in a cycle of low achievement and high harm, as referred to in the discussion paper.

FUN's objective is to intercept this cycle and create constructive pathways for the children in order to enhance their resilience and help them have a different future from their parents. Our intervention provides vulnerable children with a reliable and trustworthy adult befriender, who takes the child out weekly for 3 – 4 hours, for an average of 4 years. These friendships not only support 'non-coping parents' giving them respite from responsibilities, but focuses and on the unmet emotional needs of their children providing them with dependability, acceptance and support over a long period. These friendships can help turn young lives around and embed a feeling of self worth in the children, which helps them develop empathy and essential social skills such as the ability to share, to take turns, to put feelings into words rather than 'act them out' aggressively, to concentrate and to have faith in their future. These volunteer friends are not only positive role models who 'open doors' for these

children but they become in time, like family members – part of the ‘new extended family’, staying around through the difficulties of growing up. As one young woman said recently about her long term friendship with her volunteer - ***“meeting Rebecca was a turning point in my life, had she not been there I don’t know what would have happened to me”***. This young woman who was growing up in a family with a drug dependent, depressed lone parent with several siblings, has gone onto a successful career, financial independence and a fulfilling life. She is still close friends with her volunteer after 16 years and they meet regularly, with mutual enjoyment.

FUN works in Camden and Islington – the latter borough ranking as the third most deprived borough in London and the sixth in England.

**What should be the role of universal services in providing access to protective and preventative support, risk assessment and referral?**

**1 Universal services must provide the over-arching ‘frame’ or safety net for vulnerable families. This should be the strategic ‘hub’ from which a range of additional, valuable provision and services are provided by the voluntary sector so that overall provision is coherent and reaching those most at risk:**

1.1 The current provision of social services in London (and across the UK) is fragmentary and insufficient for the deep and complex needs of the increasing number of these families needing sustained help and many are falling through the net. The drastic reduction in the number of social workers over the past 17 years has resulted in skeletal social service teams offering a residual, short term ‘crisis response’ role dealing with the most demonstrable child protection cases, but not providing adequate support for ‘children in need’ who are suffering from the less visible problems of emotional abuse and neglect. Furthermore, few families receive ongoing family support. This is both counter productive and counter intuitive to those working daily with these parents. There is therefore a need for a return to the best practice of the early 1980s in terms of adequately resourced, statutory social services provision with social workers performing their traditional function of providing ongoing, preventative family support for the chaotic, dysfunctional ‘high harm’ and costly families in question as well as accessing services for them and for this to be complemented by the voluntary sector.

## **2.0 Need for new management strategies for Social Services Departments:**

In order to be equipped to cope with the range and complexity of need that social services departments are having to deal with, I believe there is an urgent need to introduce best management practices to recruit and retain competent staff, providing them with ongoing training, personal development support and proper line management and supervision so that they can undertake their responsibilities appropriately. The London Borough of Haringey for example, demonstrated its ability to improve its social services department after the Victoria Climbié tragedy, by bringing in KPMG to devise a completely new management/staff structure. They devised a policy to recruit experienced professionals to supervise and line manage social workers and give them the necessary guidance and support to effectively assist families, some of whom are probably always going to need some help. They did so partly by paying slightly higher salaries, but investment in experienced staff pays off because staff retention improves, recruitment costs are reduced and the service provided as a result is much more effective for clients and satisfying for staff.

## **2.1 Need for a review of current social work training:**

The training of social workers in the 1970s and 1980s was extremely comprehensive with the result that practitioners were equipped to deal with the complexity of issues that families experience and to include 'reflective practice' in their work approach as well as taking account of environmental realities such as poverty, poor housing and lack of local amenities. Current social work training with its 'contract culture' focus does not equip practitioners to engage effectively with emotionally impoverished, non-coping parents. They lack the tools to do so because of the absence of any therapeutic element in their basic social work training. They thus fail to recognise that many children are effectively "parentless" in that their parents are completely emotionally unavailable to them and cannot care for them as adults should care for children. Also, all our current services make the assumption that behind every child is a responsible parent, but this just isn't the case and must be understood. It is therefore important that training for the complex and responsible job of social worker combines environmental contextual perspectives with sound 'reflective practice', whereby practitioners can use their insight, empathy and intellectual understanding of how people function emotionally, to bring about sustained changes and a greater ability for parents to care for their children.

Furthermore, the following quotation from Dr Chris Hanvey, Director of Operations at Barnardos, has this to say about social work training and the prevention of further tragedies such as the Climbie case:

***“detailed work with children has not formed a mandatory part of social work training. In theory, a qualified social worker can get a job in child protection with no direct experience of work with children and families. We must recognise that child protection work is highly stressful and requires skilled workers with years of experience. The current situation of staff shortages and many departments operating with high numbers of overworked, inexperienced and locum staff can only facilitate further tragedies.***

***It is also essential that the cascade of initiatives for children, coming from the Treasury, the Department of Health and other government departments begin to amount to a coherent set of policies rather than a series of separate quick fixes.....”***

Allied to this need for a radical re-think of social work training, **the national evaluation of the Children’s Fund “Developing Preventative Practices”** research published by the University of Birmingham in 2006, emphasises the need for family support to be holistic and responsive to the **emotional** needs of parents as well as practical ones. This is a lesson which we have learned from experience; fragile individuals and families in chaos cannot think and thus cannot retain information easily. It is therefore unrealistic to expect to inform parents of children ‘at risk’ about what they’re doing wrong as parents and then expect them to do it, such as, help their children with their homework or go into school to talk to the teachers. Sadly it is just not that straightforward in practice. Parents may be informed of their deficiencies and will probably agree to do what they’re told, but the reality is they are unlikely to translate this into action. Dysfunctional families do not operate in terms of thinking about ‘rights and responsibilities’ because of their level of deprivation. This deprivation is emotional, as well as economic and social and must be understood and worked with first, if we want to intercept inter-generational dysfunction.

### **3.0 Learn the lessons from the Children’s Fund**

#### **3.1 Interventions must not be short term or ‘quick fix’:**

The National Evaluation of the Children’s Fund research report states that:

***'a concern for many children and parents accessing Children's Fund services was often the short-term nature of interventions and the implications for developing sustained trusting relationships with project workers. This reveals a potential mismatch with practitioners' views about the appropriateness of time-limited interventions'.***

This endorses our experience at Friends United Network that what is most likely to succeed in preventing dysfunctional parents from passing problems onto the next generation is ongoing, family support and they themselves say this is what they need. In 1989 when I joined FUN, most of the lone parent families referred in Islington had an allocated social worker, who knew them well and had an established relationship with them which in turned helped them to function and for their children to have more of a chance of a fairer start in life. Today, few children or families have an allocated social worker and cases are closed at the earliest opportunity. This is not cost effective as 'high cost/high harm families' dip in and out of crises frequently.

The net effect of not having an allocated social worker and being dealt with by a 'locum' who is often in post only for six months, is that a) families fall into crisis more often and b) there is often no follow up of actions agreed, crucial records about the child and family are frequently mislaid, lost or become rapidly out of date so that costly procedures such as educational psychologists assessment of a child (statements) have to be repeated – again at huge and unnecessary cost and to the harm of the child and family. Over the past five years we have experienced several cases where all records appertaining to a child have been "lost" by the social services department and FUN has been the only agency with any record of what statutory proceedings have already taken place, what decisions were taken and what follow up actions are required. Furthermore, it is often up to FUN staff to get social workers to initiate the follow up proceedings which have been lost sight of by the overloaded staff trying to do the best they can with impossible caseloads to support. However, FUN caseworkers already have a full time job keeping on top of their own work and cannot take responsibility for this.

3.2 Funding should go to proven initiatives which deliver demonstrable outcomes and not only to 'new' projects – which has been the fate of much government funding – for example – the Mentoring Fund. While a lot of money has been 'thrown' at Children's Services over the past 9 years since Labour came to power, in my view it

has not always been invested wisely, with too many resources being channelled into short-term initiatives and not into the provision of sustained support services that the most vulnerable families need. It seems initiatives have been driven by political needs rather than sound judgement. One example of this is the much heralded Children's Fund which was drastically cut after the first year in 2004/5 before it had had a chance to produce real demonstrable benefits. This 'stop-go' funding approach led to critical financial problems for many small voluntary projects which had capacity built on the basis of Children's Fund support and which were directly working CF goals of tackling social exclusion. In Islington for example, 50% of projects funded by the Children's Fund lost their anticipated grant for the second year. At FUN we lost £31,000 at a stroke, despite having fulfilled all the requirements of the first year's grant, money that was not easy to replace and the consequences are still felt two years later. No business could survive on this kind of funding and nor can voluntary projects. This problem must be urgently addressed before a vast tranche of service provision to the most needy families is lost – families for whom there is already inadequate provision – especially children in the crucial 5 – 13 year age group – the time when preventative work is most needed.

3.3 Adopt a realistic approach: I also believe it has to be recognised that there will be some 'high harm, high cost' families who will need ongoing support throughout their children's growing years and it is unrealistic to expect them to become able to cope on their own. However, with appropriate, reliable support some can manage to be 'good enough' in many instances and certainly preferable to removing their children into costly care.

#### **4.0 Recognise the different but complementary roles of the statutory and voluntary sectors:**

4.1 The majority of charitable trusts which fund the voluntary sector make it very clear that they will not fund voluntary projects which take on the function of statutory authorities. I support this policy. It is essential to maintain a difference between the responsibilities of statutory services and those of voluntary organisations, where families **choose** to participate or cooperate rather than being legally required to. Blurring the boundaries and responsibilities between the two sectors will kill off many voluntary projects which by definition work through cooperation with families, not legal obligation. Inevitably, (as we know from experience) trust is lost when voluntary organisations become merged in clients' minds with 'statutory services' which for example, have powers to take their children away from them. When trust

is lost the end result is usually the rejection of the voluntary service being provided, a loss to children and a waste of scarce resources.

4.2 There is a wide range of preventative support projects for very vulnerable families in the voluntary sector to complement statutory provision, such as those provided by the Family Welfare Association, Home-Start, Parentline Plus, FUN, Young Minds, NCH Family Centres, Childline, the Place 2 be and Kids Company. Each of these works in partnership with statutory agencies providing a 'protective layer' of early intervention and support while building on the solid foundation of the statutory sector. Investment must be continued in these 'tried and tested' projects rather than money going to eye-catching 'new' initiatives.

## **5.0 Radically review the proposed Common Assessment Framework.**

5.1 I have very serious concerns about CAF which, as currently set up is a recipe for confusion, duplication and chaos for families desperately needing 'a one stop shop' where they can engage with a single, reliable professional not an array of individuals each contributing a piece of the puzzle, but no-one ensuring the whole picture is complete. CAF should not be a cost-cutting exercise – which is how it appears at present. FUN was asked to pilot the CAF proposals locally but declined because of insufficient staff resources and because it raises many very serious concerns about the implications for offloading statutory social work responsibilities onto the voluntary sector as a cost saving endeavour. At FUN 80% of our referrals come from statutory agencies and if we were to have to take on the full 'case management' of all these families it would be impossible for us to manage this extra workload and provide our befriending service at the same time. FUN staff would in effect, become quasi social workers. At a recent meeting of executives of child care voluntary sector organisations, I asked the CEO of a national voluntary project providing support to families if his organisation was increasingly referred the most difficult cases (ie high harm – high cost families) for which his service was never intended and if so what was his organisation's response. He told me that in fact they were (as are we and most other voluntary projects – because of the lack of social services provision) and that his response was to send a policy instruction out to all his branches telling them to refuse to take on these referrals on the grounds that they were beyond the remit of his organisation and the capacity of volunteers to cope. It is not helpful to overly burden untrained professionals with complex, multiply deprived families and expect them to cope. However, the worrying question remains – who is picking up these families? I believe very strongly that it is in the best

interests of 'clients' for statutory authorities' to carry out risk assessments, coordinate action plans, call case conferences, organise services and all the legal responsibilities required of local authorities in terms of providing for vulnerable families and for this to be done by a professional able to provide continuity of case management.

### **The Common Assessment Form:**

5.2 I have many concerns about this form and the over-simplification and subjectivity involved in glibly assessing that a child has, for example, "appropriate self-esteem". The complexity of measuring self esteem accurately has challenged academics and psychologists for decades and the idea that a brief visit from a Health Visitor or EWO could assess if a child has appropriate self esteem or not, while at the same time answering 159 other similar questions is highly questionable and neither helpful to the child nor to other service providers.

5.2 Information sharing: I am in favour sharing information and of all agencies using a common form for assessing need provided specialist practitioners are used to assess emotional/mental health needs. I am also in favour of the proposed IRT tracking system which will improve communication and information sharing a helping prevent vulnerable children from falling through the net as at present – assuming such a database can be produced satisfactorily for this purpose and kept updated. However, it is crucial to remember that there is a further danger that one person's "assessment" of 'soft' indicators such as child "is happy" (see [www.ecaf.co.uk](http://www.ecaf.co.uk) – sample form) could become "the truth" about an individual child when circumstances have changed. One of the key lessons from child protection tragedies (especially the Victoria Climbié case) is that is dangerous to rely on just one assessment or point of view.

### **6.0 What would be the impact of more preventative services and early intervention on the life chances of children and young people and on the value for money of public spending.....?**

6.1 I believe the impact of more early intervention from both statutory and voluntary sectors would be very positive indeed, provided it was strategically planned and resources were available for both adequate, ongoing statutory provision as well as voluntary sector input. The current squeezing of funds for the Third Sector is resulting in numerous, much needed, smaller voluntary projects (budget size between £250,000 and £500,000

and employing approximately 8 staff) who provide valuable preventative services, going out of existence, thus wasting all the previous investment in them both financial and human capital. Expertise and experience are undervalued commodities in the voluntary sector and take years to acquire but in my experience bear fruit in terms of accurate assessments, appropriately timed interventions and the capacity to enable parents to manage their children more empathetically and effectively.

6.2 Criminologists David Farrington and Brandon Welsh – authors of ***Saving Children from a Life of Crime*** have explored the early causes of offending and what works best to prevent it. They concluded that preschool intellectual enrichment, child skills training, parent management training, and **home visiting programs are among the most effective early prevention programs**. I concur strongly with this point of view and recommend that services be brought to ‘high harm/high cost’ families in their homes wherever possible. Equally it makes sense to assist them with physically getting them to other services such as parenting programmes, child guidance clinics, psychological assessments, parents evenings etc., otherwise appointments aren’t kept, parents do not take up the support on offer and money is wasted. FUN’s success I believe is largely because we take the service to their homes and ensure the intervention takes place on a regular, sustained basis. The outcomes we achieve are summarised later. Excellent work is also done in home by Health Visitors, Educational Welfare Officers, school Home-Link workers, psychiatric nurses and those social workers who are still leaving the office to visit clients in their homes. Other projects which are able to offer locally accessible support such as the Family Welfare Association’s Family Centres are another example of the excellent complementary family support service that can assist statutory services and make a significant impact on dysfunctional parents and their children

## **7.0 How can targeted and specialist services intervene earlier to address problems before they become acute?**

7.1 In addition to the comments made in the preceding paragraph, I believe a multi-faceted approach stands the best chance of success in stopping the costly ‘revolving door’ syndrome and offering a range of early intervention approaches that can prevent existing problems from deepening or arising in the first place. We need to build on the valuable input of Sure Start, the Family Welfare Association – especially their Newpin parenting programme, Parentline Plus and

Homestart and to encourage more projects like Friends United Network which start where they stop – that is – when the children are aged 5 years. There is a particular shortage of services for children aged 5-13 years.

7.2 The children's and young peoples' networks that have been put in place by the Children's Fund have been very useful in terms of keeping projects informed about other local services so that they can signpost families in appropriate directions and maximise the take up of what is available. I believe the continued existence of these groups are valuable in coordinating local and statutory provision effectively, ensuring quality standards are upheld across both sectors and pooling 'best practice' and innovative ideas.

7.3 Unicef have recently published the findings of the report comparing data on children and teenagers across 25 European countries and Britain ranks 21<sup>st</sup> on an index of "child wellbeing". The breakdown of the family unit is seen as central to the problem and I believe parents (especially lone parents) need support early on to help them feel less alone and disconnected from society. Friends United Network's long-term preventative friendships and supports to both child and parent is a proven solution to family breakdown. Over time, our volunteer befrienders become what is now called "the new extended family", replacing aunts/uncles and grandparents as dependable adults who have can provide reliable additional companionship and nurturing that isn't available otherwise. It is the FUN volunteer for example, who accompanies a parent to an event at school such as a worrying parents' evening, to meet a teacher or to enjoy a school play. All children need to feel the security of knowing there's another trustworthy adult to turn to if need be. As they say in Africa 'it takes a whole village to raise one child' and while the context is very different in urban, post industrial Britain, the sentiment rings true. We are all responsible for the welfare of children in our society and currently we are failing them. The one to one quality time and positive attention that volunteers give the vulnerable young people in our project, meets a very real need and supplements the attention that a hard pressed lone parent can give to their children.

7.4 There is a thus an urgent need for more **long-term**, one to one support/befriending/mentoring for children and young people, provided on a local basis and targeting children while they are young and before problems become entrenched but continuing through the difficult transitions of adolescence and into

young adulthood, especially now that adolescence officially lasts until 25! Independent evaluation of Friends United Network by Professor Antony Cox, former chair of Child and Adolescent Psychiatry at Guys Hospital concluded that long term, one to one befriending was a very effective, early intervention programme for vulnerable young people. He said: **“FUN enriched the young people’s lives, had a beneficial effect on their mental health, contributed to improvement of behavioural, emotional and school problems and enhanced their self esteem.”** He also concluded that an added bonus was the knock-on increase in self esteem for parents who benefited as much as their children from having another adult friend from outside the family in their lives. The 2004 FUN evaluation of the difference long term befriending makes to young people is summarised as follows:

**POSITIVE OUTCOMES OF LONG TERM BEFRIENDING:**

**Helping Teenagers (11 years+) be more emotionally resilient:**

- 73% said they felt more confident
- 55% said they were better at expressing their feelings
- 55% said they were better at making decisions
- 66% said they got on better with others
- 44% said they had improved family relationships

**Helping Teenagers (11 years+) realise their potential:**

- 73% said they were more interested/involved in new hobbies
- 63% said they were more able to try new things
- 55% said they had better school grades
- 50% said they were a lot more involved in activities at school

Many professional child psychotherapists, teachers and educational psychologists recognise that many children need friendship, support and some fun rather than costly therapy and they say so. As children/teens begin to feel more supported and self confident, they are less likely to be a drain on mainstream services.

7.5 There is a lack of UK based independent research into the benefits (or otherwise) of long term befriending and mentoring, though there is some data available in the USA which is very positive indeed. The recent Home Office funded evaluation of mentoring children in primary schools carried out by Chance, concluded that their findings indicated that ”mentoring cannot achieve significant generalised

behavioural change in such children within a year". However, the researchers did conclude that the children benefited in terms of confidence, self control, social awareness and relationships. This confirms our findings that since it takes at least a year for a very damaged child to feel secure and trust that their friend or mentor won't just disappear one day, it is unrealistic to look for **sustained** behavioural change if this isn't rooted in the emotional security of the child first. However, the achievement of 'soft' outcomes such as increased confidence, better social skills, self control and the ability to relate better to others must not be under-estimated as these personal qualities provide the foundation on which children can begin to learn and build their identities.

7.6 The majority of the young people who have 'graduated' from the FUN programme have gone on to do very well and have demonstrated that social mobility can be achieved and socially excluded children can go on to have very different lives from their parents. Over the past 17 years only 3 befriended girls have gone on to become teen parents. Many young people have gone onto higher education, university, successful careers and independence far beyond their expectations. Volunteers have provided a 'lifeline' to these young people, widening their horizons, providing work experience and internships, introducing them to new interests, hobbies and possibilities and showing them kindness and affection despite often challenging behaviours.

7.7 While early intervention is crucial, I also believe that teenagers need focused and sustained help too., The NCH have recently highlighted the problem that teenagers cease to be entitled to statutory help at aged 16 whereas most practitioners know that this far too early and most of them need help until at least 18 and probably 21.

7.8 There is a role for paid 'mentors' especially from BME communities and men who would be prepared to kick a football around with young boys would be invaluable. Young people genuinely benefit from positive role models and contact with adults they feel they can trust, but this trust needs to be built up steadily through regular weekly contact – it can't just be instantly manufactured or 'added on'. However, once trust established – the children manifest the benefits rapidly in terms of greater self belief and faith in the world, which in turn translates into 'hard' outcomes such as getting a job, going onto higher

education or managing not to repeat negative patterns of their parents, such as becoming teen parents or offending.

7.9 There is an urgent need for more strategic, coordinated provision of parent support/training groups to help give struggling parents some confidence in their abilities to set and maintain boundaries with their children and to engage more fully with their responsibilities as parents. There is a serious dearth of such training programmes although in theory there is plenty of it about. If one just chooses to access it. However when you try to find one locally for struggling parents as we often do in North London, there aren't any nor are any planned anywhere. Parentline Plus for example told me that if I raised the money, hired the venue, organised the parents etc., they would supply the trainer. This isn't my understanding of partnership working but the problem for Parentline Plus was that they didn't have the money to run the training programmes. Schools are ideally placed for offering services and I suggest that parent training programmes be run at schools – each parent signing up to a course when their first child starts at school. Alternatively, the Government could go into partnership with large supermarkets such as Tesco or Sainsbury's which could be seen as the new 'community centres' and devise a system whereby parents have their shopping done for them while they attend a parent training course.

7.10 Continued expansion of the excellent home delivered services especially the expanded Health Visitor services and Educational Welfare is needed. Both of these have a 'relational' component which enable parents struggling with health issues (mental and physical) to feel more confident and less isolated and more able to cope knowing that the support isn't just 'quick fix'.

7.11 An investment in more sports facilities/after school clubs/school holiday programmes to keep disaffected young people aged 11 – 17 actively engaged and too tired to have surplus energy available for anti social behaviour. Youth workers represent excellent value for money in terms of prevention; they build relationships with challenging teenagers, prevent ASBOS, help prevent smoking and drug involvement and help them feel less excluded from a society which offers them little. In Kentish Town in Camden for example where youth crime is so much higher than elsewhere in the borough, many youth centres the Acland Burghley Youth Centre have closed such and the young people say that "there's

not much for us". This does nothing to reduce alienation and general anti social tendencies.

## **8 To support families to emerge from being high cost high harm on a sustainable basis.**

8.1 I believe it has to be recognised (for the reasons already stated) that there will be some 'high harm, high cost' families who will need ongoing support throughout their children's growing years and it is unrealistic to expect them to become able to cope on their own, but if preventative support is given early on, costs can be mitigated.

8.2 While responsive, flexible approaches potentially help support children's and young people's pathways out of exclusion, there is a need for preventative work to address the wider social conditions of children's development. It is sometimes hard to believe the level of cultural, social and economic poverty of children growing up in the city of London are experiencing, when they live cheek by jowl with some of the wealthiest and most privileged individuals in the world. Unless the wider economic and social issues of the growing underclass in the UK and the increasing polarisation of the very rich and the very poor are also tackled, the problems of the 'high harm/high cost' families will not be resolved. One example from our work recently is of a 10 year old girl, befriended by a FUN volunteer for a year, who one day recently said to her that she'd never seen a river in her life and longed to see one. The volunteer was shocked because this child lives about a mile from the Thames in the inner city. She took the child to see the river and was deeply moved by her response.

8.3 I suggest that for policy makers to fully understand the reality of what working with a chaotic family is actually like, they try the 'seeing is believing technique' used so effectively by Business in the Community in the 1980s and 90s, when policy makers went out and saw what the challenges are like on the ground and why what seems sensible in theory is not workable in practice. It was the emotional impact of going out on the with voluntary projects providing night soup runs and seeing thousands of people sleeping on the streets of London that turned the whole problem of homelessness around 15 years ago. New Philanthropy Capital also do useful research into key social problems and possible solutions to them, because they similarly get out and see problems at grass roots level and discover why what sounds so reasonable in theory isn't always deliverable. This may not be the kind of 'sound bite' politicians like but it

is realistic. Brief, solution focused interventions while extremely attractive sounding and economical do not always produce sustained benefits and this needs to be acknowledged. They are also 'age appropriate' often benefiting older children at key transition points in life.

Finally, I would welcome the opportunity to give more feedback in person. In the meantime I attach a copy of the Friends United Network's latest Annual Review which shows the kinds of preventative 'outcomes' that FUN achieves through a home delivered service providing ongoing, one to one support to some of the high cost/high harm families this government Review is concerned with..

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