

Breakthrough Britain: 188 Policy Recommendations

Volume 1 (Family Breakdown): 29 Policy recommendations

Our proposals do not promote marriage at the expense of single parents but include many measures intended to support people in all types of families, for example by better integrating them into the communities of which they are a part.

To deliver greater family well-being and improve mental health we recommend:

1. Family Services Hubs with an enhanced role for health visitors: Facilities at the heart of communities to enhance current, community based service provision, a greater degree of integration of services to maximise efficiency and coordination of professionals and voluntary sector providers. (See Section 1.1)

2 Enhanced support and training for professional system changes to the child and family workforce (such as direct access to mental health professionals for young children, tiered access to family services, common inter-agency training and application of a coherent model of family support) to enhance effectiveness. (Section 1.0)

To roll out relationship education across the nation we recommend:

3. A national relationship and parenting education ‘invitation’ scheme for couples and parents at key life stages (Section 2.2)

4. A new Marriage and Relationships Institute (MRI) to act as champion and administrator of a major series of preventative initiatives, most notably the ‘invitation’ schemes, and commissioner of a major research programme into what makes marriages and families work. (Section 2.1)

5. Relationship education in schools: PSHE curriculum changes to provide a specific opportunity to learn about, explore and discuss the nature of marriage, family and relationships, with the voluntary sector strongly encouraged to deliver many of these resources. (Section 2.3)

To support families with disabilities we recommend:

6. Creative ways for delivering more respite care: Financial assistance for paying relatives and trusted friends (albeit at a lower rate). (Section 3.0)

7. Simplified access to disability support/services through specialised Family Services Hubs such as mobile clinics: These would act as one-stop shops, providing or signposting to services so that the disability support system is simpler to navigate and families can more easily access the help they need (Section 3.2)

8. Creation of a new compact between local authorities and the disability community: A new relationship between local authorities and the disability community that draws on the latter’s experience and the expertise of user-led voluntary sector services with councils more accountable for services they provide. (Section 3.3)

In reforming the welfare system to support the family we recommend:

9. An increase in Carer's Allowance and in the level of allowable extra earnings with a subsequent taper applied instead of immediate loss of all benefit. UK's Carer's Allowance is very low compared to other EU countries (last year Ireland greatly increased its Carers Allowance to £135 for one person being cared for and £200 for two people). (Section 4.1)
10. A reduction in the couple penalty by enhancing the couple element in Working Tax Credit such that all couples receive the same ratio of support to lone parents as they currently get in Income Support (taking into account the additional adult). (Section 4.2)
11. A transferable tax allowance for all married couples (costing £3.2bn and giving £20 a week to those making use of it). (Section 4.3)
12. Front-loaded child benefit (and future consideration of home care allowances: Making child benefit flexible so that a larger proportion of the child's total entitlement would be available during the first three years when parents most want to spend time caring for their children and when attachment and intensive nurture are most important (recommended by Frank Field MP). (Section 4.4)

To create genuine choice for families in the area of paid work and childcare we recommend:

13. A reduction in the current bias in the tax credit system against informal care by allowing the use of childcare tax credit to pay un-registered close relatives (albeit at a lower rate) to reflect parents' preferences. (Section 5.1)
14. Targeted assistance for parents who currently struggle to nurture their children such as by offering therapeutic counselling (especially through community-based, voluntary sector providers) for carers and their babies within the first two years of the baby's life rather than steering them towards local authority childcare. (Section 5.2)
15. Removal of the bias towards state-provided childcare. (Section 5.3)
16. Easing of current childcare disadvantages for disabled children. A higher rate of childcare tax credit to be available to pay for specialist services and higher staff ratio care. Local authorities to take active steps to encourage greater provision eg. by providing subsidised training for private, voluntary and independent nurseries. (Section 5.5)

To support and facilitate cohesive families post-separation we recommend:

17. Judges be specifically encouraged to reinforce the importance of contact arrangements. (Section 6.1)
18. No exemptions for child maintenance applied to non-resident parents who are full-time students or whose income is less than £7 per week. (Section 6.2)
19. Information and services to prevent subsequent breakdown: A restyled Child Support Agency should signpost people to information and services (eg. to Family Services Hubs) which can ensure that their future relationships stand a higher chance of success. (Section 6.3)
20. Improved access to justice to separating couples. (Section 6.4)

21. A review of family law conducted by a dedicated independent commission. (Section 7)

To ensure that family-centred policies are at the heart of local and national government we recommend:

22. Cabinet-level political representation for the family. (Section 8.1)

23. Reinstatement of the use of ‘marital status’ in government forms and statements. (Section 8.2)

24. The compilation of local data on social cohesion (Section 8.3)

25. Robust local government support of relationship and parenting education. (Section 8.4)

26. Investigation of the extension or pioneering of right-to-buy, rent-to-own and shared equity schemes to create asset-owning families. (Section 8.5)

27. Reform of the current system of housing benefit: Simplification of the system (which could move from being arrears-based to credit-based), and greater reliance on outreach workers to make new methods user-friendly for vulnerable families. (Section 8.5)

28 Introduction of flexibility into secured tenure in social housing. (Section 8.5)

29. A commitment to increasing ‘supported housing’ projects: Vulnerable families are often unable to manage households. Targeted support which helps them move towards self-sufficiency is an investment that repays itself many times over in terms of saved costs for failed tenancy eg. hospitalisation, resettlement, addiction treatment. (Section 8.5)

Volume 2 (Economic Dependency and Worklessness): 12 Policy Recommendations

1. People in receipt of Jobseekers Allowance must be actively seeking or preparing for work on a full-time basis, and this condition must be enforced. (See Section 2.4.2)

2. People with disabilities or long-term health conditions but capable of work must actively seek or prepare for work for a minimum of 5 or 20 hours a week depending on the individual’s capacity for work. (See Section 2.4.2)

3. Lone parents must actively seek or prepare for work for 20 hours a week when their youngest child reaches five and full-time (30 hours while their children are of school age) when their youngest child reaches 11. While their youngest child is below the age of 5 they must spend 5-10 hours a week preparing for work. (See Section 2.4.2)

4. Welfare-to-work support must be based on an accurate assessment of the needs of the individual claimant, and programmes must be personalised, localised and comprehensive. (See Section 3.4.1)

5. Support must continue for a minimum of 12 months once the client is in-work to ensure that claimants are being moved from benefits into sustainable long-term employment. (See Section 3.4.1)

6. Welfare-to-work services for claimants who need intensive and customised support should be delivered by best performing private and third sector organisations. (See Section 3.4.2)
7. The Government should pilot the devolution of decision-making, funding and contracting of welfare-to-work services to local employment consortia. (See Section 3.4.2)
8. Payment of providers should be primarily results-based, and there should be a tiered system of payments based on the complexity of the client's case (the time and resources required to move them from welfare to work). (See Section 3.4.2)
9. A Centre for Social Justice Commission should review (1) the phasing in of a unified out-of-work benefit for those who can work and (2) the tax credits and Housing Benefit system to increase work incentives and eliminate poverty traps. (See Section 4.3)
10. Parents to have the option of the front-loading of child benefit when their child is three or under. (See Section 4.2.4)
11. Reduce the couple penalty in the benefits system. (See Section 4.2.4)
12. State assistance for those who truly cannot work - including severely disabled people and full-time carers – to ensure a decent standard of living. See Section 4.2.1 Fair level of support for those who truly cannot work

Volume 3(Educational Failure): 30 policy recommendations

To ensure “Every Parent Matters” we recommend:

- 1) Introduce compulsory home-school charters to underline parental responsibilities (See Section 4.1.2)
- 2) Develop “Be a credit to your child” courses to boost parental involvement in school (See Section 4.1.3)
- 3) Employ home-school support champions in disadvantaged primary schools to support families (Section 4.1.4)
- 4) Using the third sector the build bridges between families and schools (Section 4.1.4)
- 5) Introduce £500 education credits for disadvantaged children (Section 4.1.5)

To improve the educational outcomes of looked after children we recommend:

- 6) The role of the ‘corporate parent’ for looked after children to be more clearly defined (Section 4.1.6)
- 7) A unified plan to be developed for each looked after child (Section 4.1.6)
- 8) Better professional training for the ‘corporate parent’ and improved monitoring of outcomes of looked after children (Section 4.1.6)
- 9) Government to more effectively co-ordinate services for looked after children and be held accountable (Section 4.1.6)

To improve leadership in challenging schools we recommend:

- 10) Give heads more powers to run their schools and spare them more centrally determined initiatives (Section 4.2.2)
- 11) Set up a special fund to pay higher salaries to head teachers in challenging primary schools (Section 4.2.2)
- 12) Good head teachers in challenging schools to be eligible for an improvement bonus of up to 50% of salary (Section 4.2.3)
- 13) Reduce the administrative burden on head teachers in disadvantaged primary schools (Section 4.2.2)
- 14) Improving head teacher training to help heads deal with poor pupil behaviour-a new qualification with the status of an MA for heads (Section 4.2.4)
- 15) Put heads and teachers back in charge of discipline (Section 4.2.2)
- 16) Groups of parents and alternative providers are to be given the right to set up new schools with charitable status known as 'Pioneer Schools' (Section 4.1.5)
- 17) Pioneer schools to be free of local authority control (Section 4.1.5)
- 18) Pioneer schools to have charitable status (Section 4.1.5)
- 19) Transfer of ownership and management of failing schools to parents charities and companies (Section 4.1.5)
- 20) Parents of children in schools which are failing to improve over a three year period can move their children with their per pupil funding to another school in the state system including Pioneer Schools (Section 4.1.5)
- 21) Parents moving their child to a pioneer school would take with them the allocated £5000 per pupil funding (Section 4.1.5)

To improve the culture of learning in challenging schools we recommend:

- 22) Head teachers to be given more freedom to use private or charitable sector alternative education for excluded pupils (Section 4.3.2)
- 23) Greater use of family literacy classes at pre-school and primary school level (Section 4.3.1)
- 24) Booster support for primary school children falling seriously behind in literacy and numeracy skills (Section 4.3.1)
- 25) Increased use of third sector specialised literacy and numeracy teams for the above provision (Section 4.3.1)

- 26) Greater use of Iceberg programmes, separate teaching on-school premises, as an alternative to permanent exclusion (Section 4.3.2)
- 27) More structured sharing of information between primary and secondary schools to ease transition (Section 4.3.2)
- 28) 14-19 curriculum reform should give better exposure to vocation options before the age of 14 (Section 4.3.3)
- 29) Vocational and academic options should be given parity of esteem and funding (Section 4.3.3)
- 30) Building better links between schools and businesses and the community (See Section 4.3.4)

Volume 4 (Addictions): 48 Policy Recommendations

The policy proposals we suggest are based on the following three principles:

- **Reforming treatment** – breaking the cycle of addiction and devolving responsibility – by addressing addiction (including alcohol addiction) and investing in abstinence based recovery programmes
- **Preventing harm** – by promoting public health and controlling consumption of alcohol and drugs through price.
- **Protecting children** – facing parental substance misuse, understanding that children are damaged by parental addiction, and confronting cannabis.

POLICIES

An integrated addiction treatment policy redefining policy in terms of addiction, embracing alcohol and drugs, with a lead policy goal of abstinence.

1. We propose that the bulk of the treatment budget goes into front line abstinence ‘treatment for recovery’ costs.
2. ‘A Second Chance Unit’ within the Cabinet Office, which would also include responsibility of the Voluntary Sector, to provide the strategic lead for addictions treatment. (See Section 3.1.1)
3. A streamlined National Addiction Trust responsible to the Second Chance Unit to replace the existing National Treatment Agency, responsible for administering an National Treatment Trust Fund. (See Section 3.1.2)
4. A combined Alcohol and Drugs Directorate at the Home Office to retain responsibilities for enforcement of drugs and alcohol licensing laws, interdiction of drugs supplies and asset seizure. (Section 3.1.3)
5. A new Advisory Council on Addiction to replace the existing Advisory Council on the Misuse of Drugs. (Section 3.1.4)
6. A review of the Misuse of Drugs Act and associated penalties is proposed to be undertaken by the new Addiction Advisory Council. (Section 3.1.5)

7. Local Addiction Action Centres, staffed in proportion to local known needs /estimates of problem drug and alcohol users in the area and led by an Addiction Action Coordinator, a former residential or day care drugs CEO/counsellor or addiction psychiatrist, to replace Drugs Action Teams. (Section 3.1.6)
8. We propose to fund all treatment by abstinence based treatment vouchers. (Section 3.1.7)
9. One Stop Shops, to provide both the start and continuity through the treatment journey. (Section 3.1.7)
10. Methadone to be prescribed in the context of 'change programmes', as a stepping stone for clients to abstinence. The pharmacy system of dispensing to be discontinued. (Section 3.2)
11. We recommend that GP's and DAT Treatment Managers review their patients on methadone and make every effort to offer alternative routes to recovery and treatment. (Section 3.2)
12. We propose the immediate abandonment of the meaningless and corrupting treatment targets set by the current administration and move towards a system which is needs led and monitored and measured in terms of real outcomes – including abstinence or reduction of substance use, improved mental health and social functioning and motivation. (Section 3.2.1)
13. Structured Abstinence Based Day Care Expansion supported by treatment voucher. Such services would no longer be subject to commissioning vagaries but to their own outcomes success. (Section 3.2.2)
14. Residential detoxification and rehabilitation to expand to more realistic levels funded by treatment vouchers. (Section 3.2.3)
15. Rapid expansion of secondary residential care and dry sheltered accommodation for former offenders who have completed first stage rehabilitation programmes in prisons. (Section 3.2.3)
16. Support for faith based communities It is of note that some of the most successful and enduring residential rehabilitation centres are faith based, like Yeldall Manor, Victory Outreach and Betel. (Section 3.2.4)
17. Families with children to be prioritised for treatment - to break cycle of addiction and protect children. (Section 3.2.6)
18. We propose funding for innovatory community projects, such as the 'Safer Families Projects' pioneered in Bolton. (Section 3.2.6)
19. Immediate family residential service/centre expansion We would suggest that the three proven existing providers (of family residential services), Gilead, Addaction and Phoenix Futures should be supported to expand these services to other areas, increasing the number from 5 back to 15 as soon as possible. (Section 3.2.9)
20. Training and Qualifications – new degree level courses at University of Bath in counselling to be replicated. (See Section 3.2.9)
21. A formal adolescent needs assessment to establish the needs of the current 17,000 adolescents in 'treatment' and the basis for the governments current targets. (Section 3.6.1)
22. Immediate review of and assessment of effectiveness of existing adolescent 'substance abuse' services and needs of 1000 adolescents on Class A drugs (Section 3.6.2)
23. The development of specialist adolescent residential facilities and programmes for those deemed most in need and at most risk. (Section 3.6.3)
24. An 'Adolescent' Task Force on the National Addiction Trust to formulate and formally trial appropriate community intervention – taking particular consideration of the problem posed by early alcohol and cannabis use – and to introduce a system of accountability. (Section 3.6.3)
25. Brief Interventions (for alcohol) We propose nationwide training of GPs to provide this proven intervention. (Section 3.2.7)
26. Promoting and recognising AA and NA. There is evidence to show that ongoing peer support of the type given by the AA and NA fellowships, along with associated support

groups such as Families Anonymous, not only is beneficial to the individuals involved but saves statutory services significant costs. We would like to see AA and NA as interrelated with and recognised by all statutory and voluntary ‘services’ that have their place in helping someone with any addiction/dependency problem. (Section 3.2.8)

27. We propose halting the current roll out of Drugs Intervention Programmes – and reviewing and down scaling those currently in operation removing negative and bureaucratically costly targets and associated paperwork. – reverting to practices developed by Darren Worthington and his SMART team in Oxford with their original arrest referral work in approaching and motivating offenders. (Section 3.3.1)
28. We would propose the introduction of combined drugs and alcohol treatment orders at the discretion of magistrates and following advice from arrest referral workers. (Section 3.3)
29. Rehabilitation to be made in designated and meaningful settings and be abstinence based (replacing community based DRRs) either highly structured community based abstinence programmes such as that offered by SHARP¹ in the community or within the dedicated rehabilitation prison wings, or residential treatment centres. (Section 3.3)
30. Experimental drugs courts, as in West London, are clearly effective, clearly have great potential and should be continued and replicated but with abstinence orders in meaningful treatment settings as above. (Section 3.3.2)
31. Our key proposal is that the prison treatment budget, after assessment, should primarily be directed to detoxification in the context of rehabilitation programmes, taking unique advantage of the prison setting and length of sentence. (Section 3.3.3)
32. A therapeutic community or 12 step programme wing in every prison. We propose an expansion of the existing 16 such dedicated programmes (currently mainly provided by RAPT and Phoenix Futures) to every prison within the estate. (Section 3.3.3)
33. Our immediate recommendations within the current framework are for:
 - Broader HMP KPI targets to reduce target driven pressure on services and incorporate quality indicators.
 - The segmentation of audit and inspection from in house drug treatment development, along with an enlarged inspection role.
 - The commissioning of a thematic paper by HMCIP to analyse in detail the state of ‘joined up’ services.
 - Better research and evaluation of intensive treatment programme.
 - Population needs analysis research at every prison establishment in the UK as standard.
 - The provision of proper alcohol treatment services in prisons.
 - Increased capacity and the specific development and rollout of treatment programmes designed for prisoners whose problem drug is crack cocaine. (Section 3.3.3)
34. Ongoing outcomes Research is required to see which programmes are most effective in achieving abstinence and how they are achieved. (3.2.12)
35. Dental Treatment – an urgent need. We would like to see such enlightened initiatives maybe starting at the National Addiction Centre under the direction of the newly amalgamated Action on Addiction. (3.2.12)
36. An Alcohol Treatment Tax - As well as ignoring treatment needs recent governments have consistently fail to address the most effective way of preventing and reducing alcohol related harm – through taxation. (Section 3.4.1)
37. A commitment to preventing overall consumption rising further and, preferably, over time, to bringing it down to an agreed lower level, would help to provide a rational goal and focus to the alcohol harm reduction strategy that is presently lacking. Tax policy would be a crucial element of such a strategy. (Section 3.4)

¹ SHARP

38. Setting now low (in line with most EU countries) Blood Alcohol Consumption(BAC) limits to 0.5g/L and to 0.2 for inexperienced drivers and large vehicle and dangerous goods. (Section 3.4.2)
39. A new commitment to controlling supply of drugs. The evidence is that trends in all seizures have dropped since 1998.² The question has to be asked is whether complex performance management administration has disrupted effective working practices.³ We recommend they are dropped. (Section 3.5)
40. Greater attempts to be made to ‘size’ the market in order to establish bench marks against which seizures etc can be measured. This can be estimated in relation to street prices and purity. (Section 3.5.2)
41. A greater commitment to and review of middle level operations and more effective police management is required. We believe that police commitment to tackling drug dealing should be uncompromising. (Section 3.5.4)
42. Review and Reform Harm reduction and harm minimisation practices that were set up with the clear intent of promoting public health as well as the personal health of addicts are clearly failing. (Section 3.5.5)
43. Cannabis reclassification to B in the context of a national action plan to confront cannabis use by adolescents. (Section 3.6.5)
44. Assessing Adolescent Needs – a task force. (Section 3.6.2)
45. Reviewing Adolescent Substance Services – assessment of appropriateness and effectiveness (Section 3.6.2)
46. Juvenile Treatment Orders We propose the introduction of juvenile court orders to provide courts with the capacity and authority to order youths to receive drugs and alcohol abstinence treatment in designated residential settings. (Section 3.6.2)
47. Trialling schools drugs testing. (Section 3.6.6)
48. Trialling effective addiction education in schools. (Section 3.6.7)

Volume 4 (Special Report: Gambling): 27 policy recommendations

1. **Further Research:** Regular surveys of problem gambling services, including helplines and formal treatment providers, and evaluations of the effectiveness and efficacy of these services.
2. Research into the efficacy of various approaches to the treatment of gambling addiction needs to be undertaken.
3. Research into the association of Internet gambling and problem gambling.
4. Research into the impacts of gambling, including health, family, workplace, financial and legal impacts.
5. Longitudinal research into problem gambling, treatment, and the impact of gambling legislation on prevalence of problem gambling.
6. In particular, why some people develop problems and, just as importantly, why the majority do not develop problems.
7. **Legislation:** Limit the opportunities and accessibility to gamble
8. Raise the minimum age of all forms of commercial gambling to 18
9. **Education:** Raise awareness about gambling among health practitioners and the general public
10. **Prevention:** Set up both general and targeted gambling prevention initiatives.
11. Gambling operators and service providers should supply information on gambling addiction, treatment and services to patrons.

² Russell white, op cit. Total seizures fell 2005/6. Between 2003/4 and 2005/6 cocaine seizures dropped from 20,727kg to 5,798kg and cannabis from 57,617kg to 41.611kg, heroin from 1,626kg to 1,057

³ For a detailed analysis, Russell White op cit

12. Gambling operators and service providers should support development of centralised training for gambling venue staff to ensure uniform standards and accreditation.
13. Gambling operators and service providers should pay at least £10 million per annum to fund research, prevention, intervention, and treatment programmes. This fund is administered by the Responsibility in Gambling Trust.
14. **Treatment:** Introduce gambling support and treatment initiatives
15. The running of problem gambling helplines as a referral service.
16. The running of telephone counselling for problem gamblers and those close to them.
17. The running of web-based chat rooms and online counselling for problem gamblers and those close to them.
18. The funding of outpatient treatment.
19. The funding of in-patient and residential treatment.
20. Training for problem gambling counsellors (volunteers or professionals; face-to-face, telephone and/or online).
21. Certification of problem gambling counsellors.
22. Information about gambling addiction services, in particular services in the local area, should be readily available to gamblers.
23. Treatment for problem gambling should be provided under the NHS (either as standalone services or alongside drug and alcohol addiction services) and funded either by the RIGT or other gambling-derived revenue.
24. Expand provision of nationally dedicated problem gambling treatment, advice and counselling services both in and outside of the NHS.
25. Adoption of strategic goals for gambling to provide a focus for public health action and accountability
26. Endorsement of public health principles consisting of three primary principles that can guide and inform decision-making to reduce gambling-related problems.
27. Adoption of harm reduction strategies directed at minimizing the adverse health, social, and economic consequences of gambling behaviour for individuals, families, and communities.

Volume 5 (Serious Personal Debt): 13 Policy Recommendations

1. Measures should be taken to increase transparency, data sharing and compliance procedures in the home credit market. (Section 4.1, 'The Home Credit Market')
2. If competition within the home credit market is not forthcoming it must be enforced from the outside. (Section 4.1, 'The Home Credit Market')
3. Interest rates caps would neither benefit customers in sub prime markets, nor encourage competition, and should not therefore be introduced. (Section 4.2, 'The Case Against Capping Interest Rates')
4. The Government should undertake a major initiative to increase and strengthen credit unions so that they can play a comparably beneficial role to those in other developed countries. (Section 4.3, 'Strengthening Credit Unions')
5. All lending institutions should introduce a 'traffic light' system in partnership with the credit rating agencies, under which the likely presence of financial stress is highlighted, requiring the lender to conduct a more personal and thorough discussion with the applicant, prior to any decision. (Section 4.4, 'The Wider Market')

6. The voluntary Banking Code should be replaced by a statutory Customers' Charter. Ending self-regulation and holding banks accountable by law. (Section 4.4 'The Wider Market')
7. Local community based debt management and advice should be strengthened and a fixed proportion of public support should be given to these organisations. (Section 4.5, 'Strengthening Local Community Based Debt Advice')
8. The benefits system should be reviewed in detail and with specific regard to the adverse effect its complexity and inefficiency is currently having on those in debt, or on the edge of debt. (Section 4.6, 'Reviewing the Benefits System and Social Fund')
9. The Social Fund should be reviewed in-detail and with the specific mandate of making it far more accessible to those struggling against social and financial exclusion. (Section 4.6, 'Reviewing the Benefits System and Social Fund')
10. IVAs should be marketed more carefully, and should only be approved following independent advice. (Section 4.7, 'Bankruptcies and IVAs')
11. IVAs should be made available to a new category of debtors with smaller consumer debts. (Section 4.7, 'Bankruptcies and IVAs')
12. Financial education should be incorporated into the new core element of the post-fourteen school curriculum. (Section 4.8, 'Money Education')
13. Private sector initiatives to educate both children and adults in personal finance should be encouraged, strengthened and expanded. (Section 4.8, 'Money Education')

Volume 6 (Third Sector): 29 policy recommendations

1. Reform Gift Aid to ensure that a set percentage of individual donations are assumed to come from taxpayers – thereby dramatically simplifying claiming (Section 3.1.1)
2. Create a new independent 'trustmarking' website to accredit and support the work of smaller poverty-fighting TSOs. Initial donations through the site would benefit from a more generous Enhanced Gift Aid (Section 3.1.2)
3. Introduce charitable remainder trusts as tax-efficient vehicles for planned giving (Section 3.1.3)
4. Introduce a one-off School Giving Voucher, allowing Year 6 pupils to donate £5 to a charity of their choice each term (Section 3.1.4)
5. Launch a drive to boost the number and value of Corporate Social Bonds, raising funds from companies through accumulated capital growth and interest (Section 3.1.5)
6. Call on the Charity Commission to issues clear guidance on charitable reserves (Section 3.1.7)
7. Introduce clearer requirements for volunteering bodies in receipt of government funding to promote volunteering in key poverty-fighting areas and among socially excluded groups (Section 3.2.1)
8. Introduce a 'V Card' reward scheme to encourage young and socially excluded people to volunteer (Section 3.2.2)
9. Ask Year 9 pupils, as part of PSHE classes, to design and then implement social action projects to benefit their local community (Section 3.2.3)

10. Ensure that all organisations in receipt of contracts for employment services provide volunteering opportunities for their clients as part of a broader strategy to help them back into work, without fear of their benefits being jeopardized (Section 3.2.4)
11. The Compact Commissioner should be given greater powers to deal with non-compliance by public bodies, including facilitating mediate between disputing parties (Section 3.3.1)
12. Local Area Agreements should include evidence of progress towards full Compact implementation by members of the Local Strategic Partnership (Section 3.3.2)
13. Whitehall's 'Compact Champions' should operate at Grade 2 level rather than Grade 3 (Section 3.3.3)
14. Spending Reviews should set out how each department, and Government as a whole, will give the third sector maximum opportunity to deliver services (Section 3.3.4)
15. Local Area Agreements should include a strategy on maximising opportunities for third sector delivery of services, as well as a comprehensive community engagement strategy that complements the local Compact (Section 3.3.4)
16. A fund should be created to enable small and medium sized TSOs to improve the quality of their outcomes-based information (Section 3.3.5)
17. Review whether and how the burden of irrecoverable VAT can be lifted (Section 3.3.6)
18. The proportion of the Supporting People budget funding allocated to ex-homeless, ex-offenders and people with addiction problems be used to create a new, nationally administered voucher based funding stream (Section 3.3.7)
19. Create a £50 million challenge fund to boost giving by community foundations to grass-roots poverty-fighting projects (Section 3.3.8)
20. Double the Government's £30 million Community Asset Fund to help maximise opportunities for TSOs to take on assets (Section 3.3.9)
21. Allow smaller TSOs with significant growth potential to apply for the new legal status of Community Growth Trust, entitling them to deliver a progressively increasing range of public services (Section 3.3.10)
22. Promote greater National Lottery funds going to smaller charities, with at least half of Big Lottery Fund funding going to demand-led programmes (Section 3.3.12)
23. CVSs and other second tier organisations should be supported to earn income through the selling of many of their services to frontline groups (Section 3.4.3)
24. Introduce legislation to allow religious and non-religious TSOs to compete for public funding on equal terms (Section 3.5.2)
25. Support the development of a faith standard to help faith based organisations ensure the highest standards in serving clients from all backgrounds (Section 3.5.4)
26. Evaluate the effect of government funding on the third sector (Section 3.6.1)
27. Promote the Minister for the Third Sector to have permanent Cabinet ranking (Section 3.6.2)
28. Ask Parliament to create a dedicated Third Sector Select Committee (Section 3.6.2)
29. Help establish a dedicated third sector research institute (Section 3.6.3)

