**Profile and Reason for Submission**

I am a PhD student at Lancaster University studying the local, regional and national development of policies and interventions with ‘problem families’ in post-war Britain. My evidence relates to the historical similarities and continuities between ‘problem families’ and ‘troubled families.’ Particularly, the lack of reflection on the conceptualisation and implementation of policies, undermining the claims of the TFP to be ‘evidence-based policy’ which resulted in its recent critical ‘suppressed’ evaluation (Cook, 2016).

**Executive Summary**

1. In *Listening to troubled families*, Louise Casey claimed that the ‘new programme’ was ‘an opportunity to not repeat the failed attempts of the past’ (Casey, 2012: 3). From the outset, the TFP has neither listened, nor learned the lessons of the past.
2. This submission outlines the history and lessons of the past. It shows how attempts to rehabilitate ‘problem families’ from 1945-74 are almost indistinct from recent efforts to ‘turn around’ ‘troubled families’ in four ways:
	1. Difficulties of definition.
	2. The use of intensive family intervention.
	3. Problems measuring outcomes.
	4. Failure to account for service context.
3. At the launch of the TFP historians John Welshman and Pat Starkey identified the ‘failed attempts of the past’ and the pitfalls of the programme. These went unheeded (Welshman, 2011; Starkey, 2012).

**Definition**

1. The TFP has five key criteria for defining ‘troubled families’ eligible for the programme. The ‘problem family’ had no standard definition and was not a central government programme. Central government issued advice and gave permissive powers with incentives for local authorities to take action to identify and intervene in ‘problem families’ who were a high financial cost to services. What a ‘problem family’ was varied according to professional and service attitudes, and between local authorities, but had common characteristics.
2. Like ‘troubled families,’ ‘problem families’ were defined by their behaviour. This included criminality, juvenile delinquency, truancy, illegitimate children and unmarried motherhood, child cruelty and neglect, periods in children’s homes or institutions, homelessness, mental inadequacy or ‘subnormality’, unemployment and ‘worklessness’, substance and alcohol abuse, low income and debt, among others.
3. Like ‘troubled families’, the problems of ‘problem families’ were seen as intergenerational, either through poor socialisation and parenting or family inheritance. Early intervention and prevention sought to identify families earlier and intervene sooner to prevent problems from being transmitted.
4. Local authorities and professionals made surveys of the number of ‘problem families’ in their areas. Bristol had 155, Rotherham 78, Luton 174, North Kensington 69, the West Riding of Yorkshire 302, Manchester and Salford 118, London 3,022 (Blacker, 1952; Donnison, 1954). Being unable to define what a ‘problem family’ was meant the number of families in relation to population varied according to local definitions.
5. The TFP claims to have identified 120,000 ‘troubled families.’ Based on local surveys, officials claimed there were 80,000 ‘problem families’ in 1947 (Brockington, 1947: 76).
6. The TFP used pilot study data to create the definition of a ‘troubled families’ and extrapolated this to a national scale (Levitas, 2012). ‘Problem families’ had more local control over definitions and numbers, but came to the same conclusion. ‘Problem’ and ‘troubled’ family definitions are based on the same premise, elastic and ill-defined, and conflate the ‘problems’ or ‘troubles’ of families, as qualities of the families themselves.

**Family Intervention**

1. Similar methods of defining ‘problem’ and ‘troubled’ families lead to similar solutions to rehabilitate them or ‘turn their lives around.’
2. The TFP used data from evaluations of Family Intervention Projects as evidence of the ‘success’ of intensive family intervention (DCLG, 2012: 11-14, 34-35). The evidence was qualitative and small scale. Interventions were based on one single keyworker ‘gripping’ the family and providing low-caseload, high duration intensive interventions in the place of many agencies. Casey said that the TFP ‘suggests that families respond incredibly well to this “tough love”’ (Casey, 2014: 60).
3. Across all local authorities the preferred solution to ‘problem families’ was the intensive casework of Family Service Units (FSU). FSUs were a voluntary organisation and offered ‘friendship with a purpose’ to overcome the ‘personal deficiencies’ of ‘problem families’ (Jones, 1950: 174). FSUs targeted families ‘beyond the help of existing services’ and worked with small caseloads, using practical advice to gain the trust of families (Starkey, 2000: 45-75). The relationship was used to effect improvements in the families’ behaviour (Stephens, 1946).
4. FSUs did not operate in every local authority. Workers had to be properly trained before new Units could be established and this was slow. Where FSUs were unavailable, local authorities used the methods of FSU in their own services, or employed other voluntary agencies instead. Intensive family intervention was the normal method of working with ‘problem families’ in post-war Britain.
5. Other methods of working with ‘problem families’ existed. These: included residential rehabilitation centres similar to ‘core’ units (Welshman, 2008); providing home helps to alleviate domestic responsibilities (Welshman, 2000); and a range of nursery or day care facilities to ease family strain (Wilson, 1962; Furneaux, 1959). These were typically used in conjunction with intensive intervention.
6. Regular local conferences and committees by chief officers were also part of the approach. These registered ‘problem families’ and determined the courses of action around families (Rose, 1957a; Rose, 1957b; Rose, 1957c).

**Measuring Outcomes**

1. The lack of a clear definition of a ‘problem family’ meant measuring the outcomes varied by professions and local authority. There was no effort at centralised assessment. Local evaluations used local criteria and definitions which varied widely.
2. Like the ‘troubled families’, research backing intensive family intervention with ‘problem families’ was based on small qualitative studies. These were done by the organisations undertaking the intervention, or by their supporters. FSU claimed 1 in 10 of families worked with were rehabilitated, but *all* were helped or improved (Jones, 1946: 28). FSU later claimed similar success by gauging how ‘problem families’ had improved according to their own social workers (Sainsbury, 1975: 60-62, 98-101, 103-10).
3. This representation of the views of client ‘problem families’ was fraught with methodological problems. Researchers and social workers were not ‘listening’ to ‘problem families’ but constructing narratives of their problems in organisational terms of reference (Starkey, 2007). The same is true of ‘troubled families’ and the work of Casey in narrating family lives.
4. Early ‘problem family’ research was supportive of intensive intervention despite the difficulty of measuring ‘problems’ and quantifying change. Studies in Herefordshire and Southampton both saw intensive intervention as positive, but found difficulties in proving outcomes beyond anecdotes (Savage, 1946; Maurice Williams, 1955).
5. The only example of ‘problem family’ interventions which measured savings was a scheme run by Dr Dorothy Morgan in Southampton. She identified ‘problem families’ and provided free domiciliary birth control. She claimed to have saved £5,874 by preventing the births of 110 births which would have cost health, social, welfare and children’s services (Morgan, 1965).
6. Other sociological studies assessed improvements within the ‘problem family’ on a case by case basis. Both FSU and research from Manchester University agreed that family intervention was successful on a qualitative basis, but found difficulty in providing a standardised template. They saw the professional expertise of the worker as the best indicator of success (Jones, 1964; Rose, 1957d).
7. Qualitative judgment of professionals was the basis for defining the ‘problem family’ and measuring outcomes. There was no central or standardised method. This meant FSU were critical of local authority attempts to replicate their model, lacking the human touch (Philp, 1963: 284-87; Goldring, 1973: 167-80). FSU felt any attempt to extrapolate the FSU model of intensive family intervention on a quantitative basis without training and expertise would not yield the same results.
8. Family intervention was disseminated as preferable by central government. The 1963 Children and Young Persons Act nationalised a pattern of intervention with ‘problem families.’ Section 1 of the Act allowed and encouraged authorities to spend money on intensive family casework modelled on FSU. Section 43 of the Act promoted research into outcomes. This research also exposed the questionable and problematic basis of definitions and outcomes (Heywood and Allen, 1971; Hill and Laing, 1978; Freeman, 1980).
9. Family intervention supported an elastic and unclear model of the ‘problem family.’ Defining what a ‘problem family’ was, and measuring their improvement was subject to professional discretion which varied across areas. Both rested on a behavioural understanding of the problem and its solution. Success was defined by the organisation, was almost wholly anecdotal, small-scale and qualitative. The cost of the service versus the benefits gained by early intervention was a constant problem in justifying the work of preventive services (Packman, 1968: 16-24).

**Operational Context of Services**

1. The TFP developed as a means to reduce the cost of overlapping and expensive local authority social services in a climate of fiscal austerity. Front line social workers were experiencing unprecedented reductions in funding alongside pressurised and increasing caseloads (Lambert and Crossley, 2016). The TFP was intended to get ‘underneath the skin’ of services, as much as ‘troubled families.’
2. Concern over ‘problem families’ developed in a context of rising affluence, prosperity and full employment built upon the post-war social and economic consensus. ‘Problem families’ were identified as those not benefiting from social and material benefits of the welfare state (Tonge et al, 1983). Social, health and welfare services and professions were expanding at an unprecedented rate. Their expansions rested on proven professional ability to identify earlier and intervene in ‘problem families.’ These were linked to competing definitions and measurements of outcome.
3. Despite unprecedented growth of social services and affluence, there was a shortage of skilled, trained and qualified professional social workers (Parker, 1965: 38-58; Younghusband, 1978: 72-85). Reducing costs and preventing overlapping, duplication and expense was a consistent government intention in targeting ‘problem family’ (House of Commons, 1952: paras. 48-62, 67). Efforts to cut service expenditure have been consistently at the core of intensive intervention with ‘problem families’ as a preventive service.
4. Although services were expanding, they were under considerable pressure. Official concern about overlapping, duplication and high costs were not visible at the local level. A 1966 survey into social work with ‘problem families’ in Preston by Manchester University found a different picture:

‘The pattern that emerges of the social services in Preston *is not so much one of overlapping between departments but of social workers*, some of them untrained and many of them feeling short of time, operating in separate compartments (emphasis added) (Wegde, 1966: 106).

Street-level pressures of time, caseloads, workload management and limited resources were more of an issue for services than overlapping.

1. The nature of intensive family intervention – working with families – meant that families had to voluntarily agree to casework. The ‘hard core’ ‘problem families’ were often dealt with separately, or rejected intervention (Spencer, 1970). These families were consciously excluded from studies into the benefits of intervention.
2. Consideration of ‘problem families’ cannot be separated from the operational context of social and welfare workers implementing policies. Assumptions about overlapping, duplication and high costs mask local pressures of workloads, pressures, difficulties of decision-making and professional priorities.

**Summary**

1. The TFP has neither listened, nor learned the lessons of the past. In the post-1945 period there was a concerted effort to identify ‘problem families’ and rehabilitate them by social, welfare and health services. Although these efforts claimed success, they were limited, anecdotal and conditional.
2. The ‘problem family’ concept declined with the ‘rediscovery of poverty’ during the 1960s. The ‘rediscovery of poverty’ challenged the success of the welfare state and showed its limits. This permitted a return of structural, social and economic consideration of the difficulties of families, rather than understanding them through their behaviour alone (Todd, 2014).
3. The development and implementation of intervention with ‘problem families’ provides a clear, well-developed and robust evidence base to challenge the basis of the TFP and its claims for ‘evidence-based’ policy. A significant volume of historical evidence points to the pitfalls of such a scheme which were ignored (Welshman, 2012; Starkey, 2012). These include:
	1. Definitions. The arbitrary definition of the TFP encompasses a wide range of families, behaviours and issues unified under one homogenous category. This was also an obstacle with the ‘problem family.’
	2. Family intervention. Preference for intensive family intervention led to the method being cascaded based on small, limited numbers of studies. Casework with ‘problem families’ developed in a similar manner, supported by advocates and professionals aligned with the method. Evidence of its benefits was anecdotal, selective and hard to quantify.
	3. Outcomes. Measuring outcomes cannot be separated from definitions. The centralised definition of the TFP and payment by results shows the pitfalls of financial incentives in shaping agency behaviour. ‘Problem families’ studies were more sophisticated and self-aware of the limits of measurement and standardised, quantitative implementation.
	4. Operational context. The service changes brought by the TFP have legitimated financial and service austerity and retrenchment, being a proven ‘success’ and more cost-effective. Post-war social workers with ‘problem families’ operated in a context of prosperity and affluence but were subject to the same local pressures which impeded their ability to secure improvements. The TFP has not provided a more cost-effective model, and the history of the ‘problem family’ points to the reasons for this.
4. A study of post-war ‘problem family’ policy and interventions shows that the TFP is not original, has not considered the – very extensive – evidence of definition, intervention, outcomes and services which have contributed to its limited success and having ‘no discernible’ effect (Cook, 2016). The TFP has exactly repeated the failed attempts of the past.

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