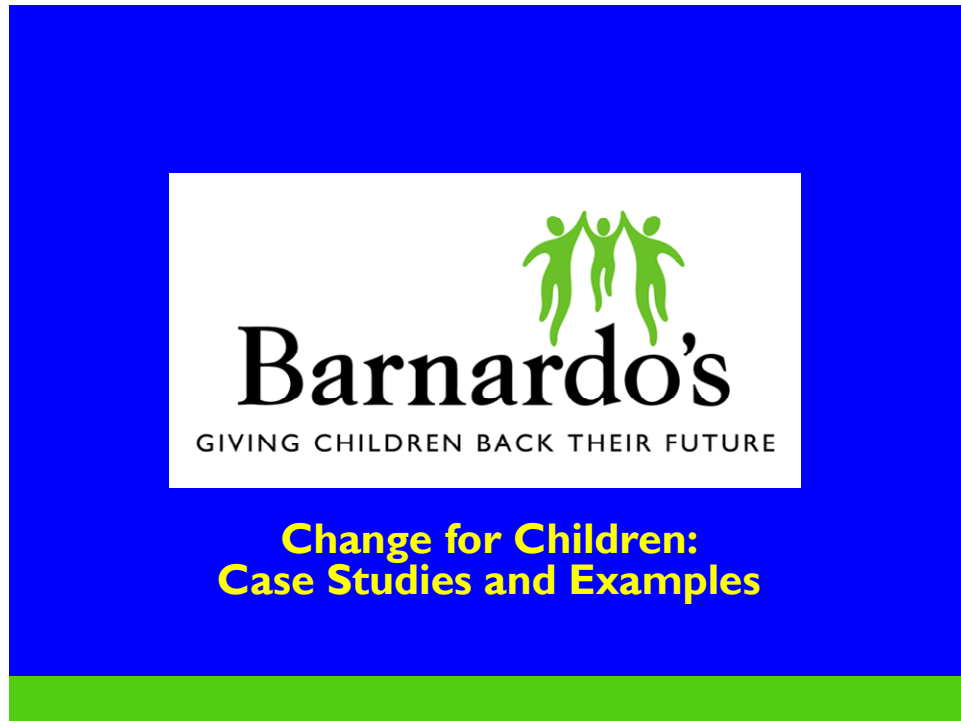


Section 4

Case Studies and Examples



Services and the Every Child Matters Framework

- Most services are positive about the Framework:

“it consolidates outcomes that have been set, it confirms our strategic relevance” (Barnardo’s Against Sexual Exploitation)

- It is more helpful to focus on one or two issues when setting services level outcomes
- Services adhere to, but do not evidence, the principles underpinning the Framework



In order to enrich the material in the preceding sections, a survey was carried out of child care services in Bristol, exploring how the Every Child Matters (ECM) outcome framework was being utilised. All services surveyed in Bristol worked with the ECM outcome framework. Some services worked exclusively with it. A small minority saw the framework as too rigid and found it difficult to place the outcomes for their project within the framework. However, most services found the outcomes helpful as exemplified by the above quote. They felt that being able to match project outcomes to the ECM outcomes meant that the project and service delivered fitted into the bigger picture of what was required for children and young people - the Every Child Matters agenda.

Many services found it very difficult to focus their project around one of the ECM outcomes. When asked which ECM outcome their project addressed many of them stated ‘*all of them*’ and needed some encouragement to be more focused. Examples of how Bristol services focused on the ECM outcomes will be given in the following pages as well as examples of interventions from across the UK.

Although eventually all services could identify with which ECM outcome they primarily worked, many services explicitly acknowledged the inter-relatedness of the outcomes by stating that their particular outcome needed to be addressed in order for the others to be achieved.

At an individual level it was possible to demonstrate achievement of all outcomes:

“At an individual level it is more holistic and several of the outcomes could be considered” (Service X).

At this level some of the services had spent considerable time matching their assessment documentation to the ECM outcomes so they could evidence across the official assessment categories and the ECM outcomes:

“By doing this we can pull out outcomes for every closed case and can correlate it to the ECM framework” (Barnardo’s Against Sexual Exploitation).

There are six principles underpinning the framework and all services thought they were integral to the way they worked however; they were generally not evidenced in their work. The six principles will be discussed later in this section.

Be Healthy – Children Looked After Nurses (CLAN)

- Championing the health needs of Bristol's Looked After Children (LAC)
- Outcomes:
 - Health assessments
 - Dental checks
 - Sexual health
 - Drugs information



Barnardo's
GIVING CHILDREN BACK THEIR FUTURE

Children Looked After Nurses (CLAN) champion the health needs of looked after children (LAC). They are jointly funded by health and social services and employed by health. They have two primary outcomes set by government:

- 100% of looked after children must have a health assessment
- 100% of looked after children must have an annual dental check

In addition, they have further locally agreed outcomes :

- to increase the percentage of secondary school age looked after children who receive sexual health and drug information
- to raise the awareness of the health needs of looked after children amongst professionals and carers

The service meets the 'Be Healthy' outcome from the Every Child Matters framework and in order to achieve their outcomes the team have implemented a variety of procedures. They have made themselves a single point of entry so they can track and have an overview of the situation of health and looked after children within the city. They also have access to both the social services and health databases which helps to improve co-ordination of information.

The team has increased the number of professionals who can carry out health assessments by providing training for a range of key practitioners. Therefore, more health assessments can be conducted and there is a greater choice of venues for health assessments to be carried out. In addition, training on health assessments and other issues has increased the awareness of looked after children amongst professionals. Materials and a telephone advice line are provided for professionals and looked after children. The team has also put in place a healthcare action plan, following the health assessment, which is negotiated with the looked after child. This is a new initiative and the team hope to audit the effectiveness of this work in the future.

Since the team began, the numbers of looked after children receiving health assessments and dental checks has increased. They have also increased the amount of health information available for children and have engaged in training and awareness-raising with other professionals. The team feel that they are just beginning their journey of working with outcomes and evaluation but have in place a number of ideas and measures to ensure that they can provide evidence of meeting the outcomes for looked after children and young people in the future.

Be Healthy – UK Example #1

- SCIE Research briefing 9: Preventing teenage pregnancy in looked after children



SCIE Research briefing 9: Preventing teenage pregnancy in looked after children

This briefing paper combines information from 30 different sources: mandatory standards and guidelines, independent organisations, practitioners, research knowledge (UK studies only), users and carers. It considers 'looked after children' to be mainly those in foster homes.

Key research messages

- LAC are more likely to become teenage parents than their peers
- Teenage parents often have greater educational, health, social and economic difficulties compared to other young people
- The main risk factors associated with teenage pregnancy (e.g. low educational achievement) appear more often in LAC than other young people
- There are few guidelines relating specifically to teenage pregnancy in LAC
- While high quality sex and relationship education (SRE) can reduce levels of teenage pregnancy, LAC have less access to this than other young people, for example due to their lower educational attendance
- Most literature focuses on the provision of appropriate and adequate SRE and accessible contraceptive services to reduce teenage pregnancy
- LAC may need SRE that is sited in different contexts in addition to school provision
- Teenage pregnancy reduction is more successful in Local Authorities which have consulted young people and developed specialist sexual health services for them.

More information

The full-text briefing paper is freely available at:
<http://www.scie.org.uk/publications/briefings/briefing09/index.asp>

Produced August 2004; an update was due in July 2005.

Acronyms:

LAC Looked after children
SRE Sex and relationships education

Be Healthy – UK Example #2

- Rivers, K. (2002) The National Healthy School Standard, NCB Highlight No. 188



Rivers, K (2002), The National Healthy School Standard, NCB Highlight no.188

- Schools are important settings in which children and young people can acquire the knowledge, attitudes, skills and behaviours that will help them to lead healthier lives.
- Healthy children are more likely to build on their personal strengths and achievements than those in poor health.
- Schools also have the potential to promote the health of school staff, parents and the wider community.
- The National Healthy Schools Programme (NHSP) aims to: support children and young people in developing healthy behaviours; help raise pupil achievement; help reduce health inequalities; help promote social inclusion.
- The criteria that schools need to satisfy to be recognised as a healthy school relate to four themes: PSHE, healthy eating, physical activity and emotional health and well-being.
- Local programmes and schools are encouraged to focus on areas not traditionally included in school health education, e.g. equality issues, bullying, healthy playgrounds.
- Partnership working across sectors is crucial to the success of healthy school programmes. Programmes have worked with a range of partners including teenage pregnancy teams, youth services, social services, the police, drug action teams and school nursing services.
- The participation of children and young people in the development and implementation of healthy policies and practices within schools is also a key requirement of the NHSS.
- The whole school approach is more likely to have an impact on pupil's health, experiences, learning opportunities and ultimately their achievements. Making schools healthier places is a slow process that requires sustained effort over a long period of time involving a shift in culture and careful management of change.

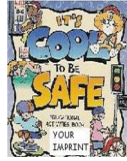
More information from:

The full text of this Highlight is available from NCB www.ncb.org.uk (subscription required).

More information and guidance on the NHSP is available from: www.wiredforhealth.gov.uk

Be Safe – Barnardo’s Against Sexual Exploitation (BASE)

- A multi-agency, multi-professional project working with young people involved in, or at risk of sexual exploitation
- Outcomes:
 - Reduced episodes of running away
 - Reduced contact with dangerous adults
 - Improved security in accommodation



Barnardo’s Against Sexual Exploitation (BASE) is a multi-agency, multi-professional service working with young people involved in, or at risk of, sexual exploitation. BASE grew out of a sexual health service and was set up for girls and young women who were being sexually exploited; it also supported boys and young men. Now the service is for children and young people up to the age of 18 years. They are funded from social services, Safer Bristol and Barnardo’s and get direction from a multi-agency forum.

They have outcomes addressing the ECM outcome ‘*Be healthy*’:

- improved sexual health through greater knowledge and medical support
- reduced substance misuse

They also have outcomes addressing the ECM outcome ‘*Be safe*’:

- reduced episodes of running away
- reduced contact with dangerous and/or appropriate adults
- improved security in accommodation

The service has three practitioners, a part-time social services drugs worker and a sexual health nurse. In their work they try to maintain a balance of intervention and prevention. The key age group they work with is 14-15 year olds and they offer one-to-one individually tailored support. A lot of their work is concerned with befriending, gaining trust and making relationships. Many of the young people with whom they work have lost their trust in professionals which they need to rebuild so they can make safe choices.

They also set individual outcomes which are negotiated between the worker and the individual. They have a clear and robust assessment system which enables them to clearly evidence how they are meeting outcomes for individuals (this system will be described in more detail later in this section). By collating the outcomes for individuals they can evidence how they meet service outcomes.

The project is confident they have a usable system which allows them to demonstrate achievement of outcomes for young people. They are now keen to look at how they might evidence their wider involvement with other agencies and how they address the principles underpinning the Every Child Matters framework.

Be Safe – UK Example #1

- Liabo, K and Lucas, P (2004) Home visiting and childhood injury. Highlight No. 213, National Children's Bureau



Liabo K and Lucas P (2004) Home visiting and childhood injury. Highlight no.213, National Children's Bureau.

This research review combines information from 36 sources, which are focused upon low-income families and/or areas with high rates of home accidents. Most research in this area focuses upon children under the age of 2 years. Home visiting is defined as 'when an individual visits a prospective or new parent (usually the mother) at home before and/or after a child's birth', whose function is to provide advice and support about a variety of issues related to parenting.

Key research messages

- Injury is the most common cause of death for children over one year old in the UK
- Inequalities in child injury are growing: while child deaths from injury have reduced over recent years, reduction rates are smallest in those from deprived backgrounds, which includes those in poor housing and those from large families
- Parents are encouraged to reduce home hazards through home visits
- Risk of accidental injury can be reduced by a quarter (26%) through home visiting
- It is not known what particular aspect of home visiting contributes to reducing risk of injury, although the research suggests that multifaceted interventions are most effective
- It is not clear whether the effectiveness of home visiting varies according to the type of 'visitor' – whether professional, semi-professional or specially trained community volunteers.
- There is a large potential cost saving of home visiting as a preventative intervention. While a 20-minute home visit by a health visitor can cost £30 (or £7 for a non-professional), some studies have shown decreased visits to the doctor and welfare savings.

More information

The full-text Highlight is available from www.whatworksforchildren.org.uk. Produced November 2004.

Be Safe – UK Example #2

- Smith, P. (2000)
Bullying in Schools,
NCB Highlight No. 174



Smith, P (2000) Bullying in Schools, NCB Highlight no.174

- Bullying is aggressive behaviour which intentionally hurts or harms another person. Bullying can be physical or verbal. It can be indirect or relational (e.g. spreading rumours and social exclusion).
- Reported incidence figures for bullying vary. One large scale survey reported 27% of primary school pupils being bullied 'sometimes' or more frequently, including 10% being bullied 'once a week' or more. Taking part in bullying was admitted by 12% of primary school pupils 'sometimes' or more frequently, including 4% bullying 'once a week' or more. Figures were lower for secondary schools.
- The school ethos, attitudes of teachers and degree of supervision of free activities appear to be of major significance for the extent of bully/victim problems as is the existence of an effective school policy.
- Risk factors include: having few friends, having a disability or special educational needs. There is also some evidence that victims may come from over protective or enmeshed families.
- Children who bully others may come from families lacking warmth in which violence is common and discipline inconsistent. Some bullying children may lack social skills although ringleader bullies may be skilled social manipulators.
- The experience of being bullied correlates with anxiety and depression and relates to low self esteem.
- Non assertive coping strategies when bullied (e.g. crying) appear less effective than ignoring or seeking help. Success of telling teachers depends on the school ethos.
- Anti bullying interventions include: peer support and mediation; development of a whole school policy on bullying; curriculum work; working with individuals and small groups; playground work.
- One study of 23 schools found that those which put more time and effort into anti-bullying measures, and which consulted widely on whole school policy development, had the best outcomes.

More information:

Full text available from www.ncb.org.uk (subscription required)

See also www.antibullying.net

Enjoy and Achieve – Knowle Early Education Partnership – (KEEP)

- An early intervention service to help parents support their children's development and learning
- Outcomes:
 - Increased listening skills
 - Knowledge of stories, songs and rhymes
 - Recognition of numbers and letters



Barnardo's
GIVING CHILDREN BACK THEIR FUTURE

Knowle Early Education partnership (KEEP) is an early education programme run by Knowle West Sure Start. The programme is designed so that parents/carers and children learn together to ensure that children have the best start in life. It is based on the Peers Early Education Partnership (PEEP) model and the outcomes are derived from that model although they have been amended over time. The outcomes for children before they start Key Stage 1 are:

- feeling good about themselves
- listening carefully
- talking about their thoughts and feelings
- knowing many stories, songs and rhymes
- having a good vocabulary
- recognising their own written name
- recognising numbers and letters and knowing both letter names and letter sounds
- knowing about the different reasons for reading and writing
- wanting to learn how to read and write

The KEEP programme has an extensive curriculum and a highly structured delivery. Typical activities include:

- singing
- storytelling
- things to do at home
- play activities
- parent talk time
- book borrowing

The activities are delivered during term time to age specific groups. There are groups for babies, one year olds, two year olds and three year olds and interim outcomes are set for each group on a termly basis.

The programme has a variety of measures which can be used to provide evidence of children's development during the programme such as observations of children during the sessions and structured interviews with parents and professionals. Practitioners running the programme are aware that they need to devise further measures and strategies to evidence the impact of the programme on children starting school.

Enjoy and Achieve – UK Example #1

- Becker, S with Lawrie, S (2004) An A-Z of therapeutic approaches for pupils with challenging behaviour. A review of the research evidence on 'what works' in secondary schools. Excellence in Cities: Nottingham



Cole Hamilton, I, Harrop, A and Street, C (2002) The benefits of play (Highlight 195, National Children's Bureau)

There is a wealth of information about play from different perspectives and a widespread view that play brings positive benefits for children.

Key Research Messages

- Traditionally the focus has been on benefits of play to the individual child – notably to their health, education and social learning.
- Health benefits of play include physical activity which is beneficial in providing exercise and developing physical skills. Mental health benefits include the building of self esteem, independence and respect for others and fostering resilience to stressful life events.
- Play is also recognised as a major route to learning, particularly in the early years. It has an important role in children's cognitive development and ability to concentrate.
- There has been growing interest in the benefits of play to society in general which include fostering inclusion and tackling social exclusion through engaging marginalised families; tackling anti-social behaviour; supporting families and communities by allowing children autonomy within an environment about which parents feel secure; offering opportunities to explore cultural identity and difference.

More information

Full literature review: Cole Hamilton, I, Harrop, A and Street, C (2002) Making the case for play: gathering the evidence. National Children's Bureau.

Enjoy and Achieve – UK Example #2

- Sinclair, R (1998) *The Education of Children in Need. Research in Practice: Dartington*



Sinclair R (1998) *The Education of Children in Need. Research in Practice.*

This research review looks at the education needs of 'Children in Need' as defined by the Children Act.

Key research messages

5 key factors contribute to educational 'failure' for looked after children:

- Pre-care experience
- Broken schooling
- Low expectations of LAC from teachers
- Low self esteem
- Lack of continuity of caregiver

Despite increased consideration of education when planning for LAC, levels remain short of inspection recommendations. Poor planning for LAC leads to underachievement, lack of educational qualifications and consequently affects occupational status

Children may be excluded or out of school in a variety of ways. They may be: formally excluded; unofficially excluded; truanting; persistent non- attenders; children suffering from long term illness; children who stay away from school knowing they are likely to be excluded if they return. Some children are more likely to be excluded than others; i.e. older pupils; boys; African/Caribbean children; children with Special Educational Needs; looked after children. Possible policy and practice solutions are highlighted as;

- Making the education of children in need a priority issue.
- Improved multi agency working and good working relationships at all levels
- Preventative work e.g. joint case planning to offer support to children both at home and school, commissioning voluntary sector preventative service provision; engaging with the wider community in supporting individuals through visiting and mentoring schemes
- Education plans for all children looked after and in need

More information

The full-text research study is available electronically at:

<http://www.rip.org.uk/publications/documents/researchreviews/sinclair.pdf>

Make a Positive Contribution – Project X

- A multi-agency service which provides holistic support to vulnerable and at risk children, young people and their families
- Outcomes:
 - To keep children and young people from offending



Barnardo's
GIVING CHILDREN BACK THEIR FUTURE

Project X was set up in 2004 and is a multi-agency project with five main management partners: Youth Offending Team, Social Services, Local Authority, Positive Futures (sport and leisure) and Connexions. The project accepts referrals for 5 – 19 year olds who live in the area and have been identified as at risk of offending and not attending school. The main outcome for the service is to keep children and young people from offending which contributes to the ECM outcome ‘*Make a positive contribution*’. They also set outcomes for groups and for individuals which enables all ECM outcomes to be considered.

When the project receives a referral a project worker will carry out an initial ONSET assessment (Youth Justice Board) focused on 12 factors of risk and resiliency. Each factor is scored from 1 to 4 and the higher the score the greater the risk of offending. It is also possible to see which factors are most prominent. This information is taken to a multi-agency panel and an action plan is devised. This is reviewed regularly until closure when the assessment process is repeated. Change is measured by the difference in scores.

All the assessment documentation has been related to the Every Child Matters framework. For example under the assessment factor ‘lifestyle’ the statements have been categorised as follows:

- positive relationships – ECM outcome ‘*Make a positive contribution*’
- adequate income – ECM outcome ‘*Achieve economic well-being*’
- healthy lifestyle – ECM outcome ‘*Be healthy*’
- access to material goods – ECM outcome ‘*Achieve economic well-being*’
- safe from accidental injury and death – ECM outcome ‘*Stay safe*’

The manager of the project is aware that further work is needed in relation to setting outcomes such as involving the young person and family in the outcome setting process. However, she acknowledges that:

“It has been helpful to go through and define and justify what we do in relation to the ECM outcomes”.

Make a Positive Contribution – UK Example #1

- Alderson, P (2002)
Civil rights in schools.
Highlight No. 191,
National Children's
Bureau



Alderson P (2002) *Civil rights in schools*. Highlight no.191, National Children's Bureau.

This research review combines information from 39 sources. It considers children's rights as those based in the UN 1989 Convention on the Rights of the Child, which was adopted in the UK in 1991, and covers areas of civil, economic, social and cultural rights. Children's civil rights include rights to provision, protection and participation. UK law goes beyond the convention in allowing competent children to make legally valid decisions in some personal matters; there are specific elements of Scottish law and other areas

Key research messages

- Children's rights are taken more seriously by voluntary organisations and health and social care practitioners than teachers and educational institutions
- Educational literature in the UK emphasises human rights rather than children's rights specifically
- Children's rights in British schools are considered in terms of educational provision and protection; civil rights are much less considered.
- Anachronistic beliefs related to children's rights need updating
- To increase students' dedication to learning, schools need to practice the following:
 - Justice
 - Equality
 - Mutual respect
 - Inclusion
 - Participation
 - Citizenship
- There is evidence of improved outcomes in relation to learning, behaviour and school ethos when children's civil rights are respected.

More information

The full-text Highlight is available on Child Data www.childdata.org.uk (subscription required), to **NCB members** at: <http://www.ncb.org.uk/> and to non-members for £2. Produced February 2002.

Make a Positive Contribution – UK Example #2

- Girls and exclusion from school. Joseph Rowntree Foundation, January 2002.



Joseph Rowntree Foundation (2002) *Girls and exclusion from school.* JRF Findings, January 2002.

These findings are based on a qualitative study of six areas in England. The sample consisted of 81 secondary school-age girls, 10 parents, and 55 service providers.

Key research messages

- School behaviour management and exclusion policies do not usually address girls, given that boys constitute the majority (83%) of permanent, formal exclusions. In 1998-9, approximately 1800 girls were formally excluded from school.
- Figures for exclusions do not highlight those excluded informally or for a fixed period
- Self-exclusion and internal exclusion e.g. truancy, removal from a subject or class, are common
- Bullying is an important cause of self-exclusion among girls
- School policies that do address girls are overshadowed by the enormity of managing large numbers of boys
- This 'invisibility' of girls means that there are minimal resources allocated for and targeted at them, and these sources of support are often more appropriate for boys
- Both girls and teachers have noted inconsistent approaches to behaviour management, for example, staff demonstrating different tolerance levels according to gender.
- Schools often do not refer girls due to inappropriate support; this is exacerbated by girls who are often reluctant to access this support
- Support for girls is divided into discrete categories such as those related to pregnancy, health and childcare. These services can be poorly co-ordinated.
- Bullying amongst girls is difficult to recognise and has not been addressed effectively.

More information

The study from which these Findings are taken was conducted by the New Policy Institute and the Centre for Citizenship Studies in Education, University of Leicester. Findings are available online at: www.jrf.org.uk/findings.

Achieve Economic Well-being – Homeless to Home (Shelter)

- A service to support families from Bed and Breakfasts into maintained homes and sustain the tenancy
- Outcome:
 - To enable families to sustain their tenancies and achieve financial stability



Homeless to Home was set up in 1998 as a pilot scheme to support families from bed and breakfast accommodation into maintained homes and enable them to retain the tenancy. In 2001 research commissioned by Bristol Children's Fund and Shelter identified that children were particularly disadvantaged in this situation and needed workers who could specifically support them. Therefore, the service was developed to work with children as well as families.

The main service outcome is concerned with families maintaining their tenancies and achieving financial stability and the service is focused on the ECM outcome 'Achieve economic well-being'. Individual outcomes for children are more wide ranging and include children being settled into appropriate education (*Enjoy and achieve*), having access to health services (*Be healthy*) and being a part of their local community (*Make a positive contribution*).

Workers provide a range of services for children such as group work, individual work, a toy library service, and work in schools with children who have difficulty reading and writing. When a family is referred to the service an initial assessment is carried out with the parents and separately with the child or young person. From the assessment a support package is devised with the child or young person and involves the family. It will contain a number of different interventions but will be manageable. Finally, three monthly reviews are carried out and action plans revised until closure.

Recent evaluation has shown that 90% of families that the service has worked with have remained in settled accommodation once contact has ended which ensures stability for the family and child. Individual evaluations show there has been evidence of increased success in placing children in suitable school environments and children's increased physical and mental well-being.

Achieve Economic Well-being – UK Example #1

- Direct payments for young disabled people (2003) Joseph Rowntree Foundation



Direct payments for young disabled people, Joseph Rowntree Foundation, May 2003

This study sought to collate work on direct payments for young disabled people; to highlight the main issues facing young disabled people and to produce a resource with and for young disabled people to promote take-up.

Key Research Messages

- The extension of direct payments to 16- and 17-year-olds aims to provide opportunities for young disabled people to increase their independence and choice, access more independent living and pursue lives with the same opportunities as their non-disabled peers.
- Some young disabled people feel direct payments can improve their relationship with their parents and make them less reliant on them.
- Some young disabled people saw direct payments as a potentially significant means to achieving greater autonomy and control but they were also concerned about the obstacles they would confront in trying to access them.
- Social services departments have concerns about how well young disabled people will manage direct payments which may affect levels of take up.
- One of the main ways in which young disabled people might use direct payments is to purchase personal assistance. This raises issues about how the relationship between young disabled people and their personal assistants would be managed.
- Having a personal assistant could be life-changing in all kinds of ways. It was seen as a quite unique kind of relationship, characterised by gains in independence and especially getting access to a better social life. However, the relationships could be stressful and intense and it could also be very hard to find PAs, especially the 'right' PAs.
- Sources of appropriate information, advice and support in the process of applying for direct payments and managing a PA are really important.

More information

The full text of this JRF 'Findings' is available at www.jrf.org.uk

More information about direct payments can be found at www.ncil.org.uk (National Centre for Independent Living) and www.viauk.org (Values Into Action).

Achieve Economic Well-being – UK Example #2

- Goth et al. (2006)
Building better credit
unions. Joseph
Rowntree Foundation



Goth, P, McKillop, D and Ferguson, C. (2006) Building better credit unions, JRF Findings - ref 0066

Credit unions are not-for-profit, co-operative financial institutions, traditionally seen as serving the financial services needs of disadvantaged communities and individuals. Credit unions have an important role in the provision of affordable credit and Government across the UK is keen to see the sector develop.

Key messages:

Some credit unions focus too much on low-income communities, creating the perception of a 'poor man's bank'. Credit unions need to attract a cross-section of people from local communities, not just those who are socially or financially excluded.

Credit unions are founded on the principle of self-help. Outside funding dilutes this principle and runs the risk of creating a 'dependency culture' within credit unions.

New 'fast growth' credit unions have emerged. Strongly supported by their local authorities they have good quality offices and a team of paid employees - contrasting with the more traditional approach to credit unions, focused on volunteers and evolutionary in nature.

Policy recommendations

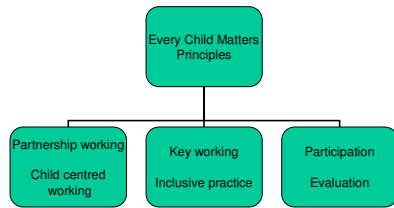
- Placing greater emphasis on credit union development based upon a cross-section of the population, including affluent sections of society.
- Encouraging the widening of common bonds, especially where this facilitates greater diversification of membership.
- Targeting grants to particular areas of need rather than funding core business activities or as a substitute for self-reliance.

More information:

Full text of this summary is available from:

<http://www.jrf.org.uk/knowledge/findings/socialpolicy/0066.asp>

Principles underpinning the ECM framework



Partnership working is concerned with relevant partners working together to provide children, young people and families with a seamless service and to improve outcomes. Partnership needs to occur between the statutory, voluntary and community sectors and private enterprise.

Child-centred working is about children's services reshaping to be child-centred or personalised – a system that fits the individual rather than the individual fitting the system. A common feature of services who work in this way are that the child, young person or family is central to the assessment process and that intervention is focused on individual needs.

Key working or a lead professional role is the notion of support being delivered most effectively through one practitioner acting in a lead role. This means that there is a single point of contact, interventions are well planned, reviewed and delivered and that overlap and inconsistency is reduced.

Inclusive practice is concerned with all children and young people having equal opportunities in services and achieving outcomes. This may be through services designed exclusively for 'hard to reach groups' or those services which work with all children and young people considering the factors which may directly or indirectly exclude them from achieving.

Participation is about involving service users and families in the design and delivery of services. It should ensure that support available is accessible and appropriate to those who most need it. Finally, evaluation is concerned with how services are monitoring and assessing progress towards outcomes for children – looking at the difference they have made.

All services were able to describe in detail how they meet the principles in their work although, with one exception, they did not evidence them through outcome questions. Bristol Children's Fund Participation Development Service does set outcomes around some of the principles - inclusive practice and participation, as this is integral to their work.

Setting service level outcomes

- There are three distinct ways that service level outcomes may be set:
 - Predetermined by government initiatives
 - Determined by research
 - Determined by the service and/or stakeholders



Outcomes are rarely set by services in isolation; they are derived from elected representatives, funding bodies or other stakeholders. Some services may arise directly out of Government initiatives such as Sure Start or the Children's Fund. These initiatives come with a number of pre-determined outcomes which services have to adhere to and meet. Some services may be funded by local authorities or health trusts who prescribe the outcomes. Out of the fifteen case study services interviewed in Bristol for this work nine had outcomes determined for them from a variety of organisations: Sure Start, Children's Fund, the Department for Education and Skills, Neighbourhood Renewal, Local Authority and the Learning and Skills Council.

Outcomes may arise out of research commissioned by an organisation or project on a particular theme. For example the Homeless to Home – Shelter project commissioned research on their pilot project in the area. Results from the research showed that children's needs were not being addressed and the service was developed, with appropriate outcomes, to meet their needs. Three out of the fifteen services in Bristol had outcomes determined in this way.

Three of the services set their own outcomes. These were set in collaboration with stakeholders. This may have been through funding bodies or a steering group and often service users also contributed to setting outcomes. The process of setting outcomes in this way was often seen as more flexible and outcomes could be amended as the service developed.

The following three pages exemplify the different determinants in the outcomes setting process:

- outcomes predetermined by government initiatives
- outcomes determined by research
- outcomes determined by the project and/or stakeholders.

**Determined by government initiative:
Easton Multi-Agency Project (EMAP)**

- A Youth Inclusion and Support Panel which is a government initiative with set objectives
- The aim is to prevent anti-social behaviour and offending by 8-13 year olds who are at high risk of offending



Easton Multi-Agency Project (EMAP) serves a very diverse community. It works with approximately 90 agencies and with 5-13 year olds who are at risk of offending behaviour or displaying anti-social behaviour. It holds multi-agency Youth Inclusion and Support Panels (YISPs) once a month. The managing agency is NCH and it is funded by Bristol Children's Fund.

YISPs are area-based initiatives from the Youth Justice Board whose objective is to reduce youth offending by preventing children and young people aged 8-13 years from moving into an offending lifestyle. The YISPs aim to do this by reducing the offending risks and increasing the resilience factors of children and young people at risk of offending and social exclusion. A complementary aim is to ensure that they are in full-time education.

The service level outcomes given to them from this initiative are:

- to prevent children referred to the YISP from becoming involved, or further involved, in offending and anti-social behaviour
- to reduce the risk factors and increase the protective factors of children referred
- to ensure that children assessed as high risk by the YISP are in full-time education
- to ensure that children and their families are satisfied by the YISP interventions and that they receive services at the earliest opportunity

These outcomes address the Every Child matters outcomes '*Stay safe*' and '*Make a positive contribution*'.

Determined by research:
Bristol Collaborative Service (BCS)

- Provides services and expertise to keep children with complex needs in the city
- Research was commissioned in 1999/2000 to look at solutions to the escalating costs of placing children out of county



Bristol Collaborative Service (BCS) provides wrap around support in the community and a residential setting to children and young people with complex needs and challenging behaviour.

BSC is aimed at those who are at risk of being placed out of county. It provides services and the level of expertise needed to keep children in their own city and connected with their own communities. Partner agencies are: Bristol City Council –social services and education, North Bristol Primary Care Trust and the South and West Primary Care Trust and Invest to Save.

The project was set up as a result of research that was commissioned in 1999/2000. The research was conducted as there were escalating placement costs with children being placed all over the country. There was also no evidence of the level of quality or welfare from these placements.

The research enabled a clear project brief to be developed and, with the Project Management Board, outcomes to be set. The service level outcomes for the services are:

- to meet the emotional, behavioural and social learning needs of children and young people with complex needs and challenging behaviour
- to ensure these children and young people are placed in Bristol
- to ensure they are kept in contact with their communities
- to raise the expertise of staff across the agencies involved with the project
- to increase the effectiveness and efficiency with which partner agencies use their budgets.

**Determined by service or stakeholders:
Dhek Bhal Asian Children & Youth
Liaison Service**

- Provides a worker who is accessible to South Asian children and young people, their parents and to schools to assist in dealing with conflict and challenges
- Outcomes are concerned with enjoying and achieving and staying safe



Dhek Bhal has been offering a range of family support services to the South Asian community since 1987. The advocacy worker offers individual “case work” with each child who receives a specifically designed service to reflect their priorities and needs. She also supports groups in the community through delivery of a range of group activities. The worker has established partnerships with secondary and primary schools as well as making links within the community to promote the service. She is able to improve communication and trust between the communities and schools and identify relevant cultural factors that need acknowledgement.

The Asian Children and Youth Liaison Service is delivered in partnership with schools and agencies as appropriate to the needs of the children, young people and their families. These schools and agencies also use the service consultatively and access advice and support in developing their cultural awareness.

The outcomes for the project were set by the project worker in consultation with Bristol Children’s Fund who provide funding and support to the project. The main aim of the project is to promote the well-being and educational achievement of South Asian children and families in Bristol and ensure culturally informed support is provided. The specific outcomes have been amended in consultation with children, young people and families who use the service. They are to:

- raise the educational attainment of South Asian children
- broaden the experience and raise the skills and confidence of South Asian children
- increase the support available to South Asian families
- reduce social exclusion of South Asian children and families
- improve community cohesion amongst South Asian children and families
- empower South Asian children and families to have direct involvement in decision-making about matters that affect their lives.

Setting outcomes for individual service users

- Usually determined by staff and service user
- Some services use a standardised framework
- Some services have developed their own framework
- Thinking SMART



In most cases individual outcomes are determined by the service worker and user working together. This involves the service worker using his or her skills to suggest appropriate outcomes based on assessment which can be agreed with the service user. Often the wider family is involved in this discussion at some stage although it is acknowledged that usually the outcomes are for the individual. This can be difficult:

“We have to work with the parents as they can be resistant to the idea of their child having a support worker. We need to be very sensitive to the parents whilst supporting the children.” (Homeless to Home – Shelter).

Services use different procedures to assess individuals and help them set outcomes. The assessment will involve discussion and the utilisation of an assessment framework which may be standardised or developed by the project workers. An example of a standardised assessment framework is the Youth Inclusion and Support Panels ONSET assessment framework used by Easton Multi-Agency Project and Project X.

Shakti Imani Inclusion Service and Barnardo's Against Sexual Exploitation are both services which have developed their own assessment frameworks. These have been developed by project workers but have been informed and influenced by other models of assessment. In developing these for their own use, project workers have taken account of their service users' needs.

Whatever system services are using to assess needs and set outcomes they should be setting SMART outcomes as described in the guide to outcomes section. SMART outcomes are:

- **S**pecific
- **M**easurable
- **A**chievable
- **R**ealistic
- **T**ime-based

Using their own framework and thinking SMART - BASE

- A self developed traffic light system for assessment and outcome setting
- Outcomes are chosen by the worker and the individual
- "they have to be SMART outcomes"



The traffic light system used at BASE has been designed to:

- assess the overall needs of the young person
- be young person led
- ensure the level of concern around sexual exploitation is clearly identified
- enhance SMART confidence and self-esteem
- ensure the outcomes are identified by the young person.

The system has three levels:

- **red** – concerned
- **amber** – a few problems
- **green** – everything well

It has thirteen assessment areas including: 'my education', 'how I use drugs and alcohol', 'how I feel about myself' and sexual exploitation. The young people, with their worker, assess themselves against colour coded statements for each area. Underneath is an example of colour coded statements for sexual exploitation:

- **Sometimes I get asked/forced to do things sexually that I don't want to do**
- **I don't really care who has sex with me**
- **I choose to do things sexually with someone who respects me**

Following the assessment SMART outcomes are identified along with the service needed and the timescale.

A case study

A 13 year old girl was referred to BASE after being coerced into having sex with a man. At the initial session she completed the traffic light assessment with her worker and areas for work included sexual exploitation which was identified as **red – sometimes I get asked/forced to do things sexually that I don't want to do** and sexual health which was coded **amber – I know some of the risks of unprotected sex**.

An action plan drawn up after the assessment identified the following desired SMART outcomes for these two areas with timescales and service provision:

- to develop ways of saying no to keep safe
- to be knowledgeable about sexual health so I can make positive choices

After one-to-one work on sexual relationships and seeing the nurse at the centre at the final review both areas had changed to **green**.

Evaluating services – “see evaluation as positive”

- Many services have made changes to their work based on evaluation
- Changes include:
 - Ways of working e.g. more group work
 - Resources and activities
 - Identifying gaps
- “It’s an ongoing process. If something isn’t working we evaluate and change it” (Knowle Early Education Partnership)



Evaluation planning should be developed alongside service planning. Setting outcomes for services, groups and individuals provides the first stage of an evaluation plan: a clear view of what you are trying to achieve and clear outcomes to work towards.

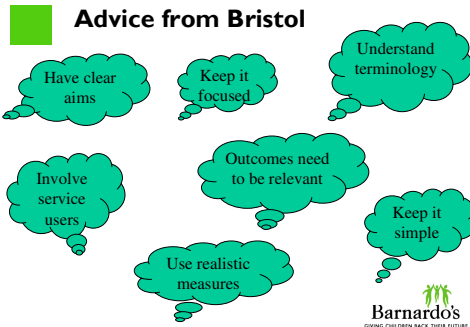
Many of the Bristol services had undertaken evaluation. Some services had been involved in evaluation by external agencies but most services had undertaken their own evaluations. Most services saw evaluation as positive and a process that could help them achieve better outcomes for their service users. Representatives from the services could discuss in detail the changes they had made in service delivery as a result of evaluation.

Changes were described such as:

- Providing more group work – Homeless to Home – Shelter and Behaviour and Education Support Team
- Providing drop-ins – Animate +
- Disbanding services which were not effective – drop-ins at Dhek Bhal Asian Children and Youth Liaison Service
- Changing resources – Homeless to Home – Shelter
- Recognising and addressing gaps in provision – activities for younger children Project X

There was recognition that evaluation should be an ongoing process although this was hard to achieve in practice. This was especially hard for services with few members of staff. There was also recognition that evaluation was not only about making changes but celebrating the aspects of the service that were going well

“Through evaluation we identified changes we would make if we could run the course again but some of it we wouldn’t change at all.” (Animate +).



Services from Bristol had a wealth of advice for other services starting on this process of setting outcomes and evaluating.

Crucially, they all said that everyone had to have a shared understanding of terminology without which work could not begin: *“Be clear about the difference between outputs and outcomes and what evaluation is.”* (Children’s Fund Participation Development Service).

Once there is shared understanding, services have to be clear about the process of outcome setting and evaluation: *“You need to be clear about what, how and why from the outset”* (Bristol Collaborative Service).

Being clear people know what the service is trying to achieve: *“Young people know what is on offer and it is helpful in motivating them.”* (Education of LAC Service).

Outcomes that are set need to be relevant, they need to have: *“Relevance and significance to the service otherwise you can get carried away with measuring and lose sight of what you are trying to achieve”* (Bristol Collaborative Service).

Don’t be afraid to add to pre-determined outcomes: *“Put in your own as well if the ones you are given are not adequate”* (Behaviour and Education Support Team).

They also need to be focused so that: *“Everyone knows what you can and can’t achieve – have clear boundaries”* (Homeless to Home – Shelter). Overall the whole process needs to be broken down to the most simple process possible (Project X).

Service users need to be involved in the process of outcome setting so: *“you will know what you are trying to achieve for young people and families by talking to them”* (Bristol Collaborative Service).

They also need to be involved in evaluation: *“If service users are involved in evaluation design people are more likely to use it and it will work for them”* (Children’s Fund participation Development Service).

Measuring outcomes can be problematic and services had advice on this aspect of the process. Barnardo’s Against Sexual Exploitation project advised: *“find a tool with which you can realistically measure outcomes”* and Shakti Imani Inclusion project added: *“make sure it’s something people know how to use”*.



Communication is key to this process and services need to have “*good communication systems*” (Animate +). These could be in a variety of forms: telephone, notes, e-mail, informal conversations and meetings. Communication should be with all agencies involved in the programme, and possibly beyond, as this can provide valuable support.

One service suggested “*there should be cross city networking*” (Animate +). In addition, communication needs to be honest: “*act on what people want but be honest about what you can achieve*” (Homeless to Home – Shelter). Achievements then need to be shared.

Communication is also key in multi-agency working and the benefits of this way of working were mentioned by all. The support offered by sharing and working together was highlighted “*work with different agencies and try not to do it all by yourself*” (Homeless to Home – Shelter).

The value of working with different professions was also seen as important as they bring different skills to the team “*the psychologist had different ways of evidencing and using assessments*” (Bristol Collaborative Service).

Training as a part of multi-agency working was seen as necessary to achieve outcomes for children and families “*having an ongoing training programme across all staff and other agencies*” (Knowle West Sure Start Parent Link Scheme) and “*all having the same training*” (Knowle Early Education Partnership).

In addition to training, other ways of learning from one another were mentioned “*go to an established service and look at their systems to learn, adapt and develop*” (Easton Multi-Agency Project).

It was acknowledged that different aspects of the process take time. Time is needed “*for meetings and to team build*” (Knowle Early Education Partnership), “*to reflect*” (Homeless to Home – Shelter), to understand one another “*getting to the point where everyone was coming from the same perspective took time*” (Easton Multi-Agency Project).

Finally, it takes time to complete the cycle of outcome setting and evaluation “*give time to consolidate successes before you move on to the next goal*” (Hengrove Full Service Extended School – School Family Link Worker).

■ And finally.....

- “Make sure everyone is signed up to it. It needs shared understanding and investment”
(Children Looked After Nurses)

