

Bringing Everything I Am Into One Place

An Inquiry into how we can all better
support young people facing severe
and multiple disadvantage

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DARTINGTON
SOCIAL
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**Lankelly
Chase**

Bringing Everything I Am Into One Place

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Case Studies

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Historical Review of Severe and Multiple Disadvantage

MCR Pathways

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St Mary's Appreciative Inquiry

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Foundations for Families

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Place2Be

3H Advisor

Local Solutions' Intense Mentoring

Transforming Choice

Relational Schools

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The Integrate Model

Circles

Peer Review

James Lind Alliance

The Wigan Deal

The Camden Hub

Institute for Public Policy Research: Many to Many

Open Works

Wandsworth Community Empowerment Network

Schwartz Rounds

OnePlusOne's Relational Capability Framework

*And also, honestly, I don't know how to let it all out
how to bring everything I am into one place.
I don't have the epiphanies I see in movies
I can't just realise something's wrong
and then change into new snake-skins
to no longer have my past mistakes repeated.
There have been no phases
there have been no stages
life is one long take
and if I want to live
my only job is to give.
And give every single inch.
I stumble with my job
and fumble opportunities
that could boost my career.
I make actions that have my girlfriend
think I don't care.
I care, I care so much – I still self destruct
I still fuck up.
But I keep getting up
I keep showing up
because I no longer carry any shame
in who I am
Some things I can't do,
But, some things I can.*

— Sean Mahoney, as performed for the first convening in Coin Street, London

Exposing the scaffolding

This book is a window into an ongoing conversation. Although those of us who put pen to paper to write these words are researchers by training and profession, this is not a typical research report. Throughout two years of conversations, meetings, and reading with young people facing severe and multiple disadvantage and those who seek to help them, we have tried to listen carefully to stories. In this book, we hope to relate the experiences and hopes, successes and frustrations of the hundred people who at various points were in the room with us, and many more who contributed through interviews and writings.

As a window into a conversation, this book does not have some of the features readers might expect from a report on an Inquiry. We have tried to keep the tone informal, even impressionistic. These words are the reflections of observers who are exploring, discovering, and seeking to understand. We hope we have been able to shed light on some of the problems, but the solutions suggested by the conversation are only partly formed. We hope readers will find inspiration and challenge. They will find no magic bullets.

This book ‘exposes the scaffolding’ of the process of research and discovery. Anyone who has been involved in research knows that it is messy. The usual process is like constructing a house with only partial blueprints. Researchers try out different questions and approaches.

They experiment with concepts and definitions. Slowly, sometimes backtracking, they build a structure of ideas and evidence that will become an article or a book. They put up scaffolding and build some rooms. Some rooms get kept; some don’t work and get destroyed. When they are finished with a piece of research, researchers take down the scaffolding. The finished piece sounds confident, argumentative, objective. It poses a clear question and a clear answer. Readers rarely know how much uncertainty went into its construction.

Rigorous, methodical, empirical research is, of course, immensely valuable. But that is not the task at hand. This house is in mid-construction, and we want readers to ‘see the scaffolding’. Not all the statements in this book are equally well-evidenced. Some are provocative – perhaps too provocative. We think the stories we have heard so far in this conversation have the potential to challenge radically our society’s approach to young people facing severe and multiple disadvantage, and indeed its approach to many marginalised groups. Sometimes, in seeking to share that radical potential, we may tip the baby out with the bathwater. We invite readers to push back, to help us to build more nuance into the emerging argument.

The conversation isn’t finished, and the house isn’t complete. We hope you will join us as we continue the process of sharing and building.

In and Out of Difficulty

1

Julian Corner is CEO of the LankellyChase Foundation, and Cathy Stancer is the Director of Equality and Rights. Together they initiated the work that eventually became what they called a 'special inquiry into severe and multiple disadvantage faced by young people', which also led to this book. Here they talk about the beginning of that journey.

JC: When I came to LankellyChase, the Foundation was well known for its work on criminal justice and penal reform. Cathy had funded some good work on the most vulnerable people in prison, those with mental health needs, with complex needs. That was one jumping-off point. We were interested in better ways of grappling with that. It looked at the time as if people in greatest need either got a Rolls Royce service or crappy warehousing.

CS: We didn't know much about any of this at the time and I suppose for the first year after you came we spent a lot of time talking to people trying to learn. And we learned a lot. It was clear even at that stage that relationships were going to be an important theme. There was a lot said about a trusted person, someone who sticks in there through thick and thin, a teacher, a mentor, a key worker, a family member. But it wasn't all that clear what was meant by *relationships*, or even that people who talked about it were talking about the same thing.

JC: Yes, I remember we got interested in operationalising the concept of a trusted adult after talking to Clare Tickell, who at that time was CEO of Action for Children. And that led us to Local Solutions, the Liverpool-based charity that played such a strong part in the Inquiry. They had an event supported by the Comino Foundation at Windsor Castle to which Sue Shelley, other staff members and several young people from their Intensive Mentoring Programme contributed, and that had quite an impact on how we were thinking.

CS: The other main theme from those early conversations was how everyone looked at the problem from their particular discipline. Some talked a lot about homelessness, some a lot about the drugs, for others it was the social isolation. But no one talked about the links among homelessness, drugs and loneliness. There was lots of interesting stuff but when we looked back over our notes we had nobody who talked about the whole. We didn't know how to connect what we had.

JC: Plus, we were getting a lot of advice that it was important to prevent or intervene earlier, to do more to stop the problems in the first place. And that was one of the things that led us to look at young people. But then some said, 'Go even earlier, think about exclusion from school.' And then you have experts like George Hosking saying, 'It all happens in the first two

years, or even before you are born.’ Well, there were times when after hearing all this advice we were a bit stuck, really.

CS: It was this uncertainty that got us the idea of special initiatives. Instead of studying and then deciding where to fund, we funded to find out. We started thinking about a special initiative on young people facing severe and multiple disadvantage. [The Foundation also supported initiatives on Black and Minority Ethnic Mental Health and on Women and Girls.]

JC: From there it was a bit of an odyssey. A big influence was Suzanne Fitzpatrick’s work on multiple exclusion homelessness and on the median age at which a person presents as homeless. She said it was 27 – quite an eye-opener at the time. And she also picked up on a whole lot of events such as ‘when first missing from home’, ‘when first taking hard drugs’, ‘when first selling sex’ and ‘first contact with the police’. Now we had a series of potential turning points to think about. So instead of trying to make the criminal justice system better, maybe the real point of change would come by making a difference to other systems.

CS: The Edinburgh Longitudinal Study results were similarly helpful. It was John Drew – CEO of the Youth Justice Board

at the time, and doing a lot to bring the numbers in youth custody down – it was John who got us to read their research and meet the investigators.

JC: Yes, Lesley McAra and Susan McVie. They really got us thinking. First of all, their data showed that involvement with a public system could make matters worse as well as better. That by arresting someone, or by excluding someone from school, for example, outcomes were worse, not better. That by identifying someone as having a problem, that problem could get worse. *Stigma* was the key word for them.

CS: And they also got us thinking differently about place.

JC: About how most children and young people encounter some problems as they grow up, but that in certain neighbourhoods, in those places where universal services are most stretched, there are children and young people with lots of problems. So for them we layer on high-end services over high-end services. We make cases out of people.

CS: So at this point we were also interested in systems and their reform. We read the pamphlet *Proof Positive* by Michael Little, and we went off to meet him. And Michael told us about a methodology Dartington use where they

bring together evidence with people and other sources of knowledge like history. After we left the meeting we found ourselves saying to each other, 'We have to get that method applied to our work.' It promised us a more rigorous look at the problem, but it looked like it wouldn't require us to abandon our intuition, which in many ways had taken us quite a long way.

JC: It gave us a way of finding out who we should be most concerned about as a Foundation, why, and what we might do about it. We were in a position where we didn't know what we didn't know and the collaboration with Dartington seemed to offer us a way of bringing together the people who had

taught us so much to help us find out. We did impose some constraints but not many.

CS: We wanted to be able to say something about system reform at the end of the work. That was one constraint. And we wanted to make sure that the work was informed by the perspectives of young people who had faced or were facing severe and multiple disadvantage.

JC: But otherwise it was a very open-ended piece of work. It was a risk for us as a Foundation and no doubt a risk for Dartington as well, and for all the people who subsequently got involved in working alongside us on the project.

Chapter One: In and Out of Difficulty

We're in a large conference room. The light is dull. The chairs are not in any order. As the day progresses each of us spends a lot of the day dragging our chair around with us, moving to listen to one person or another or a group of people talking about their experiences.

There are a lot of young people in the room. They are the reason we are here. They have faced what the experts call 'severe and multiple disadvantage'. This is a code, a shorthand, for a lot of bad things: homelessness, drug addiction, maltreatment, mental illness, involvement in crime. It's a long litany that was life itself for some of the people here.

There are also some older people who come under the 'severe and multiple disadvantage' banner. They are all recovering alcoholics and they have lived the litany: crime, life on the streets, abandoning their families.

The rest of those in the room are committed, in one way or another, to making the world a better place for people who face the worst in life. There are workers from voluntary organisations who support the young people, leaders of foundations who sponsor new ways of thinking and give

money to voluntary organisations, researchers, people who make policy in central government and local authorities, and commissioners who decide how government money should be spent.

Around the room are screens showing videos of interviews with people who also wanted to help but couldn't be present. We are invited to put on headphones and listen to them. Then there are books, articles, TED talks, websites. Although we have a lot to work with, important things are missing. Some of the people in the room have faced severe and multiple disadvantage. None of them are facing it now. We don't know so much about those whose downward spiral continues.

Those of us who put pen to paper to write these words are researchers by training and profession, but here we are listeners and observers. We have tried to set our preconceptions aside and to hear the stories afresh. As we report on the Inquiry, we are trying to understand the experiences of young people who have faced severe and multiple disadvantage and those who try to help them, to figure out why they have been so routinely failed by mainstream systems, and to begin to suggest what might work better.

We are looking for the points of consensus. During the course of the Inquiry, there will be things on which the people in the room do not agree. There is much in the evidence, the videos, the books, the other materials that doesn't fit nicely together. We put this to one side. Our goal is to draw out what we reckon are the points of connection among everybody taking part, both those in the room, and those outside. Consensus will get more difficult as the work progresses, but at this first gathering there is more agreement than disagreement.

We begin with the stories of two groups, both from Liverpool. One group involves young people getting support from a woman called Sue at a voluntary organisation called Local Solutions. The second comprises older people who have been through a residential centre called Transforming Choice led by and set up by a woman called Carol.

1.1 Moments of turnaround

It starts with a thought. That it doesn't need to be like this. That there is a different way of living.

Billy got into rehab. He had thought rehab was for the rich, for George Best and Amy Winehouse. But here he was in a hotel turned detox centre in a leafy Liverpool suburb, drying

out. It was here that he had the idea. Maybe it was time to try something different.

Jack came into the shelter, off the streets, away from his drug-dealing friends. He was frightened and tired of the turmoil, but here he was safe. This was the start for him, the day he contemplated a different way of living.

This is the way that Billy and Jack begin their stories. They start in the middle, with the lighting of this growing flicker of conviction: it doesn't need to be this way. On first hearing their stories, we listeners are drawn to the words 'moment' and 'turnaround'. We imagine a person in trouble walking down the wrong path and suddenly deciding to turn around and saunter back. It sounds simple. But the reality never seems to turn out like that.

Listen again. Just wanting to turn around isn't enough. To turn is to push back against the huge flow that brought the last dose of drugs, the last drink, the last night on the street, the last promise broken, the last time someone was badly let down. They begin to turn away from others still going with the flow, from friends whose risky lifestyle calls for admiration and envy. These people beckon. Come back to us. Why hesitate to join us?

It's impossible always to resist. So Billy and Jack and others like them who are looking to live differently keep reflecting back on their failures. Once, twice, several times more, they've gone again to drink, again to crime, again to homelessness. They are turning against a torrent. To remember again that flicker of conviction – the thought that it needn't be like this – and to struggle back again is hard work. Two or three years down the line, looking back, the story of 'the moment my life turned around' may sound clear cut. But in real time, it's a storm.

And listen again. Wanting to turn around isn't enough. Pushing upstream again and again: this, too, isn't enough. At first the story sounds like it's about Billy and Jack, maybe about their families, maybe about their friends, about individuals, about motivation and hard work. Listening again, we hear a subplot lapping up against the flow of the story, one about rules and regulations, habits and systems. Sometimes it's about what isn't there: the spaces in the rehab program not available, the job openings not advertised, the decent, affordable housing not funded. The helping hand that wasn't there.

And listen once again. It doesn't need to be like this; there is something else. But what is this *something else*? Finding it – settling into a new, different way of living that feels right

and personal – is complex and uncertain. There is no happily ever after. Jack's idea of his 'something else' shifts and changes over time. Sometimes it's about connecting with his family, sometimes about breaking into the local music scene with his friend Dev, sometimes about making some small changes in his relationship with his new girlfriend.

Billy's 'something else' is similarly under construction. He has an instinct to help others, especially recovering alcoholics like himself, but he also knows he must protect himself. 'I can't be around that stuff too much,' he reflects. 'It's not good for me.' His desire to be there for his family is strong again, no longer numbed by the cocaine he needed when his day job was 'sorting out other people's problems'. But he also needs to be by himself, to meditate, to reflect, to hold onto the thought that it can be different.

The 1980s cliché asked young people to 'just say no'. As if 'no' might mean 'no' forever. As if most people are successful in saying 'no' to that extra glass of wine, the extra biscuit, or the trashy TV programme. Willpower is like a muscle; it gets tired after too much use. For Jack, Dev, and the others, it may not be possible to muster the determination to say 'no' day after day, especially on the many days after the response was 'well, go on then, why not?'

Change is also about being repeatedly open to saying ‘yes’: to the possibility of a stable place to live; to opening up a link to people who can help or to family members who might lend a hand; to exploring a talent, to sing, to draw, to dance. We hear less – at least at first – about saying yes to the prospects that typically excite politicians, such as going to university, finding a nine-to-five job, or coming off benefits. Deciding that there is a different way of living is not the same as aspiring to be like everyone else. Turning around seldom leads back to what many people would consider an orthodox life. It’s not the same as making a career plan. For now, nobody works harder than Billy to help people like himself, and few people are better placed than Billy to offer that help. Jack reaches out to others following him upstream, urging them not to slip back.

On first listening, the stories of turnaround seem clear and unambiguous. They inspire. It seems amazing that someone has changed his life by the sheer force of the thought, ‘I am going to turn my life around.’ Telling an unambiguous story has the same effect on the narrator. To declare ‘I am a person who turned my life around’ builds self-confidence and strength to stand against the deluge for one more day. On listening again, the truth is much more complicated.

So it turns out there is no *moment of turnaround*. There are *lots of moments* and *lots of turns*. In retrospect, there is often a simple story of when it all changed. That story contains its own profound truth, but we have to listen, and listen again, to hear the details masked by the surface of the story.

1.2 People who believe

Or maybe it starts with the relative or social worker or neighbour who says, ‘It doesn’t have to be like this.’

Carol’s strength is audible in the way she talks. She enunciates strongly, almost with exaggeration, pausing in the middle of her sentences for effect. There is a touch of the Northern music hall star about her. She is a little frightening in her urgency to change the way we respond to people with addictions. To talk with her is to engage with a great force.

For years Carol used her strength to push: to push the voluntary organisations she worked for to do things they didn’t want to do, things that would benefit the people who sought help from those organisations. She pushed public systems to do the same. Tired of helping addicts who had lost limbs to untreated infections, she turned on its head the

system of providing appointments to men who have little concept of time and daily rhythm. She arranged for medical staff to come and provide treatment in the shelters instead. Exhausted by the snail's pace of change, and no doubt having exhausted those who employed her, she decided to collaborate with Billy, Rob, Megan, John, Paul and others to set up Transforming Choice. Their mission is to provoke the thought that it doesn't need to be like this.

Sue also exudes strength, but in a different way. She is warm, funny and observant. She is present as six boys sheltering at Local Solutions, the charity for which she works, are interviewed by video. She says very little, but she acts as a witness. She breaks the tension where it needs to be broken, and sometimes urges the less forthcoming to speak. She is constantly watching her boys, and they are always watching her. They seek her approval. They look to her for strength.

Sue is clearer about what she doesn't do than what she does. She doesn't do forms. She doesn't trust the obsession with outcomes. 'It is like everyone is making strategies to think about how to achieve the outcomes of the outcomes of the outcomes. What happened to the young people who need our help?'

When things go well, Carol and Sue seem to help light the flicker of the idea, *it doesn't need to be like this*. They push and provoke. They are edgy. There is no soft centre and no pity. They are not sorry for what has happened to those they have supported, and they see much of the pain as self-inflicted. Dev was shunted around in his childhood from family to family, but that doesn't excuse dealing in drugs as an adult. Billy is the alcoholic. *He* drinks, not society. Only Billy can stop it.

These two are tough and exacting. Sue tells the story of a young man who started screaming abuse at her as she drove him back to the shelter from a painful meeting with his family. She stopped the car. 'Get out,' she said. 'Get out right now.' He quietened. After some minutes he apologised. She drove on. He never said a cross word to Sue again.

Carol tells us about how she never puts an arm around the people crying with the pain of withdrawal from alcohol and drugs in Transforming Choice. 'They have to feel that pain,' she says. 'It's real. It's the real world coming back. They have to live in that world. I cannot make that pain go away with a supportive arm.' She visits soup kitchens and tells the nuns who run them to close their doors. 'What's the point of helping people maintain a life on the streets?' she asks.

It's easy to put Carol and Sue on a pedestal. But not everybody agrees with their approach. What if that young man *had* got out of Sue's car and something had gone horribly wrong? Still, there is something compelling about their interactions with people who are facing many types of disadvantage. How do they work with young people like Jack and Dev, and older people like Billy and Rob, to help them find a different way of living?

We don't know. But maybe by getting alongside them we can begin to find out.

For a start, how much of their ability to support people with multiple challenges comes from their formal training? Many people like Carol and Sue have degrees or qualifications in something relevant like social work. Some don't. At first sight, it seems doubtful that a university education matters in helping young people in desperate need to reflect differently on their lives.

We can see that they 'lean in', as social worker Brené Brown puts it. They lean into people's space, and by virtue of being in that space – and perhaps also by having high but realistic expectations – they create a context that nurtures the thought that 'it needn't be like this'. They are not, by this definition, *doing* things. They are just there, watching and

being watched, talking and listening. It sounds mystical, like being a Jedi without the nonsense wisdom. It might be therapeutic, but there is no therapy being practised, at least as far as we can see.

Carol and Sue seem to perceive few differences between themselves and the people they are trying to help. They believe in the value of experience when choosing colleagues. Carol, in an unemotional, uncomplicated way, wants to employ the people she helps. Sue and Alex are now co-workers, but there was a moment when Sue was the most important person in Alex's life, the person he saw first when waking in a hospital bed after surviving a terrible beating.

Carol and Sue seem unusual in their pushing and believing and 'leaning in'. At the same time, they are ordinary people doing ordinary things. They start with three square meals a day and a safe place to stay. If things look promising – and in the case of addicts, if there is a hope they might stay clean – they might look for some family members who can add to a context of change. They might begin to talk about wider interests, like reading or drawing or gardening, and start to gauge the chances of paid work. In time, they might raise the possibility of a boyfriend or girlfriend. These are ordinary things that occupy ordinary people.

But they won't be doing these things *for* Alex, Daniel, Rob or Megan. They will be creating the context where Alex, Daniel, Rob and Megan might seek out these things for themselves. They are provoking the thought that things could be different.

1.3 Backing away, closing off

One escape is to disconnect: to turn away from the teacher demanding, the parent shouting, another young person sneering, bullying, despising.

It would be an understatement to call Daniel gregarious. Once he starts talking, it is not altogether clear when he might stop. In his own group from Local Solutions he knows now how to read the signals, to pause when someone else wants to speak. But in a large or unfamiliar group, when excitement runs high, he just wants to contribute. His great enthusiasm is intermixed with sudden sorrow. He quickly dissolves into tears when the talk shifts to someone else's distress.

From even a brief encounter it is clear that Daniel has dealt with a lot. Like many of the young people, he has experienced bereavement: he lost his parents. Daniel is disconnected from other relatives. He hears three voices

in his head. These are generally, but not always, quieted by the medication. From the offhand way he talks about his voices, it's just something that can happen in life.

Megan is warm and nurturing, and she constantly looks out for her colleagues at Transforming Choice and for others who may need help. She, too, has experienced terrible loss. Now that she is well turned out, 'clean' both literally and metaphorically, we strangers are amazed to learn how much distance she put between herself and ordinary society when she was drinking and living rough.

Many things have left scars, including abandonment, abuse, racism, school failure, homophobia, and bullying. A startling number of the young people lost a family member during their childhood. Those who work in and around public systems have learned to look for chains of negative experiences in these stories. In the abstract, it's easy to imagine the causes and effects: a death in the family leads to depression, which causes the young person to struggle at school, which leads to drug use, and then crime to pay for the drugs, and finally homelessness after prison. It sounds logical, but such straightforward chains of events do not seem to match the stories of Daniel, Megan, and others. Connecting their experiences is more like knitting: loops tied front and back, up and down, forming a tight web.

In response to these webs of experiences, they have spent a lifetime backing away from those who might pull them out of trouble. When things go wrong at home or at school, they withdraw. Then, if a family member or a neighbour or an agency offers help, they reject it. Bit by bit, they become invisible. When the father goes to shout at his son, there is nobody there. The teacher finds that class is easier when the troublemaker isn't there. A contemporary gets used to her friend spending the occasional night on the sofa and eventually looks through her, not at her.

So proficient do the young people become at backing away that they forget what it is like to come forward to take help or seize opportunity. Why does this happen? One reason that people back away is shame. It's shameful to admit to a drug addiction or to living on the streets. They don't want anyone to know how bad things have become. In turn, when onlookers hear about the stories of bereavement, mental illness, abuse and disability, they often feel pity and sorrow.

And when the young people feel pity and sorrow directed at them, they feel shame. They back away. They disconnect. Such disconnection may partly explain why people who need lots of help don't get it. They don't ask, and it isn't offered to them in a way they can accept.

Some people survive by stepping away from ordinary society. Megan told us how, when she was living on the streets, she sometimes looked forward to prison as a way to dry out a little, get a warm bed and eat some reasonable food. Likewise, in the videos captured by the *At Home/Chez Soi* study in Canada, Robert explained how he would break into a car in the depth of winter so he could get 'two hots and a cot' in jail.

Organisations like Local Solutions and Transforming Choice aim to reverse the process. They entice the people they support out into simple engagement with the world. Daniel began by gardening at a couple of the Local Solutions sites in Liverpool and then started to manage a couple of beehives. He loves the responsibility and is delighted to dispense green-fingered advice to those who stop to chat. Now he is being asked to mentor some of the new boys at Local Solutions. Sue is beginning to ask herself whether he's ready for a girlfriend in his life. She badgers him to give up the weed. Megan has a job with Transforming Choice, offering others the chance to get sober. She has strong relationships with Rob, Billy, Paul, and John, the people who worked with Carol to get Transforming Choice off the ground. They live near each other and constantly support each other. Slowly Megan is re-engaging with her family.

After a life of backing away, it takes time and patience to make the small steps back into the perimeters of ordinary society.

1.4 Risks on risks

Risks rarely arrive alone. They come in pairs and clumps and basketfuls, tangled like yarn.

Early in the conversations about severe and multiple disadvantage, we wonder about many things, but two in particular. We want to ask the young people, what's your story? How did you get into that situation (and maybe back out again)? And we want to ask anyone with an answer: how can we stop this from happening to other young people and help those who have ended up stuck in the downstream flow?

The people in the room have many languages to think about these questions, and before too long we hear the word 'risk'. For social workers, the word often refers to abuse – being hit by Dad, domestic violence, severe maltreatment, poor parenting and bullying. Risks should trigger a response; they should compel intervention.

The social scientists use 'risk' in a slightly different way. They apply the word to a range of challenges in life that produce poor outcomes. ('Outcomes' is a word that also comes up a lot in this conversation.) Such risks include not only maltreatment, but also low birthweight, childhood poverty, parents with little education, poor academic progress, a mother's depression, learning disabilities, and much more.

The conversation turns to the ways that risks interact, connect, accumulate and multiply. We are examining what might make negative outcomes more likely. Risks lead to outcomes. Once uncovered, the risk factors become a list of the right places to intervene. Another way to intervene, in this way of thinking, is to build up 'protective factors', such as good coping skills, self-control, a safe home or stable relationships. Reducing *risks* and increasing *protective factors* should lead, on average, to better *outcomes*.

So when Rob tells how he was bullied at school because of his dark skin, now we hear 'risk'. Bullying is a plausible link in a chain that leads a beautiful five-year-old to become homeless and alcoholic at 30. Very few of those contributing to the inquiry speak ill of their parents, but it is clear, listening to what is unsaid, that parenting was too often inconsistent and sometimes straight up damaging: there's another risk.

When Daniel says he couldn't pay attention in school, 'poor impulse control' and 'ADHD' join the list of likely risks. For people like Jack – clever, articulate, reflective – a serial lack of enthusiasm for anything like school or home or work becomes another risk for things like crime, poor family relationships and homelessness later on.

In many cases, the risks trump the protective factors. Megan's love for her baby and Alex's charm weren't enough to offset the things that beckoned poor outcomes.

Losing the foundations of home, school and work starts a slide into unpredictable, frightening, and sometimes exciting new contexts: into homelessness, into relationships with other people who are also tumbling down. Damaging experiences become risk factors for more harm. There is poor nutrition and the misery of sleeping in the cold and the wet, constantly on the move. Then there is the threat of violence and the constant exposure to drink and drugs. Did it all really start with a simple combination of early risks like bullying, poor parenting, ADHD, and school failure? It seems plausible, but it's hard to tell for sure. The distance between the risk and the outcome is long, and the path from one to the other is complex and uncertain.

For many in the conversation, describing these chains of risks and outcomes seems promising. Maybe it can help to explain how the young people came to be where they are, and also help to guide the efforts of those who want to prevent young people's situations from getting worse. The lists of risks suggest that more could have been done for Dev, Jack, Daniel and the others to stop their misery. There are people in the room from the Wave Trust and Early Intervention Foundation who use this evidence to show how public services could have intervened to prevent or address the risk factors. These interventions might include an early years programme to teach impulse control, a parenting programme to reduce childhood behaviour problems, and a school system as invested in the 30 percent it regularly fails as the 20 percent it nurtures for the elite. Maybe public systems that addressed the early risks could have arrested the declines that hurt both the young people and society. Others say that public services not only fail to help in some cases, but also *add* to the list of risks by shunting young people around foster homes, being too tolerant of what goes on in the family home, or turning away from a clever child because he or she is just too difficult.

There is a lot of value in this language of risk and outcomes, with all kinds of opportunities to do more for young people

before problems take hold. But we are left wondering about its utility in the context of people like Alex and Billy and Megan. The argument that public systems could intervene earlier in life has obvious merits. But in the context of severe and multiple disadvantage, it isn't clear what makes for effective early intervention. It's possible that some early interventions would just make things worse earlier.

Short links between risks and outcomes seem plausible, like the idea that overcrowding leads to a parent's depression, or that poor parenting makes anti-social behaviour more likely. But it is harder to maintain the argument when there are 20 risks and 10 outcomes – many happening at once, combining in complicated ways.

1.5 Decisions

No one chooses the flow downstream. No one gets there without making choices.

The view of the world just described, of balancing risk and protection, has become ubiquitous in public systems. Its power is the way it encourages people to think about what *led* to the crisis, and not just focus on the crisis itself. It switches the focus away from all the things the young

person got wrong and towards all the things that led the young person to get it wrong. And in these strengths we find the weaknesses. Surely the present matters as much as the past. Is the young person no more than a passive carrier of risks?

Just as people who live a life absent of severe and multiple disadvantage got to telling us that risks produce outcomes, we heard people who had faced disadvantage tell us that *they* were responsible, that *they* made the decisions to skip school, take drugs, sleep rough and all the rest of it.

When we ask young people and adults why they become homeless, drug addicts, or alcoholics, they tell us about tough situations beyond their control. But they also talk about the decisions they took on their way, as some put it, 'down to the bottom' – decisions that made a bad situation worse. Taking drugs to fit in when they were bullied. Becoming homeless to escape from the life of crime at home. Exchanging fake notes as a fast way to make money to pay for an independent flat. Committing crimes to get a ticket to prison and a respite from the streets in a bitter winter. Dealing drugs to make more money than an ordinary job would pay. Choosing a life on the streets to run from parental responsibilities. Hanging around with the 'wrong' people.

Chaotic situations make good decision-making extremely hard. Nobody plots a life into homelessness. Few strategies include a route to addiction. Crime is seldom a lifestyle choice. But dependency on substances and a life outside of or on the edge of the law do not occur without the active participation of the young person.

As with much else in the lives of those facing severe and multiple disadvantage, the magnitude of the decisions being made is much greater than the norm. Rob chooses life on the streets over bringing up his kids. Billy opts to ask his young daughters to keep the police busy at the front door while he hops over the back wall with his drugs and guns. The consequences are also more severe than usual. Jack decided not to go along when his family moved out of town. Instead, he started hanging out with guys who had been in and out of jail and dealt drugs. He is regretful but cool about it now, but at the time he took the fake £20 notes and put them into his till at work he must have been worried sick. Each small decision added up to a major set of consequences – jail, homelessness and disconnection from family – in a matter of weeks.

One word for the active engagement of a person in the development of his or her life story is *agency*. People facing disadvantage are still active *agents* in how these life

experiences play out. The young people have agency. So do their family members. No doubt in many cases they feel let down by their child, frustrated to the point of rejection, or troubled by the way conflicts and shortcomings in the family have contributed to their child's difficulty. Still, by their choices, they too add to or alleviate the severity of the disadvantage to be faced.

Crucially, if we are to hold those who face disadvantage to these standards we must do the same for public agencies, schools, social work departments and police forces. They also make decisions that damage young people's life chances. In some cases, public servants unintentionally add to the risk of poor outcomes. The foster parent who feels she can no longer cope. The social worker who calls a police officer to break up a fight in a children's home. A psychiatrist who feels unable to respond in the absence of a formal diagnosis of mental illness. The commissioner who directs resources to a different priority area.

All of these choices – by people facing severe and multiple disadvantage, their family members, and the agents of public services – are decisions that affect future life chances. Some decisions are weighed up and taken deliberately. Others are taken in a blur. But they have hard-edged consequences.

1.6 Where the stories go next

They are not like they were before; they are not like people who have never had such an experience. The change is so profound that they, and we, reach for symbol-rich words to describe it.

Alex organises. He started the first convening, asking the organiser on behalf of the rest of us about what was about to happen, what we were up to. He is pleasantly eccentric. We are reassured to hear his voice. If we look very closely, we see the scar from the tracheotomy performed to save his life after he was kicked into a coma, a victim of homophobia. He rarely talks about it these days.

‘The place where you can’t go any lower.’ ‘The bottom.’ This is the point where Alex and the others had to find places at night that would keep them warm. Some positioned themselves outside clubs at closing time to get money off drunk people. Others joined groups or gangs to survive on the streets. Some didn’t want to talk to people any more. They had lost hope and trust in people. The people we are taking to are the lucky ones for whom ‘the bottom’ is in the past. Now, small pleasures figure large. Rob blooms, his face showing the joy he takes in his new life. He has his own room and a new job, and he’s clean.

He told the Inquiry about his job at Transforming Choice. ‘Carol was telling Megan and Paul that the money had come through and they would be taken on in the new organisation to support people on the same road as ourselves. I was made up for them, really pleased. But then I saw Carol looking at me and I realised, it wasn’t just Megan and Paul, it was all of us. Me too. I was going back to work.’

Rob talks without fuss about the things he has done wrong in life, preferring a life on the street, drinking, to his family responsibilities. He can talk without any sense of self-loathing about the people he has let down. He is not ashamed, nor is he proud. He’s aware of the past, but he also feels the potential of each day that comes.

How can we describe such a profound transformation? One word is ‘redemption’. Admittedly, it’s a strange word in a secular setting. Something that is redeemed is ‘bought back’, and in the process it is transformed. When we speak to the young people, their stories are of lives radically altered by their experience ‘at the bottom’. They are not like they were before; they are not like people who have never had such an experience. The change is so profound that they, and we, reach for symbol-rich words to describe it. But the story isn’t over yet. They’ve passed through extraordinary adversity and reached a point of relative calm, like passing

through the sound barrier. There are more challenges and pleasures to come.

Our understanding, such as it is, comes from people who have escaped from the bottom. We see less of the people who didn't get away from the gravitational pull of drink, drugs, isolation, or the street. We met the people that Carol helped, but not the ones she tried but failed to help – those who didn't make their hospital appointments, whose infections went untreated, and who lost a limb or a life. We talked hardly at all with people whose disadvantage combines with violence or with mental illness that makes them a danger to others or themselves.

And then there is another story, also untold, of the young people who live in a world of nothingness, who don't bother their parents, nor their schools, who hardly touch the world of employment, who are just stuck. Towards the end of the first convening, the poet Sean Mahoney gave his take on this world, and talked about young people 'in the void of the bedsit, smoking weed, frightened to live, frightened to be what they could be'.

1.7 Outcomes of outcomes of outcomes

'I like to draw a line under the past. I am not saying some have not caused a lot of damage to themselves and others but it cannot be undone. We have to look at today, tomorrow, at what happens next.'

Risks are important because they influence outcomes. 'Outcomes' are medium- and long-term results for individuals. It appears that at some level everyone at the Inquiry agrees with this way of thinking. In fact, concepts about risk and outcomes were used by the LankellyChase Foundation and Dartington, the people who initiated the Inquiry, to form the phrase 'young people facing severe and multiple disadvantage'.

Disadvantage refers to risks, such as family conflict, addiction, poverty, or lack of other resources. Disadvantages increase the chance – the risk – of serious and lasting damage to health and development.

Severe indicates that the amount of risk being faced is more than is ordinarily encountered even by those who live on the edges of society. Pull back the 'family conflict' label and one finds violence. Scratch at the surface of the diagnostic

notes that say ‘addiction’ and stories of huge excess are revealed.

Multiple is a reminder that it is not one risk but many. These young people are experiencing family problems *plus* social difficulties *plus* a lack of somewhere safe to live *plus* a reduced chance to excel in school or work *plus* many other risks. The risks reinforce each other.

Facing suggests that severe and multiple disadvantage is not a condition. A young person is not severely and multiply disadvantaged. The disadvantage is something that is encountered, faced up to and managed.

And so we have a definition. It is a definition based on the language of outcomes. But almost before the ink dried on the definition, doubts were being expressed by many. Perhaps Sue said it most clearly: ‘I feel as if we are being asked to look at the outcomes of the outcomes of the outcomes. There are so many outcomes we forget what we are trying to do here and now.’

Where are these objections coming from?

A first shortcoming is that it is easier to focus on the bad than the good – in technical language, to focus on risks

than on protective factors. This turns attention away from talents and interests that are often vital to recovery. We shouldn’t have been as surprised as we were to learn about Dev’s passion for drawing, and his regular visits to the Walker Art Gallery to sketch John Gibson’s sculpture *The Tinted Venus*. Nor Henry’s singing, or Alex’s acting. We find out that Christian got the hang of Arabic in a matter of months: a precursor, as it turns out, to a university degree in Arabic and Japanese. These abilities don’t sound like part of the ‘severe and multiple disadvantage’ package, but they are. In some cases, the collective ability of Christian and others who have faced severe and multiple disadvantage to describe, learn, and innovate outstrips that of researchers, philanthropists, and practitioners. But these abilities are overlooked in the inventory of risk.

Second, the outcomes model encourages the user to look for the roads between just two points at a time. Are kids more likely to be excluded from school if they’ve been in foster care? Check: there’s a risk. Are young people with depression more likely to drink? Check: there’s another. But the risks leading up to severe disadvantage are more like a map of all the streets in London. There are so many paths it’s almost impossible to trace a clear route. And many roads are two-way. Depression may lead to drinking, but drinking also leads to depression: which came first?

A third point of resistance is the insistence on looking back. As Carol says in her conversation with Sue, ‘I like to draw a line under the past. I am not saying some have not caused a lot of damage to themselves and others but it cannot be undone. We have to look at today, tomorrow, at what happens next.’

A fourth weakness is that the language of outcomes is more useful at the group level than the individual level. Researchers can say, for instance, that well-to-do children are more likely to go to university than poor children, but they cannot explain why Mary gets a degree while Jane doesn’t. Making predictions about the future requires us to think of people in terms of categories. Powerful as the group predictions are – and as useful as they are in promoting effective prevention policy – they overlook individual situations and idiosyncrasies. Group predictions neglect the unusual needs of people facing severe and multiple disadvantage.

Fifth, by the time young people are deep in disadvantage, it may be too late to think about risks in an orthodox way. Jean Templeton, who leads a big voluntary organisation called St Basils, said in a video interview that risks are about the *potential* for harm. By the time these young people have been washed all the way downstream, that potential has

been realised. The harm has been done, is being done, and will keep being done unless something changes. As each person nears their personal low points, it may be less important to understand which combination of risks predicted this harm. It is more important to figure out what combination of circumstances will help them be ready to say, and say again and again, ‘It doesn’t have to be like this, it really doesn’t.’

Sixth, the outcomes language is devalued by the varied and sometimes sloppy way in which it is spoken. Which things are outputs and which are outcomes? When the chains from cause to effect are long and complex, people often end up measuring short-term outputs (such as school test scores or programme enrolment) instead of longer-term outcomes (such as marketable skills or better health). Measuring outputs is no bad thing in itself, but it can draw the attention of a system away from the real goals and create a narrow focus on achievable targets. These targets frequently don’t match the needs of young people facing severe and multiple disadvantage. To add to the confusion, these *outputs* are often called *outcomes*. Such slips of the tongue matter because they disguise the fact that people may be talking at cross-purposes and create the illusion of consensus when there is none.

Finally, and perhaps most important, the outcomes model sets goals first and serves people second. Targeted outcomes may reflect what is routinely measured, and not what the young person or the people helping might consider important. As a young adult, Daniel has far more ability than his teachers recognised, far more than he demonstrated in school. One could jot down ‘poor school progress’ as a risk factor for later harm, but a more accurate problem might be ‘unrealised ability’. Programmes that aim to boost Daniel’s school progress may not be the ones that can challenge and channel his hidden abilities. The language of outcomes stutters when put to the task of describing what a person might do to help someone facing lots of problems.

1.8 In and out of difficulty

In one sense, the antidotes are clear. To reduce risk. To abandon shame. To be better connected.

The stories start in the middle, with the moment when the young people think ‘it needn’t be like this’. But when we listen again we hear an earlier beginning: the risk followed by another and another, risks that were not offset by protective factors. For those who face severe and multiple disadvantage, the *potential* for harm has turned into real harm. For the people in the first convening who have lived

this life, the links between risks and outcomes are more like webs than simple chains.

But individual agency is important, too, like the decision to stop going to school, to steal, or to take drugs. There is the decision to back away, to the last row in class, away from family, out of school or out of society. There is the backing away to the point of invisibility, to the point where nobody quite notices that that a young person has gone.

Shame drives these decisions. At first the young people are embarrassed at ordinary failure, of having appeared silly, or, as they put it, of ‘having fucked up’. Then, as their differences become more extreme and they sense they are not quite like anybody else, their embarrassment turns to shame. As they curl up in a doorway, ask for money outside a nightclub or seek professional help, they perceive pity. So these people who need more help than most, burdened with shame and pity, back away from that help.

A theme emerged here that recurred throughout the Inquiry. It was named early on by one of the participants, policy expert Naomi Eisenstadt. She said, ‘It isn’t either/or, it’s both.’ It isn’t *either* risks that lead a passive young person from early disadvantage to a life on the streets *or* the active agency of a young person making a series of bad decisions. It is *both*.

It isn't *either* the shame felt by the young person at having serially 'fucked up' *or* the pity expressed by family, friends and public servants at this shameful descent. It is *both*. Somehow, despite this storm, the people we spoke to who had faced severe and multiple disadvantage had found a place of calm where, for the most part, the disadvantage is being encountered. This place of calm on the other side doesn't seem to fit with the risks-and-outcomes way of thinking. The poet in the room, Sean Mahoney, got nearest to describing it with his words: 'I still fuck up. But I keep getting up, I keep showing up, because I no longer carry any shame in who I am. Some things I can't do. But, some things I can.'

The space on the other side is also recognisable in the verbs, adjectives and nouns used by the people who have faced down disadvantage to describe themselves, their friends, and their prospects. They use a language of tolerance. They appear to respect difference in others. They are broad-minded about the errors everybody makes as they grow up. But they also speak mostly in the present tense. They focus mostly on today and tomorrow, not dwelling too much on the past, not looking too far into the future.

They know there is no happy-ever-after. They don't even have illusions of being like everybody else, or of being

a productive citizen in a productive world. If there are aspirations, they are for a different pattern of life, with a bit less of this (sleeping rough, for example) and a bit more of that (say, laughing with friends).

But how do they get there? In one sense, the antidotes are clear. To reduce risk. To abandon shame. To be better connected. To make better decisions. But how does this happen?

The pivotal point seems to be the moment of thinking differently, of thinking 'it needn't be like this'. Cognitive change seems to come first and foremost from a trusting relationship. All the people facing down disadvantage talk about a relationship with someone in whom they can believe. We don't yet know who the people are who engage in such crucial relationships. The two we have used as examples, Sue and Carol, are involved with voluntary organisations. But presumably many teachers and social workers have similar capabilities. There must also be many unpaid family members and neighbours doing much as Sue and Carol do.

We do have the first inklings of what people like Sue and Carol do. They don't bother much with risk and they don't think about formal, measurable outcomes. They have no pity but a great deal of uncompromising empathy. In their view,

people are accountable for the decisions that led them to the bottom and that will lead to the ascent. They encourage agency and seem to cut through the shame.

As we watched their work, we sat with policy makers, practitioners, and scientists who spend their lives designing, organising and delivering interventions such as children's centres, parenting programmes, and therapies of many kinds. But Sue and Carol seem hardly to intervene at all. They lean into the space inhabited by the young person, and so encourage them to think differently, to the point where they might ask 'need it be like this?'

What would it take to find more Sues and Carols? As well as understanding better what they do, we need to understand what is happening in society that is generating the risks, the shame and the pity, and that combine with bad decision-making to generate severe and multiple disadvantage.

To understand this we shift our focus now to public services, to the health, education, social care and justice agencies that have, over the last three decades, been the subject of almost relentless reform. Many of us have benefited from these reforms. We are living longer. Our children are learning more. We are less likely to be victims of crime. But

the few who face severe and multiple disadvantage have not benefited equally. And we want to know why.

1.9 Young people reflecting on 'In and Out of Difficulty'

Once the first section of the book was written it was given to 10 young people to read. Seven then came together at a meeting at which the main points were summarised and they were asked for their views. This is what they said.

The limits of agency: We agree with what is said about the decisions we make, about us being responsible for getting into a mess, and getting out of it. 'Agency', as you put it. But there are some things in life that are out of your hands. Living in poverty is not in our control. Your mum dying is not something you can change. Being abused for being gay or black is something you end up having to put up with, you cannot change it.

Creating cognitive change: You nail it when you say there is a moment when 'it doesn't have to be like that'. Most of us have been lucky to find the person who can help us think differently, apparently without doing anything. But it isn't just a relationship that creates the moment of change. In fact, losing a relationship can do it. That can

be the wake-up call. Or place can make a difference, that moment when you find yourself in prison, when all those things you fear come true, that can really shake you up.

Backing away: Yes, we backed away. And yes, we are responsible for backing away. But you have to know the shit we have to put up with. There isn't enough on how services make it all much worse. Like when you have to tell your story 100 times over to each teacher, each social worker, each counsellor, each youth worker you meet. Who needs that? So you stop going. You don't bother them anymore. And they stop bothering you.

When the bottom is the norm: The book doesn't spend enough time at the bottom. At that moment when it is really the worst. When you are there you get to a point where you think that is all you are ever going to get from life. Being at the bottom becomes your identity. It becomes who you think you are. And that is what makes it difficult to change. So when you meet someone you don't think they can help. Until you meet someone who can, and somehow they help to separate you from who you think you have become.

Young people as a metaphor: All of this is about young people facing severe and multiple disadvantage. Ok, you have stories in there about the older people too. But it mainly about us. What you say about us also applies to lots of other people facing other challenges in life, people with disabilities, people with unusual conditions, people, in other words, who don't do very well with the way public services are currently organised.

At Home/Chez Soi

Sam Tsemberis believes that housing is a basic human right. As CEO of the not-for-profit Pathways to Housing in New York City, he led the charge of scaling the Housing First programme around the world. As Tsemberis, a clinical psychologist, notes, homeless people carry a heavy burden of mental illness, addiction and more. Public systems tend to line up these problems, expecting a cure to mental illness as a condition for housing.

No, says Tsemberis. Better to put housing first. Once someone has the security of a home, then other problems can be addressed.

In Canada, Housing First is known as *At Home/Chez Soi*. It has much to recommend it. There was a rigorous trial led by Paula Goering from the University of Toronto. And then there is an extraordinary website prepared by the National Film Board of Canada that tells the stories of the recipients.

There are around 200,000 people living on Canadian streets. The five-site trial tested whether the US programme would hold up north of the border. Whether it could give people a

home and keep them housed and make a difference to how they felt about their lives.

In one sense, the programme fits squarely into the outcomes paradigm. It solves the complex problem of multiple risks by focusing on one risk that trumps the others. The experimental trial shows that it works, with the greatest gains for those in greatest need.

From another angle, however, Housing First is relational. It brings together people who faced homelessness, people who could help them, housing agencies, landlords and neighbours to find a solution that works for all. It connects the disconnected.

By another reckoning, it is a hybrid. The positive outcomes might be partly explained by the quality of the relationship between the *At Home/Chez Soi* helper and the homeless person. This possibility is being explored by research supported by the LankellyChase Foundation.

athome.nfb.ca

Hull Lighthouse

Sex work is threatening to mainstream society and sex workers are constantly pushed to the margins of society. Many have complex needs, but they back away from support from public systems.

Hull Lighthouse reaches out to sex workers in the North Sea port. The objective is to help women exit prostitution, and about seven to 12 of the 100 or so supported each year do seek other forms of income. But the Lighthouse works with all street workers.

The work is inherently relational. It involves going onto the streets where the women work. It means building relationships with people who have been scarred by relationships, who are highly attuned to people who offer pity instead of empathy. It means offering help on the women's own terms, starting with the distribution of condoms, offering help on cutting back on drugs and alcohol where it is wanted, and showing opportunities to get back into education, manage finances or improve housing.

It is a slow process. Hull Lighthouse doesn't wait for the women to come to them. They go to the women. As relationships build, they connect the women with welfare and legal services, housing, health and drug treatment organisations. The Lighthouse negotiates on their behalf to make sure they get the right help.

The Lighthouse is still learning how to do this work. Emma Crick, who made a significant contribution to the Inquiry, is bringing the results of an ethnography into a report that will help to advance their relational approach.

[hullcommunitychurch.com/
community/hull-lighthouse-project](http://hullcommunitychurch.com/community/hull-lighthouse-project)

Between the Cracks

2

Carol Hamlett and Sue Shelley exemplify the ability to relate without pity. Carol established Transforming Choice for alcoholics in Liverpool. Sue is the reason why Local Solutions' Intensive Mentoring programme for young people facing severe and multiple disadvantage is receiving national attention. Here they talk to each other about their work.

SS: They say in the book that maybe the kind of thing we do you cannot train for. They put us on a bit of pedestal, I think.

CH: It's not me or you. It's about the human condition. It's about drive. If you're bothered about your fellow man. If you want to make a change in the world. That's what makes a difference.

SS: And where does that drive come from?

CH: There some damage in me. My damage has left me wanting. The work fulfils me.

SS: I get that. People that go into this work may have had some sort of troubled past. But this can backfire when the needs of the worker override the needs of the person.

CH: Absolutely. But it's deeper than that. I am not talking here about rescuing clients. There was an injustice in my childhood. I was powerless. So now I address injustice where I see it. I am not rescuing. I want to change the world because I wanted the world to be changed for me 50 years ago.

SS: I can see that. I think life experience contributes to this work. I have a lot of mates. They are making money. And then I see other people doing what we do and they are paying the bills and they are coasting. Something inside of me makes me want to do more. Maybe it comes from my time working in the children's homes when I was younger and all the injustice for those children that I saw there.

CH: I wake up some mornings. And there are red bills unpaid for this place. We have not a penny in the bank. And I wonder, really, how can I carry on? Then I walk in the door and I see people who have been let down all their lives. And I think, 'I can give them space. I can give them space to breathe. To recover themselves.' And then I can carry on.

SS: For me a lot of it is common sense. But I know there is so much more I can do. I want to get better and better. I

want to learn. That's me driving myself. I am quite self-driven and I learn more from the people I support than from formal supervision. Motivation and being self-driven is essential.

CH: But for me it comes back to the human dimension. It is holding onto the human qualities. What the system does, it compartmentalises. 'I'm homeless. I'm an offender. I'm an addict.' And they are dealt with in that mode. The system gives them identity. So people begin to say 'I'm homeless' instead of 'I'm Tommy, I'm 32.' They get boxed in.

SS: It's amazing how some people are dictated to by the system. All of the kids have been through the system. They have been trampled upon. The way people talk to them. Sometimes I sit there while they make calls to one of the agencies and because they say they are homeless they are immediately talked down to. It's all judgmental. How easy it is to forget that we are all people.

CH: We are all people. And that doesn't mean being soft-centred. It means being honest.

SS: It is common for the young people to say they are scared of me! What they are really saying is that they are not used to

being spoken to honestly and directly one person to another, getting them to look at their behaviour. When young people start with me they can be wary. It takes them a while to suss me out. I don't think I'm *hard* like they say in the book. I think the hard thing can be translated to *respect*. It begins with me respecting them.

CH: I like the word 'congruent'. Truth. Getting past the bullshit. Just saying it as it is. That's congruence. We are not here to be liked. You have to be straight because the decisions you make now, tonight, tomorrow really make a difference. Forget the past. The past is past. Right now, in this moment, what do you want to do? Tomorrow, in that moment, what do you want to do?

SS: The system seems to forget that. They forget the person. The system drags along baggage from the past without showing there is hope for this person in the future. Every assessment is looking back.

CH: Yes, and it's not the people in the system. I am sure they want to do everything we try to do and more. I am sure they could do better than us if they were outside of the system also. But they are working to targets. They have to get something

done by 4 o'clock and then in getting it done they forget the person. And then the person gets to realise that the system will do it for them and then they adjust their behaviour.

SS: Give me an example.

CH: So when they come into a hostel the rooms have to be clean. It's on the target list. So the worker thinks, 'Oh I will just do it, it will only take 10 minutes', instead of confronting the person living in that room. They think '10 minutes and job done'. Except it's not.

SS: That was one of the things I noticed when I started this work. How they would bounce workers off workers. And then the workers feed off that also. No real clarity. I wasn't having any of that. I make sure I get everyone involved with a person together.

CH: I had it here. A 46-year-old man was admitted. We have a rule: for the first two weeks, no visitors. That's while they sober up. After two weeks we allow family to visit. After three weeks support workers from the outside can come in. One for this man arrives, the 46-year-old. She asked if she could take him to the shops. So I said no, that we like them to take responsibility for themselves. And she said, 'But he cannot

manage to go to the shops without me.' It's like the worker cannot manage without the client. In that case it was harder to prise her off him than vice versa.

SS: Some of the people employed now are inexperienced. There are also experienced people who have maybe lost motivation due to being in the system and not having time to keep up to date with what's going on in the city.

CH: I wouldn't have a social worker in here. Nothing to do with them as individuals. It's just how they are trained. Their experience. They learn to focus on risk. Social work has become risk-assessing people out of services. Our risk tolerance here is massive. It's like the difference between Marks & Spencer and the Red Cross.

SS: It has become risk assessment on paper instead of risk assessment in real life.

CH: We are aware of the risk, we measure it, but we take it. In the system they cannot do that. They are driven by fear. That fear makes them lose their trust. My work demands trust. I cannot be following people around all the time. I trust them. They need that trust so that they can trust themselves. Some are on the team here. Some are volunteering. The main thing

is they are people who understand people. Who don't judge. There is a massive intuitive aspect to it.

SS: I see my role as making lots of small differences. I think of the kind of unconditional support I had as I was growing up. I am not talking about unconditional love, but an adaptation of that. The people that I support are extremely astute in sussing out whether the support they are being offered is conditional or unconditional. I try not to take anything young people we work with do personally. They are going to make mistakes, some small, others catastrophic. If you take what they do personally it will ultimately stop any kind of support you want to offer. When they get it wrong you simply pick up where you left off.

Chapter Two: Between the Cracks

The story may sound like it's about individuals, motivation and hard work. But lapping up against the flow of that story is another one – a story about rules and regulations, habits and systems. Sometimes it is about what isn't there: the spaces in the rehab programme not available, the job openings not advertised, the decent, affordable housing not funded. The helping hand that wasn't there.

Now we are in Cumberland Lodge, set in Windsor Great Park, being treated to the best of everything. A group of young people have been meeting together for two or three days before the rest of us arrive. They have been looking back at the results of the first gathering and are beginning to plot a better way for society to respond to those who have to face the worst in life.

We also have new sources of evidence on which to draw, including a history of the way public systems have evolved in response to social need. It is a reminder that the state's involvement in the private lives of individuals facing disadvantage is relatively recent. For better or worse, for most of history it was the family that coped, perhaps with the support of their neighbours. In later years, they might have had help from the church, and later still, from voluntary

organisations. Only in the last century has government been recruited to play its part.

It's hard to imagine this history in a room full of young people who have received lots of state-supported help and older people who are employed mostly to direct, manage, deliver or evaluate that help. In a world where supports are paid for by the state, how does somebody find help? More important, why does help often fail to find those who need it most?

The explanation starts with the idea of *systems*. It's easy to imagine a person in need benefiting from a *service* or a *programme* or an *intervention*. But the agencies who ensure a service is delivered do so much more. They allocate scarce resources. They develop processes that lead those with needs to workers, and workers to those with needs. They train staff and make assessments. They are publicly accountable for standards, performance and the money they spend. A system takes care of all these things. And there is more than one system. There is, in fact, a *system of systems*.

This section sets out how these systems are intended to work – and how they work in practice for young people facing severe and multiple disadvantage.

2.1 Systems

Historians Roy Parker and Roger Bullock wrote a history of UK public systems for the Inquiry (17). The embryo of the country's public systems was formed in the time of Henry VIII. Over the next four centuries, the responsibility for slender and often punitive provisions was passed from church to voluntary organisations, and eventually to government. There was relief for the 'deserving poor' and some help for the disabled, but not much more.

The state began to play a role in the 19th century, supporting orphanages and reform schools. Radical change came in the early 20th century as new systems took form. These were almost entirely funded by government and designed to benefit the whole population. It is now natural to look to the state to fund and organise education, physical and mental health care, sanitation, pensions for the elderly, unemployment and disability insurance, policing and the prevention of crime and violence, care for vulnerable children, treatment for drug and alcohol misuse, and housing for those who cannot afford market rates. The state also sets the rules for commerce, so citizens now expect the state to make and enforce regulations regarding air and water pollution, consumer safety, and child labour.

Today, large public systems support the daily universe in every developed nation. Without them, we would still be bartering with goats for potatoes, building our dwellings with our own hands, and restricted in our knowledge to the limits of our own small experience. On average, we live longer, smarter, healthier, safer lives than ever before, thanks in no small part to these public systems.

But not everybody benefits equally. There is now so much help – for instance, England spends £55 billion a year on children alone (18) – that it is hard to imagine that anyone can miss out. Surely, given the cost and comprehensiveness of modern systems, the 'helping hand' should be constantly available to all. But the most disadvantaged people involved in this conversation – Billy, Jack, Alex, and the others – missed out not just on one bit of vital help, but on lots of bits of vital help, all through their lives. Using the professional language, young people facing severe and multiple disadvantage have consistently failed to achieve an adequate state-funded response.

How does this happen?

It cannot be only a problem of funding, even though money is critical. Until 2010, the general trend in state expenditure

was steadily up, but it was never enough. Even at the height of public sector spending, there were people who missed out. If the state spent more, it would reach more people, but perhaps not everybody who needed help. Nor is there a lack of passion. The 100 or so people contributing to this conversation didn't always agree with each other, but they gave up their time because they care. Most of those who work in public systems, from politicians to volunteers, start with a desire to do everything that can be done for the most needy.

Something else is going on. Strongly implicated in the failure are public systems themselves. As we listened to the conversation at Cumberland Lodge, we started to think of systems as an independent force, operating beyond the control of the people who try to manage them or work within them. It helps to think of systems in terms of four distinct characteristics.

1. **How they are organised, their *structure*:** public systems are made up of networks of smaller systems, which are themselves comprised of networks of organisations, themselves comprised of networks of individuals. How do they all connect?

2. **How they adapt, their *dynamics*:** systems are not static; they change with the people who work in them and the people who move through them. This might explain why attempts to change one part of a system often lead to unexpected consequences, and might help to explain why good people do apparently bad things.

3. **What they are trying to achieve, their *goals*:** Every system has a range of purposes. Some are stated and formal, like those in mission statements, annual reports, and government targets. Some are informal and unstated, such as preserving the system or resisting change.

4. **Their operating manuals, or their *logic*:** Each system relies on distinct ideas about how things are done. Each logic informs how systems set up processes, resolve conflicts, deal with crises, and try to improve.

2.2 The structure of the system of systems

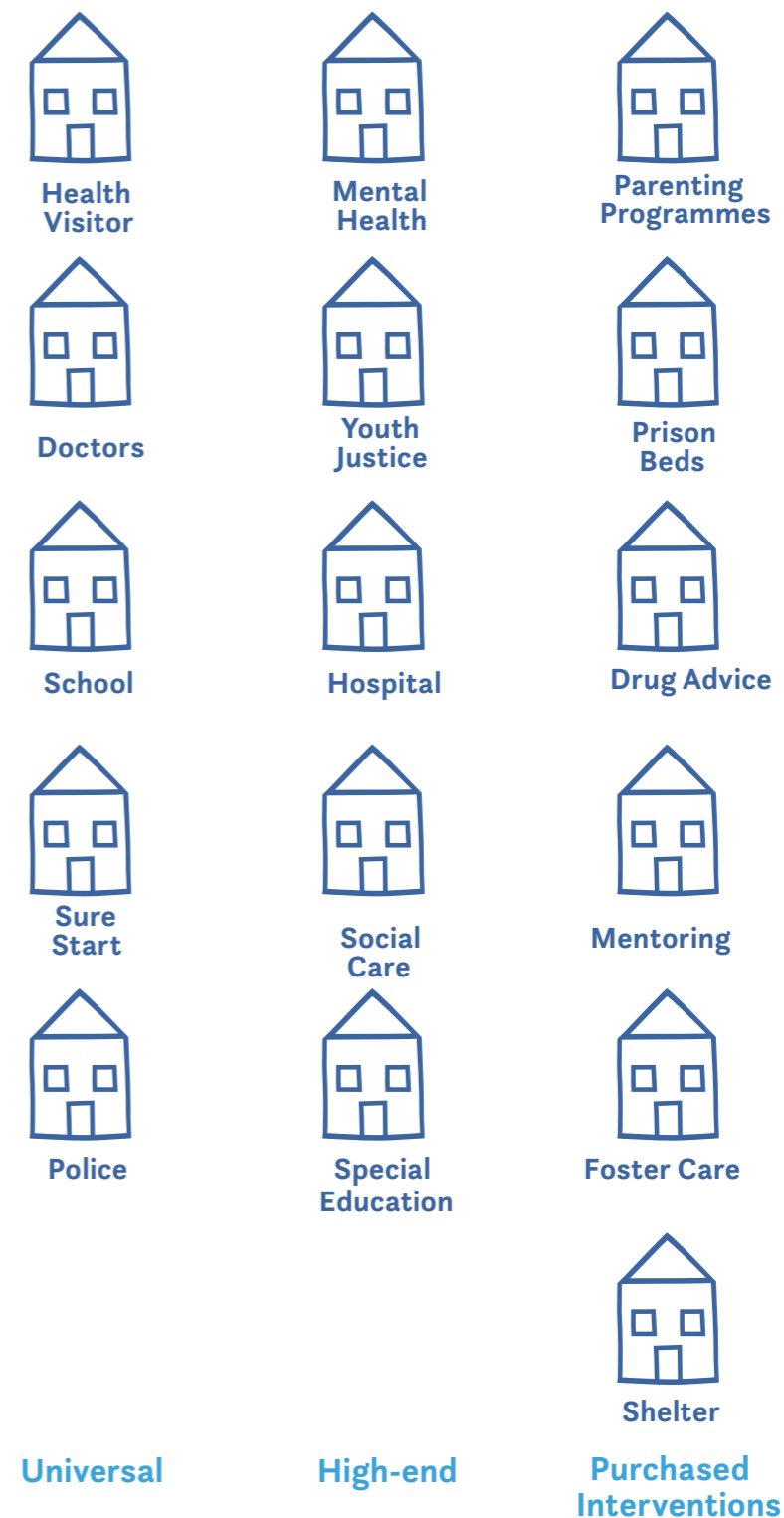
Alex arrived at Local Solutions' Intense Mentoring Programme with what used to be called 'joined-up problems.' He got there thanks to Local Solutions' connections with hostels, which

link to the organisation when they can't provide everything their clients need. Later, Alex will be connected with housing associations that might offer a decent place to live, and the Job Centre Plus will try to find him a reasonably-paid job. The small part of the network Alex used is part of a much greater system of systems. How do all the parts of the system 'join up' – and where are the cracks in the structure?

Column 1: Universal systems

Universal services, those that are available to all, are the bedrock of the modern welfare state. Figure 2.1 imagines each system as a separate house. The universal 'houses' include the local doctor's surgery, the health visitor, the Sure Start children's centre, primary and secondary school, and the local police. They are designed for and available to everyone. Clean drinking water, sanitation, and rubbish disposal are also among the universal services.

Figure 2.1. Systems of systems:
A map of universal systems, high-end systems, and purchased interventions



In the last 70 years, universal services have become ubiquitous. Many services initiated by the voluntary sector – health visiting, for instance – are now the preserve of the state. Reasonable people can disagree about how far universal systems should reach, how they should operate, and how much tax money they need to do their jobs. But universal services have become deeply embedded in our routines, our expectations and our culture.

Column 2: High-end systems

Universal services are as far as most people get. However, perhaps precisely because they are designed to benefit most people, universal services are rarely well equipped to deal with challenges that are beyond the ordinary. A teacher may give some sensible advice to a student who is struggling in class. But when drugs get in the way of a teenager turning up to school, or violence at home makes it hard to focus, something more – something not available in school – is required. A doctor can advise a patient who confesses to drinking more than is healthy. But when the patient's liver begins to suffer, or he starts hitting his children, something more – something not available in the local surgery – is required. So beyond universal systems sits another column in the state's response to public needs. The systems in the second

column in Figure 2.1 are known by many names, including 'specialist services', 'remedial services', or 'high-end systems'.

High-end systems target people whose mental health is threatened, those with serious diseases or injuries, children whose home circumstances raise the possibility that they shouldn't be living at home, people who get into trouble with the law, and young people whose educational needs are beyond what an ordinary classroom teacher might be able to meet.

Each component at the 'high end' is itself a system. Different as they are from each other, hospitals, mental health clinics, social work systems and youth justice systems have similar structures. Each has at least three parts. One part assesses who should get the help and who should not. A second part provides help directly. A third buys or coordinates additional sources of support.

Within the system of systems, the high-end components occupy a unique position. The universal components, by design, face the public directly. The high-end components sit at one remove. Families go directly to local schools, for instance, but not to special education. So the high-end

systems rely on a steady supply of referrals from doctors, other health workers, teachers, police officers and the courts.

The high end does well when the problem and the response are well defined. If caught early, a ruptured appendix will be treated effectively by a hospital operation. Some mental health and special educational needs can also be rapidly diagnosed and treated. But most problems involving mental health, special education, social care and youth justice are much messier. Quite a lot of physical health needs are also not easily treated. And although society compels systems to respond, it often isn't clear what should be done.

Column 3: Interventions commissioned by high-end systems

The final column in our system map is a network of agencies, voluntary organisations, and private companies that supply services to high-end agencies. By and large, universal services do their own work: schools provide education and local doctors provide general medical care. The opposite is increasingly true at the high end. Here, some services are provided 'in-house', but many are paid for by the state and provided by external suppliers.

The organisations in this final column are paid, or 'commissioned', by people working in the high-end systems of child and adolescent mental health, social care, youth justice, and special educational needs. Some of this externally purchased provision is long-established, such as residential and foster care for children separated from their families. During the course of the last 150 years, these systems first emerged outside the public sector, were later subsumed within it, and, in the last 30 years, have been put outside the public sector again as they were outsourced to private and voluntary agencies. There are also recent innovations in this part of the map. In the last decade, 'evidence-based programmes' that have been tested in scientific trials have been especially popular.

A century ago, the 'houses' in this column were actually physical buildings. Each residential institution had a distinct, defined target – to treat sickness, mental infirmity, disability, educational difficulties, and many more. Today they capture many types of organisations, nearly all of which support people in the community.

2.3 Three consequences of the system structure

There are three aspects of the structure of these ‘systems of systems’ that cause trouble for young people in complicated situations, whose needs are difficult to define, and where knowledge about how to respond is shaky.

Silos

First, the structure creates silos. This is an American term, referring to the huge cylinders that keep grain in and the weather out. To some degree, each system is its own silo. There are few ways for police and teachers to get together to talk about a young person’s well-being, for instance. Other silos encompass similar and adjacent systems. Some of these reflect professional affiliations. Perhaps a doctor turns first to her colleague in mental health, instead of to the social worker who might be better placed to help. Some reflect historical legacies. A social worker may return to a familiar and favoured foster care provider, even when there are better ways to respond to family breakdown.

From the outside, silo-style usually looks as if it is the result of individual pig-headedness, the fault of self-absorbed workers and ignorant managers. In reality, it is the result of

these individuals being part of something much larger: the structure of the systems themselves.

Silos create issues for the most disadvantaged since their needs and the risks they face *always* cut across administrative divides. Moreover, silos cope badly with the dynamic, episodic, transitory, recurring problems evident among people like Dev, Alex, Billy, and the others. Silos are set up to deal with problems that can be permanently fixed (an illness treated) or permanently managed (a lasting disability, such as the loss of a limb). They are, typically, desperately bad at dealing with problems that require input from several sources.

Definitions and boundaries

Second, the structure of systems requires a series of definitions and boundaries. Society does not expect the police to teach children mathematics, or doctors to break up drug sales, or teachers to visit parents of newborn children.

Such boundaries seem obvious when we look at the universal systems, but they seem fuzzier around the high-end systems. Should a school counsellor refer a disruptive teenager to a mental health centre, a social worker, or a special educational needs provider – or invoke the youth justice system?

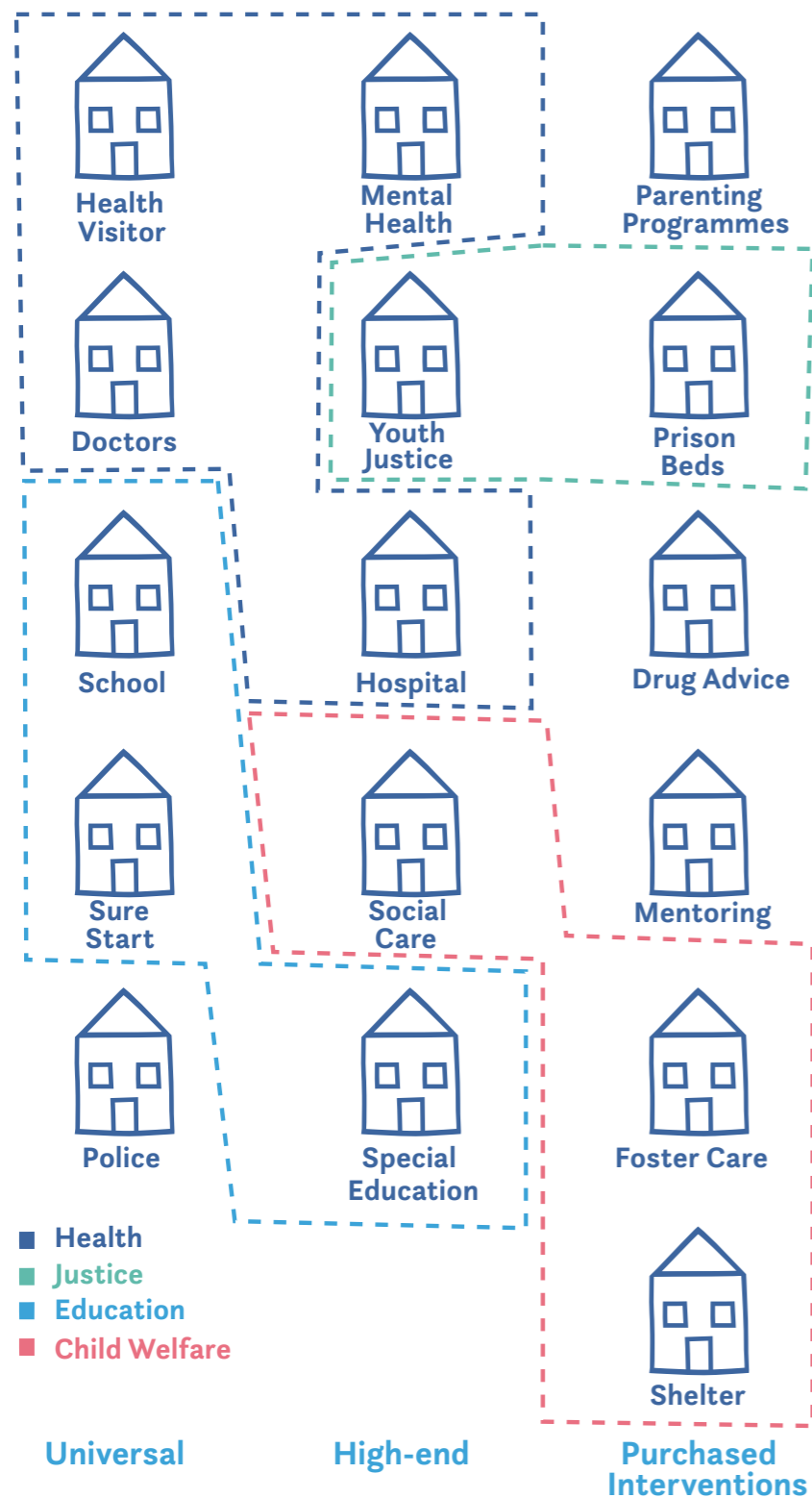


Figure 2.2. Boundaries around similar systems

Or would it be better for the counsellor to get some advice on how to provide the necessary support himself?

When defining groups and matching them up with services, government goes in for manageable categories. It has to. It is not possible to try to manage complex systems without at least trying to cut through the complexity, partly by grouping similar systems together. As Figure 2.2 shows, a number of systems can be gathered under the banner ‘Health,’ others under ‘Education’, ‘Child Welfare’, or ‘Justice.’ During the last several decades, successive governments have drawn and re-drawn boundaries, putting systems first under one jurisdiction and then another. For instance, it makes sense to have a single boundary around all issues affecting children. This is the logic that sees the UK’s Department for Education now responsible for child protection as well as schools. However, it also makes sense to put a single boundary around all issues related to a skilled workforce – and this was the logic of the DfE’s predecessor, the Department for Education and Employment, in the 1990s.

Neither logic is more correct than the other. But the location of the boundary matters because it creates insiders and outsiders. Some are included and others left out. In addition, the size and shape of the boundaries are frequently chosen for the convenience of the budgeting bureaucracy, not for

the benefit of the people on either side of the boundary. Governments are typically interested in producing productive citizens, curbing delinquency, and supporting the ‘deserving poor’. These goals influence system boundaries and shape the types of human suffering public systems are prepared to cope with.

Running through definitions and boundaries are trade-offs: to punish or be compassionate, to treat or to train, to exclude from the mainstream or include. All of these have fundamental consequences for the life chances of the disadvantaged. If an 11-year-old commits a crime, is he responsible for it? If he lives in Berwick-upon-Tweed, England, he is. If he lives just up the road in North Berwick, Scotland, he’s not: Scotland’s age of criminal responsibility is 12 years. In terms of age, the boundaries of the criminal justice system are a little larger in England, Wales, and Northern Ireland, and a little smaller in Scotland. In pursuit of extra support, it is typically better to be very young or very old, a girl rather than a boy, and to have been the victim of social circumstance rather than to have brought ill on oneself.

Wherever government draws the line when it comes to the high-end systems, space will always be given to local workers to make the call about whether someone is eligible for help or ineligible – whether they belong inside the boundary or

outside. Such flexibility brings mixed blessings. On the one hand, professional discretion can adapt services to complex cases, and perhaps help people who would be excluded by a more precise definition. On the other hand, resources are finite. Every time a worker rules somebody in, somebody else, possibly with greater needs, gets ruled out.

Entry points

Third, it matters where someone enters the system. A young mother addicted to heroin may get a different set of services depending on who picks up on the addiction. If the drug abuse is picked up by her doctor, who refers her to the right specialists, she might get a treatment program that focuses on her addiction. If the police pick it up, she runs the risk of going to prison. If social services are involved, she might lose her child. To be clear, it is not that one universal service takes the ‘right’ approach while the other takes the ‘wrong’ one. As Figure 2.2 shows, such differences are the inevitable result of the network connections that link each universal system more strongly to some high-end systems than to others.

In all these examples, the system exerts its own control. No one wants silos, but system structures make them almost impossible to avoid. Government ministers rarely set out to prevent people from accessing services they need, but the

system's need for definition and boundaries excludes some even as it includes others. No police officer joins the force to lock up mums addicted to heroin, but they can find themselves driven by the system tramlines in exactly that direction.

2.4 System dynamics

We are still listening. In the main conference room, listening to people who set up major public systems like the Sure Start Children's Centres. In the breakout rooms, listening to people who decide how millions of pounds of local government money is spent on local services. Over dinner, listening to people who make daily decisions 'on the frontline' that can literally be a matter of life and death. These are good people. They work long hours. They have given up their time to try to find a better way of doing things. They have experienced how systems create and restrict opportunities.

The positive power of a system comes partly from the way it influences the actions of people operating within its sphere of control. A functioning legal system steers people away from violent revenge for trivial offences. A stable currency system encourages people to save their money for the future, secure in the belief that the pound's value next week will be much the same as today.

The destructive power of a system has much the same root. A system is created by people, but gradually it comes to manage those in its orbit. It can make good people do bad things. It can explain how people, even those who care deeply about those in need, sometimes behave in ways that are counter-productive for the people they are employed to help.

No system is static or passive. System dynamics help to explain some of the unintended consequences of well-intended laws, policies, and decisions.

Into and out of the 'houses'

Consider again the systems map in Figure 2.1. Think of each system as a 'house' with doors and house-keepers to guard entry. A doctor sends a patient along to the mental health house. There is a turnstile at the front door at which the patient sits and waits, often for several weeks, while the house-keepers decide whether to grant admission. If there is room in the house, and if the house-keepers like the look of the patient (meaning that her needs seem to fit what the mental health house is supposed to provide), they eventually let her click through the turnstile.

Once inside the house, the patient meets the managers, commissioners, practitioners and administrative aides. They decide whether to let her out the back door, which leads to one of the many services they purchase. Or maybe they push her back through the front door, back towards the doctor on the basis that the her needs don't meet the threshold after all – or they do, but resources are exhausted at the moment.

Lots of time and resource are devoted to working out who should be in which house. But so far, so good. The people who work in the system are largely in control.

If, however, over time, the number of patients referred to the mental health house consistently exceeds what the house can handle, many cases will be sent back to the doctor. So she looks elsewhere for help. She looks to another house – social care, for example – that does something different but analogous. Or at least it has space to 'do something'.

Now a dynamic is beginning to operate. The size of each house and the pace of the flow (whether referrals arrive evenly over time or clump and clog up the pipeline) start to control who goes where, irrespective of whether it is good or bad for each patient's prospects. The doctor's referral is guided partly by a clinical assessment, but also partly by her past experience

of referring her patients to each of the high-end systems. If she sends a patient away and he doesn't come back, she hopes this means the referral has 'worked', and will refer a patient with similar symptoms to the same place in future. If the patient comes back, it looks like the referral has failed. So she might take a different course for future patients. She is no longer in control.

For some patients, it really doesn't matter which house processes them since the service each buys is broadly the same. A referral to mental health can result in the same detox centre as a referral to social care. A different system pays, but the patient doesn't care about that. But for others, it will make a vital difference to their recovery – for example, to the estimated 70 to 90 per cent of prisoners with significant mental health needs and no access to psychiatric support.

However, these dynamics heavily influence the behaviour of highly committed, professional public sector workers. Many people recounted stories about how they had tried to manage system dynamics. And they were nearly all stories with unhappy endings.

It is as if each system is a being with veins that support a beating heart and a mind with a survival instinct. The referrals

are its source of nourishment. A system can survive almost anything except for the loss of people with the appropriate maladies that are its reason for being. If one of the arteries feeding the system shrinks (say, when effective prevention services result in fewer young people breaking the law or fewer adolescents developing mental ill-health), the system compensates not by shrinking its size, but by finding more referrals from other arteries.

This survival instinct is powerful. Many systems have been established over the last one and a half centuries but few have died. (The de-institutionalisation movement from the 1960's onwards that saw people with disabilities and mental ill-health returned to the community is a notable exception.)

The survival comes not from a director of a public service or a commissioner 'protecting their system', or from a selfish practitioner anxious about their next pay packet rooting around for more children to serve. It is a matter of the system having established a 'steady state', a point of equilibrium, where all of the parts are in balance, where the heart is beating regularly, where the body rights itself when threatened by a reduced supply of nourishment.

Now the system is fully in control. Alex is no longer Alex. He is a cell in the bloodstream that maintains a system. Sue is

no longer Sue. She too floats down the artery feeding the beating heart. Maybe some good will come of it as they drift along together, but as the system's heart pounds, the chances are slim that they will stay together for long.

2.5 Between the cracks, part 1

In theory, public systems work something like this. Universal services identify a problem and pass it to high-end agencies. High-end agencies work out what's needed and provide it or buy it from another agency. But it rarely works like that for young people facing severe and multiple disadvantage. The structure and dynamics of systems get in the way.

In addition, systems typically wait for those in need to knock on their door. The young people facing severe and multiple disadvantage that we got to know at the gatherings had a tendency to back away from such help. Knocking on the door was far from their minds.

But for those who do come forward, who do get picked up, what happens to them? There are many patterns, three of which illustrate the challenge.

Backing away early

A significant chunk of young people back away from universal services so early that few agencies get to know about them. Many have serious health issues, especially mental health needs. Some don't believe they need help. Some are suspicious of doctors' help. Others want things to get better but fear the stigma of a mental health diagnosis.

Many young people also drop out of school – partly because they want to, and partly because they learn they're not wanted at school. Forty years ago, sociologist Paul Willis explained how this exclusion provided the factories with a mass of suitably untrained workers (24). Today, industry demands people with greater qualifications. The benefits to either society or to young people of allowing them to drop out – or 'to allow the less able students to continue their learning journey elsewhere' – is no longer clear cut.

Needs that don't fit

Others fall through the cracks between universal services and the high-end services. Their needs don't fit any of the thresholds used by the turnstile monitors at each of the high-end houses. They may have educational needs, but it seems likely that they would do well at school were it not

for an abusive father. They may have mental health needs, but the criminal behaviour that follows leads to punishment instead of treatment. They may be struggling to get along with their warring parents, but it's the coping strategy of doping themselves into oblivion that gets in the way.

It is clear from conversations and the historical evidence that public systems consistently break down in the face of competing needs. They aren't equipped to steer the young person who is smoking weed, having delusions, fighting with mum and dad, driving teachers crazy *and* mouthing off to the police. When faced with all of these problems at once, the system often fails to do anything. The young person falls between the cracks and out of view.

The cracks can grow when system operatives don't know what to do. They can also grow when public systems compete to do nothing, to pass the buck, to transfer the accountability for a problem to another agency. Why should the social care system (using local government resources) rush to support a young person who fights with her family, when her fights with the police will force youth justice facilities (paid for by central government) to take the lead?

The cracks can also grow when young people are buffeted around from agency to agency, pushed into system-made

holes that do not fit. Many of the young people in the Inquiry had been referred to services that had few resources to help them. Would-be scholars are shunted from foster placement to foster placement (and therefore from school to school). Those for whom art or music or sport is the light at the end of the darkness are placed in secure units where there are no paintbrushes, pianos, or playing fields.

Participation with no reward

Another dropping out point is at the far end of the systems trail. Many of those who trudge from universal services through high-end services find themselves with little to show for the efforts. For some, high-end systems and interventions make things *worse* (20). Even when a programme benefits the majority, it may harm a minority.

Some of those who spend months or years in special schools, children's homes, or secure units emerge not only without qualifications, a home, a job or a sense of meaning in life, but with health and development much worse than when they started their prolonged exposure to state-sponsored help.

2.6 The extent of the mismatch: 'Three Circles'

How many young people fall between the cracks? There are remarkably few answers to this question. There is one emerging indicator from a series of small studies in Scotland, England, and the United States by the Dartington Social Research Unit that combines data about all children living in a community with data that identifies which of the children are known to public systems (30).

This work is called 'three circles'. In Figure 2.3, the first circle represents the entire population of children and young people in a community. The second circle represents those with more than seven risks to their health and development, such as struggling at school, getting into trouble with the law, and going beyond experimentation with illegal drugs. Typically, about 10 percent of children and young people qualify for the second circle.

The third circle represents the number of children and young people that can be served, given the resources available to the high-end agencies. In every place studied so far, resources are sufficient to support most – but not all – children and young people in greatest need.

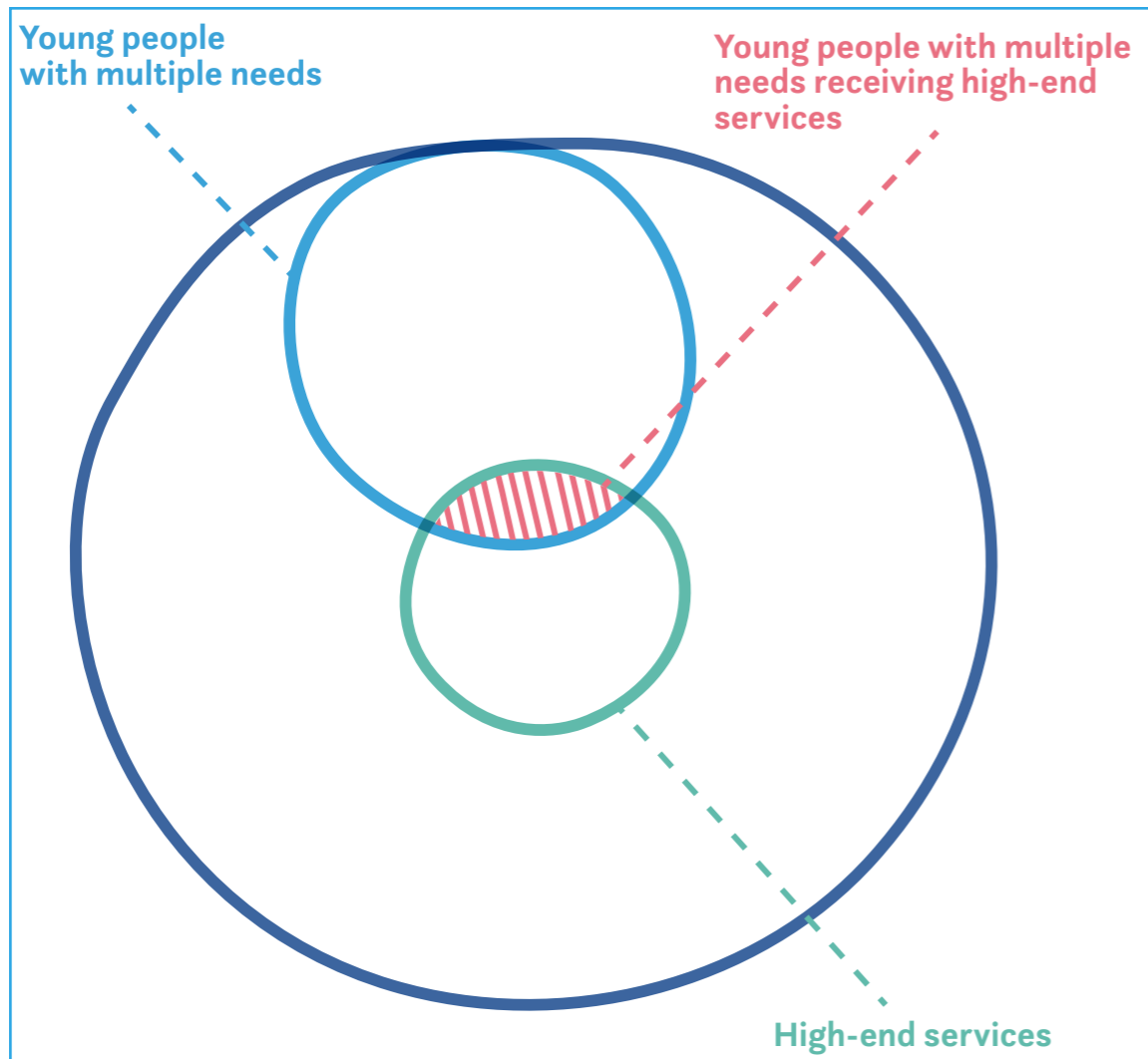


Figure 2.3. 'Three Circles': High-end needs and high-end services overlap only slightly

How do these circles overlap? Do most young people with multiple needs get support from high-end agencies?

The answer is 'no'. In most public systems examined to date, the circles hardly overlap at all. Most children and young people with severe and multiple needs do not receive any help from high-end agencies of mental health,

The first circle (large and dark blue) represents the entire population of children and young people in a community.

The second circle (lighter blue) represents those with more than seven risks to their health and development, such as struggling at school, getting into trouble with the law, and going beyond experimentation with illegal drugs.

The third circle (green) represents the number of children and young people that can be served, given the resources available to the high-end agencies.

special education, social care or youth justice. And most children and young people getting support from high-end agencies do not display multiple significant risks to their health and development. The people who are receiving services may benefit from them, but they are taking slots that could potentially be allocated to people with even greater problems. It's also possible that high-end agencies are actually designed to cope better with *mid-level* needs. If so, they have a good reason to let the people with most complex needs fall out of view.

It's possible to argue over these figures. But we cannot find anybody who thinks that the fit between 'high-end need' and 'high-end systems' is anywhere near satisfactory.

2.7 Between the cracks, part 2

Public systems represent one of the great triumphs of humankind. We live longer. We know more. We are better protected against the risks of unemployment, disability, ill health, and old age. Public systems are implicated in each of these gains. But the systems work better for the majority – for the many whose needs are predictable. They struggle more with the minority whose needs are messy and multiple.

In identifying the problems for the few, public systems might find opportunities to improve their response to the many. The tendency to silo. The definitions that exclude as much as they include. The structure of entry points that make more sense to the system leader than to the user of services. This is where the battle of system reform is being fought. It would be good for everyone if the user's needs were placed at the heart of provision, and if people who work in public systems could gain some control over the system's dynamics.

2.8 Young people reflecting on 'Between the Cracks'

As before, we relayed our summary of the conversation to the young people for their reflection. Here is what a small group took away from these pages.

Between the cracks: We liked this section of the book – the description of systems – the best. We understand exactly what it is like to fall between the cracks. We have all fallen between the cracks just as it is described in these pages. If it wasn't for organisations like Kids Company working around the country, we would have stayed in the cracks, stuck down there, unable to escape.

The 'high-end': The houses in the middle column are the major problem. They have lost connection with us. They are full of people who have lost connection with people. The higher the qualifications of the people who work there, the lower their engagement with people like us. It is in the middle column that people pass the buck the most. It is here that we get passed around from agency to agency, everyone asking us to tell our story, none of them actually doing much to help. There should be one big middle house.

Agency and knowledge: We make the decisions. Some of those decisions turn out good, some not good. We have to make decisions about how to handle public systems. It takes a while to suss out how they work. At the beginning we can make a lot of dumb moves. You have to work out the consequences of messing around with the system. For example, we get to learn that you never turn down housing

without having a Plan B. Many of us have done that. And next thing you are homeless.

You slowly get the hang of it. We have all worked it out now, how these systems work. But even then decisions can get messed up. Take getting pregnant to get housing. It seems like a good idea when you get into the flat. It might not seem such a good idea a couple of years down the line.

Intellectual property: The diagrams don't show as much as they could. The systems and agencies hate to share with each other. They hide their ideas from each other, even though they are more or less doing the same thing, at least the ones that are doing a good job. They want to show that they are best. That's also how they survive, by pretending they do something that nobody else is doing. And they don't like to signpost to other systems because that is a sign of weakness. It is like saying, 'You can do this because we can't.' And they don't want to admit that.

An Historical Review of Severe and Multiple Disadvantage

The challenges considered in this book are not new. Young people have been facing severe and multiple disadvantage for many millennia. The limitations and triumphs of public systems described in the second chapter of the book have been with us for at least a couple of centuries.

Mindful that much could be learned from the past, the Inquiry commissioned historians and social policy experts Roy Parker and Roger Bullock to review how policy had developed over time, and to explore why people in greatest need were consistently marginalised.

Their work, published as a separate e-book in the autumn of 2015, draws attention to the combination and accumulation of disadvantage. Public attitudes towards those in greatest need have altered over the years, reflecting each era's attitudes towards age (generally speaking, empathy decreases as the

age of the recipient increases), gender (until recent years a more sympathetic approach was taken with girls), and the apparent source of disadvantage (that which is viewed as self-inflicted attracts blame, while that which lies beyond an individual's control attracts empathy).

The names for those who face severe and multiple disadvantage regularly change. Until recent times, a single aspect of complex need would trump all others, and so define which system took the lead. A young person who was deemed 'educationally sub-normal' would be placed in a different institution than one who was taken into care for being delinquent. In fact, both might share the same needs.

The findings of the historical review have greatly informed the progress of the Inquiry, particularly in understanding the functioning of public systems.

MCR Pathways

Iain MacRitchie is a businessman and philanthropist committed to improving the lives of disadvantaged young people in his hometown of Glasgow.

MCR Pathways brings volunteers from businesses across the city into inner-city schools that have a high proportion of pupils in or on the verge of entering foster care. The volunteer becomes somebody in whom the young person can believe and a consistent source of encouragement. Their help also takes the pressure off hard-pressed teachers.

MacRitchie has invested a lot in working out how to get a steady supply of volunteers. He spearheaded a partnership between the Glasgow Chamber of Commerce, the Herald newspaper and MCR Pathways called Inspiring500 that, as the name suggests, will recruit 500 mentors to work in Glasgow's secondary schools.

MCR Pathways connects people and disrupts expectations about the capacity of young people in care. It also targets clear outcomes to keep more young people in and engaged in school, and to improve the miserable results for students in foster care. mcrpathways.org

Safe Families for Children

Safe Families for Children exemplifies a new relationship between public systems and civil society. It provides a community alternative for children who otherwise would be taken into foster care.

The programme connects three type of volunteers over a six-month period to families with children facing multiple challenges. The families get access to a resource volunteer who will find goods and services to maintain the home; a family friend who will offer a useful, empathetic relationship for the parents, including helping around the house; and a host family that will provide respite during those periods when the children cannot stay at home.

Safe Families was brought to the UK from the US by businessman Sir Peter Vardy. The goal of the Vardy Foundation is to find 10,000 new volunteers to support people facing disadvantage in the core cities of England, Scotland and Wales.

From a standing start in 2013, Safe Families is now available in one in five English local authorities, with work beginning in Scotland and Wales in 2015. safefamiliesforchildren.com

St Mary's Appreciative Inquiry

St Mary's is a church and community centre in Sheffield. For a decade it has been a place for women of Pakistani origin to learn English, gain vocational qualifications, and look for employment. In recent years women from other ethnic groups have participated and staff noticed that the women of Pakistani origin progressed at a slower pace than the others.

They used a method called Appreciative Inquiry to find out what might be going on. It is a relational method. In the case of St Mary's, it generates conversations about life in the Pakistani community that allows the women to reframe who they are. The women meet in a group. They draw. They write. They tell the stories of their upbringing, their move to England, and their wishes for the future.

The process begins with workshops that find spaces in community life which free the women from the social dynamics

that might otherwise constrain what they want to say and their progression. Once liberated, new narratives emerge about who the women are, triggering emotions and the potential for social change. Appreciative Inquiry then builds the confidence and power of the women by helping them to learn and by applying insights from their conversations.

Sheffield Hallam University supports St Mary's application of the method and is researching its impact and considering its value for other disadvantaged groups.

stmarys-church.co.uk/community/appreciative-inquiry

Outcomes of the
Outcomes of the Outcomes

3

*Several people who are commissioners of services took part in the Inquiry, including **Marcella Phelan** from the London Borough of Ealing and **Dionne Usherwood** from the London Borough of Camden. The description of systems presented in the preceding section of the book is, by design, abstract. Real life is, as always, more complicated. Here Marcella and Dionne reflect on their work lives.*

MP: It would be nice in some ways if the work was as straightforward as the summary suggests. My world isn't quite like that. How about yours? How would you describe a typical day?

DU: Well, there isn't a typical day, is there? A lot of my time is spent balancing administrative tasks with looking at data on the prevalence of different problems and trying to prioritise. I spend time in my local community discussing local issues and considering the resources needed to address them. Then there is working with providers to think about the services they provide and new ideas for service development.

MP: And then there is procurement!

DU: Yes, procurement. How much time does that take! It is quite bureaucratic, as most legal processes tend to be,

although we are reviewing our processes to see if they can be streamlined. The truth is that we need to be fair and operating within the law and so there are a number of stages of scrutiny to ensure we get it right. We are doing more in Camden to ensure that all organisations, regardless of size, don't miss out on opportunities to bid for large contracts that we put out to tender. This is really important.

MP: A lot of it is about connecting people, isn't it? And you and I spend more time than most connecting young people. Which means every day is different. Today, for example, I chaired a communication strategy meeting for the grant we got from the Department of Education Innovation Fund. At lunch I attended an event organised by young people for something we call the Apprentice Week, which as you might expect was promoting apprenticeships. So they were fundraising by selling cakes, which was ok, and then they were also doing an ice bucket challenge, which turned out ok too! Later on I had a meeting where I dealt with a complaint from one of our providers about user perspectives. It all turned out ok, but clearly not everybody is as pro involving users in decision-making as you and me. Finally, I helped search for a secondhand iPad for a young person who is being mentored in one of the council's departments.

DU: So the commissioner's day is a mixture of planning, commissioning and getting young people's perspectives into that process.

MP: I am not really a commissioner in the real sense. I am a youth commissioner with a more senior role. And, of course, the book gives the impression that there is one commissioner when there are many. I don't know exactly how many there are in Ealing, but somewhere around 10 probably.

DU: Yes, I think there are about 12 in children's services alone in Camden, and some such as myself are joint commissioners across health and the local authority. With the financial challenges in health and the council, needless to say, this is being reviewed. We don't have a complete split [between commissioning and managing services] in Camden so there are a lot of people whose roles include some aspects of commissioning.

MP: And do they all give as much attention to engagement with users as you?

DU: Not necessarily, no. For me, it is something I am really committed to and so I ensure that the work that I do has engagement with service users and the community built in,

but in reality it is something I can do because I don't have responsibilities like children so I can give up my evenings, which is of course when young people are around and ready to chat.

MP: How did we end up doing this kind of work? Did you want to be a commissioner when you were growing up?!

DU: No, I didn't even know what a commissioner was! After university, I worked part-time for a charity and part-time for the Council in youth participation. In both roles I was out and about in the community, connecting with young people and helping them to get their voices heard. Of course I was always applying for funding for projects and as I grew more frustrated with grant-giving decisions I wanted to know how these types of decisions were made. When a post came up in the Islington Commissioning Team, I had a chance to move to a more strategic role and understand all about commissioning. I haven't looked back since.

MP: I was a youth worker too. Then a social worker. Then a policy advisor to a local government politician. Then I went into working alongside users of services. So, through all of this I got a broad perspective on what needed to change and I looked for a position that allowed me to do that. Now I am

a Service Manager, which means managing services in the area and helping them improve.

DU: Have you had good training for commissioning?

MP: Not bad. I've done a fair bit of training. After social work training I did an MA in public management, then an MBA in general management. And I have had access to lots of other short courses that had to do with commissioning. But my experience comes a lot from many discussions with users and staff. What about you?

DU: Similarly, I completed the postgraduate course at Oxford Brookes on Commissioning and Purchasing for Public Care and have had project management training. I have found negotiation training to be extremely useful. It helps me both within our internal systems and in my work with local residents and providers. What's the hardest part of the work for you?

MP: Well, like everyone else, the cuts, I suppose. It means we cannot fund innovation. But we do have more flexibility to adapt the help to what the young people need. So, when a plan is not working, which is bound to happen from time to time with some young people, then we have to be inventive. If they are looking for parental advice but they don't have the

parents to provide that advice, then our staff can act like their parents. So, for example, we now have lots of staff working in all kinds of things in the Council acting as mentors to young people who previously were users of our services.

DU: For me the hardest part is measuring impact when there is so much going on in people's lives in addition to the services we are commissioning. Also, I want providers to feel that as a commissioner I am interested in them providing the very best quality of service and don't expect everything to always go smoothly. I want them to present a realistic picture of achievements as well as things that haven't gone so well, so together we can try to resolve issues early.

MP: I am not sure we always consult on the right things. In Ealing we engage users more than many local authorities. But when it comes to outcomes we follow what government has laid down. So we still adhere to the [Department of Education] Every Child Matters framework here.

DU: Yes, we too tend to rely on national outcome frameworks, but there is an appetite for change with more of a focus on co-production and co-design, such as our flagship Clinical Commissioning Group and Camden Council project called Minding the Gap.

Chapter 3: Outcomes of the Outcomes of the Outcomes

The language is 'can-do'. Take a problem, sit down, identify the risks, agree the outcomes, look at the evidence, choose an intervention. Put the project out to tender, get the best deal, project-manage the implementation. Job done.

At our first gathering, Sue talked about being worn down by 'the outcomes of the outcomes of the outcomes.' Around the room, heads nodded sympathetically. Many people felt that too much focus on outcomes drew attention away from the person who needs help, and drew unnecessary attention toward the helper and the helper's bureaucracy.

Many had stories to tell about too much focus on outcomes. These were stories about time and attention misspent on bureaucracy – endless forms to be filled out reporting on activities, data to be collected for commissioners, evaluations for funders. Stories about outside consultants shoehorning helper-helped relationships into logic models. Stories about competitive tendering processes that led organisations to compromise their values by paying less than a living wage.

But outcomes have also been at the core of substantial improvements in public systems over the last three decades.

A focus on outcomes was designed to free local decision-makers to shoot directly for important, long-term results, free from the tyranny of micro-managing. Consider public sanitation. Residents care a great deal about whether rubbish gets collected before the bins overflow. They don't care how many trucks are on the streets, or in what order they visit the houses, or whether they collect on a Tuesday or a Wednesday. Those who commission sanitation services should choose the arrangement that delivers the best results.

Using similar logic, if drug addicts are more likely to stay clean after Program A than Program B, then (all else equal) the outcomes paradigm teaches policymakers to fund more of Program A and less of Program B. Politicians and service commissioners don't need to understand treatment protocols to make that decision: they focus instead on outcomes.

It sounds great. And, in some ways, it is great. For the majority, the modernising of public services in the last three decades has brought substantial benefits. But people facing severe and multiple disadvantage have not benefited from the outcomes paradigm as others have. So, for some participating in the Inquiry, the bloom is off the rose.

3.1 The outcomes paradigm

Outcomes are part of a bigger way of thinking. In the last 30 years, the reform of public services has been based on a paradigm that has sharpened *accountability*, promoted the use of *evidence*, and encouraged *social markets* to flourish. All of these reforms have been in pursuit of better *outcomes*. This can be visualised as an ‘accountability stool’ held up by the three legs of evidence, social markets, and outcomes. In our conversations, however, people were most frustrated with the relentless focus on outcomes.

What is the definition of ‘outcomes’? People use the word in many different ways. As shown in Figure 3.1, one possibility is to think of outcomes as one of five steps: inputs, activities, outputs, outcomes, and impacts (31).

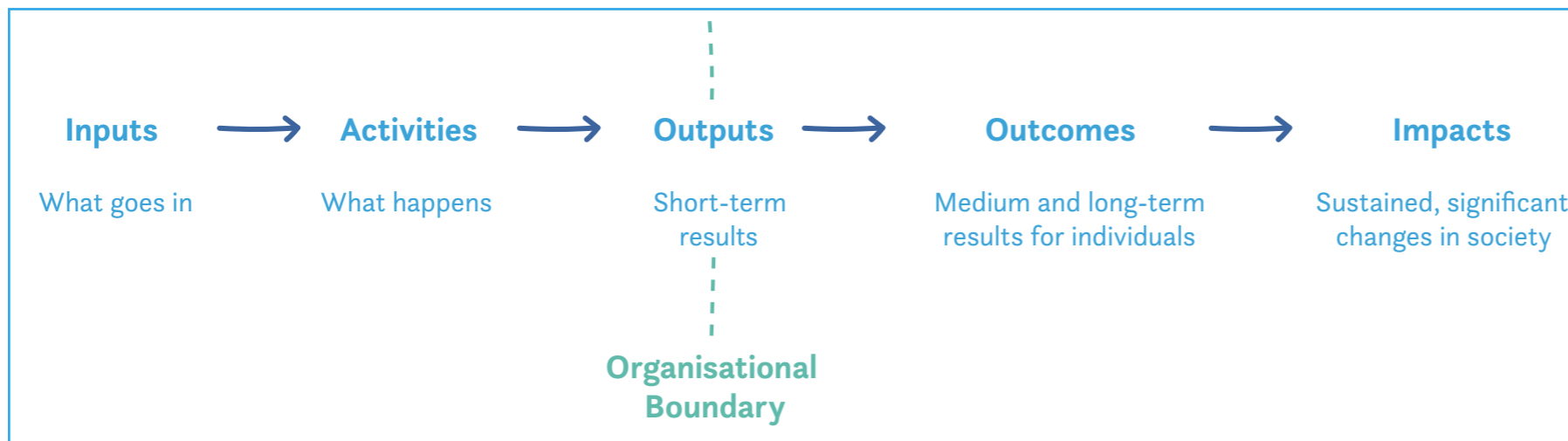


Figure 3.1. The outcomes model

In secondary education, for instance, *inputs* include funding and staff expertise. These inputs are necessary for *activities*, such as maintaining school buildings, training teachers, and teaching science. Activities produce *outputs*, which are the immediate results, such as young people who have A-levels.

Now comes the core of the paradigm. Outputs create *outcomes*. Outcomes are medium- and long-term effects on an individual's health and development. In some sense, outcomes are the purpose of public services. We don't – or shouldn't – care about the output (whether young people get A-levels) for its own sake. Rather, we should care about the *outcomes* of completing secondary education, as opposed to dropping out. In this example, the list of outcomes includes better literacy, a better choice of enjoyable and well-paid jobs, and better ability to take care of one's own health.

Finally, individual outcomes combine to create *impacts*, which are sustained, significant social changes. When more young people finish secondary school, it should lead to a more skilled, healthier population and lower poverty rates. These are impacts, at the end of the long chain of events that began with inputs.

It sounds obvious. But this perspective had been largely absent from thinking about public services until the outcomes paradigm took hold. Part of the genius of the logic of outcomes is that it adds several boxes to the right of the system map drawn in Figure 2.1. It asks funders, providers, politicians and the public to pay attention *not only* to inputs, activities,

and outputs, which have long been the main focus of public services. It demands that they *also* pay attention to the outcomes and impacts that result.

The outcomes paradigm has encouraged the public to think that system leaders can and should be held accountable for the quality and effectiveness of public services. This is a marked contrast with pre-outcomes years, when people were expected to be grateful for whatever they got and failings in the system were more or less accepted. Now, if a child dies in care, a patient catches a 'superbug' in a hospital ward, or a school is failing, the public expects that someone will be held to account. Moreover, the outcomes paradigm introduced the idea that accountability for impacts such as reduced crime and better mental and physical health could be shared *among* systems.

The outcomes paradigm is partly responsible for some of the great successes of the late 20th century. On average, compared to previous generations, people in the UK live longer, are more likely to survive cancer and other diseases, stay in school longer, learn more, and are safer on the streets and in their homes. However, these averages are not the whole story.

3.2 Evidence

Let's say that policymakers are interested in outcomes. The question immediately follows: how do they know what inputs and activities will produce the outcomes and impacts they want? The answer: they need *evidence*.

We heard the word *evidence* a lot during the Inquiry. We heard it in the conference rooms at Cumberland Lodge. We read it in reports and research on severe and multiple disadvantage. 'Evidence' means many things to many people, but there are at least four broad types of evidence.

First is basic science. For instance, the new and growing science of brain development provides evidence that 'toxic stress,' such as the severe stress from neglect or abuse, can change the way an infant's brain develops (32).

Second is experimental evidence. The most compelling way to find out whether a programme actually has the 'right' effect is to conduct a randomised controlled trial (RCT). Does the Safe Families programme, which uses volunteers from the community to support families whose children would otherwise go into care, actually improve a family's chance of staying together? An RCT offers an answer. In the trial,

some families are randomly chosen to get the Safe Families programme; others don't get the programme. If a higher proportion of families in the 'treatment group' stay together, it must be the effect of Safe Families.

Third is observational data, collected from big surveys or recorded routinely as part of services and systems. For instance, Dartington regularly undertakes studies of all the children living in a local authority, collecting information on their well-being, challenges, and use of public services. Such data show which risk or protective factors are, on average, related to which outcomes.

Fourth are case studies and stories. These delve deep into individual lives and histories and draw on experience. For instance, voluntary organisations talk about the deprivation faced by particular clients and how well they are doing a year or two later.

Although not everybody means the same thing when they say 'evidence,' it seems that almost everyone agrees that policy, and the systems created by policy, should be rooted in the best possible evidence. Better data, better evidence, and better science lead, so the argument goes, to better systems, better services, and better lives.

Where did this belief come from? The faith in the power of evidence and science was not always so strong. Less than a hundred years ago, the bitter arguments between Freudian and Jungian therapists were fought on ideological grounds. No one considered testing these therapies to see which alternatives were most effective for whom.

Medicine blew the winds of change. In 1928, the Scottish scientist Alexander Fleming discovered penicillin. The approach he used – testing hypotheses and gathering data – is now such a regular part of our society’s toolbox that it is easy to forget how radical it once was.

Gradually, data and method became the accepted way to resolve questions about whether intervention A is better than intervention B. Experimental trials of drugs became routine and, slowly, trials of other interventions became common. So much evidence accumulated that it became necessary to summarise trials on particular subjects. In the early 1990s, Iain Chalmers, concerned that medical training did not keep doctors informed about new medical knowledge, founded the Cochrane Collaboration. The Collaboration creates ‘systematic reviews’ to help practitioners and policymakers make sense of the results from individual studies.

More recently, the logic of science and evidence has extended beyond medicine, advancing into youth justice, social care, mental health and education. Today, some version of the Cochrane Collaboration exists for each of these systems, trying to digest the ever-growing mounds of research for public use. The UK government has recently introduced a series of ‘What Works Centres,’ although it isn’t always clear that government uses the evidence these centres create.

But all of this is about using specific studies or series of studies to inform a policy decision. For public system reform, there is yet another attraction of science. It is a way of thinking, a way of bringing logic to an illogical world.

A scientific approach calls for a clear chain of causes and effects. For instance, why do some children, especially boys, become anti-social (lying, cheating, not paying attention, and generally getting into mischief) while others do not? The anti-social behaviour is the outcome. What caused it?

The psychologist Issy Kolvin looked at this question in Newcastle in the 1960s (33-34). He found that living in overcrowded conditions, particularly in the badly built, modern high-rises that had replaced the Newcastle slums, increased

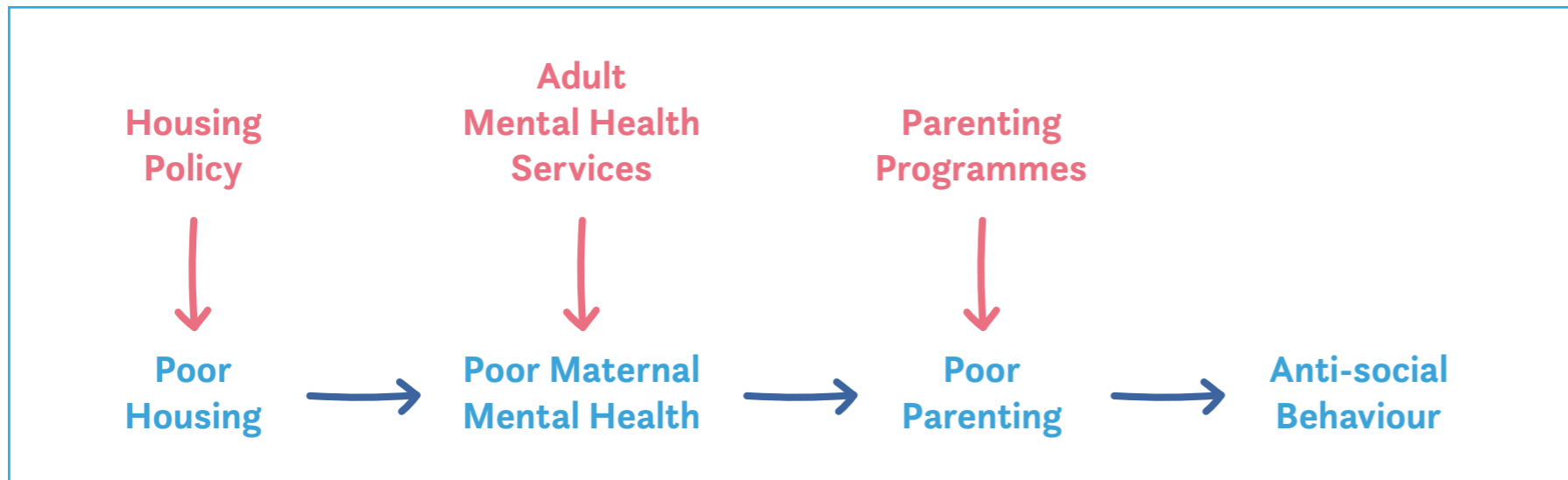


Figure 3.2. A logic model explaining anti-social behaviour

the risk that a child would do anti-social things. The mother’s poor mental health was another risk. Poor parenting was a third. Most kids in overcrowded living situations with depressed and inconsistent parents *didn’t* become anti-social. But children whose lives included those risks were much more likely to be anti-social than children without the risks.

As Figure 3.2 shows, the science helps to create a cause-and-effect story. Maybe poor housing harmed the mother’s mental health, which in turn helped to explain the poor parenting, which then produced the anti-social behaviour. This story also suggests a set of solutions. Instead of whisking anti-social boys off to canoeing trips in the remote countryside (not uncommon in the 1960s), why not focus on the root causes? Alter housing policy to favour families with children, improve mental health services for mothers, and introduce parenting programmes. Surprisingly, the interventions – housing, adult mental health, and parenting programmes – focus on parents, not children. They ignore the child, but aim to benefit the child.

The diagram hints at three of the most prominent ideas driving modern efforts to reform public systems. First, it costs less to prevent a problem from occurring – for example, by providing better housing, care, and support for parents – than to try to rewind it when it is fully formed. Second, systems have to work together (to ‘join up’) and combine different types of support. Third, science and evidence should have a say. Science should uncover the cause-and-effect chain. Evidence is needed to figure out whether programmes really have the effects their designers intended.

3.3 Social markets

Outcomes and evidence are two of the three legs of the accountability stool. The third leg is social markets, which are also called ‘quasi-markets’ and ‘new public management’.

The key word is ‘market’. The idea is to expose the public sector to some of the principles that apply to private markets, including – crucially – the principle of competition. The logic is founded on a conviction that markets distribute goods and services more efficiently than public systems. In this way of thinking, markets are to bureaucracies as speedboats are to cargo ships. Public bureaucracies carry the heavy load but can be slow and wasteful. Markets are nimble, light, and innovative but operate around the edges. The big tankers

navigate the storms of political will, short-term policy cycles, and legal accountabilities that can sink social markets.

In the early 1990s, social market thinking led to a revolution in logic underpinning thinking about how public systems are organised (35). Why should government pay for *and* deliver services? Why not split these two roles and distinguish between purchasers (organisations that buy services on behalf of the public) and providers (organisations that deliver those services)?

It marked a moment when an idea died: that a social worker, or any other practitioner or agency, could be the sole source of help for a person in need. Under the new logic, the social worker assesses and diagnoses. But having done so, she then buys the response to the diagnosis from a range of agencies – some public, some private, some large, some small.

The new logic changed the relationship between high-end agencies and providers (the middle and right-hand columns in Figure 2.1). High-end agencies such as youth justice and mental health services began to buy services. Initially, the market was ‘internal’, meaning that one part of the system purchased services from another part of the same system. For instance, a young offenders’ team might ‘buy’ a place in

a reformatory. Over time, the provider parts of each system became external. Now, charities, social enterprises and private companies compete to provide services. The majority of foster care, for example, once integral to the social care system, is now provided by a range of private and voluntary organisations.

More recently, governments have experimented with splitting universal services (the left-hand column in Figure 2.1). For instance, GP commissioning separates the purchasing and providing functions of health services, and turns general practitioners into purchasers on behalf of their patients. Purchaser-provider relationships are now ubiquitous in high-end services. They are just beginning in universal services, but are likely to increase under the current Conservative administration.

Although purchaser-provider relationships form the core of social markets, there have recently been a few other small-scale experiments designed to push the market logic. In the last five years the idea of social markets has advanced to 'payment by results'. In an orthodox social market, provider agencies are paid for *outputs*, such as the number of young people in foster care, or the hours of job training provided. Under payment by results, the provider agency only gets paid on delivery of an *outcome* (usually a limited, medium-term

outcome), such as an unemployed person getting back into work and off state benefit.

Another experiment has been to diversify funding streams. In the vast majority of cases, the purchasing agency uses state funds, the money collected in taxes. 'Social finance', by contrast, uses non-government funds. A social investor, usually a philanthropist or foundation prepared to risk capital on a social good, underpins the purchase of an intervention (say, new supports for prisoners leaving prison) on the basis of an economic return (some of the savings reaped by governments when more of the beneficiaries of the support stay out of prison). Like payment by results, social finance has so far been applied only to a tiny fraction of social services.

Supporters argue that social markets have changed the nature of competition in the public systems, making it more transparent and desirable (44). Competition among agencies is nothing new. The fight for limited government resources was sufficient to inject a dog-eat-dog mentality into the public sector long before the social market came along. But the market offered a different kind of competition: one where the purchasing agency could bargain on price or product. Markets have arguably improved many services that were previously public, including telecommunications, utilities, transport, refuse collection, and housing. Their new versions have

often offered better customer service, improved choice, and higher standards. Some social markets also aim to respect the agency of the user by putting budgets into the hands of the person in need. Elderly people, for example, can decide from which agency they buy their home help, or from which shop they get their mobility aides.

Like outcomes and evidence, social markets sound like a rational way to improve public services. So where is the catch? Why was Sue complaining about the ‘outcomes of the outcomes of the outcomes’? And why were others nodding their heads in agreement?

3.4 Outcomes of outcomes of outcomes

Public systems work reasonably well for the majority. The average UK parent can confidently expect his average child to grow up smarter, live longer, and be safer from violence than he was. So, too, have most people gained from reforms driven by evidence, social markets, and a focus on outcomes.

But the advantages are not shared equally. Unsurprisingly, reforms have focused more on outcomes that can be changed relatively easily in public systems. Outcomes that are hard to achieve – either because it’s not clear how to achieve them, or because they are politically unpopular – are off the policy

radar. So there is more focus on housing than on poverty, more attention to parenting in poor families than to abuse in well-to-do families, and more initiatives to curb the misuse of alcohol, tobacco and other drugs than to deal with complex, hard-core addiction.

The disadvantaged minority are most likely to miss out. This book focuses on those who face multiple risks. But public systems also routinely fail the 20 percent whose ‘learning journey’ is continued out of school in vocational colleges, and the 15 percent whose misery in class due to bullying or discrimination leads them to drop out of view.

For those facing severe and multiple disadvantage, the outcomes paradigm was, in some ways, a big step forward from the hit-and-miss practice of the 1960s and 1970s. As professor Mike Stein reminded us, direct work with young people was the defining role in social services during those years, but it was open to abuses such as the use of ‘regression therapy’ in Leicestershire children’s homes and Pindown in Staffordshire (36). The outcomes paradigm, which aimed to focus attention on activities that could be *shown* to benefit young people, was a welcome step away from crude ideology. But the trouble was the company that outcomes kept: greater regulation, and sometimes over-regulation; bureaucratisation, which moved experienced

Table 3.1. Situations in which the outcomes paradigm works well and poorly

	The outcomes paradigm works well when ...	The outcomes paradigm does not work well when ...
1	The outcome is clear and well-agreed	The outcomes are multiple, rapidly changing, not agreed, or in tension with each other
2	The outcome is easy to measure and data on the outcome are routinely collected (such as being employed or not bearing a child before a certain age)	The outcome is difficult to measure and not routinely collected (such as healthy self-esteem or 'drug use not interfering with daily life')
3	The risks leading to those outcomes are understood	The chain of causes and effects is not well understood
4	There are known, ideally evidence-based interventions, that interrupt the risks	It is not clear how best to intervene
5	Interventions can be delivered by many organisations	Interventions are proprietorial (i.e., they are owned by a developer or organisation and are therefore hard to deliver on a large scale)
6	The outcome is largely within the control of the organisation trying to achieve it	The outcome hinges on the actions of several organisations or individuals

front-line staff from direct work to managing cases; and more sanitised, formalised relationships, complete with a tick-box mentality. In general, the outcomes paradigm works well when six conditions are satisfied. These are summarised in Table 3.1. None of these six conditions is satisfied in work with young people facing severe and multiple disadvantage.

The outcomes are multiple, not agreed, and difficult to measure. The risks are not well understood. It is not clear what interventions would help. Instead, people who help people facing disadvantage often intervene because they feel they need to intervene. They rarely have a strong idea about how their relationship to the young person might make a difference.

The limits of the outcomes paradigm for work with people facing disadvantage are similar to the limits of the medical model, as explored by Atul Gawande in his 2014 Reith Lecture (37). When cancer is treatable, he said, the medical model works well. People put themselves in their doctor's hands, and doctor and patient shoot for the best treatment outcome. But when cancer is not treatable, doctors get stuck. Suddenly, it is not clear what the best outcome would be, let alone how to achieve it. In this context, Atul Gawande advises doctors to relate, to listen more than to tell, and to ask questions that will help the patient to set his own priorities.

More specifically, the Inquiry uncovered a number of reasons that outcomes, evidence, and social markets might be failing to serve the most disadvantaged. There are three things that seem to drive a wedge between those who would offer help and those who need it: the confident jargon of outcomes, the transition from relationships based on trust to contractual

relationships, and charity fundraising that relies on pity. There are also two characteristics of the outcomes paradigm that may disproportionately disadvantage the most vulnerable minority: the way that competition between parts of the system creates losers as well as winners, and the location of the organisational boundary.

1. It's the way you say it

People use the language of outcomes in many different ways. One way is to talk about the links between *inputs*, *activities*, *outputs*, *outcomes*, and *impacts* (Figure 3.1). But one person's output is another's activity. Outputs (immediate results) and outcomes (long-term results) are commonly confused. Society-wide impacts are rarely mentioned.

Maybe more serious, the language of outcomes, evidence, and social markets separates. Some speak it, some don't. On the whole, those who do speak the language are furthest away from the day-to-day lives of people facing the greatest disadvantage – and are the best remunerated. Many are part of the industry that has sprung up to help public systems get things done. Universities and research organisations are more engaged in decisions that influence the allocation of public resources than they were three decades ago. In recent years, management consultants have become as

pervasive in the public sector as in the private sector. With the emergence of social finance, a new class of guru has emerged, one that speaks of social good with the confidence of a private investor. New experts emerge every few years. The current trend is innovation: people who invent, sponsor invention, manage it, find the finance for it, and foster the businesses that surround it.

To work in the industry it is necessary to ‘speak outcomes’ with its nouns (commissioner, evaluator, social entrepreneur), verbs (to project manage, to experiment, to front load, to catalyse, to reposition), many acronyms (SIBs, PBR, PSPs), and a busload of adjectives (cost-benefit, place-based, preventative, independent).

This specialist language reflects a genuine effort to describe new ways to deliver public services. But it can have unintended consequences. Each reform driven by outcomes seems to add to the number of steps a user must take before she gets the help she needs. As Naomi Eisenstadt told the Inquiry, the splitting of purchasing and providing parts of public systems put the provision further away from the people who need it. The outcomes or outputs have to be agreed; the evidence base of interventions has to be examined and a cost-benefit analysis produced; a tender process put in place; and the outcomes or outputs have to be monitored.

The language is ‘can-do’. Take a complicated problem, sit down, identify the risks, agree the outcomes, look at the evidence, choose an intervention. Put the project out to tender, get the best deal, project-manage the implementation. Job done. Such confidence is easiest to maintain at a distance from the people who most need help. In this language, people say, ‘We need to prevent, we need to intervene early.’ But are existing programmes up to the task? People say, ‘We need to make greater use of interventions backed by evidence and science.’ But do such interventions exist for all the circumstances faced by people like Dev, Alex and Billy? People say, ‘It is possible to produce an economic return on investment in activities that have traditionally been funded by government.’ But has this actually occurred?

The people who speak with confidence often do so with good reason. They have changed some part of the world and they want to change more. But somewhere along the line, uncertainty and vulnerability have got lost. This is curious, because the disciplines from which the outcomes paradigm grew each have their uncertainty. There’s the constant doubt of science, the expectation of losing money in business, the frequent failures of public policy to produce the hoped-for results. And the confidence of the outcomes paradigm contrasts sharply with the uncertainty of the helpers who were part of the Inquiry. Living day to day in Transforming

Choice with people who have washed away a chunk of their lives with alcohol, Carol can't help but be tentative about how well she's doing. It looks like the world of outcomes needs to catch up, to acknowledge that failure is part of the work, and to figure out routines to try and try again.

2. Buying civil society

To many people who came into public service to serve and to form meaningful relationships with people in need, the introduction of outcomes and social markets has created a more transactional and contractual world. There is less need for trust when the consequences of breaking an agreement are financial and can be settled in court.

This is particularly the case when public systems do a raid on civil society, that large and loose mesh of family, neighbours, community networks and voluntary organisations. The introduction of social markets has had profound effects on the voluntary sector. The strong aroma of state funds has led many agencies previously dependent on pennies dropped into the tins to develop marketing, contracting, procurement and other skills from the private sector. Some have grown into successful businesses, remaining charities in name only. For some charities, there are positive aspects to professionalisation and state funding: they can do more, and

do it more efficiently, with new funding and new management. But voluntary organisations also change their behaviour – and sometimes compromise their values – in response to what they think commissioners want (45-48).

When the public sector wants to engage with civil society, it largely does so on its terms. It sets a target – an outcome or an output. It asks civil society organisations to bid for the contract. The voluntary sector is sucked into the system space and abides by system rules. Large parts of the voluntary sector have become providers of state-funded services, producing the outputs that systems seek, talking about the 'outcomes of the outcomes of the outcomes' that make up many system conversations.

As Chris Wright, leader of Catch22, one of the country's largest voluntary organisations, told the Inquiry, public systems commissioners seldom ask how a problem might be *collectively* owned and tackled. The public system prefers to buy and project manage its preferred solution at the best price. And in the process something is lost from civil society.

If civil society is compromised, this is a problem for young people facing severe and multiple disadvantage. Most of the young people in the Inquiry had found the majority of their help in civil society, where outputs and outcomes are rarely part of

the conversation. Contracts, investments and calculations of return on those investments are practically non-existent.

3. Paying off pity

Voluntary organisations that operate outside of government contracts must get smart at finding other sources of funding. Many are sophisticated and successful at fundraising directly from the public. But in some cases they may alter the way the public engages with disadvantage.

Many charities have learned that the public are moved by tragic stories of individuals. Would-be donors seem especially motivated by a story that tells of an individual's tragic past and the great improvement after the voluntary organisation got involved. (Better still if the story is about a child whose smiling picture can be included.) Appealing to the public to 'help Jessie' is likely to result in bigger donations than statistics about the thousands like her who need help (2).

Donors feel compassion. They feel pity. It moves them – all the more if the situation is billed as a crisis. And they put their hands in their pockets: £3 to feed a child in Africa for a month, £10 for someone to talk to an adolescent about abuse, £50

to get someone off the street. Small amounts of money will pay for simple, easy actions that will apparently transform tragedy into good fortune. Pity, it seems, is a breadwinner for charities. And who can blame them?

However, there are side effects of such fundraising. The stories encourage pity, and pity feeds a sense of shame. People on the margins of society feel shame at their circumstances, shame at having to ask for help. Shame appears to be a primary reason that they back away from help. By triggering pity, the stories also encourage the public to see people in need as caricatures of sorrow or misery or redemption – more as soap opera characters than as people.

For donors, pity fundraising offers an easy way out: they can pay. People who donate in a crisis often feel they've done their part, discharged their moral duty (2-4). A good citizen's concerns about homeless people can be soothed by reflecting on how his taxes buy solutions for them. He might also pay a charity to reach the places public systems don't reach. His conscience is clean. He doesn't need to engage. Someone else is paid to do that. Just as shame drives the most disadvantaged away from help, pity drives potential helpers away from them.

4. Winners make losers

The outcomes paradigm produces winners. A family that is 'turned around'. An intervention that 'works', meaning that somebody has evaluated it and by some standard decided that it is effective. A provider organisation that gets the contract. A school or children's centre that is deemed by an inspector to be 'outstanding'. A private company that returns a profit.

In some cases, winners make more winners. When a school helps a student learn to manage his frustration, all the kids in the classroom benefit from a calmer environment. Similarly, an intervention that works well in Glasgow may inspire better ideas in London, to the benefit of both cities.

But in some cases, winners make losers. The family that loses its support when government re-draws the criteria for who gets support and who doesn't. The intervention that wasn't quite as effective as hoped. The provider that didn't get the contract. The private business that went bust. In the logic of the market, having losers isn't necessarily a problem – so long as there is something better to take their place. But there isn't always 'something better' in social policy.

In social policy, success in one part of the system often handicaps success in another. For instance, the accolade 'outstanding' helps a school to attract better teachers and better pupils from less outstanding schools – who then have to manage more challenging pupils with less able staff. Similar things happen with hospitals and foster parenting programmes. In the outcomes paradigm, each system and each part of a system is responsible for its own outcomes (or at least its own outputs). There is little incentive to take a broader view.

In addition, some programmes may appear not to be cost-effective, but only because they fail to consider the full range of payoffs. In the US, judges considering bail applications are, in law, supposed to consider only the risk that the person will commit another crime and the risk that they will flee. Judges are not supposed to consider payoffs to families of having Dad at home, and they are not supposed to consider payoffs to society of having fewer people incarcerated. The part of the system that reaps the payoff may not be the same as the one that bears the cost.

It seems possible that the outcomes paradigm shuffles benefits around from one system to another. The benefits may be most likely to go to those parts of systems that already

have advantages, and the cost to those corners that already have disadvantages.

5. Beyond the organisational boundary

In practice, public systems focus mostly on outputs: the number of pupils in school, foster beds filled, parenting classes attended. Outputs are relatively easy to measure and they are at least partly within an organisation's control. Outcomes, however, are further away (Figure 3.1) – beyond the organisational boundary. And impacts are on the distant horizon. Public systems generally know how to measure outputs, but estimating outcomes and impacts is much harder.

This is one of the major challenges to the outcomes paradigm in general, but, for at least three reasons, it is a more serious problem for those who are helping disadvantaged groups. First, the needs of people facing disadvantage map poorly onto the types of outputs that systems typically count, such as bums on seats at school, the number of GCSEs achieved, and vaccinations taken.

Second, unpredictable and complex situations (like those faced by disadvantaged young people) mean that there are more challenges *outside* typical organisational boundaries – challenges that can change the links between activities,

outputs, and outcomes. A drug treatment program can control the content of the treatment (the activity). It has some influence over whether people want to attend a complete course (the output). It has no control over the many events that could undermine the treatment and make it hard for a young person to stay clean (the outcome). And figuring out how an improvement in individual outcomes would alter community patterns of drug use (the impact) is guesswork.

Third, while young people facing disadvantage sometimes end up receiving few or no services, others are involved in several public systems. When a young person gets help with housing, job training, and mental health counselling, which agency can claim credit when her situation improves?

3.5 Young people reflecting on ‘Outcomes of the Outcomes of the Outcomes’

Again, a small group of young people came together to read a draft of the preceding pages and to continue the conversation from their perspective. They were perhaps less engaged with this part of our report but they made three points.

Winners and losers I: We agree with this point. Commissioners make robbers out of services. They get services to rob from others. They make them cut their prices so they appear cheaper than the competitor. They make them steal ideas so they can do what the commissioner wants them to do. And just as when one person robs another, somebody ends up richer and somebody ends up poorer. We need help from all these services. One winning and one losing might be good for commissioners but it isn't good for us. We are losers too.

Winners and losers II: We hadn't realised that services are so much better today than they are in the past. So it's true that most people are better off because of all this systems stuff, all this outcomes stuff you describe. But many of us are not better off. Some of are worse off. Systems should be the place to go, but it is becoming the place where things can get

worse. It's a matter of 'how do we make it better for all?' and 'how do we remain fair to all?'

Duty of being a public servant: This is complicated stuff. When we think back to the people who helped us, it seems simpler. Good people who came into the work, or volunteered their help, because they wanted to do good in the world. Because they wanted to be good citizens. We heard a word used in one of the discussions: *public servant*. A lot of people we have worked with have put themselves at service to the public. It's how they see their lives. You say in the past being a public servant was a good thing, something to be celebrated in society. We got to thinking about how we could bring this idea back, about how we could all be better public servants.

Star Wards

As a regular and, by her own estimation, difficult in-patient in mental hospitals, Marion Janner noted how nurses and other staff were handicapped by the environment in which they worked. She set up Star Wards to share small, practical changes in the way staff support each other, interact with patients, bring in volunteers, help visitors to understand the context and encourage patients to build a community.

The information available from Star Wards is based on insights from patients and staff living or working in inpatient mental healthcare facilities around the UK. About four-fifths of wards are members. The suggestions are serious, practical and fun. Janner's support dog Buddy is a focal point for much of the information that is shared.

Janner is committed to making the ideas, which in the end belong to patients and staff, freely available via resources on the Star Wards website or from the online Wardipedia.

starwards.org.uk

Foundations for Families

When something goes badly wrong in public systems a major review ensues. In the context of child abuse, the reflection is called a 'serious case review'. It is the source of learning about how to avoid future mistakes, and it is also the cause of much anxiety as practitioners and managers wait to hear how severely they will be criticised.

Claire Hyde, Director of Foundations for Families, is regularly asked to be the Independent Chair of serious case reviews. She turns the process upside down by taking a collaborative approach, getting those who were actively involved in the disaster to participate in the analysis and help prepare the recommendations. The LankellyChase Foundation is supporting Foundations for Families to apply the learning from these reviews to transform system responses to families that experience domestic violence.

www.foundationforfamilies.org.uk

What is it About Relationships?

4

Alan Latham and Asha Ali played prominent roles in the Inquiry. Alan, once supported by and now working at Local Solutions, was the first voice at each of the three large convenings. Asha Ali worked with others from Kids Company to develop the 3H Advisor app now being used by local authorities to rate local services. They met through the Inquiry and reflect here on the experience.

AL: I think we were the first people the Inquiry interviewed. They sat us in a room and showed us videos. At first I thought they were a bit mental, but talking about the videos got us talking and helped people get their point across.

AA: It was a bit the same with us. I remember thinking, 'These academics people are coming.' In KidsCo you meet a lot of people who do research. They were a bit quirky, they didn't talk in fancy ways. It led us to talk about the things we do that change our lives instead of us being passive and helpless. There are situations we cannot control. But many we can. When you feel alone in the world you don't think about making smart choices. But as you move forward you can come to terms with having made some dumb moves, and some good ones, and learn from them.

AL: It depends if that young person wants to change. Some people just want to go back to jail. Others want change, if you get me.

AA: You need people in your life to kind of help you. When that support is there then you can figure out the first step. If there are people who believe in you then you begin to see things you hadn't seen. Then you make better decisions.

AL: A lot of people don't like talking about themselves. They keep their stories to themselves. They back away from help. The people and the organisations who believe in you give you the confidence to speak.

AA: It's about finding the space to acknowledge your mistakes. And knowing that you want something better for yourself, taking small steps. Saying you played a part in everything getting messed up is really hard and painful. That feeling 'I messed, I fucked up' is horrible. But once you feel it you can let go, and move on.

AL: It is amazing how this came out in the first convening. How much people from different parts of the country had

similar experiences. Not just young people but older ones as well, like Joe and Mike from Transforming Choice.

AA: I remember Cumberland Lodge most. What a place! It was nice to hear other young people's stories. We were from different places but we were connected by experience. I was really energised by that and we had a lot to say to the professional people and we said it well. At Windsor there was less conversation with the professionals but our conversation, among the young people, was still strong. It was felt like two different teams, which is cool, but in Cumberland Lodge we were one team.

AL: It's funny looking back at the work and thinking how much has changed in my life over two years. My life has been busy. My volunteering, which I love. I am there most days, so that occupies most of my time. Now with my family too.

AA: Dinner at mum's?

AL: Yeah. Dinner, all cooked. There's nothing better than a Sunday roast at mum's!

AA: So much has happened in the last two years. I was out of London. I knew Kids Company. I got in touch with them again. Now my life has completely changed. I don't lead the same lifestyle. I don't have the same friends. I don't do the same things. I am not interested in the same things. I am doing things with my life now I wish I was doing two years ago. I backed away, and now I have come back. I am different from two years ago, in a good way. It scares me.

AL: Fast forward two years, I see myself as President of the United States of America. Maybe not. But maybe I will have my own business. Maybe in water sports. But don't be surprised if I send you an invite to come to the White House.

AA: Well, I will come as Prime Minister of the United Kingdom. I will be 26 then. If everything goes well, Inshallah, I should be on a degree course. Maybe 3H Advisor will take off. What matters is I am not wishing, just doing. I will be responsible for getting the things I want. They are there. I am excited.

Chapter 4: What is it About Relationships?

Don't escape.

*Now you will help me. A finger,
a word, a sign from you
and when fingers, signs, words,
walk and work,
something will appear in the motionless air,
a solidarity will sound in the window,
a star in the appalling nocturnal peace;
then you will sleep peacefully,
you will live in peace:
you will be part of the sound that comes from the window,
of the light dismantling loneliness.*

*– From 'Ode to Solidarity' by Pablo Neruda, translated by
Ilan Stavans and published in All the Odes (2013)*

From the first days of the Inquiry, the young people who have faced severe and multiple disadvantage pointed out how crucial relationships have been to their recovery. Almost every one of them has a story about the purposeful, healthy, trusting relationship that helped them to think – and think again, and again – ‘it doesn't have to be like this’.

So is helping young people ‘all about relationships’? Of course not, no more than it is ‘all about funding’ or ‘all about outcomes’ or ‘all about systems’. So the conversation began to turn to more specific questions. *What is it about relationships?* What are the characteristics of helpful and unhelpful relationships? Who is most able to offer helpful relationships? Exactly why are relationships important?

The answers to these questions are relevant for young people facing severe and multiple disadvantage. But they may also be helpful more broadly for people facing other types of health and development challenges.

4.1 How to relate

We're in the London offices of Kids Company, one of the UK's major children's charities. A group of young people are spending 24 hours planning for the upcoming meeting of the Inquiry at Cumberland Lodge, trying to figure out what – based on their own experiences – are the most promising avenues for reform.

There are chairs scattered around the room, sheets of white magic board stuck to the walls, ideas scribbled, scratched

out, scribbled again. The young people keep coming back to relationships. They are convinced they're on to something, but it's not yet solid. The ideas trickle through their fingers. They struggle for words and they argue. Late into the evening and again early the next morning, they keep at it.

Finally, they arrive at three points, which they call '3H', for Head, Hands, and Heart. (The Fostering Network also uses these words to describe an approach to foster caregiving. Their work is important but different.) 3H spells out the young people's vision of what a helping relationship needs. Later, three of the group use the idea as the basis of a social enterprise called 3H Advisor. The directors of 3H Advisor, Asha Ali and Linford Superville, wrote it like this:

The 3H Relationship Model

A good life for a young person involves sharing vulnerability and strength in a healthy way.

That's not always easy, and when the challenges of life become severe – when we have no home, no food, no support, and become cut off from the world, lost in alcohol and drugs or suffering from mental illness – then it becomes really hard.

Family relationships are the main source of vulnerability and strength. But not everyone has a family to rely on.

When this happens relationships with other people become important. That includes neighbours, volunteers, or those in voluntary organisations trained to help others.

The 3H relationship model is comprised of three main elements: Head, Heart, and Hands.

Head: for Vision

The head thinks forward, prioritises and sets structure for the young person. This means working with the young person to generate meaningful goals.

Hands: for Practicality

The hand is welcoming, gives advice and provides practical support, helping the young person to fill in forms and assisting with training, education or work.

Heart: for Empathy

The heart is compassionate but honest, trustworthy, and unsentimental. It is the source of self-motivation

and empowerment. The heart is the anchor in a strong relationship between a young person and someone who wants to really help them. It creates stability and confidence while supporting the young person to reach their full potential.

The young people presented the idea of 3H to the other participants in the Inquiry at Cumberland Lodge a few weeks later. It became clear that 3H bears some resemblance to the ideas that some of the researchers and therapists have, but it uses a different language.

The researchers and therapists talk about a ‘therapeutic relationship’ or ‘working alliance’ between helper and helped. The keys, according to research on the subject, are *goals*, *tasks*, and *bond*. The helper and helped must agree realistic goals. They must agree about the tasks that need to be done to achieve those goals. And there has to be a bond between the helper and the helped, with each believing in and trusting the other. Because everybody is different, the goals and tasks should be different, too. The bond is formed partly because both sides are vulnerable. Both are learning as they go.

Several people in the Inquiry also used the word ‘purpose’. While some helping relationships do last only until they fulfil their purpose – only until a young person has achieved some

particular goals – many endure over time. For instance, Jessica told the Inquiry how she had been supported by someone at Kids Company. Their relationship never had objectives, and it has proved lasting. Although she now lives and works independently, Jessica talks frequently on the phone with her mentor at Kids Company and has a lot of continuing relationships with others there.

Relationships without interventions

One of the radical questions that emerges from focusing on relationships is this: could a helping relationship work without an intervention? When people in the Inquiry talk about an ‘intervention’, they often mean a named programme, like the Family Nurse Partnership, or a therapy, like cognitive behavioural therapy. But interventions also include other ways that outsiders step into young peoples’ lives, such as investigations (of abuse or criminal behaviour, for instance) and services (such as school curricula, hostels, or job training).

What all these types of interventions share is that they are more or less formalised. Someone else has designed these interventions so that practitioners – psychologists, social workers, teachers, job coaches, police – can put them into practice. Often they come with manuals, checklists and handbooks that help to keep the practitioners on track. Almost

all rely implicitly on a relationship between a helper and helped, although many of them focus more on the content of the programme than on the quality of the relationship.

Formal interventions are both important and inevitable. A number have been tested and found to benefit the average participant. But what would it look like to shift the balance between *content* and *relationship* – especially for those who aren't 'average' and may not benefit from interventions as others do?

There are a couple of suggestive examples. First, old-fashioned social work involved behaving much as Sue behaves, focused on the relationship, with little formal programming and no requirement for immediate behaviour change on the part of the recipient. (Chapter 5 includes examples from modern organisations that similarly aim to free social workers or volunteers to spend time building relationships with the people they serve, or to reduce the amount of formal intervention.)

Second, public and private systems create contexts for informal helping relationships in which there is no formal intervention at all. For instance, sociologist Mario Small writes about how poor New York City mothers benefited materially

and emotionally from the friendships they made with other mothers at their children's childcare centres (53). But these relationships only developed when centres required all the parents to pick up their kids at a set time, or to help out with parties, fundraisers, and field trips. The context forced mothers to gather; connections developed; and the benefits followed.

4.2 Who relates?

Another radical question that emerges from a relationship focus is this: do the people in the relationship have to be trained in order for the relationship to work? Some of the most influential relationships for people facing severe and multiple disadvantage are with friends or family or volunteers in the community. This is where they get help with practical problems – how to find a place to live, how to get back into school, how to get their benefits, how to get the bill collectors to lay off – as well as emotional support.

Most people aren't trained to provide help. But some find ways to help anyway. One of the young people told of a friend who was living on the streets, begging for food and money in front of shops. Most shops moved him on, but one shopkeeper offered him food. After a while, he started to work in the shop.

First he cleaned the windows; now he's behind the till. Another young person who was supported by the local authority got an apprenticeship with an architect from the local borough, and is now looking to study architecture.

The young people say that most of the help they get isn't from public systems. There are potentially huge numbers of helping relationships available in public systems. Trained helpers are available for therapy (social workers, psychiatrists, and psychologists), practical support (benefits agencies, housing offices, and social workers again) old-fashioned youth work (social workers and volunteers), and family substitution (foster care and supported lodgings). But many young people facing severe and multiple disadvantage are missing out on most or all of these.

Even for young people who do connect with the system, the bureaucracy sometimes prevents the trained helpers from building good relationships. Some workers spend 80 percent of their time filling in forms and only 20 percent with young people. The helpers are also trained in fear and wariness: the quite reasonable fear of being involved when something goes badly wrong, and wariness of giving advice that leads to the young person doing something stupid. So people with professional training often face big barriers to forming useful relationships with the young people who need them most.

It is not clear what kinds of training or experience lay the ground for good relationships. People talked about the potential for ex-clients of services to become helpers for others. Some individuals seem to have a natural knack for the kind of empathy that doesn't tip over into sympathy. But many people with formal training are also good at relating. Most likely, there are multiple paths to becoming skilled at relationships, but little is known so far about how this happens.

All this is about the characteristics of the *helper*. But what is the role of the *helped* in the relationship? The helping professions are often characterised as something one person – usually a trained person, and often a person in authority – does for (or worse, does *to*) another. But many of the conversations in the Inquiry make it clear that the old cliché is true: relationships really are a two-way process. True, Sue helps Alex and Carol helps Rob. But Alex and Rob also reciprocate. They contribute to the back-and-forth process of the relationship.

Some people liken the two-way connection between helper and helped to a secure attachment between parent and child. The Harvard Center on the Developing Child uses a tennis metaphor: 'serve and return' (105). When a baby cries for something, its parents respond, fast. Does the baby need food, attention, reassurance? When Mum or Dad gets it right, the baby is comforted. The parents know they are on the right

track, and next time they might see the sign more quickly and respond appropriately. When the baby smiles, the parent smiles back, and when the parent coos, the baby bumbles back. The parents are shaping the child's behaviour and its brain development, and the baby is shaping its parents' behaviour and their brain development.

Good parenting for older children is remarkably similar, and so is the relationship that Sue develops with Alex. At first, he speaks little to her. She explores topics until she finds something that resonates with him. He opens up a little, and she draws him out. He serves, she returns. Some of his worries are similar to those of most of the young people she works with, but some are particular to him. He was bullied for being gay, Sue learns. He's frustrated that his mum seems to care more about her foster children than about him. He is very good with people, even though he's shy. As they have this conversation, Sue and Alex shape each other's behaviour.

4.3 How important are relationships?

Relationships fit awkwardly with the outcomes model partly because they are so difficult to measure. But researchers have made some progress recently in creating measures to summarise the strength of a working alliance. They find that treatment outcomes in both adult and child mental health tend

to be better when the working alliance is better. Moreover, the quality of the working alliance seems to be *more* important than the precise nature of the formal treatment.

It's early days for this line of research. Investigators are still struggling to define and measure a working alliance and to explain how and why good working alliances develop. But many people involved in the Inquiry are watching these developments with interest.

The importance of the working alliance fits with what the young people say. The young people note that their helpers resist rushing to ready-made solutions. There seems to be a back-and-forth, a serve-and-return. The helpers push them, encourage them – badger them with the truth, even – but don't make decisions for them. The young people find that the door is open for them to decide to make their own changes.

There is a great deal of academic research on relationships. A lot of it focuses on core relationships with parents, family members, romantic partners, bosses, and colleagues. It finds that deep and meaningful relationships play a vital role in human flourishing. People who are integrated into social networks and have strong, supportive relationships are likely to be mentally and physically healthier and happier about their lives. They even live longer, on average, than those with

poor or fewer relationships. (The effect of good relationships on the risk of mortality is comparable to quitting smoking.)

But remarkably little attention has been paid to what these ideas about relationships mean for people facing the worst in life. Most research focuses on those who live, on the whole, ordinary lives. Much less applies specifically to those on the margins, whose ability to make and sustain ‘ordinary’ relationships may be damaged by their experiences and the chaotic circumstances of their daily lives. There is quite a lot of research about the support networks of typical young people and adults, and who they turn to in a crisis. But who do people who face severe and multiple challenges turn to? We don’t know.

In the Inquiry, there was a broad agreement that a relationship with someone who displays the 3H qualities can be transformative. Most agreed that shame and pity might force a wedge into the relationship between helper and helped, creating too much distance between the two. Most were drawn to the idea that – as the young people’s stories suggested – the power of helping relationships lies in their ability to create a context in which reflection becomes possible. Transferring information isn’t enough. One person telling the other what to do rarely works well. Rather, the strongest relationships are the ones that pave the way for cognitive change.

But there is much more we don’t know. We know little about who is good at relating. We don’t know whether people trained in social work or psychiatry are better at relating than the next-door neighbour who relies on life skills. We might assume training can improve people’s ability to relate, but we don’t know *how much* training matters. We might assume that relating comes ‘naturally’ to some – perhaps reflecting their own relationship history – but we don’t know *how critical* such natural skills are, or who tends to have them.

Research is only scratching the surface of what happens when Sue meets Alex or Carol meets Billy. How do they tackle shame? How does the relationship between Alex and Sue help Alex to reflect that ‘it doesn’t need to be like this’? Why does Billy’s pattern of relationships change as a result of his connection with Carol? Despite the good work that has been done to understand relationships, we have much more to learn.

4.4 Relate without pity

The young people were clear that good helping relationships had worked for them. The relationships created ‘cognitive change’, the change that happened when they started to think, ‘it doesn’t need to be like this’. Inside these relationships, there seems to be little fixed agenda, no set timetable, and

no formal intervention. At the same time, the relationship is not warm and cuddly. It's hard-edged and honest.

The young people were equally clear about one of the things that didn't work: pity. When they walk into a room, they are sensing for it, wary of it. Shame and pity feed on each other. The young person feels shame. The person who might help him too often feels pity. Together, the two emotions disconnect the would-be helper and helped.

Brené Brown explains pity and empathy in an animated RSA Short (13). It's simple but it works. In the animation, there's a hole in the ground. A little fox falls through the hole into a cave below. An antelope comes along and looks down. She feels pity. She doesn't quite know what to do. She dishes out a little advice, tries to say that being in the hole really isn't so bad, feels awkward and anxious and frustrated – and leaves.

Then a bear comes along. He climbs down, joins the fox in the hole, and makes the hole a little less dark. He admits he doesn't know what to say, but he sits beside the fox. They connect.

Not everyone in the Inquiry felt comfortable with the phrase 'relate without pity'. To relate *without* pity is fine. But relate

with – what? On the whole, it would be better to speak in the positive. People suggested options. Relate with respect. Relate with realism. Relate with hard empathy. All of these are good approximations. But even the best options did not seem fully to capture the disconnection that pity triggers.

A relationship without pity connects for the sake of connection. What we hear from the young people is that helpers who radiate 'hard empathy' create the possibility that the people they help will be able to reflect on their own situation and choices. The relationship creates a secure context that provides space for cognitive change. Cognitive change allows the young person to seize responsibility for her own life. And with the relationship as a solid foundation, she can start to take a chance on change.

4.5 Young people reflecting on 'What is it About Relationships?'

When a small group of young people read this section of the book, their reflections produced three more challenges.

The relationship lottery: A lot of what you are saying in these pages is about successful relationships. But most relationships with people in the system are not successful. It is a bit of lottery who you get. You might get someone who

knows how to connect to you, but probably you won't. Or you might make that connection and then, boom, they move on. They've gone, on to the next case. You talk about good organisations, the ones that care about relationships, like those that Sue and Carol run. But in our experience, it is a lottery in even the best organisations. Trusting someone when you have lost trust in yourself and society is difficult. It takes time to find the person in whom you can believe.

Test the motivation to do this work: In our experience a lot of people come into public systems and agencies for the right reasons. But not all. Isn't this something we can work out? Couldn't we do more to get more of the people who really care about us? And also, it is obvious that some people who came into the work for the right reasons have lost their mojo. They have lost their appetite. Maybe we could be doing things to get people to reflect on why they came into this work in the first place.

It's not just about systems: Sue and Carol work in voluntary organisations but they depend on the system for referrals and for the money to keep their organisations running. They are in the system. But there are lots of people – possibly the majority of people who help – who have nothing to do with systems. They work as volunteers, or they are in your family

and come forward to help, or they live down the road. Maybe these people are the best at 3H. We need to know much more about them. Maybe we can learn how to do this from them.

Birth Companions

Some pregnant women are sent to prison and give birth while incarcerated. They have the same needs as other mothers for the right antenatal and postnatal care for themselves and their baby. But they also face challenges that are unique to their unusual situation of giving birth separated from ordinary family and community supports.

Birth Companions is a charity focused on women giving birth in prison, or while awaiting committal. Their Community Link initiative, supported by the LankellyChase Foundation, extended the support to those recently released from prison. The women are connected to volunteers who provide a range of assistance. This might include being there at the birth, helping with clothes or money, nurturing the attachment between mother and child, and linking up with housing, immigration and social services. The volunteers experience the joy of bearing witness to the birth.

The charity disrupts the medical model of birth, controlled by professionals and focused on hospitals, and it also questions the motivation to punish.

birthcompanions.org.uk

Edinburgh Cyrenians

The Cyrenians of Edinburgh support people who have been repeatedly failed by society. The name comes from Simon of Cyrene, who came forward from the crowd to help Jesus carry his cross. The Cyrenians are not a religious organisation but they believe in walking the same journey as people who are downtrodden in life, providing support when they stumble.

Cyrenians do all kinds of things, all of which are underpinned by a relational approach, offering young people an open, respectful, and constructive form of support. Their work with young people facing severe and multiple disadvantage in the capital of Scotland depends, like the rest of their work, on a small team of dedicated volunteers supplemented, where necessary, with the support of experts in public systems.

Cyrenians don't chase outcomes. They connect. They aim to value every human being equally.

www.cyrenians.org.uk/what_we_do/Peer_programme.aspx

Place2Be

Place2Be is a charity that reaches 94,000 children in 235 UK primary and secondary schools. The focus is on prevention: working with children from low-income backgrounds dealing with complex issues such as bullying, family breakdown, and bereavement. They work directly with children, and offer training and support for teachers and parents.

Each participating school has a Place2Be room where children can go to talk about their worries, play and be creative. Each room is staffed by a team of around five skilled staff who work with the children one-to-one or in groups.

The work is determinedly relational. Each team member builds a strong bond with the children that develops self-awareness on both sides. The work builds a supportive network of family members, teachers and students around the child.

place2be.org.uk

3H Advisor

Asha Ali and Linford Superville, who were part of Kids Company and contributed to the Inquiry, have set up 3H Advisor, a start-up that aims to put relationships at the heart of public services.

Their primary product is an app that allows young people to find and rate local services. Service users provide an overall rating and then evaluate workers in each organisation according to their '3H' capabilities.

The work has been successfully trialled in the London Borough of Ealing. It has been adapted to help the local authority rate foster carers and social workers as well as organisations.

A small group of business and public systems leaders are helping 3H Advisor understand how consumer ratings can be used to improve public services continually, and not become just another indicator of success or failure.

3Hadvisor.org

Local Solutions' Intense Mentoring

Local Solutions is a large voluntary organisation operating in North West England and North Wales. The Intense Mentoring programme is the brainchild of Sue Shelley, one of the central participants in the Inquiry. The work is undertaken by Sue and her colleague, Gemma Moores. The focus is the most excluded young people, aged 18 to 25 years, in Liverpool. All of those supported by Intense Mentoring have a history of cyclical stays in hostels and other short-term accommodation. All have faced some combination of the range of challenges described in the book, including drug misuse, mental ill-health, and family breakdown.

The young people on the programme can live in a Local Solutions hostel. Sue or Gemma work intensively with each young person, building up a relationship, displaying the hard empathy described in the book and, critically, attending to practical needs of securing benefits, finding and holding down a job, getting somewhere to live, and re-connecting with family members.

www.localsolutions.org.uk/projects/homelessness/page2

Transforming Choice

Transforming Choice is the brainchild of Carol Hamlet, one of the primary contributors to the Inquiry. A commissioner of services would see Transforming Choice as an alcohol detox and rehabilitation programme. To Carol and her collaborators, many of whom have been through the programme, it is a safe, nurturing environment where change is not only possible but inevitable.

Operating from a large residential house in South Liverpool, Transforming Choice provides all the services somebody recovering from decades of alcohol abuse might need. It is a response to Carol's frustration at the gaps in provision through which most of the residents have fallen prior to arrival.

As her testimony to the Inquiry demonstrates, Transforming Choice is determinedly relational, exemplifying the hard empathy described in the book. But it is also focused on a single outcome – for the people going through the programme to stop drinking.

transformingchoice.org.uk

Relational Schools

The Relational Schools Project works to put relationships at the core of school life. They work from the principle that supportive relationships among all members of a school are pivotal. Their research is beginning to demonstrate that strong, secure, relationships can surmount social inequality. Weak or fragile relationships reinforce educational disadvantage.

The Project, directed by Robert Loe, gathers evidence as it goes. The negative impact of broken home relationships on individual educational attainment is well charted, but the effect of a relational school is, so far, less clear.

The Relational Schools Project's novel approach to research in this area has resulted in a framework for assessing relationships. They find that the school environment, the

quality of teacher-student relationships and the commitment to pastoral care of students strengthens relationships among students, which translates into better educational outcomes particularly in the context of greater material deprivation.

Their works shows that although the teaching staff of schools are aware of the importance of relationships, even the most experienced and reflective practitioners can miss the way that classroom dynamics interfere. The Project has collected powerful testimonies from students about how incremental changes in the school culture can improve relationships and so enhance students' social, emotional and academic progress.

relationalschools.org

Relational Social Policy

5

Transforming Choice, the brainchild of Carol Hamlett, made a substantial contribution to the Inquiry. They spoke for the older generation of people facing severe and multiple disadvantage. Most of the workers at Transforming Choice had themselves been through the programme. As the Inquiry came to an end, two of them, Mike Ashton and Joe Keatley, reflected on their experience and the precariousness of the future.

MA: I have to make myself remember my past. Without that memory I could go back to where I was.

JK: I'm the same. And knowing the past helps us to help the others who come to Transforming Choice. The past provides our emotional connection with them. They are going through what we went through.

MA: And when they look at us they see a future.

JK: The clients we are working with are brilliant because they dust themselves down and they come back. They go lower than most people can imagine. And then they come back.

MA: And we are there for them when they hit another rock bottom. All the clients in each group coming here support

themselves and they support each other. You need good people around you to tell you, 'Why don't you do that?', 'You can do that, you can do this.' It's not something you can do on your own.

JK: I hope they see in me what I have seen in Carol. I have been fortunate. Carol and Donna believed in me. Sometimes I didn't have the confidence. When I got the job here, Carol said to me, 'What you are lacking is confidence and we'll work with you to get it.' Especially for support groups. I am now doing everything I was terrified of. Now I am just doing things that 18 months ago I said I couldn't do.

MA: How much my life has changed in that short period. I was volunteering when the Inquiry started. Now I have a job here at Transforming Choice. I have moved out of supported accommodation and went back home with my partner. I am doing everything properly. I hadn't done that for years. For the first time in years I am 'legit'. I pay my bills. I'm a dad again, a little daughter, four weeks old, Lydia. It all happened bit by bit. A one-day course, a two-day course. I completed my social care. Done a computer course. It was hard, sitting down and studying. But it got me somewhere. I could say, 'I have done this and done that...'

JK: I started off as a mentor and then I got the job as the mentor support worker. I didn't understand what that was at first but I took it all in bit by bit. I went to college and I am still going to college. I can be a bit lazy on that, to be honest. I have loads going on in my private life so that's all coming back together. I see my family daily. I've come a long way. I'm making a future.

MA: We make our futures day by day. Every now and then I take time off for myself so I don't get caught up in all the shit of the past. I still need to do my meetings. My partner will say to me, 'You better go to one of those meetings,' because she can see something inside of me. She keeps me grounded.

JK: I don't meditate as much I did. Now I do some mellow meditation. I do daily readings. And then I come into Transforming Choice. I might do a meeting in the evening if I feel like it. I have to know the difference between what got me sober and what keeps me sober. And I need to maintain that. I need to keep a check on myself. Keep in contact with people who have my best interest at heart. People I can be open with.

MA: Fast forward two years from now, who knows what my life will look like. I don't go that far. More stable? No more

kids for sure. I am going for the snip. My next step is to move house because we need more room with the baby. Maybe I will be a grandfather. My older lads are 15, 16, and 19.

JK: Each day I look to be a little more relaxed. Sometimes there is so much going on in my head. I still don't believe I am doing what I am doing. My other life was chaos. This is chaos too, but it's nicer chaos.

MA: Organised chaos?

JK: Maybe. But also we are doing something for people. I want to pass on what I learnt to other people. Some people who come in are proper chaotic but they mellow down. Also I want to help staff be as understanding as Carol was for me, as I try to be for others.

MA: And we have to be there for Carol too.

JK: Too true. We had a bad time with the last building. When it got taken away that was bad. That was a comfort zone for so many people. So much good was done there. But now we have this place. Hopefully it is going to be stable and we can do everything we can do for all those people out there who need people they can believe in.

Chapter 5: Relational Social Policy

Whenever I am reminded of death – and it happens every day – I think of my own, and this makes me try to work harder.

– General practitioner John Sassall talking to John Berger in his book A Fortunate Man

People left Cumberland Lodge in a good mood. The conversation was rich. The young people set a fast and challenging pace, and the potential to develop something new and useful seemed strong. There was a consensus of sorts: the importance of ‘3H’ relationships between helper and helped has been neglected by public systems and largely overlooked by the outcomes paradigm. It’s time to redress the balance.

Now we are in another room – smaller and less grand than Cumberland Lodge – at the LankellyChase Foundation. We’re taking stock. People from the Foundation are sitting down with some of the young people who have faced disadvantage. Other experts are there, too, including John Drew, former Chief Executive of the Youth Justice Board; Chris Wright, leader of the big voluntary organisation Catch22; Mat Ilic, from Only Connect; and historian Roy Parker.

John Drew asks the question. ‘What would happen if you applied these ideas about relationships between individuals to relationships between systems?’ It sets the conversation off in a new direction. ‘Relational social policy’ has been the focus of a lot of intellectual excitement over the last few years. The Institute for Public Policy Research, a leading think tank, is considering how relational social policy might apply to centre-left politics. Despite the political differences, it bears many similarities to the ‘Big Society’ concept favoured by David Cameron.

The danger is that this new social policy territory is too far away from the things that matter to the young people who have been guiding much of the conversation. They focus on the value of relationship that have the 3H qualities – relationships that reduce shame, promote agency, and create the possibility that ‘it needn’t be like this’. In this conversation, we place boundaries around the task. We are in no position to advise the Prime Minister or the Leader of the Opposition. We agree that our criticism of systems should be tempered by an awareness of the great successes of public systems in general and the outcomes paradigm in particular. (We’re trying to keep hold of the baby while emptying out the bathwater.)

The new questions ask the Inquiry to explore an analogy. At the individual level, 3H relationships lead to cognitive change, to the rising conviction that ‘it doesn’t have to be like this.’ What characteristics of one-to-one relationships apply to systems? Is there an equivalent to 3H for system reform?

With these new questions in mind, we gather again. Some of the same people, some different. This time we are at Windsor Castle, guests of the Society of St George’s Chapel. Despite the magnificent surroundings, consensus here is harder. There is disagreement. Here is what we heard.

5.1 How systems relate

Do systems relate? Do health agencies have a relationship with social care agencies? The clear answer is ‘yes.’ Like individual relationships, relationships among groups can be healthy or harmful, positive or negative or indifferent. Two mutually reinforcing processes shape relationships among groups. First, every group is made up of individuals, whose combined behaviour creates a shared personality. Second, the collective personality influences the individuals’ behaviour. Individuals create culture and culture shapes individuals, like yin and yang. And then relationships between systems or organisations take on a life of their own, quite beyond individual interactions.

Nobody escapes the grasp of the social forces of the organisational, professional or social context they inhabit. Context influences how people think: researchers analyse problems differently than practitioners. It influences how people behave: a social worker will always be estimating the need to intervene, in a way that a neighbour would not. Context influences who relates to whom: doctors tend to hang out with doctors, and youth workers with youth workers.

Social forces change how people speak, as groups work out shared words to communicate shared ideas. During the Inquiry, people in public systems sometimes referred to young people who have faced disadvantage as ‘people with lived experience.’ They found the phrase to be a useful shorthand. But it makes little sense to people outside the group, who understandably think that ‘lived experience’ is just part of the human condition.

In short, the system, the social context, the education and background of people in each system guides the way they think, behave, relate and speak. Sometimes people within systems are aware of their context, but often in the hubbub of daily work, they are not.

The state, civil society, and public systems are made up of lots of individuals whose collective behaviour reflects their

context. Status and power matter. When researchers are called to the House of Commons, they bow to Members of Parliament who generally know less (and sometimes care little) about the subject of study. Social scientists are more likely to defer to geneticists than the other way around. In the social hierarchies, the health sector outranks social care. Central government is more prestigious than local government. Funders dictate terms of agreement to grantees, and commissioners do the same to the commissioned.

Everyone is polite about it, but unspoken power imbalances *change what the system produces*. The ideas of higher-status organisations and professions tend to take priority – whether or not those ideas are best for the individuals who are served.

System dynamics also cause people to behave as they wouldn't on their own – for both good and bad. On the good side, teachers in well-functioning school systems generally turn up to work whether they feel like it or not. Doctors in the NHS don't sell appointments to the highest bidder. In social work, as several people in the Inquiry noted, there was a lot of maverick practice in the 1970s that did harm, and systems were created to enforce the 'do no harm' principle.

System dynamics can also get good people to do unhelpful things, as described in Chapter 2. For instance, system

dynamics often call for problems to be answered by referrals to services. If there is little capacity in mental health services but plenty of capacity in social care, a GP may end up making lots of referrals to social care, even if it isn't the right service for her patients' needs. The practitioner who feels the pressure and expectations of her system may make referrals on the basis that 'something must be done'. System dynamics make it hard for her even to consider the alternative that 'if the right service is not available, maybe I shouldn't do anything at all.'

Over time, these dynamics become entrenched. They tend to change only very slowly – unless a crisis induces collective re-assessment. Public systems and civil society have been relative strangers in recent years. But the crisis of economic austerity is forcing them to get acquainted again. The established patterns of collective behaviour give public systems power over the terms of their engagement with civil society. It remains to be seen whether current reform efforts can change the power dynamic.

Systems and organisations and groups do have relationships, and they interact through individuals. Individuals reflect the personalities and expectations of their groups. And in reflecting their group culture, they also feed and reinforce it. The weave of individual and collective relationships changes the way people behave.

Although system relationships take place among individuals, they are bound up in the dynamic between whole systems. Every day in every local authority there are case conferences that bring together practitioners from many systems to talk about a child who has a worrying new bruise or a student who appears suddenly disinterested. The conferences spend a lot of time talking about what might have happened, but less time talking about what to do, and when a decision is made there are often no resources to follow through. Teachers and social workers are almost always present. GPs are rarely there, so important information may be missing, and resentment grows between the different systems.

System dynamics are so powerful that it takes significant efforts for individuals to resist their force. This is both the virtue and the vice of systems. When they work well, they enable people to do much more together than they could muster the will to do on their own. But when they work badly – and public systems tend to serve people facing disadvantage particularly badly – it is difficult for individuals to avoid getting swept along.

So the conversation returns to agency. This time, it is not the agency of young people and others facing challenges, but the agency of the leaders, managers and workers whose scope to resist the context in which they work is limited.

5.2 Relational system reform

If we can accept that systems relate, how do the relationships change? What should be altered? Chapter 3 talked about the reasons that the outcomes paradigm – and public systems in general – have largely failed to benefit people facing the worst disadvantage. Some of these failures are relational: they disconnect would-be helpers and those who need help. During the Inquiry, we discussed many innovations that try to tackle such failures. Many of these aim to improve relationships between systems and among the people who work within systems.

None of these programmes is just encouraging people to be nicer to each other. All of them are finding ways to change the structures and contexts that surround and shape relationships.

Reclaiming system dynamics

People at Windsor pointed to several projects that help leaders, managers or workers within public systems to reclaim control over the dynamics that were getting in the way of effective services. Several projects re-designed pathways to services, making them more accessible. Others chose a more convenient location to deliver services. Some removed

bureaucracy that was getting in the way of workers' ability to relate to and support people facing disadvantage.

For instance, **Participle's Life Programme** aims to give workers and families time to relate to each other. First tested in Swindon, the programme works with families facing multiple problems, such as lack of work, lack of schooling, and involvement in crime – what the Government calls 'troubled families'. It creates a single team from the separate agencies, and families choose their own worker after interviewing several. Participle then reduces the bureaucratic pressures on the workers, reversing the previous pattern that saw workers spending 80 percent of their time filling in forms and 20 percent in direct contact with families.

Offering another angle on the same problem, the **Camden Hub** is a major innovation in the way mental health services are offered in a London borough. It is the product of a collaboration among several systems within the local authority. The hub offers several activities (such as helping young people to become social entrepreneurs), but it is also a place where mental health, addiction, and housing experts work. Instead of drawing young people with mental health needs into the labyrinth of avenues that lead to different agencies, the agencies provide a presence in a single place in the community – a 'hub' – where young people congregate.

Against 'buying civil society'

What about getting public systems to become more respectful of civil society? Dartington's **Evidence2Success** methodology has been used in Scotland, England and the United States to help public systems share accountability for outcomes and investments with civil society, with a particular focus on people who live in communities dealing with a lot of disadvantage. The process involves a meeting where about 30 people gather. When it works, the system leaders and money holders share power with civil society representatives and trust local people to have good ideas.

Public systems that use Evidence2Success set aside 2 percent of annual expenditure on children and young people from conception to 24 years (typically £20m to £40m). The resulting fund is governed by a mix of public systems leaders and local people who work with communities. Together, they agree outcomes and investments. In Perth and Kinross, the meeting found that representatives from a disadvantaged community were motivated to do something about drinking rates of primary school children. The problem affected only a small minority of students, but the rate was much higher than comparable communities, even in Glasgow. It mattered to local people. They felt collectively responsible. They chose

interventions that looked promising, and also asked the council to look at liquor store opening hours.

Several other innovations also focus on changing the transactional nature of public system contracts. The King's Fund is promoting a method called **Alliance Contracting** within the National Health Service. In place of a series of contracts between a commissioner and many providers, a single arrangement binds several commissioners with an alliance of parties that deliver services. The contract requires that risks are shared among all parties. If there is any gain, all take the credit. If there is pain, all take responsibility.

Similarly, Dartington is working in 30 English local authorities on a contract whereby an investor pays for an innovation, which is delivered free to the local authorities for one year. If the innovation works (according to Dartington's evaluation), the local authorities agree to buy the innovation for two further years. It is a good deal all round. But the six local authorities in the East Midlands asked for something further: a short document to capture the 'spirit of the partnership'. The contract still exists, but it is underpinned by strong relationships.

At a broader level, **co-operative councils** aim to change the way local governments operate. Instead of central planning, a co-operative council uses networks of agencies and

communities to solve locally defined problems. In Sunderland, it linked the desire of people in the city for better park space with agencies' interest in reducing obesity, which has a big impact on health budgets. As a result, health agencies became major investors in city parks.

From evaluation to learning

The outcomes paradigm uses an acronym – MLE – to refer to the art of 'monitoring, learning, and evaluation.' Several in the Inquiry said that, in the systems they knew best, opportunities for improvement were lost when there was too much *M* and *E* and not nearly enough *L*. For instance, high-stakes evaluations create success or failure, with no middle ground, as when OFSTED pronounce a school to be 'outstanding' or the dreaded 'inadequate'.

Peer inspection is one way to counter the language of certainty and bring back the 'L' for learning. In peer inspection, a system or service invites experts from several external systems to comment constructively on their work, but the evaluators never resort to a final judgment. **360-degree evaluation** is another: it brings together multiple constituencies to improve programmes by reviewing and reflecting on successes and failures.

In health services, the **James Lind Alliance** works to make the needs of users more central to research than in the past. There are a lot of questions that are important to patients, carers, and doctors that haven't been answered by research. The Alliance sets up partnerships among these users to collectively agree which unanswered questions are most important, and provides this information to funding bodies.

Against 'paying off pity'

There are fewer programmes to improve the connection between the public and people who need significant support. But the conversations at Windsor highlighted **Participle's Circle model**, which brings local people together to solve local problems. Participle has tried the approach in several communities. In Wigan in North-West England, Circle was one of several stimuli for the '**Deal**', a new settlement between the local authority and local citizens which has seen the replacement of traditional services with broad reform efforts that aim to help community members better support each other.

More winners, fewer losers

Procurement decisions in the voluntary sector usually create at least as many losers as winners. **Collective leadership** is one possible response. For instance, psychologist Charlie Howard told the Inquiry at Windsor about **Mac-UK's 'Integrate' model**. It brings mental health experts to young people in the community (partly through Camden Hub) instead of expecting them to search out the experts. Crucially, Mac-UK gives away its intellectual property to the local and health authorities that buy into Integrate, so that the programme can be fully absorbed into local systems.

Ideas about collective leadership owe much to the work of American systems scientist Peter Senge and colleagues, who depict organisations as part of a wider set of systems (90-92). Collective leaders, rather than focusing exclusively on hitting targets in their own corner of a system, try to create conditions that support change both in their own niche and beyond.

A small and fragmented start

These examples of ‘relational social policy’ are all trying to change relationship patterns. Each one addresses some of the limitations of the outcomes paradigm. They are new tools in the kit of system reformers. And the programmes in this section are not the only examples of relational innovations.

But as welcome as the innovations are, they remain small and fragmented. Peer inspection is exciting – but the organisation that delivers it in local authorities is fragile. The technique is a supplement, not an alternative, to compulsory, high-stakes inspections. Alliance Contracting is interesting – but it is only a sideline to standard procurement procedures in most public systems.

Moreover, there are few points of connection among these initiatives. They are supported by different funders and local authorities. They’re backed by different experts and inspired by different ideas, and they work with different populations in different locations. Only rarely does a local authority support more than a couple of these or similar innovations; only rarely do these innovative programmes work together.

So we are left with another question. What do these scattered, diverse relational reforms have in common?

5.3 The core elements of relational social policy

What binds the examples of relational social policy described in the last chapter? Do they have a shared core? Consensus on this question was hard to find during the Inquiry. Finally, we resort to the dictionary. The word ‘relate’ comes from the Latin ‘re’ (back or again) and ‘lat’ (to carry or to bring) – so, in one sense, to *relate* is *to bring back or to restore*.

There are at least six elements that good relationships appear to ‘bring back’ or ‘restore.’

First is agency. On an individual level, Sue helped Alex to bring back his sense of agency. It works on a system level, too. Participle’s Life Programme and Camden Hub both restore to frontline workers the agency that they lost to bureaucracy. The programmes free them to do what they say they most want to do, which is to spend more time around young people.

Second is power. When Evidence2Success brings together leaders of public systems and local citizens, power and accountability are at least partly restored to civil society. Similarly, several initiatives ask the people being helped to be ‘co-creators’ of the programme. When it works, co-creation at least partially shifts the normal power dynamic.

Third is trust. In Alliance Contracting, purchasers are encouraged to trust the provider, and the providers are asked to trust each other. In co-operative councils like Sunderland, the local council trusts health systems to care about parks as much as they care about obesity. In both cases, the relationship 'brings back' lost trust.

Fourth is truth. Both the 360-degree evaluation and peer inspection methods aim to restore honesty to the inspection process. Because there is no winning or losing – just learning – organisations that are evaluated using these methods can afford both to be truthful about their own failings and to listen fully to the honest critique of outsiders. Similarly, by embracing patients and doctors, the James Lind Alliance gets science to answer different sets of questions that lead to new truths about medical intervention.

Fifth is social obligation. Participle's Circle and Wigan's Deal both aim to bring back the responsibility that one person feels for another. They address some of the limitations of the outcomes paradigm, which tends to disconnect the public from those facing disadvantage.

Sixth is mutual benefit. Collective leadership, like that practiced by Mac-UK's Integrate model, shows that giving away an idea can be good for both the donor agency and the receiving agency. It puts intellectual property into the public domain, where it can do the most good.

These six elements also work together. For instance, homeless people and chief executives sit next to each other in Evidence2Success meetings. For at least the length of the meeting, it shrinks the power gap between the two. But trust is required, too, or the method won't work to achieve its goal of mutual benefit for citizens and agencies. Similarly, collective leadership is likely to achieve more if it respects agency, shares power, promotes truth, builds social obligation and seeks mutual benefit.

These six are core elements in a strong relationship between two human beings, and they are also elements in good relationships among systems or organisations. They are likely to be at the core of any relational system reform.

5.4 Young people reflecting on 'Relational Social Policy'

Windsor Castle seems a long time ago. The ideas have grown, drifted, gone up in smoke and re-formed several times since then. We look again to the young people to ask them what they think.

Advantaged and disadvantaged communities: We can see how a lot of this makes sense. Connecting one system with another. Bringing in communities and voluntary organisations and faith groups. But when you talk about communities facing disadvantage, they are the focus. It's like they are the problem, as well as being part of the solution. You don't say anything about advantaged communities. What role do they play? How do they connect? It isn't just about how public systems link with communities united by disadvantage. It is also about how advantaged communities link with disadvantaged communities.

Individuals and collections of individuals: In the previous section you were talking about ordinary relationships, like how we relate to you, or to each other, or how Sue relates

to Alex. In this section you are talking about relationships between groups of individuals, like social care relating to youth justice. But these are not separate things. What goes for one set of relationships should go for the other. How are these two things linked? How would they fit together?

The core elements of relationships: We like the core elements of agency, power, trust, truth, social obligation, and mutual benefit. People can do many things to help and there is more chances of them working if they are capturing the six elements. They are universal. We think they interlink with each other. If you have agency but you don't feel that you have the power to change something, agency doesn't mean much. Maybe some are more important than others. If a relationship has agency, power, trust, and truth, then maybe social obligation and mutual benefit will follow.

The Participle Life Programme

The social enterprise Participle has produced several innovations designed to make relational social policy a reality.

The Life Programme rests on the capability of a team of workers to relate effectively to each other and to the families they support. The programme is aimed at families whose members are disconnected from society by being out of school, out of work, or caught up in crime. It grew out of families' disillusionment with the way traditional services responded to their needs.

The Life Programme puts into practice the *relate without pity* principles of restoring agency, sharing power, being truthful and building social obligation.

'Disruption via connection' sets the Life Programme in motion. People come together to jointly figure out solutions to common problems. Families decide when it is right for them to ask for

support. Life Programme staff are carefully selected based on their personal qualities and willingness to share personal experiences with the families they support. The innovation stands on its head the convention whereby social care staff spend the majority of their time filling in forms and a minority in direct contact with families.

Initially trialled in Swindon, the Life Programme has since been implemented in Wigan, Lewisham and Colchester.

alifewewant.com/display/HOME/Our+Learning

The Integrate Model

Charlie Howard works to take mental health services out of the clinics and onto the streets. Through her collaborations with public systems, private business and large voluntary organisations like Catch22, she has trained a group of street therapists who work with young people in their communities.

Initially delivered through her own small voluntary organisation Mac-UK, this way of working is now being shared more widely through the Integrate Model.

It pulls expensive mental health resources downstream by training carefully selected mental health staff to lead teams of youth workers, social workers and other experts. These teams operate on the street. They do not take referrals. They use networks with partner agencies to find and support young people with unmet needs. The teams both promote mental health and provide treatment, activities that traditionally are separated by public systems. Youth-led activities provide a hook to engage young people.

The model depends on strong relationships among team members. Young people are supported by the team, not by an individual worker. The team will stay with the young person for between two and four years. Young people have the opportunity to become 'experts by experience', supporting others through mental health difficulties.

Integrate is set up so that it never becomes dependent on a single organisation. The first models were initiated by Mac-UK, but the idea is that they will be subsumed into and draw out a network of local systems and voluntary organisations for their future sustainability.

mac-uk.org

Circles

In 2007 the Social Enterprise Participle worked with 250 older people and their families living in the London Borough of Southwark to find out how they could enrich their lives.

Circle was the result. The participants in the Southwark conversation wanted practical help to be better connected to others in the community, and to gain more opportunities to give something back.

The Southwark Circle was set up as a social enterprise, a membership organisation to which participants paid a small fee and some additional charges depending on the services they used. An online platform monitored requests for help in real time. People were connected, getting together at local pubs, coffee shops or on trips with people who shared their interests.

Circle pre-dates many of the ideas in this book by almost a decade. It exemplified disruption via connection and a preparedness to demonstrate a vulnerability that encourages local people to work out local challenges for themselves.

The Circle changes the relationship between public systems and civil society, boosting the latter and reducing the burden on the former. It creates a self-sustaining network for local people to support each other. The line between the helpers and helped is blurred.

As with many of Participle's innovations, there is a focus on human capabilities and prevention. They measure connection, not outcomes, such as the number of paid-up Circle members, levels of participation and support given from within the community.

To date, seven Circles have been initiated in England equating to 5,000 members.

circlecentral.com

Peer Review

Inspection is one of the standard tools used by governments to monitor investments or aspirations. There are inspections of schools, of children's services departments, of children's centres, of food hygiene, of road safety and so on. Inspections are undertaken by people with power to change who runs, works in and uses public services, which can corrupt the quality of information gathered.

Peer inspection, as the name suggests, involves teams of professionals from one set of organisations becoming critical friends to another set. The inspection teams comprise leaders, managers and practitioners from a range of agencies. They typically spend a week with their counterparts in the system under scrutiny, doing the kinds of things inspectors do, such as looking at files and talking to users.

Peer reviews do not give a grade like 'outstanding' or 'failing'. The idea is that the trust built up between inspector and inspected will generate a culture of continual learning and improvement.

James Lind Alliance

The Scottish physician James Lind is known for what was arguably the first experimental trial. In 1747, Lind proved that Vitamin C in citrus fruit could prevent scurvy among seamen long away from shore.

When Iain Chalmers – architect of the Cochrane Collaboration that pioneered evidence-based medicine in the UK – established a new organisation to capture the views of patients and doctors, he named it after Lind.

The Alliance brings together people with experience of dealing with health conditions, including patients, doctors, nurses and carers, to prioritise unanswered questions about improving patient health. The organisation involves users of services methodically and at scale. It connects and so disrupts patterns of power and agency in medicine, bringing people together to provide input on conditions such as asthma, urinary incontinence, prostate cancer and schizophrenia. The results of the Alliance's work are used as a guide for funders of health research.

lindalliance.org

The Wigan Deal

Wigan Borough Council is forging a new relationship with civil society. They call it the Deal. It commits both the Council and the citizens of Wigan to change the way business is done.

The Council has promised to freeze taxes; invest so that communities can support citizens; build services around families; create opportunities for young people, support the local economy to grow; and to listen, be open, honest and friendly. Citizens, for their part, are asked to get involved in their communities; be healthy and be active; help protect children and the vulnerable; support local businesses; be clear and strong when things go wrong; and to recycle more and recycle right.

The Deal represents a relational approach, and it also addresses the economic realities of protecting front-line services in the context of austerity.

www.wigan.gov.uk/Council/The-Deal/The-Deal.aspx

The Camden Hub

A consortium of public systems and voluntary organisations in the London Borough of Camden have worked together for several years to disrupt traditional patterns of service delivery for young people and adults.

One result of this collaboration is the Camden Hub, a place built for and partly run by young people from 15 to 25 years of age. The 'front of house' will be a social enterprise that is largely staffed and managed by young people, sending out the signal that the Hub is for all, a place where enterprise is nurtured. But mental health specialists will also operate from the Hub, not dressed in white coats but blending into the life of the new building, offering help on request. The Hub will also link young people with a range of other supports.

The Hub disrupts several Camden orthodoxies. The mental health staff come to the young people, not the other way around; they are leaving their status at the front door of the Hub. The Hub is testing a 'no bounce' principle that seeks to avoid any young person being passed from one agency to another with unmet needs. And local silos are being torn down, with funding for the Hub coming from several sources and governance that engages many stakeholders.

camdenhub.org.uk

Relate Without Pity

6

The book opened with a conversation between [Julian Corner](#) and [Cathy Stancer](#) from the [LankellyChase Foundation](#) about what they were looking for when they initiated this work. As the Inquiry draws to a close, [Julian](#) and the Chair of the Foundation, [Suzi Leather](#), reflect on what has been learned, and where the work may go next.

SL: I am struck by how the analysis in the book sits with our emerging understanding of why and how things need to change for the most disadvantaged in society. But I wasn't expecting the way it pulls together themes that we have examined individually but not collectively, such as identity formation, lived experience, agency and the emotional life of people who work in public services. It tells us a lot about power, economics and personality. It brings these things together, which is what was needed because we don't live our lives in compartments. But we hadn't banked on that at the outset.

JC: Yes, we started off with perhaps a fairly typical question that a government department might ask about why we fail to halt the progress of disadvantage from young adulthood to adulthood. This way of thinking suggests a clear science.

It suggests all young people are known to systems. It is based on the idea we just need to get systems to work more coherently. That more evidence will bring us the answer. The book challenges the way the question was asked, that the problem cannot be understood only in terms of needs, risks and outcomes.

SL: So the analysis will challenge us as a Foundation, and it will challenge others?

JC: Yes, it tells us that systems are not geared up to deal with complexity, that we need to re-think the model.

SL: I hope that anyone who engages with this will start by looking at themselves. We each have to ask ourselves what are we doing in an emotional sense. We have a template here for bringing humanity back into our work with people who need help.

JC: Bringing people back to why they came into the work in the first place?

SL: Yes. What causes the burnout that we see in so many public services? Partly it is the difference from what people find themselves doing in their day-to-day work and what they wanted to achieve when they started their careers.

JC: I was speaking at a conference about the rise in child maltreatment and all the solutions were couched in terms of fundamental change, that systems need to be re-thought. But I sensed a lot of the audience were overwhelmed by the scale of the problem and the abstract nature of the proposed reform. We need to get from 'it will be better if *they* do something' to 'it will be better if *we* do something'.

SL: That won't be easy. But there is a fit between the messages in the book and the values of the Foundation. We need to be determined, open and reflective. We need a deep consistency if we are to make this analysis count. We have to resonate with people's own sense of the need for change.

JC: I think that is right. Some people will read it and say, 'Lovely, but it will only happen in some utopia in the future, maybe.' Others will find it so different it will get dismissed as naive rubbish. Then there will be those who want challenge and reform and hopefully this work will embolden them.

SL: And we can lead by example. I see parallels between what is said in the book and our own grant-making. The way we value vulnerability as a precondition for learning, and our drive to be open and reflective. If you are vulnerable you can connect with the helplessness that people in public services are feeling.

JC: Yes, and that translates into a real challenge to the way that we and others use evidence. We need to find evidence that connects. We have been surrounded by evidence that divides. We say, 'My profession (or my service or my programme) is underpinned by evidence, so don't bother me,' despite the fact that any success depends on many people collaborating. We have to find the kind of learning that will help us deliver on the promise of work invested by the 100 or so people involved in this work.

SL: Does this add up to something called *relational philanthropy*, similar to the idea of relational social policy?

JC: Possibly. There are many styles of philanthropy. I am an admirer of the Tudor Trust. They put *trust* at the heart of their approach. Their work is all about relationships and building mutual purpose and power. At the other end of the

spectrum is a philanthropy with a focus on reaching targets, not unlike local authority commissioners. As the book makes clear, there are some challenges that lend themselves to a relational approach, some to an outcomes approach and some a mixture of the two. I would hope that the book will encourage more people to reflect on the nature of the problem they are seeking to address and to find a way of thinking that is appropriate. For some that will mean taking a relational approach. And in our business that could mean relational philanthropy.

SL: I can see how it might change some of our practice. We need to be able to support voluntary organisations in a direct way, much as they directly support the people they are trying to help. We have to respect agency. And we can do much more

to find mutual benefit. We are calling for systems and services to work together, so why can't foundations collaborate more?

JC: We can lead by example for sure. And we can do a lot to make the kind of approaches described in the book better known, and to encourage open discussion and debate so the ideas develop.

SL: There is a potential catalyst for reform here. There is the impetus of 'we cannot go on doing what we are doing because the money is running out', but there is also the spark of attending to the emotional aspects of working in public systems and the connection with civil society. These emotional changes can be the beginning of a new and important body of learning.

Part 6: Relate Without Pity

No porters. No interpreter. No taxi.

*You carried your own burden and very soon
your symptoms of creeping privilege disappeared.*

*– On crossing into the Republic of Conscience from the
1987 poem by Seamus Heaney*

There has been a lot of talk. There is some consensus but there is also plenty of doubt, and for a few, doubt is shading into unease. This conversation has not finished, but now is the time to pause, to take a breath, to see what we have and pull it together. We will try to bring out the primary themes so that others can push and pull at them, try to break them down, replace them where necessary and improve them.

A conventional Inquiry ends with recommendations that ask government, practitioners, researchers, volunteers and citizens to help put right all that has been identified as wrong. But this isn't a conventional Inquiry. We've been listening and reporting on a conversation that is unfinished.

In place of recommendations, we are going to sketch a theory, which we call *relate without pity*. We propose a way of thinking about people facing disadvantage. Although

this Inquiry has focused on young people facing severe and multiple disadvantage, we think that most of what the Inquiry is discovering can also be applied more broadly. The theory aims to predict what kinds of activities undertaken by people in public systems, civil society, families, faith groups, and other voluntary organisations will make inroads against disadvantage. These ideas apply to relationships between helper and helped, relationships among public systems, and relationships between systems and civil society.

If you're reading this as a commissioner of services, a social worker, an officer of a local authority, a researcher, a philanthropist, a leader in the voluntary sector, a good neighbour, or someone who has faced the worst in life and now wants to support others, then there are some ways of thinking that might help to address the questions that keep you awake at night. They might even help you to do more with what you currently have.

6.1 Relate without pity 2

The connection between healthy relationships and good outcomes is at the heart of *relate without pity*. For people facing disadvantage, we believe that the types of connections we have described in this book lead to cognitive change ('it doesn't have to be like this'), and that cognitive change

makes good decisions possible, which in turn leads to better outcomes:

**Better relationships -> Cognitive change ->
Better decisions -> Better outcomes**

Good connections *do* promote better outcomes. This is absolutely clear from the stories of the young people in the Inquiry, for whom standard, measurable outcomes appear to have resulted from 3H-style relationships. These are obvious, easy-to-measure ‘big ticket’ outcomes such as getting and staying housed, getting drug and alcohol use to a manageable level, stopping criminal activity, and improving mental health.

But, especially for people facing disadvantage, it’s rarely clear at the start *which* outcomes will improve or *when* or *how*. In the face of such uncertainty, *relationships are valuable in their own right*. As the first crucial step, it is worth connecting purely for the sake of connection, with few explicit expectations about what will result. When a relationship of trust is in place – one that is satisfying to both parties – then changes may start to emerge.

When a relationship satisfies the ‘Heart’ part of 3H, the effects might include ‘feeling like somebody cares what happens to me’, ‘having somebody I can talk to’ and ‘having somebody

I can turn to in a crisis’. When it also satisfies the ‘Head’ and ‘Hands,’ the effects might include ‘having somebody whose advice I can trust’, ‘knowing where to go for help’ and ‘feeling like I can look ahead to the future.’ These may be enormously valuable to the young people, but don’t count as ‘big ticket’ outcomes in the outcomes paradigm. Moreover, they’re hard to measure and may fluctuate from day to day.

Anybody who has had caring relationships can attest to the deep value of having somebody on your side. But the causal chain that links the basic human value of a helping relationship to cognitive change is long and may involve different intermediate links for each person. And the causal chain that links cognitive change to well-defined, long-term goals likewise stretches off into the distance. Focusing on measurable outcomes makes sense when the causal chain is clear – when it’s well understood *what* activities will produce *which* outcomes, and *when* and *how*. When the causal chain is not clear, it is probably better to focus on the quality of the relationship. It’s better to ‘connect for the sake of connection’.

The majority of people facing the greatest disadvantage are not accessing the public services that are intended to improve outcomes. However, some are connecting to public services that may do them more harm than good. (This might be the case, for instance, when someone who is having a

mental health crisis goes to A&E in the middle of the night and finds no one who is well-equipped to help them.) Many are also disconnected from family, friends and others who might help. Re-connecting an isolated person to society ignites the potential for cognitive change and better decision-making that may, in time, lead to better outcomes.

Relate without pity depends on breaking down shame on the part of the helped and pity on the part of the helper, both of which drive the two apart. Value is placed on relationships that *connect* by displaying a hard empathy and an absence of pity, *disrupt* by creating the context for self-reflection or organisational reflection and a change in mindset, and welcome the *vulnerability* that is necessary for finding shared solutions, breaking down shame and avoiding pity.

Connection, disruption and vulnerability are at the heart of relational social policy. Bringing together people who do not ordinarily meet, getting them to talk about things they might otherwise avoid and being open to innovation will drive reform of public systems, and their relations with civil society. It also lies at the core of one person helping another. A relationship that displays the 3H qualities described by the young people will connect for the sake of connection, disrupt patterns of thinking on the part of both helper and helped, and involve both parties being open to change.

Dozens of examples of activity that have the potential to change the way public systems and civil society relate are included in this book, and we confidently expect that many more innovations will emerge in the coming years. Dozens of people with exceptional abilities to relate to individuals facing huge challenges in their lives have contributed to the Inquiry, and many more exist outside the Inquiry.

Every reform example and every person with relational capabilities is different; there is no template for this work. But every example demonstrates an openness to nurturing participants' *agency*, re-balancing *power* between the parties, building *trust* and finding a shared *truth*. These characteristics, we believe, lead to a rise in *social obligation* and *mutual benefit*. In summary, *relate without pity* encourages people working to reform public systems or directly supporting an individual facing disadvantage to reflect on:

- Whether more can be done to connect, to disrupt, and to nurture a healthy level of mutual vulnerability,
- How their activities can bring back agency, trust, power, truth, social obligation and mutual benefit, and
- To what extent their activities will lead to more connection and better health and human development.

6.2 Tradeoffs among connection, intervention, and outcomes

What are the implications of *relate without pity* for people who want to support those who face severe and multiple disadvantage? We identify four higher-level implications.

First, *relate without pity* demands collective leadership and a readiness, on the part of those who work in and with public systems and voluntary organisations, to move beyond transactional relationships. Such transactions include ‘I the funder will give you money for your idea’, or ‘I the practitioner will provide a solution to your problems’, or ‘I the evaluator will tell you whether your intervention is effective’. Effective leadership means engaging with broader groups of people, listening to and respecting differences of opinion, and finding a collective way forward.

Second, this way of thinking requires a focus on *process* as well as on the *objectives* of connection and outcome. In many cases, how an objective is achieved matters as much as whether the objective is achieved. If people who have backed away from society are re-connected with services, but their agency has been ignored and their sense of powerlessness has been confirmed, the gains will likely be limited. If a service improves outcomes for part of the population but loses the

trust of those helping to achieve the outcomes, the long-term impact will be diminished.

Third, care must be taken with language and definition. Jargon helps specialists talk to each other, but it makes it hard for outsiders – even specialists in other areas – to relate to them. Definitions drawn up by public systems create boundaries between who is included in the definition and who is not. Such boundaries often end up putting a proportion of square people into round holes. Also, some of the terms used in this work are chosen to reflect the users’ concern and pity for the disadvantaged, or to mask what is really going on. The phrase ‘people facing severe and multiple disadvantage’ may be cumbersome, but it aims to respect individuals (they are ‘people’ first; disadvantage comes later) and to tell the truth about what they face.

Fourth, *relate without pity* should also stall society’s rush to intervene. As public systems have taken more responsibility for people in difficulty, so the belief in intervention – in programmes to teach families how to raise their children, in mental health therapies, medical procedures and more – has also grown. However, the evidence that exists suggests that a large number of these are, at best, only slightly useful to the majority, and not useful at all to the minority. Even in medicine, where the advances in intervention have been

greatest, the general practitioner will not know what to do for as many as a quarter of her patients (101).

There is also scope for reflection on the relationship between work to *connect* and work to *intervene*. Is there a trade-off between the two? In many cases it may be difficult to focus on both at once. We suspect that the more a state, a public system or an agency focuses on intervention – by which we mean formal, programmed activities like therapies, assessments, and training – the less it is able to focus on building healthy relationships. Conversely, a system focused on connection may have more difficulty building effective formal interventions. Civil society sits at one end of this spectrum. Here, relationships do not involve much formal intervention. At the other end are bureaucracies that are exclusively focused on the development, delivery, and evaluation of interventions. Here, frontline workers who would like to relate more may end up constrained by the bureaucracy and discover that they have to shoehorn their relational activities into an outcomes model.

There are also a range of ways to combine a focus on *connections* and a focus on *outcomes*, as shown in Table 6.1. Notably, all four of these apply at both the individual and system level.

The first cell contains activities that involve strong relationships but also target long-term, measurable outcomes. A large proportion of the activities in this cell are supported by public systems. Some of the innovations to change how practitioners relate to people who need help, such as Participle's Life Programme, fall into this category. So do initiatives that try to create system-level relationships among those who are responsible for producing short-term outputs and long-term outcomes, such as Alliance Contracting. A mental health treatment programme that pays attention to the value of education, the arts and a strong social network as well as formal therapy fits into this category.

The second cell contains activities that focus primarily on outcomes. Most of this activity is provided or purchased by public systems. Some medical treatments provide good examples. When someone breaks her arm, the technical skill of the physician is more important than the quality of the caring relationship. Some crisis services also fall into this category. As we were reminded by professor Mike Stein, when a young person has attempted suicide or is living in or running away from an exploitative and damaging environment such as sexual abuse or severe neglect, developing an empathetic relationship comes second to their immediate removal from the dangerous situation.

		Connection	
		Strong Focus	Weak Focus
Outcomes	Strong Focus	<p>[1] Activities involve building good relationships and also target long-term outcomes.</p> <p>Examples: Participle’s Life Programme, Alliance Contracting</p>	<p>[2] Activities focus primarily on measurable outcomes and rely less on quality of relationships.</p> <p>Examples: some medical treatments, some crisis services</p>
	Weak Focus	<p>[3] Activities focus primarily on relationships. Little focus on systematic target-setting or outcome measurement.</p> <p>Examples: civil society relationships, collective leadership, co-operative councils</p>	<p>[4] Activities focus on outputs, not on relationships or long-term outcomes.</p> <p>Examples: road maintenance, rubbish collection</p>

Table 6.1. Focusing on connection, outcomes, both, or neither

The third cell contains activities that focus on connection. Many day-to-day relationships fall into this category. The importance of this cell has often been overlooked by social reformers because much of the activity happens ‘under the radar’ in civil society. Connection may lead to better outcomes in the long term, but the focus of activity in these relationships is usually shorter-term, such as lending a caring ear to someone who is having a hard time or helping fill out necessary forms. At a system level, collective leadership and co-operative councils are good examples of initiatives to tip the balance of focus from outcomes to relationships.

The fourth cell contains activities that focus neither on relationships nor on long-term outcomes. Many public services fall into this category, from road maintenance and rubbish collection to issuing drivers' licenses. While these activities may promote long-term outcomes and impacts such as public health and safety, the focus is on immediate outputs.

Note that the boundaries of these cells are blurred rather than sharp. For instance, while some medical treatments work well in the absence of a strong connection between physician and patient, trust between the two will increase the chances of the latter taking his 'meds'. Similarly, civil society relationships sometimes focus on outcomes, however informally, such as helping a young person get to a safe, stable family setting.

Table 6.1 also highlights the importance of *pluralism*. There are many different ways to approach social problems, with different combinations of focus on relationships and outcomes. Funders, planners, practitioners and volunteers may find it helpful to think about which balance is right for their work.

We suspect that some of the failings of public services come from mixing up these categories – such as when voluntary organisations that work to keep families together, draw school

children into extracurricular activities or help ex-prisoners into voluntary activity are asked to estimate an economic return on a commissioner's investment. These are relational activities that are pressed uncomfortably into an outcomes framework. Conversely, when young people are in crisis or danger, 'leaning in' and being slow to intervene may do more harm than good – an example of an outcome-focused activity misinterpreted as relational.

6.3 Implications for us all

With this frame in mind, we turn to the relevance of *relate without pity* to different groups of people trying to make a difference to people's lives. We hope the readers of this book will include commissioners, public policy makers, system leaders, practitioners, philanthropists, civil society leaders, researchers, volunteers and others. Over the next couple of years, we plan to listen again to how people in each group respond to what has been said and to propose some more specific implications for work in each area.

At present, we have more questions and possibilities than firm directions. The arguments will be developed through papers, blogs and events as the conversation continues.

Knowledge

Relate without pity demands new knowledge. This knowledge is critical for everyone who is engaged in this work, and many different types of people will need to contribute to its creation.

There were disagreements among those taking part in the Inquiry about how much we know and do not know about the importance of relationships or relational social policy. But it seems clear that our understanding of how a good relationship ‘gets into the body’ of a person facing multiple challenges is extremely limited. Nor can we say with any confidence who is likely to be good at relating, how people develop good connection skills and what it is that they do (beyond the general ideas about 3H or building a working alliance) that makes a difference.

At the social policy level, there is a lot to learn about the match between need and support, including support provided by public systems. The ‘Three Circles’ findings in Chapter 2 suggest that relatively few young people facing severe and multiple disadvantage get help from high-end services. Conversely, many young people getting help from high-end services are not those most in need. It seems possible that high-end services, as presently offered, are better designed to serve people whose needs are greater than average but

not the most complex. We do not know of any research that extends this analysis to older adults, but it is clear that at all ages, many people struggle to find the help that is appropriate for complex needs.

Social reform

The book started with young people facing severe and multiple disadvantage, but it ends with ideas that apply to many people facing challenges in life. There are things we can do as a society that bear upon our capacity to relate, which in turn will bear upon everyone’s health and development.

For instance, economic inequality may affect patterns of connection. The sociologist Robert Putnam argues that rising income inequality has been accompanied by a decrease in ‘social capital’, the glue of relationships that binds communities together (109). Similarly, political scientist Marty Gilens traces how the increasingly extreme wealth at the very top of the income distribution diminishes the political process (110). If greater income inequality helps the very wealthy gain more political influence, and if their political preferences include cutting back on public goods such as education, health care and public parks, whole communities will lose out. When activists Katherine Zappone and Ann Louise Gilligan from Ireland commented on early drafts of the book, they saw

links with the work of Habermas about restoring democracy in economically developed nations and Freire about using freedom as a tool for educational advancement.

The ideas outlined in these last chapters also lend themselves to public health approaches. Figure 6.1 owes much to our conversations with Harvard University’s Center on the Developing Child. It captures two possibilities. First, relationships that help people to build skills in self-regulation and planning may reduce the incidence of toxic stress in disadvantaged communities. Second, when stress becomes toxic, a 3H relationship has the potential to produce resilience and better-than-expected outcomes (104).

System reform

The findings of the Inquiry have major implications for the reform of public systems. Three examples indicate the scope. First, there is a growing recognition that decisions about how to help people in need should be taken as close as possible to those who may benefit. The devolution of power and money from UK Government to Greater Manchester is one indication of this change, and the conurbation’s search for ways to devolve local power and resources to local people is another.

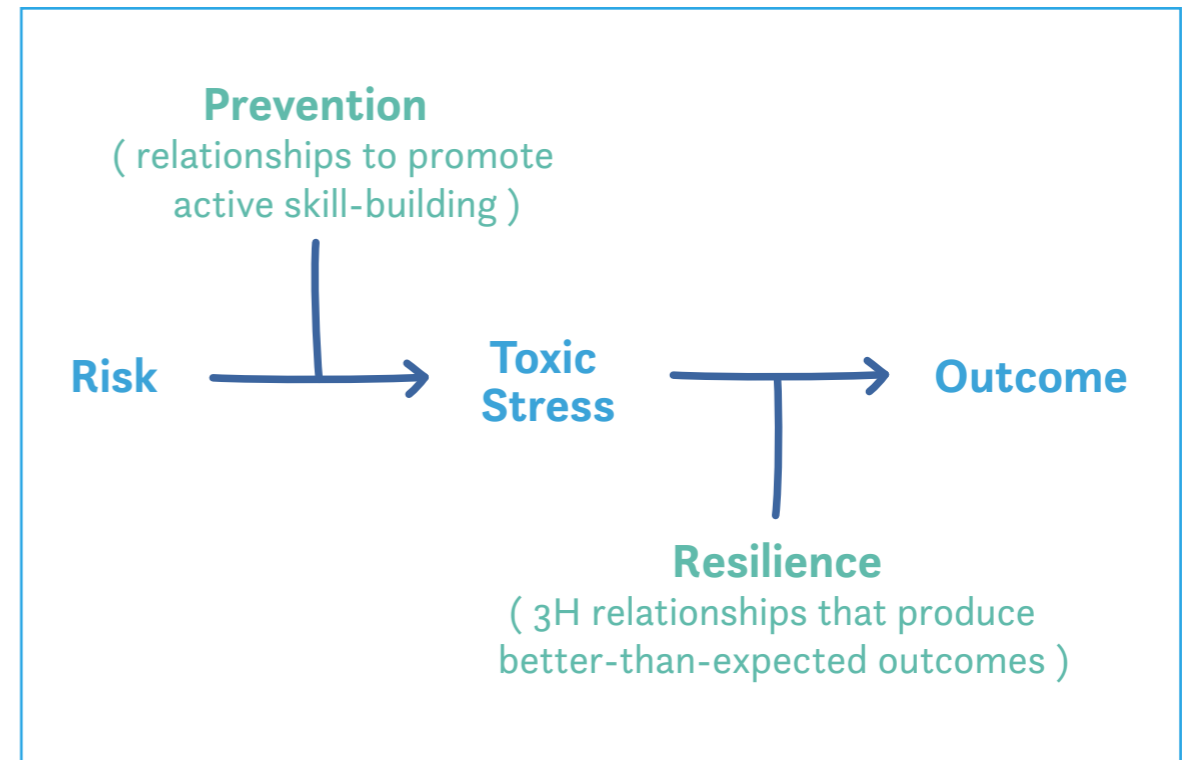


Figure 6.1. A public health approach using relationships to achieve better outcomes

Second, *relate without pity* calls for rethinking the ‘workforce.’ Who should be asked to engage with people facing significant challenges in their lives? Questions include whether they should be employed or volunteers; whether they need training, and if so, what type of training; and whether they should be available for people to come to them or go to where people in need are. The answers to many of these questions are likely to be ‘both’ rather than ‘either/or.’ There is almost certainly no single ‘best’ type of worker. But some models may be more appropriate in some situations than others.

Third, systems depend on definitions. Members of the Inquiry who came to Windsor Castle created Table 6.2, which shows the differences between looking at social need through the *relate without pity* lens and a traditional system lens that uses the outcomes paradigm. There are implications for who gets support, for how long, and with what impact. Once again, a plurality of approach is advocated. *Relate without pity* will work in some circumstances; the outcome paradigm in others.

Practice

System reform is felt not only by people using publicly funded services but also by practitioners, social workers, teachers, youth workers, doctors and others. Two illustrations demonstrate the breadth of the potential of *relate without pity*.

First, the outcomes paradigm has urged practice towards activities that achieve stated objectives. A relational approach will recover the value placed in the broader set of skills that connect a practitioner to the people she serves. When writer John Berger observed the country doctor John Sassall over several months in the 1960s, he described him as a ‘universal man’, a technically skilled person who actively sought to empathise with patients from all walks of life (106). Relationship skills are particularly appropriate in the context of work with people whose needs don’t fit what the service

typically provides, as when someone with marital difficulties asks her doctor for advice, a young person confesses an addiction to a teacher, or an alcoholic owns up to his counsellor an ability to draw. As Berger pointed out, as much as a fifth of a community doctor’s time was taken up with matters that the NHS did not consider to be medical.

Abilities to encourage agency, build trust, share power, be truthful, recover social obligation and deliver mutual benefit are all aspects of this set of skills. They depend on the personal abilities of the practitioner as much as the range of interventions in her tool bag. The practitioner who does these things is a ‘public servant’ in the true sense of the term.

The second example of impact on practitioners is in the addressing of their fear. The outcome paradigm has fostered a sense of certainty: experts in practice should know what counts as a risk, what kinds of interventions reduce risks, and how to measure the effect of the intervention. It doesn’t seem professional to admit to being unsure. Many practitioners harbor (and sometimes hide) huge amounts of fear and anxiety about aspects of their work. When it is shared, this distress connects, as in the case example of the Schwartz Rounds, which bring together doctors, nurses, cleaners and other staff in a hospital to reflect on things that keep them awake at night.

Table 6.2. How *relate without pity* and the outcomes paradigm answer system questions

Relate without Pity	The System Question	Outcomes Paradigm
Helped and helper	Who defines	Legal threshold
Relationships that produce cognitive change	Nature of help	Interventions that interrupt risk chains
When a relationship starts When a relationship ends	Start / stop triggers	When threshold is met When threshold is no longer met
The people in a relationship, both helper and helped	Who benefits	The client
General, modest, subjective Quality of life as understood by the helped Promotion of the positive	Impact	Specific, significant, objective Outputs that matter to systems Absence of the negative
Volume of people connected	What system success looks like	Human development outcomes at population level
Independent consumer satisfaction	How to measure success	Independent experimental evaluation and systematic reviews

Civil society (the voluntary sector)

There are major implications of *relate without pity* for civil society, including three that may be particularly important to voluntary organisations.

First, the voluntary sector might lead the way in changing the way that one citizen engages with another who is facing challenges in life. It is commonly acknowledged that there is much untapped capacity in every community.

Second, the nature of the connection between the voluntary sector, citizens who want help and public systems could change. At present, these relationships are primarily financial and transactional and so they unleash the debilitating forces of pity.

Third, there is considerable potential to develop the role of the voluntary sector as an intermediary between people and public systems, a role that should be more active and ready to air uncomfortable opinions.

Philanthropy

Philanthropy has become a strong advocate for the outcomes paradigm. Many foundations have embraced logic

models and clearly specified outputs as a way to promote the biggest returns on their limited funds, since even the largest foundations' budgets are tiny compared to those of governments. They have sought to move beyond charitable good intentions to measurable results.

However, the outcomes paradigm, which started as a radical alternative, has become orthodox. Like all orthodoxies, it is sometimes too rigidly applied. It is reasonable to ask if philanthropy should be doing as much to disrupt as to maintain the consensus. Perhaps a 'relational philanthropy' can be developed.

The papers that follow the book will include implications for the commissioners who buy public services. Some of the implications that are appropriate for them will also be relevant to philanthropy, such as the unhelpful focus on winners and losers, the support for evaluations that are rarely read, and the power imbalance between buyer and supplier or foundation and grantee.

Relatively little philanthropy is focused on connecting for the sake of connection – whether supporting organisations that help people facing disadvantage, or promoting the reform of public systems that have become disconnected from each other and the communities they seek to support. Investment in

connection demands a different evidence base, an alternative network of advisors, new evaluation techniques and possibly a different tool bag for the grant maker.

Research

Research organisations may also find that traditional thinking based on risk and protective factors is not well-suited to research on relational topics. A large portion of research about people facing disadvantage is based on risk and protective factors – the characteristics or events that make good outcomes less or more likely. (For instance, a mother’s depression is a risk factor for her child’s behaviour problems. Having caring relationships with adults is a protective factor.) This type of research has pointed toward opportunities for prevention and early intervention. But risk and protective factors typically explain less than a third of the variance in human health and development.

There are several promising alternative approaches that have not been fully explored in previous research. Here, we suggest three. First, the concept of resilience helps to explain some why people exposed to risks end up with better-than-expected outcomes. Strong relationships consistently show up as important in studies of resilience. Second, research on social dynamics focuses not on risk but on context, on the

way people’s behaviour is influenced by the people and social structures surrounding them. For instance, Amelia Kohm uses such an approach to explain why good people do bad things (107). Third, public health approaches might help to provide a way to think about improving relational capabilities for whole populations.

The research community can also help to re-think the outputs and outcomes that are the focus of research and policy. Researchers are also well-placed to take a long-range view and to shift the focus of public systems beyond outputs towards outcomes and ultimately to impact at a population level.

They may also be able to make their work more useful by collaborating with people who will be affected by policy to discover what desired outcomes really make the most sense. By measuring what John Kania calls ‘collective impact’, public systems and civil society move into shared endeavour and away from the unhelpful competition that often follows from a narrow focus on outputs (108).

It became clear during the Inquiry that a narrow focus on ‘what works’ is depriving public systems, the voluntary sector and philanthropy of alternative information that can help them do a better job. At its simplest level, information on the

effectiveness of an intervention should be supplemented with consumer ratings. If people don't like a programme, they won't use it. And if they don't use it, the programme's overall value will be limited. More data is needed on how people get to the help they need, what stops good practitioners from doing a good job, what are the qualities of the people who relate best, and how people acquire these qualities.

Summary

More detailed, concrete recommendations will emerge as the conversation develops. But in summary, the implications to date for public systems include:

- Intervene less
- Connect more
- Devolve
- Share accountability between public systems and civil society
- Lead collectively and recognise that impact is collective

- Accept that much is still unknown, learn more, and apply the learning
- Be flexible but rigorous in the application of science and evidence.

6.4 Conclusion

The book reports on a conversation, on what was said during a series of conferences, seminars, meetings, and interviews, as well as what we saw in books, articles, websites and videos. The focus has been on points of broad consensus. In so doing much is left unsaid or under-said. In addition, as we have tried to communicate the discussion clearly, some rich ideas have been given short shrift.

There is hardly anything in the book on poverty and inequality. We did not come across anyone facing severe and multiple disadvantage who was not poor. We saw many examples of unequal access to services. Inequality itself is a relational concept. People who are rich are disconnected from people who are poor, to the detriment of both. There is consensus that poverty and inequality matter, but less agreement about how to address the challenges.

The broad interest of participants in relationships and agency meant that less time was devoted to other risks such as bereavement, which was frequently part of the experiences of the young people we talked with. If the whole process were repeated, the conversation might have developed differently, and perhaps the book would be talking more about the devastating impact of death of a loved one.

This book is the result of an Inquiry. It is not a typical research project. Nonetheless, it follows a method, described in an appendix. The strengths of a method are also its weaknesses. This work tells us a lot about the people we involved in the conversation – mainly commissioners, philanthropists, practitioners and people who have faced all that life can throw at them. These were people who believe this work can be done better. It doesn't include people who don't have an appetite for change. It doesn't include people who have not been able to face down disadvantage. There are other voices with other opinions, other stories, and other solutions.

In looking for the points of connection in what people said we have given less space to discordant views. We hope, as the conversation continues, to encourage those who to disagree to speak strongly.

This potential for a richer conversation is indicated by the small group of young people who commented at the end of each section of the book. There is much they like. But they also see many opportunities. For example, they said, 'It isn't only relationships that create the context for a change of mindset. There are other jolts in life – such as a new place, a family loss or the sudden realisations that occur in the process of growing up – that make a difference.' They talked eloquently about the value of organisations like Kids Company that don't fit with public systems, but that provide a space for young people who are also swimming out of the mainstream. They say that, from their perspective, most of the effective relating is taking place in civil society, not in the context of public systems.

In the next few years the LankellyChase Foundation and Dartington will continue to collaborate to provide spaces for these voices to develop and challenge.

But for the moment, and in the spirit of the Inquiry, we leave the last word to the young people. As well as commenting on each section, they said a few words about the book as a whole. 'It shows', they said, 'that we, the little people, can change something. It has created a ball of motivation.'

Institute for Public Policy Research (IPPR): Many to Many

The leading think tank IPPR completed their proposition for the reconfiguration of public services just as the Inquiry's work was coming to a conclusion. Their report *Many to Many* calls for better connection of services and deepening of relationships between people who ask for help and those who offer it. *Connect* and *deepen* sit at the heart of IPPR's idea of relational social policy.

Many to Many is part of a chorus of calls for Whitehall to devolve power to local authorities and health authorities, and for local government to cede power to civil society organisations.

New mechanisms that allow systems such as housing, health and social care to pool funds and then invest in cross-agency

innovation are proposed for the *deeper* part of the equation. Greater support for institutions around which civil society is built and places where local people can come together to solve local problems are proposed for the *connect* part of the equation.

Among the challenges to relational social policy identified by IPPR is a reluctance on the part of politicians and system leaders to give up power and control over resources.

[ippr.org/assets/media/images/
media/files/publication/
2014/02/Many-to-many_Feb2014_11865.pdf](http://ippr.org/assets/media/images/media/files/publication/2014/02/Many-to-many_Feb2014_11865.pdf)

Open Works

Civic Systems Lab is focused on building civil society, or what they call ‘collective society’, where each member plays an active role in re-shaping how people live. Their work is citizen-led, building on methods that have changed the way we grow, sell, make, and eat food outside of the existing consumer-oriented economic systems.

Open Works is one of the Lab’s innovations. It operates in West Norwood in the London Borough of Lambeth. It is a space where local people can come with their own ideas or to join people working on existing projects. Open Works creates the context and, if needed, seeds the training and support to get an idea moving.

Civic Systems Lab facilitates prototypes like Open Works around the country, including the Open Hub in Dudley, The Common Room in Norwich, The Open Institute in London, The Library Lab in Brent and Trading Spaces in Sidcup.

civicsystemslab.org/about

Wandsworth Community Empowerment Network

An independent charity led by local people, the Network was established as part of a London-wide initiative to reduce the poverty gap in the borough. The Network links communities, voluntary organisations and faith groups to help them better use the skills and knowledge of local people, make services more accessible and to share knowledge, resources, and responsibility. The long-term goal is a smarter civil society.

The Network has built up strong expertise in working with diverse communities and connecting public agencies with local communities. The work has led to innovation in cardio-vascular health, dementia, and enabling community organisations to deliver psychological therapies.

spaa.info

Schwartz Rounds

Schwartz Rounds are an invention of the Schwartz Center for Compassionate Healthcare in Boston, USA. They offer an opportunity comprising a lunch, a short presentation and an hour of moderated discussion, at which staff come together and reflect on the emotional aspects of their work.

Jason Strellitz, a public health consultant contributing to the Inquiry, described participating in a Schwartz Round discussion about the impact of having a defibrillator, an instrument for saving lives in acute situations, in the hospital where he worked. The Point of Care Foundation, which delivers Schwartz Rounds for the NHS in England, has a video of staff reflecting on how they might have better responded to a family member wanting to record by camera the last moments of her mother's life.

Over 300 US and 100 English health care organisations are now using the 'Rounds', and there is an evaluation underway to estimate impact on individual staff, teams, parents and organisational culture.

pointofcarefoundation.org.uk/Blog/12/How-Schwartz-Center-Rounds-can-help-maintain-staff-wellbeing-and-quality-of-patient-care

OnePlusOne's Relational Capability Framework

Over 40 years of research and innovation have placed the charity OnePlusOne at the forefront of understanding the kinds of relationships that make a positive difference to people's lives.

The idea of relational capability lies at the heart of the work. They believe that each person has the potential to enhance their ability to establish and sustain nurturing relationships.

Their relational capability framework encapsulates what people bring to relationships: their relational skills, beliefs, and behaviours. It combines the quality of human interactions (what they call 'internal relational capability') with 'relational opportunity' (the way life circumstances hinder or enhance individuals' potential to engage in healthy relationships). It is about what it takes to make and maintain cohesive and harmonious relationships.

OnePlusOne does much to apply these ideas in practice. They train front-line practitioners in building relational capability.

They provide online interventions, including behaviour management training, to strengthen couple and family relationships. They support separated parents to manage their interactions in ways that promote the well-being of their children. The sum is an understanding of how to help people to improve their relational experiences step-by-step.

The next stage for OnePlusOne is to understand how their work to improve one-to-one relationships can change the way public systems interact. They are starting their work with the idea of overcoming system barriers to healthy relationships in early years services, but aim to extend their thinking to what relationally capable schools or neighbourhoods might look like. Much of this work will be captured in a new publication due out in 2016 that will form part of a conversation to be continued after the Inquiry has been concluded.

oneplusone.org.uk

Methodology

This book has been written by researchers. Most things we write are based on the standard tools of science, such as surveys, randomised trials, in-depth interviews, and close examination of academic literature. Some of these methods appear in the book, but the process is not one that would be recognised by most research centres.

The work is rooted in an approach called Common Language. It has been used by Dartington to apply research to policy and practice. It pays attention to the verbs, adjectives and nouns used by different groups of people with a stake in children's lives and draws out the common meaning. Currently, it is used in Dartington's place-based work, bringing together people from public systems and local communities to share accountability for children's well-being. In the past, we have also used it to help foundations such as the Atlantic Philanthropies to develop radical investment strategies, and, as in our engagement with the Bill and Melinda Gates Foundation, to figure out a shared understanding of a common challenge.

Common Language has two core components. First, it depends on bringing together people who would not otherwise meet

and getting them to talk about things they might otherwise avoid. In this Inquiry, over 100 people, whose names are listed at the end of this book, came together in different gatherings, big convenings like Cumberland Lodge, small meetings like the one at the LankellyChase Foundation at which John Drew asked a question that changed the course of the work, as well as video calls.

Second, as we facilitate meetings we are trained to listen very carefully to what people are saying. We are waiting to tune into ideas, like backing away, shame, and pity, that are fundamental to the human condition or to health and development. As more people speak and ideas accumulate, we try to connect them in a story, asking those gathered if the account reflects what has been said.

When the same words mean different things to different people, they disconnect. When ideas are formed and developed by a collective, they connect. This is what we mean by common language.

To inform the initial meetings, we interviewed 36 young people at seven organisations in England and Scotland. All had faced

severe and multiple disadvantage. We also interviewed five adults who have been through a lifetime of disadvantage to understand young people's disadvantage in the context of other generations.

We interviewed first in groups, and then some individually. We also showed short film clips that portrayed people dealing with major life crises, such as *The Blind Side*, about a young woman dealing with problems at home, low confidence, and learning difficulties, whose life turns on meeting a teacher in a special education unit. Then we used open-ended questions to ask the young people how they would think, feel, and act in the depicted situation. This interviewing method was designed to help us gain insight into sensitive experiences by asking our interviewees to respond to a less threatening hypothetical scenario rather than asking them directly about their own experiences.

These interviews also gave us the opportunity to form relationships with the young people who were to participate in the convenings. They came to the convenings with their workers for support, but by then we also knew them well. The relationships with young people helped to change their role during the Inquiry from interviewees to collaborators in the work.

We used interviews with 16 experts in the field to get started, and many of them were also invited to join the meetings. They suggested things we might read, websites we might visit, films we should watch and other people we might talk to. Each of the references in the book has come not from a systematic review of the literature but from one of the Inquiry's participants suggesting it could be helpful.

As the ideas began to take on some coherence, we wrote them down and shared drafts with about half of the overall group. Our litmus test was whether the emerging story was commonly understood, and whether readers felt it to be true, that there was consensus. Agreement was greater in the early stages (about one-to-one relationships) than in the latter stages (about system-to-system relationships), but we think there is broad support for what is written in the book and just one person who strongly disagrees.

The work was funded by the LankellyChase Foundation and we have been fortunate in their willingness to take risks with this method and the emerging ideas. They had two requests of the Inquiry at the outset, both of which we would like to think we fulfilled. The first was the focus on system reform; and the second was the strong engagement with young people who had faced severe and multiple disadvantage.

Weaknesses and mistakes

No method is perfect, and we are not infallible. To some extent, the strengths of what we did also indicate its weaknesses.

It is reasonable to ask whether we had the right people ‘in the room’. Contributors to the Inquiry included a lot of young people and some older people who have faced severe and multiple disadvantage, but none who are facing it now. We met young people via voluntary organisations known to Dartington or LankellyChase, and we have more relationships with organisations that excel than those that struggle. And the organisations we reached tended to introduce us to young people who were doing well, and only rarely to young people who were struggling. By the same token, there is no representation of young people, probably the majority of those living in extreme difficulty, who are not known to public services.

Similar questions might be asked about the adults. The focus on system reform meant strong representation of system leaders and commissioners of services, as well as people from the voluntary sector. There were few people from the rest of civil society, perhaps reflecting how long it took us to realise that it is also part of system reform.

Looking back now on what has been written, we wonder whether we listened as carefully as we might. Very little is said about economic inequality, yet more or less everyone involved in this work recognises that inequality is a core part of the story. Perhaps people feel that reducing inequality is beyond reach in the current political climate. We worry also about our lack of attention to bereavement, which seems to be a part of nearly every young person’s story we heard.

We made a lot of mistakes along the way. The use of film clips was a mechanism to get young people to talk about human encounters with extreme disadvantage and not to feel compelled to talk about their own stories. But this is a fine line to tread, and there were times when young people felt exposed by the emotions dredged up by the conversations. And, with the benefit of hindsight, we included some young people who were not fully prepared for the long, deep and rigorous discussions that took place.

We reflect also on whether we ended the Inquiry at the right time. After the second convening at which the formulation about helper-helped relationships was locked down, there was a lot of consensus. The decision to extend the conversation into relational social policy was right, we believe, but consensus was much harder to achieve, as evidenced by the more

fragmented discussions at the third convening. Maybe we should have held a fourth large meeting to discuss the final formulation, but we worried it would lead to new steps that couldn't be captured in a single publication.

In the end, you, the reader, will judge the extent to which we got it right. The best test is the extent to which the conversation that starts here develops into good research, real innovation and system reform.

Engagement

The LankellyChase Foundation asked for strong engagement with young people who had faced severe and multiple disadvantage, something that is a routine part of Dartington's work. More or less every Dartington project involves engagement with people under age 25, but the engagement might be limited to filling in a questionnaire. Here, we saw also an opportunity to push the limits of our idea of engagement.

By the end of the Inquiry it was evident that a primary purpose of engagement was to disrupt fixed ways of thinking by making connections. This involved encouraging people to be open and honest, and to think outside of the constraints that are imposed by the day job. Maybe this is not so different from the language we use in the book, of promoting vulnerability,

recovering agency, trust, power, and so on. At the beginning, however, this was not so clear. There are lots of guides about how to engage young people who have direct experience of disadvantage, but they tend to be practical, such as finding the right kind of space and providing appropriate support. They say less about the principles, purpose and limitations of engagement.

Three ideas, one from research and two from application of research, guided our thinking: representativeness, accountability and agency. There are trade-offs between and within each of these ideas.

In research, a frequent goal is to study people who are representative of the population under scrutiny. In longitudinal or epidemiological studies, this might involve talking to thousands. Working at such volume means limiting engagement of young people to the provision of information. The most they will get back is a summary of the findings.

The Inquiry engaged a small number of young people who might be representative of people who had come through extreme adversity, were in contact with a voluntary organisation or public system involved in the Inquiry, and wanted to participate. This means that many young people

facing severe and multiple disadvantage or not connected to voluntary organisations were not represented.

Accountability for the final product was shared among the organisations at its helm and the 100 or more people taking part, young people included. This is in marked contrast to most research studies, where accountability for the final work rests squarely with the principal investigator, whose prime responsibility is to report a truth that is verifiable.

In the Inquiry, an attempt was made to balance the young peoples' views with those of the other experts. In reality, because they were more available, and to a certain extent because what they said seemed fresh and uncluttered to those of us who are used to the orthodoxies of public systems, the young people probably had more of a say. A great deal of effort was taken to enable the agency of young people taking part. They participated as much or as little as they wanted, and said anything they wanted to say. The net result was an engagement that was representative

of young people who had faced down severe and multiple disadvantage, were known to a support agency and felt sufficiently confident to participate. They enjoyed a limited amount of accountability for the final product, although probably more so than in most analogous types of work. They had strong agency and, for a few, the confidence they gained as a result of the Inquiry led to them making significant contributions to other efforts to improve human development.

Conclusion

This is not typical research, but there is method. There is rigour. Our experience has taught us that understanding about how to do this type of work, analogous to but different from straight research, is underdeveloped. We hope that one result of the Inquiry will be more people interested in sharing ideas and helping others involved in similar, future endeavours.

Acknowledgements and Participants

This work reflects the endeavours of many. Julian Corner and Cathy Stancer, from the LankellyChase Foundation, paved the way for an open-ended, non-transactional relationship with the research team. Dan Vale, also from the LankellyChase Foundation, made a significant impact on the design of the work with his creativity and wide-ranging approach to knowledge. Each of the 100 or so participants listed below made a difference to the work, and some radically altered its course, particularly but not only Alan Latham, Carol Hamlett, Sue Shelley, Joe Keatley, John Drew, Asha Ali, Linford Superville, Peter Wilson, Naomi Eisenstadt and Hilary Cottam. The finishing line could not have been crossed without help from Luca Picardi, James Jessiman, Joe Mortimer, Theo Nunn, Phoebe Halstead, and Fiona Mowbray. In addition, a huge debt of gratitude is owed to the teams at LankellyChase and Dartington. The connections with young people would not have been possible without the time and patience of staff at Local Solutions, St Basils, Kids Company, Family Action, London Borough of Ealing, Up-2-Us, and Together Women. The team at Transforming Choice in Liverpool consistently challenged preconceptions about disadvantage and its remedies. In the fortnight before the book was complete, former Dartington Director and our mentor Spencer Millham died. He fulminated against the early drafts as no doubt he would fulminate against the final products had he lived to see them. But he welcomed the

endeavour, the passion for system change and the preparedness to stand against the tide of orthodoxy. His example constantly reminds us to work to improve on these words and to turn them into something tangible for young people.

Rebeca Sandu and Michael Little, 23rd of June 2015

The following people took some part in the conversations that led to the book. This list includes the names of young people who gave us permission to include them in the list. There are also 16 young people who opted to keep their anonymity or who were no longer supported by the voluntary organisations who made the initial contact with the Inquiry.

Aaron, Alan, Abi Carter, Alexandra Wigzell, Alice Evans, Andrew, Andrew Bruun, Andy, Andy Furlog, Andy Wiener, Angela Morgan, Ann Louise Gilligan, Asha Ali, Badda, Balbir Chatrik, Bethia McNeil, Billy, Camila Batmanghelidjh, Carol Hamlett, Charlie Howard, Chris Spencer, Christian Jones, Chris Wright, Claire Holt, Clare Chamberlain, Cliffy, Colin Glover, Dan Vale, David Doke, David Ellis, Debbie Cooke, Debbie Pippard, Debra Nelson, Deepti Vijay Patel, Dionne Usherwood, Dom Jones, Dominic Williamson, Emma Crick, Emma Jones, Enver Solomon, Esinam, Flo, Francesca Diamond, Gavin, George Hosking,

Habiba Nabatu, Helen Denyer, Helen Price, Helen Sharp, Hilary Cottam, Howard Sinclair, Iain MacRitchie, Jason Strelitz, Jean Templeton, Jeredyne Mingo, Joe Keatley, Joe Mortimer, John Bynner, John Drew, Jonathan Tait, Jose Chambers, Joyce Moseley, Julian Corner, Julliet Hillier, Kate Mulley, Kate Tobin, Kate Stanley, Katherine Zappone, Katy Ball, Kevan Collins, Koulla Yiasouma, Lars Benjaminsen, Leon Feinstein, Lianne Harding, Linford Superville, Lisa Harker, Lisa Reed, Lorraine Goude, Lorraine Khan, Louise Casey, Luca Picardi, Maddy Halliday, Malcolm Hill, Marcella Phelan, Mark, Marion Janner, Mat Ilic, Maureen Spratt, Maz, Mie Carstensen, Mike Ashton, Mike Stein, Moira Gibb, Naomi Eisenstadt, Naomi Hulston, Natalie, Nat Defriend, Neal Halfon, Neal Hazel, Nick Axford, Nicola, Nina Biehal, Olive Arens, Paul Perkins, Paula Goering, Peter Latchford, Peter Wilson, Rhian Beynon, Richard Graham, Ritchie, Robert MacDonald, Roger Bullock, Rokaiya Khan, Roy Parker, Sarah Brown, Sarah Carson, Sean Mahoney, Shawn, Shemilee, Shivangee Patel, Sophia, Stephen, Steve Buckerfield, Steve Cohen, Sue Shelley, Sue Wald, Susanne Rauprich, Suzanne Fitzpatrick, Suzi Leather, Tessy Britton, Trevor Spratt,

Vicky Stergiopoulos, Victor Adebawale, Wade Wallace, Yvonne Roberts.

The conversation will continue with the support of the LankellyChase Foundation and the Dartington Social Research Unit. A space for comment and to communicate new ideas has been established at:

www.dartington.org.uk/relatewithoutpity

There will be a series of events to showcase emerging research about the power of effective relationships and relational social policy beginning in the autumn of 2015. These will include an examination of the history of severe and multiple disadvantage and its policy consequences; a more refined analysis of the contribution of relationships to human development outcomes; a think piece on the potential to apply the ideas to the devolution of powers from Whitehall to local government and from local government to civil society; an analysis of the consequences for design and evaluation of public services; and the showcasing of emerging ideas such as those being prepared by Participle and OnePlusOne.

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We have tried to keep this book relatively free of footnotes, but we are indebted to the findings and ideas of many other researchers and writers. To help readers who would like to know more about a particular topic, references in this section are grouped by theme under the chapter to which they are most important.

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