

# Working to Prevent the Social Exclusion of Children and Young People

## Final Lessons from the National Evaluation of the Children's Fund

University of Birmingham & Institute of Education

**Research Report  
No 734**

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of Children and Young People  
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Children's Fund*

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The National Evaluation of the Children's Fund (NECF) ran from January 2003 to March 2006. A large number of people were involved in a variety of ways. Here we list members of the team who worked on either part-time or full-time bases during the thirty-nine months of the evaluation.

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# **Working to Prevent the Social Exclusion of Children & Young People: Final Lessons from the National Evaluation of the Children's Fund**

**April 2006**

## **Executive Summary**

### **The Children's Fund**

The Children's Fund was set up in 2000, in part as a catalyst to move forward inter-agency co-operation and child and family-led preventative services in local authorities. It is, therefore, part of a long-term strategy aimed at strengthening communities and families as places where children and young people can develop as healthy, responsible and engaged citizens. The initiative targets children and young people aged five to 13 years who are considered to be at risk of social exclusion in all 150 local authorities in England.

The Children's Fund is currently located in local contexts which have changed since it was created. The 149 local Children's Fund partnerships are now working within or alongside emerging collaborative arrangements that meet the expectations of:

- the *Every Child Matters* outcomes;
- emerging legislation and policy including the Children Act 2004 and its associated guidance, and the *Youth Matters* proposals;
- local change developments such as Local Area Agreements;
- regional changes including the development of regional posts bringing together a range of services for children and young people.

The scale of the task facing the Children's Fund as a key strand in the government's commitment to tackle social exclusion and to shift the attention of services towards prevention was substantial. As we have indicated in previous reports, expectations of the initiative need to be realistic and it should not be expected to punch above its weight in changing local practices. The experience so far offers important learning for those taking forward the preventative agenda under new arrangements. It is therefore important that local policy and practice communities make the effort necessary to absorb the legacies offered by the initiative.



## **The Evaluation and its Findings**

The National Evaluation of the Children's Fund (NECF) ran from January 2003 to March 2006 and had three strands.

- The use of large-scale datasets to understand take-up, use and potential impact of the Children's Fund. These datasets included evidence from the older siblings of the Millennium Cohort Study (MCS), children and existing evidence such as the Families and Children Study (FACS), the Children's Fund quarterly monitoring data and the National Pupil Database.
- A series of 16 dynamic and longitudinal case studies of partnerships which examined the structures and processes of partnership working at strategic and operational levels and explored outcomes for service users.
- A detailed study of themed services for five marginalised target groups: disabled children, children at risk of crime, black and minority ethnic children, Traveller and Gypsy children and children from refugee and asylum seeking families.

In addition, the evaluation has operated an ongoing system of knowledge management to ensure that interim findings reached interested groups as the research progressed.

### **Structures and Processes in Strategic Partnerships**

The analysis of the ways in which Partnership Boards operated distinguished two broad types of Board: 'Stable Boards' where there was little evidence of members grasping the potential of the Children's Fund and 'Developing Boards' where prevention was debated, differences explored and the inclusion agenda moved forward. The focus of the work of some Boards changed over time as a result of learning in the Boards and in response to the changing environment.

Statutory bodies comprised the majority of Board members and were often considered to have dominated the agenda. However, the large voluntary bodies were represented on over half the Boards and 38% of programme managers considered Boards to have adopted a 'collaborative' approach. The role of programme manager was generally regarded as key to success.

## **Successes and challenges**

- The programme manager role was considered particularly helpful when managers were able to focus on helping strategic Boards to understand the nature of prevention and how it might be addressed.
- Although considerable efforts were made to engage all relevant stakeholders in partnerships, the active involvement of partners from the NHS was extremely variable. Where it was strong, NHS participants valued what could be learnt from the networks developed through Children's Fund partnerships.
- The strategic role of children and families was limited. At its best the participation of children and families informed the targeting and local commissioning of services, and the exercise of civic voice was regarded to be beneficial for children.
- The capacity of all Boards to give a strategic lead was inhibited by the turbulence surrounding the future of the initiative during 2003 and by the uncertainty engendered locally in moves to integrate children's services in 2005. However, where there was both stability in funding and an environment in which the Fund was well-placed within the local authority, the Board could give strategic direction to shape provision.

## **Learning for future development**

- A general finding, consistent with other studies of partnerships, is that considerable effort needs to go into building collaborative capacity at a strategic level.
- The legitimacy of the Stable Boards was based on strong local networks which connected them to local systems of power and authority. However, these Boards tended not to enable the different values and priorities of partner organisations to be respected. Developing Boards had more open networks with a legitimacy which was earned through engagement of stakeholders including providers and service users. The problem was that they were less well-linked to places where key decisions were made and thus found it more difficult to inform new configurations of children's services. Those responsible for taking forward the new configurations will need to make efforts to learn from the interesting work undertaken in and by these Boards. We are confident that these efforts would be rewarded.

- A major difference between these two categories of Board was the extent to which they grasped the opportunities for development offered by the Children's Fund and worked on new understandings of prevention which drove their commissioning. The more open Developing Boards were better able to function in this way and were therefore more likely to commission services which advanced understandings of responsive preventative work.
- In the more open and developmental Boards attention was given to strengthening them as networks which could identify what needed to be done to prevent exclusion before they were able to give a strategic steer which focused on performance. This time seemed well-spent as they worked with enriched understandings of the nature of prevention and how it might be promoted.
- Key to future development will be the capacity to work in the more open, learning manner evident in Developing Boards, but with effective links into key decision-making systems in mainstream organisations.

### **Targeting Those at Risk of Social Exclusion**

Children's Fund *Guidance* (CYPU, 2001) directed partnerships to focus on 'those children, young people and families most at risk of social exclusion through poverty and disadvantage'. This required decisions to be made about how to identify such children and families and then how to design responses appropriate to their circumstances. An analysis of the approaches to targeting adopted by 26 Children's Fund partnerships revealed different ideas about the basis on which such decisions should be made: both in terms of the overall strategy to adopt, and the nature of the evidence that should guide decision-making.

The main approaches identified are those based on: geographical area; school; theme or group; service models; and the identification of individuals. The targeting rationales of most partnerships incorporated elements of each. Partnerships used elements of five major types of evidence in reaching their decisions, but with different emphases. The five types were: quantitative and administrative data; user input; consultation with service providers; evaluation and research; and the mapping of existing provision.

## **Successes and challenges**

- Barriers facing partnerships in targeting provision included the following. The lack of prior preventative activity made it hard for some partnerships to determine an appropriate way of approaching targeting. The limited availability of quantitative data appropriate and compatible with the defined target groups hindered precise decisions. In some instances an absence of skills necessary to interpret data, and the limited timescale available to plan and commission services meant that partnerships were not able to do as much preparatory work as they would have liked.
- Initial targeting strategies were amended as a result of learning and changing agendas. Learning arose from the following circumstances: services were not always matched to targets, or particular groups of children were found not to be accessing services as intended; it became possible to develop more comprehensive mapping exercises; and previously unavailable detailed data or new understandings of risk and prevention arising from implementation led to the evolution of targeting strategies. Increasing attention to mainstreaming and sustainability and the framework provided by *Every Child Matters* also stimulated changes.

## **Learning for future development**

- Existing quantitative and administrative data are not always appropriate as a basis on which to take targeting decisions as data collection is not designed for this purpose. Those planning to use such data for targeting purposes may need to seek expert advice about how to interpret and use such evidence.
- It was not always clear at what stage in the planning process evidence was employed. At one extreme it appeared that targets were decided on the basis of contextual judgements and evidence was later assembled to justify the decision. Other partnerships examined a range of evidence prior to reaching decisions. Sometimes a particular form of evidence dominated initial thinking and another was used to tighten the focus. It may be appropriate to refer to criteria other than evidence of need in order to reach decisions (e.g. the potential to link with other initiatives taking place in a locality, or a wish to test out an innovative approach to prevention with a different target group), but this should be made explicit and opportunities to learn from such approaches built in to the process.

- There were differences of view about the appropriateness of decisions to target specific groups of children in the context of an initiative intended to achieve social inclusion. Experiences indicated the benefits of responding to the particular circumstances of children in diverse circumstances. However, defining the target group remained problematic and disputed in many instances. Our results suggest the importance of building strategies around the identification and understanding of the *barriers* faced by different groups, not just the identification of the groups themselves.
- The practice of assembling evidence focused attention on what still might be required in fully addressing the complexity of risk and protection factors that may inform future preventative provision. The various forms of consultation, experience and local research will continue to add to this knowledge. The growing availability of integrated, disaggregated, and longitudinal local databases; and the availability of Identification Referral and Tracking (IRT) systems with their information on the multiplicity of factors are necessary to define and identify children at risk of exclusion.

### **Strategies and Practices to Prevent Social Exclusion**

Following decisions about how to target their activities, Children's Fund partnerships commissioned services to deliver the programme's objectives. Some of those services were designed to respond to the needs of children in particular circumstances (e.g. young carers); to address particular behavioural difficulties (e.g. children considered to be exhibiting anti-social behaviour); to focus on ethnic or cultural groups (e.g. African Caribbean boys or Gypsy children). In other cases services were located in areas characterised by high levels of disadvantage with the intention that they would be used by those in particular need. Only a minority of partnerships intended services to be universally accessible to any children in the area.

There was a diversity of service provision, but services can be broadly categorised as: providing safe spaces through clubs, play or specialist services; individual help through mentoring, counselling or therapeutic play; and enhancing local resources such as play areas. While the majority of services could be categorised as locality-based 'club' provision, there were also services working directly with parents and services designed to offer specialist support for particular groups of children (and sometimes their families). The latter included provision designed exclusively for deaf children, or solely to support refugee and asylum seeking families. Other tightly targeted services were established to enable children who may be isolated or excluded to take part in activities alongside other groups: to enable disabled children to attend Brownies, or to enable Gypsy/Traveller children to use sports and leisure services.

Although the major focus of the initiative was the provision of services, some Children's Fund partnerships also identified the need to achieve changes in mainstream services and service systems if long-term outcome objectives were to be achieved and be sustainable. Issues identified included the following: developing more responsive practices; raising awareness within mainstream services of the particular difficulties faced by, for example, refugee and asylum seeking children; improving multi-agency working at service delivery as well as strategic level; and engaging both children and their parents as active partners in service development and in creating pathways to inclusion.

### **Successes and challenges**

- The initiative enabled a wide range of preventative services to be provided for children age five to 13 and their families. It allowed practitioners to implement a policy of early intervention with a much neglected age group and revealed nationally the extent and complexity of early intervention with vulnerable children and their families. In particular, work with children often uncovered considerable unmet need within their families and many Children's Fund services worked flexibly to respond to those needs.
- There was some variation in the extent to which services grasped the opportunity offered by the initiative to develop innovative approaches to prevention. Some services continued existing service-led practices which, although valued by parents, could perpetuate their dependency on that service. Other Children's Fund services did take advantage of the intentions of the initiative and worked holistically with families, creating new opportunities and developing children's and families' awareness and capacity to take-up other services and resources in the community.
- There was variation in the extent to which services collectively constituted a strategic programme of activity, or a series of separate projects. We can distinguish contexts in which thematic work did have the characteristics of a 'programme' and others where it clearly did not. There was some indication that Children's Fund partnerships may have been more successful in developing a strategic approach in areas less dominated by mainstream agendas with competing priorities at the time.

### **Learning for future development**

- Preventative work with children often revealed the need for work with their families. The scale and complexity of preventative work should not be underestimated.
- There was evidence that reliance on accepted practices and provision may result in services continuing to work in existing ways with their usual groups and communities and moves towards more responsive and participatory practices being inhibited.
- It was clear that services designed to recognise and respect children's cultural backgrounds were valued and recognised as important in counteracting racist and other discriminatory behaviours and labelling of different groups as 'problem communities'. These services particularly helped children to develop pride and confidence. Where services did not sufficiently acknowledge and respond to different cultures and lifestyles, or recognise and work on the barriers faced by many children in accessing mainstream services, benefits were likely to be short-term. Preventative work therefore needs to encompass working on the barriers to inclusion as well as building the capacity of children to deal with them.
- Many of the services were provided by small and large voluntary organisations. This often enabled services to be designed on the basis of particular knowledge and understanding of the communities targeted, but such provision needs to be accompanied by change in mainstream service provision if change is to be sustained and if the benefits of preventative practice are to be experienced more widely.
- When there was innovative work being done, the learning involved often remained embedded in practices. Taking forward the learning from practice to inform new responsive services can be a time-consuming process. Allowing time for such work will be important if the new arrangements for children and families are to be informed by experiences of the Children's Fund.

### **Participative Approaches to Prevention**

The participation of both children and parents was seen as an important feature of the Children's Fund approach to prevention. Two types of participation were found in the context of service delivery: participation for the development of services and participation in developing individual children's pathways out of exclusion.

## **Successes and challenges**

- Engaging children and young people in service development was often associated with building a sense of self-efficacy through involving them in making both small and relatively large decisions about provision, ranging from the choice of a particular activity to involvement in staff recruitment. These opportunities and the respect for children they demonstrated were highly valued by the children concerned.
- Engaging parents and carers in service development was more difficult. Parents often had more pressing demands on their energies, sometimes they needed time away from their children or they thought their children needed time away from them and with other children. It was clear that developing parental participation in service development takes time and that carers saw services as ways of helping them to cope rather than as opportunities for engagement in service development.
- Some services continued existing service-led practices which, although valued by parents, did not focus strongly on parents as informed decision-makers and partners. Others developed genuine and highly valued partnerships with parents which encouraged their decision-making in relation to their own children and their needs.

## **Learning for future development**

- Parents and carers did value very highly opportunities to work in partnership with practitioners to create and sustain their children's trajectories out of social exclusion. They particularly valued collaborating with practitioners to plan what they could do and how they could access other services which would address their children's needs.
- Strategies which assume a level of participation from children or their families without also addressing what may be experienced as more immediate needs will not be successful.
- Embedding participation is a slow and expensive activity and children and families need to be able to learn how to participate. Whilst the benefits can be clearly seen, the time and skills needed must also be recognised and supported



## **The Use of Children's Fund Services**

The Children's Fund was targeted at five to 13-year-olds, although the evidence indicates that Children's Fund services were used both by children aged four and also by young people of 14 and 15. The peak ages for use were between nine and 12.

## **Successes and challenges**

- Services were in place in wards with a higher ratio of single parents and mothers without educational qualifications and with higher scores on measures of adverse neighbourhood conditions than those without Children's Fund services.
- There is evidence that the Children's Fund was reaching its target groups. Services were more likely to be used by children from larger families, from single-parent families, from homes that were rented and where means-tested benefits were received, however, these differences were not statistically significant. There was a significant difference in scores on the Strengths and Difficulties Questionnaire between children who used Children's Fund services and those who did not, with service users presenting more problematic behaviour.
- Different services types were used by different groups of families and children. Data suggests that breakfast clubs and homework clubs were used by the more disadvantaged groups whereas after-school clubs were used more by primary school age children from better-off families with a well-educated mother who is working full-time.
- There were differences between minority ethnic groups in their use of services like those provided by the Children's Fund. Children from Black/Black British backgrounds are generally most likely to use breakfast, homework and after-school clubs. Children from an Indian background and children whose mothers gained educational qualifications from overseas are least likely to use breakfast clubs. White children are least likely and Pakistani/Bangladeshi children most likely to use homework clubs. We cannot be sure that these differences are not due to differential provision in different sorts of areas, however, the balance of the evidence suggests that this is not the whole explanation.

## **Learning for future development**

- The Children's Fund does appear to have reached more disadvantaged children, although qualitative evidence from our work with some of the more marginalised groups

suggests that access to services remained problematic for some. It is important to continue to review service use and to consider ways in which service design and location can affect who is able and willing to use services.

- The precise targets for preventative services are less clear cut than is the case in relation to interventions offered at higher levels of need. In this context it is hard to suggest what is an optimal level of use of such services. However, it is important to have a strategic overview of who is and who is not using services in order to reflect on whether the initiative as a whole is doing what was intended.

### **The Perspectives of Service Users**

The timescale of the evaluation means it was not possible to evidence the long-term impact of the initiative. We do have evidence of the short to medium-term impacts from the perspective of the children and families. These experiences were primarily positive and point to the value of the services provided from the perspective of those using them. Many of the responses of service users can be mapped against the five *Every Child Matters* outcomes.

### **Successes and challenges**

- Services addressed the needs of children and young people across a broad spectrum of need. For some children its main impact was through the provision of safe spaces for after-school care or respite for hard-pressed parents. For others it has operated as a gateway for children and their families, enabling them to receive ongoing and responsive support from a wider range of services including other Children's Fund services.
- Practices and approaches that children and parents valued included: responsive, specialist support tailored to the individual needs of the child and family; trusting relationships with non-judgemental and respectful project workers which were sustained over time; co-ordinated multi-professional responses, supported signposting and fast-tracking for children and families to other services.
- Working holistically with families, creating new opportunities and developing children's and families' awareness and capacity to take-up other services and resources in the community helps to address some of the wider dimensions of social exclusion that children and families may face.

### **Learning for future development**

- The close relationship between outcomes reported by children and families and the *Every Child Matters* outcomes demonstrate the extent of the relevance of the Children's Fund to future developments in children's services.
- An additional lesson is the scale and complexity of needs being revealed. Particularly the need to work with families as well as children has implications for the development of full service schools.

### **Working with Schools and Other Communities**

Improving school attendance and performance were sub-objectives of the initiative and schools were the location and focus for many of the services provided through the Children's Fund. Identified risk factors for social exclusion relate to schools and the wider community as well as to factors within families. Evidence gathered in the thematic case studies with more marginalised groups identified the need for change in schools and in communities if the social exclusion faced by some children is to be overcome.

### **Successes and challenges**

- Because services focused on building the resilience of children and families they were rarely able to work on wider social conditions of children's development, such as the exclusionary practices that could be found in some mainstream services. Where there was evidence of changes in mainstream practices they were often by-products of individual child-level service provision. The absence of mainstream providers in the development of some services also appeared to limit the ability of these services to enable better outcomes for children when they used mainstream provision.
- Particularly over the last year of the evaluation, the role of extended schools in the prevention agenda was recognised by partnerships and efforts were being made to approach schools with a view to engaging in these new developments. Many services were located within schools from the outset, often because these appeared to be simply the most convenient location, but there was some variation in the extent to which these services were operating in partnership with schools. For some more marginal groups close linkage with schools was considered unhelpful in the context of improving

accessibility or inclusiveness. For other children, school-based services were highly valued and regarded as easily accessible.

### **Learning for future development**

- A stronger focus on barriers to inclusion is likely to generate more sustainable long-term outcomes and to have broader benefits than for those directly using services. One way to achieve this may be to work more closely with other regeneration initiatives which have similar objectives, and to utilise legislation (such as the Disability Discrimination Act) which is designed to prevent exclusionary practices within services and communities.
- Local Children's Fund strategies reflected the original Children's Fund sub-objectives relating to educational participation and achievements, but it was evident that responses based solely on work with and in schools were insufficient to meet these and the broader social inclusion objectives within which they were located. However, schools are also vital to taking forward the government's agenda to reduce social exclusion, as the creation of full service schools testifies. Developments need to ensure that environments are genuinely inclusive, and that schools are able to look outwards in order to become strategic players in the development of preventative services.
- Resources and opportunities that might have assisted in challenging mainstream providers, such as reference to the legal requirements of the Disability Discrimination Act, or the potential to work with broader-based neighbourhood renewal strategies, were rarely called upon. Rather, the Children's Fund appeared to work in some isolation from other local service and policy developments that might have assisted it in achieving its objectives.

### **Community Capacity Building**

Whilst their strategic influence was limited in many partnerships, voluntary and community sector agencies played an important role in service delivery. However, there was also evidence that some communities struggled to take up the opportunities presented by the Children's Fund. Communities suffering significant hardship and deprivation did not, at times, have a baseline capacity that enabled them to develop voluntary and community sector organisations which could engage with the Children's Fund.

### **Successes and challenges**

- Voluntary and community sector organisations delivered services that were flexible and responsive to the needs of children in diverse situations.
- Capacity building among smaller voluntary organisations was an important priority for many partnerships, particularly those with open, Developing Boards. A strong incentive for this work was to enable these organisations to augment provision.

### **Learning for future development**

- The speed at which the local Children's Fund partnerships were expected to become operational sometimes inhibited the groundwork necessary to build community capacity to take advantage of the funding opportunities initially available. Throughout the initiative, building voluntary and community sector capacity to engage with the opportunities provided by the initiative has been a priority task for the programme teams.
- In view of limited evidence about the continuing capacity of the Children's Fund to offer developmental support to such organisations, a reliance on voluntary and community sector organisations contributes to a concern that innovative practice will not be sustained and the hitherto unmet need they tackled would remain unaddressed.

### **Learning In and From the Children's Fund**

The Children's Fund was intended to be more than a provider of preventative services; it was also to be a catalyst for change, informing and shaping moves towards more integrated services for children in local areas. NECF examined how partnerships were able to generate and share new understandings and practices aimed at the prevention of social exclusion. In doing so it looked at what was learnt and how it was learnt within the partnerships and how that learning was taken forward to inform the local reconfigurations of children's services.

### **Successes and challenges**

- The potential legacy of the Children's Fund for local areas included fresh understandings of the relationship between participation and prevention; ways of achieving multi-agency collaborations at strategic and operational levels of functioning; the involvement of voluntary and community services in provision and commissioning practices.

- Systems for the easy flow of knowledge from practice to strategy in partnerships rarely existed, although there were a few examples of complex systemic communication channels made and sustained by programme teams. More commonly, partnerships relied on individuals to broker practice-based knowledge up the system. Partnerships with Developing Boards were better at enabling this brokering.
- Some Children's Fund partnerships promoted the development of local networks of practitioners which enabled them to offer multi-agency responses to social exclusion. Networks rarely arose spontaneously. Rather they needed to be started through formal meetings which crossed practice boundaries and which allowed practitioners to develop their own trails or pathways of trust and collaboration.
- The role of programme managers and teams was central to ensuring that developments in practice informed partnership strategy and more latterly influenced local developments more generally. They worked hard to take forward understandings to inform new forms of service development and were helped by well-placed champions in some areas. However, much of their success depended on the receptivity of those responsible for the development of children's services.
- Where partnerships had created procedures which met the needs of the new arrangements for children's services, there was evidence of the initiative's influence in the new systems. For example, principles and processes for commissioning constituted a legacy from the Children's Fund which is, potentially at least, easily transferred to new configurations of services for children.

### **Learning for future development**

- Programme managers reported disappointment in the impact that members of Partnership Boards had been able to have on the strategies and practices of their own organisations. It will be important to ensure systems for learning and influence exist beyond the immediate networks established by the Children's Fund if the investment in preventative services is to build on the legacies offered by the initiative.
- The Children's Fund generated new and useful knowledge about preventative practices. However, it has remained embedded in practices because partnerships necessarily focused on service delivery and rarely gave priority to sharing the learning. There is work

to be done to support and sustain those practices and the knowledge of prevention embedded in them and to make the learning they represent available to others.

### **Taking Forward the Legacy of the Children's Fund**

NECF has captured a picture of the Children's Fund as a diverse initiative that has built on local strengths to meet local needs and which supported some innovative and beneficial services and practices aimed at the prevention of social exclusion of a historically neglected age-group. In doing so it has revealed the scale and complexity of the preventative work that is needed to address the risks and consequences of social exclusion.

As well as identifying the specific successes of the initiative, NECF has also suggested that the focus on service provision and delivery for specific groups or localities has led to limited attention to the conditions of children's development and features of their worlds that are themselves exclusionary. Responses to the initiative need to include action which deals with what it is that excludes as well as with building the resilience of children and families.

The challenge now lies in translating this learning from Children's Fund practice and strategic partnerships into the new arrangements for children's services, and, in doing so, maintaining and developing the profile of prevention. The Children's Fund's legacies are directly relevant to the emerging local arrangements for services for children and families and need to be taken seriously.

# **Chapter 1: The Context and History of the Children's Fund and the Work of NECF**

*In this introductory chapter the history of the Children's Fund is described and located in the wider policy changes that have impacted on the development of the initiative. The chapter also provides an overview of the final report by the National Evaluation of the Children's Fund (NECF). It offers advanced organisers for the findings contained in the chapters that follow by highlighting the particular themes and issues that the report goes on to explore in subsequent chapters.*

## **1.1 Introduction**

This chapter describes the background and origins of the Children's Fund and the context within which its work will be taken forward. The chapter also provides an outline of the purposes of the evaluation, the theoretical frameworks and methods adopted and points towards the areas to be discussed in subsequent chapters.

This, the final report from NECF, is accompanied by a series of related reports focusing on particular aspects of the Children's Fund activity. These reports are referenced where appropriate throughout and are briefly described in the introductory chapter. NECF has already produced six reports based on earlier analyses of evidence from the evaluation. These reports mapped the work and structures of the Children's Fund across England (NECF, 2003a); outlined lessons for practice from that mapping (NECF, 2003b); considered the emerging learning from early case studies in relation to multi-agency collaboration, participation and prevention (NECF, 2004a; NECF, 2004b; NECF, 2005a) and identified the strategies being adopted to develop services that were themed and targeted at specific groups of children and young people, for example, children from refugee and asylum seeking families or disabled children (NECF, 2005b).

## **1.2 The Children's Fund**

### **Origins and brief history**

The origins of the Children's Fund can be seen within the *Policy Action Team Report 12 (PAT 12)*, a cross-cutting review that produced the document *Young People at Risk* (SEU, 2000). The PAT 12 report identified the outcomes and challenges for young people at risk of social exclusion and built upon the thinking and commentary in the consultation document *Supporting Families* produced by the Home Office in 1999. The PAT 12 report identified gaps in preventative services for children and young people and argued for a greater emphasis on early intervention, more flexibility on the part of service providers and increased co-ordination of local provision in order to address the complex needs of vulnerable children and young people.



The Children's Fund was created following the 2000 Spending Review. It was evidence of the commitment to action to reduce child poverty and its intention was described as follows:

So in a unique initiative – and after consultations with charities and voluntary organisations – we will create a national Children's Fund with a budget over three years totalling 450 million pounds to help children and young people at risk.

(Statement by the Chancellor of the Exchequer, 18<sup>th</sup> July 2000)

The Children's Fund *Guidance* (CYPUP, 2001) describes the Children's Fund as:

The Children's Fund is a central part of the Government's agenda for children and families and aims to make a real difference to the lives of children and young people at risk of social exclusion. (CYPUP, 2001, p2)

When the Children's Fund was launched in 2000 it was directed at developing participative multi-agency working for preventative services for children and young people aged from five to 13, across the 150 Local Authorities with 149 partnership arrangements. It was one of a range of related government initiatives developed to address issues of social exclusion. These included: the Local Network Fund for Children and Young People, created alongside the Children's Fund to provide small scale activity for community groups with additional funding to grow capacity; Sure Start, aimed at pre-school children under four years and their families; Connexions, aimed at young people and the transition into Further Education and employment; and On Track, a pilot preventative initiative designed to reduce offending amongst children and young people and incorporated into the Children's Fund in 2001. The On Track projects, as a result of the process of incorporation, became part of local Children's Fund provision in the 21 areas in which they operated in England whilst retaining their original brief and separate evaluation. The emphasis on the need for co-ordination across government in achieving the objectives of the Children's Fund was demonstrated by locating responsibility for the initiative in the cross-departmental Children and Young People's Unit (CYPUP).

The Children's Fund was rolled out from 2001 and is to be funded until 2008. The initiative itself was ambitious with considerable potential for changing approaches to preventing social exclusion. The total budget over this period will be £960m. Compared with the other large initiatives i.e. Sure Start and Connexions, the Children's Fund had several additional challenges associated with its funding arrangements. Its budget was less than that allocated to Sure Start, for example, and the funding was offered on a shorter time frame. In addition, the uncertainty over funding that hit the Children's Fund in 2003 established a sense of insecurity which led to cautious and at times difficult planning processes. Confidence was regained during 2004 and the Children's Fund budget increased.

However, by 2005 attention had turned to the development of children's integrated services within and across local authorities.

The funding in the early stages of the initiative for each local authority was allocated on the basis of levels of deprivation and need. The funding was released in response to the successful submission of an implementation plan by a local partnership, typically comprising local authority, voluntary and community sector and health service representatives, youth justice representatives and other community and statutory agencies concerned with meeting the needs of children and young people. These partnerships in some areas built on existing partnership arrangements, other areas developed new partnerships geared specifically to meet the requirements of the Children's Fund. The details of these diverse arrangements are in an earlier report (NECF, 2004a).

Local programmes were funded in three waves, which reflected regional and central assessment of levels of deprivation and need in each local authority. The first wave of programmes was funded in January 2001; Wave Two started in February 2002 and Wave Three in December 2002. Partnerships were initially allocated their funding annually; this arrangement impacted the types of contract a partnership could make.

In 2004 Children's Fund partnerships agreed a further local three-year plan, running from April 2005. This plan was intended to ensure that the work of the Children's Fund was mainstreamed into the emerging integrated arrangements for services for children and families within each local authority area and to provide secure funding arrangements for the life span of the plan. The emerging local arrangements included the development of children's trusts and Local Area Agreements (LAA): both developments are expected to incorporate strategies and services focused on prevention and to work with the local Children's Fund partnerships.

The intention in the *CYPU Guidance* was that implementation would draw on local strengths to meet locally identified needs. All partnerships appointed programme managers to take forward the initiative and established some form of strategic multi-agency decision-making Board or Group to commission and monitor the provision of services according to local needs. There was an expectation that needs would be identified in consultation with children, young people and families and in analyses of local demographics. The result is considerable diversity in structures, processes and purposes across the 149 partnerships.

## **The objectives of the Children's Fund**

The Children's Fund has the following overarching objective:

to provide additional resources over and above those provided through mainstream statutory funding, specific programmes and through specific earmarked funding streams. It should engage and support voluntary and community organisations in playing an active part and should enable the full range of services to work together to help children overcome poverty and disadvantage. (CYPFU, 2001, p6)

In order to take forward this broad intention the Children's Fund *Guidance* provided seven sub-objectives for the Children's Fund (see Appendix A). The sub-objectives drew on understandings of risk and protective factors in relation to social exclusion which are located at the levels of the community, the family and the individual. These sub-objectives identify desired changes in individual child-level outcomes linked to education, health and anti-social behaviour and work at the level of the family and community with outcomes associated with accessibility, service user involvement and capacity building. The sub-objectives were the primary drivers for local partnerships in taking forward the initial planning and commissioning; in particular they enabled partnerships to focus on individual and family level outcomes for children, such as educational attainment and attendance.

More recently the Children's Fund has endeavoured to link work developed to meet the original sub-objectives to the five outcomes articulated in the 2004 Children Act and the associated documents *Every Child Matters* (DfES, 2003) and *Every Child Matters: The Next Steps* (DfES, 2004). These outcomes are widely known as 'staying safe', 'being healthy', 'enjoying and achieving', 'making a positive contribution' and 'achieving economic well-being' (see Appendix B). Whilst the decision was made not to provide central guidance linking the seven sub-objectives across to the five more recently agreed outcomes, evidence from the partnerships show that activity directed at the sub-objectives produced services that can be set against them. NECF has made similar links which are illustrated with the evidence discussed in Chapter 7 of this report.

## **The purposes of the initiative in relation to policy for social inclusion**

The story of the Children's Fund is one of change and, at times, uncertainty. The initiative came into being at a time of substantial and far-reaching policy change. The traditional approaches to child welfare provision were under review (Little, 2003) and new arrangements had yet to be established. The Children's Fund initiative was rolled out at a time of significant policy developments. Of particular relevance was the move towards tackling the needs of children

holistically within a framework for addressing social exclusion, and away from individual services according to the type and level of need as set out by the Children Act 1989.

The PAT believes that the philosophy which lay behind the Children Act 1989 has never been put into practice for a combination of reasons:

- the fact that the costs of crisis intervention falls on different budgets from those that might fund preventative activity....
- the way the priorities for services for children and young people are set out in legislation and policy guidance....
- professional cultures (PAT 12, p42)

Following this review came the new agenda set out in *Every Child Matters* and *Every Child Matters – Next Steps* which expanded the emphasis to a broader agenda for children: 'The vision we have is a shared one. Every child having an opportunity to fulfil their potential. And no child slipping through the net' (DfES, 2004, p5).

The Children's Fund initiative therefore came as part of a highly aspirational agenda for change (SEU, 2004) and was embedded in a set of central government reforms that aimed to raise the profile and increase the attention given to children and young people across all central policy making functions. The establishing of the CYPU as a cross-cutting unit was one result of this agenda.

The dynamic policy context has meant that the initiative developed with changing priorities and organisational arrangements. The context has had an impact on the capacity of the Children's Fund to meet its expectations. Some characteristics of the initiative have consistently reflected emerging local and national concerns and intentions, for example, collaborative working and the engagement of the voluntary sector. Other characteristics of the Children's Fund, for example, the development of community capacity, have waxed and waned in terms of the relevance to the policy context as new developments in policy have emerged. In addition, there have been changes to the requirements placed on the Children's Fund. The most significant of which was, in response to growing policy concern about young people and crime, a requirement in the summer of 2003 that 25% of the Children's Fund budget in each local partnership be spent on action to reduce crime and anti-social behaviour.

The initiative has also been affected by changes in the structure of government departments. The CYPU had a relatively short life, its functions being merged into divisions within the DfES during late 2003 and early 2004. Responsibility for both the Children's Fund and its national evaluation passed to the Children, Young People and Families Directorate (CYPFD) within the

DfES, and subsequently the regional management arrangements have been brought together with Sure Start and the Local Network Fund.

The 2004 Children Act brought with it expectations for collaborative working to address children's needs, and created a policy context that can be seen to reflect the early intentions of the Children's Fund . The profile and prominence of prevention is still the subject of local and national debate. However, the requirement that education, social services, health and the voluntary sector come together to plan and develop shared arrangements for services for children and families suggests experiences of the institutional architecture developed to deliver the Children's Fund can offer useful learning for the future development of collaborative arrangements.

### **1.3 The Current Context**

The Children's Fund now (2006) sits within a local context significantly different from the context at the time the Children's Fund was created. Specifically, the local Children's Fund partnerships are now working within or alongside local emerging collaborative arrangements that meet the expectations of:

- the *Every Child Matters* outcomes;
- emerging legislation and policy such the Children Act 2004 and its associated guidance, and the Youth Matters proposals;
- Local Area Agreements;
- regional changes including the development of regional posts bringing together a range of services for children and young people.

The changing context has also placed an emphasis on local developments rather than regional or national initiatives. Children's Fund partnerships are now expected to be working within locally agreed collaborative arrangements – some partnerships have already been fully incorporated into these new structures. Other partnerships are aligned but retain some autonomy, with a further number of partnerships still in the early stages of discussions about ways forward. This is a rapidly changing picture. Within this local context Children's Fund partnerships are being steered regionally and centrally to drive forward locally the profile of prevention in the new arrangements, and to utilise their experiences to inform future local commissioning and service development. The links between the Children's Fund and the Local Network Fund are being renewed and this linking will continue as the initiatives become part of local collaborative arrangements. The work of the Children's Fund is now firmly set within the framework of the

*Every Child Matters* outcomes, and the original objectives and sub-objectives are being translated accordingly.

#### **1.4 Social Exclusion**

The broad objective of the Children's Fund has been to stimulate and support the development of local collaborative services that aim to reduce or prevent the social exclusion of children and young people. It shares this focus on preventing the consequences of social exclusion with a number of other Government initiatives that were intended to create a more socially just society by targeting action at a local level in areas and on social groups considered most at risk. Thus, for example, Health Action Zones were intended to address health inequalities and New Deal for Communities is designed to improve outcomes for people living in the most deprived neighbourhoods. Unlike the Children's Fund, these were amongst a range of initiatives known as 'Area Based Initiatives' (ABIs) which focused action in areas of greatest need. In contrast the focus of the Children's Fund was a particular group: children aged five to 13 across England. We consider what this has meant for decisions about how to target resources in Chapter 3 and in more detail in a separate report (Hughes and Fielding, 2006).

The origins of the concept of social exclusion are European and an early definition was provided in a European Commission Green Paper on *European Social Policy Options for the Union* in November 1993.

Social exclusion does not only mean insufficient income. It even goes beyond participation in working life; it is manifest in fields such as housing, education, health and access to services. It affects not only individuals who have suffered serious set backs, but social groups, particularly in urban and rural areas, who are subject to discrimination, segregation or the weakening of traditional forms of social relations. More generally by highlighting the flaws in the social fabric, it suggests something more than social inequality and, concomitantly, carries with it the risk of a dual or fragmented society.

This definition demonstrates the multi-dimensional nature of social exclusion and also indicates why European states are concerned about it. Not only does social exclusion threaten the life chances of those subject to it, but a consequence is a divided and fragmented society. Social *inclusion* is thus not only good for individuals but also for society.

It has been recognised that children and young people are amongst those adversely affected by the impacts of social exclusion (SEU, 2000). One contribution that the evaluation of the Children's Fund can make is to understand what the experience of social exclusion means for the diverse groups of children and families who have been targeted by the Fund, to relate the

services that have been developed with the support of the Children's Fund to these experiences and assess their capacity to reduce the impact of exclusionary processes.

Given the definition provided by the European Commission, our assumptions are that as useful as building individual resilience might be, a framework for addressing exclusion should also recognise the following points.

- a) It is important to understand more precisely what needs to be prevented in order to design services and develop practices capable of responding to diverse experiences of exclusion. For example, in some instances what 'needs to be prevented' is the negative impact on children's behaviour of overcrowded living conditions and parental violence resulting from unemployment and/or poor health. In another context, poor living conditions can impact negatively on a disabled child's capacity to explore their physical abilities. What 'needs to be prevented' in this instance is the child missing out on opportunities to develop physical skills. In both cases poor physical environments are implicated in the danger of social exclusion, but the processes involved and the necessary responses are rather different.
- b) Preventing social exclusion needs to be understood in the context of children's and families' relationships with society, as well as their relationships with services. Thus a focus on 'levels' of prevention which emphasises avoiding the use of ever more specialist services is only part of the story. Action intended to reduce the likelihood that children will become socially excluded needs to be based in an understanding of the social processes that result in exclusion, and focused on achieving better outcomes in terms of children's and families' social relationships.

If the work of the Children's Fund and the evaluation is to inform thinking about policy for prevention it needs to explore the potential of individual resilience building as a way out of exclusion alongside examining how well the services that were provided helped to strengthen children and families in difficult circumstances.

## **1.5 Risk, Protection and Resilience**

Because the Children's Fund sub-objectives were expressed in terms of outcomes for individual children and families, we have drawn on concepts of risk and resilience and looked at protective factors when examining the provision of services and the experiences of Children's Fund services for individual children and their families. In addition, in order to place these experiences within the overarching objectives of the initiative for social inclusion we locate children's individual developmental pathways within this broader framework. This enables us to reflect on the capacity of the Children's Fund to achieve broader outcomes for communities and for society, to consider what it has achieved and what lessons might be learnt for social inclusion, and what it has not been able to do.

The underlying focus in the Children's Fund *Guidance* is on children most in need or at risk, as the *Guidance* states, 'services must focus on those children, young people and families most at risk of social exclusion through poverty and disadvantage' (CYPU, 2001, p8). There is recognition that different levels or intensities of intervention are likely to be needed to correspond to different degrees of need or risk, expressed as four levels of prevention (see below). The *Guidance* provides a 'risk framework', comprising potential risk factors at the individual child, family and community levels, to help local partnerships identify areas in which to focus interventions. The framework also encourages a focus on protective factors, although provides less information about what these might be.

Research has identified important protective factors for the individual child as problem-solving skills, high aspirations, positive peer relationships and positive school experiences (Benard, 1991; Newman, 2002; Schoon and Bynner, 2003). Engaging with children's family networks is increasingly recognised as a potential source of informal social support which helps to protect children from adversity and build their resilience. Approaches which emphasise family resilience have identified protective factors for children and young people at the level of the family in terms of promoting caring and supportive family relationships, a secure base and a sense of belonging.

Community-based approaches to building resilience are also receiving more attention in the resilience literature and in preventative services more widely (Morris, 2005). Such approaches aim to involve families and communities as well as young people and aim for integrated service delivery. The need for interventions to be appropriate to the cultural context and build on communities' strengths and models of community empowerment has also been recognised. Protective factors at the level of the community identified in research include the availability of



external support or resources, positive school environments, and opportunities for participation (Benard, 1991; Newman, 2002).

In analysing children's and parents' experiences of Children's Fund services, we draw on the concepts of risk, resilience and protective factors to map children's and young people's supported pathways towards greater inclusion over different timescales as reported by children and families themselves. The timescales analysed were often based on children and parents reflecting back over a number of months or years depending on the length of time they had used the service. We explore children's and carers' experiences of the practices and approaches available, the perceived outcomes for children, young people and their families and the ways that practices have supported children's and young people's pathways towards inclusion.

## **1.6 Prevention**

During the past decade preventative child welfare provision has seen some shift from separatist services targeting individual needs and risks to collaborative approaches that aim to address holistically the needs and experiences of children (Little, 2003; Morris, 2004). The Children's Fund has provided opportunities for new thinking to emerge about policy and practitioner understandings of prevention when set within the social exclusion policy context (NECF, 2005a). At the time the Children's Fund initiative was developed, existing frameworks for conceptualising prevention were based on understandings about levels of need set against the desired outcome for the child (CYPUP, 2000). The original work of Hardiker, *et al.* (1991) and Hardiker (1999), which was amended and adopted by the CYPUP when designing the Children's Fund *Guidance*, offered a tiered model of provision according to the acuteness of need.

Level One: Diversionary. Here the focus is before problems can be seen – thus prevention strategies are likely to focus on whole populations.

Level Two: Early prevention implies that problems are already beginning to manifest themselves and action is needed to prevent them becoming serious or worse.

Level Three: Heavy-end prevention would focus on where there are multiple, complex and long-standing difficulties that will require a customisation of services to meet the needs of the individual concerned.

Level Four: Restorative prevention focuses on reducing the impact of an intrusive intervention. This is the level of prevention that would apply to, for example, children and young people in public care, those permanently excluded from school or in youth offender institutions or supervision and/or those receiving assistance within the child protection framework. (CYPUP, 2001, p37)

The Children's Fund was expected to be concerned with 'stopping bad things getting worse': levels two and three of the model of prevention adopted by the CYPUP. Local partnerships used this tiered framework for prevention to inform their commissioning and service development.

The evidence from NECF indicates that the original framework for understanding and developing preventative services presented considerable limitations when applied by local policy makers and practitioners to the diversity and changing intensity of children's and families' needs (NECF, 2005a). For example, children who were the target of Children's Fund activity presented a range of needs simultaneously: refugee children often had concurrent needs that included access to a school, access to GP registration and support capable of responding to the impact of their difficult experiences. These needs were set within a local context, and within operational and strategic assumptions about the processes for inclusion and intended outcomes. The requirement of the Children's Fund *Guidance* that needs should be mapped and addressed by collaborative partnerships in their local context added a further layer of complexity to this picture. The original Children's Fund *Guidance* and tiered framework for prevention is evident in the data gathered and analysed by NECF and in the findings contained within this report. However, the preventative intentions of the Children's Fund and the diversity of the activity of the initiative have suggested the value of developing a different framework for understanding prevention. This framework is described in Appendix C. It is offered as a starting point for discussions within the Children's Fund in order to develop refreshed understandings of prevention. It has also implicitly informed analyses in Chapters 5 and 6.

### **1.7 Partnership**

The re-conceptualisation of policy problems by reference to social exclusion in New Labour's approach to social policy has been accompanied by changes to the institutional architecture within which such problems are to be addressed. Central to these changes has been the requirement on statutory agencies to work with each other, and with voluntary and community and sometimes private sector agencies, in order to develop and implement strategies capable of addressing such problems holistically. The government has required the creation of local level partnerships to address issues such as crime and community safety, neighbourhood renewal and health inequalities, as well as children and young people. Sullivan and Skelcher (2002) identified 5500 local or regional level partnerships in the UK in 2001 that were the result of government initiatives.

There is broad agreement about the difficulty of defining precisely what 'partnership' is or means, and huge variety in the institutional arrangements through which collaborative working is

intended to be achieved (Glendinning, *et al.*, 2002). In most cases this involves some type of board or group comprising representatives of the agencies included in the partnership, although often a single agency is the 'accountable body' in legal terms. But 'partnership working' goes beyond the governance processes established to bring agencies together in order to make decisions, allocate funds and hold providers to account. The intention is that collaborative working will happen at all necessary levels in order to deliver policy objectives, and collaborative capacity needs to be built throughout the service system if the aspirations of partnership working are to be achieved. As a result of the national evaluation of Health Action Zones, Sullivan, *et al.* (2005, p109) identified the following sites in which collaborative capacity needed to be built.

- Strategic capacity to establish a vision and to institute appropriate partnership bodies.
- Governance capacity to establish an appropriate constitutional form and accountability arrangements for the collaboration.
- Operational capacity to develop and employ new mechanisms for delivering services collaboratively.
- Practice capacity to draw on and develop the skills and abilities of workers to embrace and further the collaborative agenda.
- Community capacity to support the involvement of communities and citizens in opportunities opened up by the HAZ.

Children's Fund partnerships face similar challenges to other partnership initiatives in building collaborative capacity at different levels and in achieving this alongside the necessity to achieve the policy outcomes set for the initiative.

### **1.8 The National Evaluation**

The dynamic nature of the Children's Fund initiative was recognized in the original design of the national evaluation (NECF, 2003a). The theoretical frameworks for the partnership-based activity allowed for the strategies and services to change and develop, and ensured that Children's Fund stakeholders were able to use evaluation evidence and learn from early analyses in order to inform service development (Appendix D). The evaluation also aimed for a 'light touch' approach to avoid over burdening partnerships and generating evaluation fatigue amongst providers and those using the services.

NECF had four original aims. These aims were developed when it was anticipated that the evaluation would be continued into 2008. The commissioning of the evaluation to end in 2006

has meant some modification in the extent to which these original aims could be addressed, in particular the extent to which NECF was able to track impact and test out the effectiveness of the models of collaboration. The interim reports from NECF listed in 1.1 began to address these aims. The present report builds on these earlier analyses and draws on the complete three-year evidence base.

The original aims of NECF:

- To estimate the impact of the Children's Fund in the short, medium and long term. This includes drawing on large scale datasets to understand the take-up and use of the Children's Fund and rich data gathered from providers, children and families about the influence and effects of the Children's Fund on children's lives.
- To evaluate the effectiveness of the programme in achieving its aim of supporting preventative services which reduce the risk and impact of social exclusion among children. In this regard, NECF will also examine the influence of the programme on strategic planning for preventative services for children and young people across local authorities and will reveal the impact of the programme on children, families and communities.
- To describe the participative approaches which emerge in programmes and assess their influence in service planning and delivery and in the building of capacity in communities.
- To categorise the kinds of partnership arrangements in use across the programme. This process will enable NECF to build models of partnership working, and to assess the impact of different configurations on strategy, the delivery of services and their outcomes for children and young people.

NECF worked to seven core principles:

- The evaluation will be driven by an examination of how the programme has affected the everyday experiences and longer term life chances of targeted children and young people.
- Those who engage with the evaluation should experience that engagement as beneficial.
- The diversity of the programme and the groups which engage with it should be respected and captured.
- Participants in the evaluation, including children, young people and their families should be seen as partners when we work with them in the evaluation.

- Feedback to those involved in developing Children’s Fund services should be early and regular.
- The evaluation will be both formative and summative.
- The evaluation will endeavour to use existing evidence sources whenever possible.

Most of these principles have been central to the knowledge management strategy adopted by NECF and outlined in Appendix E. The evaluation has built working partnerships with Children’s Fund stakeholders to ensure early feedback and use of the emerging findings. Whilst stakeholders in local partnerships, in regional offices and nationally have been responsive and have engaged with the evaluation, to date the turbulence and change within the central and local policy communities has contributed to reducing the extent to which learning from the Children’s Fund has been able to inform wider policy changes.

### **1.9 Methodologies**

NECF has three methodological strands:

- the use of large scale datasets to understand take-up, use and potential impact of the Children’s Fund.
- the use of activity theory (Appendix D) to frame a series of 16 dynamic and longitudinal case studies of partnerships. It allowed an examination of partnership working at strategic, operational and service user levels and explored structures, processes and outcomes.
- the use of Theory of Change (Appendix D) to explore themed services to five target groups – disabled children, children at risk of crime, black and minority ethnic children, Traveller and Gypsy children and refugee and asylum seeking children (all groups identified as of particular concern to the Children’s Fund during early mapping of the initiative by NECF).

Prior to starting work with the large-scale datasets and the partnership and thematic case studies at the end of 2003, detailed mapping work was undertaken during the spring and summer of 2003. The evidence gathered in the mapping revealed the scale, structures and focuses of local Children’s Fund programmes nationally and was used to inform sampling and subsequent data collection.

### **Take-up and use of preventative services**

In keeping with the light-touch principle, NECF used existing large-scale datasets to explore characteristics of use of the Children's Fund. Additional sections were inserted into the second sweep of the Millennium Cohort Study (MCS) and targeted at older siblings, aged four to 15, of the original survey sample (see Appendix K). Programme managers from partnerships where MCS evidence was being gathered provided information about service provision in MCS wards and this information informed questions about specific services.

Data from two further large scale datasets were utilized: FACS data from 2003 and 2004 were drawn upon (Appendix O) and some limited use was made of pupil-level outcome evidence to be found in PLASC data. The FACS datasets, whilst not specifically about Children's Fund services, enabled broader analysis of the use of preventative services and the position of Children's Fund services in relation to these.

The decision to commission the evaluation for three years instead of the original six years limited the extent to which impact could be explored. The MCS older sibling dataset was originally intended to provide a baseline for a second survey which would have allowed impact to be assessed. However, the shorter timescale prevented this. Impact evidence therefore comes from the case studies and relies primarily on reports from service users. The monitoring data generated by partnerships in response to central and regional requirements was also intended to be a reliable source of light touch data for NECF. Unfortunately, inconsistencies in these datasets across quarters meant that they were of relatively limited use.

### **Case study partnerships**

Activity theory was used to frame the examination of partnership working in 16 partnerships. It enabled an exploration of the structures, processes and outcomes for children and families by asking what boards and services were working on and trying to change, what tools or strategies they were using, how they were using them and who they were working with. The framework allowed NECF to capture the dynamics of change within boards and services and was particularly useful for examining the impact of the initiative on changing thinking about prevention, participation and collaboration at both strategic and operational levels of activity (see Appendix D for detailed discussion of the theoretical framework).

Three waves of case studies were undertaken, with this sample reflecting the funding waves of the Children's Fund and the diverse nature of the partnerships. Within each case study data was gathered from strategic stakeholders, providers and children and families. The data was

gathered through intensive fieldwork visits over a period of six months with a final follow up revisit during autumn 2005. Partnerships gained regular developmental feedback through a series of workshops held during the six month period – this included feedback to children and families. In Appendix E we outlined the knowledge management strategy developed by NECF and there refer to the cycles of feedback which were an integral part of the activity theory case studies.

### **Thematic groups**

Theory of Change formed the framework for the analysis of strategies intended to meet the needs of specific groups of children and families. Researchers worked with stakeholders to generate statements of long-term objectives, planned activities and the rationales behind these, and anticipated short and medium-term outcomes. These statements were then used to frame the data gathering and to review the extent to which the strategies adopted were delivering the intended outcomes. Two Children's Fund partnerships were focused on for each of the themed groups, with the exception of work with Gypsy/Traveller children where NECF worked with a regional consortium of Children's Fund partnerships. Within these partnerships a range of services were explored over an 18 month period. Data was gathered from strategic stakeholders, service providers and children and families.

NECF was able to gather data from children, families, service providers and strategic stakeholders. Appendix F offers details about the scale and range of data gathered by NECF.

### **1.10 The Scope and Content of this Report**

This report is structured to allow the reader to develop a systematic understanding of the Children's Fund, from partnership arrangements and targeting through to the experiences and benefits reported by children, young people and their families. We have also been able to show what was learnt in and from the initiative and how that learning was achieved locally.

Chapter 2 presents an analysis of the arrangements for the development of the Children's Fund initiative and their implications for taking forward the aims of the Children's Fund in local programmes. The Children's Fund *Guidance* that there should be local development of structures and processes resulted in considerable diversity of arrangements and variation in the position of local programmes in relation to other initiatives and services. Nonetheless it has been possible to identify two broad categories of partnership and to examine how they have each developed preventative agenda locally.

Chapter 3 provides an overview of the targeting of the Children's Fund, and considers more generally the learning about the approaches to targeting how this has been affected by both local and national contexts. This chapter also looks at how commissioning reflects targeting.

Chapter 4 draws on evidence from the Millennium Cohort Study, FACS, and Children's Fund monitoring data to provide a broad picture of provision and take-up of services. This chapter also includes a discussion of the Children's Fund monitoring data: its history, use, weaknesses and the learning that this offers for other large scale initiatives.

In Chapter 5 we draw on case study evidence to consider the local implementation of the Children's Fund. We describe the approaches and practices developed by different services in specific localities to support children and families and to reduce the risk of social exclusion

In Chapter 6 we outline the strategies adopted by Children's Fund partnerships to work with the specific groups of children and their families who formed the focus of our thematic work. We consider the rationales underpinning these approaches, evidence of the way in which they have been implemented and their impact on services and systems. We also consider the short and medium-term outcomes for children and families of these different strategies.

Chapter 7 focuses on what children and families have reported about their experiences of Children's Fund services. The chapter discusses the preventative approaches and practices valued by children and families and links these to the short and medium-term impacts that services have had on their lives.

Chapter 8 is an examination of local programmes as systems in which knowledge about prevention has been generated and shared. Topics covered include the use of local evaluation evidence, how inter-agency collaboration was supported at the level of practice, how knowledge about prevention generated in practice was passed upstream to inform the work of Children's Fund strategic groups and how expertise accumulated in local programmes has informed local development of integrated children's services.

Chapter 9 brings together the learning in each of the chapters and offers an overview of the key messages for policy makers and for practitioners.

The present report is accompanied by a series of shorter reports, which explore in detail some of the core activities of the Children's Fund. These reports are as follows.



- Five separate reports focusing on the groups of children and communities that have formed the thematic strand of NECF's work. These are Traveller and Gypsy children, refugee and asylum seeking children, children at risk of crime and anti-social behaviour, disabled children and black and minority ethnic children. These reports will explore the strategies, practices and outcomes of the Children's Fund services that have targeted these groups.
- A report on targeting. This considers the approaches adopted by the Children's Fund in targeting areas and groups for services, and the lessons that can be learnt for effective deployment of preventative services.
- A report drawing on the data held by NECF about the experiences, perceived benefits and outcomes for children and families that have taken up Children's Fund services.

## **Chapter 2: Structures and Processes in the Strategic Partnerships**

*In this chapter we identify two categories of Partnership Board: Stable Boards where there is little evidence of their grasping the potential offered by the Children's Fund to change the way children's services worked, and more open and Developing Boards where prevention was debated, differences explored and the inclusion agenda moved forward. We examine the involvement of the major statutory agencies and VCS in the Boards and discuss the central role of the programme teams in driving forward the Children's Fund agenda locally. We observe that the more developmental Boards were less likely to be well-connected to established local systems than were the more stable Boards and begin to consider the implications of this for the longer term legacies of the initiative.*

### **2.1 The Strategic Partnerships**

In this chapter we focus on the work of the new organisational structures as they took forward the preventative agenda of the Children's Fund in local authorities across England. The term Partnership Board is used as a generic term to label the formal element of those structures. An examination of the Boards and how they worked has allowed a fine-grained focus on structures and processes at a strategic level in local Children's Fund programmes. It has also permitted analyses of the distribution of power within these organisational structures and the extent to which there was inter-agency collaboration.

The local Boards, established to implement the social inclusion policies which drove the Children's Fund, were often breaking new ground in inter-agency collaboration across services which focused on children and young people. In the mapping of Children's Fund structures undertaken in 2003 and presented by NECF in 2004 (2004b) it was noted that 44% of programmes reported sustained collaboration at a strategic level in the area of children's services prior to the introduction of the Children's Fund. For the rest, although 26% reported some patches of collaboration at the operational level, for another 22% of programmes this was a first foray into inter-agency collaboration across services involved with children and young people. A further 8% reported a difficult history of partnership working locally. The Children's Fund had clearly stimulated a strategic inter-agency approach to prevention across the majority of local authorities.

### **2.2 The Purpose of the Boards**

Keys to the prevention of social exclusion through the Children's Fund were to be the participation of children and families in the design, delivery and evaluation of services and collaborative inter-agency working. The work of the 149 Boards across 150 top tier local authorities has centred on the targeting, commissioning and monitoring of preventative services

which connect with these approaches to social inclusion. Also usefully, the Boards presented an opportunity for greater strategic cross-agency understanding of preventative work with children, young people and their families.

The Boards were multi-tiered single-purpose bodies (Hooghe and Marks, 2003) which were designed to be more flexible than more established systems by working across organisational and professional boundaries.

The flexibility of the Partnership Boards was influenced by the outcomes required by central government, and by their histories and claims to legitimacy locally.

Their legitimacy rested on 'popular participation', which was achieved through engaging with a defined constituency of users in carefully considered ways. Boards were therefore not intended to be places where self-interest was exercised. Neither were they simply to deliver already defined policy without attention to what local interpretations and formulations of that policy might be. They were therefore to be sites where interpretations of both policy and local conditions could be negotiated.

The following extract from an interview with a voluntary agency representative on a Board captures the potential flexibility and legitimacy of the Children's Fund and its purposes locally:

*Try not to look too heavy-end, involve families and young people in choices about what would make their lives better because they are perfectly able to make those choices. Make stuff relevant, make it where people live, make it accessible. So if someone can't get to a football club, send an escort to go. I mean this is all about flexibility, actually I think...Statutory [agencies] have got a lot to learn about flexibility from the Children's Fund. Flexibility, accessibility, voluntary sector and listening to young people.*

Part of the rationale for the Children's Fund was to respond to locally identified needs in the area of social exclusion, by building on and developing local strengths. This intention produced 149 variations on the theme of partnership and participation for the prevention of social exclusion through early intervention in the lives of vulnerable children and young people.

The wide range of partnership histories, board structures and membership was striking. There were some limited changes in these structures during 2004, and 2005 witnessed major shifts as most Boards began to relate in different ways to local responses to the integration of children's services. These variations reflected local strengths and needs as well as the national policy priorities which became increasingly clear over the period of the evaluation.

## 2.3 Types of Boards

Two categories of partnerships will be used in discussing structures and processes at the level of the Boards or their equivalents.

- *Stable Partnership Board*. Stable network, high trust, low accountability, little change.
- *Developing Partnership Board*. Developing network, medium to high trust, medium accountability, ongoing change.

Partnership Boards in both categories demonstrated strong horizontal linkages based on reciprocity among members. Where they differed was in the extent to which they appeared to welcome the potential for change offered by the Children’s Fund.

**Figure 2a: Categories of Partnership Boards**

<b>Category 1: Stable Boards</b>	<b>Category 2: Developing Boards</b>
Board more likely to be based largely on established stable network, well-connected with the local authority with an inherited legitimacy	Board more likely to operate as a relatively new network, more independent of the local authority, needed to earn its legitimacy
Rarely questioned or debated definitions of prevention or purposes of participation.	Developed new or refined definitions and approaches to prevention and participation through debate and discussion in the Board
Tended, but not exclusively, to commission existing services to extend current work	Tended to encourage innovation in the services commissioned
Collaboration at service level and cross-agency learning within the Board were not priorities for the Board	Focused on development of collaborative preventative provision with evidence of cross-agency learning within the Board
Reliance on existing practitioner networks rather than developing new networks at operational level	Efforts made by programme teams to encourage new networks at practitioner level to take forward multi-agency practice
Key players in the Board tended to be focused on the Children’s Fund as funding stream	Key players grasped the catalytic potential of the Children’s Fund and saw it as a site for developing understandings of prevention.
Liked to hear what was going on at the operational level but it rarely influenced strategy	Sometimes used evidence from practice brokered by the programme team and local evaluation evidence to inform strategy
Role of VCS limited at the strategic level. They tended to be invited to table as guests, and felt they were ‘bit players’ even when had potentially significant roles.	VCS more likely to be influential at a strategic level
As established and well-connected networks they were ultimately more able to be influential in the planning of new configurations of children’s services	As less well-connected networks tended to be less well-placed to influence the planning of new configurations of children’s services

For example, one Stable Board saw itself primarily as a system for distributing funds to worthy activities and relied on local-level arrangements to ensure the development of activities and accountability. This was a well-established network; there was no evidence of differences of opinion on the nature of its work and therefore no evidence of a recognition or negotiation of different interests. The most important change reported by Board members was its recent inclusion of representatives of smaller voluntary agencies. New networks were not being constructed to connect local arrangements more closely with the Board or to ensure cross-lateral links within localities. Instead, at local level, there was a heavy reliance on existing relationships. This was not down-playing the sound work being done by providers and the good intentions of the tireless Board members who were clearly motivated by what they felt was best for children and young people. The Board was, however, an example of a network which could very effectively sustain old patterns and priorities.

The Developing Boards were all quite different in composition. They also drew on established networks, but these networks were augmented by new groups which contributed to the shaping of priorities. Collaboration was not always easy at the outset, but the very active programme managers worked hard, with the chairs of the Boards, at keeping all players engaged. With the support of their Boards the programme managers were able to drive forward changes. In taking forward the Children's Fund agenda they confronted differences in views on strategy and purpose, successfully negotiated understandings and enabled the development of some innovative approaches.

The allocation of Boards to categories within the 16 case study areas was as follows. Of the five counties one was Stable and the other four were Developing. Four metropolitan authorities were Developing and one was Stable. The three London Boroughs were Developing and the three unitary authorities were Stable. When the first 12 case study sites (see 1.9) were revisited towards the end of the evaluation we observed shifts from a Stable towards a Developing Board in one of the unitary authorities. Type of authority was more significant than wave of funding. The four Wave Three case studies, two London Boroughs and two counties were all Developing Boards.

A key distinction between the two types of Boards was the extent to which they were able to operate as sites for learning. Learning in relation to the Children's Fund is discussed in more detail in Chapter 8. In the present chapter the focus is the extent to which the Boards were able to grasp the innovative potential offered by the Fund, to work on local understandings of prevention within the Board and to take forward those understandings in the commissioning of services.

The evaluation of the work of the Boards in this respect has been directed by the theoretical framework which shaped the partnership case studies (see activity theory in Appendix D). This framework was used because it respected the different histories and starting points of the Boards and could capture processes of dynamic change over the period of the evaluation. Each Board was analysed as a system to reveal what the system was working on: that is, what were seen as the problems to be addressed. For example, was energy directed at the distribution of funds, an understanding of prevention, the status quo? That starting point allowed further examination which included identifying who was involved in defining the problem, how it was worked on and how that work was helped or hindered by, for example, historical practices.

Boards differed in the extent to which it was possible to discuss and redefine the problems they were tackling. For example, in some Boards there were important and often heated discussions about the meaning of prevention which resulted in considerable learning for most Board members and in greater clarity in targeting and commissioning. These discussions also allowed the emergence of new problems to be worked on. For example, once a working understanding of prevention was agreed, the next problem was the creation of a commissioning system which could produce services which reflected the Board's present view of prevention. The Developing Boards provided evidence of this kind of learning within the Boards and ongoing programmes of development which worked with the potential for innovation within services offered by the Children's Fund and at times looked to more multi-layered, multi-agency responses to specific areas of need. In the following sections of this chapter we indicate the features of the two types of Boards and begin to point to some of the implications for services and for children.

#### **2.4 The Boards as Sites for Cross-agency Learning**

In the interim report on collaboration (NECF, 2004a) we noted that the programme managers who worked with Developing Boards had prioritised developing the Boards as new or enriched networks. In that report NECF suggested that focusing on building the Board as a network might be at the expense of developing the Boards' capacities to take strong strategic leads within the partnerships. In the present section the advantages of sustaining horizontal networks which have enabled learning within Boards are examined.

Because the Children's Fund was set up to contribute to responses to social exclusion the evaluation has looked at how new ideas and practices were shared and whether multi-agency responses to enhance social inclusion were developed. Drawing on the systemic framing of the case studies, Boards were examined as potential 'boundary zones' (Konkola, 2001). A boundary zone is regarded as a neutral space outside established systems, within which the values and

priorities of participants' home organisations are respected and where new ways of thinking can emerge in discussions.

In summary, the Stable Boards did not operate as neutral spaces in which the values and priorities of participants' home organisations were equally respected. Instead, these Boards operated as established systems into which new people were politely invited. In contrast, the Developing Boards did, for periods of time at least, provide spaces where a range of interpretations of prevention and different priorities for targeting could be revealed and debated. The boundary zones that were observed were therefore more than 'talking shops'; however, equally they were not easily seen as systems geared to giving strategic leads.

It seemed that the Boards which enabled discussions and redefinitions of problems to be worked on contributed usefully to the groundwork that was leading to the integration of children's services. One Deputy Director of Children's Services described the local Board as follows.

*I'm trying to think ...whether it is just a talking shop really, but what the actual outputs are...it feels like a kind of learning group. There is a lot of sharing of good practice and a lot of debates around emerging agendas and what's new and how we are going to mainstream services.*

The following response from an Education representative on a different Developing Board demonstrates a reflective perspective on learning from the Children's Fund: *The fact that different things need to be in place in different parts of the authority. There is no one size fits all, which is something we [in Education] have learnt from the Children's Fund.*

The following comment, on another Developing Board, demonstrates partnership working for the prevention of social exclusion at its best.

*I think that they're all experts in their own field...they bring that expertise from their communities... Things like housing for instance, that wouldn't have been highlighted unless one of the [+++] Board members, who actually gets funding as well, was able to highlight the needs of service users there that obviously aren't just relevant to their services.*

Broadly typical of Developing Boards, these statements contrast with reflections on learning in Stable Boards: *If there has been any learning...it's superficial it's not about embedding the cultural change.*

Stable Boards were characterised by information sharing rather than debate and a consequent lack of a developing understanding of prevention. Different Boards viewed participation of children and young people in the design, delivery and evaluation of services in different ways. A key distinction between those Stable Boards which prided themselves on participation work at service level and the Developing Boards which gave it priority, was that for the former it was an end in itself and for the latter, more appropriately, a means to an end. However, as we shall see in Chapter 5, the distinction was less clear-cut at the point of service delivery.

One Chair of a Developing Board, which took participation in commissioning very seriously, described it as *flavour of the month... go to any meeting and somebody will say, we mustn't forget to bring the children*. As an easy to measure short-term outcome of Children's Fund expenditure it had a clear attraction, but without relating it to prevention its effect was bound to be limited as one critique of a Stable Board's focus noted:

*I believe that statutory service providers, the decision-makers have seen the colourful nature of the participation work without really understanding the processes that are happening underneath it. So although we've got a lot of statutory services now advocating children's participation, I'm not convinced that they really understand what they've got. And we need a lot more time, because it's only by getting that cultural shift developed over time, and demonstrating positive outcomes and impacts on children that that sort of agenda will be taken up*

There was also a tendency in Stable Boards to resist change by arguing that 'we are already doing it': *I think that the partnership meets primarily for information sharing and support ...and to acknowledge that there is [already] a lot of multi-agency working going on.*

The lack of learning within that particular Stable Board was clear when the impact of the Children's Fund on the developing children's agenda and on thinking within the organisations which represented on the Board were assessed.

*I don't think things have changed very much. I think at this stage [summer 2005] all of these issues are being progressed far more through the emerging children's trust...than through the Children's Fund. I think the Children's Fund executive are probably more reacting to, than proactively influencing, the other agenda.*

In addition to examining mutual learning within each Board, NECF looked at how open the Boards were to learning about the prevention of social exclusion from the services they were commissioning and from the experiences of the children and young people who used the services.



Of course, prerequisites to such learning were that there was something new to be learnt and that the Board had recognised the innovatory potential of the Children's Fund.

Evidence of upstream learning i.e. from practice to strategy was an important marker for the Children's Fund as a catalyst for change. Strategies for mobilising the upstream flow of knowledge and the implications for the influence of the Children's Fund on the children's agenda locally are discussed in Chapter 8.

The importance of these strategies in relation to the Boards is summarised in this comment from a partnership with a Developing Board, which had a sophisticated system of knowledge movement.

*...actually if you ask people who are doing the grass roots work, what works, what doesn't work... you know they are in touch with service users....and if that can be fed back up ....but if that isn't heard it is just, you know, lost. And whoever is doing the strategic work at the top, if they don't take account of the bottom, it can completely go off at a tangent that might have no relevance whatsoever.*

The alternative was the all too common phenomenon of reports 'going up the line' and nothing happening with them. In Chapter 8 we suggest that work on distilling lessons from practice needs to occur if the lessons are to inform the strategic work of the Boards.

The extent to which the Boards operated as places where prevention and its implications could be clarified in relation to local needs points to one of the major tensions in the Children's Fund. That tension was the marginal position of the initiative in relation to other forms of local governance, alongside the expectation that it would be a driver for changes in approaches to social exclusion.

Set up to operate outside the direct remit of local authorities, partnerships, as we shall see in Chapters 5 and 6 could be places where new practices could develop and hidden practices be revealed. This reflection from an employee in one of the partnerships that was moving from Stable to Developing illustrates the phenomenon.

*I think what you find now is there's a lot more innovative work going on outside of council [owned] buildings. Things are a lot more creative and innovative really with other agencies getting involved. And the Council has always found it difficult to involve other agencies and voluntary organisations.*

NECF analyses indicate that Boards were more likely to function as boundary zones where new ways of thinking emerged when they were in a position to operate relatively independently.

However, as will be seen in Chapter 8 there were also disadvantages to the marginal position of the Children's Fund in some local authorities.

## **2.5 How the Boards Interpreted the Children's Fund and Worked Towards Prevention**

The detail of targeting will be discussed in Chapter 3. Here attention is paid to the steps taken towards establishing preventative services. NECF systemic analyses have allowed a focus on what the Boards were working on, that is, what did they see as their main tasks and how did they work on those tasks?

We shall look first at what they were working on. In the Developing Boards these primary tasks changed over time, while in the other Boards the focus remained very much the same. For example, initially the Children's Fund was seen largely as a new funding stream. However, for the Developing Boards there was a shift in position, which emphasised what prevention and participation meant for services. In some authorities the shift increased their marginality, as this comment from a Developing Board member in 2005 indicates: *There is a very different sort of interest [from key players in the local authority] in something which is now very much about best practice and key messages, than something which they saw as spending huge amounts of dosh.*

For the Stable Boards that shift was not made and the Children's Fund remained primarily a funding stream while the Boards were also less focused on changing practices.

*Some Children's Funds feel that they are often seen as a source of funding and a way of providing money for an area rather than being something in which the major players wish to incorporate as a way of working. I think that argument can be used here too.*

*My experience is that the Board is generally a smaller group. Now if I am being cynical it is because some members of the group now realise that there isn't money to be given out...so they are less inclined to attend.*

These Boards saw their main functions as financial overview and monitoring with a focus on keeping costs low. Stable Boards were also more likely to commission extensions of existing statutory services such as family liaison workers than to encourage the development of new forms of service provision.

This more conservative approach reflected differences in how the Boards worked on their tasks. As we have already noted, Developing Boards encouraged debate which enabled new understandings of prevention to emerge through open discussion. As well as enriching understandings of prevention and how it might be tackled, these debates also led to trust and

reciprocity within the Boards: *I think that one of the things that's been very successful about the partnership is ...the fair amount of norming and storming right at the beginning.*

Debates in Boards led to approaches to prevention which reflected local needs and strengths. Approaches included serious attempts to incorporate voluntary agencies into the preventative strategies of the authority through a Children's Forum and the development of more fine-grained holistic and responsive early interventions with children and their families. They also included the more ambitious work of attempting to change the authority-wide approach to prevention to one which was based on participation and collaboration.

However, where there was no debate, the evaluation itself raised important topics for the first time with Board members, as this key player in a Stable Board observed.

*I think this is the first time I've ever expressed it actually [a view on prevention]... I'd be quite interested and start to tease that out a bit more and argue that opinion...In terms of models of prevention, I mean what do they mean by prevention, what are they preventing, for whom and why? There wasn't a lot of dialogue in the early days or since around that.*

It seems that identifying what is meant by prevention is a prerequisite to building a strategy which can achieve it. Quick wins or the funding of conveniently available services without examining as one programme manager put it: *what they are preventing, for whom and why* were not likely to be the best way forward. For example, as we shall see in Chapter 5, they could lead to a re-badging of services, rather than a new focus on social exclusion as a complex phenomenon which could be prevented.

Some partnerships learnt from these early mistakes as this comment from a Stable Board member reveals.

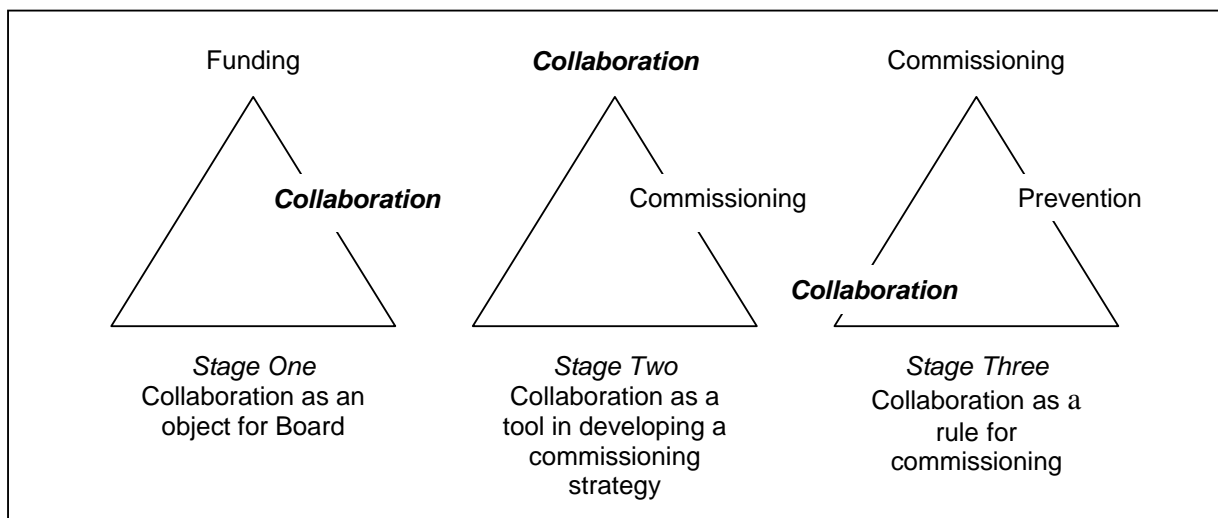
*In the early stages it was around...how effectively we can get in there and make some quick wins, spend the money, make a difference. The tension started to come when it was clearer that projects at a local level weren't necessarily as robust as they initially indicated.*

The way that some Boards were working in a considered way over time is represented diagrammatically in Figure 2b. In this example the focus is the long-term development of a programme of preventative services. The development moves from an initial emphasis on collaboration, then on a commissioning strategy and then on prevention.

It was suggested in the report that there was a broadly common set of phases or stages experienced by developmental partnerships as they worked towards the informed funding of preventative services. These phases are best described by examining the primary tasks of the Boards at each stage.

The stages are outlined in Figure 2b where activity theory (see Appendix D) is used to show the movement between object (i.e. the problem or task which is being worked on) and tool (i.e. what is being used to work on the object) over time. In the first stage, collaboration was the object that was being worked on. Funding was used as a tool to allow the programme manager and others to construct the Board as a collaborating network. In stage two, the newly built collaboration became the tool which was drawn upon to debate and develop a commissioning strategy. In stage three, collaboration had become an accepted pattern or rule of behaviour and the commissioning strategy was the tool that was put to use to work on the prevention of social exclusion, which had become the new object.

**Figure 2b: An activity theory\* analysis of the development of collaborative working**



\* See Appendix D

The message here is that if collaboration is to be an effective tool, and eventually to become a rule that guides behaviour, it too needs to be worked on and shaped.

The process shown in Figure 2b, although not always that smooth, could be traced in the Developing Boards. For example, funding brought agencies and groups together to ‘divide up the cake’. But at some point collaborative and strategic approaches to commissioning became the object or problem that they worked on. It seems that collaborative commissioning could not be

produced until attention had been given to building collaborative ways of working within the Board or its sub-committees. Without prior work on collaboration there was what was described as 'competition' and 'ad hocery'. However, working at collaboration seemed to overcome these initial problems. Then, once a collaborative commissioning strategy had been constructed, collaboration became the expected way of using the strategy.

Work at stage one on building collaboration was reflected on by participants. This observation comes from a Developing Board member.

*What is underestimated is the effort to ensure that everyone is on board multi-agency wise...and there is a common language and a common understanding of what was meant takes a lot longer than if you just develop something in its own time. If you develop things within a single agency you don't need to deal with these issues. I think the time it takes to do these things properly is underestimated...it is easy to say multi-agency working partnership but it is a lot more difficult to actually act it out in reality.*

However, the effort that was put into creating effective commissioning strategies was undoubtedly of value. *In terms of doing business around particularly commissioning services, it [the Children's Fund] has been enormously influential.* One important message from this analysis is that time spent working on the processes of partnership working in the Boards was often well-spent and was reflected in the quality of work on subsequent tasks and the development of prevention.

## **2.6 The Strategic Role of Boards**

It has seemed that both categories of Board have functioned, if differently, as places which engaged with defined constituencies of both users and providers and worked across organisational and professional boundaries to create new relationships. As we have shown, though, an openness to debate and contestation of purpose was more likely to enrich local approaches to prevention. The Stable Boards operated more as existing stable networks with established histories which others were invited to join, while Developing Boards tended to exhibit, at times at least, signs of being emergent systems which could be characterised as new or enhanced networks.

Nonetheless, all the Boards were also expected to perform by delivering the policy agenda underpinning the initiative. While their legitimacy rested, in part, on both popular and multi-agency participation enabled through the maintenance of Boards as networks, there were also clear expectations that the Boards would engineer shifts in patterns of service delivery. These shifts

were expected to prepare the ground locally for the focus on prevention which was part of the background to *Every Child Matters*.

We found that the Children's Fund was expected to 'punch above its weight' (NECF, 2003a) in the broader refocusing of services on prevention and was reliant locally on social processes such as championing or persuasion. We shall discuss this issue in relation to the influence of the Fund on local strategic agendas in response to the 2004 Children Act in Chapter 8. Here we focus on the challenges facing Boards which arose from the need to deliver on a central government agenda, while striving to sustain an often fragile local legitimacy.

Two possible responses to enable delivery were to reduce the size of the Board or to operate with a two tier Board. Smaller Boards did not necessarily mean less local involvement, as larger Boards were often finding a focus difficult to achieve. *[People recognised] that the [name] was not working as a strategic decision-making model. It was just too big...it was just too unwieldy and people at a local level were not feeling engaged.*

Two-tier Boards allowed two forms of membership: a core group which drove forward the agenda and a broader group where intermittent attendance, changing membership and lack of preparation for meetings as a result of competing claims on time were less of a problem. They were also a viable alternative for partnerships which covered large geographical areas and which had set up local partnerships.

In the questionnaire to programme managers in the autumn of 2005 we asked them to look back at their Boards and to assess how they had changed in size or shape over time. Of the 104 who answered that question, 33 reported that the Board had become smaller and 23 that a two-tier Board with a small executive had developed. Of the remaining responses 34 reported no change and 14 that the Board had been enlarged. Where the Boards were smaller or developed a two-tier structure the rationales focused on sustaining commitment: *you do get the same people around the table on a regular basis;* and on delivering: *[The Board] has developed an ability to think strategically and weave partners in quite effectively. It has done that within a terribly strong performance management framework.*

Of course, over the final phase of the evaluation, some Boards were being incorporated into new strategic groupings, which were taking forward the new children's agenda. Where this had occurred the change was usually quite marked, as this comment from a Board member in a

Developing Board indicates: *I feel no identity with the Children's Fund within that [children's trust Preventative] group because the membership and focus has actually changed dramatically.*

Transitions into the world of integrated services will be discussed in more detail in Chapter 8.

The ability of the Boards to give a firm strategic lead over the period that NECF examined was particularly inhibited by the uncertainty that plagued the initiative. In the summer of 2003, the requirement that 25% of expenditure should be directed towards crime prevention destabilised local partnerships to a serious extent. The first annual report (NECF, 2003a) captured the anger induced, finding that 'over-prescriptive and changing CYPU guidance' together with 'the 25%' were the problems most frequently mentioned by programme managers in the telephone interviews undertaken by NECF. Both issues were reported to have negatively affected their progress in partnership working.

The closure of the CYPU, the transition to the current structures within the DfES over the autumn and winter of 2003-4 and ensuing uncertainty about future funding, again inhibited strategic planning as planned services were put on hold and survival became the main driver. There was, however, a period of stability within the Children's Fund during 2004 and a stabilising of the financial future of local Funds in 2005.

Nonetheless, the 2004 Children Act and the move towards integrated children's services across England created a volatility which made the strategic development of the Children's Fund, both *per se* and as a player in the broader children's agenda, more difficult. This autumn 2005 comment from a programme manager in a Developing Board partnership, which took both the strategic development and local legitimacy of the Fund very seriously, tellingly demonstrates the fragility of that local legitimacy.

*For 18 months we have been working very much on saying, this is not about the Children's Fund, it is about changing [the local authority name]. It now feels ironic that we have to focus back down again...because of the uncertainty out there and the lack of clarity*

However, where there was both stability in funding and an environment in which the Fund was well-placed within the local authority the Board could give strategic direction to shape provision. In a Developing Board, where the local authority gave legitimacy to the activities of the Fund by recognising what it could bring to its children's trust pathfinders, strategic planning was possible. Here it was reported that *[Local authority name] has been really quite good in placing the*

*Children's Fund in a strategic position that is useful. As a result, the programme manager could observe: We've got our budgets approved for three years so it is more about mainstreaming and making sure that our services are quite well aligned within the emerging commissioning strategies. It has become more strategic.*

Stable Boards, as relatively static and often existing networks, were more likely to have brought an established local legitimacy into their work with the Children's Fund. This helped them to work with some efficiency in distributing funds, but as we have indicated did not lead to an opening up of the nature of prevention.

Locally acquired or inherited legitimacy could help to mitigate policy turbulence and enable strategic steer. However, the position of partnerships in the policy implementation chain did mean that uncertainty at government level over the Fund reverberated down to Boards and programme teams.

In the autumn 2005 survey, programme managers reported that uncertainty was a feature of their relationships with the DfES, and this situation did not help their planning. Of the 101 who answered the question, 75 observed that either uncertainty or a mixture of uncertainty and stability marked their relationships with the DfES. When asked the same questions of their relationship with their Regional Offices, of the 102 who replied, 69 noted uncertainty or a mixture of certainty and uncertainty.

It seemed that both network and steer were important features of the Boards. When asked in the autumn 2005 survey to consider the main purpose of the Board over the last few years, programme managers scored the building of a network only marginally higher than giving a strategic steer to the work of the Fund locally. These two responses were also ranked in first and second place. The programme managers clearly regarded both as priority activities and a tension they needed to manage.

## **2.7 The Membership and Distribution of Power in the Boards**

Appendix G shows an analysis of the membership of the Boards in 2003 based on the mapping of the Children's Fund undertaken by NECF (NECF, 2003a). In this section we now focus on evidence gathered on the functioning of the Boards between 2003 and 2005. Discussion at this point will therefore not capture reconfigurations in response to the creation of integrated children's services or children's trusts.



In 2003 NECF reported that statutory agencies made up the majority of the Board in most partnerships and in 21 cases they comprised over 70% of Board membership. The national voluntary organisations were represented on 53% of Boards, while the involvement of smaller voluntary bodies and community groups was less prevalent. CVS/VCS umbrella groups were to be found on 34% of Boards, faith groups on 32%, children's groups on 28%, black and minority ethnic community groups on 24% and groups representing families on 21% (percentages are based on responses from 135 of a possible 149 local programmes).

In the autumn of 2005 programme managers were asked to look back over the previous two years and identify the groups that had driven the Board's agenda. They were able to identify more than one group as it was expected that there might be shifts in power over that period. The responses are shown in Table 2.1.

**Table 2.1: Groups which have driven the Children's Partnership agenda over the last few years**

<b>Name of Group</b>	<b>No. of times identified</b>	<b>Rank order</b>
It was a collaborative approach	45	1
The programme team	35	2
Social Services/Children and Families services	31	3
Education	25	4
VCS	18	5
There were struggles over the agenda	16	6
Health	12	7
Other local authority departments (e.g. Youth Services)	8	8

*Responses based on responses from 120 programme managers from a population of 149*

Although ranked 1, only 45 programme managers (38%) were able to report a collaborative approach to driving forward the Board's agenda and 16 (13%) noted that there were struggles over control of the agenda. Unsurprisingly, the larger statutory agencies i.e. Children and Families Services and Education were revealed as dominant with VCS driving the work of the partnership in only 18, that is 15%, of Boards.

In the 16 case studies NECF was able to examine the workings of the Boards in more detail. The involvement of voluntary bodies and community groups in the Boards was dealt with differently across the Boards. Where efforts were made by Stable Boards to involve voluntary bodies, smaller voluntary groups and community groups, one rationale was a belief that prevention would place

strains on existing services and these groups could usefully augment provision. This rationale was not unique to Boards in this category. The differences lay in the approaches taken.

In Stable Boards, as we have already indicated, smaller VCS were often invited almost as guests to a table, and certainly felt themselves to be bit players in the strategic work of the Boards. Even when given important strategic roles, VCS representatives were aware that the Board's power base did not always depend to any significant extent on voluntary agencies. A very active VCS representative described his experience of becoming more of an insider through his own resilience.

*I think it is still not an equal partnership, there is still considerable power in that office [i.e. County Hall]... Quite early on in the partnership I agreed to take on the Chair's role, yet the information was coming down through the statutory service which set up the original partnership and wasn't getting passed to me. So I was sitting in the meeting chairing a meeting but not really chairing the partnership. I very deliberately always had to sit next to the key people from the statutory services because they were doing all the talking and had all the information to impart. So I was almost refereeing a meeting in the early days until I got myself better networked into the local authority... I am definitely chairing the partnership now.*

In the more developmental partnerships which focused on incorporating the voluntary sector, the engagement of VCS was sometimes regarded to be far-reaching, indeed going beyond engagement as a means of seeking legitimacy for the partnership.

*This relationship is a two-way street...an education on both sides, one for the statutory sector to understand the worth of the voluntary sector and its ability to provide quality services. And on the other side it is moving from the local authority as being a grant-giver to a situation where they are more of a partner, but that partnership is one which is understood and reflected on in relation to a contract.*

There was, however, a recognition that the amount of *education* needed was quite considerable if there were to be a *two-way street*, particularly with the smaller groups. Not only did statutory agencies need to acknowledge what the VCS could bring to strategic thinking, the VCS needed to be enabled to participate. In the 2005 survey of programme managers, 75 from a possible 119 (63%) stated that capacity building with smaller VCS for involvement in the work of the Board had been an ongoing priority. 13 said that it had never been a priority and the same number that it had become less of a priority. Another 18 indicated that it had become more of a priority of the last two years. However, when asked where the greatest success in work with the VCS were to be found only 15 programme managers reported that could be seen in the greater responsibility and influence of the voluntary sector.

The majority of evidence for successful capacity building among VCS lay in area of service provision. Evidence collected from MCS found that 37% of the Children's Fund services in the areas sampled were provided by local voluntary organisations, while 17% were provided by the LEA and 13% by the local authority.

Each case study partnership quite clearly created a different climate for the engagement of voluntary agencies at a strategic level. It is worth comparing four urban case studies, if only to illustrate the range of responses and the impact of history and local strengths on the nature of partnership working.

Two developmental partnerships operated with the same national voluntary body as lead agency. The voluntary body had an established history in both authorities, while the local authorities each had different but troubled histories in cross-agency working. Boards, together with programme teams, were able to make the most of what community groups and VCS could bring to the work of the local partnership. At the other extreme were another two Developing Boards in local authorities which had taken inter-agency collaboration very seriously prior to the Children's Fund. These Boards were chaired by voluntary agency representatives and demonstrated considerable learning about the nature of prevention and commissioning. Here the strategic involvement of the voluntary sector was seen to be a low priority. The argument was that it was easier to take forward the complex strategic agenda without them. Ambivalence towards the voluntary sector's strategic involvement reverberates through these comments from one of the programme managers.

*I think the VCS are still quite passive partners...But everybody is recognising and acknowledging for the first time ever... that the voluntary sector are critical partners and need to be engaged...there are mechanisms here to begin to start the process...so they have got the opportunities to begin to inform and influence the wider strategic agenda. Now notice the word begin here... my line would be that the voluntary sector have also got to seize the moment and come up with solutions. We have got to move it from the current position in which they are thrown crumbs in relation to participating in the decision-making processes. That has got to change, but also the voluntary sector has got to change massively...come up with solutions and not just hide behind the autonomy of 'we do our own thing' and it actually suits us really.*

At the same time other partnerships were recognising that any mutual learning and consequent successes with the VCS may be short-lived as migration to integrated services proceeded.

*I think the progress we have made with the voluntary sector, our key investment in them operationally and strategically to strengthen them, must*

*be recognised...we have put them at the table, absolutely. Whether that can be sustained at this point I don't know.*

Sustained success with the strategic engagement of children, young people and their carers was even less clear. In the 2005 survey 66 programme managers stated that children and young people were involved in strategic decision-making, while 101 reported that they were involved in helping to develop services through, for example, evaluation mechanisms. At slightly over 50% of responses the proportion is higher than the one third of Boards reporting the strategic involvement of children in 2003. However, responses to the 2005 question could have included involvement in one-off consultation events or specialist sub-groups of the main Boards. Certainly evidence gathered in the case studies would suggest that the strategic engagement of children and young people should not be over-estimated. There was considerable concern that their involvement was limited: they were excluded from the central processes of Boards and their presence largely tokenistic.

They did not seem to have a role in ascribing legitimacy to the Boards as they were not elected representatives of neighbourhood or community groups. Rationales for their involvement consisted of how good it was for the children and young people that their *voices* were heard rather than statements about the weight those voices carried. Indeed the limited effects of those voices was summed up in this comment from a Developing Board on the role of children and families in sub-groups which worked on commissioning: *They really only inform a local strategy, not the over-arching strategy...how much these children and their parents have driven the overall strategy and agenda of the Children's Fund...I would question whether they have much impact at all.*

It seems that children and families could have a role in the delivery function of the Boards, particularly where their expert knowledge could sharpen local targeting and inform commissioning, but because partnerships were inter-agency collaborations, the role of smaller groups and potential service users was very limited (i.e. they were 'unequal partners').

Table 2.1 also shows that partners from Health backgrounds were unlikely to drive the agenda and remain the *weakest partner*. This comment from a Developmental programme manager captures a widespread view: *Health still remains our weakest partner. I have never quite cracked it really.* Here, and elsewhere, the reorganisation of the Primary Care Trusts (PCT) locally had not helped and more generally differences in boundaries between PCT and local authorities did cause some difficulties.

There were, however, Boards where the commitment of NHS agencies was strong as this comment from 2004 indicates: ...so collaborative working and [our] ambition around collaborative working for children is very strong. I think that there is a strong senior commitment to it across the Council and the PCT.

But the same senior Board member also noted the distance still to be travelled.

*But I think we've still got a road to travel...I think we need a stronger collaboration. I think we have got to have a stronger understanding of each other's needs...both in terms of how organisations run and function, but also in terms of outcomes and delivery.*

Where there were links with PCTs they tended to be with individuals, and not always people of high status within the local PCT. This 2005 comment from a Developing Board which had worked hard on building networks to connect the Children's Fund to key local organisations illustrates the position.

*We have kept quite close links with health with individuals because we have actually been involved together on specific pieces of work. But I think it is fair to say that ... the link with Health here is still at a very embryonic stage.*

There was still progress to be made if PCTs were to become engaged as key partners at a senior level.

## **2.8 The Role of the Programme Managers and their Teams with the Strategic Boards**

A very strong message from NECF is the importance of the work of the programme managers. In the autumn 2005 survey we asked all programme managers to look back over the previous 12 months and rank priority tasks. In Table 2.2 we show the ranking of priorities based on the responses of 120 programme managers to that request. Statements were based on evidence from the case studies.

The responses shown in Table 2.2 demonstrate that programme managers had very complex roles as mediators between DfES (regional leads) and the local programme, practitioners and strategic Boards, and the programme and newly developing local systems. At the same time they have had a developmental responsibility in ensuring performance through the delivery of preventative practices and any capacity building necessary to achieve that.

**Table 2.2: Priorities for programme managers' work over the period November 2004 – November 2005**

<b>Statements</b>	<b>No. of programme managers responding to each item</b>	<b>Rank order of response</b>
Keeping the Partnership working together	106	1
Monitoring service delivery against CF requirements	105	2
Delivering new forms of preventative service or practice	102	3
Brokering interesting ideas from practice up to the Partnership Board	101	4
Brokering principles of the CF into future local planning	98	5
Keeping existing services going now	93	6
Building capacity among VCS providers particularly	89	7
Ensuring longer term survival of CF services	89	7
Managing the programme team	86	9
Financial management	85	10
Responding to the DfES or Regional Officer	84	11

*Responses based on responses from 120 programme managers from a population of 149*

The case study evidence revealed that the mediating and brokering role of the programme managers in developmental partnerships was particularly important. This is unsurprising for at least two reasons. Firstly, these were the partnerships where there was most evidence of interesting work on prevention and where the Children's Fund was seen as an opportunity to develop or enhance responses to social exclusion. There was therefore more to take forward both to the Boards to inform their strategic thinking and beyond the Boards to planning for new local configurations of services.

Secondly, the developmental partnerships lacked the legacy legitimacy we discussed in section 2.6. That is, they were less likely to be able to rely on old well-established networks which connected the Children's Fund with the structures and processes which were taking forward the new children's agenda. There was, therefore, much more of a need for programme managers to assume the role of bridge builder on behalf of the Children's Fund. We shall look at the upstream flow of knowledge from practice to Board and from Children's Fund to the new configurations in more detail in Chapter 8 and will return then to that aspect of the work of

programme managers. Here we simply note how one programme manager who worked with a Developing Board summarised the brokering and developmental role in the summer of 2005.

*At the moment my role is a lever. It's important that I keep negotiations going with our strategic partners, both in the statutory and voluntary and community sector. And keep a dialogue open whilst we are currently going through such a period of uncertainty. The other thing I see myself doing is supporting the development officers in relation to specific pieces of work.*

Successful brokering depended on having a strong vision of the potential offered by the Children's Fund. Programme managers in developmental partnerships exhibited this with admirable clarity. These comments on two different programme managers were echoed across the developmental partnerships.

*I think [name] has facilitated learning and I think she has got people to look at things outside the box...that is one of the strengths of the Children's Fund having this ability to look at things outside the box.*

*[Name] would be too modest to say this, but I think he has been a real asset to them and has really shaped their thinking around how the Children's Fund can...be very strong in the development of the children's trusts.*

It seemed that in developmental partnerships the programme managers were instrumental in shaping how the Boards conceptualised and took forward the preventative agenda. Focusing initially on network building, they then turned their attention to the purposes and processes of commissioning and more latterly to the demands of integration and the broader influence of the Fund locally. One children's services representative on a Board identified the active and management role of the programme manager as a crucial distinction between the Children's Fund and other related initiatives.

*The Children's Fund has really been the stone in the pond that has caused a big ripple, much more than other services and partly because of the way it was managed. It didn't come in like Sure Start or Connexions with lots of money got teams, you know, recruit a lot of people and teams. It came in with the idea of the programme manger who then helps commission and gets the community behind them. So I think it has been a big catalyst.*

Another programme manager, much praised locally, described, in the summer of 2005, how he had harnessed networks to strategic purposes: *We [the Board] would always have a sense of purpose for networking and engaged strategic leadership. So we wouldn't just network, there would be a bit of a balanced approach between the two...and I'd have a role in both.*

Programme managers also had an executive role in relation to the Boards. That is, they managed teams which took forward developmental aspects of the Boards' agenda as well as dealing with monitoring and financial management. There was an expectation that these teams would be lean so that maximum finding would reach service provision. However, one partnership with a Stable Board in a large geographical area found itself seriously inhibited by the lack of a strong programme team.

*I think one of the lessons [authority name] learnt is that is that initially we were under-managed centrally...in the desire to get money out to communities...the initial partnership underestimated the management capacity needed.*

In the 2005 survey, programme managers were asked to reflect on the investment made in their programme teams. Their responses are shown in Table 2.3.

**Table 2.3: Programme managers' assessments of the size of programme teams**

<b>Responses</b>	<b>No. of programme managers</b>	<b>Percentage of responses</b>
The team was about the right size	76	65
A larger team would have meant we could have made more of the CF	26	22
The team was far too small	13	11
The team was larger than we needed	2	2

*Based on evidence from the 117 programme managers who responded to this question*

Those who would have preferred a larger team identified participation work and capacity building as areas where they would like to have done more, while 12 programme managers reported that a larger team may have helped them overcome problems in staff turnover.

The developmental work of the programme teams was highly valued when it occurred across all the case studies. This activity included building capacity with VCS and community groups and, in the area of participation, also with statutory agencies. Teams had a role in connecting services so that thinking could be shared across providers. This function was particularly important in the larger geographical areas. One county-based partnership, for example, employed three Senior Development Officers which, in the two-tier system operating there, provided links between local partnership groups. They were, however, heavily stretched given the size of the authority and the areas to be covered. Horizontal linking was also valued within urban Funds and we shall see in Chapter 5 how useful that was for promoting inter-agency collaboration at a locality level.



The balance between development and accountability differed between partnerships with Stable and Developing Boards. One of the Stable Board partnerships offers an extreme example of a focus on accountability at the expense of development, but it was not alone. This was a partnership where local capacity building was desperately needed. As one Board member observed: *there was the problem with some local partnerships...I think the capacity, human resource issues were fairly significant. It was quite difficult to have what was perceived by the central unit as a fairly equal quarterly spend.*

NECF fieldwork confirmed this view of local capacity and differences in the collective ability of some areas to take advantage of the Fund. Low capacity in parts of this particular authority has led NECF to a more general exploration of whether the Children's Fund, in operating with broadly the same format across very different levels of local need, may have been too blunt an instrument. That is, in some authorities there was need for capacity building work to be done before the opportunities provided by the initiative were taken. We shall return to this point in Chapter 5.

Despite the desperate need for local development work in this particular authority, in 2004 a major task for the programme team was *the development of a more accountable management structure*. This initiative, in turn, caused tensions within the partnership as *some of the people got a bit hung up over what appeared to be bureaucracy and paper work*. This partnership had a strong inherited legitimacy that it was reluctant to lose. It was very closely connected with the local authority and local government with the result that the programme team focused efforts on supplying them with the evidence they needed for them to operate as champions for Children's Fund work. The limits of a reliance on championing are discussed in Chapter 8. In this example, as elsewhere, emphasis on championing was at the expense of sustained capacity building at a local level.

Given the commitment to the intentions of the Children's Fund among the programme managers who engaged with the evaluation, NECF is confident in its conclusion that differences in approaches were shaped by the opportunities for action that were made available in the partnerships.

## **2.9 Chapter Summary, Learning Points and Recommendations**

### **Summary**

In this chapter two distinct categories of Strategic Board were described and discussed. The first category, labelled Stable Boards, operated as relatively static closed networks with a legitimacy that was based on strong local networks which connected them to local systems of power and authority. The second category, Developing Boards, could be characterised as more open and developmental networks with a legitimacy which was earned through engagement of stakeholders including providers and service users. Developing Boards were more likely to grasp the opportunities for service development offered by the Children's Fund and less likely to see it simply as a funding stream. Consequently they were able to connect participation with prevention; to encourage multi-agency service collaborations; and to be places where the VCS were influential and where people learnt from each other about approaches to prevention. They were, however, less well linked with systems and more powerful strategic networks in their local authorities than were Stable Boards.

### **Learning points**

- A major difference between Stable and Developing Boards was the extent to which they grasped the opportunities offered by the Children's Fund and worked on new understandings of prevention which drove their commissioning. The more open Developing Boards were better able to work in this way.
- In the Developing Boards attention was given to strengthening them as networks before they were able to give a strategic steer which focused on performance.
- Capacity building among smaller voluntary organisations was an important priority for many of the Boards. A strong incentive for this work was to enable these organisations to augment provision and their strategic role remained relatively limited.
- The job of programme manager was demanding and central to the success of the initiative. Some partnerships created environments which were more enabling of managers than others. It was particularly helpful where managers were able to focus on helping Boards to understand the nature of prevention and how it might be addressed.
- The capacity building work of programme teams was regarded as important, particularly in partnerships with Developing Boards.

- The capacity of all Boards to give a strategic lead was inhibited by the turbulence surrounding the future of the initiative during 2003 and by the uncertainty engendered locally in moves to integrate children's services in 2005. However, where there was both stability in funding and an environment in which the Fund was well-placed within the local authority, the Board could give strategic direction to shape provision.
- The strategic role of children and families was limited. At its best the participation of children and families informed the targeting and local commissioning of services, and the exercise of civic voice was regarded to be beneficial for children.
- The active involvement of partners from Health was variable across partnerships.

### **Recommendations**

- The development of preventative provision for children and families can be enhanced by learning from the experience of the Children's Fund, particularly in areas where the Boards have been less well connected to the systems that are now taking forward change. Those responsible for the new agenda for Children's Services may need to make efforts connect with the initiative and its local legacies.
- Successful partnership working in the Children's Fund did not arise spontaneously. Any future partnerships should take seriously the need to focus on building trust between partners prior to focusing on collaborative and strategic leadership in order to enable the breadth of the strengths of partnership members to be recognised and used.
- Managing Boards to enable debate and discussion of difference produces new ways of thinking to meet newly recognised challenges. Time needs to be given to understanding the causes and implications of social exclusion before moving to finding solutions.
- Programme teams were vital for taking forward the agenda of the Boards. Innovative work, like that occurring within the Children's Fund requires investment in teams which are able to take strategic decisions to practice and support their implementation.

## Chapter 3: Targeting Children's Fund Services

*This chapter offers an analysis of the very different approaches Children's Fund partnerships adopted to the targeting of services. It relates these different approaches to aspects of the local context and considers the evidence bases on which targeting decisions were made. The main approaches identified are those based on areas, schools, thematic groups, service models, and the identification of individuals. Evidence included quantitative data, user and provider consultation, research and service mapping. It identifies the limitations of such evidence bases and the difficulties partnerships experienced in translating targeting decisions into service commissioning.*

### 3.1 Introduction

The Children's Fund *Guidance* (CYPU, 2001) directs attention to 'those children, young people and families most at risk of social exclusion through poverty and disadvantage', providing 'joined-up support' to address 'often multifaceted problems'. In this chapter we examine the different ways in which partnerships targeted groups of children in order to implement this general aim at a local level. We also discuss the flexibility afforded to local partnerships in formulating targeting strategies and the evidence bases on which they drew. We offer insights into how these strategies were operationalised, highlight factors that constrained targeting approaches, and comment on how such approaches evolved. With the limited evidence available we are not able to fully examine whether service implementation implicit in these strategies was fully realised or realisable. A lack of meaningful monitoring data prohibits comparison across partnerships or an understanding of whether those targeted by particular strategies actually accessed services. We are also unable to offer any firm judgement on whether targeting itself, or any of the particular forms observed, are essential planks in a preventative strategy. We do, however, offer indications of the relationship between targeting strategies and the shape of preventative services.

Our investigation relates to examinations of evidence from 26 of the Children's Fund partnerships. The selection of these and the forms of evidence are discussed more fully in Appendix H. For reasons explained there we are confident of a comprehensive coverage that justifies any generalisations we make to the Children's Fund as a whole, within the limitations of the evidence available. Fuller details of these investigations are contained in a separate report (Hughes and Fielding, 2006).

### 3.2 The Influence of Local Context

The interpretation and implementation of national guidance with respect to targeting were affected by the local priorities, histories, and the pre-existing strategies of partnerships (discussed in Chapter 2). In areas where there had been little prior strategic thinking, the

Children's Fund guidance on prevention required a more focused role for targeting as part of new thinking on early intervention, and the respective roles of users, statutory and voluntary bodies. Where there were well-established preventative strategies and partnership arrangements, decisions on how to develop additional services under the Children's Fund often flowed from them. However, the new guidance often required a change to existing approaches. For example, *Guidance* suggested that the nature and location of services might be more user-led rather than driven by the agendas of statutory bodies and provider agencies.

In partnerships with little prior strategic basis it was necessary to create new partnership groupings. For example, in a county authority, size had been an obstacle to partnership development. One city authority had a range of strategic partnerships but none fitted the Children's Fund agenda. In many areas the *Guidance* meant that existing partnerships had to be altered or extended, in particular, as we have seen, by greater involvement of the voluntary and community sector and representation of children and families. New partnerships facilitated the freedom to develop a new flexibility, including in the way in which provision was targeted. In certain cases partnerships were developed at a very local level following decisions to target a particular area. It was anticipated that devolved decision-making would enable services to be commissioned to meet local needs.

Where well-developed strategies for prevention existed these were often consistent with Children's Fund objectives. In one authority, for instance, existing policy frameworks were noted 'whose objectives, values, priorities, and proposed modus operandi were virtually identical to those contained within the Children's Fund *Guidance*'. Here prospects arose for existing targeting rationales to form a basis for implementation with new emphases rather than fundamentally new approaches to targeting being adopted. One example evident in a number of authorities was to target by extending prevention models to wider groups of children. We discuss this in 3.4 below. However, even when seen as broadly consistent with existing strategies, the Children's Fund was often seen as creating new opportunities. For instance there were suggestions that innovative projects previously limited by resources might be showcased and developed. Local inter-agency working and community input was seen as enabling quick decisions about where to target such innovative provision. Many partnerships also sought to extend their targeting by linking to other recent strategic initiatives such as On Track, Sure Start, Connexions, and Education Action Zones. For instance one metropolitan area claimed 'the Children's Fund will support Local Implementation Groups to deliver a programme of local needs and be based on good practice identified through On Track and other initiatives'.

Whatever the influence of existing strategic thinking on targeting, in most partnerships other local factors also influenced the diversity in targeting. Many targeting rationales, for instance, showed the influence of a desire to emphasise community and voluntary sector capacity building. In two of the NECF case studies, accessibility and referral routes formed the starting point. Here emphases were not on types of service *per se*, or where they would operate, but on identification systems to direct children to services that would support them. This led to a strategy more akin to the idea of targeting individuals directly rather than indirectly by grouping by characteristic or area of residence.

There were also partnerships which reacted to opportunities offered by the Children's Fund to experiment in order to influence mainstream services. In this context targeting became a means to enable the establishment of a strong evidence base by applying thought-out but untested ideas for new service configurations, such as those for the inclusion of disabled children. Other experimental approaches included trying out new ways of working within the framework of existing service types as a basis for learning. One partnership described such approaches as *systems-led*. A number of other local factors were also influential in shaping decisions about targeting, for example, local policy and political agendas, and motivations relating to the development of models of commissioning.

In summary, local contextual influences on approaches to targeting at the level of Children's Fund partnerships included:

- existing partnerships and the extent to which these had already developed strategies for prevention;
- the opportunities seen to be offered by the Children's Fund to extend and develop existing innovative models and practices;
- opportunities to link with other strategic initiatives;
- a desire to contribute to voluntary and community sector capacity building;
- the opportunity to test out new models – both of service delivery and commissioning;
- local political agendas.

Our broad categorisation of types of targeting rationale will be discussed in the next section. The exact role and relative importance of the influences we have discussed in this section on the various rationales are often implicit. Nonetheless, they are essential context within which to understand the use of different evidence bases for targeting (see Section 3.4).

### **3.3 Targeting Strategies and Criteria**

We have identified five different types of targeting: geographical or area, school, theme or group, model, and individual. This is a way of distinguishing targeting approaches and should not be taken as mutually exclusive ways of categorising partnerships themselves. Indeed the targeting rationales of most partnerships incorporated elements of each. Also each type includes a range of different applications.

#### **Geographical targeting**

The identification of geographical areas within partnerships was a major focus for targeting, elements of which appeared to varying degrees in most partnerships, although occasionally it played a minor role. Choices of area units were driven by a range of criteria including administrative ones, i.e. to correspond with existing statutory service organisational boundaries, or to link with other initiatives. However, a major factor was the availability of multiple or single indicator data which were taken as proxies of needs or risk factors relevant to Children's Fund objectives (see section 3.4).

Area targeting was often combined with other criteria. Thus special areas might be assigned for specific types of intervention: services for Travellers in rural wards, for example. Again different area types might co-exist: general targeting of deprived wards but health administration areas for mental health issues, for example. Occasionally, once it was decided to target areas there was further specialised targeting within selected areas as a result of devolution of decision-making to local partnerships or groups. Some partnerships delineated areas on the basis of particular indications of need related to specific groups of children and families. This is more akin to 'themed' targeting which we discuss in the next section. For example, targeting black and minority ethnic children could mean concentrating services in areas with a high proportion of the population from minority ethnic groups.

Where areas *per se* were selected on the basis of a number of needs this was usually by reference to the full Index of Multiple Deprivation or some particular combination of its components. This may explain why the most common area unit used was the ward since data aggregates below this level have only much more recently become available (ODPM, 2004). The rationale for the selection of areas was that they required substantial provision as opposed to individual services targeting individual needs. A variety of terminology was employed to capture this. Areas were defined as experiencing 'high levels of social exclusion', 'multiple' or 'general deprivation', or 'multiple needs'.

Other criteria which might be loosely termed 'conditions for success' were also used to determine areas to be targeted:

- areas with potential for the development of *voluntary and community sector preventative infrastructure*;
- a *local capacity to deliver*;
- areas that could be joined up with other initiatives such as Sure Start.

Sometimes the latter was the prime motivator so that working with other initiatives effectively became a target in itself.

Although the use of wards in area targeting seems to be driven by the data available, there were obvious administrative and political reasons for such a choice. At the same time, many partnerships recognised that small pockets of need can become 'invisible' within such aggregates. Some described a highly localised, sub-ward level targeting strategy involving particular neighbourhoods, estates, or *concentrated areas of social housing*. Occasionally wards of high deprivation were not selected on the grounds that they were already covered by many other initiatives. Pockets within areas of general low deprivation were targeted in order to rectify this imbalance. This approach was occasionally adopted in authorities with large urban populations and also large rural areas. Decisions were made to target rural deprivation frequently overlooked by traditional measures of deprivation that favour urban demographics. For similar reasons many partnerships rejected area targeting more or less completely and instead adopted a themed approach to targeting which might be authority wide.

Several partnerships described an area strategy focusing on *natural communities of need*: housing estates were one example. These were places where *natural communities* crossed ward boundaries partnerships were prepared to work across such *artificial* barriers. Reference was also made to areas defined by other initiatives, statutory services such as health or social services, or school catchment areas.

Sometimes the rationale for area targeting was not immediately apparent. For example, the distinction between areas because they were perceived to have general problems of social exclusion or whether they were identified as a proxy for easily accessing children with specific risk factors is not always clear. In many cases area targeting was justified because bounded geographical areas more clearly facilitate a holistic programme of provision assisted by easier



forms of local planning. Whilst such an argument was particularly prominent in two-tier authorities, it was also common in metropolitan areas.

Other justifications for area targeting were more connected to organisation of service delivery but also directly flow from the Children's Fund agenda. Amongst these were the greater ease of *integration with other programmes and developments*, engagement with local communities and local voluntary organisations, and devolved local partnerships with local commissioning. A large county authority, for instance, saw local area bases as enabling *the growth of a strong local democracy based on effective consultation and participation*. Other partnerships referred to learning about the value of area based targeting from initiatives such as Sure Start.

In some instances area targeting was more implicit. In using the Children's Fund to contribute to broader strategic plans, funding allocations were devolved to a variety of existing structures governing local service commissioning and organised on an area basis. Weighting as a form of targeting was often applied on the basis of perceived need. The rationale for this was often the existence of evidence and infrastructure from existing services and it was anticipated that this would generally facilitate mainstreaming. Less explicit justifications for these sorts of ideas suggested by some comments were political pressures and the need to satisfy competing local interests.

Some partnerships saw area bases as a context for experimentation and learning (see also Chapter 8). One example was a partnership which saw the opportunity to contrast chosen areas with no previous preventative tradition with those with experience of regeneration initiatives. There were also ideas about trying out different approaches to intervention and access that might be required for rural and urban areas. Occasionally just one or a limited number of areas were used to pilot coherent support systems which it was hoped could eventually be mainstreamed and implemented authority wide. At present we have insufficient evidence on which to comment on whether these hopes have been realised. Linked to this was the idea that an area focus was a necessity rather than a deliberate strategy. Funding did not permit holistic packages to be tried authority wide.

### **School targeting**

Relatively small numbers of partnerships decided explicitly to adopt school targeting as the main platform of their strategy rationale. Where schools were targeted it was more a by-product of the support models partnerships decided to adopt (such as family support), than decisions relating to schools *per se*. Nonetheless identification of schools played a large part in most decisions

about where to locate services (see also Chapter 4). Often this was because schools were seen as appropriate loci for targeting particular issues such as problematic behaviours. In other cases it was because schools were viewed as convenient sites for locating more general services intended to deliver area targets. It is perhaps no surprise that in the monitoring data the dual labelling of services as area-based and school-based was common.

Where schools were identified in response to particular needs they were targeted on the basis of school aggregate available measures such as attainment and attendance. These are consonant with particular Children's Fund objectives. School information was also used as proxy for information on wards in which they are located (perhaps inappropriately – see 3.4 below). Another reason for interest in schools was that they are smaller units and may indicate the smaller area pockets of need referred to above.

Where schools were seen as operationally appropriate as a service base this was often where identified needs or risks related to educational factors or issues. Often the identification of a particular school followed a decision to target a particular area and this may be viewed as a form of sub-targeting. A broad range of services were planned to take place within schools. The more obvious were education related, such as those for anti-bullying or primary to secondary transition, but decisions were also made to locate others such as family counselling and mentoring and family support within schools. These developments reflect the view of schools as vital elements in preventative strategies and anticipate the broad ranging advantages outlined in the newer extended schools agenda. We discuss moves towards the linking of the Children's Fund with extended schools in Chapter 8. This anticipation of schools as a hub of a range of co-ordinated activities was established quite early in some partnerships. For example, one partnership described an approach to developing 'community clusters' of services in schools, whilst in another, commissioning criteria required services to demonstrate a relationship with local schools.

### **Thematic or group targeting**

Thematic targeting by partnerships was often substituted for area targeting for a variety of reasons:

- vulnerable children with particular needs do not always live in targeted areas;
- in order to avoid 'postcode lotteries';
- a focus on areas does not reach children with specific problems (such as mental health problems).

In other partnerships it was seen as complementary to an area focus either by targeting particular issues authority wide, or by sub-issue emphasis within selected areas. A thread running throughout such decisions was the debate on universal versus selective provision, and the separation of theme from area targeting was rarely clear cut.

'Theme' was conceptualised very differently. Sometimes it was by reference to socio-demographic characteristics (e.g. black and minority ethnic, Travellers, and asylum seekers). Occasionally there were inconsistent definitions of particular groups (e.g. disabled children, young carers). Thematic classifications also referred to problem issues where the connection to social groups was less clear cut (e.g. bullying, behavioural difficulties). Both definitions and identifications of a target group were more difficult in this context. Attempts to target those 'at risk of involvement in crime or anti-social behaviour', for example, involved a variety of assumptions. A more generic notion of themes was also quite prevalent and often connected to more general Children's Fund objectives that relate to all children (e.g. healthy life styles, raising educational achievement). Here we do not attempt to establish our own definition of 'thematic targeting' but acknowledge this richness of interpretation. The thematic case studies conducted by NECF address these issues in more detail (see Chapter 6).

Two general approaches can be identified. Firstly, target groups or issues are defined on the basis of recognised risk and protective factors. Sometimes the connections and relationships between issues and groups are quite complex. For example, black and minority ethnic children are often targeted in order to address issues of educational achievement, although it may be recognised that other issues are relevant for this group. A theme such as this is also often related to area or school foci by reference to demographic data as a means of reaching those considered 'at risk'. A main problem with this sort of approach is that often the analysis of issues turns into long lists of 'vulnerable groups' who are not so much targeted as defining the sort of children who services might encompass. The connection between patterns of services and 'themes' then seems to become very loose.

The second form of thematic targeting identifies groups considered most at risk of social exclusion in order to address the multiple needs of such groups. From this perspective integrated programmes of provision were seen as the appropriate response and it is here that the generic notions of themes were mostly used.

A variety of rationales for theme choice were suggested by partnerships. Quite often the decision is presented as an attempt to maximise impact given the constraints of limited time and resources. For example, what are the greatest needs that also have some chance of being partially addressed? Themes were also chosen because they had figured in existing preventative strategies and could be built on. In contrast, other partnerships focused where existing provision was limited, or groups were seen to be marginalised from mainstream services (e.g. disabled children). Many partnerships identified the problem of what they referred to as 'hard to reach groups' and defined themes around them.

### **Targeting by model**

A rather different approach to targeting was that based on models of preventative practice, although again, there were overlaps between this and other approaches. For example, areas might be targeted as locations in which to test out new practice models. We can highlight three ways in which partnerships applied a 'model' based approach to targeting:

- 1) Targeting and planned delivery based on understanding of prevention which required an analytical model to identify 'risk' and 'needs' to shape effective responses. One partnership for example, suggested a hierarchical analytical model of need which identified a lower level of vulnerability and risk below the threshold of those who usually fall within the remit of statutory services. This formed the basis of targets. The Dartington model (Dartington Research Unit, 1999) whose evidence base we examine in 3.4 was used by two of the partnerships examined and is an example of this approach.
- 2) An approach designed to create the infrastructure necessary to build preventative services. The practice models in this instance are those, such as signposting or referral processes, the development of voluntary sector infrastructure, or community work, that will enable children and families who would benefit from support to be identified and provide an information resource from which to design appropriate services.
- 3) Basing targets on delivery of generic responses evolved from generally applicable models of preventative provision to a variety of identified needs, rather than tailoring specific services to each need. This approach was often combined with area or theme targeting, but reflected a belief that the model being applied had value in many different contexts. Play provision or application of family support models as a means of addressing multiple needs and circumstances are examples.

### **Identifying and targeting individuals: access and referral**

The Children's Fund *Guidance* required identification, referral and assessment systems to be developed, whilst cautioning against them impacting negatively upon early intervention access. The importance of flexible informal access and self-referral to reduce the stigma associated with service use was emphasised. A strategy of individual targeting therefore represents a further response to the *Guidance*, although this is in direct contrast with an approach based on open access to all as a means of reducing stigma.

A resolution to the contradictions inherent in these approaches was sought through planning comprehensive services aimed at all children, in localities or schools, alongside mechanisms designed to ensure that such services were used by *needy individual children*. This was called '*targeted universality*' by one programme manager. Without the qualifying mechanisms such universal approaches might be seen as counter to Children's Fund aims – *breakfast clubs as child minding services for the middle classes*, as one stakeholder observed.

Partnerships adopted a variety of approaches to targeting by individual child, but all emphasised the idea that services should aim to be appropriately inclusive. One idea was that services should clearly reflect local expressions of need through consultation. Some quite innovative ways of securing referrals were suggested. These included placing practitioners as *Children's Fund Champions* or locating services in sites most often used by individuals who might be targets. Such sites may, for instance, be schools, community centres or childcare settings such as Children's Centres. Easily accessible and popular general services, such as out of school hours clubs, were seen as a route to referrals to more specialist services. It was recognised that this also required integrated services and better awareness of service availability.

In some areas Children's Fund resources were used to develop Identification Referral and Tracking (IRT) databases. In a London partnership, for example, each funded service was asked to talk to children to establish what needs they might have which might be met by other services. A more systematic standard form based on the official framework for assessing need (Department of Health, 2000) was used by all services in one large county. Another London partnership used the Children's Fund to develop a formal system to identify and screen children in all its schools. This then formed the basis for a future onward IRT system.

### 3.4 The Evidence Bases for Targeting

In this section we discuss the sources on which partnerships drew in order to reach targeting decisions.

#### Types of evidence base

Although the distinctions between them are often blurred, five major types of evidence base may be discerned:

- Quantitative and administrative data
- User input
- Consultation with service providers
- Evaluation and research
- Mapping of existing provision

Most partnerships employed elements of each, but with quite different emphases. Mapping often encompassed elements of other data sources. It was not always entirely clear at what stage in the planning process evidence was employed. At one extreme it appeared that targets were decided on the basis of contextual judgements and evidence was later assembled to justify the decision. Other partnerships examined a range of evidence prior to reaching decisions. Sometimes a particular form of evidence dominated initial thinking and another was used to tighten the focus. For example, target areas were decided, followed by consultation to identify priority issues, and risk factor analysis linked to research evidence used to suggest models of prevention to adopt.

#### **Quantitative data**

Children's Fund *Guidance* offered advice on the types of data which might be used to inform targeting decisions. In the majority of cases such data was used to identify geographical areas and heavy reliance was placed on Index of Multiple Deprivation (IMD) ward aggregates. However, issues within selected areas, or exploration of the size or location of thematic targets, often used domains of the IMD, such as child poverty, or components of those domains. Other locally available indicator data were also used. A major feature of this sort of evidence was its relatively high level of aggregation. Ward data was the most frequently used and school level data such as average Key Stage 3 achievement and unauthorised absence or free school entitlement rates also featured strongly. Such data were used with the aim of reaching larger aggregates with a concentration of children and young people who might be targets. However, groups or individuals at risk of social exclusion to whom preventative measures might be

addressed are not directly identifiable from such data and there may be dilution of impact if aggregate data are the main source on which targeting decisions are made. Occasionally partnerships attempted to identify more closely *at risk* groups, for example by using census data to identify areas with high concentrations of black and minority ethnic children, or sophisticated Geographical Information Systems (GIS) to identify crime *hot spots*. On occasion, specific databases such as the Disability Register were also used to access child-level information.

Children's Fund *Guidance* called for detailed risk factor profiles, where possible, at levels of communities, families and child(ren) so that 'associations may be made across and between the groupings' (CYPUP, 2001, Annex B). Such a profiling placed the Children's Fund apart from other local initiatives (e.g. On Track, Sure Start, New Deal for Communities) where given indices of deprivation pre-selected target groups, usually geographical. However, limitations of local data systems and local statistical expertise were claimed as reasons for the inability to follow such *Guidance* in detail. Only one of the 26 partnerships examined indicated that they had used such profiles analytically. However, some that were 'data rich' did make attempts to exploit these data in various ways to analyse specific issues. Unmet needs were identified by means of community profiling, for example, the location and problems of refugees and asylum seekers. An effective pre-requisite for comprehensive profiles was not only the availability of a wide variety of local data, but also that such data were integrated, measured at appropriate levels and had face validity directly relevant to risk factors to be addressed.

Other problems constraining the use of quantitative data were uncovered:

- confidentiality and systems for information sharing across agencies were frequently cited as barriers;
- definitional incompatibilities, for example age-group definitions in aggregates do not match;
- incompatibilities of levels of aggregates, for example school data were often used as proxies in area targeting but school catchment areas cut across administrative geographies;
- inappropriateness of data sources: for example, data might be available on looked after children but less on risk and protective factors that might be related to this issue;
- data often concentrated on statutory provision that might underestimate or fail to cover hidden needs: for example the Child Protection Register;

- the wrong issue might be targeted by the data: for example, a target school may have high truancy levels but factors at the school may not be the most significant as truancy is a symptom of complex factors that might be more appropriate targets for prevention;
- much of the data on such issues as Travellers, young carers, and drug misuse are available only at the partnership level;
- data were used because of their availability although they may be tangential to any risk or protective factor highlighted (this often takes the form of very weak operational definitions with little validity, e.g. child oral hygiene measures are readily available and often used as proxies for child health yet may have little connection to more general physical or mental health risks);
- lack of understanding of statistical data and ‘fitness for purpose’ (for example, Children’s Fund *Guidance* suggested that areas with a ‘significant proportion of children in the age-range’ should be selected, but it is unclear what selecting wards with a larger population of children has to do with identifying those most at risk).

Some of these issues are analysed more fully in Fielding and Hughes (2004). Collectively such difficulties suggest it is difficult to discern just what role quantitative data played in the detailed targeting rationale, even if claims were based on this. Exceptions were those partnerships which based most of their strategy on targeted ‘deprived wards’ or schools with low educational achievement. Although even here the justification for how many of these units to select was hardly ever data-based and such judgements were based on subjective thresholds. Where decisions were justified in this way it was usually by reference to criteria such as wards falling within the most 20% deprived in the country. It is difficult to see what relevance such relative ideas have to targeting within partnerships. Sometimes, particularly in deprived urban areas, such decisions identified so many areas as to bring into question whether it was a targeting strategy at all.

### ***User evidence***

*Guidance* also encouraged Children’s Fund partnerships to consult with children and families in order to determine how to focus their activity. There was considerable variation in the point at which such dialogue took place, and the nature and extent of this. Also it was often hard to discern its impact on targeting (see NECF, 2004b, for a discussion of approaches to participation). Most partnerships drew on existing consultation information from a range of sources and this may have shaped approaches to the strategy. They also identified areas where



further user input might be required: for instance to fill gaps in knowledge. Further work was then often carried out.

- Groups, areas or models to be targeted were established. For example, in a large county three broad service areas initially emerged from user consultation and only then was *other information taken into account*.
- Broad targets were established to plan sub-themes or types of service within them. Thus in one partnership user information highlighted barriers for disabled children in accessing mainstream services and this was used to focus activities.
- At the point of detailed delivery many of the partnerships required applications for funding of services to show detailed evidence of user consultation and plans for its continuance. The sub-targets here may be interpreted as emphasising service design responsive to expressed user needs.
- Specific consultation research was commissioned with groups defined as *hard to reach*, either before or after it had been decided to target them.

Although these seemed to inform targeting strategies there was also some evidence that targets may have changed interactively in response to structures set up to ensure continuing user consultation, often as part of capacity building exercises. But difficulties of implementing effective consultation strategies, particularly in large areas with dispersed populations, and the timescale required to set up consultation procedures were also cited as barriers to incorporating evidence deriving from user consultations into decision-making about targeting.

### ***Evidence from service providers***

As well as consulting with actual or potential service users, partnerships also accessed views and evidence from statutory agencies, voluntary organisations and actual or potential service providers. A number of factors affected the use of this type of material:

- It was particularly prominent where targeting built on existing developed strategies; such as extending successful service models.
- It appeared to be a substitute for limited quantitative or evaluative data. For this reason provider opinion was sought, for example, in identifying refugees and asylum seekers as targets.

- It was used where ideas for service provision guided targeting. In an urban northern area, for example the range of targets was initially influenced by consultations with *stakeholders*.
- Because it was comparatively quick to access, service provider knowledge was used where a speedy response was required. Thus service providers in a south west partnership were used to define essential issues in the plan before any further research or data gathering took place.
- Provider knowledge was viewed as important where there was a direct focus on risk factors.
- It was particularly important where it was necessary to win the support of existing providers for the proposed targeting. In one authority, for example, advice was sought on *a menu of proposed services*.

### **Research evidence**

Provider and other inputs were often cited as 'research' but here we take this to mean formal studies that had been carried out, many of them locally. The use of such evidence was rather limited. Research evidence on risk was sometimes cited as a basis for identifying specific groups as *vulnerable*. For instance, partnerships refer to research on factors relating to youth crime by the Youth Justice Board (2001). Approaches based in models of prevention were also justified by research or evaluation evidence. For example, schools were targeted in one authority due to research that indicated they were effective loci for identifying need. Reference to research or evidence based practice was also frequently required before services were funded.

### **Mapping**

A mapping exercise of provision and need was carried out by almost all partnerships examined. Such exercises were diverse and frequently overlapped with the use of other evidence bases rather than being a discrete exercise. They frequently incorporated existing or new service audits. Mapping exercises were often claimed to inform targeting strategies, but in practice often simply provided useful background information. Several partnerships described undertaking a mapping exercise as difficult and this was particularly evident for some two-tier authorities.

Ways in which mapping exercises made a direct input into strategies included the following:

- Making choices between short-listed areas or groups, by reference to criteria such as relatively little provision to meet a need, potential links with other initiatives, or the potential for capacity building.
- Issues which figure in the Children's Fund agenda for which there appeared little support anywhere. Play facilities or support for mental health are examples of those cited.
- In authorities using the Dartington 'model' (Dartington Social Research Unit, 1999) audits were crucial. Referrals to existing services which had or had not been provided for were examined to identify the sort of cases of need that were not currently catered for.
- After targets were established by other means they were sometimes refined to ensure that services within their remit were compatible and complementary to existing provision, rather than contradictory or duplicating.
- Usage and characteristics of existing provision were referred to in order to identify barriers to take-up amongst certain groups who then became targets for innovation.

### **3.5 The Delivery of Targets: Commissioning**

We have discussed aspects of commissioning approaches in Chapter 2, in particular how these relate to the different categories of Partnership Board. (We have not drawn on those categories here as we have worked with 26 and not 16 partnerships as the evidence base for this chapter.) Here we focus on the way in which partnerships implemented targeting decisions through service commissioning. Does the pattern of service implementation match intended targets? Information on this is limited. An example from the monitoring data discussed in Chapter 4, illustrates the problem: in one area 82% of services were stated to explicitly target refugee and asylum seekers yet it was not apparent that this theme had been a major plank of the targeting strategy. Such examples abound. Again in most authorities for which school based targeting did not really feature, for a variety of reasons large numbers of services were identified as *school-based*.

However, evidence relating to service commissioning yields some insights. The term 'commissioning' is used very generally but can cover many specifics such as 'direct approaches to a service provider', 'tendering' or 'bidding'. Partnerships used a variety of these approaches.

Four major approaches to commissioning may be discerned:

- Against pre-determined models or types of service conforming to general strategies
- Against needs identified from evidence bases
- Locality or thematic planning through reference groups
- Open bidding against very loosely defined criteria

The first category is perhaps most directly based on revealed strategies and may be expected to deliver directly on targets. For example, partnerships adopting an approach based on models of prevention that sought to extend these to new areas or schools, approached existing service providers through a non-competitive process. Others tightly specified a type of service to be delivered within an area or authority-wide and used competitive tendering to secure such services.

Secondly, some partnerships adopting a strategy focusing on needs and risks of specific areas or groups, with loose ideas about what types of service might meet them, used open bidding processes to generate service proposals. Bids were then reviewed by a commissioning group to decide on the relevance of proposals to the needs. A very different approach was adopted by partnerships which decided in advance on the type of service they considered appropriate, such as *play provision*, and identified service providers were invited to bid. Here the targeting strategy was instrumental in determining where the service was to be delivered, or what theme it addressed, rather than what it was.

Some partnerships set up reference groups around themes and areas and devolved commissioning responsibilities to these groups. This resulted in a diversity of types of provision to meet locality or group needs. There was thus a flexible and varied response across a partnership within the context of an overall strategy. Sub-themes, for instance, might emerge which had not been directly addressed in the implementation plans.

Commissioning processes were also observed inviting *expressions of interest* against broad Children's Fund objectives, with possible advice from the local programme team. Theoretically these might then be judged against an existing targeting strategy though this process was not always evident. Occasionally these formed part of the iterative development of the targeting strategy itself and can be understood as part of the provider consultation, user input or mapping exercises.

The above oversimplifies the range of complex processes noted but it usefully summarises the role of targeting strategies in influencing service delivery. As noted criteria such as: collaboration with other initiatives, multi-agency working, user participation, community engagement, preference for voluntary service provision, the need for an evidence base, building on existing services, potential for influencing the mainstream, and capacity building formed part of the rationale for targeting strategies. However, sometimes even when they were not so explicit they were frequently instrumental in shaping the tenor of service delivery. The extent to which this may have distorted the targeting after the event is difficult to say.

Commissioning processes themselves also revealed limitations to an approach to establishing services on the basis of well evidenced targeting decisions. Some of these problems related to timescale. For example, a county authority noted that many proposals went through 'on the nod' with too little attention to coherence, because of the need to get services in place quickly. It should be noted that such cases appear rare. In another, large numbers of exploratory projects were initially commissioned without too much attention to an overall targeting strategy. However, this could contribute to the strategy by guiding future decisions based on learning from experience.

Other barriers related to lack of suitable existing infrastructure. For example, the lack of umbrella voluntary and community services organisations was often seen as an inhibiting factor, as was the lack of experience of small service providers in handling tendering bureaucracy. Occasionally, partnerships reported problems in identifying service providers who might meet specified objectives. In one this led to a central team delivering *core services* themselves which might not have been the original intention. Rapidly changing policy contexts were also often seen as constraints against the evolution of commissioning from planned targets. Most notable amongst these were the 25% crime prevention requirement and later cutbacks in funding.

### **3.6 The Evolution of Targeting and Change Processes**

Apart from the initial impediments to the development of targeting strategies, ongoing issues and contextual changes have affected their continued implementation. Limited data is available to enable us confidently to assess the extent to which take-up of services matched the rationales underpinning initial targeting decisions, although in Chapter 6 we discuss issues relevant to this.

Initial targeting strategies were amended as a result of learning about their operation, and as a result of changed agendas (see Chapter 8 for a more detailed discussion of learning in

partnerships). There was some evidence that Local Evaluation Reports had caused partnerships to reflect on whether a slight change of strategy was needed. This was particularly true where insufficient matching of services to targets or where inappropriate rationales became evident. Partnerships also drew on specific service evaluations. In some cases particular groups of vulnerable children were found not to be accessing services as intended. Elsewhere services were seen to be too universal or focused on presenting need as opposed to prevention *per se*. Extensions of mapping exercises or previously unavailable detailed data, such as that on small census Super Output Areas, also led to the evolution of targeting strategies. New understandings of risk and prevention arising from implementation also led to some changes. Where commissioning against targets was hampered, the issue of whether certain aspects of the initial targeting strategy was feasible was explored. There was thus considerable evidence that targeting strategies were evolving and responsive rather than static.

An important factor contributing to a change in emphasis in targeting was also the increasing attention to mainstreaming and sustainability as programmes developed. This was noted as a cultural change with much greater attention to issues such as capacity building, participation, the need for evidence bases to underpin services, infrastructure development, and consistency with broader strategies rather than particular targeted programmes of services.

The framework provided by *Every Child Matters* was a stimulus to these changes. Do these represent new approaches to targeting, rationalisations of existing strategies against 'foreign agendas' or dilutions of the role of targeting entirely? These are difficult questions to address on available evidence. Whatever the answer, difficulties in responding to changing environments were noted; particularly where step changes might be required in service patterns implicit in meeting previously formulated targets.

### **3.7 Chapter Summary, Learning Points and Recommendations**

#### **Summary**

Children's Fund partnerships demonstrated considerable diversity in the range of targeting strategies adopted across partnerships, mirroring the desired flexibility implicit in the *Guidance*. The main approaches identified are those based on: geographical area; school; theme or group; service models; and the identification of individuals. The targeting rationales of most partnerships incorporated elements of each.

A similarly diverse range of data was employed in both deciding upon and implementing a targeting strategy. Although the distinctions between them are often blurred, five major types of

evidence may be discerned: quantitative and administrative data; user input; consultation with service providers; evaluation and research; and the mapping of existing provision. Partnerships employed elements of each, but with different emphases.

Whilst the term 'commissioning' is used very generally, four major approaches may be discerned: against pre-determined models or types of service; against needs identified from evidence bases; locality or thematic planning through reference groups; and open bidding against very loosely defined criteria. Criteria such as: collaboration with other initiatives; multi-agency working; user participation; community engagement; the need for an evidence base; building on existing services; potential for influencing the mainstream; and capacity building formed part of the rationale for targeting strategies.

Approaches to targeting were not only intended to ensure appropriate delivery of services but to also achieve other more strategic objectives, including the maximisation of opportunities for learning, or for sustainability and mainstream influence. This affected which of the types of targeting approach was adopted – singularly or in combination.

Initial targeting strategies were amended as a result of learning and changing agendas. In some cases there was found to be insufficient matching of services to targets or particular groups of vulnerable children were found not to be accessing services as intended. Extensions of mapping exercises, previously unavailable detailed data or new understandings of risk and prevention arising from implementation led to the evolution of targeting strategies. Increasing attention to mainstreaming and sustainability and the framework provided by *Every Child Matters* also stimulated changes.

### **Learning points**

- The Children's Fund has impacted on the further development of local approaches to targeting provision. It is clear that targeting strategies played a major role at the local level in helping partnerships understand deeper questions of how non-statutory provision might be enhanced.
- The experience of formulating targets seems also to have been valuable in gaining deeper knowledge of how newer challenges might be met in changing policy contexts.

- In many areas there was a growing recognition of the need for integrated local databases which draw together various sources and make them applicable to smaller disaggregated groups and even individuals.
- Commissioning structures developed for the purposes of the Children's Fund have been adopted more widely in some areas. Targeting will only be effective if it is accompanied by service commissioning designed to deliver the outcome objectives behind targeting strategies.
- Understandings of prevention have been developed through Children's Fund partnerships and applied more broadly. New commitments to user engagement and innovative approaches to such participation have been developed.

The 2004 Children Act and subsequent policy guidance has given rise to significant changes to the means by which services are to be planned and commissioned, through the requirement for a single, overarching strategic Children and Young People's Plan, identifying and agreeing clear targets and priorities as well as the activities to achieve them. This requirement is supported by the development of a 'Joint planning and commissioning framework for children, young people and maternity services' (HM Government, 2006), bringing significant changes to data collection requirements and a new emphasis on outcome-focused planning. A number of the potential barriers to such a shift to joint planning and commissioning are apparent in the experiences of Children's Fund partnerships.

- A lack of prior preventative activity (strategic or operational) made it hard for some partnerships to determine an appropriate way of approaching targeting.
- The limited timescale available to plan and commission services meant that partnerships were not able to do as much preparatory work as they would have liked.
- Multiple and varied meanings attached to the term 'commissioning' by various partner agencies caused confusion. Terms such as 'commissioning', 'tendering' and 'bidding' were commonly applied without definition, little consistency and, in some areas, seemingly interchangeably.



- Confusion regarding risk and protective factors appeared commonplace in local planning, with the complexities of risk factor analysis not always recognised.
- Groups of children were commonly identified through a combination of indicators conflated to produce indices purported to illustrate those most 'at risk' (e.g. the Index of Multiple Deprivation). Rather than enabling targeting of particular individuals on the basis of particular risk factors, a generalised and aggregated understanding of risk led to the targeting of identifiable and tangible areas or groups.
- Broad risk factors were not easily related to particular planned service provision or specifically identified need. It was common for areas to be selected prior to consideration of the specific aims or the types of provision the programme sought to deliver.
- Particular risk factors are not easily identified at a suitably disaggregated level to enable targeting to be operationalised.
- The limited availability of quantitative data appropriate and compatible with the defined target groups made it hard to make precise decisions

### **Recommendations**

The analysis of Children's Fund approaches to targeting show the benefits of the use of a combination of data, and in particular in the supplementation of quantitative data with additional sources of evidence to develop comprehensive understandings of need.

- The engagement of community members and (potential) service users in deciding targeting approaches provides an understanding of the preferences and priorities based in user, provider and political perspectives. A commitment to ongoing user and community engagement in the development of funded services also represented a valuable means to ensure appropriate targeting in provision.
- Engaging service providers enables access to specific knowledge about the needs and circumstances of groups of children and families most at risk of social exclusion.
- Mapping of existing provision usefully highlights areas or groups with relatively little provision, or issues or service types of relevance to prevention with little existing funding.

NECF analyses have shown the importance of provision that allows for the identification and engagement of those at risk in ways that do not rely on individual targeting. In particular the following features are valuable: accessibility, multiple referral routes and non-stigmatising provision.



## Chapter 4: Children's Fund Services and their Users

*This chapter describes the kinds of services provided by the Children's Fund and shows that 'club provision or play schemes' are the most numerous and that health improvement is the objective with the highest priority. Evidence is then presented from a range of sources on the characteristics of those families and young people who did and did not use Children's Fund services and also services of the kind provided by the Children's Fund, notably breakfast, homework and after-school clubs. The findings indicate that Children's Fund services have reached their target groups although different services are used by different kinds of families. Reported satisfaction with the services is generally high but the involvement of families and children in service development was rather low.*

### 4.1 Introduction

In this chapter we move from examining how partnerships managed the targeting of services to look at provision and take-up. Understanding the take-up or use of specific types of services is a prerequisite to understanding their impact. The overall impact of a service that is used by very few families and children is unlikely to be substantial even though it might make an important difference to those people who do use it. Moreover, a service that is targeted at a particularly vulnerable group in society but is actually used less by them than it is by more advantaged groups is also unlikely to achieve the aims set out for it.

We discuss how services were implemented in Chapters 5 and 6. In this chapter we examine provision and take-up in order to consider what the Children's Fund has provided in terms of services that families with children aged five to 13 want, are able, are encouraged and choose to use. We are not in a position to comment on the impact of these services from the evidence to be discussed in this chapter. However, we are able to present children's and families' perceptions of the short and medium-term impact of Children's Fund services on them in Chapters 6 and 7. In addition, some evidence on the impact of school-based services on educational progress during Key Stage 2, that is between the ages of seven and 11, will be provided in a separate report.

In this chapter we draw on three datasets to address the broad questions of provision and take-up.

- 1) We use the Quarterly Monitoring Data (QMD), generated by DfES from information submitted by programme managers about the activities in their local areas. As we shall see, these data are not ideal but they are the best source of information about the activities of the Children's Fund in the round.

- 2) We use information gathered from the Millennium Cohort Study about the use of a sample of specific Children's Fund services. These data came from the first wave of data collection from the older siblings of the cohort members (MCS:OS1) when the cohort members themselves were aged three. The evidence gathered here related to locality-based services in 74 wards including those based in schools, but did not include services which were available across targeted partnerships through, for example, thematic programmes.
- 3) We draw on data collected in the Families and Children Study (FACS) and in MCS:OS1 about the use of generic services of the kind provided under the Children's Fund banner.

We do not, however, use these datasets in isolation. Our analyses integrate the Quarterly Monitoring Data (QMD) with both MCS:OS1 and FACS and our conclusions are based on findings that emerge from a range of analyses across the three datasets.

This chapter is structured in the following way.

- In the next section, we describe the most important characteristics, strengths and weaknesses of the three datasets, with more detailed information about them placed in appendices.
- We then, in section 4.3, describe the kinds of services provided or supported by the Children's Fund.
- This is followed in section 4.4, by an analysis of the characteristics of families and young people using specific Children's Fund services. This section is based on an integration of QMD with MCS:OS1.
- We then focus on users of breakfast, homework and after-school clubs, the categories of services most likely to be funded by the Children's Fund.
- Section 4.6 presents evidence on service use obtained by linking the QMD with FACS.
- Next, section 4.7 looks at satisfaction with and participation in services using data from both MCS:OS1 and FACS.
- The concluding sections (4.8 and 4.9) integrate all our findings by describing the ways in which the Children's Fund was able to reach its intended user groups and bringing out key points for the future.

## **4.2 The Sources of Evidence**

### **The Quarterly Monitoring Data (QMD)**

The QMD are a rich source of information about the services offered by the Children's Fund. We draw on a sequence of seven QMDs, starting in October 2002 and therefore covering the period up to the end of June 2004. The QMD are, however, incomplete, a problem that appears to get worse after the January 2004 quarter. Appendix I (para. 1) describes our attempts, unsuccessful as they turned out to be, to fill in some of the gaps.

We have based our analysis on the January 2004 quarter as it provides the most extensive database up until that date. Because of the way in which data were gathered in the QMD it has not been possible to present an account of provision which draws on an accumulated dataset of all quarters. Moreover, there is sometimes a lack of clarity in the information. More specifically:

- The name of the service is not always self-explanatory and the lack of a unique service identifier means that it is difficult to track services over time. In attempting to track services from quarter to quarter, difficulties occur trying to distinguish between services that undergo a name change or 're-branding' (but are essentially the same service), and other services that are shutting down to be replaced by new services with rather different profiles.
- A description of the services is often missing or it is not sufficiently clear to enable an outsider to understand what the service offers. For many services there are only very general descriptions of their objectives, activities and target populations.

The best way of classifying Children's Fund services is to use the 'most important activity' reported for each service, broken down into 20 categories. For the January 2004 quarter, the quarter with the greatest number of services reported, nearly 5000 services were listed across England. Although 15% of these were either classified 'other' or not classified at all, the breakdown of the remainder shown in Table 4.1 gives a good indication of the mix of Children's Fund services throughout England. The indication is strong as there is great consistency across quarters in terms of their distributions of activities (see Appendix I, para. 2 for more details). The labels for the service types are not self-explanatory and so, in Appendix J, we provide an example of one service description for each of the 20 categories.

It is possible to extend the description of the 20 service activity types by using priority scores. Programme managers attached priority scores to the activity types for four service objectives

directly related to the Children's Fund sub-objectives i.e. improving school attendance, raising school attainments, crime reduction and health improvements. Again, the data available from this exercise are not ideal. Some data are missing, managers are not always consistent across quarters in their priority ratings of the same service and some managers do not discriminate between objectives for any one service.

### **The Millennium Cohort Study: Older Siblings (MCS:OS1)**

The evidence collected by NECF in MCS:OS1 focused on the older children of parents who had children in the millennium cohort. The Millennium Cohort Study (MCS) is a longitudinal study of children born in 2000 and 2001. Respondents were asked about the use, made by their children aged four to 15 years, of specifically named locality-based Children's Fund services in the 74 wards that were included in the MCS sample. Some background information about MCS, including response rates, is given in Appendix K.

To select the services, information was gathered in the summer of 2003, in each MCS ward, on the Children's Fund services that were to be in place in those wards during the period of the survey. Questions about these services as well as about the older children were included in MCS:OS1.

Detailed information was collected in MCS:OS1 about the use of a total of 219 Children's Fund services from 2184 respondents with 3409 children aged four to 15. They were living in 74 wards, 13 of which are 'minority ethnic wards', 18 are (relatively at least) 'advantaged' and the rest (the majority) are 'disadvantaged' on the basis of local rates of child poverty in 1998 as defined in Plewis (2004). Some of the services operated in more than one ward: 34 in two and 14 in three or more wards.

The services identified in the MCS wards were deliberately not a random sample of all services: they are weighted towards area and school-based services and they were the services that were planned to be located in the wards in which MCS evidence was being collected. In Appendix K there is a comparison of the distribution of MCS Children's Fund (MCS/CF) services with all services in England from the QMD.

It also is important to note that the older siblings sample is not a probability sample of all children in this age-group: they are the siblings of children aged three years. Consequently singletons and last-born children are automatically excluded, as are families who had moved away from the sampled wards after MCS1. If service use varies with family composition and with housing

mobility then these rates of use will be biased. As well as providing details of service use, evidence was gathered on children's behaviour in the Strengths and Difficulties Questionnaire (SDQ) completed by mothers about at most two of their older siblings. Details about the SDQ are given in Appendix L.

Families living in these 'Children's Fund' wards faced more social and economic disadvantages than those living elsewhere in England. For example, 20% were lone parent families and 26% of mothers had no educational qualifications compared with 13% and 14% respectively in non-Children's Fund areas included in the total MCS sample. Nearly all of the Children's Fund sample (96%) was living in urban areas, and 64% were white compared with 82% in non-Children's Fund wards. This bias towards urban areas is not reflected in the partnerships which formed the basis of NECF's case study work.

As well as information on specific and named services, data were collected in MCS:OS1 about the use of (i) breakfast (ii) homework and (iii) after-school clubs. Data in relation to the younger children aged four to nine came from the main respondents to the MCS questionnaire who was nearly always the mother. The older children aged ten to 15 gave the information in a self-completion questionnaire. For both groups, the questions referred to services provided at their school. These two sources have been combined in the analyses presented in section 4.5 to describe use across the four to 15 age-range and across England. Details about response to the self-completion questionnaire are in Appendix K.

Data were also obtained directly from those older siblings who were aged ten to 15. They completed a questionnaire and these self-report data have been used to construct a number of scales as described in Appendix M. The main purpose of these data is to provide a baseline for future analyses of impact. The scales related to crime do, however, show that young people living in Children's Fund wards were more likely to have been victims of crime but also more likely to have been involved in theft and anti-social behaviour.

Another indication of the differences between Children's Fund and non-Children's Fund wards comes from the assessments made by the survey interviewers about the neighbourhood containing the sample households. The mean summary score, a measure of adverse neighbourhood conditions constructed from the assessments, was 2.4 in Children's Fund wards. This can be compared with just 1.2 in non-Children's Fund wards i.e. a difference of 0.5 standard deviation units. More details on the MCS neighbourhoods and their assessment can be found in Appendix N.



### **The Families and Children Study (FACS)**

The Families and Children Study (FACS) started in 1999 as a survey of low income families in Great Britain and there have been annual surveys since then (see Appendix O). In 2001, the composition of the sample changed to include all families with children. From 2003 onwards, FACS has included questions to the main respondent, who was usually the mother, about her family's use of specific service types of the kind funded by the Children's Fund. These questions were asked only of mothers living in England and with at least one dependent child between the ages of five and 15. In 2003, mothers were asked about the use made of eight different kinds of services in the previous 12 months. These are discussed in Table 4.15; in 2004, an additional five service types were included in the question and are discussed in Table 4.18.

The FACS data do not allow us to separate families' use of Children's Fund services from their use of services funded in other ways. By using data from the QMD we were, however, able to determine which of the 139 English postcode sectors sampled in FACS contained at least part of one ward where there was Children's Fund activity in 2003.

In fact, for only ten out of these 139 postcode sectors could it be said with any certainty that no Children's Fund services were being provided. There are at least two possible explanations for this relatively small proportion. The first is that there is not a one to one match between wards and postcode sectors and so each postcode sector can be made up of several wards or parts of wards; this increases the chance that any postcode sector might have Children's Fund activity connected to it, however loosely. The second is that the way in which the postcode sectors were originally selected favoured areas with more children and these are areas that might be expected to have more services.

### **4.3 A Brief Description of Children's Fund Services**

This section is based on data from the QMD. Table 4.1 tells us that, across the Children's Fund as a whole the rather broad category 'club provision or play schemes' is, by some way, the most important in terms of numbers of services and accounts for nearly a quarter of all services. This category is likely to include breakfast clubs, after-school clubs and homework clubs and the range of services to be found under this heading of club or safe space is discussed in more detail in Chapter 5. There were very few 'ICT' and 'additional language support' services and so the majority of services with educational outcomes as their priority in relation to the Children's Fund sub-objectives (Appendix A) were 'education support' and 'home-school partnerships'.

**Table 4.1: Distributions of service activity types shown in the QMD for January – March 2004**

<b>Most important activity</b>	<b>All CF services (number)</b>	<b>Percentage</b>
1. Club provision or play schemes	977	23
2. Participation/engagement	436	10
3. Education support	379	8.9
4. Child therapy	337	7.9
5. Sports	245	5.8
6. Mentoring/role models	206	4.8
7. Parent education	194	4.6
8. Health education	194	4.6
9. Arts and crafts	185	4.3
10. Information and signposting	177	4.2
11. Home-school partnerships	167	3.9
12. Mediation/advocacy	160	3.8
13. Music, dance and drama	135	3.2
14. Family therapy	133	3.1
15. Facilities provision	97	2.3
16. Trips and away days	84	2.0
17. Media production	64	1.5
18. Environment	32	*
19. ICT	28	*
20. Additional language support	24	*
<b>Total</b>	<b>4254</b>	<b>100</b>

\* = less than 1%

When we look at how these activity types were related by programme managers to the Children's Fund sub-objectives we find for nearly all of the 20 activity types the highest mean priority in terms of the Children's Fund sub-objectives was health improvement. The exceptions were 'educational support', 'additional language support' and 'ICT' where the priority was school attainment and 'home-school partnerships' where the priority was school attendance. The priority given to health improvement can be explained by the emphasis given to raising self-esteem, evident in Table 4.2. which appeared to be categorised as a health objective.

A perhaps related point of interest, as the evidence discussed in Table 4.1 was collected between January and March 2004, is that in the summer of 2003 partnerships were asked to allocate 25% of their spend to services aimed at crime reduction. Yet, in the QMD under discussion, programme managers did not give clear priority to this sub-objective for any of the 20 activities. We know that local programmes were inventive in the ways they tackled what many saw as the distraction of the 25% requirement and it is possible that the focus on self-esteem reflected one way of attending to both crime prevention and becoming a victim of crime or anti-social behaviour.

The evaluation also used the QMD to classify services in terms of their target groups (e.g. learning difficulties, self-esteem problems, school non-attendance etc). There were 20 in all and are shown in Table 4.2, which gives the distribution of services by target groups. As we saw in Chapter 3, many services have more than one target group and many of the target groups overlap.

Again the fact that many services were directed at children and young people with self-esteem problems helps to explain why the broad objective of health improvement is such a high priority for so many services.

There are several issues here. As we shall see when we look at the relationship between participation and prevention in Chapter 5, a more useful concept would be self-efficacy i.e. being able to work with the resources available to one to achieve one's goals. Self-esteem, in contrast, refers to a sense of satisfaction with one's actions and needs to be related to intentions such as being able run fast, or being good with numbers and a capacity to identify these intentions as important. It therefore needs to be assessed as an outcome in relation to specific areas of activity.

It seems from the case study evidence, which looked at what was going on in practice, that self-esteem was being used as a catch all. It captured work which aimed at raising aspirations among socially isolated children, helping some groups to overcome racism, working on bullying, improving literacy skills and so on. Our analyses of strategies and practices outlined in Chapters 5 and 6 indicate that improving self-esteem was seen as a short to medium-term outcome necessary for the achievement of longer term objectives in specific areas. It would therefore be misleading to see the Children's Fund as an initiative geared strongly at health objectives, despite the relationship seen by many between self-esteem and mental health.

**Table 4.2: Distribution of services by target groups, shown in the QMD for January – March 2004.**

<b>Target group</b>	<b>% of services</b>
Learning difficulties; special needs	37
Self-esteem problems	34
Behaviour difficulties	26
Anti-social and criminal behaviour	26
School non-attendance	25
Living in poverty	24
Families under stress	23
High rates of truancy	20
Ethnic communities	20
Bullied children	20
Mental health problems	15
Transferring school	15
Disabled	14
Domestic violence	13
Refugees; asylum seekers	11
Substance abuse	9
Young carers	9
Bereavement	8
Traveller communities	7
Homeless/runaways	4

The monitoring data also reveal that by early 2004 many services were well-positioned to be incorporated into full service schools. In their monitoring returns, programme managers could classify services as area-based, school-based or Authority-wide. Unfortunately, these codes were not used in a mutually exclusive way. However, as we saw in Chapter 3, a substantial proportion of the services were school-based i.e. located on school sites. We were able to link the QMD to data from the 2004 Pupil Level Annual School Census (PLASC) and the National Pupil Database (NPD). We then find that 39% of primary schools and 43% of secondary schools had some Children’s Fund activity in some way connected to them during at least one quarter.

#### **4.4 Use of Specific Children’s Fund Services**

Table 4.3 gives the use of the MCS/CF services by families living in the 74 MCS wards. We see that just over 10% (95% confidence interval: 7.0% – 13.4%) of families and 9% of children had in the previous 12 months used one of the MCS/CF services that were included in the survey. The slightly lower rates for children compared with families suggest that service use was not clustered in families. In other words, if one child in a family used a service this did not make it any more likely that another child in the same family would do so.

Use by families varied considerably across the 74 wards: from no reported use in 23 wards to at least 50% use in three wards. This variation across wards could be explained by the numbers and mix of services asked about in each ward. We do know that service use by families increased from 2.1% in wards where information was collected about just one specific service to 18% in wards where we asked about seven or more services.

We also found that an additional 62 families in the MCS wards had used a Children’s Fund service but not one of the specific services listed in the survey. One reason for this might be that the other services were provided right across the Local Authority. If these families are included in the analysis then use rises to 13%. It is also possible that parents, especially parents of secondary school pupils, might not always have known that their children were accessing some kinds of education support services being provided in schools.

**Table 4.3: Use of MCS/CF services, evidence from MCS:OS1**

	<b>All families (number)</b>	<b>Percentage</b>	<b>All children (number)</b>	<b>Percentage</b>
<b>One service</b>	185	8.5	242	7.1
<b>&gt; One service</b>	38	1.7	51	1.5
<b>None</b>	1961	90	3116	91
<b>Total</b>	2184	100	3409	100

This part of the national evaluation was not designed to estimate overall usage of all Children’s Fund services. We must, therefore, interpret these results on use with great care taking account of the caveats already outlined about the nature of the sampling. The purpose of the MCS/CF dataset was to compare users with non-users and to generate data for eventually measuring the impact of the Children’s Fund using evidence from the second sweep of the MCS older siblings (MCS:OS2).

We cannot be sure that all families in the MCS wards served by the specific MCS/CF services were actually in a position to use the services. They might, for example, have been living in a sector of a ward that was not part of the local school’s catchment area or the service might not have been running in the 12 months prior to interview. The period of instability that hit the initiative in the autumn of 2003, and is outlined in Chapter 1, did mean that not all services that were planned for the next year were actually funded. However, in 62 out of the 74 wards there was at least one service that was unique to that ward and, for those wards, family service use was higher at 13%.

We can examine the prevalence of service use by families and children, broken down by the categories used in Table 4.1. Prevalence is estimated by dividing the number of users by the number of potential service users in this category. The numbers of potential users are those families, and older children of the cohort member, living in one of the 74 MCS wards.

Table 4.4 is ordered by the numbers of MCS/CF services in each category of activity. It shows that use is not strongly related to level of provision.

Services which gave parent education (13 in total in the MCS wards) and family therapy (five in total in the MCS wards) as their most important activity were used more than, for example, child therapy (a total of 15 services) and education support (a total of 22). It is possible that the latter services were tightly targeted at specific groups and more likely to work with referrals.

**Table 4.4: Use of service activity types by families and children, evidence from MCS:OS1**

Most important activity	Use by families		Use by children	
	Number	%	Number	%
Club provision or play schemes	87	5.9	107	4.7
Education support	24	2.1	37	2.0
Sports	20	3.8	28	3.5
Child therapy	4	*	4	*
Parent education	28	7.2	37	6.5
Mentoring/role models	9	1.8	12	1.6
Participation/engagement	4	*	6	*
Health education	20	2.8	30	2.6
Home-school partnerships	27	4.7	31	3.4
Music, dance and drama	6	1.1	6	*
Mediation/advocacy	7	2.1	8	1.6
Arts and crafts	11	4.5	13	3.4
Family therapy	10	6.9	14	6.5
Trips and away days	1	*	2	*
Information and signposting	1	*	2	*
Facilities provision	1	*	1	*
Media production	0	*	0	*
Environment	0	*	0	*
Additional language support	0	*	0	*
ICT	1	*	1	*

As well as prevalence of use by families and children, we can also look at use in terms of the proportion of reported services. Table 4.5 shows the take up of different types of service. We can see that some use was reported for most service types. For example, 60% of the 42 services in MCS:OS1 with 'club provision or play schemes' as their most important activity were

reported to be used by at least one family. The importance of club provision is borne out by the evidence from the case studies discussed in Chapters 5, 6 and 7.

**Table 4.5: Service use by service type, evidence from MCS:OS1**

<b>Most important activity</b>	<b>Number of CF services listed in MCS:OS1</b>	<b>Reported use: number of services</b>	<b>% services used</b>
Club provision or play schemes	42	25	60
Education support	22	9	41
Sports	16	7	44
Child therapy	15	3	20
Parent education	13	12	92
Mentoring/role models	13	3	23
Participation/engagement	13	2	17
Health education	11	6	55
Home-school partnerships	11	8	73
Music, dance and drama	11	4	36
Mediation/advocacy	8	4	50
Arts and crafts	7	4	57
Family therapy	5	3	60
Trips and away days	5	1	~
Information and signposting	3	1	~
Facilities provision	2	1	~
Media production	2	0	~
Environment	2	0	~
Additional language support	2	0	~
ICT	1	1	~

We also find that there is no relationship between attendance at services as reported in the QMD and use as reported in Table 4.4 for the different service types. Although the two measures are not directly comparable, one would expect them to be related; service types with more attendees reported in the QMD would be expected to be service types with more users, or higher take-up, as defined here. The fact that they are not related suggests that the attendance data reported in the QMD might not be reliable (see Appendix I, para. 3 for an elaboration of this point).

When we look at the characteristics of users and non-users within the MCS Children’s Fund areas, we find use rises from about 7% for four and five-year-olds to between 9 and 10% for children aged six to 11, and then falls to between 6 and 7% for 12 and 13-year-olds. 7% of 14-year-olds and 6.6% of 15-year-olds were reported to have used services in the 12 months prior to interview, suggesting that Children’s Fund services are used by young people beyond the cut-off age of 13 (and by children younger than five). We find no difference in use by boys and girls.

There are differences in use when we look at differences in the conditions of families. Table 4.6 shows how use varies when these are taken into consideration. Service use is higher when there are more dependent children in the household (9.1% for families with two dependent children rising to 14% for families with four or more children), by single parents, by renters and by those receiving benefits.

**Table 4.6: Service use (%) by socio-demographic and socio-economic variables, evidence from MCS:OS1**

<b>Variable</b>	<b>Category (category %)</b>	<b>% Use</b>
Number of dependent children	2 (47%)	9.1
	3, 4 (47%)	11
	>4 (6%)	14
Single-parent status	Single parent (19%)	13
	Two parents (81%)	9.6
Housing tenure	Renter (44%)	11
	Owner-occupier (56%)	9.5
Means-tested benefits received	No (43%)	8.8
	Yes (57%)	11

These differences are not, however, statistically significant (once clustering by ward is allowed for). But, as we shall see, they are, on the whole, consistent with those found from other parts of the MCS questionnaire, and in FACS where the sample of users is much larger and the characteristics of the sample are different. This analysis suggests that services were being taken up by these potentially more vulnerable groups. However, there is no evidence that mother's educational level is related to use and, although there is a suggestion that families where the mother is not working use the services more, this is not confirmed by later analyses.

We can also look at service users in terms of problems reported by the mother about their children. These reports cover at most two of the older siblings as described in Appendix K. Again there is some evidence to suggest that services were being used by those who needed them. Analysis of MCS:OS1 data tells us that 16% of the selected older siblings were reported to have been bullied, either in or out of school, in the 12 months prior to interview and these children were 1.6 times more likely than those not bullied to have used a Children's Fund service. We do not, however, know whether they used a service *because* they were being bullied.

In a similar vein, in 10% of all selected cases, parents of an older sibling had been contacted by their child's school about the child's behaviour and they were 1.5 times more likely to have used a Children's Fund service. In 2.4% of all cases an older sibling had been suspended from school



and they were 3.4 times more likely to have used a service. In 1.7% of all cases the police had contacted the parents about their older sibling and they were twice as likely to have used a service.

On the other hand, there was no evidence that children whose parents said they were concerned about their school attendance (4%) and about their smoking behaviour (3.4%) were any more likely to be Children’s Fund service users. Less than 1% of parents reported problems about their children’s use of alcohol and drugs.

Further evidence on children’s behaviour and service take-up comes from the Strengths and Difficulties Questionnaire (SDQ) completed by mothers about at most two of their older siblings. Details about the SDQ are given in Appendix L. We found that children who used Children’s Fund services in the MCS wards had higher SDQ scores, and hence more problematic behaviour, than children not using services. As we can see in Table 4.7 consistent differences were found for all five sub-scales of the SDQ. Service users’ scores were between one fifth and one third of a standard deviation higher than those of non-users. These differences were statistically significant.

**Table 4.7: SDQ scores for users and non-users of Children’s Fund services, evidence from MCS:OS1**

		<b>Conduct probs</b>	<b>Emotional probs</b>	<b>Hyper-activity</b>	<b>Peer probs</b>	<b>Overall difficulties</b>	<b>Pro-social</b>
Users of CF services	Sample size	242	239	240	241	238	240
	Mean score	2.4	2.3	4.0	2.1	10.8	7.9
	SD	2.3	2.3	2.7	1.9	7.0	2.3
Non-users	Sample size	2664	2650	2649	2649	2624	2659
	Mean score	1.8	1.9	3.4	1.7	8.7	8.3
	SD	1.9	2.0	2.6	1.7	6.0	1.9

Again, we cannot conclude that parents of children with more problematic behaviour were being directed towards or choosing services because of their child’s behaviour. However, this evidence does provide some support for the position that Children’s Fund services were reaching at least some of their target groups. We also know from the case study evidence that children were directed by, for example, schools to services which helped them to deal with their troubling behaviour. However, as we shall see in Chapter 7, families also made use of services because of the positive benefits that might be derived from them, as well as to address problematic behaviours.

#### 4.5 Use of Breakfast, Homework and After-school Clubs: Evidence from MCS:OS1

MCS:OS1 gathered evidence on a broad range of service use and not all of it referred to Children’s Fund services. Analyses of this evidence do provide useful insights which can, for example, inform targeting. We focus particularly on breakfast, homework and after-school clubs mentioned in responses gathered in MCS:OS1. These are the kinds of school-based services that are supported by the Children’s Fund, but not all of those mentioned were Children’s Fund services. Table 4.8 gives basic data on use, in the previous 12 months, of these services by age by the MCS:OS1 sample.

We see that after-school clubs were used more than breakfast and homework clubs, especially in the primary school years. Breakfast clubs were used more than homework clubs up to age ten but much less thereafter. For all three services, we see that use increases with age during the primary school years and then starts to fall off during secondary school.

There is a sharp rise in the use of homework clubs between the ages of ten and 11 that is probably connected with the transfer to secondary school. The increase in the use of homework clubs between the ages of 14 and 15 might be connected to preparation for GCSE exams. It is important to bear in mind that Table 4.8 is based on cross-sectional data so that use by age is confounded with use by cohort. In other words, today’s ten-year-olds using breakfast clubs might continue to use them as they get older if they are provided by secondary schools.

**Table 4.8: Use (weighted %) of breakfast, homework and after-school clubs by age of child, evidence from MCS:OS1**

Service	Age of child (years)											
	4	5	6	7	8	9	10	11	12	13	14	15
Breakfast clubs	4.4	4.3	6.6	7.7	8.6	7.3	11	11	8.9	10	8.8	6.6
Homework clubs	1.0	2.4	5.1	6.8	7.6	10	10	23	24	18	15	27
After-school clubs	7.0	14	21	31	37	41	54	48	48	37	33	39

We find that breakfast clubs are used more by families living in the MCS Children’s Fund areas (9.1% against 6.1% in non-Children’s Fund areas) and also, within the MCS Children’s Fund areas, more by those families actually using any Children’s Fund services than by non-users (16% against 8.4%). We do not, however, find associations of this kind for homework clubs and after-school clubs, suggesting that breakfast clubs are more likely to be funded by the Children’s Fund than the other two kinds of clubs. This suggestion is borne out by the case study evidence.

In the case study sites we came across limited evidence of what might be labelled homework clubs funded by the initiative.

It is important to interpret carefully the data on the use of generic service types such as breakfast clubs. The group of families that are not using services in general or are not using a particular service type consist of two sub-groups: those who choose not to use available services, and those who are not able to use a service because it is not provided in the area where they live. In other words, some families are potential service users and others are not. It is possible that, for example, after-school clubs were used more than breakfast clubs just because there are more of them; although, of course, the provision of a service is often related to the demand for it.

We now turn to an analysis of the kinds of children who do and do not use these three types of services. We have already seen that use varies with age. We also know that the sex of the child does not influence take-up. We have looked at the impact of three other groups of variables: socio-demographic variables, socio-economic variables and spatial variables as set out in Appendix P.

The following tables (Tables 4.9 – 4.13) show the associations between the important socio-demographic and socio-economic variables and the use of these three kinds of services.

**Table 4.9: Use (weighted %) of breakfast, homework and after-school clubs by single-parent status, evidence from MCS:OS1**

	<b>Breakfast</b>	<b>Homework</b>	<b>After-school</b>
Single parent	12	11	29
Two parents	6.2	7.6	28
n (unweighted)	6533	6473	6476
Design based p-value	< 0.001	< 0.003	n.s.; p > 0.7

Table 4.9 shows, perhaps unsurprisingly, that children in single-parent families (about 14% of the total) used breakfast and homework clubs more than children in two-parent families. However, there is no difference between the two groups for use of school-based after-school clubs. The last point is also unsurprising as clubs held after school served a variety of purposes for parents, including, as we discuss in Chapters 5 and 7 a form of much needed childcare for a broad range of reasons.

There are important differences in take-up by different ethnic groupings. Table 4.10 shows that relatively few children from an Indian background used breakfast clubs whereas children in the Black/Black British, mixed and Pakistani/Bangladeshi groups were more likely to use them than children from the white group. Homework clubs were used more by all minority ethnic groups than by children in the white group but especially by the Pakistani/Bangladeshi and Black/Black British groups. The ethnic differences in the use of after-school clubs were less marked although they were used more by the Black/Black British and mixed groups.

**Table 4.10: Use (weighted %) of breakfast, homework and after-school clubs by minority ethnic group, evidence from MCS:OS1**

	<b>Breakfast</b>	<b>Homework</b>	<b>After-school</b>
White	6.8	7	28
Black/Black British	11	18	37
Pakistani/Bangladeshi	9.8	20	23
Indian	3.8	11	26
Mixed	12	10	33
Other	5.3	11	25
n (unweighted)	6533	6448	6451
Design based p-value	< 0.04	< 0.001	< 0.06

We can also look at socio-economic variables. Children in families receiving means-tested benefits (40% of the total) used breakfast and homework clubs more. But this was not so for after-school clubs, which were used more by children from better-off families as Table 4.11 indicates.

**Table 4.11: Use (weighted %) of breakfast, homework and after-school clubs by whether receiving means-tested benefits, evidence from MCS:OS1**

	<b>Breakfast</b>	<b>Homework</b>	<b>After-school</b>
Receiving benefits	9.1	9.7	26
Not receiving benefits	5.6	7.0	30
n (unweighted)	6533	6473	6476
Design based p-value	< 0.001	< 0.001	< 0.001

The impact of mothers' educational level and employment status on service use presented a less clear picture as Tables 4.12 and 4.13 demonstrate.

**Table 4.12: Use (weighted %) of breakfast, homework and after-school clubs by mother's educational level, evidence from MCS:OS1**

	<b>Breakfast</b>	<b>Homework</b>	<b>After-school</b>
No educational quals.	11	14	25
NVQ1	8.7	11	29
NVQ2	6.1	6.9	28
NVQ3	5.2	6.9	24
NVQ4	6.9	6.4	30
NVQ5	9.1	8.5	40
Overseas or other quals.	3.3	10	23
n (unweighted)	6533	6473	6476
Design based p-value	< 0.005	< 0.001	< 0.001

We see from Table 4.12 that homework clubs tended to be used more by children with mothers with few educational qualifications whereas the reverse was true for after-school clubs. The relation between mother's education and the use of breakfast clubs is less clear-cut but children with mothers with overseas qualifications (who may be more recent immigrants) used this service less. There is some evidence that mothers with the highest qualifications (level 5) used the services more than mothers with middle-level qualifications.

**Table 4.13: Use (weighted %) of breakfast, homework and after-school clubs by mother's employment status, evidence from MCS:OS1**

	<b>Breakfast</b>	<b>Homework</b>	<b>After-school</b>
Not working	6.1	8.9	25
Part-time, < 16 hrs/week	5.6	5.3	28
Part-time, > 16 hrs/week	8.4	8.7	32
Full-time	11	8.8	34
n (unweighted)	6254	6195	6195
Design based p-value	< 0.001	< 0.009	< 0.001

Table 4.13 corroborates the interpretation in Chapters 5 and 7 that, for some mothers, Children's Fund services allowed them to engage in economic activity. Here we see that the more the mother is connected to the labour force the more both breakfast clubs and after-school clubs are used. This difference is not found for homework clubs which are used least by children with mothers with very part-time jobs.

Families with more dependent children use the services more but this is not so once we control for the age of the child. Owner occupiers tend to use the services less than renters but, again, this difference is unimportant once we control for single-parent status. In other words, we need to bring those variables that are individually related to service use into a statistical model that predicts service use. We do this by fitting a logistic regression model with 'service use' or 'non

use' as the binary outcome. When using this analytic model we establish whether or not individual variables such as mother's employment status are related to the outcome after allowing for the effects of other potential explanatory variables i.e. to reveal if they can explain whether or not a service is used. We also control for area differences in the level of provision. In Appendix P we provide estimates from these models.

For the use of all three services, we find that from this analysis that, as we have already discussed, use rises then falls with age. (In Appendix K we discuss the possibility of biases occurring in the relations between service use and age because response rates for the self-completion questionnaires varied by ethnic group and mother's educational level). Use is also greater in wards that score higher on the Child Poverty Index and this probably reflects greater availability of these services in poorer areas. However, we can say, on the basis of the evidence presented in Appendix P, that:

- a) Breakfast clubs are used more by children in single-parent families whose mothers do not have educational qualifications from overseas. Younger children also use them more if their mothers are employed, especially if they work longer hours.
- b) Homework clubs are used more by children in single-parent families and who have a Pakistani/Bangladeshi, Black/Black British or Indian background. This reinforces evidence provided by the national evaluation of study support (MacBeath, *et al.*, 2001). They are also used more by younger children whose mothers go out to work.
- c) After-school clubs are used more by children with mothers with better educational qualifications, by younger children whose mothers go out to work, and who live in more rural areas.

Finally, the MCS data allow us to throw some light on the current policy issue of extended or full service schools. Even though, because of the timing of the survey, we did not ask directly about extended schools, we can identify children who used a breakfast club *and* either a homework club or an after-school club to get a picture of 'all day' use. Table 4.14 shows a gradual increase in all day use up to age 11 and then a decline through the secondary years, a pattern that could reflect the greater availability of all day options in primary schools and also the fact that older children are more able to look after themselves. Again we see how service use might suggest a need for wrap-around child care in the primary school years.

**Table 4.14: ‘All day’ use (weighted %) by age of child, evidence from MCS:OS1**

Age of child (years)	4	5	6	7	8	9	10	11	12	13	14	15
% use	1.9	2.5	4.3	5.1	6.5	4.8	7.7	8.4	6.8	6.8	3.7	3.9

We again applied a logistic regression model to examine the variables most likely to predict ‘all day’ use. The details of the analytic model are given in Appendix P.

The analysis revealed that, after controlling for area disadvantage and location the following children are more likely to be away from home both before and after-school:

- children in single-parent families whose mothers work full-time;
- children who do not have an Indian background and whose mothers did not gain educational qualifications overseas;
- children living in households receiving benefits.

Whether or not the mother is in some kind of employment does influence the likelihood of all day care with the effect being much stronger for younger children. Also, there is evidence from the interaction of ethnic group with age that younger children in the ‘other’ ethnic group, which includes children with a Chinese background) are less likely to be ‘all day’ users. The use of all-day care by families receiving benefit can perhaps be explained evidence from the case studies. This revealed that parents felt that services were giving children experiences that could not be provided at home or by their families, as well as giving parents some respite from their children.

The focus of this section has been on the use of services provided at schools. We do also, however, have some information about the use made by young people of classes for school work provided at the weekend. These were used by just 2% of four to nine-year-olds and by 4% of ten to 15-year-olds. There is some suggestion that use was greater in Children’s Fund areas but the numbers are too small for the detailed analysis that has been possible for breakfast, homework and after-school clubs.

#### **4.6 Use of Services: Evidence from FACS**

##### **FACS 2003**

In FACS 2003, there are some data on service use from 4290 families in England with at least one dependent child aged five to 15 and 36% of these families report using at least one (26% just one and 10% more than one) of the service types in the last 12 months. Table 4.15 gives

service use for the sample as a whole by type of service and shows that (a) after-school and breakfast clubs (just one category) and (b) child play and leisure services are the most used. None of the other six service types are used by more than 5% of families. The results on service use need to be interpreted with caution. It is possible that the sampling method used to select postcodes favoured areas with higher levels of service provision. Consequently, the estimates might be higher than would have been the case if a simple random sample of postcode sectors had been selected. However, evidence presented in Appendix O suggests that use is not substantially affected by the problem that not all families live in a location that enables them, if they so choose, to use the services that are available to them. As with MCS:OS1, use of school-based services related to education might be under-estimated as parents might not be aware that their children have used them.

**Table 4.15: Use (weighted %) of services, evidence from FACS 2003**

<b>Service</b>	<b>% Use</b>	<b>95% C.I.*</b>
After-school and/or breakfast clubs	19	17 – 21
Child play/leisure services	16	14 – 17
Child education support	4.5	3.7 – 5.2
Child health education	1.4	1.0 – 1.7
Child and family counselling	2.1	1.6 – 2.6
Child mentoring/role model programmes	3.0	2.4 – 3.6
Home-school liaison	1.5	1.1 – 1.9
Parenting skills support and/or education	1.3	0.92 – 1.7

*C.I. = Confidence Interval*

We now turn to an analysis of the kinds of families that do and do not use services of the type listed in Table 4.15. As with the analyses of the MCS data in the previous section, three groups of variables (socio-demographic, socio-economic and spatial) were considered. See Appendix Q for more details. We have examined the three groups in relation to their association with the use of services.



**Table 4.16: Service use (weighted %) by socio-demographic variables, evidence from FACS 2003**

<b>Socio-demographic variables</b>	<b>Category (category %)</b>	<b>Use (%)</b>
Number of dependent children	1 (29%)	32
	2 (47%)	36
	3 (17%)	39
	>3 (6%)	43
Family type	5-10 only (42%)	43
	11-15 only (36%)	25
	Both (23%)	41
Single-parent status	Single-parent (26%)	40
	Two parents (74%)	35

**Table 4.17: Service use (weighted %) by socio-economic variables, evidence from FACS 2003**

<b>Socio-economic variables</b>	<b>Category (category %)</b>	<b>Use (%)</b>
Housing tenure	Renter (30%)	39
	Owner-occupier (70%)	34
Mother's educational (NVQ) level	None (13%)	30
	Level 1 (13%)	35
	Level 2 (32%)	36
	Level 3 (14%)	41
	Level 4 (15%)	36
	Level 5 (4%)	39
	Other quals. (9%)	41
Number of discretionary benefits received	0 (24%)	32
	1 (35%)	35
	> 1 (41%)	39
Mother's employment status	Full-time (30%)	35
	Part-time, > 15 hrs/week (28%)	37
	Part-time, < 16 hrs/week (12%)	35
	Not working (31%)	35

We see from Table 4.16 that overall service use by families increases from 32% to 43% as the number of dependent children in the household increases, and that service use is more common in families with a dependent child of primary school age. This analysis suggests that younger children use services of the kind set out in Table 4.15 more than children of secondary school age. Lone parent families (40%) use services more than two-parent families (35%) and families with younger mothers also use services a little more; the mean age for users is 38 compared with 39 for non-users. It is notable that ethnic group is not related to service use.

Renters are more likely than owner occupiers to use services (39% vs. 34%) (Table 4.17) as are those who receive at least two discretionary benefits (39%) compared with 32% for households not receiving any benefits. Mothers with no educational qualifications are less likely to use

services (30%) and service use tends to increase with educational level. None of the variables related to social position are associated with overall service use. Mother's employment status is, however, related to use of services for younger children.

Finally, households in rural areas (23% of the total sample) are less likely to use services (29% compared with 37% for urban areas) and service use increases with the level of disadvantage of an area. We should be especially cautious in our interpretation of these findings as they could be related to levels of service provision, and accessibility in different kinds of areas, rather than choice by those families living there.

As in the previous section, we fitted a logistic regression model with service use as the binary outcome and the nine variables individually related to it as potential explanatory variables for use or non-use. In summary that exercise reveals that:

- the number of dependent children, number of benefits received, single-parent status and housing tenure do not predict service use after allowing for the effects of family type, mother's age, mother's work status, mother's educational level and the area variables.
- service use is greater in more disadvantaged urban areas by families with a child between the ages of five and ten, by younger mothers educated to a higher level.
- there is also a relation between use and mother's work status but only for the families with at least one child between the ages of five and ten. For these families, service use increases with hours worked.

The estimates from this model are given in Appendix Q. We can use these estimates to produce predicted probabilities of service use for different groups. Thus, for a mother of mean age with no dependent child between five and ten, living in an advantaged rural area, no educational qualifications and not working, the predicted probability is 0.35 whereas a mother of mean age with a dependent child between five and ten, living in a disadvantaged urban area, with educational qualifications at level 5 and working full-time has a predicted probability of service use of 0.71.

A drawback of analysing overall service use is that, as we saw in the previous section, the users are a heterogeneous group. The amalgamation of after-school clubs and breakfast clubs into a single category makes the FACS data less useful than the MCS data in that respect. It is, however, possible to fit two separate logistic models to examine the (i) use of child play/leisure

services and (ii) use of any service type other than the main two ('other'). See Appendix Q for more details.

We find that:

- child play/leisure services are more likely to be used by families with a younger child and with more dependent children;
- 11% of the sample use at least one of the 'other' services. These services are used more by lone parent families with an older child and with more dependent children.

### FACS 2004

In FACS 2004, 40% of the eligible families reported using at least one (27% just one and 13% more than one) of the service types in the last 12 months. Table 4.18 gives service use by type of service and shows that, as for 2003 (Table 4.15), after-school and breakfast clubs and child play and leisure services are the most used. None of the other 11 service types are used by more than 5% of families. Although reported service use is a little higher in 2004 than it was in 2003, most of this apparent increase is probably accounted for the greater range of services asked about in the 2004 survey. The individual service types show little change.

**Table 4.18: Use (weighted %) of services, evidence from FACS 2004**

Service	% Use	95% C.I.
After-school and/or breakfast clubs	20	18 – 22
Child play/leisure services	18	17 – 20
Child education support	5.0	4.3 – 5.7
Child health education	1.3	0.94 – 1.7
Child and family counselling	2.5	1.9 – 3.2
Child mentoring/role model programmes	2.9	2.3 – 3.5
Home-school liaison	1.3	0.95 – 1.7
Parenting skills support and/or education	1.3	0.89 – 1.6
Telephone help lines for parents	0.68	0.43 – 0.94
Home visiting one-to-one services	0.50	0.27 – 0.73
Marriage support and mediation	0.57	0.29 – 0.86
Family learning activities	1.7	1.2 – 2.2
Family centres	1.2	0.72 – 1.6

*CI=Confidence Interval*

One advantage of having longitudinal data on service use is that we can measure continuity of use across two successive 12-month periods; although only for those families which were in the survey on both occasions. We find that 28% of the non-users in 2003 became users in 2004. However, 46% of those using one service in 2003 and 29% of those using two services then

were not using any service in 2004. Table 4.19 gives an indication of how use of service types changed over the two years for those eight types common to both questionnaires.

There are a lot of changes, especially for those services (see Table 4.15) that are used only by a small percentage of the sample: the great majority of those using the service type in 2003 are not using it in 2004. Clearly, there can be many reasons why families move in and out of service use: their circumstances change, the service is no longer available, they no longer have any need for it, they were not satisfied with it in 2003, the service was designed only to run for a short period (e.g. holiday schemes) etc.

We find no relation between use in 2004 and user satisfaction in 2003, perhaps because most users report high levels of satisfaction as was the case for the Children’s Fund service users reported in Chapter 7 and Evans, *et al.*, 2006. We do, however, find that mothers who increase their hours of work, i.e. from part-time to full-time or not working to working, do move into the group of users of after-school and/or breakfast clubs. But they do not become users of child play/leisure services. This analysis strengthens the findings based just on 2003 data.

**Table 4.19: Change in service use, evidence from FACS 2003 and 2004**

Service	% Used 2004 & not used 2003	% Used 2003 & not used 2004
After-school and/or breakfast clubs	11	48
Child play/leisure services	14	64
Child education support	4.6	83
Child health education	1.2	90
Child and family counselling	2.2	83
Child mentoring/role model programmes	2.5	78
Home-school liaison	1.2	84
Parenting skills support and/or education	1.0	86

*Sample size = 3403 for all services.*

#### **4.7 Satisfaction, Information and Referral, and Participation: Evidence from MCS:OS1 and FACS**

Data on satisfaction were collected in both MCS:OS1 and FACS. For FACS, we have measures of satisfaction for all the service categories used in Tables 4.15 (for 2003) and 4.18 (for 2004). Generally, high satisfaction levels, over 80% either very or quite satisfied, were reported from both sweeps of FACS. The exceptions were for ‘child and family counselling’ with 71% in 2003 and 78% in 2004; ‘parenting skills support and/or education’ at 79% (asked only in 2004); and ‘home visiting one-to-one service’ at 78% (again asked only in 2004).

A similar picture obtained in MCS:OS1. Overall, 84% of the respondents were either very or fairly satisfied with the specific services. A breakdown by 'most important activity' is not especially informative as the numbers of users are rather small for many of the categories (see Table 4.4). However, only 57% of users of services with 'mentoring/role models' as their main activity were satisfied while 78% were satisfied with 'sports' activities.

Families obtained information about the majority of the service categories employed by FACS (Tables 4.15 and 4.18) from schools. The exceptions were: 'child and family counselling' where 37% heard about these from a doctor and only 31% from schools; 'telephone help lines for parents' with 63% hearing about it from an unspecified source; 'home visiting one-to-one services' with 34% from social services and only 23% from schools; 'marriage support and mediation' with 77% from an unspecified source; and 'family centres' with 37% from family.

In MCS:OS1, we asked about referral rather than about sources of information. The majority of responses (68%) indicated self-referrals with families selecting and taking up services they chose and with just 19% from schools and less than 5% from any other source. Evidence discussed in Chapter 5 and in Evans, *et al.* (2006) also shows that Children's Fund services were very successful at making self-referral possible, although as we see in Chapter 6 this created tensions in relationships with statutory providers in some instances.

Again in line with evidence discussed in Chapters 5 and 6 about the limited involvement of carers in the shaping of service provision, the proportions of families using and involved in running the services were rather small. From MCS:OS1, we find 9.4% (n = 21) of user families were involved and 2.4% (n = 7) of children. The only services in FACS with any substantial reported involvement are the 'child mentoring/role model programmes': 14% of user families in 2003 and 19% in 2004, with children involved from the majority of these families.

## **4.8 Chapter Summary, Learning Points and Recommendations**

### **Summary**

The chapter draws on data collected in the Millennium Cohort Study and the Families and Children Study and on the Quarterly Monitoring Data. It shows that more Children's Fund services were provided under the 'club provision and play schemes' heading. Analyses also show that the great majority of services have 'health improvement' as their main priority, however, this prevalence can be explained by the importance ascribed by services to developing children's self-esteem. Different kinds of services are used by different kinds of families.

Nevertheless, Children's Fund services are more likely to be found in more disadvantaged wards and in those wards were more likely to be used by more disadvantaged families and by children with particular kinds of problems. Most families are satisfied with the services provided but participation by families and young people in the running of the services is low.

### **Learning Points**

- The Children's Fund was targeted at wards with more social and economic disadvantage than elsewhere in England. For example, MCS Children's Fund wards had more single-parent families, more mothers without educational qualifications and were scored more highly on adverse neighbourhood conditions than other MCS wards.
- There is evidence that the Children's Fund was reaching its target groups. Services were more likely to be used by children from larger families, from single-parent families, from homes that were rented and where means-tested benefits were received, however, these differences were not statistically significant. There was a significant difference in scores on the Strengths and Difficulties Questionnaire between children who used Children's Fund services and those who didn't, with service users presenting more problematic behaviour.
- Support from the Children's Fund enabled a wide range of services to be provided for children aged five to 13 and their families. The dominant model of service in terms of numbers were 'clubs' which included those provided immediately before and after school.
- Although targeted at five to 13-year-olds, our evidence indicates that Children's Fund services were being used both by children aged four and also by young people of 14 and 15. The peak ages for use appeared to be between nine and 12. Certainly this is so for breakfast, homework and after-school clubs although there is some evidence from the FACS data that the less commonly used (and possibly less widely available) services such as education and health support, mentoring etc. are used more by families with no child under ten.
- One of the interesting findings from the data collected in MCS:OS1 about specific Children's Fund services is that where parental education and family therapy services were provided, they were quite widely used although the overall use of such services, based on the FACS data, was low.

- On the other hand, services provided under the ‘child therapy’, ‘music, dance and drama’ and ‘participation and engagement’ headings appeared to be used by rather few families and children. This could be because they were more likely to be services targeted on specific sub-groups and thus to have a smaller body of potential users.
- A clear message from the analyses is that different services of the kind funded by the Children’s Fund were used by different groups of families and children. This comes out most strikingly in the separate analyses of the MCS:OS1 data on use of breakfast, homework and after-school clubs (and also reinforces the importance of collecting disaggregated data about the use of such services). Breakfast clubs and homework clubs appear to have been used by the more disadvantaged groups whereas after-school clubs were used more by primary school-age children from better-off families with a well-educated mother who is working full-time.
- There were differences between minority ethnic groups in their use of services. Children from Black/Black British backgrounds were generally most likely to use breakfast, homework and after-school clubs. Children from an Indian background and children whose mothers gained educational qualifications from overseas were least likely to use breakfast clubs, white children were least likely and Pakistani/Bangladeshi children most likely to use homework clubs. We cannot be sure that these differences (and others discussed in this chapter) are not due to differential provision in different sorts of areas although the balance of the evidence suggests that this is not the whole explanation.

### **Recommendations**

- All the targets set for the Children’s Fund were expressed in terms of outcomes, for example, improved school attainments and attendance. The MCS:OS1 data do suggest that, although improving school attendance was a clear target for the Children’s Fund, there is no evidence that children whose school attendance was causing concern were any more likely to use Children’s Fund services. For any future initiatives of this kind, it might be worth also considering targets for use, based on the numbers of children deemed likely to benefit from such services at the local level. Targets for service use would, however, require access to much better data than are currently available.
- Funds directed at breakfast and homework clubs could help to reduce social exclusion, although whether they actually do is a question about the impact of such services on

outcomes such as school attainment and answers to this question require further data. Support for after-school clubs might, however, be less effective because any gains in terms of improved outcomes for children could go as much or more to children in advantaged circumstances than to children in poverty. On the other hand, just because after-school clubs are used more by families in more advantaged circumstances does not necessarily imply that they cannot reduce social exclusion. Again this is an empirical question requiring more data.





## Chapter 5: Practices to Prevent Social Exclusion

*In this chapter we draw on evidence from services in 16 partnerships. The services were selected on the basis of being located in the same local area within each partnership. This allowed us to examine multi-agency collaboration and work with families as well as practices centred on individual children. What emerges is a picture of responsive practice which increasingly works on the complex needs of children and families. In some cases the focus is partnership between practitioners and carers to build family resilience. In other cases relationships are service-led. Multi-agency working is regarded as valuable by practitioners but needs support to be sustained. It is seen mainly in terms of signposting and referral. A range of interpretations of participation are found and it is clear that when participation is geared at listening and responding to children and young people it helps to build their confidence. Parents are frequently reluctant to engage in service development with the result that participation rarely leads to involving families in building their communities' capacity to create pathways out of poverty.*

### 5.1 Introduction

In this chapter we continue to pursue the question we started to address in Chapter 2: what were the structures and processes that led to good outcomes for children and their families? Here we focus on service provision, while outcomes are discussed in Chapter 7. We draw on evidence from a total of 78 services in 16 case studies and from a survey of all programme managers in the autumn of 2005.

Three or four services in each partnership were selected on the basis of their proximity to each other to allow some focus on how practitioners were using the opportunities provided by the initiative to learn to work in responsive multi-agency ways. NECF worked with these services between early 2004 and mid 2005 and, in the first 12 case studies, revisited those that still existed in the autumn of 2005. Practitioners were interviewed and observations were made in each service (Appendix F).

The framework provided by activity theory (Appendix, D) enabled NECF to examine: what service providers were working on and trying to change; what resources they were using; who they were working with; and the relative power in those relationships. It also allowed a focus on the extent to which service providers were constrained by existing practices and expectations or were able to develop responsive relationships geared at children and young people beginning to take control of their own pathways out of exclusion.

In this chapter our starting point is that the practices we saw were child or family-centred, responsive and highly valued by the families we met. They were often open-ended, following the needs of children and families and in the process of being responsive to needs revealed the

scale of preventative work required in communities. Such was the rich diversity of the work we saw that we need to emphasise that any summary will fail to do it justice. Moreover, we are aware that the expectations set out by the Children's Fund were interpreted in different ways.

We start by examining briefly how services were selected, targeted and accessed. We then look at the types of experiences that services offered children and their families. We next explore the development of multi-agency responses to the complex needs revealed by these services.

Finally we turn to the impact of participation on prevention and the extent to which the initiative was able to make capacity building a priority.

## **5.2 Targeting, Accessing and Focusing Provision**

### **Targeting**

Although services were usually commissioned with particular groups in mind, they were often delivered on a neighbourhood basis, with targeting based on existing demographic data, and were made available to other groups (see Chapter 3 for a more detailed account). The autumn 2005 survey revealed that over two thirds of the 110 programme managers who responded to the question reported that partnerships had funded services in localities with particular groups in mind and then recruited users to the services. Over a quarter of the 110 programme managers funded services with specific groups in mind and then made them available to other children or families. Only a small minority of partnerships set out to provide universally accessible services.

### **Accessing services**

The majority of children and parents using locality-based services who talked with NECF had referred themselves to projects. This finding supports evidence from MCS:OS1 discussed in the previous chapter: that 68% of referrals to locality-based services were self-referrals. Some children received information about Children's Fund services either in school or informally through a friend or sibling, or through another project and then self-referred. For children using targeted services, the interview data presents a mixed picture of self-referral and professional referrals. A number of other families responded to publicity and outreach work in the form of invitation letters, posters or open days. In a few instances, children accessed services because their parents already had a role in running or setting up the project. In some cases, parents or carers actively sought help and information from statutory agencies.

The MCS:OS1 evidence showed that 19% of those who accessed services were referred by schools and only 5% referred from other places. Also most of the children interviewed in the case study samples who were referred to projects were referred by schools. Referrals were

made by head teachers or special educational needs co-ordinators, who often continued to work with Children's Fund project workers.

Evidence presented on targeting in Chapter 3 and take-up in Chapter 4 indicated that a substantial proportion of services were based on school sites. Evidence from the case studies has shown that being school-based often eased communication between schools and other services and helped with school referrals. However, some of the more marginal groups saw being school-based as a factor that made self-referral less likely. The analysis of take-up by racial origin in Chapter 4 helps to refine these broader findings from case study evidence.

The case studies revealed that reasons for referrals by schools were related predominately to children's challenging behaviour at school, low school attendance, school exclusion or potential exclusion. A few referrals within the school context were also triggered by concerns about the child's emotional health and well-being. In terms of youth justice, referrals were made by the police or the Youth Inclusion Support Panel (YISP), in response to children having come into conflict with the police. Social services professionals referred children who were experiencing behavioural and/or emotional difficulties. There was less evidence of referrals from health professionals to the Children's Fund.

### **The focuses of the services**

In order to examine links between actions taken at strategic Board level and ways of working at the operational level, NECF undertook detailed analyses of service provision in all 16 case studies. We examined whether the sensitive and informed approaches to prevention of the Developing Boards and the limited focuses of the Stable Boards described in Chapter 2 would be mirrored in the intentions and practices of service provision.

There was no neat pattern to be found. However, there was a tendency for partnerships with Stable Boards to see the initiative merely as a funding stream, to fund existing services and to focus on participation as an end in itself. The services funded by Developing Boards, on the other hand, were more likely to work responsively with local strengths and to encourage innovation. This comment from a practitioner in a partnership with a Developing Board was typical of such partnerships: *...the Children's Fund has allowed a greater degree of innovation in preventative services, there are things being tried here that I have never seen before.*

We also saw some examples of excellent responsive preventative practice in partnerships with Stable Boards. The difference was, as we explain in Chapter 8, that this interesting work occurred in isolated pockets and rarely informed the strategy of the Boards.

The tendency to see the initiative as a funding stream did lead to some 'rebadging' of provision to meet Children's Fund criteria in order to sustain or extend current services. At times there was resentment that practices needed to be adjusted simply to ensure funding: *Why am I wasting time doing activities simply to tick a box?* There was evidence to suggest that rebadging by box ticking did occur in some partnerships with Stable Boards; interviews with practitioners in these partnerships revealed few examples of creative rethinking of practices for the prevention of social exclusion.

Sometimes, however, rebadging meant that the Children's Fund was able to continue to take forward an existing direction of travel for a provider: it was a welcome opportunity, as one practitioner explained: *The Children's Fund was seen as one that fitted. Right that's something we do. That's the way we are heading. That's why we put the bid in.*

As we shall see later, the initiative revealed considerable need and went some way to addressing it as these providers explained:

*The great thing about the Children's Fund is that it allowed us to exist at all.*

*...in the 12 years that I have been working here, it is the first time that any large funding specifically for five to 12-year-olds had been available that I felt would, without compromising the values we work to, would directly benefit the group.*

Where there was a clear focus on prevention in the less tightly targeted locality-based services, practitioners worked on developing the strengths of individual children or children and their families. That is, they regarded the Children's Fund as an opportunity for disadvantaged children to experience alternative ways of seeing their lives and find support in changing their behaviour, building their resilience and reshaping their futures. The changes were largely to be within the children and not within the wider social conditions which might have already placed them at risk of social exclusion. As one respondent put it:

*I would say that the aim that my team has is very much one of saying that you've got a choice. This is what is out there, are you interested? And helping them look at positive ways of working in their lives rather than going into the anti-social behaviour that so many of them are.*

Some of the parents we interviewed, however, gave a different interpretation of the problems of exclusion. Although they welcomed what the Fund offered, they located risk of exclusion in the social conditions of their children's development and often outside the family. These conditions included bullying, racism, exclusionary practices in school, poor local play and leisure facilities and local cultures of drug use and associated crime. Parents' concerns, therefore, called also for attention to the practices of those who exclude and to broad issues of community capacity.

By taking building resilience, i.e. an ability to negotiate individual pathways out of exclusion, as a central strategy there was some danger that the Children's Fund would not be in a position to change exclusionary practices beyond the services funded by the initiative (see Evans, *et al.*, 2006, for a discussion of the Children's Fund and resilience). As we discuss what services contributed to the building of individual and family resilience we keep in mind the extent to which they were able to address the range and complexity of the causes of social exclusion.

### **5.3 Services for Children**

#### **Types of services**

Attention to the resilience of individual children was given direction by the Children's Fund focus on outcomes that are likely to enhance it: educational attendance and achievement, health and avoidance of crime. In Chapter 4 we have listed the areas of activity covered by services as shown in the monitoring returns made by programme managers and see their match with these objectives.

As Table 4.3 demonstrates and work in the case study sites confirms, single services directly aimed at children in the initiative can be broadly categorised as follows: providing safe spaces through club provision, play or specialist activities; individual help through, for example, mentoring, counselling or therapeutic play; and enhancing local resources such as play areas. In this section we focus primarily on safe spaces, look below the labels given in the monitoring returns, and examine what went on in them.

It is not surprising that supervised spaces were important for children aged five to 13 and again it is not surprising that MCS:OS1 evidence shows peak use among children aged six to 11. The provision included breakfast and after-school clubs, holiday play schemes and book clubs. Their purposes centred on helping children change their attitudes and behaviours and to become confident members of society. Practices could involve behaviour management strategies with formal ground rules and *red card* warning systems, work on how to interact with others and the

development of *emotional intelligence* or the provision of learning resources such as library books or opportunities to complete homework.

Parents saw this form of provision as useful for a range of reasons: they provided childcare which allowed them to work, study or spend time with their other children. Parents' interpretations of the purposes of the service did not always match those of the providers and service labels did not always indicate what was happening in them. Here a practitioner in an after-school club explains how they responded to a need that was not being targeted.

*A lot of families in the area are desperate for respite for children with special needs...and some of them are accessing the project with the aim of their child coming out of the home for an hour or two once a week, to give them a break, which isn't what the project was actually set up for. But we are responding to that need at the moment.*

Safe space services were also seen by parents as valuable for the children themselves; keeping them away from undesirable influences, broadening horizons through occasional trips and visits and helping them to acquire skills, knowledge and confidence. Children told us that as well as feeling safe, the projects were fun, allowed them to make friends across age-groups, and that they dreaded reaching the age when they could no longer attend. We have evidence, however, from the tightly targeted groups discussed in Chapter 6 that disabled children were less likely to be required to leave at 14.

It was clear that Children's Fund services were addressing unmet needs. For example, referrals from statutory agencies which were most likely to be schools were often for children with emotional or behavioural difficulties which did not warrant statements. Self-referrals tended to be for academic as well as emotional needs; to give children opportunities for activities that were not readily available elsewhere; or to remove them from contact with disruptive peers. Once provision was available, the demand was frequently high.

*We're really grateful that the Children's Fund has enabled us to run this project, but I think there is a huge need...we have identified children who are in need and ...we can't expand our capacity to include them, and that's been frustrating sometimes.*

### **Developing responsive professional practices**

Practitioner capacity is an important issue. Preventative work is not simply expanded by increasing the space available. Children and families particularly valued the non-judgemental and responsive strategies employed by practitioners and contrasted them with their experiences with other services which could be *preachy* and *patronising*.

Practitioners across the partnerships discussed the *flexibility* and *responsibility* allowed them by the Fund and how useful it was. *I think it is the flexibility and the immediate access to seeing children actually develop and benefit from a service. Or as long as I am looking forward to meeting those aims and objectives...I can do it in the way I see fit.* The opportunity to be responsive to needs and strengths of children in partnership-funded work was compared with working within the mainstream system in an after-school club. *We've managed to set up something new and different.* This was elaborated as follows by the practitioner.

*I mean they give us the freedom to do. I mean it's like we're not restricted to do anything...that's very good because lots of agencies say to you 'Look you can do this but you can't go there...'. And we can do as much as we want. And that made us really actually get there where we wanted.*

Responsiveness also cut across racial lines in the services we saw in these case studies. The cultural backgrounds of practitioners were less important for the children than it was for their parents. Children from black and minority ethnic backgrounds developed strong relationships with workers from different backgrounds. What mattered for children was being taken seriously and being listened to without staff *walking off*. As one mother of a nine-year-old in a transitions project explained, her son was treated with respect and so felt *more grown up...he didn't feel like he was being told off*.

The embedding of participation in the day to day practices of services enhanced the child-centredness of those practices and gave practitioners a rationale for listening to children's views. As we shall see later in this chapter and in Chapter 6, participation was frequently limited to involvement in the selection of activities rather than the strategic development of services. However, as Children's Fund strategy played out in practice it created a space in which children's voices could be heard and responded to. Parents and practitioners saw this as relevant for the building of what they described as self-esteem.

### **Involving parents and carers in supporting children**

Services also worked on building children's aspirations. This frequently involved taking children on trips or visits. Services differed, however, in the extent to which they involved parents in their work on and with children. In the first example below from a service in a partnership with a Stable Board we find practitioners who were trying to compensate for what they discussed as the restricted lives offered them by their parents. *The families don't have to come out ...[We are*



*able] to show children other life styles that they may otherwise not inherit from their own families...the children haven't been to the beach, which is ten minutes down the road...their world is very small.*

In this particular case the degree of support that the parents needed if they were to engage was beyond the capacity of the project. At the same time, local statutory as well as voluntary infrastructure was so weak that the Children's Fund service was both overwhelmed by the degree of need and unable to direct service users towards other help.

As well as revealing the enormity of need in some areas, this particular case study demonstrated the danger of expecting the Children's Fund to make up for periods of chronic neglect which placed both inter-agency working and capacity building beyond the reach of relatively short-term, initiative-funded projects.

Other services elsewhere were able to be assiduous in respecting children's cultural backgrounds and involving parents in supporting their children's aspirations and trajectories of inclusion. Here a practitioner in a partnership with a Developing Board described how he worked with parents on children's pathways.

*I am trying to get away from assessment at the beginning of the process to something more around a discussion and also trying to move away from the notion of identifying the children and the families' needs. I think that can be part of it, but also to look at their aspirations, their desires, so it actually becomes about what they want.*

In the next example a practitioner from a therapeutic project in a partnership with a Developing Board explains the importance of parental involvement to her child-centred practice which was focused on building children's long-term resilience.

*We look for the positives in difficult situations...we ask the child to do a timeline in terms of their own lives, the important events in their lives, who was there and where the support came from...it's proved very popular because for many children it is the first time that they've actually been asked how they see their lives. It's discussed with the child and very often shared with the family. Because sometimes it's a window for a family about how a child sees something.*

Indeed, the child-centred responsive work that we observed led practitioners to work more frequently with the sources of exclusion at the level of the family. In this respect child-focused

services operated as gateways which revealed considerable need in children's families. As one practitioner explained:

*Often we can engage the young person quite quickly because we can engage them onto an activity programme, which their parents really want to happen. But then what usually happens is when the key workers go through assessments they see much wider issues for the family as a whole, and usually is around...the parents getting parenting support in regard to just developing better strategies when they are with the child.*

While we cannot make a simple association between family size and degree of need, MCS:OS1 evidence shown in Table 4.6 does indicate that children from larger families, with single parents, who are renters and in receipt of benefit are more likely to be service users than are children from smaller families, with two cohabiting parents, in owner occupier housing and not in receipt of benefits.

#### **5.4. Services for Families**

The best preventative work with families focused on building family resilience and capacity to cope through creating relationships of trust. There was some variation in the purposes of those high trust relationships. In two of the partnerships with Stable Boards funding was used to extend existing family worker services. Their interventions were highly valued by families who welcomed the emotional support and advocacy they offered. Some worked directly with parents to enhance their parenting strategies, for example in relation to getting children ready for school on time. However, some saw their relationship with parents more in terms of gaining consent for referrals than building family resilience.

*It is really about engaging the parents, there's no point even if you don't need parental consent, there's no point in my referring a child on if the parents don't believe me...sometimes when making a referral and the parents are like uhhh, and then they'll come in and talk it through with you and when they realise it is not social services they are normally OK.*

This focus on consent can be compared with the emphasis on encouraging parental decision-making from a practitioner in a project for children who were newly arrived in the UK in a partnership with a Developing Board. He explained working with parents as *not about taking the decision-making away from them [parents], but actually encouraging them to and getting them to make decisions.*

Parents across the case studies valued being brought into partnership with project workers to develop their children's pathways out of exclusion. They compared the opportunity to participate

in decisions about their children offered by the initiative to their previous experiences of services and welcomed Children's Fund approaches which encouraged their longer-term independence. One mother at a parent support programme, which also worked on creating networks of support within the group of parents, explained.

*It's like a springboard here to go and do other things. You get a lot of support across the board, but it's always with the thing of standing on your own two feet...they help you identify what it is you need and help you to get that, and then you feel more independent in yourself.*

In the partnerships with Developing Boards which encouraged fresh thinking about prevention the emphasis on building family resilience was often strong. Practitioners described *empowering* vulnerable families to be more *aware of their rights* and take control over their immediate environments. For example, it was expected that carers might approach a statutory agency *with a bit more sense of 'I'm going for a service that I want; you're not coming and telling me what has to happen to me'*. The methods used were sometimes tried and tested. They included, for example, parenting skills courses consisting of sessions on cooking and computing and day trips in a *homely set up* run as *a big happy family* or were informal discussions with parents in welcoming and accessible services which focused on working with children.

Sometimes the emphasis was more on support for vulnerable families and providing easy access to the resources they needed when they needed them. Parents certainly valued support that was accessible and timely. Here a worker describes a model developed within the Children's Fund, which she believed, could be a prototype, if only other services would engage with it.

*It has got all sorts of emotional and financial support ... We buy shoes, we take kids and families shopping. You see social workers and education welfare officers used to do that. ... I have probably recognised that all these agencies are so stretched by the minuscule amounts of what they do. If only they would pitch onto our bandwagon and say, this is such an in-depth model, this is such a supportive model, we will probably be able to answer a lot of health issues, social issues, family issues, family crises, educational improvement issues, crime improvement. ...I feel that this is the right model to push forward.*

The wistful tone of these enthusiastic comments illustrates the difficulty faced by the initiative and outlined in Chapter 2. Partnerships with Developing Boards using the Children's Fund to develop approaches to prevention were, in the majority of cases, more likely to have a marginal position within their local authorities and to be less likely to interconnect in sustained ways with other services. This argument is developed in Chapter 8 when we consider what the legacy of the Children's Fund has been and how it has been taken forward.

Work with families frequently reinforced the scale of work to be done to address social exclusion. Help often extended well beyond activities that might have an immediate impact on children's outcomes and also beyond the duration of services. Being responsive to need and increased attention to families meant that practitioners were also helping parents or carers to deal with broader issues such as domestic violence and parents' own education and health. We also found several examples of workers who maintained contact with families after services had ended.

One message from the Children's Fund is that interventions with children and young people need to involve the potential for work with their families. Sometimes that work will be time-consuming and demanding: nonetheless it is a prerequisite to the building and sustaining of children's resilience and their pathways out of exclusion.

### 5.5 Multi-agency Working for Social Inclusion

The majority of services that were commissioned were single service interventions set up to work on discrete aspects of children's lives to build their resilience through improved behaviour and attainment. Although as we have seen, the responsive nature of the preventative practices meant that practitioners often went beyond their brief.

It seems that in addressing some elements of the complexity of exclusion, practice was sometimes running ahead of strategy. In the November 2005 survey, as Table 5.1 shows, 42% of the 119 programme managers who responded to the question reported that collaboration at the operational level was central to commissioning in their partnerships while 41% were working towards it.

**Table 5.1: Collaboration between services as a strategic priority**

<b>Statements reflecting the partnership's view of collaboration between providers at the operational level over the last few years</b>	<b>Number of programme managers</b>	<b>Percentage</b>
Collaboration at an operational level has not really been a driver	3	3
Collaboration at an operational level is important but has been quite difficult to put into place here	17	14
Collaboration at an operational level is important and we have been working towards it	49	41
Collaboration at an operational level has been central to our commissioning	50	42

*\*Based on 119 partnerships. Percentages rounded to nearest 1%*

Where the commissioning process was used, services were typically asked to demonstrate willingness or evidence of collaboration as a pre-requisite for funding. In some Developing Board partnerships service providers were expected to work together as themed or area-based groups.

However, as we showed in the interim report on collaboration (NECF, 2004a), multi-agency collaborations do not happen *by magic*. They take a lot of *time and energy*. One very successful practitioner co-ordinator of a locality-based multi-agency group in a partnership with a Developing Board described the demands.

*I think about 50% of my time has been spent on multi-agency working in the sense of developing relationships and when you do multi-agency work someone has to take the lead on them....I think people thought it would happen by magic if you put it into the funding agreement. Actually what it requires is lots of contact time, lots of checking people out and lots of making meetings and attending meetings, then there is a lot of actual work that goes into supporting that kind of work.*

Putting people in touch was not enough. The same co-ordinator explained.

*I think the very first step is understanding about what the sort of issues are. ... Professions have very, very, different ideas about need, about discipline, about responsibility, about the impact of social systems on families. ... So I think the first step is actually to get some shared understanding about effective practices and about understanding the reasons behind some of them. Understanding some of the reasons why we are seeing these sorts of issues in families.*

NECF evidence from across the case study partnerships would support this advice. In Chapter 8 we outline how the development of multi-agency practices was helped by the Children's Fund in partnerships which provided opportunities for practitioners to meet, build trust and recognise each other's expertise.

The multi-agency working that emerged when practitioners met in this way was often fluid and responsive, with a mixture of referrals and signposting parents to resources which would help them to support their children. *There was nothing like this before the Children's Fund and now we all know who works for which organisation and who to contact for different things.* Signposting also involved helping children and families to access services funded by other agencies and was not necessarily limited to links made with jointly commissioned Children's Fund services.

Indeed, some practitioners questioned what they saw as the restrictive aspects of joint commissioning, preferring the flexibility and responsiveness offered by a signposting approach

allowing them to collaborate with the full range of agencies. As one put it: *Why is it important that 20 children go to more than one project? ... What is the scientific basis... the rationale? ... Let's start working in terms of who we are as groups and what support we need and what we find difficult.*

Signposting could be seen as helping service users to access the professional expertise that is distributed across a locality, or beyond, in order to make up for practitioners *find difficult*.

Accessing the expertise distributed across a locality was often easier to achieve in authorities where there was a history of inter-professional trust. There was no evidence to suggest that it was easier or done better in smaller authorities, indeed the most advanced partnerships were among the larger ones and where efforts had been made over the years to enable practitioners to draw on specialist support when needed.

The Children's Fund was able to build on this groundwork to encourage new informal networking between individual services and to create new linkages between sets of practitioners which could lead to flexible and timely support for children and families. The funding enabled locality meetings for sharing ideas, joint training sessions and the opportunity for services to learn from each other through informal consultancies. Cross-project co-operation also brought resource benefits. Typically this included: working with volunteers trained by other initiatives such as Sure Start; sharing transport and physical space and sharing sessional or part-time staff.

The involvement of the programme team or named facilitator was crucial in developing links across funded services and keeping emerging networks focused on Children's Fund objectives without closing down the possibility of collaborating beyond the initiative. As we shall see in Chapter 8, where this did not happen there was always the danger of a reliance on old networks and the continuation of old practices.

The multi-agency working that was enabled and encouraged by the initiative focused on building the resilience of children and families. The child-focused work, for example, helped parents to find their way through welfare systems to support the well-being of children, to recognise and request what could be done for their children. There were very few instances in the case study sites of multi-agency working including agencies which dealt with broader social problems such as housing.

There was also very little evidence of the impact of the Children's Fund on the exclusionary practices of other agencies. In part this was a result of the use of signposting to enable parents

to find their own way round systems. The marginal position of the initiative in some authorities and its use as a short-term funding stream in others also meant that the work done to enhance collaboration and to share approaches to prevention was located within the initiative and focused on services funded by partnerships.

### **5.6 Participation for Social Inclusion**

For most partnerships the most innovative strategy encouraged by the Children's Fund was its focus on the participation of children, young people and their families in the design delivery and evaluation of services (NECF, 2004b). One reason for the widespread focus on participation was that it could mean so many different things. Even at the level of service planning and delivery it could range from keeping parents informed about activities to giving children responsibility for organising public events.

Two main approaches to participation can be identified in Children's Fund services: participation for the development of services and participation as parental involvement in shaping their own children's move away from social exclusion. We shall look at both in turn and consider their implications for the development of preventative work.

#### **Participation in the development of services**

In the autumn 2005 survey, 101 (84%) of the 120 programme managers who responded said that they involved children and young people in the development of services compared with 66 (52%) who said that children and young people were involved in strategic decision-making. The most often adopted rationale for participation was the development of services, with 63 of 104 programme managers saying this was the reason for their pursuing participatory approaches. Only 26, from the same 104, linked participation with children's development, for example, their development as decision-makers who might have some control over their environments.

The involvement of service users in shaping the services they use was one aim of the Children's Fund. As we have discussed in earlier reports (NECF, 2004b and 2005a), this was initially interpreted by partnerships as consultation to help with the targeting of services. However, over the duration of the evaluation we have seen a recognition that consultation can be tokenistic and the subsequent development and spread of other strategies. These strategies have included involving children in the selection of programme staff and in the evaluation of services, as one practitioner explained *because at the end of the day it is not about what we are doing it's about how they are feeling about what we are doing.*

Practitioners were often enthusiastic about what they and their provision had learnt from the children. *The participation element is the big thing that that we have developed in the whole structure. We've learnt by watching... now [the children] have a voice in our organisation... it has definitely helped us.* As well as impacting on services, children's participation captured the imagination of senior strategic people. One practitioner in a partnership with a Developing Board reported: *We've had men in suits crawling on the floor designing a playground with a five-year-old, using glitter and feathers and it's wonderful ... that to me is rather about changing the approaches of men in suits than the kids themselves.*

We found projects dedicated solely to participation in two Stable Board and two Developing Board partnerships. In the other partnerships participation was usually regarded as a way of working that was required by the Children's Fund for all services: although participation was seen differently across partnerships and services. Some partnerships employed participation workers who gave advice to projects on how to involve children in evaluation and other aspects of service development, but the tendency was for these to withdraw after a time and for participatory approaches to become embedded in practices.

Where there were services specifically focusing on participation there were concerns among practitioners that what had been learnt in those projects *may get lost at some time in the future* or be *subsumed into consultation* because, as one put it, there isn't a *definitive definition* of participation. Specialist projects also could lead to the view that expertise in participation was primarily limited to those specialist services. Participation projects, however, did keep the focus on participation as involvement in the design, delivery and evaluation of services, alive within partnerships. One participation specialist explained:

*The participation project has impacted on all of the projects in quite a large range. Around things like people's recruitment and selection processes... quite a lot of organisations have picked up in involving children in the process... [name] Children's Fund has now issued a guidance on that.*

There was a danger that specialist projects could simply take over responsibility for participation within a partnership. One provider in another service explained *I don't think I'm central to all that [participation] ... I'm not personally involved in pushing that forward.* A reliance on specialist projects could slow down the process of embedding participation in practice more generally. As the programme manager in the authority which issued the guidance described above told us. *I don't think we have done it yet. I think we have a real challenge in the next two years to make it happen.* As we indicate in Chapter 8, participation projects could influence some other services,



but the range of understandings of what participation in the development of services might mean was a significant problem. The specialist projects, for example, set the stakes quite high.

The participation projects saw clear links between giving children a voice and the development of their sense of self-efficacy. That is, participation was a route to the building of resilience through helping children to become effective decision-makers and actors in their worlds: *...it's about building them up, about having a voice, having confidence, building self-esteem, being part of a democracy and buying into things and feeling ownership of where they live and what they do.*

Children certainly appreciated such approaches. *I don't want to be big-headed but I came up with the idea of a conference! They responded to that, just little things we all said we wanted [Child aged 12].* Being taken seriously and seeing their ideas taken forward were very important to them. While the expectations of the Children's Fund were that children would help shape and monitor provision, the children themselves seemed to gain considerably from involvement even in relatively small-scale decisions within services: for example, whether face paints were made available at an event.

When participation was part of the ethos of a service's provision children's involvement in service development was often quite concrete such as having some voice in what activities would be in put in place in sessions. Sometimes it was more systematically embedded in the processes of service planning and delivery, as one practitioner explained.

*Children are involved in most of the decisions, like starting from little things like the project's name... They came up with their own ground rules so how meetings would run...we always run the plans we have for the future past them and see what they think about it. It is very different sometimes it is just an open discussion to see what they think about it and some times they like voting....*

The rationale for involving parents in service development similarly related to empowering them as decision-makers. A breakfast club co-ordinator in a partnership with a Stable Board explained why she worked so hard at involving parents in service development.

*The parents have very negative views of education ...if they can see there are other elements, the breakfast club is fun and they can come in and have a say really hopefully it will give them more confidence and make them feel that school is not so bad after all.*

However, our interviews with parents and carers revealed that they did not connect easily with the Children's Fund aim that parents would help shape services. They reported that they were

too hard-pressed and that valued services for their children for the respite they provided for both children and carers (see Evans, *et al.*, 2006 for more detail). Certainly the evidence presented in Table 4.6, which showed that the Children's Fund had very successfully reached single parents and parents of larger families, would suggest that these parents had other pressures on their time which prevented their engagement in shaping service provision.

Even when there was some success in engaging parents their roles could be quite passive. A practitioner observed: *It's a long slow process...because it's novel I guess. And some parents in truth aren't interested to come...but it's been offered and where it happens, while there might only be a few parents that come it's been very much appreciated.*

Certainly participation for service development and sometimes an enhanced sense of self-efficacy was seen as time-consuming and *an incredibly expensive way to work*. Children and even more so their families needed to learn how to participate and that took time for all concerned. Parents and carers particularly were far more interested in the packages of care offered their children and the family. One senior practitioner in a family-based project explained.

*They [parents] are not involved directly in the running of the project, to be honest with you most of our families are not really interested in that, the hierarchy of the project. They are interested in the worker who works with them and that's it really and they see me a couple of times. And because they are families that are struggling they have enough on and don't want to be involved.*

### **Participation as involving carers and children in developing appropriate responses to children's needs**

The form of participation most valued by parents was the way that Children's Fund services enabled them to become involved in finding their way through the provision available to support their children. They found the responsive practice which encouraged a view of partnership between worker and parent to be a major benefit when they experienced it. As one practitioner explained:

*...the main participation is in the individual packages we do with families, which are very much family-led really. It's around their description of the understanding of their needs. The targets that we all agree to work towards and their evaluations of things at the end really.*

Equally, one to one work on individual support planning with children could emphasise joint responsibility and the strengthening of their decision-making: *We decide together what we are going to do and stuff [child aged 13].*

However, not every practitioner who saw participation in terms of co-operation in the planning of packages of care had such an open view of partnership. In some cases parental involvement was a matter of their being accountable for their children keeping to agreed plans and in others there were relatively low expectations of parental response.

*I think the only strategy I have got is empathy...when I go out to see a family I try very hard not to be judgmental in any way and to put parents at ease in the hope that they will engage on a one to one basis with me... [in] most of the self-referral families...parents do engage, but overall it is recognised that it is quite difficult to get the parents involved.*

It is very hard to see in these examples of service-led interactions how services funded by the initiative were moving on understandings of prevention. These practices seemed to sustain old dependencies. They were valued by parents because they filled gaps in provision, gave support and were not making new demands on them.

One message from the first Annual Report (NECF, 2003a) was that working on participation to encourage partnerships of various kinds between those who provide and those who use services will require considerable effort. As we have seen, practitioners have described participation as a *slow* and *novel* process. It clearly requires further thought and particularly some clarification of the rationales for involvement of children and their families.

The lack of obvious link between involving parents and carers in the development of services and the need to build local capacity to ensure the longer-term sustainability of services was particularly marked. In the next section we look at some examples of where this occurred and where it was difficult to achieve.

## **5.7 Building Capacity for Sustainability**

### **Building the capacity of parents**

*Sub-objective Seven* of the Children's Fund shows that the initiative intended that partnerships would involve families in building the capacity of communities to sustain preventative provision. This has been the most underplayed element of the work of partnerships at both strategic and operational level of activity.

One reason for the lack of emphasis is changes in policy since the inception of the Fund and particularly moves to integrated services after the 2004 Children Act. These have focused minds on the migration of services to more secure funding rather than on developing community capacity. The difficulty in developing capacity without security of funding was summarised as follows.

*I couldn't live with a situation whereby you are saying every year, OK what's the new criteria this year, what's our new priorities and shifting and changing...otherwise you are not building the capacity and sustainability and you are spending more time getting to know each other than you are delivering a service.*

Another reason was that some people did not understand what capacity building meant. Here is a programme manager in a partnership with a Stable Board.

*...lots of projects had ticked 'capacity building' ... and [I went around] just informally asking people saying 'what do you mean by that then, that capacity building?' and they're saying 'well building the capacity of children to eat breakfast'. So actually nobody understood what capacity building meant and they all just ticked it. We weren't doing anything about capacity building, we weren't and nobody understood it.*

A practitioner in another partnership with a Stable Board held a similar individual capability view of capacity building: *So I would say that in terms of confidence, self-esteem, capacity building, socialising with other children, all of those kinds of things that's much stronger in the work we do.*

It did seem that, like participation, capacity building was interpreted in different ways. We saw interesting examples of capacity building in terms of self-help or mutual networks arising with Children's Fund help from, for example, parenting classes. We also saw it interpreted as improving community resources such as a safe play area for children or the development of a local football team. *There's something there for them, that's their team. They have moved away from where they were before of not having anything in that area... now they have got their own thing, their own ownership, their own club.*

Here we can see an overlap between participation and capacity building. As one participation worker put it:

*I think sustainability, the thread of sustainability runs through everything we do. If we work with parent volunteers we're not saying we are going to work with you for the next two years and we'll do your groups for you. We're saying we will go in, we will demonstrate it, we will support you, but then you will take it over. We will influence it and then you're on your own.*

Clearly difficulties in engaging parents in the design, delivery and evaluation of services impacted profoundly on efforts at building the capacity of families to sustain preventative provision. At the same time, the focus of the initiative on building the resilience of individual children did mean that funded services were largely oriented towards supporting children and families and not towards enabling them to sustain provision. This is not to criticise partnerships: the extent of need revealed by the sensitive and responsive practices we observed meant that the focus was immediate support, with little time left for working with parents on capacity building for sustainability.

### **Building community capacity**

The problems that were encountered when community capacity building was attempted by local services mirrored their difficulties with participation and involving families in building community capacity. Here a locally-based worker in a partnership with a Stable Board described how she tried to set up a crime-prevention group, but could not engage other people in the community.

*Through my links with [service name] I decided to set up a group for people to come along and tell us what was wrong and to do something... but unfortunately there wasn't enough people attending the groups for me to carry it on and also I was confronted by someone for doing it, so I decided ... I lived too local to be involved in something like that.*

In the next example we see how a family worker in a partnership with a Stable Board described the difficulties she faced and pointed to the amount of work she felt needed to be done to build community capacity. The extract also illustrates that old forms of professional-user interaction are not effective when trying to encourage local capacity for taking forward services.

*And we work quite well with a community group. It's a local community group that is running a number of initiatives and seems to have quite a lot of funding going into it. Some of the characters are really quite strong characters, quite difficult characters at times that dig in over certain things...I communicate directly...if something I don't think is working I will say it and I will say it in this tone of voice you know. But sometimes what you get back is anger and resentment. But I just have to say, OK, well that's just indicative of the level of need in the community at times.*

Capacity building at the community level therefore tended to be managed by programme teams through working with voluntary and community groups rather than being an outcome of parental participation in service development.

In the autumn 2005 survey, 104 of the 112 programme managers who responded to the question said that they could report some successes in VCS capacity building. As we saw in Chapter 2 there was evidence of their important contribution to service provision. 89 of the 119 who responded to a question about priorities for programme managers said that building capacity among VCS providers was a priority, putting it on a par with managing the programme team. Strategies for developing VCS capacity included training, help with accessing funding, creating networks of providers and giving them more voice or influence in the work of the partnership.

Partnerships had some success in funding services delivered by small community groups and voluntary agencies. The relatively long duration of funding offered by the Children's Fund, although time limited, and the priority given to VCS capacity building certainly helped.

The question of community capacity building is an important one and raises questions about the Children's Fund as a national initiative. In the interim report on collaboration (NECF, 2004a) we drew on case study evidence to ask whether the Children's Fund should differentiate its expectations and acknowledge the different readiness in developmental terms of some communities to use funds to build on strengths. We have seen in examples throughout this chapter that some communities had a very low baseline from which to start to build capacity for sustainability. We have also seen that building the capacity of parents to contribute to local capacity for sustainability cannot be a side-effect of a process which simply encourages parental participation in the design, delivery and evaluation of services. Where community capacity building has occurred it has required a considerable amount of effort from programme teams.

## **5.8 Chapter Summary, Learning Points and Recommendations**

### **Summary**

At a local level the Children's Fund enabled a focus on preventative practices for a group of children who had historically been neglected by preventative services which focus on early intervention. In doing so it revealed the scale and complexity of preventative work with this age-group. Work with children often led to more family focused support, while work with families often extended beyond activities which might have an immediate effect on children's outcomes.

The Children's Fund has enabled the development of responsive and accessible provision and has in some partnerships taken forward multi-agency collaborations and understandings of the links between participation and prevention. There were, however, some examples of places where the Fund was treated as a funding stream and there was little evidence of developments in tackling social exclusion.

## Learning Points

- NECF found strong evidence of practices that were child or family-centred, responsive and valued highly by families.
- In some partnerships the initiative encouraged innovation and the provision of flexible and responsive practices.
- Providers delivered services which focused on building the resilience of children and families. There was less evidence of parallel work on changing the wider social conditions of children's development.
- The majority of services were accessed by self-referral. There was evidence of varying levels of referrals from local agencies. For example, referrals from schools were more prevalent than those from health professionals.
- The better services worked hard to empower both children and their carers as informed decision-makers.
- Parents were often reluctant to engage in service development because they were too hard-pressed to give time to this activity, however parents did value involvement in the individual planning for the services their child received.
- The best preventative work with families focused on building family resilience and capacity to cope through creating relationships of trust. There was some variation in the purposes of those high trust relationships – and this was linked to the type of partnership and its approaches to taking forward the purposes of the Children's Fund.
- Some services continued existing service-led practices which, although valued by parents, did not focus strongly on parents as informed decision-makers and partners. Others developed genuine partnerships with parents which encouraged their decision-making.
- Multi-agency collaboration among providers centred on sign-posting for children and families and was helped by support from programme teams, which was time-consuming.

- Two types of participation were found: participation for the development of services and participation in developing individual children's pathways out of exclusion.
- Engaging in service development was often associated with building a sense of self-efficacy among children and young people.
- Local community capacity building did not emerge from engaging children and families in the development of services. Instead, where it happened it depended on programme teams making capacity building with VCS and community groups a priority.
- It is clear that Children Fund services were addressing unmet need. However the evaluation also revealed the danger of expecting the Children's Fund to make up for periods of chronic neglect which placed both inter-agency working and capacity building beyond the reach of relatively short-term, initiative-funded projects.

### **Recommendations**

- Interventions with children and young people need to involve the potential for work with their families. Sometimes that work will be time-consuming and demanding: nonetheless it is a prerequisite to the building and sustaining of children's resilience and their pathways out of exclusion.
- The form of participation most valued by parents was the way that Children's Fund services enabled them to become involved in finding their way through the provision available to support their children. They found the responsive practice which encouraged a view of partnership between worker and parent to be a major benefit when they experienced it, suggesting preventative services will need to support these more negotiated forms of professional practice.
- Parents concerns called also for attention to be paid to the practices of those who exclude which is an important message for the development of local collaborative preventative strategies.
- The Children's Fund, because it has allowed practitioners to take a policy of early intervention to a much neglected age-group, has opened up the field to reveal nationally



the extent and complexity of the work to be done. The emerging local arrangements for children's services will need to take account of the scale of preventative work needed.

- Some partnerships were working with localities where base-line community capacity was so low that what the Children's Fund could offer was not enough. There was arguably a need for pre-funding to establish infrastructures which could take advantage of this kind of initiative.
- Participation for service development was seen as time-consuming and an expensive way to work because of the complexity of the work. However the benefits were also evident. A clear message is that children and – even more so – their families, need to learn how to participate, and that this takes time for all concerned.
- We have seen in examples throughout the evaluation that some communities had a very low baseline from which to start to build capacity for sustainability. We have also seen that building the capacity of parents to contribute to local capacity for sustainability cannot be a side-effect of a process which simply encourages parental participation in the design, delivery and evaluation of services. Where community capacity building has occurred it has required a considerable amount of effort from programme teams.

## Chapter 6: Strategies for Social Inclusion

*This chapter summarises findings from the thematic case studies which have focused on children most at risk of social exclusion. Whilst the previous chapter has looked at practices primarily in locality based services, here we consider programmes of work targeted on particular groups of children and families, the rationales underpinning these and evidence regarding their implementation. Findings here reiterate the emphasis on work to change children, rather than work capable of changing services, or addressing factors that contribute to social exclusion. There is varying evidence of 'strategies' as opposed to rather ad hoc groups of services and of Children's Fund programmes implementing the range of activities they identified as necessary to meet their objectives. This is a long chapter as it summarises a substantial body of work across a wide range of services. Key findings and learning points are summarised in the final section.*

### 6.1 Introduction

In order to achieve their objectives individual Children's Fund partnerships have, as we have seen, established mechanisms and processes intended to bring together different partners in order to commission services and to develop new approaches to work with children and their families. Partnerships have also made decisions about how to target their activity, adopting both area and group based approaches. The intention has been that the Children's Fund should be a catalyst influencing mainstream services, as well as delivering outcome objectives through services commissioned and funded directly. In this chapter we address the change strategies that case study partnerships have implemented in relation to groups of children who may be particularly marginalised: black and minority ethnic children, children from refugee and asylum seeking families, Gypsy/Traveller children, disabled children and children considered to be at risk of involvement in crime or anti-social behaviour.

In the survey conducted in autumn 2005 programme managers indicated that these groups were targeted as follows:

70.8% of partnerships targeted black and minority ethnic children

43.3 % of partnerships targeted refugee and asylum seeking children

47.5% of partnerships targeted Gypsy/Traveller children

88.3% of partnership targeted disabled children

97.5% of partnerships targeted children at risk of crime and anti-social behaviour.

In each case the percentage of partnerships likely to target these groups under the new children's trust or equivalent arrangements was considered likely to reduce as a result of changes in priorities, through needs assessment or other reasons. The equivalent percentages of partnerships likely to target these groups in future was as follows:

Black and minority ethnic children	53.3%
Refugee and asylum seeking children	33.3%
Gypsy/Traveller children	21.7%
Disabled children	67.5%
Children at risk of crime or anti-social behaviour	80.8%

We studied four of the thematic strategies in two partnerships making a total here of eight thematic case studies. The work with Gypsy/Traveller children, however was slightly different. In that case study we worked with a regional consortium involving six partnerships when our work commenced (one of which was also the focus of research looking at work with black and minority ethnic children). Thus this work relates to activity in 13 partnerships. More details can be found in the thematic reports that accompany this overall final report (Barnes, *et al.*, 2006; Beirens *et al.*, 2006; Mason *et al.*, 2006; Morris, *et al.*, 2006; Prior, *et al.*, 2006).

The following analysis should be read in the context of what we know about the social exclusion experienced by different groups of children. Evidence of this is briefly summarised in Appendix R which draws primarily on a series of literature reviews commissioned by NECF. These reviews also consider evidence relating to the effectiveness of approaches to prevention in relation to children and young people who are particularly marginalised. Further details can be obtained from these reviews (Ahmed, 2004; Clarke, 2005; Hek, 2005; Hester, 2004; Prior and Paris, 2005). What is abundantly clear from the evidence across fields covered in these reviews is that the experience of social exclusion and the problems that can arise from it are multi-layered, multi-dimensional and require actions that are similarly wide-ranging if they are to be successful.

Such actions need to be designed to respond to the particular circumstances of children, to reflect the personal, inter-personal, social, economic and cultural aspects of their lives. They need to address the inadequacies of policies, services and service systems and recognise the potential for such systems and services to contribute to social exclusion as well as to reduce it. And action needs to be focused not only on 'the excluded' but also on the 'excluders' if the processes of exclusion are to be challenged. In both the latter respects it will not always be safe to assume that either services or broader social organisation are necessarily benign, and that the primary objective should be to help children to fit within them. Action is also necessary to challenge the assumptions on which services are sometimes designed and those delivering services need to recognise when it may be important to support children within their own networks, and the networks themselves, rather than encourage them to 'integrate'.

The complexity of the processes that lead to social exclusion require equally multi-dimensional responses. The Children's Fund is one initiative alongside others (such as action to reduce child poverty) intended to make a difference in this respect. Our aim here has been to understand what contribution the Children's Fund has been able to make in relation to these particular groups of children and their families.

The specific sub-objectives of the Children's Fund (Appendix A): to improve educational performance and attendance, reduce anti-social behaviour, improve health, indicated that the underlying assumption was that action should be focused on individual children. Other sub-objectives (relating to service accessibility) suggested that new services and adjustments to existing services would deliver intended outcomes, and the sub-objective relating to capacity building suggested that this was also an important part of overall strategies. However, the Children's Fund has to be understood as more than simply a series of *ad hoc* individual services or projects. The initiative as a whole can be understood as a strategic change mechanism. At local level, decisions about who and how to target, and what services to commission or support have been made in the context of explicit or implicit assumptions about what prevention means and what action is necessary in order to deliver preventative objectives. We need to assess the robustness of these assumptions and the effectiveness of the way in which action was taken in the light of them.

In order to do this we adopted a Theory of Change (ToC) approach to examining assumptions and actions in relation to the marginalised groups we have just listed (Appendix D). A Theory of Change is a statement coming from those designing and delivering services of how and why the actions planned will deliver the outcomes that are sought. The rationales or assumptions underpinning decisions about activities and services are usually implicit within change programmes. A ToC approach to evaluation involves researchers working with stakeholders as close to the start of the programme as possible in order to make them *explicit*. This then guides the evaluation activity and enables the researchers to review the extent to which outcomes achieved were those that were anticipated and thus whether the 'theory' underpinning the approach was robust. It also focuses attention on the extent to which the proposed strategy was implemented in the way that was intended. In each case data collection involved interviews with service providers, children and their parents, together with observation of activities (see Appendix F for more details).

In this chapter we review the way in which strategies were defined and consider implementation evidence to assess the robustness of the approaches adopted.

## **6.2 Disabled Children**

### **Target group**

Different language was used by stakeholders to define this target group. In both partnerships the term 'special needs' was more in evidence than 'disabled', although in one partnership service providers used the terms 'disabled children', 'children with disabilities', and 'children with special needs' almost interchangeably. Children using the services had learning difficulties, communication difficulties, sensory impairments, or diagnoses such as autism, Aspergers or ADHD (attention deficit hyperactivity disorder). Some had physical impairments and a minority had more complex needs requiring high levels of support. In both cases funding decisions indicated that 'special needs' was not considered to include children at risk of developing mental health problems. Some stakeholders thought the term 'special needs' was helpful in emphasising the additional support children needed, rather than labelling them with particular diagnoses, while others felt the term was insufficiently clearly defined and too broad. In some cases service providers aimed to provide services to be used by any child in the area, rather than directed specifically at disabled children.

Interacting with definitions of what constituted 'special needs', were issues relating both to *levels* of need and views and assumptions about what 'inclusion' or 'integration' means in this context. From one perspective children with severe impairments or complex health care needs were excluded because they were in receipt of and continued to need specialist services and it was not possible to intervene at the 'low end' of the prevention spectrum. From another perspective some parents felt that their children were not regarded as having a sufficiently high level of need to enable them to receive a service.

### **Activities and rationales**

One partnership (A – a large county) was what we defined in Chapter 2 as a partnership with a Developing Board i.e. it operated with an open and developmentally oriented Partnership Board. It defined its long-term outcome objectives for children and their families as follows:

- Improving emotional health and well-being;
- Developing children's life and independence skills;
- Maximising children's potential;

- Improving family relationships;
- Preventing family breakdowns.

Partnership A also defined service objectives: increased awareness, capacity and skills within mainstream agencies in working with disabled children; an appropriate balance of responsibilities and more effective communication between statutory and voluntary agencies; a sustainable service that would prevent the need for more intensive interventions and increased access in terms of numbers and geographical equity.

The services commissioned and the rationales for these were explained as follows:

- 1) Saturday and holiday clubs. Play services designed for children with special needs would enable them to be with others like them. This would make them happier and experience an increase in their confidence and capabilities. As they developed their own interests this would contribute to improved family relationships.
- 2) Training a pool of play-workers would increase parents' willingness to send their children to mainstream services, and overcome providers' nervousness about working with disabled children.
- 3) Enabling schemes designed to support individual disabled children to access mainstream services would make it possible to adopt an appropriate approach to inclusion for each child.
- 4) Consulting with children was anticipated to increase ownership of services and the chance to be listened to would improve their confidence and self-esteem.
- 5) Working with younger children would maximise opportunities for preventing social exclusion.
- 6) Specialist services for children with hearing impairments would enable their particular needs to be met.
- 7) Services should operate at all levels of the prevention spectrum in order to break down barriers and reduce the need for higher level interventions.
- 8) Working with families would reduce feelings of isolation, increase available support and enable workers to pass on skills to parents.

In order to deliver on the service outcomes it was proposed to work with mainstream agencies to keep prevention on the agenda, but to bring the voluntary and statutory sector together. The strategy aimed for high levels of parental involvement to demonstrate the value of Children's

Fund services and lever in more funding. Funding was allocated to different areas on the basis of population size, but then stakeholders determined the best use of money in their area.

The second partnership (B) was a metropolitan authority, and was a partnership which operated with a Stable Board which worked in relatively limited ways with the opportunities for development offered by the Children's Fund. Their long-term outcome objectives for children were as follows:

- To increase their participation in services;
- To increase their confidence;
- To enable children to gain nationally accredited qualifications that would improve their employment opportunities;
- To encourage some children who had been users of services to become involved in running services.

Service objectives focused on the creation of a comprehensive and integrated range of services, in which parents and children had a strong voice. They aimed to improve both accessibility and sustainability of services.

Stakeholders specified key aspects of their approach which would deliver these objectives:

- 1) Involving disabled children and their families in developing and providing services would keep a high profile on work in this area. It would also ensure children remained with the services and developed skills to organise their own activities.
- 2) Services for the whole family would lessen the likelihood that siblings would feel left out, help parents recognise their children's capabilities, reduce the strain of caring for a disabled child and improve the quality of family relationships. Making services accessible to all children in the area would make it easier for friendships to develop and encourage moves towards integration.
- 3) Children would be introduced to other activities relevant to their interests through the contacts service providers had with other services.

Most of the activities developed to deliver outcome objectives involved sport and play. A Youth Challenge initiative involved children working towards specific challenges that they had chosen.

There were differences in emphasis in these two approaches. In Partnership B the emphasis on strengthening the voices of children and their parents reflected the limited development of parents'/carers' groups, in contrast with Partnership A where there was already a strong parental lobby. The emphasis on locality based services as a means of overcoming social exclusion was important from the perspective of some service providers in Partnership B, but there were more overt aims of breaking down barriers between disabled children and others, changing social attitudes and increasing the capacity of mainstream providers in Partnership A.

Both authorities emphasized consulting children and families in the ongoing development of services. Services in both authorities focused on increasing confidence, developing skills and realising potential for disabled children, and in some cases their siblings. Some services also aimed to improve family relationships and prevent family breakdown through parents meeting and gaining support from each other and as a result of the respite provided. Some activities directly included parents and one service in Partnership B was delivered by families themselves. Both partnerships reflected the importance of addressing disabled children within their family networks and of responding to the impact of disability on families as a whole.

Partnership A was explicit about the difficulties of locating this group of children within the 'levels' of prevention as set out by the Children's Fund *Guidance*. Difficulties and differences in characterising the children targeted by both strategies reflect fundamental dilemmas about how 'inclusion' might be understood and, indeed, whether a strategy to target this group is appropriate.

## **Implementation: achievements and limitations**

### ***Impacts for children and their families***

In both partnerships children, their parents or carers and workers reported benefits from services designed exclusively for disabled children *and* those which were designed to enable them to take part in mixed settings. Being with others 'like them' enabled children to recognise that others shared similar experiences, as well as widening their circle of friends. There were also reports of children increasing skills and confidence as a result of specialist input. Interviews suggested that mixing with non-disabled children widened friendships in a different direction and resulted in increased confidence and the development of social and communication skills. In addition, parents and workers identified the impact of more integrationist aspects of the strategy on non-disabled children, for example, on their willingness to spend time playing with children with limited communication skills, suggesting that barriers to inclusion were being reduced. Workers seeking to enable children to take part in mainstream activities such as Brownies also



reported adaptations to practices to support such inclusion. However, there were also instances where children appeared to have internalised the assumption that they could not access some services, such as swimming pools.

Learning and demonstrating new skills (including to their parents) was important for children whose lack of ability is often the focus of attention. This included, for example, children with speech problems making phone calls for the first time, and a child with limited mobility scaling a climbing wall.

The value of environments in which children felt safe, secure and cared for was evident. Both staff and parents identified the value of such spaces in which children could enjoy themselves, regardless of whether this led to specific longer term outcomes. Such environments were identified in both specialist and mainstream contexts. Support in both contexts also enabled children to develop their own interests away from home, in turn providing them with something to talk about and thus improving family relationships.

Parents and carers identified positive impacts both of respite and involvement in services. Respite enabled them to spend more time with other family members as well as *just to recharge your batteries*. Involvement was an opportunity to learn from other families, experience the support of others with similar experiences and for the whole family to increase their understanding and improve family relationships as a result. For example: *My son's definitely gained from mixing with other brothers and sisters who are in a similar situation to him. So that's good because...he was very resentful of his sister for a long time* (brother of a deaf child).

There was limited evidence of significant participation of children in services – other than simply asking them what they would like to do. There was also little evidence to suggest that children valued activities *they* had chosen more than those suggested by staff. For parents, benefits were more likely to be the result of respite or from being service recipients than through being co-producers of services. One exception was a parent led service in Partnership B. This was a 'club' for the whole family which provided play and organised outings. Here the level of children's involvement was higher and there was evidence (here and elsewhere) that children enjoyed the process of participation in its own right because of the recognition it offered them.

### ***Impacts for services***

In Partnership A Children's Fund services were seen to have *filled a gap* in statutory provision for disabled children, but there was a major concern about the sustainability of this post

Children's Fund. Thus, for example, whilst there was a view that weekend and holiday clubs had helped reduce the need for residential respite, these clubs were considered unlikely to survive the Children's Fund. There was very limited evidence of specific training for play workers in mainstream agencies and this was insufficient to drive greater inclusion within mainstream services.

Some progress towards outcome objectives relating to more integrated working between agencies in relation to individual children was suggested. In addition a service for deaf children had used the Disability Discrimination Act, for example to ensure staff in doctors' surgeries knew how to access an interpreter. Enabling services had provided information about individual children and the role of enablers, and some positive impact was reported in terms of overcoming apprehension about working with disabled children.

Children's Fund funding enabled some providers to increase the number of children and families using their services, but demand for places outstripped supply. Another aspect of accessibility relates to criteria for access. There was a view that the Children's Fund had helped lower thresholds of need at which mainstream agencies would consider providing services, although this had caused tensions over the issue of self-referral.

Partnership B had aimed to create a comprehensive range of services, involving more effective partnerships between Social Services, Education and the NHS. However, the four Children's Fund services focusing on disabled children had little to do with each other. It was unclear whether the commissioning group had yet conceived what such a programme might look like and whether the four projects would have a role within this.

The parent-led service aimed to strengthen the voices of parents and children in influencing services. This group was seen within the local authority as having paved the way in terms of consulting with parents and had contributed to the development of a borough-wide network set up by the social services department and open to any family with a child with special needs. However, replicating this parent led service would require considerable community development and was considered unlikely in the foreseeable future.

The objective of increasing service access remained largely unrealised, in spite of efforts within individual services to improve particular aspects of accessibility. A major factor was the location of services and the availability of transport. Children studied in the evaluation came from a limited geographical area. Children using the services also had a limited range of impairments.

Whilst service providers felt they were offering services to *young people who never participate* the children who took part in the evaluation were generally involved in a number of activities. It is doubtful that these services were reaching the most marginalised disabled children.

Staff working in these four services saw their future as in the hands of the children's trust and there was limited evidence of action to secure funding from elsewhere.

### **6.3 Black and Minority Ethnic Children**

#### **Target group**

For the purposes of this report the term 'black and minority ethnic' children is used to refer to '...people of African, Caribbean and South Asian descent. This term also includes people of Chinese origins and people of mixed race who have one parent from these groups'. (Ahmed, 2004)

However, Ahmed also notes that the use of the term 'black' to include south Asian groups has been contested, and that socio-economic, cultural, religious and other differences within and between minority ethnic groups mean that the political strategy associated with the use of the term 'black' may no longer be acceptable.

We looked at provision in two cities: the larger city (Partnership C) operated with a Stable Board and the smaller (Partnership D) with a Developing Board. Each adopted a rather different approach to defining this target group. In the larger of the two cities there was an above average and varied minority ethnic population and the partnership's focus was solely on African Caribbean children. This focus was prompted by concerns about educational attendance and attainment, high rates of school exclusion amongst African Caribbean boys, and the over representation of African Caribbean children in the local Looked After Children population. In Partnership D the focus was broader and included children from African Caribbean, Asian and mixed heritage backgrounds. This city also has a diverse population, with a proportion of children from black and other minority ethnic groups equal to the UK average. Initial planning and consultations which informed the development of the Children's Fund programme had highlighted similar problems in relation to lower educational attainment, higher rates of school exclusions, and the lack of services to meet these children's needs.

### **Activities and rationales**

Although the target group was defined more broadly in Partnership D, both partnerships defined similar outcome objectives and suggested similar rationales for the activities they put in place.

Outcome objectives related to the following:

- securing enhanced formal educational attainment by black and minority ethnic children by providing additional learning opportunities based outside the traditional school setting and located within children's communities;
- enabling new experiences for black and minority ethnic children that engage them positively in learning and education and help them cope better with educational settings;
- providing support for children's networks in helping children navigate the formal education systems and so assist in achieving better educational outcomes;
- building on and supporting community based provision to ensure that the services accurately reflect the needs, heritage and experiences of black and minority ethnic children and offer disadvantaged families support and practical help;
- balancing the negative or absent mainstream black and minority ethnic images with positive cultural images and experiences that enable children to grow in confidence and assist children in coping with racism and oppression;
- trying to influence and change existing practices in order to achieve better services for black and minority ethnic children.

The specific difficulties and problems faced by black and minority ethnic children in each area provided the initial rationale for developing targeted services. The themed approach also reflected evidence of a failure of existing mainstream provision to meet their needs, and thus that it would be necessary to develop specially targeted services. This was reflected in the structures developed by the two partnerships: both rolled out service development under the umbrella of a specific black and minority ethnic task or reference group.

This also led to an emphasis on the role to be played by providers within children's communities to meet needs and support links into the mainstream. In both partnerships supporting local community based providers was presented as an opportunity to build upon existing strengths and expertise, and to ensure services adequately reflected children's needs and life experiences.

Both partnerships emphasised the need to improve educational outcomes for black and minority ethnic children because the failure of existing mainstream educational provision was considered to constrain children's future opportunities. Both partnerships aimed to enhance positive alternative learning experiences and to supplement and extend children's formal education in order to enable effective progress within mainstream schooling. Neither rationale suggested that existing provision was helpful or appropriate.

Some services also emphasised the value of play and leisure, providing new opportunities, enabling children to get out of the city and getting parents to value play.

In Partnership C there were three services that were the focus for this work:

- An outreach mobile educational resource unit;
- A community based drama and dance project;
- A community based horticultural project.

Partnership D funded a wider range of services:

- After-school and play clubs for children whose mothers have experienced domestic violence;
- An education liaison worker working with south Asian families;
- A holiday play scheme for south Asian disabled children;
- An after-school club and holiday scheme for Asian families in a particularly disadvantaged area;
- Contributions to two supplementary schools;
- An activity coordinator within an existing youth and family support project.

### **Implementation: achievements and limitations**

#### ***Impacts for children and families***

Children and their families reported a number of positive impacts that suggested the strong emphasis on improving educational outcomes in both partnerships was bearing fruit. Children cited examples of improved performance in school work, as well as an increased ability to concentrate. They talked about being excited by learning in non-traditional settings, such as work on an allotment, and identified what they had learnt as a result. Opportunities to take part in activities such as dance and drama that would not otherwise have been available enabled them to learn specific skills with the possibility they could progress to higher levels of study.

Children clearly demonstrated a sense of achievement which increased their confidence in different contexts.

Some children also identified the way in which these new opportunities encouraged them away from more negative behaviour. *I was very naughty and I was getting bored of school work. I have learnt about planting vegetables and digging out weeds. My behaviour has changed because if I am not good then [learning mentor] will not let me go.*

Parents also identified improved behaviour at home which benefited the whole family. Shared activities had helped children develop a sense of responsibility to others, and children were reported to be calmer, more prepared to apologise and to show respect to others. Such improvements were also considered to be evident in settings other than the Children's Fund services.

The emphasis on culturally relevant resources and on role models from within the children's own communities was also showing positive effects as children were able to see positive images of black people and to recognise that they had a rich cultural heritage. In addition to this anticipated outcome there was also evidence of a broader sense of community and citizenship which had not been anticipated:

*They're working with different people, regardless of their ethnic background, regardless of their religious background. They also know that these are older people in some cases and they have the appropriate respect. We've got people that are partial disabled and they will work with them so it does make them better citizens...it gives them more of a sense of community.*

### **Impacts for services**

The extent to which local community based provision had an infrastructure sufficient to meet the demands coming with Children's Fund funding is not clear. The assumptions made by the Children's Fund partnerships when working with local small-scale voluntary and community organisations is discussed in Chapter 2. This issue has particular resonance for the black and minority ethnic voluntary sector.

The development of a 'community inclusion' approach involving support for a collective of black and minority ethnic community groups and community stakeholders to work up the detail of the strategy and take forward the planning process is the source of highly contested accounts in Partnership C. The approach encountered significant problems. These were as follows:

- The actual nature of the autonomy extended to the community collective to assess the needs of the children, to devise and implement the strategy.
- The extent to which the collective could drive forward the strategy and simultaneously meet the regulatory and management requirements of the Children's Fund.
- The assumptions made about the capacity of the collective to take on and support a large scale, complex attempt to address the needs of African Caribbean boys.
- The expectations that developed that the collective would respond to all black and minority ethnic related requests for Children's Fund support, rather than just those linked to the original rationale.
- The processes put in place to support the work and to ensure emerging learning fed into broader Children's Fund developments.

The initial strategy collapsed, leaving in its wake much ill will and bitterness. The strategy that followed became one of ensuring scrutiny, accountability and where possible the maintenance of a disparate group of services. The management of the theme reverted back to the Children's Fund partnership staff.

Whilst both partnerships had defined outcome objectives relating to change in practices within mainstream agencies, implementation focused primarily on equipping individual children to progress within formal education systems.

In Partnership D the decision was also made to involve black and minority ethnic community providers early on. Providers were asked to submit proposals for how they might take forward the aims for the theme. It was then decided that all those submitting a proposal that met a set of criteria based on the original rationale could be allocated funding. As with the first partnership the uncertainty and change experienced nationally by the Children's Fund impacted this strategy. At two different points in the life of the theme services were subject to review and reduced funding, causing anxiety and concern.

Alongside the agreements for funding in Partnership D was the development of a strategy for bringing together those developing the services. The aim was to enable shared learning and promote stronger representation of black and minority ethnic children's needs within the wider local development of children's services. This strategy has been maintained, and more recently this has been built on through the merging of Children's Fund networks into local more generic black and minority ethnic networks as the need for integration and mainstreaming is addressed.

Respondents in Partnership D reported some impact on mainstream practices; in particular, links with the local Education Action Zone had been built upon to develop a pilot for culturally appropriate provision in mainstream primary and secondary schools, building on the learning from these two initiatives. The network of organisations was formally recognised by the emerging children's trust as the group for black and minority ethnic representation and consultation.

#### **6.4 Gypsy/Traveller Children**

Here our focus was on the work of a regional consortium and thus in this section we consider the rationale for establishing this consortium and its effectiveness in practice, as well as reviewing experiences and impact of the serviced delivered.

##### **Target group**

The term 'Gypsy/Traveller' includes different cultural groups (including Roma, Irish travellers, fairground people), but the approach adopted by the consortium was intended to be inclusive. One worker suggested that he aimed to work with children with high levels of need. In practice many of those who used the services were more settled than others and some were housed. The key criterion appeared to be that families were prepared to make use of the service, rather than the group being defined more precisely by service providers.

##### **Activities and rationale**

The decision to establish a regional consortium was intended to reflect the movement of families across local authority boundaries. The creation of this consortium also reflected a number of other assumptions, including the need for a *critical mass* of partnerships to be involved to make this work viable, the need to respond to different characteristics of areas within the consortium, the importance of leadership within the consortium and support from the regional office. The regional Traveller Education service played an important role in developing this approach.

The consortium commissioned a service from a large voluntary agency with experience of working with Gypsy/Traveller children and their families. Development officers were recruited to work with children and their work was intended to reflect four aspects of activity that formed the core of the Theory of Change generated with consortium stakeholders.

- 1) The strategy recognised the need to work with mainstream service providers and workers delivering other Children's Fund services in order to raise awareness. The rationale was that this would lead to the development of more appropriate services sensitive to



Gypsy/Traveller needs, and a greater consistency of services across the region. Gypsy/Traveller children and families would be more likely to make use of such services and would not experience disadvantage in service use because of their mobility.

- 2) The strategy recognised the need to work with parents in order to build awareness of available services, to develop confidence and self-esteem, and ensure Gypsy/Traveller parents know they have rights to services. The importance of this was related to a perceived reticence in using services not traditionally valued in Gypsy/Traveller culture, and fears that if children take part in mainstream services this will lead to *culture loss*.
- 3) The main focus of the strategy was based around *handholding* i.e. providing direct support to enable children to access play and leisure services in order to build their confidence and self-esteem. It was suggested that positive experiences would encourage them to seek out other opportunities without direct support. This in turn would improve well-being and lead to improved outcomes.
- 4) The Theory of Change also recognised the importance of educating the settled community in order to raise awareness and reduce discrimination. However, it was also recognised that there were limited resources to allocate to this aspect of the strategy and any impact in this respect would primarily be a side effect of work with service providers.

Overall the approach assumed that increased use of mainstream services was the main route by which the social inclusion of Gypsy/Traveller children was to be achieved. In order to achieve this some 'bending' of mainstream services would be necessary, but this, rather than the development of new services based around Gypsy/Traveller lifestyles and culture should be the way forward.

Following a review of the work of the consortium (to which the evaluation contributed) this strategy was amended. Some partnerships had already decided to withdraw and the revised approach was in part a pragmatic response to this. One conclusion was that it was as important to work with existing regional structures to 'bend the mainstream' as it was to directly involve partnerships in delivering a new service. The revised ToC also gave a higher profile to the direct involvement of Gypsy/Traveller children and families in determining the nature of services most likely to support their inclusion, and to children's rights work. Underpinning this was a realisation that although the *handholding* approach was enabling some children to have positive experiences of services, most work had been focused on taking children to existing services,

rather than trying to change the nature of the services. The sustainability of this strategy was considered suspect. Thus the revised ToC represented a change in the balance of activity, although the overall approach remained one of increasing use of mainstream services as a route to social inclusion.

## **Implementation: achievements and limitations**

### ***Impacts for children and families***

There was evidence that the aim of building confidence and self-esteem among children was having some effect. Parents and development officers felt that children had grown in confidence, and children talked proudly of new skills, such as swimming, they had acquired. There was a wealth of evidence from observations, direct comments from children and parents and from service providers that children enjoyed activities immensely and looked forward to them. There was a consensus amongst parents that there was not much to do on sites and children benefited from being taken off the site. One girl said *when [development officer] comes it is like the sun shining*. Some children appeared to become more mature, happier and calmer. Some benefited from discipline and showed improved attitudes generally.

However a number of factors limited the effectiveness of the handholding strategy. It was difficult to plan activities with any confidence that children would be on site when workers visited or that parents would be there to give consent to their children leaving the site. This meant that sometimes children who wanted to attend activities were left out. In some cases children were not able to attend full sessions, due to organisational difficulties or transport limitations. In several areas taxis refused to take children because they were Gypsies/Travellers and some taxis refused to take children following bad behaviour. Children generally did not understand that activities had been set up for short periods, with the expectation that they could continue attending with support from their families, and saw this instead as activities being offered and then withdrawn.

Parents were rarely actively resistant to their children taking part in activities. Indeed parents made positive comments about the activities providing exercise, enjoyment, and opportunities to learn. This indicated an intrinsic value for the activities themselves as well as providing benefits such as a break from the site and a break for mothers and children from each other. The concerns parents reported to development officers and researchers about children entering mixed settings were about their vulnerability and protecting them from situations they perceived as being potentially dangerous, rather than about not valuing opportunities or fearing culture loss. Some of these fears were being overcome. For example, one mother said: *sometimes you*

*say, right I'll go to the swimming pool, but I didn't want to go because the kids might call them names and I don't want to be putting the kids through that. Now I realise they don't really, nobody says anything to them.*

However, we cannot know if such fears were involved in the decisions of some families not to take part in the first place.

Development officers built trusting relationships with parents who became more aware of what services were available. Workers' preparedness to take on advocacy and other supportive roles on behalf of parents was considered to help to build such relationships. Building awareness extended beyond play and leisure and included health services, social services, literacy support, services for children with special needs and recommending solicitors. However, some families thought that money to pay for children's activities should be allocated directly to them or that they should choose how it was spent.

Whilst both parents and children reported benefits from the activities they were able to engage in through the Children's Fund service there was little evidence that this was leading to children seeking out other activities, or that parents were supporting them in this. Some children continued to attend activities after the worker had stopped coming, but workers also highlighted examples of children requesting or suggesting activities to their parents who were unable or unwilling to respond to such demands. Interviews indicated a number of barriers that got in the way of further involvement:

- income levels and the cost of leisure activities;
- mothers' wish for respite which was at odds with the policy of seeking actively to engage parents in service provision;
- lack of spare time available for mothers;
- lack of suitable and accessible transport;
- lack of basic skills (such as literacy);
- family priorities (e.g. for the father's use of the car).

Thus whilst the project was successful in engaging children and families in leisure and play activities in the short-term, there is less evidence to suggest that the benefits of this will be sustainable and will translate into long-term outcomes. Workers' attempts to ensure

sustainability by encouraging parents to take on the responsibility for their children's activities was interpreted by some parents as 'pulling back' and being less helpful.

It is too early to assess any impact of the revised approach which gave greater emphasis to involving children and giving them information about rights and entitlements, although in one area children were invited to join a Children's Fund panel and some Gypsy/Traveller children expressed an interest in doing this.

### ***Impacts for services***

The original strategy identified the need for change in mainstream services and this was given greater emphasis following the consortium's mid-term review. There were three core characteristics of the work that developed.

- 1) Contacting services to negotiate or explore access for groups and individual Gypsy/Traveller children, and where appropriate their parents. This type of activity was common across all of the service areas, and is the most basic level of engagement.
- 2) More formal cultural and other awareness raising work with the aim of building capacity within services for work with Gypsy/Traveller children and families. This could also involve both formal and informal advocacy.
- 3) Joint and partnership working between development officers and other workers, agencies and organisations.

The way in which work with other agencies developed varied across the partnerships involved in the consortium. This was because of differences in the Traveller communities, in the services available, the geographical location of sites and the existence of networks of service providers working with Gypsies/Travellers. Hence, in spite of the original intention it did not develop a regional approach to work with services. Nor did the consortium realise the aspiration of working with mobile families across authority boundaries. The intensity of the need for direct service provision was considered to make it hard to focus on service change.

Membership of the consortium did not remain stable and at most six out of 14 potential Children's Fund partnerships were members. The time taken to establish the consortium, plus delays in recruiting staff to provide the service created frustration for Children's Fund programme managers and for the service provider. The aspiration of creating a regional group which would

offer a strategic overview of services for Gypsy/Traveller children and families was not realised. A resource pack is being planned by the service provider which will tell the story of the consortium's experience and reinforce the value of play in its own right and as a means of accessing Gypsy/Traveller families and thus helping them access other services.

## **6.5 Refugee and Asylum Seeking Children and Families**

### **Target group**

The two partnerships we studied here were a metropolitan authority (E) and a London borough (F), both of which worked with Boards which were categorised as Developing Boards. In both partnerships the decision to target refugees and asylum seekers as a discrete strand of activity was set within a context, in which:

- a) the demography of both areas was undergoing significant changes due to a rise in the number of newly arrived people and a concomitant shift in the ethnic minority composition of the population;
- b) mainstream services and agencies were experiencing difficulties in reaching this target group and fulfilling their statutory obligations of responding to their needs and interests;
- c) specific issues and concerns about this group were coming to the fore in schools;
- d) political interest in this target group was creating a momentum.

Children's Fund activity was not directed to children and families on the basis of legal definitions, but rather according to the perception of need, the specific objectives of the organisations and projects funded and the interests of stakeholders involved. In Partnership E, this resulted in a focus on newly arrived children and their families and the multiple factors that constrain their integration and settlement into their new school, in particular, and environment, in general. Although most of the services commissioned by this Children's Fund programme worked with this generic group, one service targeted a more specific group amongst the newly arrived, i.e. young refugees and asylum seekers displaying problematic behaviour due to *the trauma, bereavement and loss they may have suffered*.

In contrast, Partnership F worked with both newly arrived children and young people and second-generation refugees. This decision resulted from the growing concerns within the Education service regarding the underachievement of this group. The call for action to promote the educational attendance and attainment of the younger generation of more established refugee communities was strengthened by representatives of those communities and a parents-led community support network came to play a key role in the early Children's Fund discussions.

It could be argued that whereas the Children's Fund partnership in the metropolitan authority constructed its target group around the experiences of newly arrived people, with a particular focus on those who had endured traumatic events, the target group defined by London borough reflected a concern with on how the experiences of being a refugee or asylum seeker and a member of a particular ethnic group affected their chances of social inclusion.

### **Activities and rationales**

Education and emotional well-being were considered key priorities to achieve the social inclusion of young refugees and asylum seekers, which would also require work with children, parents and schools.

Both partnerships aimed to support schools in fulfilling their responsibility of providing places for newly arrived children, offering appropriate induction, acknowledging the skills and knowledge children have prior to arrival and helping them to realise their full potential in their new educational setting. Both assumed that developing home-school liaisons would not only enhance educational attendance and attainment of individual children, but also make an important contribution to schools' understanding of the needs, concerns and interests of pupils who are refugees or asylum seekers. Whereas services in Partnership E aimed to provide packages of support responsive to the immediate needs of newly arrived children and their families, those in Partnership F focused on help with homework, specific language skills and maths classes, and action to promote the cultural identity of more established refugee communities.

A decision to fund therapeutic services for children suffering emotional problems was presented as indicative of, or a catalyst for, the shift to a more holistic approach where emotional well-being is seen as intertwined with educational attendance and attainment. Therapy was not only construed as an appropriate way to deal with the traumatic experiences presumed to accompany the refugee experience, but also as promoting children's emotional and social skills. It was anticipated that these skills would help children to make new friends and facilitate integration within their new environments. In Partnership E support for therapeutic services extended to children's families, reflecting the view that changing the social environment of the child is an essential part of any strategy pursuing emotional well-being and social inclusion. Both partnerships adopted the role of piloting therapeutic interventions for young refugees and asylum seekers with the intention that these would be mainstreamed.

The long-term objectives of the two programmes also focused on *raising capacity within organisations* and *changing practice*. Both programmes aimed to facilitate links and share information, act as advocates, organise awareness raising events, deliver training packages, and pilot new measures, activities and initiatives. The types and levels of multi-agency working to be adopted, however, were reflective of the context in which the programmes operated. While Partnership F opted for a developmental approach to respond to new or changing needs of young refugees and asylum seekers, Partnership E assumed that improved multi-agency working would provide the necessary flexibility and responsiveness.

The clearest difference between the two programmes in terms of their objectives lay in their work around families and communities. While Partnership E adopted an objective of *supporting newly arrived families*, Partnership F aimed to *improve community cohesion and integration*. This appeared to reflect the fact that the latter focused on more established refugee communities and could draw upon the knowledge, skills and resources of voluntary or community-based organisations. Partnership E proposed a strengths-based model that recognised and aimed to mobilise the capacities of refugee and asylum seeking parents and families, while Partnership F's programme was based on a view that the empowerment of young refugees and asylum seekers and families would emerge from networks within the communities of which they are a part.

### **Implementation: achievements and limitations**

#### ***Impacts for children and families***

Children and parents reported positive impacts resulting from support for children's integration into school and improving their educational attainment. In addition to the support with school enrolment that some projects offered newly arrived families, parents appreciated the pressure that the Children's Fund Programmes were exerting on schools to take-up their statutory duty of providing school places for newly-arrived children, and providing EAL support.

In Partnership E where the primary emphasis of the partnership was on the induction of newly arrived children into schools, children reported how projects had helped them to understand school routines, develop their English language skills, build their self-esteem and confidence, improve their social and emotional literacy skills and make new friends. Those with limited English language proficiency particularly valued the mechanisms and approaches explored by projects to assess their emotional and educational needs, but also strengths, and to communicate those to school staff and peers. This in turn facilitated their class participation and academic progress.

In Partnership F children and parents provided evidence of the positive impact of after-school clubs offering a space to do homework and support with literacy, numeracy, IT and other subjects. *They improved on their mainstream school by coming here and doing extra English and extra maths...The children are more confident and more happier and they can go to the mainstream and pick up on things.* Interviewees' accounts also suggested that providing fun and constructive out of school activities to meet educational and emotional needs and to encourage children from different backgrounds to mix had been effective.

Young refugees and asylum seekers described how projects had provided them with fun opportunities and/or created safe spaces to interact and make friends with members from the same or different social groups. These peer relationships were described by some interviewees as being important to children who experienced social exclusion at school and helped to promote the second objective of both partnerships, i.e. emotional well-being. A refugee girl said: *Some people are racist about her...about where she comes from and they say '[...] girl' or something. And they would be racist to her. But I supported her and she is good to me.*

Some children attending therapeutic services portrayed these as safe spaces to discuss current or past experiences and feelings and to gradually explore alternative ways of dealing with them. Most shared memories of the fun times they had, indicating that the therapy-based projects offered them respite from their emotional problems or any pressure to resolve them. Children and parents also reported improved emotional well-being as a result of the practical and emotional support projects gave them in accessing and making effective use of mainstream services and developing their social networks.

Interviewees attached high importance to the support they received as a family or community to overcome or reduce some of the barriers to social inclusion. For example: *I feel, because the language we're completely alone, we can't communicate ... The big issue is the language, anywhere that we need to speak, they [project workers] speak for us. When I phone them they come and sort out any problem that I have.* While refugee families treasured the individually tailored support that projects in Partnership E provided, those in Partnership F indicated the added value of pursuing this objective within a community context which enabled the development of social networks. In addition to fostering a sense of belonging and community, these networks were portrayed as promoting the cultural resources and coping strategies that refugees and asylum seekers could draw on to mitigate the effects and dynamics of social exclusion.



### ***Impacts for services***

This sense of empowerment and pride in affecting mainstream practice was captured in a parent's comment: *We are actually helping our children*. Children, parents and schools underscored the positive impact of better home-school liaison that a few projects managed to achieve. These relationships were making a significant contribution to schools' understanding of the needs, concerns and interests of their pupils who were refugees and asylum seekers.

Evidence suggested that Partnership E was particularly successful in raising schools' awareness of the multiple factors potentially impacting on young refugees' abilities to integrate into new schools and actively exploring with them holistic approaches to addressing these factors. The structure of this programme ensured that some of the learning from a project supporting the integration of newly arrived children into schools and from an equally successful responsive family-based support project travelled to other organisations and agencies across the city. This flow of knowledge occurred through information-sharing and training and created the opportunity to develop a new service which sought to embrace the successful approaches of both.

Such a cross-authority framework was largely absent from Partnership F's programme. The particular location of the development officer post within the education department seemed to push refugees and asylum seekers higher up the education service agenda. However, it remains to be seen whether the pressure put on schools to fulfil their statutory obligation to provide places for these children will disappear if Children's Fund services are not there to exert it. Only some projects pursued change in school practice. At the time of data collection it was unclear to what extent after-school clubs would be sustained when the project ended and whether the education service would be prepared to financially support these and integrate what seemed to be a successful model of working into school practice. There was also limited information available to ascertain whether other mainstream organisations would be taking up the lessons learned from the strategies and new services explored in the Children's Fund Programme.

## **6.6 Crime and Anti-social Behaviour**

### **Target group**

We looked at provision focusing on reducing crime and anti-social behaviour in a metropolitan partnership (G) with a Developing Board and a unitary authority partnership (H) with a Stable Board. In both partnerships the target group was primarily defined as children and young people who were at risk of *committing* acts of crime or anti-social behaviour, rather than being victims of crime and anti-social behaviour. This corresponds to the criteria for use of the 25% of the Children's Fund budgets ring-fenced for 'crime prevention' initiatives. However research shows

that young people are at high risk of being victims of crime, and that they are most often the victims of young offenders. Moreover, young people are not infrequently both offenders and victims at different times.

In both case study sites definitions of the target group was based in assumptions about the kinds of children likely to become engaged in criminal or anti-social activities; assumptions which themselves rest on actuarial or risk-based judgements. That is, there was a basic assumption that children most likely to offend would substantially comprise children from 'dysfunctional' families, in which risk factors such as drug and alcohol abuse, domestic violence and poor parenting were strongly evident. The impact of these factors would often be seen on children who showed poor self-esteem, social skills and anger management, many of whom had poor levels of school attendance and educational achievement, and some of whom had been 'in care' or had previously offended. This concern with certain kinds of family, in which children were exposed to risks that could lead to involvement in crime and anti-social behaviour, was over-laid by an awareness of risks associated with environmental factors. In particular there was an assumption in both sites that the target group would, to a significant extent, be drawn from areas experiencing high levels of deprivation and social exclusion.

More specific target groups were defined for each of the individual services developed or commissioned by the Children's Fund within this theme. These included children who had already shown evidence of involvement in such behaviour; children who had been excluded from school or who had poor school attendance; children affected by drug and alcohol misuse within their families; children living in areas of high levels of deprivation; children exposed to domestic violence; children who were victims of bullying and discrimination in schools.

### **Activities and rationales**

Both case study partnerships indicated familiarity with the research evidence on risk and protective factors (see Appendix R). As the comparison of long-term objectives summarised in Table 6.1 shows, however, local stakeholders in the two areas formulated their objectives in slightly different ways, involving both conceptual differences and variations in the way that the overall aim was reflected in specific service-oriented objectives.

**Table 6.1: Comparison of statements of long-term objectives**

<b>Partnership G</b>	<b>Partnership H</b>
1. Focus on reducing anti-social behaviour, nuisance and crime.	1. To prevent offending and anti-social behaviour by eight to 13-year-olds.
2. Focus on improving educational attainment and school experience.	2. To prevent children and their families becoming socially excluded.
3. Focus on improvements in social care and health related measures.	3. To change the cultural assumptions about children and young people including the response to anti-social behaviour experienced by them, in schools or elsewhere.
4. Focus on improving children's and young people's and their families'/carers' involvement.	4. To develop positive relationships with young people and enable them to make a positive contribution to their community.
5. Focus on organisational development.	

Thus, Partnership G referred in its first objective to *reducing* crime and anti-social behaviour, while Partnership H used the language of *prevention*. In the more detailed Theory of Change statements, this seems more a question of emphasis rather than indicating distinctly alternative approaches. There was some difference in the extent to which risks of offending behaviour were located in a wider perspective of social exclusion and its impacts. The primary focus on prevention would seem to have led Partnership H stakeholders to a concern with the need to prevent social harms impacting on children that extend beyond the harms resulting from involvement in offending. Likely harmful impacts were noted in relation to poverty and lack of local resources, poor school experiences, a lack of positive family or community support and role models, and poor personal emotional development and mental and physical health: which may be affected by other family members. The implication was that children and young people were to be viewed not principally in terms of their offending behaviour but as 'vulnerable children', and that therefore the service response needed also to be multi-faceted.

Whilst elements of a multi-level, multi-faceted approach were suggested in the objectives statements from Partnership G, they did not explicitly identify social exclusion as a core target for change. However, objective 3 did identify issues in children's home environments that should

be addressed by social care and health interventions. The aim was for improvements in aspects of a young person's life that would generate more positive life chances.

Both statements were concerned with children's experiences at school and saw this as a key area for change. Both focused on the educational environment as the target for change. For Partnership H stakeholders one concern was that children's own experiences as victims of anti-social behaviour should be taken seriously, particularly in relation to bullying: *we have a commitment under the Every Child Matters framework to ensure that children and young people stay safe from crime and anti-social behaviour in and out of school and are safe from bullying and discrimination.*

In both cases, objective 4 was concerned with young people's involvement and empowerment in relation to processes and decisions that affect them. Issues of young people's power and identity in their relationship to the wider social world in which they live were prioritised.

Finally, the Partnership G Theory of Change statement provided a fifth objective addressing issues of organisational development for the formal agencies involved in meeting the first four objectives.

Whilst Partnership G made specific reference to the importance of understanding the needs and issues specifically relevant to black and minority ethnic children in the context of social care and health supports, neither partnership gave any detailed consideration to objectives relating to this group. Nor did either partnership make explicit reference to the potential significance of gender differences in either the risk factors relevant to children's involvement in crime and anti-social behaviour or the responses to those factors.

The biggest difference, however, was in the range of activities through which these two partnerships sought to achieve their objectives. Both supported a YISP (Youth Inclusion Support Panel – a multi-agency group offering voluntary support to high risk eight to 13-year-olds and their families), but this was the only service developed in Partnership H within the research period, in spite of more extensive plans at the time we negotiated access. In Partnership G services included: play schemes, a mentoring project, a service for children who had witnessed domestic violence and a project for children living in families where there was drug or alcohol misuse.

## **Implementation: achievements and limitations**

### ***Impacts for children and families***

Partnership G undertook a snap shot review of 28 active YISP cases in September 2005 and revealed decreases in both school exclusions and measures of anti-social behaviour. There was a range of evidence indicating short to medium-term impacts of the services provided. Children welcomed opportunities to take part in activities and thought that such involvement was *diverting* them from anti-social behaviour. Staff also reported that youth crime and vandalism decreased whilst a project providing short-term holiday activities was running. In this context as in others, reports of *having fun* as a result of taking part in activities that would not otherwise be available to them was regarded as a positive impact in its own right, as well as a contributory factor in preventing anti-social behaviour. However, in one area the need for recreational activities identified through the YISP process was not addressed. There was no indication in this area how the intention of preventing social isolation was to be achieved.

There were positive indicators of progress in relation to educational attainment and broader experiences of school as a result of a mentoring service. Both children and project managers reported better behaviour amongst children who also appeared happier and better adjusted. Positive role models amongst mentors were considered to have led to improved self-esteem. Positive experiences of re-engaging with school were also reported by parents of children involved in the domestic violence project.

Holiday activities had impacts not only in terms of diverting children from negative behaviour, but also in terms of improvements in psychological and social functioning. The support available through the YISP process also had immediate benefits for children by providing someone to support them and thus reduce the build up of stresses. A style of work that offered both continuity of support and respect for the child was a new experience which children valued. There were also reports indicating improved emotional intelligence and well-being. Group activities involving children who witnessed substance misuse in their families indicated individual impacts, including one mother who described her daughter as a *changed girl*, as well as collective benefits relating to the sharing and support evident amongst the group.

Evidence relating to parental involvement and the potential beneficial impacts of this were as ambivalent in this context as in others. There were variations in the extent and depth of such involvement, but some parents were clear that they did not want to be involved either because the service provided them with an opportunity to have break from their child(ren), or because their child(ren) needed a break from them. Parental needs identified through the YISP process

were not always met, although where support relating to parenting routines was offered this was considered helpful by the mother concerned. For example, there was also a positive response from one mother to her involvement in the YISP process which enabled her to feel she had some control over actions to improve her child's behaviour.

### ***Impacts for services***

There were major differences between the two areas in the degree to which functioning infrastructures and processes had been established, and these differences were reflected in the extent to which project implementation and delivery had progressed. In Partnership G, a partnership structure with defined management and coordination roles and key personnel in post had been developed and appeared to be operating coherently; as a result a range of projects had been implemented with Children's Fund support to deliver aspects of the strategy. Partnership G's Theory of Change also included a specific objective regarding the development of organisational structures and processes to improve collaborative inter-agency working. In Partnership H, however, there had been a history of changes in management structures and relationships in key statutory services, and both a turnover of staff in key posts and delays in recruitment of new personnel; consequently, management arrangements were still unsettled and there had been limited progress in project implementation.

The YISP in Partnership G clearly demonstrated progress towards an integrated multi-agency approach. There were management representatives from the agencies involved in the YISP at both Panel and project management group levels; joint planning on elements of service delivery; and joint involvement in recruitment of staff. There was also evidence of joint funding arrangements. Some stakeholders felt that there were key players (social services and CAMHS) who did not attend Panel meetings and frustration was expressed about this. The research also identified some unresolved organisational development issues at an operational level. Whilst the Panel demonstrated good practice by focusing multi-agency energies around the needs of the targeted group, it was questionable to what extent there was full commitment to the process since there were some problems of continuity of senior level representation and of consistency of attendance from some agencies. The result was that it was not always possible for the YISP process to establish comprehensive preventative packages of support around all of the children and young people involved in the study.

Some difficulties were also highlighted in relation to data collection and monitoring of children. These included a lack of clarity about the systems in place; tracking of individual children and their needs and family situations; and breakdown in communications across services so that the

same information was repeated in databases or not recorded at all. There were also some problems in monitoring and reporting arrangements arising from operating in a partnership context with a multiplicity of stakeholders.

The YISP programme in Partnership H was established in a local context of the development of a Family Group Conferencing service which provided a model for the YISP and highlighted the importance of involving families in working out solutions together with professionals. In some instances there was evidence of differing interpretations of the child's needs and potential between professionals as well as parents. It was not apparent how these differences in categorising children's developmental potential and mental health difficulties were to be addressed by the assessment and planning process, or what impact this might have on responses to their needs. There was mixed evidence of the potential for effective coordinated provision and it was unclear how sustainable such ways of working were likely to be.

## **6.7 Conclusions and Learning Points**

NECF has been able to undertake research which has looked at the responses made to children and their families in diverse circumstances. This had enabled us to offer a rare insight into similarities and differences in the approaches adopted to preventing social exclusion. In this final section we summarise key learning points from each of the thematic case studies, then suggest more general learning deriving from this element of the evaluation.

### **Disabled children**

#### ***Successes and challenges***

- Children and families valued both specialised and integrated provision, but specialist provision was less likely to address key barriers to inclusion.
- Play and activities, advocacy and supported signposting, were all valued by children and families.
- A focus on service provision was prioritised over action directed at the barriers faced by disabled children and their families and this limited the impact of the work of the Children's Fund for this group of children.
- Children's Fund partnerships are supporting provision traditionally lacking for this group.
- There is confusion about what 'prevention' means for this group of children and families.
- Mainstream services did not prioritise preventative services for disabled children.
- Children with the most complex needs were unlikely to be targeted by or access preventative services.

- There was a lack of inclusive play provision for disabled children.
- Preventative strategies required an inclusive definition of the target group.
- Parent/carer organisations had an important role to play in service developments but needed support to make such a contribution.
- Family focused work was important because the exclusionary consequences of impairment can affect the whole family.

### ***Learning for the future***

- The social model of disability with its emphasis on a 'barriers' approach should provide the basis for strategies to address social exclusion amongst disabled children.
- Service providers need to ensure an appropriate mix of specialist and integrated services.
- Preventative services should be based in an analysis of local provision and local need. The impact of issues other than disability such as poverty and housing circumstances, together with factors such as transport and local geography, should also feed in to the design of a coherent programme of services and activities.
- Play provision should be developed to be inclusive of this group.
- Networks of parents/carers and of children should be supported and developed
- Planning should involve parents and children; difficulties in involving disabled children and those with special needs can and should be addressed.
- More use should be made of the requirements of the Disability Discrimination Acts of 1995 and 2005 to ensure accessible provision across the board.

### **Black and minority ethnic children**

#### ***Successes and challenges***

- Children's Fund partnerships have developed provision for specific groups under a black and minority ethnic heading.
- Local community group's expertise was built upon for some provision.
- Provision that supplements the mainstream could raise the educational attainment of children and young people, but links with mainstream organisations and agencies could be difficult.
- Positive role models and positive cultural messages were important in developing children's pride and confidence in their own identities.
- Local and voluntary organisations required capacity to develop services and to enter into partnerships.



- Clear definitions were required to identify which black and other minority ethnic communities were included and targeted within this broad definition.
- Mainstream education provision failed to address the needs of some children from black and minority ethnic communities.
- Community and voluntary sector organisations could be well-placed to understand and respond to the needs of BMR children, but may lack the infrastructure and resources to take on a strategic role in developing an overall response.
- black and minority ethnic communities could be concentrated in areas with few facilities and a lack of preventative provision.
- Inclusive services could target different communities within their provision

### ***Learning for the future***

- Local areas need to move beyond broad 'black and minority ethnic' services and initiatives to be clear about who they are targeting and why.
- Strategies should develop culturally appropriate and sensitive education provision alongside or within the mainstream.
- Time should be taken to develop capacity within the community and voluntary sector to enable small and new organisations led by minority communities to enter into partnerships and the delivery of commissioned services.
- Local areas need to develop geographically-based provision that takes account of the needs of different communities.

## **Gypsies/Travellers**

### ***Successes and challenges***

- Participatory approaches were achieved over time.
- Play opportunities were provided for children and young people that were lacking in their communities.
- Parents welcomed opportunities for their children to experience new opportunities, and welcomed support for themselves.
- There were substantial barriers to be overcome if parents were to continue to support their children to use mainstream leisure services.
- Providing regular, direct 'handholding' for children was insufficient to address the practical and attitudinal factors that contributed to their exclusion.
- Gypsies/Travellers suffered high levels of social exclusion and lack provision and support from services, beyond statutory education.

- Mainstream services failed to address the needs of Gypsy/Traveller children and families and found it hard to respond to the families who were most mobile.
- Policies to move families from temporary sites limited opportunities for front line and other services to contact and work with families.

### ***Learning for the future***

- 'Gypsy/Traveller' is a broad and inclusive term covering a range of distinct groups who share some common characteristics.
- A regional approach to service provision requires considerable investment, broad support, effective leadership and organisation and good links with key agencies if it is to be successful.
- Local authorities need to be clear about the nature of 'Gypsy/Traveller' communities, patterns of mobility, and the needs of different groups. Participatory work can facilitate this.
- Work with Gypsy/Traveller families should enable links with a wide range of organisations, agencies and provision.
- Inclusive local play or outreach services are required for Gypsy/Traveller children.
- Mainstream provision should routinely assess the needs of Gypsy/Traveller communities and the ability to access services. The needs of isolated communities should be recognised and monitored.

### **Refugees and asylum seekers**

#### ***Successes and challenges***

- Responsive services that take a holistic approach to family support could begin to overcome barriers to social inclusion.
- Practical support which enabled refugee and asylum seeking families to access a range of services is necessary to challenge the exclusionary practices of some agencies.
- Therapeutic services could benefit refugee and asylum seeking children and young people and could be provided within schools, where they had the capacity and resources for such provision.
- Training and awareness-raising could build schools' capacity. Schools gained experience over time, requiring different and decreasing levels of support.
- Supporting and developing networks between families, communities and organisations could reduce barriers to the social inclusion of refugee and asylum seeking children and families, and enabled learning from best practice.

### ***Learning for the future***

- 'Refugee and Asylum Seekers' is a broad term and covers a range of communities and groups, whose nature changes over time with changing patterns of immigration.
- Newly arrived families have needs arising from this status, often lacking knowledge of their locality, facilities, service provision and entitlements.
- Some refugee and asylum seeking children and young people have experienced loss, bereavement and trauma, which have negative effects upon their health and well-being. There are links between well-being, educational attainment and social inclusion.
- Schools may lack experience of supporting refugee and asylum seeking children and young people, particularly in areas that are part of the dispersal system with little or no history of immigrant communities.
- Voluntary and community based organisations can provide the basis for service development and support, but such organisations may not exist for newly emerging communities.
- Both newly arrived and more established refugee and asylum seeking communities had capacities that could be built upon, as well as a range of needs linked to local context
- Responsive and holistic family support services should be developed alongside provision and support for children and young people. Services should refer to more targeted provision where they are unable to provide it themselves.
- Preventative services need to respond to families' needs to live in locations where they feel safe and can make contact with others who share similar backgrounds.
- Therapeutic services need to be non-stigmatising, culturally appropriate and link with children's families. Not all schools have the resources for such services, and community-based provision should also be established.
- Strategies for raising schools' capacities need to recognise that demand for support will fluctuate and change over time.
- Voluntary and community-based organisations require support. They should be involved in service delivery and development, and in the support and development of networks between families, communities and organisations.
- Action is needed to raise awareness and develop skills for working with refugee and asylum seeking children and families amongst health and social care providers as well as within schools.

## **Crime and anti-social behaviour**

### ***Successes and challenges***

- YISP was an effective multi-agency model for working with children and young people at risk of involvement in crime and anti-social behaviour, but required consistent support from all relevant agencies.
- The implementation of highly-structured guidance could move the focus of work with children and young people away from early intervention preventative services to a focus on those already involved in crime and anti-social behaviour or on the fringe of the criminal justice system. Targeted services may stigmatise users.
- Play could be effective in reducing the incidence of crime and anti-social behaviour.
- There was a lack of robust data available to demonstrate the long-term impacts of strategies to prevent children and young people's involvement in crime and anti-social behaviour.
- Youth Justice Board (YJB) guidance provided models of working with children and young people involved in, or at risk of involvement in, crime and anti-social behaviour.

### ***Learning for the future***

- Factors leading to children's and young people's involvement in crime and anti-social behaviour are complex and inter-related.
- There are concerns about high levels of risk within particular neighbourhoods and groups that lead to involvement in crime and anti-social behaviour.
- A number of initiatives from central and local government are related to, and make demands upon, strategies to reduce crime and anti-social behaviour.
- Effective links with Youth Offending Trusts (YOTs) and other strategic partnerships were essential to develop multi-agency approaches to the prevention of children and young people's involvement in crime and anti-social behaviour.
- Resources should be dedicated to ensuring sustained commitment from all partners.
- Services should consider the needs of parents and families alongside child or young person-centred support.
- Responses to identified problems should address factors at the community level that contribute to anti-social behaviour, as well as factors at individual and family level.
- Open-access early intervention preventative services should be developed alongside more targeted provision. Identifying children as at risk of future offending risks stigmatising and labelling those children.

- Local areas need to ensure the monitoring of targeted and structured interventions. Long-term commitments to open access preventative services such as play and youth provision is required, alongside long-term monitoring and evaluation, in order to gather robust data about features of effective provision.
- A locality focus with links to regeneration and other community support initiatives should be pursued to encourage a holistic approach to the planning and delivery of preventative services.

### **General learning for strategies to reduce social exclusion**

- 1) There were differences of view about the appropriateness of decisions to target specific groups of children in the context of an initiative intended to achieve social inclusion. Experiences indicate the benefits and necessity of including opportunities for activities designed to respond to the particular circumstances of children in diverse circumstances, and the need to address factors which act as barriers to building positive relationships between different groups. However, decisions to adopt a themed approach mean that the thorny question of how to define the target group remains problematic and disputed in many instances. Our results suggest the importance of building strategies around the identification and understanding of the *barriers* faced by different groups, not just the identification of the groups themselves.
- 2) The theories of change generated with stakeholders demonstrated awareness of the multi-dimensional nature of social exclusion and in some cases included a specific recognition of the significance of addressing the 'excluders' as well as the 'excluded'. However, this did not always result in a programme of activities designed to respond to these different dimensions. In practice there was a stronger emphasis on building individual capacity to resist exclusionary process, rather than action that would be capable of breaking down exclusionary barriers. This raises questions about the sustainability of reported benefits and the capacity of these strategies to benefit children other than those directly using services.
- 3) The emphasis in the implementation of these strategies has been on changing children rather than on changing services or systems. Although the need for service change was identified in all cases, where it did happen it was usually a side-effect of direct work with individual children, and/or focused on specific services (such as schools) rather than directed toward broader change within the mainstream. Resources and opportunities that might have assisted in challenging mainstream providers, such as reference to the legal

requirements of the Disability Discrimination Act, or the potential to work with broader based neighbourhood renewal strategies, were rarely called upon and the Children's Fund appears to have worked in some isolation from other local service and policy developments that might have assisted it in achieving its objectives.

- 4) Although we started this chapter by noting that it is important to understand the Children's Fund as more than a series of projects, in practice this is what it has looked like in some instances. We can distinguish contexts in which thematic work did have the characteristics of a 'programme' and others where it clearly did not. For example, there was little evidence of communication between services commissioned to work with disabled children in either of the case study partnerships and in one of these cases not only were projects not in contact with each other, decisions about service funding were primarily reactive. In contrast, in one of the black and minority ethnic case studies one consequence of Children's Fund funding was to create a forum for workers in different projects to talk to each other, and both the refugee and asylum seeker case studies showed evidence of service commissioning designed to respond to a range of identified needs. One possible explanation for this is that it was easier for the Children's Fund to develop a coherent strategy in areas in where it was not in competition with powerful mainstream agencies (as it was in the case of disabled children).
- 5) These strategies evidence a considerable reliance on small and large voluntary and community sector organisations to deliver services that are flexible and responsive to the needs of children in diverse situations. In view of limited evidence about the capacity of the Children's Fund to offer developmental support to such organisations this contributes to a concern that innovative practice will not be sustained, and reinforces the conclusion that strategies collectively have insufficiently prioritised the need to make significant change within mainstream agencies if a focus on prevention is to endure.
- 6) We have highlighted the positive impact of services that drew on the knowledge and understanding within black and minority ethnic communities of problems faced by children and which provided positive cultural images and role models for children. Similar experiences were evident in some aspects of work with refugee and asylum seeking families. In contrast, and in spite of earlier work in one of the partnerships involved in the Gypsy/Traveller consortium which had involved children in demonstrating the positive aspects of the Gypsy/Traveller lifestyle and culture, the approach was to engage children in mainstream activities and the way of working adopted often encountered difficulties

because it was still based in assumptions about activity planning which did not 'fit' with families' lifestyles. This suggests that use of local cultural, community and professional knowledge is necessary to ensure that themed services generate the positive benefits associated with building pride and confidence in different social and cultural identities, and do not run the risk of labelling different groups as 'problem communities'.

- 7) The strategies reflect the original Children's Fund sub-objectives relating to educational participation and achievements, but suggest responses based solely on work with and in schools are insufficient to meet these and the broader social inclusion objectives within which they were located. However, schools are also a vital focus for change if they are to make a significant contribution to taking forward the government's agenda to reduce social exclusion; as suggested in the creation of extended schools. Such change needs to be designed to ensure the school environment is genuinely inclusive, and to enable schools to look outwards to become strategic players in the development of preventative services.
- 8) One dimension of social exclusion is exclusion from active participation in decisions that affect how people are able to live their lives. Our findings here indicated that many families were dealing with a range of difficult issues and often prioritised the relief that services offered over the opportunity to become more involved. Children valued being consulted, but this could be less important than the content of the service they received and the way in which support was provided. We are not arguing that the emphasis on participation should be abandoned but do suggest that strategies which assume a level of participation from children or their families without also addressing what may be experienced as more immediate needs will not be successful.
- 9) In general the implementation of these strategies indicates a gap between an analysis of the nature of the problem to be addressed and the design of activities capable of delivering the outcome objectives desired. There was evidence of good and innovative work in many cases in terms of the front line delivery of services, but at a more strategic level our results indicate that the Children's Fund has had limited success. This conclusion reflects the difficulty experienced by time limited special initiatives which are intended to act both as catalysts for change and as service deliverers. It also reflects a common feature of complex change processes which find it easier to say what they want to achieve than how they will get there. We conclude that more imaginative and bolder approaches to work within and across groups of children at particular risk of social

exclusion, plus more focused action to engage and change mainstream services will be necessary to ensure long-term outcomes.





## **Chapter 7: Children's and Families' Experiences of Children's Fund Services**

*This chapter draws on evidence from children, young people and their families about their experiences of Children's Fund services and the impact of services on the lives of children and young people in the short and medium term. Most children and carers identified benefits from Children's Fund services in terms of building the personal capabilities of individual children. Children and parents also reported benefits of accessing Children's Fund services which gave support to parents and carers or for the family as a whole. The reported short and medium-term outcomes for children and families relate to all five of the Every Child Matters outcomes. There are considerable lessons to be learnt from what parents and children appreciated about the Children's Fund, most notably in terms of the scope and complexity of needs being revealed and the challenges of the prevention and social inclusion agenda.*

### **7.1 Introduction**

In this chapter we focus on the experiences of children, young people and their families. The evaluation was not a longitudinal one. We cannot therefore talk of impact in terms of differences in outcomes between matched groups of users and non-users of Children's Fund services. However, we do know what service users have said about the impact of Children's Fund services on their lives. The evidence drawn on in this chapter is taken from both sub-sets of data from across the 16 partnerships and one consortium of partnerships in which NECF carried out in-depth work. As we explained in Chapter 5, one sub-set of services in 16 partnerships, was selected on the basis of their proximity to each other and the likelihood, therefore, that target children or their families might be accessing more than one service. This locality-based case study work enabled NECF to drill down from activities at the strategic level (described in Chapter 2), to examine the patterns of practices (discussed in Chapter 5) and to explore the impact of provision on the lives of children and families (discussed in this chapter).

The other sub-set of services in 14 partnerships (including the consortium), were discussed in Chapter 6, and were selected because they were working with five specific groups of particularly marginalised children and young people, such as children from refugee and asylum seeking families and disabled children. This thematic case study work has raised important questions about approaches to social inclusion, which have informed the analysis in this chapter.

Families were accessed via 72 Children's Fund services with which NECF was conducting case study research. This resulted in in-depth individual data for 185 children and young people and 184 parents/carers. The views of a further 170 children and young people were sought through focus groups and group activities (see Appendix F). The majority of direct quotations from children are from those in the upper age-range for the Children's Fund. This reflects the peak in

service use outlined in Chapter 4. Younger children also sometimes provided responses in the form of drawings or other visual representations which are harder to reproduce here. To provide context, we also draw on analyses of the large-scale quantitative datasets discussed in Chapter 4. A more detailed version of analyses of evidence from both the most marginal groups and from children and families accessing locality-based services is available in Evans, *et al.* (2006).

As we have seen in Chapter 4, the analysis of the Millennium Cohort Study older sibling evidence suggests that the Children's Fund has to a large extent reached its intended target group, that is, children and families experiencing or at risk of social exclusion. Service use was higher by single parents, by families living in rented accommodation, by those receiving state benefits and families in which there were more dependent children in the household. However, beyond this, it is not clear to what extent the Children's Fund has been able to access the most disadvantaged families, which service providers have traditionally found hard to reach.

All the evidence discussed so far in this report suggests that Children's Fund services have focused primarily on building children's and young people's resilience and disrupting individual trajectories of social exclusion. As we shall see, most children and parents identified benefits of accessing Children's Fund services in terms of building the personal capabilities of individual children.

Approaches which are based on enhancing individual capabilities and experiences are validated by the research on resilience which identifies important protective factors for the individual child as problem-solving skills, high aspirations, positive peer relationships and positive school experiences (Benard, 1991; Newman, 2002; Schoon and Bynner, 2003). Many of the benefits cited by children and parents resonated with these protective factors. Though, parents and workers often talked about this in terms of building children's 'confidence' and 'self-esteem', implying children's increased self-efficacy and capabilities, as well as improved emotional well-being.

In addition to a focus on individual capabilities, children and parents also reported benefits of accessing Children's Fund services which gave support to families. Engaging with children's family networks is increasingly recognised as developing informal social support which helps to protect children from adversity and build their resilience. Carers frequently self-referred to services they found accessible and described a number of benefits for their families as social units. These benefits were, as we saw in Chapters 5 and 6, often childcare or respite for parents and carers, but also included additional support for parents and siblings.

Community-based approaches to building resilience are also receiving more attention in the resilience literature and in preventative services more widely (Morris, 2005). Protective factors at the level of the community identified in research include the availability of external support or resources, positive school environments, and opportunities for participation (Benard, 1991; Newman, 2002). This work echoes what NECF was told by families. The family members we interviewed reported that although they valued the provision aimed at children and the support that was received by carers, they saw the main risks of social exclusion to be located outside the family in the local community and in some cases in schools.

In this chapter, we summarise what children and parents valued about Children's Fund interventions. We then present what children and their families told NECF to be the benefits of Children's Fund services for them. These benefits arose largely as a result of building individual strengths and working with families. We discuss these reported benefits and how they arose with reference to the long-term outcomes set out in the *Every Child Matters* framework. We show how Children's Fund services helped to disrupt children's pathways of exclusion and realign them towards opportunities for greater inclusion.

## **7.2 Approaches and Practices Valued by Children and Families**

The majority of services focused prevention work primarily on individual children and their behaviour and attitudes. However, as we have seen in Chapter 5, the responsive practices of Children's Fund services revealed the scale and complexity of preventative work. Some services responded by shifting the focus of working to include some family support while others were funded from the outset to work with families.

Children and parents gave very positive reports about the help they had received and the opportunities that Children's Fund services had provided in their locality. This case study evidence is supported by the MCS:OS1 analyses reported in Chapter 4 which showed the high levels of satisfaction with Children's Fund services among the majority (84%) of parents and children who used the services. Our interviews revealed that parents valued services because they filled gaps in provision and gave support. They were not eager that services should make new demands on them. For example, they rarely took up opportunities to engage in participation for the development of service provision.

Parents and children valued responsive, specialist support tailored to the individual needs of children as well as work with the family. Particularly appreciated were services which were

timely; adopted holistic family-oriented approaches; where practitioners responded quickly; worked at the children's pace; had the specialist skills to support children with particular needs and were responsive to carers' emotional and practical support needs.

Children and parents valued trusting relationships with non-judgemental and respectful project workers which were sustained over time and tailored support to their individual needs. For parents, as we saw in Chapter 5, participation was more a matter of being listened to when practitioners were working with their children to disrupt their trajectories of exclusion, rather than involving them in building the community's capacity to sustain the programme and create pathways out of poverty.

Some children and families experienced co-ordinated multi-professional responses which helped to build a holistic package of support around them. Supportive signposting and fast-tracking children and families to other services helped to increase children's and families' take-up of other opportunities in the wider community and so tackle some of the wider dimensions of social exclusion. The role of key workers in identifying particular issues that required specialist support and referring children and families to a range of other services was found particularly helpful in addressing some of the more child-centred, yet complex needs of children and families, as the following example shows.

One young person (aged 12) had been in trouble with the police and had stopped attending school following an act of violence towards him. Following this, he was diagnosed with school phobia. As well as liaising with school and supporting him to complete school work at home, a Youth Inclusion Support Panel (YISP) key worker referred him to Child and Adolescent Mental Health Services (CAMHS) for possible depression and was seeking an alternative school place for him. Following the key worker's identification of physical abuse against him, he and his family were also referred to social services. The young person appreciated the key worker's role in supporting him with different aspects of his life: *She's helpful and kind and does a lot of things, like can get into schools and help your home life and stuff like that.*

Here we see an example of how a Children's Fund service was filling a gap by ensuring that appropriate referrals were made. This was obviously valued. The example also provides evidence of the development work to be done if prevention is to be more than more efficient referral and is instead to engage with developing the capacity of children and their families to change their own conditions of development.

### **7.3 Outcomes for Children in Relation to the *Every Child Matters* Framework**

The short and medium-term outcomes reported by children and parents as a result of accessing Children's Fund services link directly with the Children's Fund sub-objectives relating to education, crime and anti-social behaviour and health (see Appendix A). There were also broader outcomes which closely match the child-level intentions of the *Every Child Matters*' agenda for change: health, safety, enjoyment and achievement and making a positive contribution (see Appendix B).

In this section we use the *Every Child Matters* framework to show what, according to children and their carers, was the impact of Children's Fund services on children's lives in the short and medium term. NECF is, however, only able to report from the perspectives of families identified by service providers as willing to talk to us and who were likely to have had positive experiences of the service they were accessing. It is not a representative sample of children and parents using Children's Fund services and therefore the positive accounts given by children and carers should be accepted with caution as evidence of improved outcomes for children.

#### **Short and medium-term outcomes for individual children and young people**

Short and medium-term impacts of services for individual children and young people relate to four of the five *Every Child Matters* outcomes: Be healthy; Stay safe; Enjoy and achieve; and Make a positive contribution.

##### ***Be healthy***

- Improved emotional health and well-being;
- Improved physical health and fitness;
- Improved access to health services.

One of the major benefits of participating in Children's Fund services reported by children and families was improved emotional health and well-being for children. These improvements were found across a range of forms of provision in the case studies and reflect the findings reported in Chapter 4 that many services are directed at children with self-esteem and behavioural difficulties. Improvements were discussed by children and parents in terms of children having gained in self-confidence, which in many cases they felt had an impact on other areas of their lives. Also, where children and parents were accessing support to address children's particular emotional needs, such as anxiety, depression or trauma, there were reports of some improvement in emotional well-being.

For example, several parents whose children had experienced bullying or emotional distress commented that their children were happier *within themselves*. A young person (aged 12) who had complex health needs was bullied because of her condition at the special school she attended. Since attending a fortnightly Children's Fund Saturday Club for disabled children and other children 'at risk', her mother felt that her daughter's emotional well-being had improved: *She's a lot more happier. She's not coming home complaining about things. She's just generally well, I think.*

Children told us that projects provided refuges from bullying. This was true of both specific provision such as nurture groups and activity clubs set up for other purposes. For example, one young person (aged 11) of mixed ethnicity who was bullied at school said that the best aspects of the after-school book club he attended were that *my friends are here and it's safe*. Another young person who was a young carer and was bullied at school attended an after-school fitness club. He enjoyed going somewhere where he could *switch off* from what was going on at home and school: *everyone here's nice and I can just come here, have a good time and relax and not think about school, home.*

Parents of disabled children reported children's increased confidence and a sense of achievement in their new abilities and some parents thought that their children's physical as well as emotional well-being had improved as a result of accessing Children's Fund services. The opportunity to explore and demonstrate their capabilities is particularly important for disabled children, who have either internalised messages that emphasise their lack of capacity, or who have never had access to environments in which they can develop their physical abilities (see Chapter 6). A young person who attended a sports club for disabled and non-disabled children explained his sense of achievement: *I don't get tired; it just makes us feel happy and full of energy. I'm happy about it, excited about it. Something I feel proud to be able to do.*

A small number of children reported improved physical health and fitness. One boy (aged 12) saw a community play project as an opportunity to do more exercise on Saturdays rather than just watching television: *now I'm getting more exercise this way*. Another project was specifically aimed at increasing children's physical fitness through after-school fitness activities. Children were referred based on criteria relating to children's weight/ physical health, emotional difficulties and/or risk of social exclusion. A girl attending the project commented that she liked it because *it gets you fit a lot and we have a nice coach.*

A number of adults sought support from Children's Fund services in accessing health and counselling services for themselves or their children. Some services helped parents or carers to access health services, which had a positive effect on their children's health. For example, a family support service gave much appreciated guidance to a single mother on accessing health services for her three children. The family worker also organised respite for the mother, enabling her to attend ante-natal classes and counselling during her pregnancy.

A focus on skill-building among parents was also effective. For example, a mother who accessed an English language course provided by a black and minority ethnic community project commented on how she was able to access health services for herself and her children for the first time without needing to rely on the help of others. As her interpreter explained:

*...by attending English classes, she is now at a stage where she is able to go to the doctor's herself, able to make appointments, able to discuss her child's health with the doctor and able to do other things without having to plead with other people to go with her.*

### **Stay safe**

- Reduced risk of committing and becoming victim to crime and anti-social behaviour;
- Safe from bullying and discrimination through support and care for each other.

Parents and young people valued how Children's Fund services, which provided weekend and after-school activities, kept them from negative peer group interactions and the risk of offending. Parents believed that without these opportunities to engage in after-school and weekend activities their children were at risk of *hanging around on the street* and *getting into trouble*. For example, a football club was seen by a mother as a diversionary activity with a purpose for her son (aged ten), keeping him away from other teenagers on the estate who cause trouble:

*Mostly because there's nothing to do, so they're just really terrorising people...there's just police round all the time... the estate's really bad. I'm glad the littler ones have got something to do to occupy their minds because they would just grow up and follow the bigger ones, getting into trouble...*

The poverty of the physical environment in which some children live and the absence of opportunities for creative activity due to physical or socio-economic constraints is a key factor in the development of anti-social behaviour. For parents of children who have offended or been in contact with the police, finding ways to engage their children and divert them from re-offending was seen as very important.



The following longer example shows how Karen, a young person at risk of crime and anti-social behaviour, and her foster grandmother were supported towards greater social inclusion through building a trusting relationship with a family support worker. The service provided emotional and practical support to the young person, her carer and other members of the family. However, the service was not sustained for as long as the family believed they needed it, leaving the young person feeling unsupported and vulnerable to exclusion.

### **Karen's story**

Karen (aged nine) lives with her brother and grandparents, who are her foster carers. Her grandmother found Karen's behaviour difficult both in and outside of the home. Karen explained that the neighbours had complained about her behaviour to the police: *I was breaking windows and people came out and said 'don't break me windows', and I swore at them and that.* Karen was referred to a Children's Fund home-based family service by her school due to the problems with her behaviour. The grandmother was initially reluctant to accept this help, due to a history of negative experiences of dealing with statutory services, but felt she had no choice.

Despite her grandmother's initial concerns, both Karen and her grandmother were very positive about the project, particularly the trusting non-judgemental relationship they built with the support worker, and the impact that this had on their lives. According to Karen: *Everything has changed.* Her grandmother felt that Karen had grown in confidence and that her behaviour had improved: *She's more lively, she's got that self-confidence, whereas she didn't before.* Karen commented on how the support worker helped her consider her future and to redirect her to more positive pathways than crime and anti-social behaviour: *She talks to me about stuff like that. She tells me what's going to happen when I'm older if I start doing stuff like that I'll get put in prison and that's making me think and I stop.* Her grandmother also feels she has benefited herself in terms of increased confidence and motivation, which meant that she was able to go back to work. *I've seen a difference in meself personally. And so I started bucking up meself as well because she had actually taken off me, you know, a bit of pressure. And I started motivating myself back and I went back to work and that.*

While Karen and her grandmother both reported positive outcomes, they felt that the duration of the 12 week intervention was too short. They were concerned that the withdrawal of the support worker would have a negative impact on sustaining Karen's pathway out of exclusion, as Karen commented: *[the support worker] helped me a lot. I'm changing now. But now I've got a bit worse because she's gone.* The grandmother was worried that Karen and her brother were quickly returning to their previous negative behaviour at school, reversing the progress made in realigning Karen onto a more positive pathway. The grandmother was also missing the emotional support that she received from the project worker: *I miss her myself, and I'd like a little bit for meself but the kids miss her terrible, they're going back to their old routine at school, and to be quite honest I said I just can't cope with that happening. Everything that [the support worker] had done good were turning back to normal.*

Karen's story demonstrates the immediate effectiveness of the sensitive support that she and her grandmother received. However, it also illustrates the concern we raised in Chapter 5 that tackling exclusion includes empowering families to take control over their own pathways and that takes time. In some cases it also requires changes in provider-user interactions and

expectations. Karen and her grandmother felt dependent on the service even after it was withdrawn.

Some young people felt unsafe in their local neighbourhood and valued leisure and extra-curricular activities where they could make friends in a safe environment away from their estate where they were bullied. *They're all druggies and everything, they're all hyperactive. All they care about is guns and stuff... They cause trouble... The little kids, they all spit on you and then when you chase them, they run in to house and get someone bigger than you.*

Some children with challenging behaviour valued nurture groups and break and lunchtime clubs in school, as a way to keep them out of trouble and mixing with older teenagers. For example, one young person (aged 12) who had challenging behaviour both in and out of school valued break and lunchtime clubs: *it's made me like not hang around with the bad people and kept me out of trouble.* He commented that if he did not attend the clubs, *I'd start mixing with the older people again.*

Children experiencing racism and bullying at school reported how they had benefited from accessing the Children's Fund by having opportunities to develop a positive sense of self and to engage in peer support to tackle racism.

There are many examples where Children's Fund projects are providing spaces in which children have raised their awareness of racism and how to deal with it and have subsequently been able to support other children in similar situations. For example, a young person (aged 13) in a project for children of mixed ethnicity felt that by meeting other children from similar backgrounds, he had learned how to seek help from others if he experienced racism. *If I come across racism I know how to deal with it. If I was in school I'd probably tell a teacher, or if I weren't I'd tell my mum and she would help me sort it... I won't beat them up, not now.*

He also learnt to see his role as helping to support other children to deal with racism: *You try and help people cope with their multiple heritage because they are not from one race and that might be hard for some people.*

Some group settings enabled particularly marginalised children, such as black and minority ethnic children, refugee children, looked after children in the care of the Local Authority and those at risk of crime and anti-social behaviour, to meet other children in similar situations, raise their awareness of common issues affecting them and to support each other. For example, a

foster grandparent of three looked after children commented on the stigma that other children attached to children in care. *There tends to be a stigma to the children that are in care. Your mum doesn't want you, your dad doesn't want you. They've actually had this at school. So when they are with children in the same situation....that stigma isn't there.*

By providing leisure and play opportunities for looked after children, the Children's Fund helped young people to develop friendships with others who understood their difficulties. One young person (aged 14) told us why that was so important. *At least you can meet people who are in care and discuss things like 'how are things going for you' and all that sort of stuff, instead of comparing living in care kids with someone who's living with their parents.*

In a few instances, children commented on how project workers had supported them while they dealt with ongoing risks at school, such as bullying, even when this was beyond the remit of the project. For example, two brothers attending a junior youth inclusion activity project reported that one of them had been subject to bullying at school and that, although they sought help from their teacher on a number of occasions, it was only stopped following the intervention of the Children's Fund project worker. *My football coach got involved. He just told them. Because he worked with them and knows people... he gone to the school and he said [my brother] was being bullied and then it stopped.*

### **Enjoy and achieve**

- Improved school attendance and happier within school;
- Improved educational attainment and literacy;
- Increased access to play and leisure services which were not previously available in the local area;
- Enjoying and achieving in play and leisure activities;
- Increased aspirations;
- Development of friendships and increased interaction with peers.

Parents of children who were at risk of school exclusion, had been excluded or were experiencing problems with attendance due to behaviour, reported improvements in their child's attendance or that the child or young person was happier and more positive about school. One boy (aged nine), who was frequently suspended for disruptive behaviour within the classroom, was referred to a family worker who provided support to both the boy and his family. His parent commented on the change she had seen in his behaviour: *he got suspended for four days and*

*after that the Family Worker started working with him and since then his behaviour has been so much better. He has got loads of friends in school now.*

We also found that some young people who had challenging behaviour or were experiencing bullying or mental health problems developed more positive attitudes towards school as a result of support from YISP key workers, family support and transitions project workers.

There was also reported evidence of improvements in achievement and enthusiasm for learning. Children and parents talked of children's literacy and other educational achievements through their attendance at homework clubs, book clubs and nurture groups which created safe, informal learning environments. Parents of children attending a Children's Fund book club service for working parents said that the children could access a wider range of books than they had previously and that they thought the club stretched the children academically *more than at school*, which helped to develop their reading skills. For example, one mother said: *The book corner allows her to bring more suitable books home for her ability and she reads at a more advanced level at the club.* As we saw in Chapter 6, access to culturally relevant books could be particularly important for black and minority ethnic children.

Family support services could also help foster achievement. For example, as a result of the home teaching support offered during a period of exclusion from school. While this is not a new approach, Children's Fund funding made family support more widely available. It was certainly appreciated: *...I've got a ten-year-old now and a 12-year-old they can read they can write, before that would never have happened. And I do put it all down to the help we've had from outside.*

Services seemed to deal well with the interaction of behaviour and achievement. The example of Rachel, which we give below, shows how a child's potential pathway of exclusion was disrupted, at least in the short term through her attendance at a Children's Fund nurture club. Not only did the challenging behaviour, which was her reason for accessing the service reduce, but she also showed reported improvements in literacy, a growing interest in reading and an ability to make friends.

### **Rachel's story**

Rachel (aged ten years) lives with her mother and brothers and sisters and is believed to have psychological problems following a serious road accident two years previously as a result of which she was in hospital for several months. Rachel was described by both her mother and the school as having severely challenging behaviour both at home and in school.

Following a referral from the school, triggered by her challenging behaviour, Rachel and her mother began to access a Children's Fund school-based Family Worker Support Service which aimed to improve children's welfare, educational attendance and attainment. Rachel had been accessing the service for two years with varying intensity depending on need. This had mainly consisted of attending a nurture group within school once or twice a week. The Family Worker also occasionally visited their home.

Rachel and her mother felt that she had benefited from the nurture club in a number of ways, including improved literacy and interest in reading: Rachel explained that: *It helps with my reading* and her mother commented: *before she would read a book and just read just for the sake of the words but not taking it in what it meant and now she's [asking] me questions now.* Improved behaviour: the frequency of her challenging behaviour has reduced considerably. According to the mother: *she just blossomed [...] she's allowed out in the playground now she added: this nurture group is tremendous for her [...] its like having a different girl.* The mother explained that *now its lovely because I can go out [with her], before I didn't like taking her out [...] she even helps me with the shopping.* Improved relationships with her peers: according to the Family Worker, Rachel has made friends, is more tolerant of others and is less reactive to criticism. The mum describes how: *now children come up to me 'can Rachel come and play with me today?' and it's lovely.*

A key outcome of the service has been the improved relations between the mother and the school, which in turn has strengthened the relationship between Rachel and her mother. With support from the Family Worker, the mother is now involved in ongoing communication with a broad range of teachers and assistants within the school. This has meant that Rachel now feels more responsible and talks about her behaviour at school with her mother: *[now] she always tells me if she's been naughty, if she's had a bad day with the [form teacher]. And she tells me if she has walked out of class. I think it's because I'm always in contact with the school.*

Children and parents who specifically sought support with children's school work and academic development also felt that these needs had been met by the Children's Fund services they used. For example, black and minority ethnic children and parents who accessed services specifically for support with English language skills felt that these needs had been addressed through a community development project which provided language support. However, where the emphasis was on raising achievement new demands did arise. For example, some children accessing a homework club for Somali children wanted more specialist support for particular subjects.

Interestingly parents wanted children to have the opportunity to play as well as achieve. Children and parents living in economically deprived neighbourhoods with few play and extra-curricular

activities for children and young people emphasised the importance of children being able to meet friends and have a safe place to play. For example, one child (aged ten) valued a community play service which was established to address a locally identified need for play provision: *[before] it was really boring round about, there is nothing for us there...I enjoy [being] with my friends here and playing with them, like all the different stuff we do and painting and play.*

A number of parents saw the benefits of Children's Fund projects in terms of providing children with access to play and leisure services, which had not previously been available in their local area or which were either inaccessible or inappropriate. Parents, for example, identified how community-based projects had been set up in response to gaps in local play and leisure provision identified by parents and community members often based on concerns about young people being at risk of crime and anti-social behaviour.

Safety was particularly important for one family experiencing ongoing racial harassment. The mother commented on the 'peace of mind' she had knowing that her two boys were safe at a youth activity club: *you get...peace of mind that you know they're safe, you know they're having fun, and you can be relieved, you're not looking out of the window every five minutes.....oh dear, there's a fight and you've got to keep running out.*

Play was also recognised as valuable for children's development. Many children and parents reported that children enjoyed and achieved in a range of different play and leisure activities, which gave them a different outlook and greater sense of purpose. Parents of disabled children, for example, commented on how projects had helped their children to develop greater independence and life skills by supporting them to access mainstream play and leisure services independently and their being challenged within play environments.

The Children's Fund raised children's expectations and aspirations for the future through a range of activities which gave broader range of experiences than were possible within school curricula. For example, since becoming involved in an arts project over two years previously, a young person (aged 12) who has a statement of Special Educational Needs had a reduced need for support at school and wanted to pursue art as a career.

This change in attitude to education could also include attitudes to current schooling. NECF found that children experiencing bullying or mental health problems and who had low school attendance believed they had developed a range of interests, a greater sense of purpose. They

reported raised aspirations, leading to more positive attitudes towards school. They attributed changes of this kind to help from Children's Fund family support and transitions project workers. Matt's story, outlined below is an example of several we were told and shows how his pathway of exclusion was disrupted and how he was gradually supported towards greater inclusion by a school transitions project.

### **Matt's story**

Matt (aged 13) was depressed and withdrawn, was experiencing headaches and sleeping problems, as well as a loss of interest in school and reluctance to attend school. Matt related this to being bullied: *in the first part of the year I was bullied and stuff and then later on I just had some health problems*. His father said that Matt *became very isolated and inward looking*.

Matt was referred through school to a Children's Fund transitions project which provided group activity sessions in a safe space attached to the school and helped to mediate between the young person, his parents, the school and counselling services. Matt enjoyed the motorbike and woodwork activity sessions run by the transitions project and felt that he had gained in confidence as a result of the support: *I've become a lot more confident than I was before I started coming*. His father also commented on the change he had seen in his son since his engagement with the project:

*He's more co-operative, he's more communicative, he's actually interested in things ... now, he actually can even see beyond himself and he can think, you know 'it'd be nice if I made some brownies and took them into [project worker], you know she'd appreciate that'. And so he's sort of thinking, he's much more confident but he's also thinking beyond himself whereas a year ago he wasn't.*

Matt also appeared to have developed interests and become more engaged in a range of activities, which gave him a greater sense of purpose and raised his aspirations for the future, as he said: *I want to either be a carpenter or a photographer*. His father also reported that the project had helped Matt to relate to and trust adults, particularly men, and that his behaviour at home and relations with his parents had improved.

With the support of the transitions project worker who played a mediating role between the family and the school, Matt and his parents were more hopeful about his prospects for re-engaging with school in the future: *In Year Nine, my parents want me to at least try and go*. Matt's anxiety about school appeared to have been reduced through the package of support from a range of professionals which the support worker had helped to co-ordinate, as his father said: *through the kind of team effort, the counsellors and the tutoring and [project worker]'s work here, Matt is a much happier, much more positive, much more balanced, much more in sort of inclusive individual than he was*. The gradual support over time enabled Matt to steadily increase his confidence in being outside of home and helped to raise his expectations and aspirations to attend school and gain qualifications in future. This shows how the support offered helped to realign a pathway of exclusion towards a pathway of greater inclusion.

Projects also eroded children's isolation within their communities. Parents and children reported a range of benefits from projects for individual children in terms of making friends and having fun that were not always part of the original reason for accessing the service. Families appreciated

the fact that services enabled children to make friends with other children in the local area and to spend time playing and doing different activities with their friends.

For example, a child (aged ten) attending an after-school club said: *I've been coming here a lot of times...and I have made a lot more friends.* His mother talked about how important this was for him, since he found it difficult to make friends because of his ADHD: *...coming to the after-school club now, he has got a circle of friends...they were in his class at school but before they weren't friends and now it is sort of 'oh we do this together, we do that together' and it has helped a lot like that.*

### ***Make a positive contribution***

- Improved behaviour in and out of school;
- Increased social, communication and life skills;
- Increased opportunities for participation in services.

Parents of children with behavioural difficulties reported improvements in their child's behaviour both in and out of school as a result of their engagement with Children's Fund services. As reported in Chapter 4, many Children's Fund services were directed at children with self-esteem and behavioural difficulties. Where this was a focus of the intervention, many families reported improvements in their child's behaviour, which helped to improve family relationships. For example, Rachel's story shows how her challenging behaviour in and out of school was reduced considerably following her participation in a nurture group. Her mother commented on how she could now *take her out* and *she even helps me with the shopping*. Similarly, Karen's story shows how a supportive trusting relationship with a family worker helped to improve her behaviour at home and at school in the short term.

There were, however, a few instances of where children's behaviour did not improve significantly following a Children's Fund intervention despite this representing the primary reason for accessing a service. For example, a mother of a young person (aged 12) who received support from home-school liaison workers did not feel that her son's behaviour had changed, although she valued the workers' role in mediating between the family and the school: *I think they do a fantastic job, I really do but no, there's not been much of a change in [my son] at all, not really [...] I think he's just one of these children, he doesn't listen to what he's told.*



Children learnt to trust and socialise with adults in projects where staff worked flexibly and responsively. Children and parents also reported children's improved social, communication and life skills through their engagement in Children's Fund activities. For example, the mother of a child (aged 11) who was referred to a participation project for behavioural issues described how her son has gained a new sense of responsibility: *it's given him responsibility [...] he doesn't always need me around, he is growing up, he can communicate with other adults and stuff like that ...he was quite shy.*

There was also evidence of increased independence in the case of disabled children. For example, one mother spoke of how her disabled son was now able to catch the bus into town on his own to meet up with friend; not only was he learning to be able to do this on his own, his new mobility meant that he could do activities that a non-disabled young person might do.

As we saw in Chapter 5, children valued opportunities to make a positive contribution and participate in shaping project activities and services; what mattered was being listened to and action taken. They could be involved in big decisions such as planning, delivering and evaluating an event, but they also appreciated being listened to and their opinion valued for smaller scale decisions. There was also evidence from some of the projects dedicated to participation that children became more aware of their rights to participate.

Children reported a range of communication and life skills that were developed in Children's Fund projects, including communicating with adults, public speaking, interviewing skills for staff recruitment, computing and literacy skills, such as writing newsletters. One child (aged ten) explained: *[the project] has given me more confidence, because I used to be quite shy and now I don't mind talking in public and being the editor [for the newsletter]. I used to rather sit in a corner alone and read a book but now I would rather shout out and talk to people.*

Another young person (aged 13) accessing a project aimed at supporting children of mixed ethnicity who were experiencing difficulties at school, talked of the impact of the opportunity to contribute to a published poetry book and to read out his poem at a public event: *I'm not scared to do public speaking now.* Another young person (aged 12) participating in the same project commented on how her presentation and performance at the youth-led conference and being interviewed for a newspaper made her feel special: *at the conference, we were all sat at the front, in front of everyone, I felt special when I was singing, I felt special when I was reading my speech, I just felt special all that day.*

Young people also learned through their participation to support each other and appreciated the opportunity to help others and make a difference. For example, a young person (aged 13) who had behavioural difficulties commented on how she enjoyed being able to help other children to engage at a youth-led conference.

*It felt really good to take part in the conference because I can talk to people about the stuff that's going on. And to help, if there was any people in the group, doing nothing, we were talking about to get over it and to help the rest of the children.*

Another young person commented on how through her participation in staff recruitment, she felt she was helping to bring about change for other children: *I like doing the interviews and stuff because you know you are going to make a change for loads of different people, that you are making a good change for maybe some of the children that they are going to be working with.*

Children and parents valued opportunities for children to participate in shaping services and activities and they clearly felt that they had grown in confidence as a result. It may well be, as we suggested in Chapter 5, that a coherent rationale for participation did not run throughout all Children's Fund services, but in most of its versions children enjoyed it and were able to talk about benefits.

### **Impact of Children's Fund services on the capacity of families to support their children**

Many children and parents accessing Children's Fund services identified a range of benefits for other family members or for the family as a whole. In some instances, services focused on meeting the practical and emotional needs of parents and carers as a means of enabling them to better support their children. In others, activities targeted towards an individual child produced additional benefits for parents or carers or the family as a whole. All of these approaches appeared to be building the resilience of families in ways which had the potential at least to enable them to negotiate pathways of inclusion for their children.

Some Children's Fund services strengthened the capacity of families to provide safe environments and in some cases improved economic well-being, relating to two of the *Every Child Matters* outcomes. We shall look at each in turn.

### **Stay safe**

- Emotional and practical support for parents and carers enabled them to better provide safe homes and stability for children and young people;
- Improved communication between parents and statutory professionals helped improve access to statutory services.

NECF evidence suggests that some family support services helped meet the practical and emotional needs of parents and carers as well as having benefits for children. Some of these interventions helped build the resilience of families and their capacity to support their children and to tackle social exclusion. Kerry's story gives an example of a holistic family-oriented approach, where a young carer who together with her family benefited from the practical and emotional support provided by a home-school liaison service. The example also highlights the complexity of need and the depth of work that might be labelled prevention.

#### **Kerry's story**

Kerry (aged 11) lives with her mother and three younger brothers. Kerry often cares for her mother and brothers *especially when mum's ill*, since her mother had a serious accident two years ago. Kerry was identified by the head teacher and special educational needs co-ordinator as being 'at risk' whilst she was at primary school, due to concerns that she was tired during the school day and may not have been eating properly in the morning. When Kerry moved to secondary school, home-school liaison workers, funded by the Children's Fund, made contact with the family and invited Kerry to attend break and lunchtime activity clubs.

Kerry saw the main benefits of the break-time clubs as providing a supportive safe space where she could go: *in my old school, I used to always like stay in the toilets or anything, just to like stay in because I never liked going out. And now there's always ... if I don't want to go out, there's always somewhere that I can go.* Project workers felt that Kerry's relationship with her mother had improved since being in contact with the project, as Kerry was now more supported in her role as a young carer. The project workers also appear to be improving communications between the school and the family, providing a point of contact for informal support and advice for Kerry's mother. Information-sharing between the project workers, school staff and the family has meant that Kerry now has, as the project worker commented, *many looking after her*. All of Kerry's class teachers were aware of her situation and were supportive on an academic and pastoral level. The project workers have also helped to co-ordinate support and facilitate access to other services for both Kerry and her mother. The project worker feels that this supportive environment created at school has prevented the need for more intensive intervention from Social Services.

Kerry valued the way that project workers co-ordinated support for herself and her mother, for example, when Kerry reported a problem of sexual harassment from boys at the school, the project worker supported her mother in an advocacy role: *I had a problem because people were ... four boys were sexually harassing me, Mum phoned him that night and he's like sorting it out. ... the police will be going and talking with their parents and my Mum about behaviour.* The project workers have also helped to co-ordinate support and facilitate access to other services

for Kerry and her mother. Through contact with social services, Kerry has been put in touch with a young carers support group. The project workers also negotiated a travel pass for Kerry's mother from the local authority. The project is meeting the child's specific reasons for accessing the project and is responsive to other issues and needs presented by the child or parent, adopting family-focused, multi-agency approaches to co-ordinate services.

As we saw in Chapters 5 and 6, some services focused on building support networks for parents to strengthen their capacity to cope. This seemed to work well. Parents told NECF that having the opportunities to develop support networks with other parents or carers helped reduce their sense of isolation. This was particularly important for lone parents and for parents from different cultural groups. A lone mother who had two young children commented on how important it was for her to get to know other people who she could trust in the local area, since none of her family lived nearby. Mothers, whose first language was not English, attending a community development project targeted towards their minority ethnic community, thought that the project had helped them to meet other members of their community and gain support from them.

Parents described how they gained important practical and life skills, including parenting skills from project workers. These ranged from developing knowledge about health and disability issues affecting their children to strategies to deal with challenging behaviour or developing their English language and ICT skills. A parent of a child (aged six) with autism and learning difficulties gained practical knowledge about her son's diagnosis and greater awareness about communicating with her son: *...it was really good because I had no idea what autism was.* Also as we have seen, some projects working with black and minority ethnic communities provided the opportunity for parents or carers to learn English and develop other skills.

Some work focused specifically on parenting skills. Several parents and carers said that family support or home-school liaison workers helped to improve their parenting skills, particularly learning new ways of dealing with their children's difficult behaviour. A mother of two children in a single-parent household said that she had learned strategies to deal with her son's aggressive behaviour without losing her temper: *I felt that everything was just spiralling out of my control....I've noticed a big difference yeah. By the way I can turn things around now without [my son] even realising, you know, what I've done.*

The flexibility of services was also seen to be important. Some parents and carers commented on how they had benefited from practical and emotional support together with respite during particular periods of crisis and stress within the family. For example, a Saturday Club for disabled and non-disabled children played a vital role during a particular crisis point for a large

family, when one of the younger siblings was critically ill in hospital in another city. The regular play provision every Saturday as well as childcare support available from the extended family enabled the older children to stay in their own home during this period and prevented the family from having to use respite residential care, which would have meant splitting up the siblings. The mother explained the impact of the Children's Fund service.

*I know it's made a difference to their lives, it's made a difference to our lives. [...] I think between the club and this house, that is the only thing that kept this family together basically.... We could get help but it meant splitting children up, putting them into respite so I said 'no'.*

Children's Fund project workers often played a mediating role between families and statutory agencies, particularly where families had previous negative experiences of communicating with professionals, such as school teachers or social workers. Several parents reported improved access and engagement with statutory services and improved communication and relationships with statutory professionals.

*Before I wouldn't come in and talk to people in school, it would be a case of they would phone me to talk to me and I would be like 'well yeah I will pick him up'. That was it. Whereas now I have the confidence to come in and talk to the teachers, tell them my problems, tell them what problems I have with the school. [The family worker] has made me realise that I can do that without being victimised by the school.*

Overall, many of the children and parents said that Children's Fund services helped to build stronger family relationships in terms of providing interests for children outside the home, improved behaviour within the home, support to the parents, improved communication of parents with services, and improved relationships between the children, parents and siblings.

Many children and families, however, also commented on a range of ongoing risk factors within and beyond the family. While these conditions were not always seen as a reason for accessing Children's Fund services, as we have seen, a number of services were responsive to these risks and offered support. This responsive help included providing practical and emotional support with the pressures of single parenthood; support and signposting for those with long-term illness within the family; emotional support and referrals to other services where there were cases of physical or sexual abuse in the family; and support in dealing with the pressures of refugee and asylum seeking status including emotional and practical support and signposting to housing, welfare and counselling services.

For example, a drop-in parent support project responded to the emotional needs of a mother who was depressed following the birth of her new baby and who was caring for her disabled husband and her two other children. Although her original reason for accessing the project was for affordable childcare, the project offered emotional support and provided access to counselling which she appreciated: *I come for a cup of coffee and a chat and go away feeling a lot better. It's like a home away from home.*

In another case, a YISP worker supporting two boys (aged 12 and eight) who had Acceptable Behaviour Contracts also offered emotional support for their mother in dealing with the sexual abuse of her daughter. She described the impact of the YISP worker. *She has helped me through my bad patches with [my daughter]...I just broke down in front of her, I just couldn't hack it.* Other flexible practical assistance and responsive support which was valued by parents included support with accessing debt advice, completing benefit forms and paperwork for a divorce.

### ***Achieve economic well-being***

- Affordable childcare and respite opportunities helped parents and carers to be economically active;
- Play and extra-curricular activities provided children with access to resources that parents could not otherwise afford.

While many parents tended to describe their reasons for accessing Children's Fund projects in terms of their children's individual needs, another important reason was for parents to gain access to childcare services. Children's Fund projects which provided childcare were highly valued by parents, particularly single parents, as we saw in Chapter 4, it enabled them to return to work or study. A single mother of two children studying for a social work diploma explained:

*[It would be] impossible to do my course, absolutely impossible, I would not be able to do it because like I said, I don't have any family around here at all and I am doing this and I'm trying to do my university diploma and working and trying to raise three kids on my own...for me to move forward in life, it is an essential ... an essential part of me moving forward.*

For some parents, childcare meant being able to work full-time and to earn enough money for extras such as holidays and presents.

Sometimes the reason for access was more complicated. Parents of disabled children highly valued respite provision, which enabled them to spend time with their other children or to work.

For others it gave them breathing space. A mother of a child (aged 11) with learning difficulties felt that a childminding service which catered for children with special needs was vital to enable her to both work and have a break from caring for her daughter: *I wouldn't have been able to have this job if it hadn't been for everybody here...if it hadn't been for [the project worker]...This...has given me a life basically....*

For some families, Children's Fund services provided children with access to resources and opportunities that their parents may be otherwise unable to afford. A mother whose children attended a range of Children's Fund play and leisure activities commented on how much she valued the resources available to her children.

*This has helped a lot for us because we don't have a lot of money... There's only so much you can afford to do. Things like bowling and things like that it works out really dear and if you're [going as] a family. But like the Children's Fund, they've sponsored our sort of stuff.*

Children and parents using many different Children's Fund services commented on how much children enjoyed the opportunities for trips and outings to new places outside their local area that compensated for their parents being unable to do so, as a mother commented:

*they've taken the boys for lovely days out, where they take them off the estate, which is lovely...because I don't normally have the money to do things like that...Alex loves it, it shows him that there's more outside that I can't really show him.*

A young person (aged 12) appreciated being able to access new activities and opportunities through a Children's Fund project: *[I'm having] fun and doing more activities that maybe I wouldn't get to do if I didn't join.* Her mother also made the case that the Children's Fund was compensating for her inability to pay for activities for her child: *everything costs money these days and they wouldn't be able to do half as many things as they do now, because it is a struggle.*

## **7.4 Chapter Summary, Learning Points and Recommendations**

### **Summary**

NECF found considerable evidence of work with children and families which was valued highly and which resulted in positive outcomes for children, young people and their families. Children's and families' experiences of Children's Fund services highlighted a number of preventative practices which they valued in terms of early intervention and support to promote their social inclusion. The focus on children and young people and their capacity to overcome social

exclusion has meant that outcomes for children have a close match with the child-level intentions of the *Every Child Matters* agenda for change: health, safety, enjoyment and achievement and making a positive contribution. Although we are able only to report short and medium term outcomes, there is evidence of disruptions of pathways of exclusion which may continue in the longer term.

### **Learning points**

- Children's and parents' experiences of Children's Fund services have revealed the complexity of needs and some of the challenges of the prevention and social inclusion agenda.
- Parents valued services because they filled gaps in provision and gave timely support. However, they did not grasp opportunities to become involved in the development of services.
- Children's Fund services often stood out as more responsive and therefore sometimes different from families' previous contact with mainstream providers.
- Practices and approaches that children and parents valued included: responsive, specialist support tailored to the individual needs of the child and family; trusting relationships with non-judgemental and respectful project workers which were sustained over time; co-ordinated multi-professional responses, supported signposting and fast-tracking children and families to other services.
- Children and parents identified factors contributing to the social exclusion of children as lying outside the family, for example, in schools or in the wider the community. However, the majority of services focused prevention work on the individual child and their behaviour and attitudes, with an increasing recognition of the importance of preventative work with families.
- While services working with individual children and families were valued highly, the problems identified by parents and children at the level of community and environment were frequently beyond the remit of Children's Fund services.



## Outcomes for children

The reported short and medium-term outcomes for children relate to four of the *Every Child Matters* outcomes:

- **Be healthy:** There were gains in children's self-confidence and reported self-efficacy which had an impact on other areas of their lives. Where there were particular emotional needs, such as anxiety, depression or trauma, improvements were reported. A small number of children reported improved physical health and fitness and disabled children particularly benefited from services which allowed them to reveal their capabilities. Some services supported parents to access health services, which had a positive effect on their children's health.
- **Stay safe:** The reduction in exposure of children to negative peer group influences was welcomed as was engaging and diverting children who had offended or were at risk of doing so. Children experiencing racism and bullying at school valued opportunities to develop a positive self-identity and to engage in peer support to tackle racism.
- **Enjoy and achieve:** Children who were at risk of school exclusion, had been excluded or were experiencing problems with attendance due to behaviour, improved their attendance or became happier and more positive about school. There were reported improvements in children's literacy and educational achievement through their attendance at homework clubs, book clubs and nurture groups. Some services helped to raise children's expectations and aspirations for the future.
- Many children and parents felt that children gained from increased access to play and extra-curricular activities which were not previously available in the local area. Children enjoyed and achieved in these activities, which some parents felt gave them a different outlook and a greater sense of purpose. Many services enabled children to make friends with other children in the local area which helped to reduce their isolation.
- **Make a positive contribution:** Where children had behavioural difficulties, there were improvements in behaviour in and out of school. Children and parents also reported children's improved social, communication and life skills. Children valued opportunities to participate in shaping project activities and services and developed confidence and self-esteem as well as a range of new skills as a result.

## Outcomes for families

Children's Fund services strengthened the capacity of families to provide safe environments and in some cases improved economic well-being.

- **Stay safe:** Family and parent support services helped parents and carers to gain important practical skills, such as parenting skills, as well as increase their confidence and improve their emotional well-being. Some parents felt that projects had been responsive to a range of family issues beyond the expected scope of the service. Where mediating between families and statutory services formed a focus of Children's Fund practitioners' work, this often led to better relationships and improved communication between families and statutory professionals.
- **Achieve economic well-being:** Children's Fund projects which provided childcare were highly valued by parents, particularly single parents, as it enabled them to return to work or study. Parents of disabled children valued respite provision to give them a break and enable them to spend time with their other children or to work. Children's Fund services provided some children with access to resources and opportunities that their parents may be otherwise unable to afford.

## Recommendations

- Although Children's Fund support for individual children was valued, a clear lesson from the initiative is that preventative services also need to be responsive to the emotional and practical support needs of parents and carers and other members of the family. That is, there is a need to address ongoing risks at the level of the family and signpost parents and carers to other sources of support.
- Front-line practitioners need to be supported to talk across professional boundaries and develop effective preventative practices around the needs of children and young people in collaboration with mainstream service providers.
- Services should aim to develop children's and families' awareness and capacity to take-up other services and resources in the community. This can help to address some of the wider dimensions of social exclusion that children and families may face and reduce dependency on the limited support available.

- While short-term interventions can be appropriate if the withdrawal is carefully managed and children and parents are informed about it, services should be sustained for as long as children and families need them. This enables practitioners to respond to children's and families' changing needs over time and sustain their pathways towards greater social inclusion.
- While responsive, flexible approaches potentially helped to support children and young people's pathways out of exclusion, there is also a need for preventative work to address the wider social conditions of children's development. This includes work that focuses on the attitudes of those who excluded or the material conditions in which families find themselves. Particular concerns raised by children and parents included: school exclusion and transitions between schools, bullying and racism, exposure to crime and anti-social behaviour, drug abuse, poor play and leisure facilities and poor services for marginalised groups such as disabled children.
- While the *Every Child Matters* outcomes framework is useful in examining child-focused outcomes of services, prevention work should also focus on outcomes for families and communities, as well as for individual children.

## **Chapter 8: Sharing Learning and Influencing the Integrated Children's Services Agenda**

*In this chapter we examine what was learnt about the prevention of social exclusion and how it was learnt. First we look at learning within the partnerships. We examine how understandings and practices were shared across providers; we then look at how knowledge from practice was taken into strategic thinking in the partnerships. In the second part of the chapter we examine what was learnt from the initiative and how that learning was taken forward to inform local agendas for the development of integrated services and extended schools. The role of the programme managers was crucial in brokering new knowledge from practice to strategy within partnerships, and to a lesser extent when taking Children's Fund legacies into new local planning arenas. We conclude by saying that there was much to learn from the initiative to inform understandings of prevention in key areas of commissioning, participation, and collaborative working and that expectations of the Children's Fund in the context of the broad agenda of changes in service provision should be reasonable.*

### **8.1 The Children's Fund as a Catalyst for Preventative Provision**

Government funding was allocated to local Children's Fund partnerships with the intention that these partnerships would follow the policy steer given by central government while drawing on local strengths to meet local needs. Local partnerships operated as relatively independent inter-agency bodies, comprising representatives from statutory agencies, voluntary organisations and community groups. Their function was to allocate funds to agencies and groups to provide services to reduce the risk of social exclusion.

Services which collaborate to prevent social exclusion are not new: they have been features of small-scale projects for at least the last 20 years in the UK. But, although most local authorities can point to pockets of success in the past, these examples have rarely impacted on policy or on practice beyond the life of each project. The Children's Fund was intended to do more than that. It was also seen as a catalyst, which would help to shape moves towards integrated children's services in each local authority. Thus the innovative practices being funded and developed in preventative services for children would be sustained in their own right and impact on the ways of working adopted by mainstream service providers.

NECF examined how knowledge about prevention was developed and shared in two arenas. Firstly, it looked at what was going on within partnerships and examined how knowledge generated in preventative practices, moved from the operational level of practice to the strategic level of the Partnership Boards to influence strategic decision-making. Secondly, it looked at the wider influence of the initiative. There it explored the influence of the understandings about addressing social exclusion developed in the initiative, on the transitions to integrated services which were in process during 2005.

Insights into how knowledge is generated and moved resonate beyond the Children's Fund. How knowledge is distributed and flows upstream as well as downstream in organisations is of concern in organisational learning theory. There, the argument is that the flow of knowledge upstream from practice to strategy brings together knowledge generated in a number of institutional sub-units for useful comparisons. In this way the relevance of knowledge from practice can be evaluated and used. The focus therefore shifts from 'what works at the level of practice?' to 'how can strategy be informed by lessons from practice?'

These concerns are not unique to government initiatives aimed at policy implementation. However, when these ideas are connected with moves towards the participation of service users in the design and development of services, we can see how important it is for policy communities and related organisations to develop systems and structures which enable knowledge flows to inform organisational development.

NECF has worked from the belief that there is a genuine desire to prevent the loss of lessons learnt from practice about social inclusion. That is, the cross-agency Boards will enable a scaling-up of the learning which can influence the developments needed within local areas as services for children are integrated. In order to test that belief NECF has looked for evidence that knowledge generation and sharing and an upstream flow of knowledge has been taken seriously in the initiative.

## **8.2 The Relative Capacity of Partnership Boards to Engage with New Knowledge**

In Chapter 2 two distinct categories of Strategic Boards or their equivalents were described. Boards in the first category operated as relatively stable closed networks with a legitimacy that was based on strong local networks which connected them to local systems of power and authority. The second category, Developing Boards, could be characterised as more open networks where legitimacy was earned through engagement with stakeholders including providers and service users.

A major difference between these two categories of Board was the extent to which they grasped the potential for change offered by the Children's Fund and worked on fresh understanding of prevention which drove their commissioning. The Developing Boards more clearly operated as places where learning occurred. However, their legitimacy, based as it was on negotiations with providers and users, was more fragile. In addition, these Boards tended to have fewer, or less robust, links with the agencies which were taking forward the integration of children's services.

In summary, it would seem that Developing Boards were more likely to be open to learning from the experiences provided by the Children's Fund. However, they might be less well placed to take forward that learning into other fora, where the roles of children's services in the prevention of social exclusion were being reconfigured.

### **8.3 Generating and Sharing Understandings of Preventative Practice**

In Chapter 2 we focused on the strategic Boards and compared them as sites for learning. The main lessons learnt from the experience of the Children's Fund at that level of the partnerships centred on targeting, commissioning, a growing awareness of the contribution to be made by the voluntary sector and in some cases an expanded understanding of prevention.

In Chapters 5 and 6 the lessons from practice were discussed. These included an increased focus on the nature of participatory practices, an increase in attention to families alongside individual children, more sharing of information and resources across service providers, a raising of a broader awareness of hidden needs and strengths and the development of more responsive practices in some services.

In this chapter we move from an analysis of **what** was learnt by practitioners, to an examination of **how** that learning occurred. That is, what structures and processes produced new practices and new understandings of practice and how did partnership structures enable the development of those practices and understandings?

The questions are important for two related reasons. Firstly, it is reasonable to expect that the Children's Fund, as a limited life £960m investment, should lead to changes in service orientation and in practices which are likely to outlast the initiative. Secondly, the Children's Fund is typical of the fluid, multi-tiered single-purpose bodies established to address an issue that is not easily tackled by more stable, multi-functional forms of governmental authority. As we argued in Chapter 2, these single purpose bodies are expected to act with a flexibility which more established systems cannot easily achieve. Their marginality can provide spaces for creative responses. It can also mean that learning gets lost. A grasp of the structures and processes that have enabled knowledge flows and the related professional development of practitioners from the Children's Fund could inform planning of other similar initiatives, were policy to turn again in that direction.

In the autumn 2005 survey, programme managers were asked to identify all the strategies they used while working with practitioners to ensure that the Children's Fund outcomes were being

addressed. The strategies presented in the survey were based on evidence from the 16 case studies.

Their responses are shown in Table 8.1. The approaches can be grouped into four sets. The majority of programmes set up one-off information sharing events. However, the second most popular set of strategies were themed or neighbourhood meetings where practitioners could look across projects. Ranked fifth was the work of team members in building networks of practitioners. Case study evidence suggests that these approaches were useful and they will be discussed in more detail later in this section.

Ranked three and four are strategies which demonstrate just how closely programme teams connected with practice in some partnerships. We know that a large element of that work focused on developing participatory approaches to prevention. More bureaucratic approaches received the lowest ranking and were clearly not used by the majority of programme teams.

**Table 8.1: Strategies used by programme teams to take forward the principles of the Children’s Fund with practitioners**

<b>Strategies</b>	<b>Number of managers</b>	<b>Ranking of response</b>
There have been one-off information sharing events for practitioners	84	1
There have been some sustained neighbourhood or themed meeting where practitioners from different settings get to know what each other is doing	80	2
We have specialist participation workers who take forward participation work with providers	76	3
The team are in and out of projects all the time to check and to help	71	4
Some team members see their role to be a link between different providers	58	5
We rely on our monitoring returns	28	6
We focus to a great extent on good written communication from the team to the providers	23	7

*Based on responses from 119 partnerships.*

The focus on cross-project meetings and network building across the initiative shown in Table 8.1 is heartening. In the interim report on collaboration (NECF, 2004a), which was based on the first six case studies of partnerships, NECF examined, among other issues, the structures and

processes which enabled collaboration between service providers and the development of more multi-faceted approaches to prevention.

Key features, which have been borne out across the remaining ten case study sites, were: (i) informal networks and (ii) spaces between services where practitioners could meet. We called the latter *boundary zones* and have described them in relation to the Partnership Boards in section 2.4 in this report. Collaboration between service providers is central to a multi-layered systemic response to social exclusion, and was clearly encouraged by programme teams. We shall now look at how it was achieved in more detail.

### **Networks of practice**

Three types of informal networks among practitioners were evident. They were:

- new trails trodden for the first time between individual practitioners who recognised the benefits of a collaborative response to the social exclusion of a child;
- networks which built on old networks and relationships but where there was evidence of the impact of the preventative intentions of the Children's Fund;
- old established networks which were continued or resuscitated and where there was little evidence of the impact of the Children's Fund.

These were all different. The new trails could be seen as light etchings or traces on a local landscape, echoing the 'new pathways' 'hacked' by practitioners observed on the King's Fund report on partnerships between the NHS and local government (King's Fund, 2002). Trails may not have been used more than once in the context of a particular circumstance that demanded a new response. However, because they required practitioners to look beyond the boundaries of their services there was evidence of some repositioning and awareness of how other services were able to respond to children with whom they were also working. Trails had aspects in common with the second type, the enhanced networks, which focused on prevention. However, the latter were more embedded within particular localities and with particular people. Comments included *I am getting to know what other people can offer and*

*What we very quickly realised...is that we could not meet all the needs of every child and every family so what we had to be able to do was at least find access to people who could do that. Either provide the support or provide the service or provide the wherewithal for the children and family to get what it was that they needed.*

Here a practitioner was describing how expertise can be seen as distributed across a locality and accessed in order to support a child's trajectory towards inclusion. Recognising what



expertise is available to support a trajectory of inclusion is a prerequisite for responsive multi-agency practice.

The third type of network was historically situated and embedded within existing relationships. Comments here included *I know [name of area] so I know who to go to*. The problem with the more historical networks was that they had been created earlier to deal with different issues and they closed down the development of newer and perhaps more appropriate systems of support. There was some tendency towards a reliance on older networks in partnerships where the Boards were categorised as Stable. That is, there was some mirroring of modes of networking at both levels of partnership working. For example, one innovative practitioner in a Stable partnership described the problem as follows: *...there aren't many networks in place for you to be able to spread the word of what you are doing*.

As we saw in Chapter 5, networking needed to be supported as a way of working for systemic responses to social exclusion. There was evidence of it finding support in some local programmes. The following quotes are both from practitioners in partnerships with Developing Boards.

*I think that the learning from the Children's Fund to proactively encourage and support has created a peer group, you know a networking group for providers as well, it is really good.*

*There was nothing like this before the Children's Fund, and now we all know who works for which organisation and who to contact for different things. It makes it better for the community as well because we are able to signpost people if we can't meet their needs we can signpost them to another organisation.*

These networks were simultaneously sites of inter-agency collaboration and of learning to do that collaboration. We now turn to how they emerged and were supported in the initiative.

### **Sustained meetings as sites of learning between projects**

The second highest ranked strategy in Table 8.1 was the holding of sustained meetings where practitioners could look across the boundaries of their own workplaces and see what others were doing, sometimes with the same children or groups of children. These horizontal links between projects were highly valued by practitioners when they occurred and examples were discussed in some detail in NECF (2004a).

Programme managers who worked in this way were aware of the learning potential these events offered.

*We try and have meetings in different places so that allows us to go to different projects, and in that way we have learnt about other people's projects and maybe been able to kind of really get an understanding and see where we can learn...you know gain knowledge from that project.*

As well as being places where knowledge could be shared, these meetings tended to operate as starting points trails which could support the trajectories of inclusion of children and young people: *...there are networks that have been established as a result at project level...projects often say when you talk with them 'we are linked to a much wider range of organisations than we were before'.*

There were plenty of examples where these links led to more collaborative responses to enable the inclusion of children and their families, some of which have been discussed in Chapters 5, 6 and 7 and others can be found in NECF 2004a.

Meetings, which focused on specific children or groups, seemed to lead more clearly to more systemic thinking about preventative practices. As one practitioner explained: *It is about understanding at a deeper level. It's about connections. Maybe you're not sure about the child we are thinking about. But as we talk it through there may be a connection and if not for that child, maybe for another.*

As well as offering long-term benefits for systems of support, cross-agency meetings, which focused on the work done with children, also appeared to be common sense for service users. A parent at a NECF structured workshop made that point very clearly.

*Can I just say something from a user's point of view as well – that if all the groups are sort of talking to each other and knowing what each other does – then if someone goes to one of the groups and they say 'but this is what's going on in my life' and then they identify the support needs – and then they say 'well we can do this part of it, but this project is going deal with this part better than we could, this is our specialism, that's their specialism. That's going to really help the users.*

When knowledge sharing or problem-solving meetings were not held, or when not all providers engaged with them, the influence of the Children's Fund's collaborative or systemic approaches to social inclusion was less evident.

It was, for example, sometimes very difficult for school staff to join meetings because of their timing. However, this was not always so: case study evidence shows that when meetings were held on school sites and involved joint staff development, then education practitioners did attend. In one clear example of the problems of lack of preparatory work with a school, a former social worker described his position in a secondary school with children at risk of truanting as being *parachuted in* to the school. He reported that teachers regularly undermined his efforts with children and he found himself working increasingly marginally in the school, for example, undertaking playground duties rather than engaging with school staff. He described his survival strategy as becoming *aloof from the school* and ultimately found a way of working with children and families outside the school.

At another school in the same partnership, workers had more preparation and far more positive experiences. It did seem that preparatory work in meetings where the priorities and practices of different providers were examined and discussed was an important element in the development of complex responses to children at risk of social exclusion.

However, NECF case studies have revealed that regular meetings which linked different practitioners were rarely sustained by programme teams over long periods of time. There were different reasons for their ending. A main one was that once understandings of what other services were doing was achieved and networks were launched, the impetus to meet was reduced and other priorities for the programme teams took over.

### **The project teams as mediators of the principles of the Children's Fund**

The third group of strategies identified in Table 8.1 point to the direct work that teams were undertaking with projects. These strategies echo the role of programme managers in mediating knowledge into the work of strategic Partnership Boards reported in 2.8. At the level of practice the work was more likely to be single service in focus and helpfully developmental, with teams spreading ideas of interesting practice and spanning boundaries between service providers. One advantage of this work was that it could be tailored to each project and was likely to be sustained in the practices of that project. For example, once children became involved in evaluating provision, it might be expected that this would become established practice. Certainly a growing recognition of how children can participate in the development of services is almost generally agreed as an important outcome of the Children's Fund for service providers. There was, nonetheless, at least one disadvantage to a reliance on programme teams for spanning boundaries between projects. The sharing of ideas was dependent on there being

funding available to support the teams' work which brought into question the sustainability of links between services.

#### 8.4 Moving Knowledge Upstream from Practice to Strategy in the Partnerships

In this section we address the question what conditions enabled the flow of knowledge about preventing social exclusion from practice to strategy within the Children's Fund? Case study evidence revealed that programme teams regarded the upstream movement of knowledge from practice to strategy as an important part of their work.

The following comment from a programme manager in a Developing partnership captures the emphasis placed on the flow of knowledge from to practice to Boards and how teams were learning to manage this aspect of their work: *As the core team has grown I feel our learning has changed and it has become more structural and systematic in terms of formal meetings and reports and formal feedback.*

Table 8.2, based on the autumn 2005 survey, shows that the importance placed on taking knowledge from practice to strategy resonated across the initiative.

**Table 8.2: How learning about preventative practice in projects has been taken to strategic level**

Strategies described by programme managers	No. of managers	Ranking of response
It is really the job of me and my team to pass the information up the system	82	1
Projects give presentations to the Strategic Board	81	2
There are some good discussions between practitioners and Board members in e.g. sub-groups of the Board	66	3
We have a newsletter	61	4
Board members know service providers and <i>vice versa</i>	21	5
Board members are linked to projects as 'project friends'	20	6

*Based responses from on 120 partnerships.*

However, the case studies revealed that programme teams needed to build strategies for the upstream flow of knowledge. They were not an integral part of partnership structures and

processes. Furthermore, in Stable Boards there was far more evidence of a downstream flow of information from Boards to services than an upstream flow of knowledge from practice. Managing the upstream flow of knowledge is a demanding task. Once again NECF was impressed by the efforts made by programme teams to tackle this aspect of their work. Four approaches for upstream work within partnerships in the case studies were identified: championing, knowledge brokering, boundary zones between layers and over-lapping systems. They achieved varying degrees of success and we now look at each of them in turn.

### **Knowledge champions**

Champions worked with both categories of Board; although Stable Boards were more likely to depend on this mode of knowledge delivery, which was a form of advocacy. This comment from a Stable strategic Board member captured the individual passion that drove this kind of approach. It also took for granted the position of power that enables effective championing.

*I think what the Children's Fund has enabled us to do was to champion children's services, preventative services for kids of this particular age-group in this case. And we have become champion of participation. I mean we're way ahead of the schools, in terms of other agencies and how we've evolve ... I think we are champions of partnership commissioning and for the kids, because kids actually don't get championed.*

An emphasis on individual champions at the expense of systemic channels of communication could mean that useful knowledge did not reach strategic Boards. Practitioners observed that *champions move on*, while the following comment from a very successful practitioner in a partnership with a Stable Board explains the impact of lack of power in a system that relies on championing. In this case there was no arena in which she could share her work and the Board was only interested in what the Children's Fund could do to help meet external criteria for the participation of children as the authority moved towards integrated services. She would have had to have pushed to get her voice heard: *I'm not very good at feeding up to the key strategic players. I tend to just get on with my job. I am not a glory seeker and that I think at times is a negative thing for myself.*

Lack of effective communication systems were also experienced in relation to Developing Boards. The following comments from practitioners are examples of a broad-based frustration about distances between strategy and practice within partnerships and therefore the extent to which championing done by practitioners could not be relied upon to take forward the learning about prevention to be found at operational level:

*The learning happens on the ground and people felt frustrated, they wanted to take that somewhere but actually it didn't really seem to go anywhere*

*Reports go up the line, but I am not sure what happens to them.*

*None of us have ever been invited to [Board] meetings. I don't even know who sits on it*

### **Knowledge brokers**

Brokering was different from championing because the emphasis was more on knowledge sharing than on advocacy. That is, it was a matter of working knowledge into Boards as systems.

Table 8.2 reveals that programme teams undertook that role in the majority of partnerships. But the capacity of programme managers to broker knowledge up the system was often limited by the size of the teams in relation to the numbers of projects. One programme manager explained: *Development officers [from the programme team] see their role as go-betweens for the Executive Group [i.e. Board] and service providers. But the need to keep team costs to a minimum limits their capacity to enable learning between the layers.*

The second most frequently mentioned strategy was to invite projects to present their work to Boards. Board members everywhere enjoyed these snapshots of activity. However, the presentations were invariably short and they did become expendable items for some Boards when there were competing priorities, as one Board member observed: *...it [reporting] fell off the agenda just because of the other issues which have impacted on us and it would be brilliant if we could get something like that going again.*

Sometimes practitioners were asked by teams to broker lessons from their work into the Board, as opposed to simply present their work at formal sessions. While there could be a great deal of interest shown by Boards, the processes were time consuming for practitioners and very much depended on their persistence and force of personality:

*...often the people who are there [the Board] don't do direct work and we've got a loose three pronged approach where we need to influence the people who are the decision-makers and who are guiding other workers. But that's a lot more difficult than getting in and getting to the workers who, because they work with kids, are open and enthusiastic and they will take stuff on board... We do things like feedback at the management group... I feel that there has been a change and that the management group now for me, as opposed to 12 months ago, is a different experience. I mean they know who I am; they know what we do and how we do it.*

Brokering was therefore a process and more than a matter of presenting reports or accounts of effective practice to Board members. It required a relationship over time so that trust could be built.

20 programme managers indicated in the survey that Board members operated as project friends and could therefore take knowledge back to the Boards. It also might be expected that community and VCS representatives on Boards would undertake some brokering of knowledge from practice. However, as we reported in Chapter 2, VCS representatives frequently felt that they were peripheral members, perhaps benefiting from the opportunities to make horizontal links, but insufficiently powerful to influence the work of Boards. Furthermore, brokering understandings into Board meetings was inhibited for everyone by the way that knowledge was being presented.

Messages from practice were likely to be descriptive accounts of good practice, rather than concepts of preventative practice that could easily be shared and made more widely relevant. If learning is to be taken forward from the Children's Fund and not simply lost, we would suggest, that there needs to be some distilling of lessons from practice. One local authority employee tellingly put it as follows. *If you search about and see where's the engine room, where all this learning is.... [Where it] is distilled and disseminated in a form that can really inform development, you can't find it.*

The frustration evident at a senior local authority level indicated a thirst for knowledge from practice. We are not suggesting, therefore, that there was a wilful refusal to learn from practice, but that brokering was a demanding task and required some analysis. The emphasis on practice needed to be strengthened by the opportunity to conceptualise or *distil* that practice. That is, learning is more likely to stick and to spread if practitioners can discuss it in ways that are not embedded in the everyday situated experiences of specific practices and contexts. An example might help. Here we can see how one practitioner conceptualised or distilled collaborative practice when given the opportunity to do so in one of structured workshops set up by NECF (Appendices D and E): *It [multi-agency working] is only a question of adjusting what you do in response to other people's requests and needs.*

This statement encapsulated the practitioner's learning from the experiences of practice and has considerable implications for future professional development strategies.

### **Sharing knowledge between layers in the partnerships**

Opportunities for sharing knowledge in spaces where people from practice and strategy worked together were relatively rare in the case studies and were often short lived. Some were single focused sub-groupings of the Partnership Boards working, for example, on strategies for black and minority ethnic children in particular localities. They brought together community members, practitioners and members of the strategic Board to develop ideas about services for specific groups. They were, therefore, task-focused collaborations in which the expertise of the community and locally based practitioners was essential to developing specifications for the projects being commissioned.

Like the problem-solving cross-agency meeting among practitioners discussed in section 6.3 these purposeful events were places where knowledge was shared and ideas developed.

*I think the meetings we had about commissioning [in a sub-group of the Board]....were some of the most interesting and effective discussions I've certainly been involved in....and you don't get these in the Board, partly because the agenda's usually too much and everyone is always looking at the time.*

However, the learning from these groups was frequently seen as local or specialised and feeding into targeting specific groups.

There was no escaping the impact of power hierarchies on the creation and use made of these meeting spaces between strategy and practice. They were almost invariably established by Boards to provide information or expertise needed by the Boards and were never set up by practitioners for their own purposes.

One of the case studies tried to overcome local hierarchies by creating a thematic structure soon after the publication of *Every Child Matters* (DfES, 2003). Projects were invited to align themselves to one of four thematic 'pillars' which connected strategy and practice in thematic focuses: access and participation, inclusive learning, health and well-being and staying safe. This structure enabled a manageable upwards and downwards flow of information and understanding. That partnership also had a Board that was strongly characterised by its openness:

*It is very open and participative. So for me it has been a very positive experience and I have learnt a lot from it as well in terms of what children and young people need, what they are facing and what are some of the things that work with them.*



Places where Board members and practitioners met to share ideas were relatively rare. When we asked programme managers in the autumn survey about their strategies for taking learning about prevention from practice to strategy we found that 33 programmes held joint conferences, training events or fora where practitioners and Board members were together. However, programme managers' responses to an open-ended question about the effectiveness of methods of passing knowledge upstream did not suggest that these were particularly useful strategies.

### **Overlapping systems**

Overlapping systems were different from sites where people met to share ideas. They can be seen as webs of interconnections which were focused on taking forward the aims of the Children's Fund as a multi-layered partnership. These were sets of vertical trails or networks which enabled a range of people to work across boundaries and take knowledge up and down systems between the operational and strategic layers of the partnerships.

Overlaps between layers did not emerge naturally. The programme teams worked at encouraging them. For example, programme teams helped service providers to develop ideas originating in practice in ways that could be taken forward for commissioning. *You've got to keep the strategy and the operational as close as you can.*

The meshing that connected the layers appeared to create complex systems which were geared to taking forward the aims of the Children's Fund. The systems were co-ordinated by programme teams which ensured that collaborative and participatory approaches to prevention remained the task to be worked on. However, the demands of co-ordination of these interconnections were considerable and ongoing and attempts to do this happened rarely.

The strength of the meshes has yet to be tested. In autumn 2005 NECF revisited the two case studies where particularly strong interconnecting webs had been observed. It was clear in both of them that the Children's Fund as an organisation was struggling to retain its influence in the uncertainty of the reconfiguring of children's services. Whether the capacity building and relationships which were such a strong feature of these interconnections survive the turbulence remains to be seen.

## **8.5 Evaluation and the Development of the Children's Fund**

This section explores the experience of the local evaluators of the Children's Fund. It considers the roles of local evaluators and how local evaluations were able to support partnerships' decision-making. Further NECF analyses of the work of local evaluators can be found in Spicer and Smith (2006).

### **The roles of local Children's Fund evaluators**

The Children's Fund *Guidance* established the principle that local partnerships should commission local evaluations of their programme of work, and despite this not being compulsory, the majority of partnerships complied with this (135 out of 149 in June 2005). The *Guidance* allowed for variations in the particular roles evaluators would have at local level to reflect the particular needs and priorities of Children's Fund partnerships.

Evaluators were contracted by local partnerships. Funding for evaluation was administered nationally and specifically ring-fenced for this purpose. Many partnerships commissioned university research centres to carry out local evaluation (around 40%), with around one third commissioning management consultancies. Smaller numbers of partnerships commissioned voluntary organisations or asked members of their own Children's Fund team or local authority staff to carry out evaluation work.

Work carried out by evaluators varied. Some evaluators were commissioned to undertake whole programme evaluations, whilst others focused on particular aspects of programmes' work. There was also a range of specific tasks including a focus on processes intended to support planning, management and development and providing an evidence-base informing mainstream preventative strategies and services. The measuring of impacts was a major focus for most evaluators.

Both formative and summative evidence was presented and partnerships were able to draw upon this to inform decision-making, as well as regarding it as a record of their performance. Some evaluators also supported partnerships in undertaking evaluation activities themselves through, for example, providing training and designing toolkits.

The range of roles assigned to some evaluators led to methodological difficulties. While evaluators may have been expected to be working positively with stakeholders in developing practices, they were regarded by some, most notably service-providers, as auditors. This reading of their role was strengthened by the changing policy environment within which local

evaluations were operating. Uncertainties relating to children's trust structures were described by a number of evaluators as problematic, as were the budget cuts for the Children's Fund initiative which, for some, undermined a systematic approach to conducting local evaluation. Furthermore, some evaluators highlighted difficulties relating to *over-burdened and time poor* stakeholders who were consequently less able to participate in the evaluation process.

The challenges faced by Children's Fund local evaluations are explored in Spicer and Smith (2006). Here we focus on what contributions such evaluations made to decision-making and learning within partnerships.

### **How local evaluation supported partnerships' decision-making**

Evaluators adopted a range of summative and formative approaches to engaging with partnerships. Many evaluators also established an ongoing dialogue with partnerships to ensure consistent communication between the two parties throughout the process. Evaluation material was disseminated through reports, workshops, websites, and by attending strategic level meetings. Although a number of evaluators produced child-friendly versions of reports or disseminated findings at events that involved children and young people, few prioritised service users as an important audience.

Evaluators reported that the impact of evaluations depended on the provision of findings that were relevant, timely and accessible to a range of stakeholders and with realistic recommendations. The importance of partnerships' openness to both positive and more critical feedback was also noted. Programme managers participating in the autumn 2005 survey, suggested that local evaluation had been used to inform the work of partnerships. Respondents were asked to identify all the statements that applied to their experiences of local evaluation in the Children's Fund. The statements were derived from an analysis of the work of local evaluators and can be seen in Table 8.3.

**Table 8.3: Programme managers' experiences of local evaluation**

Statements	No. of programme managers	Rank order of responses
Local evaluation helped identify <i>how</i> particular projects have worked successfully or unsuccessfully	67	1
Local evaluation helped identify <i>which</i> projects are successful or less successful	61	2
Local evaluation helped develop the partnership's thinking about the aims of the Children's Fund	56	3
Local evaluation helped the partnership to reflect on improving strategic practices	52	4
Local evaluation has influenced decisions about which projects we continue to fund	51	5
Local evaluation evidence enabled the partnership promote changes in practices and cultures in the mainstream	47	6
Local evaluation is used to identify which projects are promoted for mainstreaming	47	6
Local evaluation has informed the development of joint commissioning	28	8

*Based on 119 partnerships.*

Despite a lot of positive endorsement of local evaluation by programme managers, they did have some concerns about the actual process of evaluation and how it was used. These are reported in Table 8.4.

**Table 8.4: Problems or limitations in the local evaluation process**

Issues identified by programme managers	No. of programme managers	Rank order of responses
The Board did not value the local evaluation	18	1
Resources were too limited to cover a wide range of issues	14	2
Other	10	3
Lack of understanding of local evaluation purpose in the partnership	10	3
Evaluation confirmed what was already known	4	5
Local evaluation was too late	3	6

*Based on 67 partnerships.*

Evaluations appeared to be offering material to partnerships to be used to inform changes in their practices and the re-commissioning of projects. Local evaluations were also often presented conceptually, aiming at expanding partnerships' understandings of prevention,

partnership working and participation. However, the capacity of the Boards to work with knowledge generated in local evaluations was a concern for some programme managers, implying some mismatch between how partnerships and programme teams interpreted the purposes of evaluation.

There are implications here for the commissioning and use of evaluation evidence. NECF analyses of local evaluations (Spicer and Smith, 2006) suggest that there needs to be a common understanding across a partnership of the purposes and scope of the evaluation and of what the selected research methods can produce. Successful and well-used local evaluations have resulted from these issues being negotiated throughout the evaluation with lines of communication being kept open throughout.

### 8.6 What has been Taken Forward Locally from the Children’s Fund?

In this section we examine **what** the full range of stakeholders believe to be the legacy of local Children’s Fund partnerships to the reshaping of children’s services. In section 8.7 we will discuss **how** that legacy was taken forward.

In the autumn 2005 survey, programme managers were asked to identify the aspects of work of the Fund which were influencing the priorities of the agenda created by the Children Act in their local area. The items were derived from the case study work and from a consideration of the aims of the Children’s Fund. The responses can be seen in Table 8.5.

**Table 8.5: Influence of the Children’s Fund on the local development of integrated services for children and young people**

<b>The influence of the fund on local strategy</b>	<b>No. of programme managers</b>	<b>Rank ordering of responses</b>
They are taking messages from the Children’s Fund about participation	93	1
They are taking messages from the Children’s Fund about prevention	75	2
They are taking messages from the Children’s Fund about multi-agency practices in working with children and families	66	3
It is too early to say as the agenda is moving forward cautiously	33	4
It is hard to get the voice of the Children’s Fund heard in strategic decision-making	18	5

*Based on 119 partnerships.*

Table 8.5 reveals some confidence that the Fund had been influential. 63% of managers who responded believed that learning about prevention was likely to impact on local services and

56% that what had been learnt about multi-agency practices would be taken forward. While these are not insubstantial percentages, they do suggest that not all planning for integrated services was receptive to what might be learnt from the initiative.

Both prevention and collaborative working are complex and difficult to define. 78% were confident that messages about participation would be taken forward but, as we have seen, there is considerable variation in what people means by this term.

We were able to look in more detail at the lessons that stakeholders believed were to be taken forward from the Children's Fund in the 16 case partnership studies. They all relate to processes: participation, partnership working at a strategic level, the involvement of voluntary and community groups in service provision and commissioning. As we shall see, commissioning processes became distilled into sets of easily transferable procedures, while the key messages from the other processes often required further distillation.

### **Participation**

Without a doubt, activities labelled participation were a major focus for all the case study partnerships; the topic has been discussed in detail in both the 2004 interim report on participation (NECF, 2004b) and in Chapter 5 in the present report. The way the term was used in partnerships could include practices which ranged from group or neighbourhood consultation to specific evaluation and service development, while for some practitioners it meant involving parents as partners in their children's pathways out of exclusion. The fact that it was reported to be so widespread could be a result of the variety of ways in which it could be interpreted.

We also noted in Chapters 2 and 5 that, at times, participation could be talked about as an end in its own right and clear links to prevention were not always evident. This was particularly so in Stable partnerships where the idea of prevention remained fuzzy.

For some Developing Boards, participation linked to prevention was a component in their claims to the local legitimacy of their work. There it had clearly become an embedded value consciously inscribed into the culture and administration of practice: *We're working on that all the time, we have staff meetings and discussions with the children, and it's just something that's ongoing just in the way we work.*

The effort of weaving participation into practices at all levels of the partnership was echoed across other developmental partnerships where, for example, the Children's Fund was seen to

be raising the awareness of and embedding the principle of involving children and young people directly in planning.

There was also, however, the feeling that the legacy was a result of its timeliness for children's trusts and integrated services and that participation was being cherry-picked as a useful feature of the work of the Children's Fund without actually linking it to prevention. *There is certainly a lot of recognition around the work we have done in terms of young people's involvement and participation, and they are kind of creaming a lot of that experience and knowledge off at the moment.*

One of the paradoxes of the marginality of the Boards which worked most seriously at creating multi-level cultures of participation for prevention was that they were not often well-placed to take those changes forward and to recreate those cultures in the new-configurations of preventative services for children and young people.

Where participation had been delegated to specific workers or services rather than shaping the culture of the partnership, there was also a concern that the legacy could be superficial. Here the point is made, implicitly at least, that approaches to participation need to be embedded into cultures if there is to be a legacy effect. *There may be a proportion of people who move on who say, well it was nice for me to do it when we had [name of service] but we haven't got the time to do it now.*

Nonetheless, it was clear that the Children's Fund had done a great deal to build awareness of and confidence in ways of engaging children in talking about services and in getting it (however interpreted) seen, as one Stable Board member put it, as *the norm*.

### **Strategic partnership working**

The experience of partnership working at a strategic level was, as we have seen in Chapter 2, highly valued by most strategic board members. The 2003 NECF mapping of partnerships revealed that, according to the programme managers, the Children and Young People's Strategic Partnerships which applied for funding from the CYPFU were the first important inter-agency partnerships in 22% of the 149 local authorities. In some areas, therefore, the base-line, with regard to partnership forms of collaboration, was low.

Unsurprisingly, in several partnerships there was a frustration in 2005 about the catch-up that was necessary if new integrated children's services were to function as successfully as the Children's Fund had done.

*Some of our frustrations with the development towards children's trusts are because other people are having to learn to work in partnership. And we have passed a lot of that. At that stage it is easy to forget quite how much time it takes for people to move on.*

The reference to the time needed is important. The lesson here is not so much that specific people have built relationships that could usefully continue, but that some Children's Fund partnerships have demonstrated just how effective strategic partnership working can be achieved.

The engagement of the voluntary sector at a strategic level was seen by most programme teams as a particular contribution of the Fund. Though, as we indicated in Chapter 2, not all voluntary sector members and community group representatives were quite so optimistic about their impact on strategy. It would certainly be safe to say the Children's Fund added to a climate in which voluntary agencies, large and small, were able to demonstrate what they could offer to strategies for the prevention of social exclusion. One programme manager observed: *Local authorities have now seen that the voluntary sector can be good and effective partners and their expectations of the children's trust ... and 'well you will engage the voluntary sector' that is hopefully a lot less daunting for local authorities.*

Here, as with participation, the influence of the Children's Fund is seen in changes of attitude and expectation. Also as was the case with participation, it was more difficult for those partnerships which were marginal to local networks of power and authority to contribute to changing hearts and minds more widely. NECF did observe, in some authorities, a form of statutory squeeze which limited the contributions to be made by voluntary agencies to reconfigured services.

### **The involvement of voluntary and community groups in service provision**

The impact and expected legacy of the voluntary sector was more clearly visible at the level of practice. Here, a statutory stakeholder describes the ongoing influence of the Children's Fund on co-operation between statutory and voluntary sectors in service delivery. He is from a partnership where the programme team worked at keeping practice and strategy closely linked: *I think we are doing very well in terms of ensuring that the voluntary sector is working well with the*



*statutory sectors and actually the approaches that we've learnt from the Children's Fund have been incorporated into our ongoing work.*

Chapters 5 and 6 showed that voluntary agencies and community groups often brought insights and a flexibility that were more difficult for statutory providers to achieve. Where cross-sector collaboration took place this allowed a sharing of those perspectives and some shifting in practice. This happened in partnerships where the Boards were Stable as well as where they were Developing.

*[Statutory agency staff] have benefited and enjoyed having the contact with the staff from the voluntary sector who are able to come in with some fresh ideas and methods...but can also be quite visionary about it. And I think that has been very much welcomed by people who sort of stuck in the Town Hall. Often working on what, if you're not careful, ends up being another big action plan on a piece of paper.*

This statement from a stakeholder in a partnership where the Board was Stable illustrates the widespread phenomenon that Stable Boards did not necessarily constrain the innovative capacity of service providers. It also, therefore, reveals that there are likely to be hidden legacies. These are the traces of new or enriched ways of working at the operational level, which we have captured in section 5.4. Whether they are durable will, of course, depend on whether their employing organisations permit them to be.

### **Commissioning**

Commissioning has been discussed more thoroughly and from different angles in Chapters 2 and 3. In summary, government guidance together with reflection among programme teams produced increasingly considered approaches to commissioning from 2003 onwards. Almost universally, case study partnerships cited improved strategies for commissioning as a major achievement of local programmes. Strategies were described as *open, transparent, robust, fair*, and there was evidence of a considerable shift from early preoccupations with *quick wins* to strategies of careful targeting and evaluation and, in some cases, attention to multi-agency responses to social exclusion. These messages were taken forward into the post-Children Act arena. As one programme manager put it, it *[our commissioning process] kind of pre-figured the logic of the Children Act.*

These descriptions of legacy from first a Developing and then a Stable Board were typical.

*In terms of longer term impact...the piece of work that is being enormously significant in how were approaching future planning around children's*

*services [is] the basic [Children's Fund] model of commissioning... that has become embedded in the way that things will be in [name] from next April. I think the key learning point has to be the commissioning process, certainly from the Authority's point of view... There are certainly lessons we've learnt as a management group and now those models have been taken forward into the Children's Alliance, and our children's services management group.*

Importantly, what was being discussed here were sets of procedures or *models* rather than the culture change or new insights at the personal level which have characterised the legacies discussed so far in this section. Models were easily transferable. They were tested tools which happened to be needed to take forward current policy. Without a doubt, the catalytic potential of the Children's Fund could be seen in the expectation that approaches to commissioning would be transferred from the Fund to the development of integrated services.

### **Prevention**

The legacies discussed in this section have come from the evidence presented in the case studies and they confirm that participation and partnership working were worked on as processes at the strategic level and also at the level of practice.

However, they do not tell us a great deal about what messages about prevention could be taken forward into newly configured children's services. We suggest that this is for two reasons. Firstly, it is because understandings about early intervention and prevention were still emerging in practice. Secondly, the marginal position of the Children's Fund meant that it was not well-placed to address the prevention of social exclusion as a complex task, with the result that any understandings of prevention were necessarily limited. We shall look at each of these issues in turn.

### ***Traces of emergent preventative practice***

In Chapters 5 and 6 we have reported examples of effective responsive practices which have made differences to lives of children and their families. That practice is demanding and requires support if it is to be developed. We suggested that traces of more effective ways of working at the level of practice should be acknowledged and taken seriously. That is, alongside asking about robust evidence of transportable legacy, policy communities should examine how practices and collaborations aimed at preventing social exclusion can be sustained and nurtured in and between the organisations which employ the practitioners who do early intervention work. The role of the voluntary agencies should not be forgotten here as this comment from a practitioner in voluntary sector service about multi-agency prevention illustrates.

*I think they can very much see the benefits of working with us, and the kind of work that we're able to be doing. We get a lot of referrals from social workers, education authorities, schools, where they kind of know that we are the agency that can do that kind of work and they can't and they can see there is a need for it.*

Tellingly, this comment could have been made in any number of inter-agency projects addressing between them the full range of needs across England at any point in the last two decades. As we pointed out in section 8.1, these experiences and insights have been too often lost. One lesson for the current preventative agenda is that stakeholders should broaden their understanding of legacy to include the changes in orientation to be found among practitioners and consider how they might be sustained.

### ***The need for a multi-layered systemic response***

Chapter 2 has shown that the Children's Fund was seen simply as a funding stream in several authorities; and once the stream had been channelled the more influential stakeholders moved on to other to other initiatives. In other authorities, this did not happen, and the work of the Children's Fund became interconnected and influential in the ways outlined in sections 8.3 and 8.4.

However, the focus of the networks that were created tended to be individual children or children and families. They rarely included agencies or practitioners who were dealing with the other factors that were contributing to exclusion. For example, the strategic involvement of health services was, as Chapter 2 revealed, a problem for several partnerships. Housing was rarely involved, though work with refugees and asylum seeking families was an exception. Education, more often than not, limited its response to issues of specific needs relating to, for example, emotional or behavioural difficulties.

This analysis is not to underplay the value of the work done. Instead it is, in part, a reminder that the Children's Fund should not be expected to punch above its weight and effect changes from a marginal position. It is also a reminder that by focusing primarily on children, sometimes on families and only rarely on the conditions of development, or the barriers faced, the initiative could only be a partial response to problems of social exclusion. Consequently, its legacies are the beginnings of the route towards tackling social exclusion and not the end point.

## 8.7 How Messages from the Children’s Fund were Taken Forward Locally

In this section we focus on **how** the legacy effects discussed in section 8.6 were successfully taken forward into the post-Children Act arena and what has impeded their transfer.

In the autumn 2005 survey, programme managers were asked to indicate which of the statements shown in Table 8.6 reflected methods that were used in their partnerships to take forward lessons from the Children’s Fund to the local authority and other statutory agencies. The statements were derived from case study analyses and programme managers could identify more than one strategy.

**Table 8.6: How learning from the Children’s Fund was taken forward**

Methods used	No. of programme managers	Rank ordering of responses
I take the ideas from the Children’s Fund into discussions with other agencies	98	1
We have champions in the right places at a high level	66	2
Partnership members have prepared the ground in their own organisations	39	3
The systems are now so meshed together it is difficult to tell what is Children’s Fund and what is not	20	4
It is difficult to take the learning forward	19	5

*Based on 120 partnerships.*

In this section we draw on case study evidence to look at how programme managers took forward Children’s Fund approaches and at strategic positioning and championing. We will also comment on the low level of groundwork being done in partnership organisations. This section will end with a discussion of how the Children’s Fund was, more latterly, linking with extended schools as sites which will be central to work on the prevention of social exclusion.

### **The role of the programme managers in influencing the local agenda**

It is perhaps unsurprising, given that the people completing the questionnaire were programme managers, that their mediating role is ranked highest. However, case study evidence would support the picture presented in Table 8.6.

An increasingly important part of the work of the programme managers was to look forward and to broker the principles of the Children’s Fund into local planning for children’s services. Table 2.2 shows that this activity was ranked fifth most important task for programme managers as a group throughout 2005, with 98 out of 120 saying that it was a priority. Their role in brokering knowledge upstream out of the partnerships into new service configurations also echoes the

picture presented of their role in taking knowledge from practice to strategy within the partnerships shown in Table 8.2.

Their success at brokering was, in part, due to the timeliness of the experiences of the Children's Fund and, in part, to their energy and persistence.

*I think that the influence we have got is down to [name of programme manager]. It is also to do with the fact that we have done a lot of work ourselves in the Children's Fund on areas of work which they are going to have to take on board, like district commissioning.*

*I think [name of programme manager] is on quite a few of those project groups at a high level, using his expertise and experience...so a lot of what happens in the Children's Fund is being constantly fed back, what works, what doesn't work.*

The programme managers confirmed that they were the messengers who brought news of the Fund to higher places: *I suppose there has been a flow of information. But a lot of that is carried through me really rather than through the actual [Children's Fund Steering] Group.*

They were frequently invited to share the Children's Fund experiences with these new strategic groupings even if they were not permanent members of groups or Boards which were planning the new configurations of children's services.

However, in some partnerships they were not invited. This was an outcome of the marginality of the programme locally. Stakeholders in a partnership where the Stable Board saw the initiative primarily as a funding stream explained.

*We've always felt that the Children's Fund didn't have a high enough profile...*

*You certainly get the sense that the [new] Alliance is pushing forward, but I would hesitate to say that they've actually taken on a great deal of learning from the Children's Fund.*

The marginality of partnerships with Developing Boards could also silence the voice of the Children's Fund in future planning by rendering it invisible. *The power brokers keep that [the Children's Fund] out of their agenda.* The new organisation did *keep a sympathetic ear for the voice of the programme manager.* However, this was very much at a personal level and he had no authority. Where the timeliness of the experience of the Children's Fund was not recognised, there were limits to the brokering role of the programme managers.

## **Strategic positioning and championing**

Strategic positioning and championing were identified in the interim report on collaboration (NECF, 2004a) as key to mainstreaming the work of the Fund. For example, a Board member observed in 2004: *We need to persuade different sets of actors [local] politicians. We need to do work on networks. We need dialogues that cut across the right places.*

In 2005 NECF found two approaches to successful positioning. The first was capacity building to enable key players to take forward messages. The second was to expect Board members who were well connected in local networks to champion the Fund and its messages for local policy. Both strategies led to their involvement in a variety of local policy and planning fora. Changes in local contexts were so complex and often so fast moving that keeping up was beyond the capabilities of individuals. These contexts were sometimes described as *uncertain, unclear, confusing* and a *fog* by programme managers who were eager to influence local agenda. *Capacity building* involved getting people onto decision-making groups: *They're the project managers or the strategists from those projects who are now members of Boards, committees and partnerships within [local authority name].*

The capacity building work included the following:

*We've had a series of mainstreaming sub-group meetings, I think probably about three. Originally it was just a small group, but now we have opened it up to all our projects. So we have project managers on the group and it's talking about ...issues of mainstreaming some ideologies and approaches, but also some practical stuff about training...and financial management.*

*Championing* was a far more common approach and more valuable here than it was as a strategy for moving knowledge around partnerships. However, it was not uniform across the initiative: *[Name of authority] has been really good in placing the Children's Fund in a strategic position that is useful. I don't think that every one else has.*

A prerequisite for the most effective championing was the sustained engagement of senior representatives from, for example, children's services, education and health; that is, it was important that a long-term commitment to a Children's Fund partnership at an organisational level was taken seriously. Local programmes where this happened found that their high status and well-connected champions were not simply advocates, but were also brokers in a range of planning arena, of understandings gained in the initiative.

Championing was a matter of taking forward principles into future planning rather than advocating specific projects. It was premised on the need, as one member of a Developing Board put it, to *move on* to recognise that the Children's Fund as *an external funding stream* has done as much as it could to shift attention to prevention and to build on what had been learnt. High placed champions were arguably having less impact on the workings of their own organisations. Table 8.6 reveals that Board members undertook the groundwork necessary for taking forward learning from the Children's Fund in their own organisations in only 39 out of 120 programmes. Evidently the initiative could contribute only marginally to cultural change at senior levels in organisations. This is not surprising given the enormity of the task of culture change within established systems.

### **Making connections with extended schools**

Evidence gathered in case studies from mid 2005 showed that extended schools were recognised as the site or source of much future preventative work. Processes of linkages between Children's Fund services and extended schools were still being worked on and agenda were being *thrashed out*.

In most authorities the planning for full service extended schools was described as in its *early days* with *substantial work* to be done and was part of the environmental uncertainty reported to NECF. Nonetheless links were being built. Here a partnership Chair in one of the partnerships that had worked on keeping strategy and practice closely linked explains the *practical steps* he has taken: *I'm one of the extended schools remodelling consultants so that we can make sure that the learning from the Children's Fund styles of preventative working gets embedded into that programme as well.*

In other partnerships, approaches to full service school systems were made by programme managers, who saw their funding as a way of both maintaining services and taking forward the principles of the Children's Fund.

One programme manager commented on the dangers of reinventing wheels, if extended schools chose not to work with the experiences of the Children's Fund:

*...one of the biggest dilemmas for most people at the moment is how you engage schools in this agenda...we are working with the extended schools advisor to ensure that the extended schools project doesn't just go down...a parallel line to what we are doing...it does seem a waste really.*

Programme managers in a number of authorities were exploring joint commissioning with co-ordinators of full service schools when NECF was last in touch with them. The evidence gathered indicated that the overtures had been made by the Children's Fund.

## **8.8 Chapter Summary, Learning Points and Recommendations**

### **Summary**

In this chapter we have examined how knowledge generated in the Children's Fund has flowed within partnerships and from partnerships to new configurations of children's services. We have focused on both what was learnt and how that learning was mediated and supported. What was or could be learnt included fresh understandings of relationships between participation and prevention, ways of achieving multi-agency collaborations at both strategic and operational levels of functioning in partnerships, the involvement of the VCS in service provision and commissioning practices.

There was evidence of successful brokering of knowledge within partnerships and sometimes beyond partnerships to inform new ways of working more generally. Nevertheless, a major conclusion from this chapter is that initiatives such as the Children's Fund, which are intended to operate as catalysts for more widespread changes need to include attention to how new knowledge and new practices can be shared more widely. Another conclusion returns us to the categorisations of Boards discussed in Chapter 2. As we saw in Chapter 5, more innovative practice was more likely to be found in partnerships which were less well connected with the structures and processes taking forward the new children's agenda. Therefore, there was a likelihood that many of the important lessons offered by the experience of Children's Fund might not be picked up.

### **Learning points**

- Development of the participation of children, young people and families was the most frequently mentioned lesson from the experience of the Children's Fund.
- Principles and procedures for commissioning constituted a legacy from the Children's Fund which was easily transferred to new configurations of services for children.
- The increased involvement of VCS in service delivery is an important legacy of the initiative.



- Programme managers worked hard to take forward understandings to new arena such as the reconfiguring of children's services post-*ECM*. They were helped by well-placed champions in some areas, but without champions they could find themselves isolated.
- The role of extended schools in the prevention agenda was recognised and work had begun to build stronger connections with schools.
- Programme managers reported knowledge generated by local evaluators was useful but was not always valued by Boards as evidence to inform planning.
- Systems for moving knowledge from practice to strategy within the Fund rarely existed. More commonly partnerships relied on individuals to broker knowledge up the system. Consequently knowledge from practice sometimes did not inform strategic work. However, there were some examples of complex links between practice and strategy which demonstrated integrated partnership working with knowledge flowing from practice to strategy as well as the reverse and with good networking and knowledge sharing between Board members and across practice boundaries.
- Some Children's Fund partnerships promoted the development of networks which enabled practitioners to learn how to offer multi-agency responses to social exclusion. Where there were no meetings to enable practitioners to look beyond the boundaries of their own services there was the danger of reliance on old networks, and either a lack of collaboration or misunderstandings when practitioners needed to collaborate.
- The marginal position of the Children's Fund in some local areas where it was seen as a small dedicated funding stream inhibited a wider sharing of the knowledge developed in the initiative.

### **Recommendations**

- Initiatives which, like the Children's Fund, are set up to develop or encourage new ways of working need to pay attention to how the new knowledge arising in practice is mobilised and shared. There was a danger that, without systems geared at distilling and sharing key insights, the new understandings that were generated in practices focusing on fresh interpretations of the problems of social inclusion may be lost.

- The knowledge generated in the initiative was more than new procedures or processes. It is important to recognise that knowledge about preventative practices derived from the Children's Fund is embedded in practices and networks. Attention needs to be paid to sustain these new practices and the relationships that have enabled them.
- The marginal position of some Children's Fund partnerships in relation to the systems taking forward local children's services' agenda means that if learning from the Children's Fund is to inform reconfigurations of services, efforts need to be made locally to ensure that messages from the initiative are sought out and heard.



## **Chapter 9: Lessons from the Evaluation of the Children's Fund**

*This chapter sets out the key findings in relation to the original aims of the evaluation. It identifies success and challenges in relation to both policy and practice in partnerships. In doing so it indicates what can be learnt from the evaluation for the Children's Fund as a national initiative. Finally it points to lessons from the Children's Fund for the development of strategies to address the prevention of social exclusion more broadly.*

### **9.1 The Aims of the Evaluation**

NECF was commissioned with four aims:

- 1) To estimate the impact of the Children's Fund in the short, medium and long-term. This included drawing on large scale datasets to understand the take-up and use of the Children's Fund and rich data gathered from providers, children and families about the influence and effects of the Children's Fund on children's lives.
- 2) To evaluate the effectiveness of the programme in achieving its aim of supporting preventative services which reduce the risk and impact of social exclusion among children. In this regard, NECF would also examine the influence of the programme on strategic planning for preventative services for children and young people across local authorities and would reveal the impact of the programme on children, families and communities.
- 3) To describe the participative approaches which emerged in programmes and assess their influence in service planning and delivery and in the building of capacity in communities.
- 4) To categorise the kinds of partnership arrangements in use across the programme. This process would enable NECF to build models of partnership working, and to assess the impact of different configurations on strategy, the delivery of services and their outcomes for children and young people.

As well as structuring this report, some of these aims have also been addressed in interim reports on, for example, practices, collaboration, participation and prevention.

### **9.2. Successes and Challenges in Implementing the Initiative**

In this section we summarise our findings in relation to each of these aims in order to identify successes and challenges experienced by partnerships in the implementation of the initiative.

It is important to note at the outset it has been impossible for the evaluation to assess longer-term impact as this would take more than three years. The findings necessarily relate to short to

medium-term impacts, with an assessment of the potential sustainability of those impacts and their capacity to lead to long-term outcome objectives.

### **Aim One**

*To estimate the impact of the Children's Fund in the short, medium and long-term. This includes drawing on large scale datasets to understand the take-up and use of the Children's Fund and rich data gathered from providers, children and families about the influence and effects of the Children's Fund on children's lives*

### **Take-up**

Although targeted at five to 13-year-olds Children's Fund services were used by children aged four and by young people of 14 and 15. The peak ages for use were between nine and 12.

There were some distinctive features of the use of Children's Fund services. Those aimed at families, such as parental education and family therapy, were more likely to be taken up than similar services with other funding sources. While we cannot identify the precise reason for this difference, we do know that preventative work with children revealed the need for preventative activity at the level of families and that Children's Fund services frequently operated as portals enabling parents to find additional support.

On the other hand, services provided under the 'child therapy', 'music, dance and drama' and 'participation and engagement' headings appeared to be used by rather few families and children. In the case of child therapy and music, dance and drama this may be because they were more likely to be services targeted at specific sub-groups and therefore had a smaller body of potential users. In the case of participation and engagement this may be because this approach tended to permeate provision rather than be a specifically labelled service.

All the targets set for the Children's Fund were expressed in terms of outcomes: improved school attainments and attendance, for example. The MCS data suggest that, although improving school attendance was a clear target for the Children's Fund, there is no evidence that children whose school attendance is causing concern are any more likely to use Children's Fund services. An alternative or additional approach would be to consider targets for use, based on the numbers of children deemed likely to benefit from such services at the local level. This would require much better data on which to base decisions than is currently available and we recognise the challenge that this would have presented to partnerships.

The analyses of the use of breakfast, homework and after-school clubs shows clearly that different services of the kind funded by the Children's Fund, if not Children's Fund services themselves, are used by different groups of families and children. The clearest finding is that breakfast clubs and homework clubs do appear to be used by the more disadvantaged groups whereas after-school clubs are used more by primary school-age children from better-off families with a relatively well-educated mother who is working full-time.

There are also important differences between minority ethnic groups in their use of services. Children from Black/Black British backgrounds are generally most likely to use breakfast, homework and after-school clubs. Children from an Indian background and children whose mothers gained educational qualifications from overseas are least likely to use breakfast clubs. White children are least likely and Pakistani/Bangladeshi children most likely to use homework clubs. We cannot be sure that these differences are not due to differential provision in different sorts of areas, although the balance of the evidence suggests that this is not the whole explanation.

### ***The influence and effects of the Children's Fund on children's lives***

The Children's Fund has filled an important gap in provision for children and young people in the age-group not addressed by Sure Start and Connexions. The focus on early intervention for prevention has been recognised by, for example, special needs co-ordinators in schools and educational psychologists who have referred vulnerable children to services which may in time prevent the need for more formal statementing.

Services addressed the needs of children and young people across a broad dimension of vulnerability. For some children its main impact was through the provision of safe spaces for after-school care or respite for hard-pressed parents. For others it has operated as a gateway for children and their families, enabling them to receive ongoing and responsive support from a wider range of services including other Children's Fund services.

When working with the latter group of families, the responsive nature of much Children's Fund provision, revealed the scope and complexity of preventative work with children and families. There are also lessons about the scale of need, as once services were in place demand was often high and could not always completely be met.

Children and carers reported that Children's Fund services had a positive impact on their lives and provided evidence how services had raised aspirations and disrupted individual trajectories

of exclusion. The reported short and medium-term outcomes for children and families relate centrally to all five of the *Every Child Matters* outcomes.

Children and parents identified practices which they particularly valued and made a difference to their lives. There were: responsive, specialist support tailored to the individual needs of children and their families; trusting relationships with non-judgemental and respectful project workers which were sustained over time; co-ordinated multi-professional responses, supportive signposting and fast-tracking for children and families to other services.

It was also clear that services designed to recognise and respect children's cultural backgrounds were valued and recognised as important in counteracting racist and other discriminatory behaviours. These services particularly helped children to develop pride and confidence. Where services did not sufficiently acknowledge and respond to different cultures and lifestyles, or recognise and work on the barriers faced by many children in accessing mainstream services, benefits were likely to be short-term.

## **Aim Two**

**Part (a)** *To evaluate the effectiveness of the programme in achieving its aim of supporting preventative services which reduce the risk and impact of social exclusion among children and will reveal the impact of the programme on children, families and communities.*

**Part (b)** *NECF will also examine the influence of the programme on strategic planning for preventative services for children and young people across local authorities.*

### ***Aim Two part (a)***

The initiative enabled a wide range of preventative services to be provided for children aged five to 13 and their families. Importantly, because it allowed practitioners to implement a policy of early intervention with a much neglected age-group, it revealed nationally the extent and complexity of early intervention necessary with vulnerable children and their families. In particular, work with children often uncovered considerable need within their families and many Children's Fund services worked flexibly to respond to those needs.

Services were mainly commissioned to build the resilience of vulnerable children and young people. Consequently, the majority of services delivered preventative provision which focused on individual children and their behaviour and attitudes. In numerical terms the dominant service

type was the club or safe space, a category which included breakfast, homework and after-school clubs. Some services also saw client-centred preventative provision in terms of enabling children and families to negotiate their own pathways out of exclusion and worked hard to empower both children and their carers as informed decision-makers and to build family resilience and their capacity to support their children.

Because partnerships commissioned specific services for children and families there was little evidence of attention to changing mainstream services more generally in order to encourage them work in more responsive and inclusive ways. Programme managers, for example, reported disappointment in the impact that members of Partnership Boards had been able to have on the practices of their own organisations.

Children and parents identified risk factors lying outside the family both in schools and in the wider the community. But because services focused on building the resilience of children and families they were rarely able to work on wider social conditions of children's development, such as the exclusionary practices to be found in some mainstream services. Where there was evidence of changes in mainstream practices they were often by-products of individual child-level service provision. The absence of mainstream providers in the development of some services also appeared to limit the ability of these services to enable better outcomes for children when they used mainstream provision.

There is clear evidence from children and families that the work of the Children's Fund met their needs, but we would suggest that the sustainability of such impacts is uncertain without broader action to reduce risk factors. In making this statement we are simply highlighting that there is much to be learnt by other agencies from the responsive practices experienced by children and families when participating in many Children's Fund services.

There was some variation in the extent to which services grasped the opportunity offered by the initiative to develop innovative approaches to prevention. Some services continued existing service-led practices which, although valued by parents, could perpetuate their dependency. Other Children's Fund services did take advantage of the intentions of the initiative and worked holistically with families, creating new opportunities and developing children and families' awareness and capacity to take-up other services and resources in the community.

Multi-agency collaboration among providers was also often an important feature of responsive preventative work and centred on sign-posting for children and families. Links between different



services were often heavily dependent on support from programme teams which was time-consuming for the teams.

Some Children's Fund partnerships promoted the development of practitioner networks which enabled practitioners to offer multi-agency responses to social exclusion. These networks often developed from local meetings set up by the Fund. Where there were no meetings to enable practitioners to look beyond the boundaries of their own services there was the danger of reliance on old networks, no collaboration or misunderstandings when practitioners needed to collaborate. In these cases services often operated in isolation with little knowledge of what others were doing.

### ***Aim Two Part (b)***

The potential legacy of the Children's Fund is considerable. However, in some local areas its impact was restricted by its low national profile and by the tendency of some local strategists to see it simply in terms of a funding stream rather than an opportunity for the strategic development of preventative services.

Two factors influencing longer term impact were the extent to which the Fund was positioned as a marginal activity and the degree of involvement of statutory agencies with the initiative. In both cases we see that marginality enabled creative and effective use of Funds, but has perhaps inhibited the integration of the legacy of the Fund into current developments. We shall look at each issue in turn.

Some partnerships grasped the opportunities offered by the initiative to work in creative ways to support children's pathways out of exclusion and encouraged innovation and flexible and responsive practices. These partnerships were more likely to be characterised as open and developmental systems where forms and purposes of prevention and participation were debated. However, these more open and flexible partnerships were more likely to be less firmly connected with local systems and structures and therefore were not always well-placed for taking forward learning from the initiative into new configurations of children's services.

There was also variation in the extent to which services collectively constituted a strategic programme of activity, or a series of separate projects. There was some indication that Children's Fund partnerships may have been more successful in developing a strategic approach in areas less dominated by mainstream agendas with competing priorities at the time.

Moreover, because many of the services were provided by the voluntary and community sectors it was not always clear how the preventative practices they developed will have broader impact in statutory services.

The role of programme managers was central to ensuring that developments in practice informed partnership strategy and more latterly influenced local developments more generally. They worked hard to take forward understandings to new arenas and were helped by well-placed champions in some areas. However, much of their success depended on the receptivity of those responsible for the development of children's services.

Where partnerships had created procedures, which met the needs of the new arrangements for children's services, there was evidence of the initiative's influence in the new systems. For example, principles and processes for commissioning constituted a legacy from the Children's Fund which was, potentially at least, easily transferred to new configurations of services for children.

The Children's Fund generated new and useful knowledge about preventative practices. However, this knowledge has remained embedded in practices because partnerships necessarily focused on service delivery and rarely gave priority to sharing the learning to be gained: that is, to promoting the catalytic potential of the initiative. There is work to be done to support and sustain those practices and the knowledge of prevention embedded in them and to make the learning they represent available to others.

Particularly over the last year of the evaluation, the role of extended schools in the prevention agenda was recognised by partnerships. There was increasing evidence of stronger connections between Children's Fund services and the schools which were developing as full service schools.

In addition, many services were anyway located within schools, often because these appeared to be simply the most convenient location. But there was some variation in the extent to which these services were operating in partnership with schools. For some more marginal groups close linkage with schools was considered unhelpful in the context of improving accessibility or inclusiveness. For other children, school-based services were highly valued and regarded as easily accessible.

### **Aim Three**

*To describe the participative approaches which emerge in programmes and assess their influence in service planning and delivery and in the building of capacity in communities.*

#### ***Participative approaches***

Participation was the lesson from the Children's Fund most frequently mentioned by partnership members and other local stakeholders. However, interpretations of what participation meant varied across partnerships and the purposes and methods put in place to achieve these were not always clearly worked out in practice. Two types of participation were found at the level of service provision: participation for the development of services and participation in developing individual children's pathways out of exclusion. We shall summarise each in turn.

Engaging children and young people in service development was often associated with building a sense of self-efficacy through involving them in making both small and relatively large decisions about provision, ranging from the choice of a particular activity to involvement in staff recruitment. These opportunities and the respect for children they demonstrated were highly valued by the children concerned.

Engaging carers in service development was more difficult. They resisted because they had more pressing demands on their energies, because they wanted and needed time away from their children and because they thought their children needed time away from them and with other children. It was clear that developing parental participation takes time and that carers saw services as ways of helping them to cope rather than as opportunities for engagement.

Parents were much more willing to work with practitioners to meet the needs of their children. Some work with parents on children's pathways out of exclusion were genuine partnerships between workers and carers which enabled carers to operate as informed decision-makers, but some perpetuated dependency relationships.

#### ***The influence of participative approaches on the building of capacity in communities***

Most programme managers put considerable effort into building the capacity of the voluntary and community sector to participate in and contribute to the strategic work of partnerships and reported some important successes. There was, however, a strong tendency for VCS members from smaller organisations to see themselves as peripheral participants in the strategic work of partnerships.

This feeling was even stronger for some parents who were involved at the strategic level. Indeed several partnerships avoided what they regarded as tokenistic representation by children and carers. Participation in smaller task-focused group such as commissioning was experienced by these groups as more worthwhile as their local knowledge was valued.

The contribution of VCS to service provision was, however, an important feature of the initiative in most partnerships and programme teams gave priority to developing VCS capacity for service delivery where necessary.

The resistance of carers to engaging in the development of service provision meant that local community capacity building did not emerge from engaging children and families in the development of services. Instead, where it happened, it depended on programme teams making capacity building with VCS and community groups a priority. This work was crucial as when demands were placed on VCS groups without capacity building there was some evidence of considerable stress and conflict.

It is also important to note that some partnerships were working with localities where base-line community capacity was so low that what the Children's Fund could offer was not enough to enable them to grasp the opportunities offered by the Fund to community groups. In such localities the need for pre-investment in capacity building was apparent.

#### **Aim Four**

*To categorise the kinds of partnership arrangements in use across the programme. This process will enable NECF to build models of partnership working, and to assess the impact of different configurations on strategy, the delivery of services and their outcomes for children and young people.*

A general finding, consistent with other studies of partnerships, is that considerable effort needs to go into building collaborative capacity at a strategic level. This is built through working together rather than in order to work together and thus it is important to recognise the dynamic nature of partnership working.

Two distinct categories of Strategic Board were evident. The first operated as a relatively stable closed network with a legitimacy that was based on strong local networks which connected it to local systems of power and authority. The second category could be characterised as a more

open and developmentally focused network with a legitimacy which was earned through engagement stakeholders including providers and service users.

Although considerable efforts were made to engage all relevant stakeholders in partnerships, the active involvement of partners from the NHS was extremely variable across partnerships. Where it was strong, and in the NECF case studies this was more likely to be in the Developing Boards, NHS participants valued what could be learnt from the networks developed through Children's Fund partnerships.

A major difference between Stable and Developing Boards was the extent to which Developing Boards grasped the developmental opportunities of the Children's Fund, worked with the different perspectives brought by partnership members and worked on fresh understanding of prevention which drove their commissioning. The more open Developing Boards were better able to work in this way.

In the Developing Boards attention was given to strengthening them as networks before they were able to give a strategic steer which focused on the performance of the partnerships. The capacity of all Boards to give a strategic lead was inhibited by the turbulence surrounding the future of initiative during the latter part of 2003 and by the uncertainty found locally in moves to integrated children's services in 2005. However, where there was both stability in funding and an environment in which the Fund was well-placed within the local authority, the Board could give strategic direction to shape provision.

The job of programme manager was demanding and central to the success of initiative. However some partnerships created environments which were more enabling of managers than were others. It was particularly helpful if managers were able to focus on helping Boards to understand the nature of prevention and how it might be addressed.

There is evidence to suggest that partnerships characterised by developing Boards were more likely to encourage creative and responsive approaches to prevention, to regard parents as informed decision-makers and to recognise how participation could be linked to prevention through, for example, building children's sense of self-efficacy.

There were also differences between categories of Board in their willingness to draw on lessons from practice to inform their strategy. However, the weight of work undertaken by Boards did

inhibit their capacity to absorb additional information. For example, programme managers reported knowledge generated by local evaluators was useful but was not always valued by Boards as evidence to inform planning.

In addition, systems for moving knowledge from practice to strategy within partnerships rarely existed. More commonly partnerships relied on individuals and particularly programme managers to broker knowledge up the system. Consequently knowledge from practice sometimes did not inform strategic work. The programme teams worked hard to take understandings to the Boards and were more likely to have success where the Boards operated in a more open and developmental way.

### **9.3 Broader Messages from the Evaluation**

In conclusion we offer some broad messages arising from what has been a substantial and complex evaluation of a substantial and complex initiative.

The Children's Fund's focus on children aged five to 13 years who are at risk of social exclusion was widely welcomed by those designing and delivering children's services. In many areas the Children's Fund was the first local attempt to develop collaborative preventive services for this age-group. The influence and impact of the Children's Fund should be understood in this context. As far as NECF is aware it is not intended that large-scale national preventative initiatives such as the Children's Fund will be repeated. However, the learning from this initiative is directly relevant to the emerging local arrangements for services for children and families.

The Children's Fund experienced a period of severe turbulence during the first year of the evaluation and although stability was achieved nationally during 2004, the moves in 2005 to new configurations of children's services again destabilised the work of some partnerships. The impact of this environment is evident in the findings from NECF. Nevertheless, or perhaps because of these circumstances, the evaluation has gathered evidence from stakeholders at every level of the intuitive which can usefully speak more broadly to future strategies for the prevention of social exclusion. Specifically the following points can be made.

- The speed at which the local Children's Fund partnerships were expected to become operational inhibited some necessary groundwork. This included the development within local groups and communities of the capacity to take up the opportunities presented by

the Children's Fund, the opportunity to think through what prevention means, to consult widely and deeply and to plan strategies based on a good understanding of what would be required to address the exclusion of children and young people in the area. We can see the complexity and range of need revealed by the Children's Fund: future developments will therefore need to consider how local capacity can be built in advance to enable preventative services to be used by all those children identified at risk of social exclusion.

- The fast set up and uncertain initial funding arrangements of the Children's Fund had consequences for the engagement of potential partner organisations. The evidence from NECF shows how the Children's Fund has worked to try to actively involve local organisations in partnerships. However the evidence also shows that the financial uncertainty and the pressure placed on the infrastructures of these organisations affected their roles and involvement. The Children's Fund has been an opportunity for local voluntary and community sector organisations to become involved in planning and delivering preventative services. The evidence suggests that to secure ongoing developments in this area attention must be paid to the capacity (including financial) of groups to continue the work that has been developed.
- The focus of the Children's Fund local activity has been predominantly on building the resilience of children and their families. Evidence shows limited focus on changing mainstream provision to better meet the needs of children at risk of social exclusion and some pessimism about the sustainability of a focus on prevention. Future developments of local preventative services will need to consider from the outset the roles and expectations being placed on mainstream providers when considering how best to respond to the experiences of children and young people.
- The Children's Fund has not resolved the dilemma of how best to target services, nor whether a targeted approach is the best way of achieving inclusionary outcomes. There is little evidence of an approach based in targeting barriers to inclusion rather than children and young people considered to be at risk of exclusion. We can suggest this represents a lost opportunity to build a more sustainable strategy for prevention.
- NECF has been able to explore the contrasts between enhancing existing provision and supporting new provision. There is evidence that by enhancing existing provision new

practices and approaches are more difficult to support. This reliance on accepted practices and provision may result in services continuing to work with their 'usual' groups and communities, and this reduces the wider impact of the service. However taking forward the learning from existing activity to inform new responsive services can be a time-consuming process. Allowing time for such work will be important if the new arrangements for children and families are to reach all those who need and would benefit from preventative services.

- NECF has gathered evidence of the Children's Fund working hard to support participative preventative services developed collaboratively within their locality. This has been challenging and productive work. A theme throughout the case study findings is ensuring the appropriate influence and learning from the Children's Fund is taken forward in the new arrangements. The evidence from NECF is that Children's Fund partnerships are struggling at times to be key players in developing the new services. This suggests that strong messages regionally and centrally about the role that the Children's Fund can play in taking forward the *Every Child Matters* agenda would be helpful.
- The inadequacy of the Children's Fund monitoring data base coupled with the reduced life span of NECF significantly curtailed the assessment of impact. There is much to be learnt from the Children's Fund difficulties in assessing the impact of its work. Local areas will need to understand the value and integrity of the existing processes for evaluation and monitoring before additional work is commissioned. As NECF has demonstrated the monitoring of outcomes for children requires clarity about local indicators and the value of existing data. Arriving at clear agreement about the intended outcomes using some of the new understandings of prevention generated by the Children's Fund will help to address some of the existing shortcomings.
- The scale of the task facing the Children's Fund as a key strand in the government's commitment to tackle social exclusion was substantial. As we have indicated in previous reports, expectations of the initiative need to be realistic and it should not be expected to punch above its weight in changing local practices. It is therefore important that local policy communities make the effort necessary to absorb the legacies offered by the initiative.



- The picture of the Children's Fund captured by NECF is of a diverse initiative that has built on local strengths and supported some innovative and beneficial services and practices, most particularly multi-agency working and participation. In doing so it has revealed the scale and complexity of preventative work. The challenge lies in translating this learning into the new arrangements for children's services, and in maintaining and developing the profile of prevention.

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## **Appendix A**

### **Sub-objectives of the Children's Fund**

#### **Sub-objective one**

- To promote attendance in the schools attended by the majority of five to 13-year-olds living in the area.

#### **Sub-objective two**

- To achieve overall improvement educational performance among children and young people aged five to 13.

#### **Sub-objective three**

- To ensure that fewer young people aged between ten and 13 commit crime and fewer children between five and 13 are victims of crime.

#### **Sub-objective four**

- To reduce child health inequalities among those children and young people aged five to 13 who live within the area.

#### **Sub-objective five**

- To ensure that children, young people, their families and local people feel that the preventative services being developed through the partnerships are accessible.

#### **Sub-objective six**

- To develop services which are experienced as effective by individuals and clusters of children, young people and families commonly excluded from gaining the benefits of public services that are intended to support children and young people at risk of social exclusion from achieving their full potential.

#### **Sub-objective seven**

- To involve families in building the community's capacity to sustain the programme and thereby create pathways out of poverty.



## **Appendix B**

### ***Every Child Matters (ECM) Outcomes***

**Five key outcomes for children and young people:**

#### ***Be healthy***

- Physically healthy
- Mentally and emotionally healthy
- Sexually healthy
- Healthy lifestyles
- Choose not to take illegal drugs

#### ***Stay safe***

- Safe from maltreatment, neglect, violence and sexual exploitation
- Safe from accidental injury and death
- Safe from bullying and discrimination
- Safe from crime and anti-social behaviour in and out of school
- Have security, stability and are cared for

#### ***Enjoy and achieve***

- Ready for school
- Attend and enjoy school
- Achieve stretching national educational standards at primary school
- Achieve personal development and enjoy recreation
- Achieve stretching national educational standards at secondary school

#### ***Make a positive contribution***

- Engage in decision-making and support the community and environment
- Engage in law-abiding and positive behaviour in and out of school
- Develop positive relationships and choose not to bully or discriminate
- Develop self-confidence and successfully deal with significant life changes and challenges
- Develop enterprising behaviour

#### ***Achieve economic well-being***

- Engage in further education, employment or training on leaving school
- Ready for employment
- Live in decent homes and sustainable communities
- Access to transport and material goods
- Live in households free from low income





## Appendix C

### Framework for Understanding the Prevention of Social Exclusion

The NECF analysis of the Children's Fund generates an opportunity for thinking about prevention and social exclusion which may assist those developing policies and practices in the context of the children's trust arrangements. It was evident early in the life of the Children's Fund that there were confused and conflicting understandings of 'prevention' amongst those with responsibility for developing strategies to deliver this (see NECF (2005) for detailed discussion of these understandings). The lack of clarity about what was to be prevented and what therefore were the intended outcomes constrained at times the capacity to design and deliver a preventative strategy.

The CYPU used a model of prevention that suggested a framework of levels of need which was based on the earlier work of Hardiker:

Level One: Diversionary. Here the focus is before problems can be seen – thus prevention strategies are likely to focus on whole populations.

Level Two: Early prevention implies that problems are already beginning to manifest themselves and action is needed to prevent them becoming serious or worse.

Level Three: Heavy-end prevention would focus on where there are multiple, complex and long-standing difficulties that will require a customisation of services to meet the needs of the individual concerned.

Level Four: Restorative prevention focuses on reducing the impact of an intrusive intervention. This is the level of prevention that would apply to, for example, children and young people in public care, those permanently excluded from school or in youth offender institutions or supervision and/or those receiving assistance within the child protection framework (CYPU, 2001, p37)

Our analysis suggests the analysis of levels of prevention which was adapted by the CYPU has two limitations in this respect. Firstly, it is defined primarily by reference to preventing the need to use more intensive levels of services, rather than by the objective of preventing social exclusion. And secondly, children and families who are subject to social exclusion face diverse problems of varying intensity. They may simultaneously be located at different points on the 'prevention spectrum' in relation to, for example, health services to respond to complex health needs resulting from physical impairments, and support to prevent family stress and breakdown.

For these reasons we suggest that we need to develop another way of conceptualising prevention which links service strategies to social inclusion outcomes. From our analysis of the approaches being applied within the context of the Children's Fund we have identified the following:

- 1) **Integration.** An approach based on integrating the child into existing mainstream provision – this is seen to be the most effective route to achieving better outcomes for the child. It is assumed that existing services are basically adequate and helpful and their objective is to promote and create effective citizens within a largely benign social order. Social exclusion is therefore addressed by changing the child's behaviour or building their confidence (and possibly that of their families) to enable engagement with mainstream provision (for example school-based mentoring schemes to improve attendance, the handholding approach adopted by the Gypsy/Traveller consortium).

- 2) **Adaptation.** An approach based on adapting and changing service provision to better meet the needs of groups of children. By increasing the responsiveness and flexibility of services children will be able to achieve better outcomes. This approach sees existing provision as needing extending and diversifying, but assumes social exclusion can be addressed by enhancing mainstream provision so that it can be accessed by marginalised children who will then find their place within the existing social order (for example services that offer specific training for existing providers such as that originally proposed to enable play workers to work with disabled children).
- 3) **Separatist provision.** An approach that is based on the development and support of separate provision for discreet targeted groups of children. Such services have criteria for access and are highly focused. These groups are seen as having special needs which result in their marginalisation and it is assumed that there are likely to remain on the margins of society. Specialist services are needed to ensure that marginalisation does not become destructive to the individuals concerned or to society (for example, services designed specifically for disabled children, some black and minority ethnic services).
- 4) **Meeting presenting needs.** An approach which is led by localised and reactive planning and may or may not be underpinned by intentions linked to addressing wider issues of social exclusion. External change initiatives are seen as supplementary funding streams and filling gaps in service provision. The strategy/service is reactive – it responds to the various presenting needs of individual or groups of children that are not being met by other existing services –these unmet needs are responded to without the wider context of the need being addressed, but may draw on and signpost other services (Some play schemes targeted at disabled children and children considered to be at risk of anti-social behaviour fall into this category).
- 5) **Reducing risk/promoting protective behaviour.** An approach which is based on a belief that better outcomes for children at risk are achieved by activities and interventions to stop/start specific behaviours which are seen to increase or reduce the vulnerability of a child. Strategies in this approach may draw on a predictive model of exclusion using risk/protective categorisation. The approach rests on a view that individuals' behavioural and lifestyle choices create problems of marginalisation and these can be altered (for example specific schemes that address sexual health, drug use, anti-social behaviour).
- 6) **Working with community models.** An approach which recognises the diversity of social life, draws on contextual knowledge and builds upon knowledge and understanding within communities to promote/enhance the capacity of children to reach their potential and reduce risks of exclusion. Building on strengths within family and community networks is seen as the first step towards enabling inclusion and effective participation in society (for example black and minority ethnic community based services that adopt a social model of empowerment, refugee and asylum seeking groups that offer new families safe spaces to develop their networks).
- 7) **Promoting well-being/achieving change.** An approach which attempts to work with understandings about individual engagement and with understandings about achieving change in services and strategies. Existing services are seen as limited and potentially unhelpful, and existing social relationships are exclusionary. Attempts to change the child are set alongside broader work to change/challenge the barriers to inclusion facing children and families from within services and communities (for example, services that offer individual support – such as mentoring in the context of work with school staff to increase their skills in working with the children who are excluded).

Services may use more than one of these approaches and NECF has been able to see services that, whilst focusing on integrating children, may also – for example – build upon community models. By adopting the above framework it is possible to arrive at indicators which usefully capture the intended outcomes of the strategy and service. For example the use of school attendance and attainment rates for services that intend to both promote change and individual well-being will only provide a partial picture of the impact of the service on children's lives. Likewise the use of indicators about the take-up and use of mainstream services will not capture outcomes for those services intending to develop and support provision that is accessed only by tightly targeted groups.

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## Appendix D

### Theoretical Frameworks for NECF Case Studies

#### Activity theory

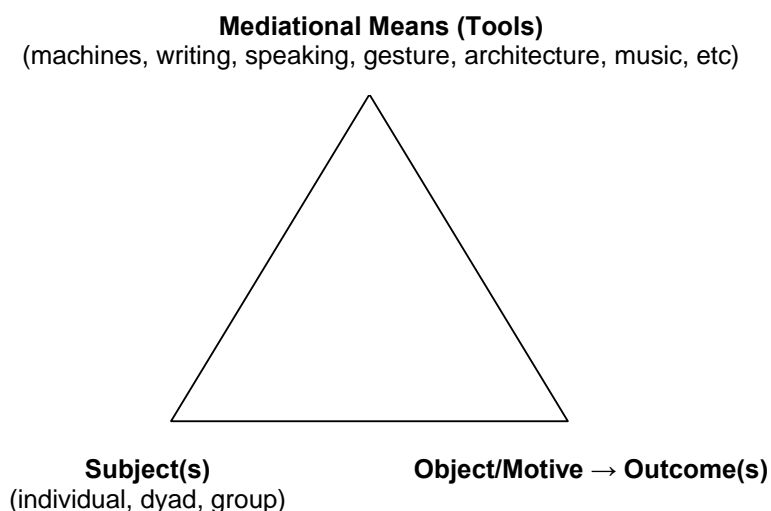
##### *What is activity theory?*

Activity theory was used as the analytic framework for the 16 case study partnerships and for telephone interviews to all programme managers in year one of the evaluation. It has a robust pedigree as a theoretical and analytic framework. In this section we outline its key concepts and describe how it was applied in NECF.

We need to start with Vygotsky who was working in Russia in the 1920s and early 1930s. He developed a methodology which enables us to access how people are making sense of their worlds. Through his exploration of how tools, both conceptual and material and particularly language, are used when we act on features of our environments he found a way of revealing how minds engage with the world.

But more than that, his work recognised that the use of these tools is shaped in and by the cultures in which they are used: i.e. they are historically constructed. Furthermore, the activities in which we engage, whether they are commissioning a service, or setting up an after-school club, call for the use of particular tools. In other words, the contexts in which we operate afford us particular repertoires of ways of thinking and being. Using service level agreements in the commissioning process would be an example of using tools which have been culturally created.

**Figure A: A mediational triangle**



Vygotsky died in 1934 before he could develop analyses of how different activities, might lead the shaping of mind, for example, how play as an activity differs from school work in the using of tools. However, one of his former colleagues, A.N.Leont'ev, elaborated these ideas along with members of his own research team and did so with a focus on how activity can lead the formation of mind and action. That is, the emphasis in Leont'ev's group began to shift towards acts and action in activity as the key to understanding consciousness. Complex differences between Vygotsky's emphasis on language as the route to understanding how we make sense and that of the activity theorists on the primacy of practical activity cannot be dealt with here (see Kozulin, 1986 for one

account). Instead we focus on an important legacy of that early work summarised by Leont'ev as follows:

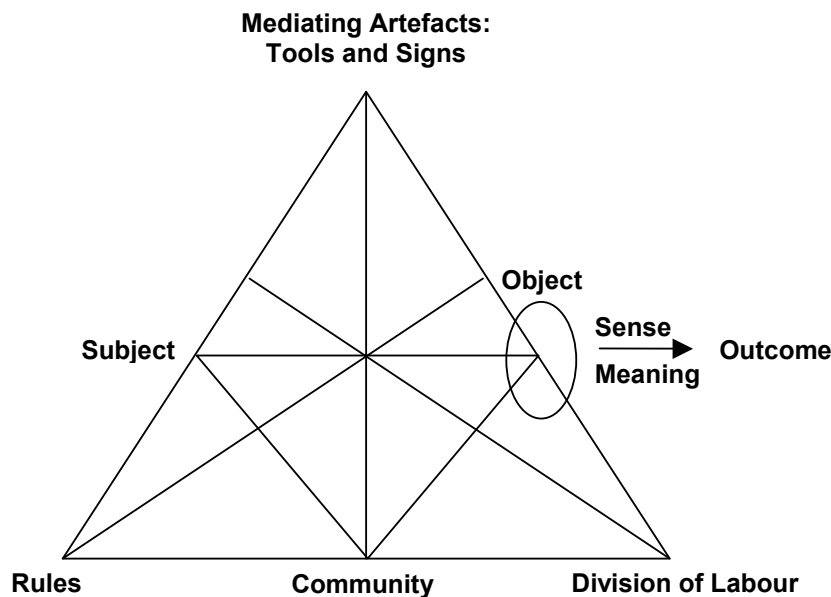
The main thing which distinguishes one activity from another, however, is the difference of their objects. It is exactly the object of an activity that gives it a determined direction. According to the terminology I have proposed, the object of the activity is its true motive.  
(Leont'ev, 1978, p62)

Here Leont'ev was signalling that the object (i.e. that which is worked on, revealed and understood better) is the key to also understanding the activity, what interpretations of the object are possible and how participants in the activity might act on it. The object, located within a system of activity elicits particular responses which are sustained by the practices of the activity. For Leont'ev the object in the activity is a given: once we have identified it, our function is to explore and understand it better. As we shall see later, Engeström's version of the object in activity theory is slightly different (Engeström, 1999a). To illustrate Leont'ev's ideas by reference to the Children's Fund, we might take commissioning preventative services as an activity of a strategic Partnership Board and the object that is being worked on at one point in time might be early intervention or it might be local identification of needs. Identifying what the Board sees as the object(s) will provide a way into understanding the motives, processes and outcomes of the Board.

Leont'ev's work has been developed to include the idea of an activity system (see Figure B) and applied in analyses of public sector and commercial organisations by Engeström and his group in Helsinki ([www.edu.helsinki.fi/activity/](http://www.edu.helsinki.fi/activity/)). It is now widely used by other teams in Northern Europe and North America. Engeström's contribution can be summarised as a focus on systemic learning through exploring the potential for change or learning within activity systems. This approach is most clearly evident in Developmental Work Research (DWR) (Engeström, 1999b).

Here we see how he has developed activity theory through his attention to the transformation of the object and what he has described as expansive learning. For Leont'ev the object and the motives it elicited were the way into an understanding of activity and of mind. Whereas for Engeström, both the object and the activity system are not simply givens to be explored by psychologists, but are systems which are open to change and constant reinterpretation by participants within them. Engeström has therefore used the conceptual tools of activity theory as a way of both understanding and promoting systemic learning.

**Figure B: Engeström's model of a single activity system**



The structure of a human activity system Engeström 1987, p78

### ***Developmental work research***

DWR is a structured intervention over time in an activity system. It involves a cycle of ethnographic investigation and organised feedback through a series of what Engeström terms 'change laboratories' with participants in the activity system. The laboratories are set up to use the ethnographic evidence as the basis of informed reflection on, for example, interpretations of the object of the activity system and the historical construction of the rules which shape these interpretations. They also enable an exploration of contradictions between, for example, the tools or strategies in use and the interpretations of the object. In these sessions the activity system is examined, understandings of the object expanded, objects are transformed and, sometimes, new objects are revealed. Over a series of labs, participants are taken from explorations of the past, to analyses of the present and the contradictions within it, then on to building models of future practices and interactions.

### ***Activity theory in NECF***

In NECF it is possible to see the influence of both Leont'ev and Engeström. Following Leont'ev we took analysis of activity as a way of gaining some common purchase on the interpretations of the object in quite different activities in different partnerships. Working back from interpretations of the object we have been able to build up a picture of relationships between local histories of partnership working and, for example, particular ways of developing the Children's Fund initiative in both our mapping of provision in the first year of the evaluation and in the partnership case studies.

However, we have also drawn heavily on Engeström's development of activity theory. Firstly, because of our commitment to participatory research and to careful management of the knowledge generated by NECF into the initiative we have turned to his model of interventionist and transformatory research and have employed some features of DWR in the case study work. In addition, we have pursued his attention to systems as learning zones (Engeström, 1987). We are interested in how the systems we are examining generate and use knowledge, how knowledge use is regulated and how they are learning. This element of Engeström's analyses of expansive learning has informed both the early mapping of provision and the construction of the case studies.



### ***How NECF has used activity theory***

The first year of the evaluation focused on a mapping of provision and one element of the second and third years of the University of Birmingham based work will consist of 16 case studies of partnerships across the nine regions that comprise England. We have drawn on activity theory in both phases of the evaluation.

Here we shall discuss how it has helped us to deal with the following issues which are key to the evaluation.

- Analysing diverse arrangements
- Ensuring participation

### ***Analysing diverse arrangements***

NECF has built conceptual models of what makes for good multi-agency working to deliver preventative services for children. To do so we needed to capture the inter-relationships that existed in each Children's Fund Partnership and to relate them to priorities for the Partnership and to outcomes for children and young people. In activity theory terms we want to access how partnerships as systems were producing particular ways of working with and for children and young people.

We turned to activity theory because, by examining the object of the activity in each Partnership, we were able to reveal both the purposes of each Partnership as an activity system and how those purposes were produced. Here we drew most closely on Leont'ev's initial working of activity theory as a way of understanding the interplay between the object and the possible interpretations of it and actions on it within particular activities. We constructed descriptions of partnerships which were based on the interactions of, for example, their previous history of collaborative working, the expectations of stakeholders, the sharing of responsibility and the strategies in place to achieve multi-agency, participatory (i.e. co-constructed) preventative services.

We have achieved this in two ways. The telephone interviews with the 149 programme managers in phase one of the evaluation were based largely on activity theory. For example, we asked about previous histories of partnership working in children's services in the local authority, we explored strategies in place for achieving multi-agency, co-constructed provision and we elicited differing interpretations of prevention. In the interviews we also looked to Engeström's more systemic analyses and explored the extent to which each partnership could be seen to be a learning zone i.e. a place where knowledge was both generated and used to take forward understandings of prevention.

The evidence we gathered was coded using a system that was based on the theoretical framework, but which was also grounded in the responses made by the programme managers. The analyses of the coded data enabled us to produce a national picture of the impact of the Children's Fund across the three waves of funding at one point in time. More details of the analysis and findings are available in NECF (2003).

The mapping in the first year of the evaluation necessarily produced a snapshot. One use of the snapshot has been to direct the sampling of the case study partnerships that we explored in the final two years of the evaluation. To enable the sampling we used cluster analysis on the coded data to categorise partnerships according to their configurations, processes and interpretations of prevention.

The 16 partnership case studies were designed to capture specific inter-relationships within partnerships over time. While we worked in the longitudinal case studies we were able to drill down from the strategic level to the work of service providers in specific localities and to capture

the experiences of children, young people and families in their communities. Again following Leont'ev, we explored the object of activity in each form of Children's Fund service provision in each targeted neighbourhood and how in turn these were constructed and influenced by the priorities of the Fund and local strategic interpretations of it.

We were therefore able to follow trails of thinking from strategy to operation, examine disjunctions and explore inter-service co-operation. In exploring co-operation between services the evaluation draws on a further elaboration of activity theory undertaken by Engeström. Often referred to as 'third generation activity theory' (Daniels, 2002) it provided a framework for exploring how two or more activity systems, in this case service providers, construct interpretations of a common object, in this case children at risk in a specific community.

In brief, we were able to examine both vertical and horizontal connections between the systems that seek to deliver the Children's Fund in one local authority, to reveal common themes between case study sites and to build models of what makes for partnership working that delivers.

We handled the qualitative evidence we have gathered through interviews and field notes in the case study sites by coding them using codes derived from activity theory. This work is carried out between monthly visits to the case study sites. We were consequently able to identify material to inform the workshops we shall describe in the next section.

### ***Ensuring participation***

Each case study was designed so that we made five visits of around one week each to each site at four weekly intervals. Each four-week cycle involves one week of intensive data collection (involving two to three researchers), followed by three weeks of intensive data analysis. In the first week in the case study sites we gathered evidence from key strategic players and during the second week in the site we fed our initial analyses back to them and gathered evidence about service provision from providers. In the third week of fieldwork we fed back to the service providers and started to explore the experiences of children and young people in the target neighbourhood.

We then worked back out from the experiences of the children and young people in a process of progressive focusing in interviews in week four with service providers and week five with some of the strategic players. We started to make contact with children, young people and their families in the second week of fieldwork and in the fourth week we worked with them to help them prepare to feed back to a mixed group of strategic people and service providers in week five. We then wrote up individual case study reports and returned them to the Partnership Board or its equivalent in the case study site for discussion. We expected that service providers would also be invited to join in this discussion. We then revisited the first 12 case study sites in the summer and early autumn of 2005 to check on progress. Again interview schedules were shaped by activity theory concepts.

Through the system of regular feedback we aimed at capacity building and through involving children in the feedback and in shaping our interpretations of the work of the service providers and strategic groups we built participation into the design of the cases. The processes of progressive focusing in case study work is not unique to activity theory. We will therefore focus on the feedback workshops, how they are structured and how they inform the evaluation. The details of the developmental feedback sessions are also outlined when we discuss knowledge management in Appendix E.

We used the structures of DWR sessions but, because we were working with different groups every four weeks, we did not use the sessions to explore the object of the activity system over time and to transform in interaction with participants. Nonetheless our experience was that the

developmental workshops did enable informed reflections on the nature of the object and did surface contradictions which were usefully explored by participants.

Like Engeström, we organised our sessions as two hour events where we drew on the ethnographic evidence we gathered to explore past and present interpretations of the object(s) of activity. We found that there was rarely time to move towards modelling future possibilities, but made this a feature of the final feedback session when we discussed the case study report. We saw the purposes of these sessions as threefold: to give rapid feedback to participants in a way that also enables capacity building, to check our initial analyses and to examine the tensions and contradictions within the activity system that are emerging in our analyses. The workshops were therefore filmed and were themselves analysed.

The sessions were designed so that we offered what Engeström terms 'mirror data' i.e. evidence gathered from the people who were in the workshop which was organised according to the principles of activity theory. During the sessions we presented our interpretations in a way which was structured by Engeström's activity system framework. For example, if we found that several interpretations of the object of the activity were in play and that these were related to different ways of working or earlier expectations of what the Fund might do we explored the contradictions using the framework as a visual map. We selected evidence to present which revealed strong themes and emergent contradictions and moved slowly around the framework to allow for maximum involvement of participants. We wanted to hear how they were making sense of our initial analyses. Their comments were noted throughout the session and if there was time they were used to begin to model possible futures. We focused particularly on the object(s), and examined how particular interpretations were produced within the activity that was the local Children's Fund programme.

We found that this form of developmental workshop was a useful way of exploring systems dynamics, while ensuring that we fed information rapidly back. We also involved children. We worked with them, and sometimes their carers to create a range of artefacts. These artefacts became mirror data and allowed them to reveal to the adults who were making decisions about services what really matters to them about social exclusion and what might be done to promote the aims of the Children's Fund locally. Materials included illustrated maps of their neighbourhoods, photo collages and short, filmed narratives. These were presented to the mixed group of strategic players and service providers that met in the developmental workshop in week five.

### ***How useful was activity theory?***

We used activity theory in two ways. True to Leont'ev's earlier work we used it as way of revealing interpretations and motives, but even here we drew heavily on the systemic framework provided by Engeström (1999a) to structure both our survey of provision and the case studies. The design was also clearly informed by Engeström's notions of systemic learning and change. We found these to be entirely compatible with our intention that knowledge generated in the evaluation should be fed back quickly to participants and that service users should have an important part to play in the development of the evaluation.

We also found the framework sensitive to local differences in history, intention, processes, structures and outcomes for children. By bringing these features into a systemic analysis which revealed different propensities for learning and systemic change we were able to recognise relatively discrete categories of Partnership Board outlined in Chapter 2. We were confident, therefore that by anchoring our case studies in activity theory we were able to identify robust models of effective partnership working which may inform the development of partnership and multi-agency working more generally.

### Theories of Change (ToC)

A Theory of Change evaluation is 'a systematic and cumulative study of the links between activities, outcomes and contexts of the initiative' (Connell and Kubisch, 1998, p16), i.e. a theory of how and why an initiative works.

Theories of change emerged from US work into complex community based initiatives (CCIs) (Weiss, 1995). It is an approach which has a number of benefits in comparison with experimental or single method models of evaluation. It is designed to enable evaluators to do three things:

- 1) Consider the extent to which the different types of outcome objectives sought by complex community initiatives have been achieved. For example, changes in individual, family and community circumstances, changes in systems through which services and policies are delivered.
- 2) In the context of change processes, which may take years to deliver outcome objectives, to assess whether the activities and short/medium-term outcomes, which result from them, suggest that things are on course to achieve long-term outcomes. This may indicate a need for adjustment in activities and approaches.
- 3) In situations where a control or comparator area is difficult, if not impossible to establish, to address the problem of attribution. This is because a ToC approach requires those implementing change to articulate how and why they consider the approach they are adopting will lead to the change they are aiming for. The evaluation can then focus on indicators of change predicted by the 'Theory of Change'. Observed changes can thus be linked to the intervention which is the focus of evaluation.

A Theory of Change evaluation thus integrates formative and summative evaluation. It utilises multiple approaches to data collection, drawing from, for example, qualitative interviews and workshop sessions through which change theories are articulated, as well as routine data collection designed to generate information regarding anticipated outcomes.

#### ***Example 1: Theories of Change applied to partnership***

**Plausible** – stakeholders are agreed that desired outcomes can only be achieved via collaboration.

**Doable** – partners are willing to make the necessary resources available to facilitate partnership working, and can identify mainstream resources that can be harnessed into synergetic production via the application of partnerships.

**Testable** – it is possible to specify evidence of the impact of partnerships that contribute to specified outcomes.

**Meaningful** – partners are aware of, and prepared to make, the necessary changes to enable partnership e.g. in terms of organisations' culture, structures, processes and resourcing.

#### ***Limitations***

ToC evaluation offers considerable benefits for those engaged in the evaluation of complex policy initiatives. However, it is not without problems, particularly in the context of a national evaluation, which needs to engage with implementation processes throughout the country. These limitations have been identified as follows:

- 1) *Practicable* – the implementation of a ToC approach requires intensive interaction between researchers and those implementing the programme – ideally during the earliest stages when implementation plans are being drawn up and the rationale behind them is being developed. It is hard to establish and sustain close relationships between researchers and programme implementers across a large number of dispersed sites.
- 2) *Political* – The political imperative for ‘early wins’ almost inevitably cuts across the developmental goals suggested by ‘theories of change’, and could possibly undermine the effectiveness of the approach. There is also a dilemma relating to who is involved in articulating the Theory of Change around which the evaluation is designed. In policy initiatives, which aim to include different partner agencies, as well as community or user groups, it is often the case that less well established or organised partners (often voluntary, community or user groups) are not effectively involved when implementation plans are being rolled out. Thus, their perspectives on how and why change processes may lead to intended outcomes will be missing from the evaluation design.
- 3) *Theoretical* – if evaluators rely solely on theories generated by participants, they may ignore external factors which could provide explanations for the failure of activities to achieve intended outcomes. Researchers, applying a ToC approach, will often need to draw from other research evidence and other theoretical frameworks to account for both intended and unintended consequences of actions.
- 4) *Complexity* – experience of applying a ToC approach in the national evaluation of Health Action Zones has also suggested that it is difficult to encompass the range of complexity associated with this and similar policy initiatives within one overall approach to evaluation. It is certainly necessary to recognise the need to access multiple ToCs, which relate to different strands of programme activity. This experience has reinforced the conclusion that researchers need to draw from a range of theoretical, as well as methodological approaches, in such contexts.

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## Appendix E

### Knowledge Management

#### The principles of knowledge management in NECF

NECF adopted from the outset a strategy for ensuring that knowledge moved in and of the evaluation as frequently as possible. This approach aimed to be participatory, inclusive, responsive and useful to a range of stakeholders. NECF recognised the centrality of participation to the development of Children's Fund provision and designed an evaluation which aimed to echo that focus. One strand of its work was therefore the continuous management of knowledge in and out of the evaluation. A key principle underpinning this approach was that knowledge gathered in the evaluation should be made available to those who could make use of it as rapidly and accessibly as possible. The principles and aims of the knowledge sharing strategy adopted by the National evaluation were as follows:

- Producing fast and regular feedback to stakeholders;
- Developing ongoing conversations with key Children's Fund stakeholders in order to ensure that the evaluation was capturing current developments within the initiative;
- Delivering emergent messages through a range of means in addition to written outputs for national and local audiences. These included: seminars, developmental workshops, reference group events, information networks, and virtual, web-based conferences;
- Developing networks for information sharing among Children's Fund stakeholders and a broader constituency of agencies and organisations that could both benefit from the learning generated by the evaluation and from exchanging information among these group;
- Making information readily available NECF through an easily accessible website.

#### NECF knowledge management strategies

The evaluation's knowledge management strategy can be broken down into seven areas of work.

- **Outreach activity.** Evidence and ideas from the evaluation were shared at events hosted by local Children's Fund partnerships, Government Offices for the Regions and national agencies.
- **'In-house' events.** A number of events were organised and hosted by NECF including policy and practice workshops, conferences and 'virtual' web-based events. Outreach activity and in-house events were a major element of knowledge management activity. NECF facilitated a total of 48 regional and local workshops over the 2004-5 period.
- **Developmental workshops and feedback in case study partnerships.** These structured workshops (four in each case study) involved presenting early evaluation findings to partnerships to promote discussion within partnerships; to check interpretations with stakeholders; and to provide further evidence for the evaluation.
- **Children's Fund case study reports** Reports were written for each of the 16 case study partnerships and the thematic case study partnerships (eight partnerships plus a consortium) for their own use. They were usually presented at meetings of the Partnership Board in each case study site.
- **NECF reports.** Five reports presenting interim findings on practices (2003); collaboration (2004a); participation (2004b); prevention (2005a) and thematic case studies (2005b). NECF also produced detailed literature reviews aimed at informing planning and practices in the areas of crime and anti-social behaviour (Prior and Paris, 2005); black and minority ethnic group (Ahmed, 2004); Gypsy/ Traveller children (Hester, 2004) and refugee and asylum seekers (Hek, 2005).



- **Information Communication Technology.** The development of the NECF website housed NECF reports and a wide range of other published materials which related to policy and practice for the prevention of social exclusion. It also provided space for opportunities for discussion with and among stakeholders.
- **Academic publications and conference presentations.** These activities provided academic, policy-making and practitioner audiences with evaluation evidence which had direct relevance to the future development of services for children and families.

### **Engaging the range of Children's Fund stakeholders**

An initial analysis was conducted in order to identify the key stakeholders of the initiative and how NECF could effectively engage with them. Following this analysis, in 2003 NECF ran six regional events (attended by a total of 264 participants) for regional managers, programme managers and Partnership Board Chairs. Their purpose was to gather views on the focus of the National Evaluation and how it could effectively inform developing policy and practice.

The constituency of stakeholders evolved over time. The initial focus for NECF was on developing contacts and relationships with Regional Office management structures, Children's Fund programme managers and Partnership Board members. Subsequently, the evaluation worked with local evaluators and practitioners delivering Children's Fund projects. As the initiative developed the stakeholder group widened to include those responsible for driving forward preventative agendas within local authority areas. For example, those involved in the establishment of children's trusts, integrated children's services and specific initiatives such as extended schools and family centres.

The NECF database enabled regular email contact with stakeholders. Currently, the database has around 2,000 entries for organisations delivering or planning children's services which are categorised by areas of interest (for example, work with disabled children and refugee and asylum seeking communities). This enabled the evaluation to offer both general and targeted information, and to facilitate discussion among groups with particular areas of interest.

NECF engaged with different groups of stakeholders in different ways.

### **Engaging national and regional-level stakeholders**

The evaluation participated in national policy events, including the overarching Children's Fund Management Group and working groups including the Children's Fund Stakeholders' Group, Regional Representatives' and Crime Prevention Groups. These events and meetings were important in both ensuring the evaluation remained aware of and responsive to the evolving policy and practice environment as well as offering opportunities to share learning from NECF at national and strategic levels. The NECF website (described in detail below) also provided a useful vehicle for disseminating a range of material of interest, such as Mainstreaming Newsletters and other learning tools, to national and regional level groups.

### **Working with Children's Fund programme managers, Partnership Boards and practitioners**

Learning was shared with local Children's Fund programmes at both strategic and practice levels.

- The case studies were based on interactive research methodologies.
- Quarterly summary briefing papers and monthly e-briefings on NECF developments were provided for a range of Children's Fund stakeholders.
- Training was offered to Children's Fund programme stakeholders including training sessions on evaluation, prevention and partnership working. Seminars delivered early lessons from the evaluation, together with practical skills workshops.

- Regionally organised workshops were facilitated to engage stakeholders beyond the Children's Fund.
- NECF ran a practitioner seminar series attended by representatives from Children's Fund programmes on topics emerging from NECF analysis identified by practitioners as important including outcomes, crime prevention and participation.
- Ongoing telephone and email support was provided for programme managers and practitioners. Requests for support included help with networking, for example, contacting other partnerships for advice on specific issues. On average 40 enquiries were received each week over the 2004-5 period from programme managers and practitioners.
- A Programme Manager's Reference Group was central to managing the interface between NECF and the wider Children's Fund. This group met regularly, was influential in informing the direction and focus of National Evaluation activity and ensuring that case study findings had a wider significance across the initiative, as well as offering a conduit for information sharing with a wider range of Children's Fund stakeholders. The Reference Group also facilitated a 'critical readers' group that provided management and practitioner perspectives on NECF reports prior to publication.

### ***Co-ordinating activities with evaluations of other national policy initiatives***

In addition to bringing together national evaluation initiatives (including Sure Start, Connexions, New Deal for Communities and the Local Network Fund) to share good practice, information sharing protocols and explore common issues, NECF has been represented on the Steering Group for the national children's trusts' evaluation and has had regular contact with the NDC and Sure Start reviews. This has contributed to widening the learning from the Children's Fund into other emerging research of direct relevance to the development of services for children and families.

### ***Working with Children's Fund local evaluators***

The NECF local evaluation support manager offered ongoing telephone and email advice and information for Children's Fund local evaluators. This involved meetings with local evaluators and the formation of a Local Evaluation Support Group. In addition, NECF ran an evaluators' conference that explored examples of good practice in involving children and young people as evaluators. 164 evaluators attended the conference representing Children's Fund partnerships across the nine Government Office regions. A guidance document has also been produced for programme managers and their staff on effectively commissioning local evaluations and a centralised resource of local Children's Fund evaluations has been developed on the NECF website.

### ***Working with children and families***

Most knowledge sharing work with children and families has taken place through case study activities. Materials were produced for children, young people and their families participating in the evaluation including appropriately formatted reports and posters. Nationally, NECF has run a series of workshops with children to develop 'child friendly' outcome indicators for preventative services. It has engaged in discussions with a number of parent support organisations, for example, the Family Rights Group and offered direct support to local evaluations developing peer or child-led evaluation methods. NECF has also published a review of research methods for working with children (Coad and Lewis, 2004).

### ***Academic audiences***

The evaluation was represented in a range of academic settings with an interest in children and families research. Papers have been presented on aspects of the Children's Fund including: collaborative practice, children's and young people's participation and young refugees' and asylum seekers' experiences of social exclusion at 29 national and international academic conferences. The corresponding articles are ready or are to be developed for publication.

### **Other stakeholder groups**

During the final stages of the National Evaluation, the focus for knowledge management moved to informing the development of children's services' agendas at national and local levels. The target audience for a series of six regional workshops planned for 2006 is, therefore, representatives from children's trusts and integrated children's service managers. At these NECF will present key lessons emerging from the experience of the Children's Fund to inform future service planning.

### **Using ICT in Knowledge Management**

The extensive use of Information Communication Technology (ICT) has been important in making NECF material available and easily accessed. The ICT infrastructure has involved the following:

- Creating a series of websites which could act both as spaces for the dissemination of evaluation findings and other information and as means by which evaluation data could be elicited from stakeholders from all 149 Children's Fund partnerships;
- Creating a structured system for managing contact information for Children's Fund programmes and partner agencies together with local evaluators. This not only supported web-based and email interactions but also helped manage postal and telephone communications.

### **The National Evaluation website**

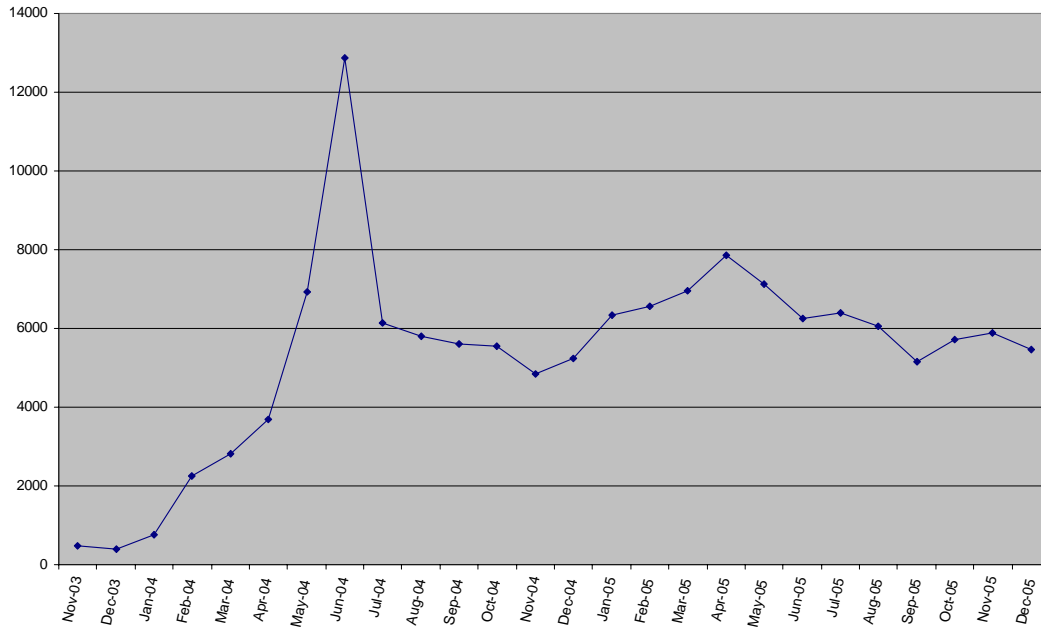
The NECF website is a major means of disseminating information to Children's Fund stakeholders. The main users of the website have been senior policy and planning personnel in mainstream children's services at the local level. Practitioners and national policy bodies have made more limited use of the website. The website has been updated on a weekly basis over the life of the evaluation with new library materials, policy updates and practice-based information. It was designed to be accessible and to comply with the Disability Discrimination Act and the Home Office and Internet Crime Forum guidance (2001). The website has the following features:

- NECF contact details, information about the evaluation, together with updates, developments and progress.
- Contact details for Children's Fund programmes in the form of an easily navigated 'programme map' including direct links to Children's Fund websites.
- Research reports, expert papers and practice resources generated by NECF such as the *Evaluator's Cookbook* and related practical evaluation tools such as *Me and My World* and the *O-Meters* for those working with children and young people. These were developed in response to requests from participation workers and local evaluators who commented on what was otherwise a lack of practice materials on engaging younger children in the evaluation process.
- Local Children's Fund evaluation reports and related contact details. The lessons from these are summarised in a separate NECF report.
- Material on NECF thematic activity including expert papers and a discussion area.
- An extensive searchable library of publications on social exclusion and children's preventative services.
- Online conference materials such as the DfES conference that focused on transitions to children's trusts.
- A practice pavilion 'showcasing' almost 300 examples of Children's Fund projects.

In 2005, an average of 6,500 users per month visited the NECF website with over 15,000 documents downloaded. Use peaked during the online conference. The graph below shows

monthly visitors to the website. The most frequently visited pages were expert papers, literature reviews and practice-based resources.

**Figure A: Total visitors to NECF website**



**NECF online conference**

The major innovation in applying ICT to knowledge management was the delivery of the NECF online conference *Understanding Prevention: Children, Families and Social Inclusion* in June 2004. The provision of NECF reports and other materials as both downloads via the NECF website and as hardcopies, together with the running of seminars and conferences enabled a wide range of stakeholders to engage with the evaluation. The online conference, however, was an important means of further extending this inclusiveness among stakeholders within the 149 local authority areas together with national-level stakeholders.

The online conference attracted 1,450 delegates who included; policy makers, professionals, academics, children and young people and families with an interest in children’s and young people’s prevention and social inclusion. Of the registrations, 70% were from UK organisations, with the remainder coming from countries across Europe, the USA, Canada, New Zealand and Australia. Material generated through the conferences was subsequently made available through the NECF website.

**Knowledge management and National Evaluation case studies**

As well as ensuring that knowledge moved in and out of the evaluation through the national mechanisms we have just outlined, knowledge sharing was also central to the design of the evaluation processes used in the partnerships in which we gathered information. Short feedback loops between the evaluators and case study participants were essential. The actual research methodologies are outlined in Appendix D. Here we focus only on the importance of knowledge sharing as part of the evaluation process.

### ***Developmental workshops in the partnership case studies***

The NECF partnership case study research design included an adaptation of Developmental Work Research (DWR) (Engeström, 1999). In brief, the NECF developmental workshops were structured two hour events held four times in each case study site. The developmental workshops had three purposes:

- to enable NECF to check, fairly quickly, aspects of emerging analysis with stakeholders;
- to produce additional evidence for the evaluation;
- to provide stakeholders with evidence and ways of interpreting it which may be useful to their future planning.

In order to capture the complex, multi-layered set of arrangements that characterise Children's Fund partnerships we worked with three sets of stakeholders. The stakeholders were: strategic partners, service providers and children, and young people and their families who used services. We held developmental workshops with each group of interviewees. Final workshops involved representatives from these three groups of stakeholders. Workshops involving the strategic and operational level stakeholders were conducted as follows:

- 1) Presentation of 'mirror material' to participants, that is, sets of evidence based on individual interview material focusing on what was going on now in the partnership but with reference to histories and contexts. In particular we aimed to identify apparent tensions and contradictions between key issues and divergent perspectives on the focus of the work.
- 2) This was followed by a facilitated discussion in which tensions, contradictions and different perspectives would be recognised by participants.
- 3) We recorded participants' comments, on flipcharts and recorded the sessions with video and sound recorders with participants' permission for analysis that would feed into and inform further workshops.
- 4) We repeated this process with a focus on partnerships' future development.
- 5) Finally in some workshops we aimed to help participants to define 'models' and 'visions', that is, future strategies and the beginnings of how tensions or contradictions might be addressed.

Workshops with children shared many of these stages, although different methods of engagement were adopted.

- 1) Summaries of messages elicited from our individual work with children were presented to groups of children.
- 2) We recorded further children's messages for service providers and strategic partners using participative methods. These included children's illustrated neighbourhood maps, annotated photographs and short, filmed narratives.
- 3) We worked with children to select what they defined as the most important messages to deliver to service providers and strategic partners.
- 4) We developed with children appropriate ways of delivering messages to participants of full stakeholder workshops.
- 5) We gave children the opportunity to attend full stakeholder workshops and worked with them to choose how they engaged with other participants.

These workshops enabled us to create what were relatively sophisticated understandings of partnerships' work. Firstly, presenting 'mirror' data enabled us to check and confirm our emerging analysis of the partnership with participants. This potentially enhanced the validity of the evaluation findings. Secondly, it enriched our evaluation material by allowing us to develop progressively nuanced understandings of the various elements of partnerships.

We intended this approach to gathering evaluation data to be participative in orientation. For example, we worked towards agreement with participants on how the partnership was represented by enabling them to amend our initial evaluation accounts based on individual interviews. The workshops were also a form of formative engagement with partnerships in which we aimed to inform their thinking about the ongoing focus of their work by presenting stakeholders with early feedback on our emerging analysis.

The aim was not to change the systems themselves, nor did we seek to build consensus. In our 'mirror' data we aimed to unpack and reveal unresolved issues and conflicts, tensions and contradictions and multiple-voiced interpretations of what they were working on, and thereby allowed for more complex and unresolved issues to be acknowledged by stakeholders. By doing so we opened up spaces for debate, which would help the partnership develop their thinking and understanding of the focus of their work.

The workshops also represented new forms of engagement between stakeholders that might not otherwise have been created. Bringing together a particular set of stakeholders (strategic partners, service providers and service users) allowed different perspectives to be acknowledged and explored. In particular, we presented children's and young people's views and in some cases enabled children themselves to present their views to stakeholders.

### ***Feedback in the Children's Fund thematic case studies***

The NECF thematic case study work drew on a 'Theories of Change' (ToC) approach (more details of which can be found in Appendix D). It was intended to be a participative and developmental means of generating evaluation findings as well as helping practitioners to clarify their approaches to working and understand the effectiveness of these.

The first part of the engagement with stakeholders through the ToC work is the establishment of the framework. In building our understandings we gathered data through workshops, interviews, and by inviting written contributions. Where workshops took place, the material generated was typed up and this was then circulated amongst participants for review and amendments, allowing them to share with colleagues and clarify or review their contributions. Once all the data were analysed and the ToC framework developed by the research team, the analysis was then shared with stakeholders for comment and refinement. Individuals who had informed the ToC, for example front line workers who had attended NECF workshops, or managers who had taken part in an in-depth interview with us, were all invited to comment on the ToC statement and to share it with colleagues, as they saw appropriate.

Importantly, ToC statements were intended to present collective views of the work of programmes and projects, although we did not encourage stakeholders to reach consensus. It was therefore essential that those involved were confident that the ToC statement was an accurate reflection of their programme. Subsequently, several of the programmes have used the ToC statements in their internal planning and review procedures, reporting that it gave a clarity and focus to their work. Indeed, in some cases, work toward the ToC statement highlighted differences between stakeholders, and the ToC presented an opportunity for attention to be drawn to such issues and clarification to be sought within and across programmes and services themselves.

As the research activity developed, ongoing contact with stakeholders took different forms. Across all of the Children's Fund partnerships participating in the thematic work, there was a commitment to providing outputs that were useful to stakeholders within those areas and interim reports were provided. These were shared with stakeholders for comment prior to final drafts being produced.

NECF also provided one-off reports, for example, after attending a Fun Day and interviewing children and their parents a short report for the service concerned was written. Our close working with different programmes enabled us to develop the ToC frameworks as required by changes to those programmes. In the case of the regional consortium working with Gypsy/Traveller children, the evaluators were able to become involved at an early stage of developing the strategy and to provide an interim report which contributed to the review undertaken by the consortium as they realised that the approach they had originally adopted was not as effective as they had hoped. In other cases changes to funding, internal programme reviews associated with this or with other aspects of strategic management, could result in the re-profiling of programmes or refocusing of their activities. ToC statements were reviewed in the light of such developments and shared with stakeholders to ensure their accuracy. Final reports were also shared, to ensure factual accuracy.

In summary, NECF has recognised the centrality of participation of the Children's Fund and has, in the case study work, been able to work in complementary and participatory ways with everyone who participated in the evaluation.

### **Key lessons**

The key lessons from NECF strategies for knowledge sharing are as follows:

- Ongoing conversations between Children's Fund stakeholders and between stakeholders and NECF have been mutually beneficial.
- It was important to adopt multiple means of engaging the range of Children's Fund stakeholders at different stages in the evaluation.
- Although ICT-based methods were useful, face-to-face contact was highly valued by stakeholders.
- NECF provided a useful model of the use of the internet and other ICT to support the evaluation of complex initiatives and policies with multiple groups of stakeholders at national and local levels. The NECF website in particular was a powerful and widely used means of information sharing and enabled NECF to engage with a wide audience. The online conference was innovative and allowed engagement with a mass audience, and regular updating of website content sustained interest.
- The development of expert reference groups and critical readers was crucial to the evolution of NECF. Not only were these a valuable source of information for NECF, they also helped to maintain the relevance of research activity to practice and policy communities and facilitated trust-building between practice communities and evaluation activity.
- Research methodologies which reflected the participatory ethos of the initiative as well as producing useful evaluation evidence provided information which could inform the ongoing development of preventative services.

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## **Appendix F**

### **Data Collection for the National Evaluation of the Children's Fund**

#### **Millennium Cohort respondents**

These data came from the first wave of data collection from the older siblings of the cohort members (MCS:OS1) when the cohort members themselves were aged three. The evidence gathered here related to locality-based services in 74 wards including those based in schools, but did not include services which were available across targeted partnerships through, for example, thematic programmes.

Detailed information was collected in MCS:OS1 about the use of a total of 219 Children's Fund services from 2184 respondents with 3409 children aged four to 15. In addition, c.80 older children aged ten to 15 gave the information in a self-completion questionnaire. Respondents were living in 74 wards, 13 of which are 'minority ethnic wards', 18 are (relatively at least) 'advantaged' and the rest (the majority) are 'disadvantaged' on the basis of local rates of child poverty in 1998.

#### **Strategic partnership level data**

In 2003 one hour long telephone interviews were conducted with the total population of 149 Children's Fund programme managers. The interviews were framed by activity theory and informed by Theories of Change. They provided useful background evidence for the more finely focused enquiries in the case studies and contributed to the mapping reported in the first Annual Report from NECF.

In the 16 case study partnerships in the period January 2004-July 2005 NECF conducted 183 individual interviews with members of Partnership Boards, other associated senior strategic officers involved in children's services and programme teams. In 2005 a further 42 interviews were conducted with a sub-set of the original sample. As part of the collection of case study evidence, a total of 48 Developmental Workshops were conducted across the 16 partnerships, involving 210 strategic stakeholders.

To undertake the thematic work NECF conducted research with a sub-set of 13 partnerships, eight of which were the same as those studied in the partnership case studies, in the period January 2004-October 2005. As part of this work interviews were conducted with 75 members of Partnership Boards or other associated senior strategic officers involved in children's services.

In 2005 NECF conducted a web-based survey of programme managers across the 149 Children's Fund partnerships in England. 120 programme managers responded to provide an updated picture of the initiative during the final year of the evaluation.

#### **Service provider level data**

NECF conducted case study research with 16 partnerships in the period January 2004-July 2005 in 38 Children's Fund services. In the course of this research individual interviews were conducted with 110 service providers. In 2005 a further 22 interviews were conducted with a sub-set of the original sample. A total of 121 service providers were involved in 32 of the Developmental Feedback Workshops.

NECF conducted research with a sub-set of 13 partnerships in the period January 2004-October 2005. As part of this work interviews were conducted with 72 service providers across 34 services. These were distributed as follows:

- nine services for refugee and asylum seeker children and their families
- nine services for disabled children and their families
- eight services for children at risk of crime and anti-social behaviour and their families
- nine services for black and minority ethnic children and their families
- one services for Gypsy Traveller children and their families across a regional consortium of six Local Authorities (one of which was also the focus for research focusing on work with black and minority ethnic children).

### **Children and family level data**

NECF collected in-depth data for 185 children and young people and 184 parents/carers. The views of a further 170 children and young people were sought through focus groups and group activities. The data were collected in locality-based case studies in 16 Children's Fund partnerships, and in thematically-based investigations in 13 partnerships.

In the 16 case study partnerships during January 2004-July 2005, interviews were conducted in 79 households including interviews with children, young people and their parents and carers:

- Individual interviews were conducted with 76 children
- Individual interviews were conducted with 70 parents/carers

This resulted in in-depth individual case study data for 92 children.

NECF conducted research with a sub-set of services in 13 partnerships across England in the period January 2004-October 2005. These were working with five specific groups of particularly marginalised children and young people. A range of methods was used including individual and group interviews, focus groups, group-based activities and observations. This resulted in data from individual children and parents/carers across 34 services:

- Interviews with 93 children
- Interviews with 114 parents/carers

More general data was also gathered from groups of children and parents/carers accessing services:

- Focus groups and group interviews/ activities with 170 children
- Focus groups with 21 parents/carers

The breakdown of each thematic group is as follows:

Refugee and asylum seeker children and their families:

- individual interviews with 23 children
- focus groups with a total of 41 children
- individual interviews with 13 parents/carers
- focus groups with a total of 21 parents/carers

Disabled children and their families:

- individual interviews with 11 children with a range of impairments, including deaf and hearing impairments, autism and physical impairments.
- nine group activity sessions with a total of 32 children with autism and learning difficulties.
- six sentence completion exercises and six observations of groups of children engaging in project activities, including children with autism, children who were deaf or had hearing impairments, those with complex needs and multiple impairments.

- Individual interviews with 44 parents/carers (four of whom were foster carers).

Children at risk of crime and anti-social behaviour and their families:

- individual interviews with 19 children
- focus groups with a total of 20 children
- individual interviews with 11 parents/carers

Gypsy/Traveller children and their families accessing one service delivered across six Local Authority areas:

- individual interviews with ten children
- five group interviews with total of 16 children
- individual interviews with 23 parents

Black and minority ethnic children and their families across nine services:

- Individual interviews with 30 children and informal interviews with a further eight children
- focus groups/ group interviews with a total of 61 children
- seven observations of groups of children engaging in project activities
- individual interviews with 23 parents/carers (including one foster carer)

#### **Other participants**

During the period 2003-6 NECF convened and co-ordinated a Reference Group of 12 programme managers, who commented on emerging and ongoing analysis of data.

During the period 2003-6 NECF convened and co-ordinated a group of five Local Evaluators. This group contributed to the evaluation through their ongoing analysis at a local level.



## Appendix G

### The Partnership Boards in 2003

#### Variation between the Boards

There was considerable variation in the make-up of the Partnership Boards, or their equivalents, both in terms of size and membership. At one extreme we found partnerships consisting entirely of statutory partners, predominantly local authority agencies, and at the other a partnership with over 80% of the membership coming from local voluntary and community sector partners. In this section we explore the range of membership and in particular the impact this is likely to have on the involvement of community and voluntary groups at a strategic level. This analysis draws on information provided by programme managers when they updated NECF on the original implementation plans.

#### Size of the Boards

Boards ranged in size from five to 60 members. Unsurprisingly, we found those partnerships with higher budgets had larger Boards, reflecting perhaps the greater complexity and range of the Children's Fund programme. Those with budgets above £2m averaged nearly 20 members, compared to just over 18 for those with budgets between £1m and £2m, and 16 for those with budgets of less than £1m.

#### Statutory agencies

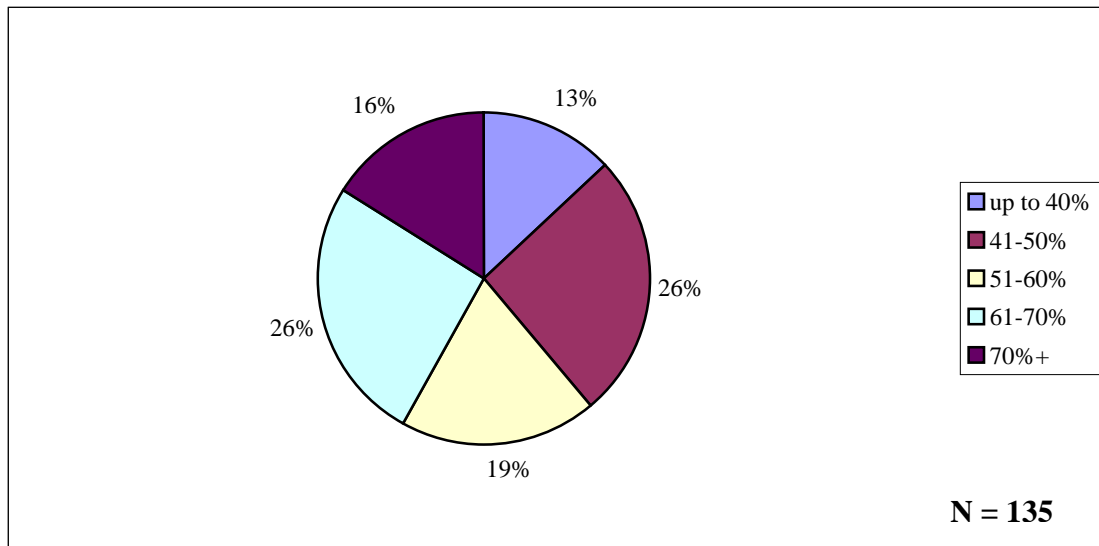
A wide variety of statutory organisations were involved at the level of the Board. Alongside the substantial involvement of Education (in 79% of partnerships) and Social Services (70%), there was also involvement from local authority Youth Services (30%), Leisure (19%), and Children's Services (18%) as well as from a diverse range of other local authority agencies. For example, Housing, Policy Development, Community Services and Finance were all reported as participating in several partnerships.

A similarly broad range of other statutory agencies were reported to be active as members of partnerships. 90% of partnerships reported the involvement of NHS partners, most commonly a Primary Care Trust (73%) or Child and Adolescent Mental Health Service (11%). The input of Youth Offending Teams (87%), police (44%) and schools (22%) was also relatively high. Alongside the substantial involvement of these agencies there was a wide variety of other agencies reported to be active at Board level, including NHS Trusts and Drug Action Teams.

Finally, statutory agency involvement was also evident through links with statutory partnerships and other multi-agency partnerships. Most commonly we saw the involvement of representatives from Early Years and Childcare Development (46%), Community Safety (9%) and health-based partnerships (5%). Several partnerships reported the involvement of members from the CYPSP. Commonly there were also links with other initiatives. In 42 partnerships (31%) there was representation from one or more Sure Start programmes, whilst 49 (36%) reported the involvement of Connexions. In 28 of these areas there was representation from both these initiatives.

Thus, in the majority of partnerships there was a wide variety of statutory agency involvement. Furthermore it was also common for many of these agencies to have multiple members, particularly with regard to local authority agencies. As a result a significant number of partnerships had large, and more importantly proportionally large, statutory involvement within their key partnership group. Figure A below reveals that in most partnerships statutory agencies made up the majority of the board, whilst in 21 they accounted for over 70% of the board.

**Figure A: Statutory partner representation on Partnership Boards: percentage of partnerships in 2003**



This variation was not determined by variables such as wave, funding or type of authority. The three waves all included similar variation in spread, as did those with smaller and larger allocations, and those within different authority types.

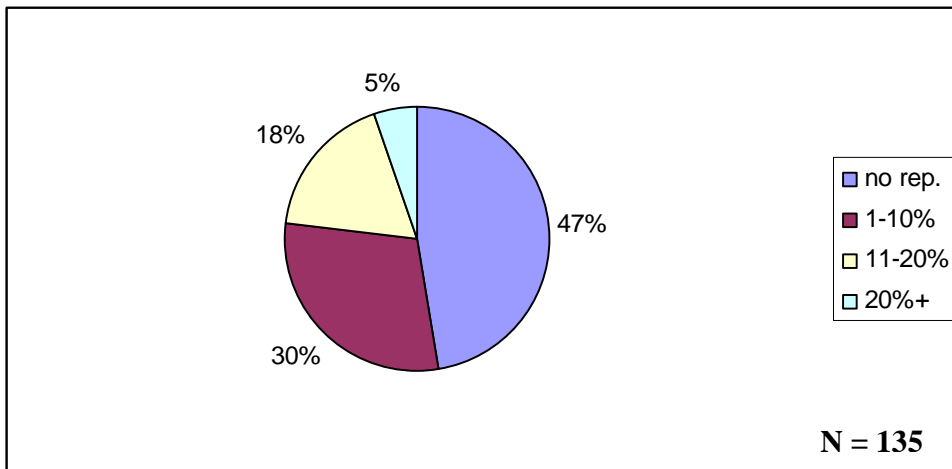
It did seem, however, that Children’s Fund partnerships which had evolved from already established groups and had simply assumed greater responsibility were more prone to statutory over-representation. Three-fifths of these evolved groups had statutory representation of 60% or over, compared with an overall figure of two-fifths with this level of statutory representation.

**Voluntary and community groups**

Voluntary and community groups are considered as two distinct sub-groups. The contributions of large national voluntary organisations are likely to be very different from those of smaller local groups. Furthermore, there are likely to be different issues relating both to power and capacity which will produce different relationships within partnerships.

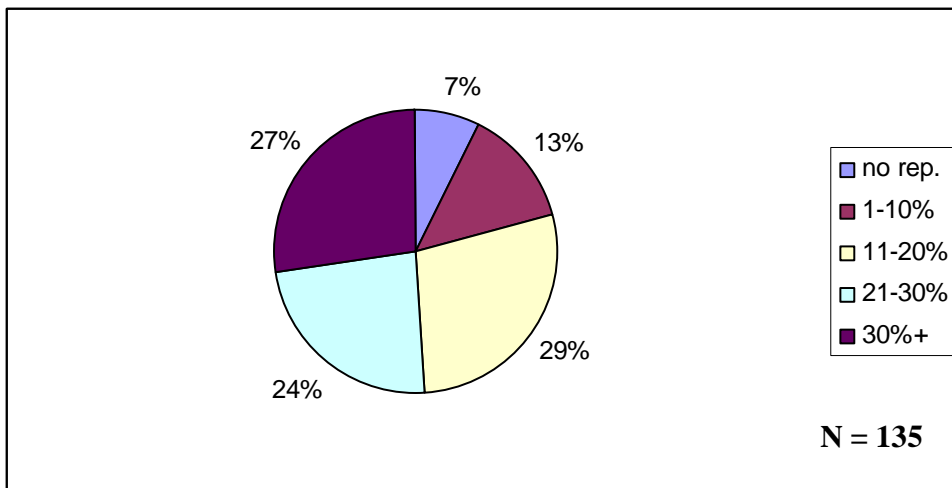
Just over half of partnerships (53%) reported the involvement of one or more national voluntary organisation in their Board. Most commonly represented were NCH (30%), Barnardo’s (20%), The Children’s Society (17%) and NSPCC (16%). There were clear regional variations in terms of the representation of individual agencies. For example, NCH were active in a higher proportion of partnerships in the East and the West Midlands, whilst Barnardo’s were most commonly involved in the North East, and the Children’s Society in Yorkshire and Humberside. Figure B below illustrates the proportion of representation in partnerships of large voluntary organisations.

**Figure B: Large voluntary agency representation: percentage of partnerships in 2003**



A wide range of local voluntary and community groups were involved in Children’s Fund partnerships across the country. Once more there was a small number of types of local voluntary and community organisations that were more commonly involved, including local voluntary groupings such as CVS/VCS consortia (34%), faith groups (32%), children’s groups (28%), black and minority ethnic community groups (24%), and groups representing families (21%). A variety of other groups were also involved in particular partnerships including voluntary organisations representing carers and disabled people, play facilitators, and locality or neighbourhood based groups. Figure C below illustrates the proportion of involvement of such groups in Partnership Boards. The capacity building of such groups is discussed in Chapter 4.

**Figure C: Small voluntary/community group representation: percentage of partnerships in 2003**



Only around a quarter of partnerships reported that local voluntary and community groups comprised more than 30% of their Boards. It is noticeable that ten partnerships reported no involvement from any local or community organisations whatsoever, six of which also reported no involvement from national voluntary organisations and, in all but one case, no involvement from children, young people or families.



### Children, young people and families

The participation of children, young people and families in the development of provision is to be considered in greater depth in Chapter 6. Nonetheless it is worth noting here that whilst two thirds of partnerships reported no involvement of these groups at Board level, amongst the remainder there was some representation, as illustrated in Figure D below.

**Figure D: Representation of children, young people and their families: percentage of partnerships in 2003**

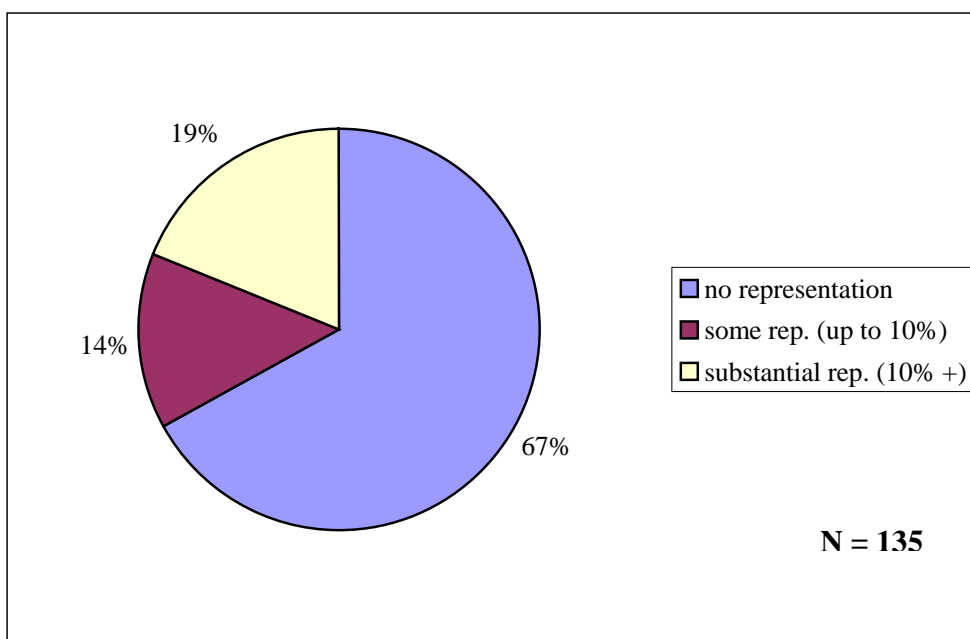


Figure D suggests the majority of partnerships were not including children, young people and families at Board level. It should be noted, however, that the lack of involvement of these groups at this level was at times intentional and was viewed positively by several programme managers. These noted during their interviews that the involvement of children and young people in alien, structured and formalised meetings could be tokenistic and ineffective.

### Potential dominance of statutory agencies

We have, then, observed a high proportion of statutory involvement in comparison to the involvement of local voluntary and community organisations or community members (Figure A). Most notably 12 partnerships reported a Board comprising 70% or more members from statutory agencies, with limited involvement from local voluntary groups (i.e. less than 10% representation), and no involvement of community members (that is, children, young people or families). When combined with other variables, the over-representation of statutory agencies was more explicit. Of the 67 partnerships that reported both Accountable and Lead Bodies to be from the statutory sector, 14 also reported their Board to comprised over 70% statutory partners. Nine of these 14 had limited involvement from local groups and no involvement of community members.

The characteristics of these partnerships in terms of waves, regions and types of authority did not suggest reasons for this dominance, as they were fairly evenly spread across these categories. It is clear, however, that local context must be considered, with factors such as an underdeveloped voluntary sector potentially making an impact on partnership working. 36

programme managers reported tensions related to the power dynamics in their partnership, linked to control of the agenda by a statutory agency.

### **Changes in the membership of Boards**

The membership of Boards changed in a variety of ways. In some instances membership decreased, as the group was found to be unwieldy, or some members found that they were unable to attend regularly. Other Boards increased their membership, as they made changes to include agencies which were delivering projects, or to include specialist members. For example, the addition of the YOT manager or police representative following the announcement of 25% spending on youth crime prevention was not uncommon.

Some Boards maintained the same number of members, but modified the balance of statutory and voluntary agency representation. Some partnerships changed the remit of the Board, so that it was expanded to include a growing number of key stakeholders, while at the same time a core group was established as a decision-making executive. There was no identifiable correlation between changes to membership of key partnership groups and other variables such as wave, region or type of authority.

### **Management and operational groups**

#### ***Sub-groups of the Boards***

The organisation of management and operational groups across the 149 partnerships was diverse. Many partnerships had created multi-layered structures and had convened sub-groups of the Partnership Board to fulfil particular roles. These included sub-groups set up as steering groups, groups acting as 'shadow boards', and sub-groups convened for specific purposes. 56 partnerships said that they had 'sub-groups', which were often management or executive bodies. 99 indicated that there were 'task sub-groups' to carry out responsibilities such as evaluation, promoting participation and commissioning. 16 partnerships reported that there were 'shadow boards' in place.

#### ***The breadth of the remits of sub-groups***

In addition, there was some evidence that sub-groups operated with a wider remit than just Children's Fund activities. These groups seemed to be networking the Children's Fund programme into other related local initiatives. 34 had steering groups dedicated to the Children's Fund, while 13 said that they had steering groups with a broader remit. 57 partnerships reported that they had consultative locality groups, 35 of which were Children's Fund dedicated and 22 of which had a wider remit. 48 partnerships indicated that they had locality-based groups that were decision-making (e.g. able to make appointments or commission services). Of these, 27 were dedicated to the Children's Fund, and 21 had a wider remit.

#### ***Delegation to thematic groups***

Delegation was also evident in relation to the identification and development of the themes through which local Children's Funds organised the targeting of services in local programmes. Examples of such themes included black and minority ethnic children and young people, health and well-being and work with families. 53 partnerships indicated the existence of thematic sub-groups. Of these partnerships, 40 reported that they had thematic groups that were consultative, while 27 partnerships had thematic groups that were decision-making.

## Key points from the mapping of partnership structures

- The majority of Children's Fund partnerships were associated with, or formally linked into, multi-agency structures such as Children and Young People's Strategic Partnerships. Often these multi-agency working arrangements pre-dated the Children's Fund.
- Local Authorities were most likely to be the Lead Agency. Of the 136 partnerships on which we hold information 58 were in this position. A further 58 were led by the voluntary and community sector (35 by a large voluntary agency, while 23 partnerships had a smaller voluntary/community organisation as the lead).
- In the majority of partnerships there was a wide variety of statutory agency involvement at the level of the Board or its equivalent. In most partnerships statutory agencies made up the majority of the Board, whilst in 21 cases they accounted for over 70% of the Board. Most commonly this involvement included NHS partners (in 90% of partnerships), Youth Offending Teams (87%), Education (79%) and Social Services (70%).
- Just over half of partnerships (53%) reported the involvement of one or more national voluntary organisation in their key partnership group. Most commonly represented were NCH (30%), Barnardo's (20%), The Children's Society (17%) and NSPCC (16%).
- A wide range of local voluntary and community groups were involved in Children's Fund partnerships across the country. Once more there was a small number of types of local voluntary and community organisations that were more commonly involved, including CVS/VCS umbrella groups (34%), faith groups (32%), children's groups (28%), black and minority ethnic community groups (24%), and groups representing families (21%). However, only around a quarter of partnerships reported that local voluntary and community groups comprised more than 30% of their key partnership group. Importantly, where this was happening there was evidence of capacity building to enable their involvement.
- Whilst two thirds of partnerships reported no involvement of children, young people and families at Board level, it should be noted, however, that at times this was intentional and was viewed positively by several programme managers. These noted during their interviews that the involvement of children and young people in alien, structured and formalised meetings may be tokenistic and ineffective.
- Many partnerships had created multi-layered structures and had convened sub-groups of the Partnership Board to fulfil particular roles. These included sub-groups set up as steering groups, groups acting as shadow boards, and sub-groups convened for specific purposes. 56 partnerships said that they had sub-groups acting as management or executive bodies. 99 indicated that there were task sub-groups to carry out responsibilities such as evaluation, promoting participation and commissioning. 16 partnerships reported that there were shadow boards in place.
- Descriptions of partnerships need to be seen as shifting. Partnerships have been subject to changes in membership, roles and strategies.

## Appendix H

### Targeting Analysis – Methods

The analysis of targeting approaches discussed in Chapter 3 was based on 26 Children's Fund partnerships, of which 16 were NECF case study sites. The rest were chosen purposively in order to include what appeared to be the full range of targeting approaches adopted by partnerships. This was based on a review of initial implementation plans and records of the initial interviews undertaken with programme managers by NECF in summer 2003. We make no claim for statistical generalisations or randomisation. However, we are confident we have captured the broad range of types of approach adopted, recognising that targeting strategies adopted by each partnership are in many senses unique and relate to local context.

In analysing each partnership we were able to draw upon the following data as a minimum:

- Initial implementation plan
- Update of summary information of the plans made by the partnership
- Telephone interview with programme manager
- Final implementation plan

Any partnerships for which this information was not available were not considered. Local evaluation reports were also reviewed where available. For the 16 case study partnerships strategic stakeholder and service provider interview data was also utilised. We also reviewed where relevant other documentary information available to NECF, such as background documents provided by partnerships and reports on case study site revisits. We also tested the feasibility of using monitoring data by analytical profiles of a few authorities but concluded that there were difficulties in using these for our purposes.

We wrote a fairly detailed summary of the information relevant to targeting for each partnership. This material was then organised around the major issues considered in Chapter 3 and further thematic analysis was carried out to identify the broad approaches to targeting and the evidence bases used. To help us organise these we also noted as background the different understandings of risk and protective factors and prevention that might have underpinned targeting rationales. We also created flowcharts for partnerships illustrating the sometimes complex ordering of the stages of evidence gathering, decision-making, and service implementation to assist in drawing comparisons between partnerships. Examples of these are contained in the full report on targeting (Hughes and Fielding, 2006).

### Reference

Hughes, N. and Fielding, A. (2006) *Targeting Preventative Services for Children: Experiences from the Children's Fund*, Birmingham: NECF, [www.ne-cf.org](http://www.ne-cf.org).



## Appendix I

### The Quarterly Monitoring Data (QMD)

- 1) Enquiries were made to the DfES teams at the nine government regional offices that oversee the Children's Fund partnerships to try and identify any readily available alternative datasets that might compensate for the weaknesses in the QMD – preferably complete lists of the services that have existed within the region during the period of the Children's Fund. Since none of the regional offices could provide complete lists, and in view of the limited and uneven nature of the data that were available, no alternative datasets were requested from the regional offices.
- 2) Inter-quarter consistency in terms of the distributions of the 20 service activity types for quarters three to nine was assessed by calculating rank correlations for all pairs of quarters. These varied between 0.84 (between quarters three and four) and 0.99 (quarters seven and eight). The majority of these correlations were above 0.90.
- 3) More support for this supposition comes from the fact that 28 of the MCS services had no users according to the QMD whereas use was reported for half of these in MCS:OS1. The QMD attendance data could have been missing either because the managers did not fill in the relevant section of the questionnaire or because the service was not active at that time. Where the information was missing, we tried to fill the gaps by contacting managers in those areas and ascertaining the numbers attending or whether the service was inactive. We have allowed for service inactivity in our analyses.



## Appendix J

### Children's Fund Services

CATEGORIES	Examples of service description*
1. Club provision or play schemes	Employment of a co-ordinator to organise and support a multi-cultural after-school club once a week at two primary schools. The Club will also organise and support a range of holiday schemes and can buy in specialist support and facilitators as necessary. The Club will develop a curriculum which will promote multi-cultural awareness and tolerance delivered through planned activities for children and parents. This will include inter-generational activities.
2. Arts and crafts	The project provides a resource of diverse black artists who inspire, educate and challenge children to enrich their lives and inform about African and Caribbean art and performance traditions. Work produced is shared in the community. The performances produce increase confidence and awareness providing amazing opportunities for developing young people's knowledge of the basic hard work and skill involved in creating, producing and staging events.
3. Sports	The provision of after-school sports coaching to vulnerable young people at specific schools. The sessions have links to local sports clubs to sustain the young people's interest.
4. Environment	Involvement of children/families in the creation of X. The project will result in a play area, open grass for ball games, environmental outworks and planting.
5. Media production	A Media Arts Project aimed at young offenders as a means to give them a reason to attend school, meet expectations, not offend and try to increase parental involvement with their children. Secondary school students will work with primary children to build up to a Media Exhibition that will literally tour their homes and neighbourhood on a double decker bus. Expertise has been delivered by the X.
6. Music, dance or drama	To provide community arts opportunities (art, music, drama, dance and technology) for children four to 14 out of school hours. The service now has a range of clubs provision covering the age-group including a breakfast club Quad kids, an environmental group, war hammers and a radio production group. The service users have developed the clubs and take a lead in the decision-making. They are currently exploring training opportunities to develop their committee skills. Members of the group are engaged with the local primary schools to target children who may benefit.
7. Trips and away days	The service is delivered on the estate aimed at children in the target age-group providing a mixture of core activities and trips off site. There is a staff to children ratio of one-to-ten on site. All activities are risk assessed as is the site. The socialisation of children is a key component as is the opportunity for them to get off the estate and interact with other children at X play sites.
8. Education support	Provides a homework class for five to 12-year-olds on Saturday staffed by three regular helpers and one occasional helper. Children do their homework and are provided with worksheets to ensure there is a continuum. We do group work and activities such as quizzes and competitions to enhance spelling. We do games which are enjoyable and are powerful learning.



9. Health education	2 x ten-week interactive course delivered to reception to Year 2 children across two local schools. Helping children to look at what they eat, their fitness and learn how to make a healthy lifestyle choice.
10. Home-school partnerships	The project consists of one full time Child and Family Support Worker who offers a range of support to children aged five to 11 with emotional and behavioural difficulties. The children are identified by the school as needing support. The support is offered in the school and through home visits. The worker works in two primary schools within easy walking distance of each other. The support provided for children and parents includes one to one group work and drop in session as well as parenting education sessions. The worker also provides training for teaching staff and links with other Children's Fund projects to bring in more resources to the school.
11. Family therapy	This is a new service that will be supporting and engaging children and families who are victims of domestic violence. The service will work closely with the Police Social Care and Victim Support.
12. Child therapy	A child and parent day programme run termly for six to eight children identified by school at being of risk of failure and exclusion. The group runs in school one day a week using cognitive behaviour therapy and group work to promote the children's' social school skills and attainment. There is parallel parent work.
13. Mediation/advocacy	Family group meetings project: mediation process to prevent nuisance/anti-social behaviour engaging children and young people, their families and their communities. The service is offered to agencies who are in contact with young people displaying nuisance behaviour e.g. community safety, youth housing, education welfare etc. The service is co-ordinated at the Youth Justice Trust. Seasonally paid community volunteers visit young people families and people affected by nuisance behaviour in the community to prepare for a meeting at which community perspective is represented. Empowerment model – child and family have an opportunity to make a plan to do things differently in the future to access services and activities offered. Community has an opportunity to interact with children in a positive healing environment.
14. Mentoring/role models	Learning mentors do make a difference. It is proposed to employ and train two full time Learning Mentors to be shared between the four schools. What is a Learning Mentor? A Learning Mentor is an ordinary person who supports pupils in school who may be underachieving for one reason or another. The Learning Mentor spends one to one time with each pupil and between them they talk and listen to each other and draw up an action plan. Pupils may need short-term or long-term support. The sorts of problems that may be tackled by a Learning Mentor are: pupils who have attendance issues; pupils with a lack of self-esteem; pupils who find it difficult to communicate at home or at school; pupils who are demotivated; pupils struggling with bereavement; and so on. A Learning Mentor is not a Teaching Assistant or a person to whom a pupil is sent when they have been naughty! A Learning Mentor is someone you can have guaranteed one to one with for half an hour a week for as long as you need it.
15. Parent education	The project aims to provide advice and support to parents in order to help them with parenting responsibilities. It will aim to promote family cohesion providing a calm and stable family background. The Parenting support project will consist of four complementary projects which will provide parenting support for parents of five to 13-year-olds in four targeted neighbourhoods. Groups for 12 parents to join the Webster-Stratton programme. Four programmes to be held in identified neighbourhoods per year. Two groups for parents of ten to 13-year-olds in secondary school locations in these neighbourhoods. Outreach clinic

	<p>sessions will be held across these neighbourhoods and will provide one to one work with targeted parents. A programme of peer massage will be developed in X primary schools in year one of the Children's Fund to be extended to other key primary schools in other neighbourhoods in Year Two and Three.</p>
16. Additional language support	<p>Provide a part time Education Welfare/Family Liaison Officer to ensure access to appropriate schools to encourage and support regular attendance. Provide variety of bi-lingual teachers and teaching assistants to enhance learning opportunities of asylum seekers other minority ethnic children and young people. Through course of this also provide family support counselling opportunities to socialise and practical support. Provide appropriate training to a wide range of audiences – work with a network of statutory and voluntary organisations to support children and their families.</p>
17. Facilities provision	<p>Activities to ensure parental and community involvement in all aspects of the programme.</p>
18. ICT	<p>Access to IT facilities for children who would not have a PC at home along with project and homework support. Parents are shown how to support their child's learning.</p>
19. Information and sign posting	<p>Crime and Safety Awareness days take place within Secondary Schools and involve a number of workshops provided by Emergency Services and other Agencies (Drugs Prison Service Youth Offending Team). The aim of these workshops is to raise awareness amongst young people about the causes, consequences and penalties of crime allay misconceptions about imprisonment and through education dissuade young people away from crime.</p>
20. Participation and engagement	<p>Increasing opportunities for citizenship. Increasing social skills, self-esteem and confidence in children involved in Forum. Establishing group of at least 15 children meeting on regular basis at the Children's Forum/Steering Group.</p>

*\*The symbol X substitutes for the name of the area or the project.*



## Appendix K

### The Millennium Cohort Study (MCS)

- 1) The area-based design of the Millennium Cohort Study (MCS) is described in detail in Plewis (2004). In brief MCS is a longitudinal study of children born in 2000-1.
- 2) The overall UK response rate for MCS2 is 81% (unweighted n = 14901).
- 3) In addition, 692 families were recruited into MCS for the first time at sweep two. These were families who were living in the selected wards in England at the time of the first sweep (and hence were eligible to be included) but had not been found on the Child Benefit Register then. The characteristics of these so-called new families are described in a forthcoming technical report. There are 5652 responding families in England (60%) with older children and 96% of the respondents agreed to provide information about them. The age distribution of these children is shown in Table K1. The selection rules for older siblings – designed to reduce the respondent burden for larger families and described in detail in NECF (2003) – gave more weight to those older siblings over age ten as they are relatively less common in families with a three-year-old.

**Table K1: Age distribution (%) of older siblings, evidence from MCS:OS1, England.**

Age	%	Age	%
4	12	10	8.0
5	17	11	6.4
6	14	12	4.9
7	11	13	4.1
8	9.1	14	3.4
9	6.5	15	2.4

*This represents 8645 children from 5652 families in England.*

- 4) The numbers of families and children in the age-groups corresponding to different parts of the data collection process are given in Table K2.

**Table K2: Numbers of older siblings and families, evidence from MCS:OS1, England**

	CF Ward			Not CF Ward			Total
	Old Fams.	New Fams.	Total	Old Fams.	New Fams.	Total	
Families, child 4-15	2238	144	2382	3056	214	3270	5652
Children, 4-15	3533	239	3772	4520	353	4873	8645
Selected chn., 4-15	3132	209	3341	4117	307	4424	7765
Selected chn., 4-9	2171	134	2305	2986	209	3195	5500
Selected chn., 10-15	961	75	1036	1131	98	1229	2265
Selected chn., 8-15	1469	98	1567	1755	147	1902	3469
Selected fams., child 4-9	1812	106	1918	2539	171	2710	4628
Selected fams., child 10-15	729	57	786	870	77	947	1733
Selected fams., child 8-15	1092	74	1166	1320	106	1426	2592

- 5) The self-completion questionnaire for the older (ten+) children was either completed at the time the interviewer visited the household or was completed later and mailed in. The

overall response rate was just under 77% but with some variations across groups. Girls were slightly more likely to respond than boys (78% vs. 76%); children from new families less likely than from the original families (68% vs. 78%); children in Children’s Fund areas slightly less likely than elsewhere (76% vs. 78%); children with lone parents slightly less likely than children with two parents (74% vs. 78%). There is quite a strong gradient for mother’s educational level with children with mothers with no educational qualifications much less likely to respond. There are also ethnic group differences with high response for the Indian group (86%) but lower for the Black/Black British (69%) and the Pakistani/Bangladeshi (66%) groups. It would be possible to construct non-response weights on the basis of these (and other) data but the analyses presented here are weighted only by the sampling weights.

- 6) We have compared the classification of the MCS Children’s Fund (MCS/CF) services in terms of their ‘most important activity’ with all Children’s Fund services in England in Table K3. The distribution is similar to the distribution across England as can be seen from the final column that gives the ranks in terms of numbers of services. The main differences between the MCS sample and the national distribution are that the MCS sample includes a smaller proportion of services labelled ‘participation/engagement’ and ‘information and signposting’ and more labelled ‘music, dance and drama’ and ‘sports’.

**Table K3: Distributions of service activity types, evidence from MCS:OS1 Children’s Fund services**

Most important activity	Number of CF services in MCS:OS1	Percentage	Rank order, MCS:OS1
1. Club provision or play schemes	42	21	1
2. Participation/engagement	12	5.9	7
3. Education support	22	11	2
4. Child therapy	15	7.4	4
5. Sports	16	7.9	3
6. Mentoring/role models	13	6.4	5=
7. Parent education	13	6.4	5=
8. Health education	11	5.4	8=
9. Arts and crafts	7	3.4	12
10. Information and signposting	3	1.5	15
11. Home-school partnerships	11	5.4	8=
12. Mediation/advocacy	8	3.9	11
13. Music, dance and drama	11	5.4	8=
14. Family therapy	5	2.5	13=
15. Facilities provision	2	*	16=
16. Trips and away days	5	2.5	13=
17. Media production	2	*	16=
18. Environment	2	*	16=
19. ICT	1	*	20
20. Additional language support	2	*	16=
<b>Total</b>	<b>203</b>	<b>100</b>	

Notes

1. 16 services omitted, 13 coded ‘other’ and 3 not specified.

2. \* – less than 1%

- 7) The majority of the MCS/CF services were provided by voluntary organizations (37%, mostly local organisations), LEAs (17%) and the Local Authorities (13%). We also know that two thirds of these services were school-based. We recognise that this distribution may result from our focus on services which were locality-based and not organised across local authorities. The pattern of priorities for the MCS/CF services is the same as for all services in England with highest priority being given to health improvement which, as we indicated earlier, included raising self-esteem.

## References

National Evaluation of the Children's Fund (2003) *Developing Collaboration in Preventative Services for Children and Young People: First Annual Report*, Research Report 528, London: DfES.

Plewis, I. (Ed.) (2004), *The Millennium Cohort Study: Technical Report on Sampling* (3rd ed.). London: Centre for Longitudinal Studies, Institute of Education, University of London.



## **Appendix L**

### **The Strengths and Difficulties Questionnaire (SDQ)**

The Strength and Difficulties Questionnaire (SDQ) is a set of 25 questions usually administered either to children aged four to 16, to their parent(s) or to their teacher(s) (Goodman, 1997). In the MCS the questionnaire is administered only to the main respondent (nearly always the mother). The questionnaire asks about 25 of the child's attributes, ten of which are considered to be strengths, 14 as difficulties and 1 that is neutral ('gets on better with adults than with children'). Each item can be scored 'not true' (0), 'somewhat true' (1) or 'certainly true' (2). In accordance with Goodman's methodology we have removed the few cases where the respondent marked 'can't say', treating them as missing.

The questions are allocated to five scales with five items each: hyperactivity, emotional problems, conduct problems, peer problems and pro-social. The score of each of the five scales is obtained by summing the scores for the five items that make up that scale. Each sub-scale score ranges from 0 to 10 where 10 is the most problematic when considering the problems score and the most sociable when considering the pro-social score. A total difficulty score can be created by summing the four problem scores. This score ranges between 0 and 40.

### **Reference**

Goodman, R (1997) 'The strengths and difficulties questionnaire: a research note', *Journal of Child Psychology and Psychiatry*, 38 (5), pp581-586.





## Appendix M

### Older Siblings 10+ Self Report

As described in Appendix L, data were collected in MCS:OS1 directly from selected older siblings over the age of ten. Although these data were collected primarily to provide a baseline against which to measure the impact of Children's Fund services on outcomes for children, we also use them to provide further evidence about the differences between the localities that did and did not receive Children's Fund services. We constructed a series of scales from the individual questions:

- 1) **Participation in activities outside school** – reports from the main respondent about their older children were combined with the self-reports to create a scale that covers all selected older siblings.
- 2) Children living in advantaged wards are more likely to participate in, for example, clubs outside school than children in disadvantaged wards who in turn are more likely to participate than children living in ethnic wards. The overall participation rates in at least one activity outside school are 89%, 77% and 62% in the three types of areas. Participation rates are lower in Children's Fund wards but merely because these wards are disproportionately represented in the disadvantaged and ethnic strata; the differences between Children's Fund and non-Children's Fund wards within those types of areas are small.
- 3) **Participation in paid work** – this covers work after school, at weekends or in the holidays for the children over ten. The rate is higher in the advantaged wards (36%) than in the disadvantaged wards (28%) and rather low in the ethnic wards (13%). There are no differences between Children's Fund and non-Children's Fund wards.
- 4) **Participation in sport or music at school** – again, this covers all older siblings. About one third of children participate, a rate that does not vary by type of ward or whether or not it is a Children's Fund ward.
- 5) **Parental control** – only for children over ten. Less parental control (over TV, going out etc.) is exercised in disadvantaged areas (42% of children with a score of two or less on a scale that varies from zero to six) than in ethnic areas (31%), with advantaged areas in between (35%), and no evidence of differences between Children's Fund and non-Children's Fund wards within strata.
- 6) **Attitudes to school** – only for children over ten. Most children express positive attitudes to school, more so in ethnic areas where 72% score six or more on a scale that varies from zero to eight than in disadvantaged areas (61%) with the rate for advantaged areas in between (65%). There are no differences between Children's Fund and non-Children's Fund wards.
- 7) **Association with drugs** – only for children over ten. The rate was much lower in ethnic areas (5%) than in advantaged (12%) and disadvantaged areas (13%), and a little higher in Children's Fund wards.
- 8) **Satisfaction with area** – most children over ten were ambivalent in terms of how much they enjoyed living in the area with little variation between types of ward or between Children's Fund and non-Children's Fund wards.

- 9) **Victimisation** – reported victimisation by the ten+ group was lower in ethnic areas (40% reported at least one instance) than in advantaged (49%) and disadvantaged (54%) areas. It was also marginally higher in Children’s Fund areas.
- 10) **Theft** – any reported instances of theft by the ten+group were a little higher in disadvantaged and ethnic areas, and also in Children’s Fund areas, but the overall rate only varied between 15% and 20% across types of wards.
- 11) **Anti-social** – there were more reported instances of anti-social behaviour among the ten+ group in disadvantaged areas (33%) than in advantaged (24%) and ethnic areas (22%) and the rates were higher in Children’s Fund wards in the advantaged and ethnic areas but not in the disadvantaged areas.

The differences between Children’s Fund and non-Children’s Fund areas are generally small for the 10 aggregate variables considered here and, where there are differences, they can usually be explained by the fact that Children’s Fund wards are more prevalent in disadvantaged and ethnic wards than they are in advantaged wards.

## Appendix N

### The Millennium Cohort Study: Neighbourhood Assessments

- 1) In MCS1 (see Dex and Joshi, 2005, Ch. 2) and, to a lesser extent in MCS:OS1, respondents provided data on their views of and satisfaction with their local area. These perceptions were supplemented in MCS:OS1 by the perceptions of the interviewers when they visited the sample households. For each visit they made to the household the interviewers responded to 11 questions about the general state of the neighbourhood and on whether they felt safe or unsafe when they visited the household. This information was gathered for both responding and non-responding households across the UK (Table N1) but the analysis in this report is restricted just to data for the responding families (n = 15152).

**Table N1: Number of responses by country**

Country	Families
England	9624
Wales	2127
Scotland	1706
Northern Ireland	1429
Total	14886

*Note*

266 cases have missing data for country.

- 2) Table N2 reports the number of families interviewed by number of visits. Up to 15 visits were made in some cases but the majority of the families were interviewed either two or three times with only a very small percentage interviewed more than six times.

**Table N2: Number of families by number of visits to responding households, MCS:OS1**

Number of visits	Families	%
1	1665	11
2	5085	34
3	3785	25
4	2017	13
5	1145	8
6	935	6
7	245	1.6
8	131	0.9
9	61	0.4
10+	83	0.5
Total	15152	100

- 3) In most cases, however, the interviewer gave the same answer regardless of how many times they visited the property and so there was no evidence that interviewers' perceptions changed according to the time of day or day of the week that they were in the area. Consequently, the data in this appendix come from the first visit to each household.

- 4) We first present differences in the individual assessments between Children’s Fund and non-Children’s Fund areas for families in England with older siblings (Table N3).

**Table N3: Interviewer assessments by whether or not Children’s Fund area, MCS:OS1**

Assessment	CF area	Not CF area
1. General condition of residences and other buildings (% ‘poor’)	10	4.1
2. Security blinds, grilles etc. (% ‘yes’)	17	8
3. Traffic calming (% ‘no’)	71	81
4. Volume of traffic (% ‘moderate +’)	21	20
5. Burnt out cars (% ‘yes’)	2.2	1.8
6. Rubbish, litter etc. everywhere (% ‘yes’)	6.5	1.6
7. Graffiti (% ‘yes’)	19	7.0
8. Dog mess (% ‘yes’)	9.7	7.4
9. Vandalism (% ‘yes’)	7.8	2.5
10. Hostile behaviour in streets (% ‘yes’)	0.5	0.4
11. Interviewer felt safe (% ‘no’)	20	8.6

Notes

1. The sample size is 5459 for all assessments.

- 5) We see from Table N3 that, on the whole, the interviewers perceive the Children’s Fund areas to be worse than the non-Children’s Fund areas. The exceptions to this are the two assessments related to traffic; there is essentially no difference between the two types of areas in terms of volume of traffic but Children’s Fund areas are better provided with traffic calming measures.
- 6) A summary score – a measure of adverse neighbourhood conditions – was constructed as follows:

Assessment item	Category	Score
1. How would you rate the general condition of most of the residences or other buildings in the street?	Well kept, good repair and exterior surfaces	0
	Fair condition	1
	Poor condition, peeling paint, broken windows	2
	Badly deteriorated	2
2. Do any of the fronts of residential or commercial units have metal security blinds gates or iron bars and grilles?	None	0
	Some	1
	Most	2
3. Are there any traffic calming measures in place on the street?	No traffic permitted	0
	Light traffic	0
	Calming+moderate traffic	0
	No calming+ moderate	1
4. How would you rate the volume of traffic on the street?	Calming+heavy traffic	1
	No calming +heavy	2

5. Are there any burnt-out cars on the street?	No	0
	Yes	2
6. Is there any of the following: rubbish litter broken glass drug related items beer cans etc cigarette ends or discarded packs – in the street or on the pavement?	None or almost none	0
	Yes, some	1
	Yes, just about everywhere you look	2
7. Is there any graffiti on walls or on public spaces like bus shelters telephone boxes or notice boards?	No	0
	A little	1
	A lot	2
8. Is there dog mess on the pavement?	None	0
	Some	1
	A lot	2
9. Is there any evidence of vandalism such as broken glass from car windows bus shelters or telephone boxes?	No	0
	Yes	2
10. Are there any adults or teenagers in the street or on the pavements arguing fighting drinking or behaving in any kind of hostile or threatening way?	No-one seen in the street or pavement	0
	None observed behaving in hostile ways	0
	Yes, one or two arguing etc.	1
	Yes, at least one group of three or more	2
11. How did you feel parking walking waiting at the door in the street?	Very comfortable, can imagine living/ working/shopping here	0
	Comfortable – a safe and friendly place	0
	Fairly safe and comfortable	1
	I would be uncomfortable living/working/shopping here	2
	I felt like an outsider, looked on suspiciously	2
	I felt afraid for my personal safety	2

- 7) The summary score is very skewed with a modal score of zero. It can vary from zero to 20 but very few scores over ten were obtained. The means for each UK country are given in Table N4. The differences between countries are greater than would be expected by chance ( $p < 0.03$ ) with Wales getting a poorer assessment on average than the other three countries.

**Table N4: Summary score weighted means by UK country**

Country	Number of families (unweighted)	Weighted mean (s.e.)
England	9617	1.6 (0.076)
Wales	2124	2.0 (0.15)
Scotland	1704	1.4 (0.14)
Northern Ireland	1428	1.4 (0.17)

- 8) Table N5 is based on those families who did not change address between sweeps one and two. It shows, as expected, that interviewers made much more negative assessments of disadvantaged areas than they did of advantaged areas (as defined initially by the Child Poverty Index), with the minority ethnic areas in England receiving the worst score.

**Table N5: Summary score means by stratum and country**

Country	Stratum	Number of families (unweighted)	Mean (s.e.)
England	Advantaged	3584	1.0 (0.075)
	Disadvantaged	3176	2.4 (0.13)
	Ethnic	1640	3.5 (0.27)
Wales	Advantaged	616	1.2 (0.14)
	Disadvantaged	1342	2.9 (0.22)
Scotland	Advantaged	800	0.89 (0.14)
	Disadvantaged	745	2.4 (0.28)
Northern Ireland	Advantaged	537	0.64 (0.12)
	Disadvantaged	779	2.3 (0.29)

- 9) We see from Table N6 that families, both those with older siblings and all families with a cohort child in Children's Fund areas are living in markedly poorer conditions.

**Table N6: Summary score: weighted means**

		Sample size	Weighted mean (s.e.)
All families	CF area	3934	2.4 (0.17)
	Not CF area	5287	1.2 (0.061)
Families with older siblings	CF area	2562	2.5 (0.17)
	Not CF area	2885	1.2 (0.070)

- 10) These results show that not only is the interviewer's assessment of neighbourhood quality stable over visits, it is reasonably well associated with the criteria which were used to designate areas as suitable for Children's Fund programmes. It is commonly supposed that indicators of household deprivation will be concentrated in less salubrious environments, but this is one of the rare pieces of evidence which supports that assumption – namely an ecological dimension to social deprivation. The other survey that we know of which has collected this type of neighbourhood assessment is the National Evaluation of Sure Start. Comparison with their results, along with further analysis of these data will, in due course, enable elaboration of these findings, but as they stand they provide confirmation that the Children's Fund areas in our sample suffered from relatively poor neighbourhood quality as well as relatively poor household resources.

## Reference

Dex, S. and Joshi, H. (Eds) (2005), *Children of the 21<sup>st</sup> Century: From Birth to Nine Months*, Bristol: Policy Press.





## Appendix O

### The Families and Children Study (FACS)

- 1) Features of FACS include:
  - It is longitudinal: families remain in the sample for as long as they have a dependent child (a child under 16 or aged 16 to 18 and in full time education).
  - The sample is clustered by postcode sector; 150 postcode sectors were originally selected in 1999 with probability proportional to the numbers of Child Benefit claimants within them and then sub-sampled.
  - The sample is refreshed each year by including eligible families who have either had a new baby and live in one of the 150 selected postcode sectors, or have moved into these areas over the previous 12 months.
  - Families who move out of the selected areas are followed to their new address.
  - The combination of a survey that has evolved over time and rather complicated sample selection rules has created a complex dataset. This means that, inter alia, response rates are not easy to establish.
- 2) The percentages in all tables in section 4.6 are weighted (by the variable 'exsw') to take account of some aspects of the design. The 95% confidence intervals also take account of the design.
- 3) There are three pieces of evidence that we can bring to bear here on the problem, discussed in the section 4.6, of whether or not families are potential users of services because of the location of these services:
  - i. The 2003 FACS sample consists of families living in the originally selected postcodes (77%) and those who had moved away (23%). We find that, amongst the families who had not moved away from the area since they entered the study, those using services lived in areas where the mean number of Children's Fund services (from the QMRs) was 5.9 compared with 5.6 for those not using services.
  - ii. Overall service use for families who had moved was 37% compared with 35% for those who stayed.
  - iii. Overall service use by families living in areas definitely not served by Children's Fund services was 30% compared with 36% in areas that might have had at least one Children's Fund service.

Although far from definitive, this evidence does suggest that the prevalence of use from FACS (in Tables 4.15 and 4.18) is not seriously affected by differential access to services by area.



## Appendix P

### Modelling use of Breakfast, Homework and After-school clubs, MCS:OS1

- 1) The explanatory variables used to predict use of different kinds of services were grouped as follows:

#### Socio-demographic variables

SD1: Number of dependent children.

SD2: Whether or not lone parent.

SD3: Ethnic group.

#### Socio-economic variables

SE1: Housing tenure.

SE2: Whether or not one or more welfare benefits are received by the household (excluding Child Benefit).

SE3: Mother's educational level.

SE4: Whether and how much mother works.

#### Spatial variables

SP1: Type of area – urban; rural town and fringe; villages and dispersed (as classified for DEFRA).

SP2: Child Poverty Index (CPI), a measure of area disadvantage used in the design of MCS (an element of the official Index of Multiple Deprivation produced for ODPM).

- 2) Tables P1 to P4 give the estimates for service use from logistic regressions, allowing for the clustered and stratified survey design by using the procedure 'svy: logit' in the statistical package STATA.

**Table P1: Logistic regression model for use of breakfast clubs, MCS:OS1**

	Estimate	S.e.
Age (deviation from mean)	0.15	0.022
Age (deviation) squared	-0.021	0.0061
Mother's educational level	0	n.a.
	1	0.085
	2	-0.32
	3	-0.42
	4	0.017
	5	0.18
	Overseas	-1.2
Family status	Two-parent	0
	Single-parent	0.63
Mother's work status (NW, PT1, PT2, FT)	0.21	0.056
Work status * age	-0.072	0.017
Child Poverty Index	0.016	0.0046
'Rural'	-0.011	0.0088
Sample size	6195	
Fit statistics	F <sub>13,210</sub> = 12.8	

**Table P2: Logistic regression model for use of homework clubs, MCS:OS1**

		<b>Estimate</b>	<b>S.e.</b>
Age (deviation from mean)		0.24	0.044
Age (deviation) squared		-0.026	0.0054
Minority ethnic group	White	0	n.a.
	Black/Black British	0.72	0.19
	Pakistani/Bangladeshi	1.0	0.17
	Indian	0.56	0.23
	Mixed	0.12	0.52
	Other	0.27	0.38
Family status	Two-parent	0	n.a.
	Single-parent	0.44	0.15
Mother's work status (NW, PT1, PT2, FT)		0.071	0.053
Work status * age		-0.037	0.017
Lone parent * age		0.094	0.046
Child Poverty Index		0.012	0.0035
'Rural'		0.014	0.0080
Sample size		6117	
Fit statistics		F <sub>13,210</sub> = 26.0	

**Table P3: Logistic regression model for use of after-school clubs, MCS:OS1**

		<b>Estimate</b>	<b>S.e.</b>
Age (deviation from mean)		0.27	0.017
Age (deviation) squared		-0.050	0.0041
Mother's educational level	0	0	n.a.
	1	0.42	0.12
	2	0.28	0.10
	3	0.19	0.15
	4	0.61	0.12
	5	1.2	0.24
	Overseas	0.035	0.21
Mother's work status (NW, PT1, PT2, FT)		0.065	0.040
Work status * age		-0.053	0.011
Child Poverty Index		0.0051	0.0023
'Rural'		0.014	0.0050
Sample size		6136	
Fit statistics		F <sub>12,211</sub> = 36.7	

**Table P4: Logistic regression model for 'all day' use, MCS:OS1**

		<b>Estimate</b>	<b>S.e.</b>
Age (deviation from mean)		0.22	0.037
Age (deviation) squared		-0.044	0.0086
Mother's educational level	0	0	n.a.
	1	0.16	0.27
	2	-0.22	0.23
	3	-0.22	0.32
	4	0.34	0.25
	5	0.75	0.46
	Overseas	-1.9	0.61
Family status	Two-parent	0	n.a.
	Single-parent	0.47	0.18
Mother's work status (NW, PT1, PT2, FT)		0.24	0.070
Work status * age		-0.13	0.024
Receiving benefits	No	0	n.a.
	Yes	0.41	0.17
Minority ethnic group	White	0	n.a.
	Black/Black British	0.30	0.32
	Pakistani/Bangladeshi	0.47	0.30
	Indian	-2.3	0.65
	Mixed	0.29	0.54
	Other	0.06	0.47
Minority ethnic group * age	White	0	n.a.
	Black/Black British	0.17	0.12
	Pakistani/Bangladeshi	0.092	0.058
	Indian	-0.18	0.20
	Mixed	-0.13	0.10
	Other	0.60	0.17
Child Poverty Index		0.0090	0.0046
'Rural'		-0.011	0.011
Sample size		6065	
Fit statistics		$F_{24,199} = 8.4$	



## Appendix Q

### Modelling Use of Services, FACS 2003

1) The explanatory variables used to predict service use were grouped as follows:

#### **Socio-demographic variables**

FSD1: Number of dependent children.

FSD2: Family type, defined as (i) at least one dependent child, aged five to ten only; (ii) at least one dependent child, aged 11 to 15 only; (iii) at least two dependent children, one aged five to ten and one aged 11 to 15.

FSD3: Mother's age.

FSD4: Whether or not lone parent.

FSD5: Ethnic group.

FSD6: Whether or not first language is English.

We find that the first four of these are related to service use (Table 4.16). However, the last two are not strongly associated with service use.

#### **Socio-economic variables**

FSE1: Housing tenure.

FSE2: Number of welfare benefits received by the household (excluding Child Benefit).

FSE3: Mother's educational level.

FSE4: Overcrowding.

FSE5: Whether and how much mother works.

FSE6: Whether partner works.

FSE7: Household income (before housing costs).

FSE8: Mother's social class.

FSE9: Partner's social class.

We can see in Table 4.17 that the first three of these are related to service use ( $p < 0.05$ ), whereas the others are not.

#### **Spatial variables**

The spatial group consists of just two variables, both of which are related to service use:

FSP1: Whether or not living in a rural area.

FSP2: Index of Multiple Deprivation (IMD), a measure of area disadvantage.

2) Table Q1 gives the estimates for service use from the logistic regression, allowing for the clustered and stratified survey design by using the procedure 'svy: logit' in the statistical package STATA.



**Table Q1: Logistic regression model for service use, FACS 2003**

		Estimate	S.e.
Mother's educational level	0	0	n.a.
	1	0.24	0.15
	2	0.28	0.11
	3	0.51	0.14
	4	0.37	0.14
	5	0.56	0.18
	Overseas	0.38	0.16
Family type	Child aged 5 – 10	0	n.a.
	No child aged 5 – 10	-0.71	0.12
Mother's age (deviation from mean years)		-0.027	0.0066
Mother's work status (NW, PT1, PT2, FT)		0.16	0.048
Family type * mother's work status	Child aged 5 – 10	0	n.a.
	No child aged 5 – 10	-0.25	0.059
Index of Multiple Deprivation (deciles)		-0.052	0.017
'Rural'		-0.25	0.12
Sample size		3737	
Fit statistics		$F_{12,122} = 10.8$	

- 3) Tables Q2 and Q3 give the estimates for the logistic regression models, again using 'svy:logit' in STATA, for use of (1) child play/leisure services and (2) use of services other than 'after-school and/or breakfast clubs' and 'child play/leisure services'.

**Table Q2: Logistic regression model for use of 'child play/leisure' services, FACS 2003**

		Estimate	S.e.
Family type	Child aged 5 – 10	0	n.a.
	No child aged 5 – 10	-0.67	0.10
Number of dependent children		0.17	0.049
Index of Multiple Deprivation (deciles)		-0.010	0.020
'Rural'		-0.16	0.14
Sample size		3744	
Fit statistics		$F_{4,130} = 13.9$	

**Table Q3: Logistic regression model for use of 'other' services, FACS 2003**

		Estimate	S.e.
Family type	Child aged 5 – 10	0	n.a.
	No child aged 5 – 10	0.39	0.11
Number of dependent children		0.20	0.054
Lone parent		0.26	0.13
Index of Multiple Deprivation (deciles)		-0.036	0.025
'Rural'		-0.034	0.16
Sample size		3744	
Fit statistics		$F_{5,129} = 7.10$	

## Appendix R

### Social Exclusion Amongst Children and Young People

As we noted in Chapter 1 the experience of social exclusion needs to be understood in the context of exclusionary processes that have different significance for children in different circumstances. The following offers a brief summary of evidence regarding this, based on literature reviews commissioned by NECF.

#### Disabled children

The social model of disability locates the 'problem' of disability in the disabling environments and practices of the non-disabled world, rather than in the impairments of individuals. This analysis is of particular relevance in the context of strategies to prevent social exclusion since it focuses on the social barriers to participation faced by disabled people.

Disabled children and their families face a number of barriers to social inclusion. Re-analysis of OPCS Disability Surveys (Gordon, *et al.*, 2000) has indicated that a majority of families with disabled children are living in or on the margins of poverty. Clarke (2005) concludes that around a third of families including a disabled child face anxiety about finances. Restricted financial circumstances can interact with the increased costs of looking after a disabled child, while negotiating the benefits system can be time consuming and emotionally draining.

The absence of housing appropriate to their needs can affect disabled children in a number of ways. Identified problems include: lack of space, poor locations, inadequate bathrooms, overcrowding, poor quality accommodation, unsafe internal environments, access problems and lack of equipment (see Clarke, 2005, pp17-18). This can have deleterious effects on the health of disabled children, limits their capacity to experience the home environment as a safe space from which to explore the wider world, and can mean no private space of their own, or in which to exercise.

Access to services is not always easy. In the absence of sufficiently well co-ordinated services families themselves often take on this co-ordination role, adding to the demands that they face in supporting their disabled child. Experiences of insufficiently integrated services relate to everyday frustrations such as coordinating hospital appointments with school timetables (Heaton, *et al.*, 2003), and to more fundamental differences between agencies over agreed definitions (DoH, 2003).

Education is a key site of dispute over the comparative merits of 'integration' as opposed to 'special needs provision'. Experience of poor performance in 'inclusive' education has prompted arguments to retain and halt the reduction of special schools. This long-standing debate is also relevant to the potential role to be played by extended schools in facilitating the inclusion of disabled children. Extending the range of services provided from the school base may improve the accessibility of services for disabled children and their families in a non-stigmatising setting. But school based leisure services that are limited to the school term leave families without support for long periods, and not all children or their families want to return to school to take part in leisure activities.

Inadequate housing can make access to play and leisure facilities even more important for disabled children. Barriers to play for disabled children are both practical and attitudinal. Parents may be concerned about injury, low income may impede access, attitudes of non-disabled children and adults may act as a barrier, as well as inappropriate design of play equipment and the physical environments in which it is based. Similar differences exist amongst service providers and parents about the comparative merits of 'special' versus 'inclusive' play and

leisure facilities to that evident in the sphere of education. Attending a special school may make it harder for children to take part in inclusive leisure activities because of the travel time to school, friendship networks linked to school and lack of knowledge about opportunities. There appears to be a difference depending on whether the provision involved is a club – in which case special provision is often highly valued, or a public space (such as a playground) where inclusion is prioritised. A report from the Office of the Deputy Prime Minister (ODPM, 2004) highlights inclusive play spaces for disabled children and their siblings as key to social inclusion within communities.

The Audit Commission (2003) has identified the vulnerability to social exclusion of the whole family where there is a disabled child due to factors identified above. In addition, the provision of services to disabled children without also addressing other family members (particularly fathers) can result in them feeling marginalised (e.g. Mitchell and Sloper, 2000). Siblings may also be affected within the home – as a result of limited space which means they cannot have private space for their activities, restricted financial circumstances that result in them feeling that they are not entitled to ‘treats’, and by the mocking that can result from the stigmatisation of disability.

### **Gypsy/Traveller children**

For Gypsy/Traveller children social exclusion also relates both to the exclusionary attitudes of others and the objective circumstances of their lives (Hester, 2004). Gypsies/Travellers have been subject to persecution both on racial grounds and on the basis of their lifestyles. Mainstream services are designed on the assumption of sedentary lifestyles and there has been a historic reluctance on the part of public agencies to accept responsibility for ensuring the basic necessities of a safe place to live, appropriate education and health services for those who do not conform to this way of life.

Gypsy children have the lowest educational results of any ethnic group (Ofsted, 1999, cited in Hester, 2004). In 2003 a DfES report identified the following factors considered to require action to reduce the barriers to achievement:

- Addressing the experience of racism and social exclusion;
- Teacher knowledge and expectations;
- Parental education;
- Interrupted educational experience.

This reflects not only issues of discontinuity of education associated with nomadic or semi-nomadic lifestyles, but also the impact of racism and lack of understanding within the education system. It also acknowledges that parents’ own experiences of the education system affect their views about their children’s education. Kiddle (1999) also discusses the issue of children’s identity and their relationship to space as affecting their experience of and response to education. And one result of repealing the duty of local authorities to provide sites for Gypsies/Travellers has been to exacerbate irregular school attendance (Bhopal, 2004).

Research suggests that Travellers are amongst the unhealthiest people in Britain (BMJ, 1996). Poor health is associated with lack of access to health services. The issue of making and keeping appointments when people do not have a formal ‘address’ is one aspect of this; but other issues are also important. For example, poverty and poor physical environments are detrimental to the health of many Gypsies/Travellers; and stresses associated with the experience of racism, stigmatisation and finding safe places to ‘park-up’ can affect both physical and mental health.

The children of Gypsy/Traveller communities face some of the most difficult experiences of social exclusion and most service providers have little experience of working effectively with them.

### **Black and minority ethnic children**

Ahmed (2004) notes a considerable body of evidence which has documented the socio-economic disadvantage and deprivation experienced by minority ethnic groups in British society as a result of unemployment, low income, bad housing and poor educational opportunities. These issues affect some communities more than others. 69% of Pakistani and Bangladeshi, 32% of black Caribbean people and 46% of other black people live in poverty compared with 17% of white people (Child Poverty Action Group, 2004). Unemployment among men and women from all minority ethnic groups is substantially higher than for white people and three times higher for people of African and Pakistani/ Bangladeshi origin. (Child Poverty Action Group, 2004).

The material deprivation experienced by many black families is compounded by the impact of racism – which can be experienced by those living in comparative affluence as well as those living in poverty. The Stephen Lawrence Inquiry resulted in the introduction of the concept of ‘institutional racism’ into mainstream policy thinking and exposed the impact of everyday routines and systems within organisations, including schools, social services, hospitals and the criminal justice system in contributing to the marginalisation and disadvantage experienced by black people. One consequence of this is that if the problem of racism lies predominantly in the organisational cultures that affect much of our lives, then a policy focus on assimilating black and minority ethnic communities in the host (white) community is made problematic – a point also made by Hester in relation to Gypsy/Traveller children and families.

There are particular concerns with respect to experiences of the education system. The pattern of attainment by minority ethnic students is considerably more complex than is widely recognised. Chinese and Indian pupils achieve significantly above average results at each stage of education, whereas black Caribbean, mixed parentage, Travellers, Bangladeshi and Pakistani pupils achieve significantly below average results at the end of compulsory education (GCSE). But there is a danger that focusing on the ‘underachievement’ of certain groups can all too easily lead to the assumption that those groups are pathologically destined to fail (John, 2001). Luthra (1997) also believes that research into comparative underachievement as opposed to relative progression has led to a culture of victimisation and self-fulfilling prophecies. Official statistics can also offer an alternative narrative success as there is also evidence that for each ethnic group there is a part of the country where that group is the highest achieving (Gillborn and Mirza, 2000, pp8-11). This emphasises the importance of understanding the processes that produce discriminatory effects and recognising that these are not inevitable. The DfES document *Aiming High: Raising the Achievement of Minority Ethnic Pupils* supports the growing body of evidence that school-based processes are an important contributory factor in the production of poor outcomes for black and minority ethnic pupils. For example, there is abundant evidence of the discriminatory impact of behaviour management practices in schools (Audit Commission, 1999; Blair, 2001; OfSTED, 1996; Osler, 1997a). Black and minority ethnic pupils are vastly over-represented in school exclusion figures, particularly African Caribbean pupils. The general experience of black and minority ethnic pupils is of being over-regulated and over-disciplined. The evidence strongly suggests that black and minority ethnic pupils are simply treated differently and more harshly than their white peers (see Warren, 2005).

### **Refugee and asylum seeking children and families**

Asylum seekers and refugees who move to industrialised countries such as the UK commonly experience multiple problems of social exclusion including material poverty and high degrees of isolation (Bloch, 2000; Duke, *et al.*, 1999; Geddes, 2003; Jones and Gill, 1998; Schellekens, 2001; Taylor and Gair, 1999; Zetter, *et al.*, 2002; Zetter and Pearl, 2000). Restrictive immigration and asylum policies have contributed to this cycle of social exclusion, by progressively withdrawing entitlements to social care as disincentives to attempts to settle in the country (Joly, 1996). The compulsory programme of dispersal administered by the National Asylum Support Service (NASS) and introduced by the Immigration and Asylum Act 1999 has resulted in the moving asylum seekers to areas of the country with limited experiences of receiving immigrant groups and limiting their abilities to draw on supportive social networks (Duke, *et al.*, 1999; Sales, 2002; Woodhead, 2000). Asylum seekers' and refugees' experiences of social exclusion are also highly racialised in that they often face similar problems to other black and minority ethnic groups living in the UK including discrimination, dislocation and limited power (Pierson, 2002).

In addition to the range of experiences that asylum seekers and refugees have before exile, several studies suggest that the physical and mental health of asylum seekers across the UK may deteriorate over time due to overcrowding, poor quality housing and unsanitary conditions in the UK, material poverty, poor diets and problematic access to health and social care services (for example, Brent and Harrow Health Agency, 1995; British Medical Association Board of Science and Education, 2002; Gammell, *et al.*, 1993; Woodhead, 2000). Despite asylum seekers and refugees' full legal entitlement to National Health Service care (Refugee Council, 2002) they may experience many barriers to using health services including language barriers and the limited availability of information about eligibility to use services – misunderstandings which are also reported among some NHS staff. Whilst the NHS provides interpretation services, these services, together with printed materials in minority languages, are in limited supply, a problem that exists across the UK (Jones and Gill, 1998; Taylor and Gair, 1999; Woodhead, 2000; Burnett and Peel, 2001; GLA Policy Support Unit, 2001; British Medical Association Board of Science and Education, 2002).

Although all young refugees or asylum seekers aged six to 16 years are entitled to receive education in the UK, in practice lengthy delays are often experienced in enrolling asylum seeker children in schools due to over-subscription, exacerbated by high mobility rates among asylum seekers in the UK (Hek, 2005; Kidane, 2001; Power, *et al.*, 1998). The Audit Commission (2000) identified two further reasons for some schools' reluctance to accept young refugees or asylum seekers: their inability to offer appropriate support, such as language support and some schools' reluctance to admit these groups since it is believed that the overall test performance would be adversely affected.

With regards to unaccompanied young refugees and asylum seekers, a number of studies suggest that these groups experience varying levels of support from social services departments and that social services staff may have limited knowledge about how to effectively support them (for example, Stanley, 2001). Indeed, it is recognised that limited formal guidance exists in social services departments, leading to considerable variation in delivery of social services to young refugees and asylum seekers across the country.

### **Crime and anti-social behaviour**

Children considered to be at risk of crime or anti-social behaviour occupy a rather different position from the other groups considered here. In this context it is the anticipation that they may become involved in forms of negative behaviour that singles them out for attention. Nevertheless, many of the children so identified are subject to similar processes of social exclusion as other disadvantaged children and young people. Prior and Paris (2005) identify

factors that contribute to the risk of a child or young person committing a criminal offence or engaging in acts of anti-social behaviour or that help protect the child against such risks. These can be grouped into individual, family, school and social or community factors.

Individual risk factors include Attention Deficit Hyperactivity Disorder, impulsivity, cognitive impairment and various types of aggressive behaviour; whilst core individual protective factors have been identified as female gender, resilience, self-efficacy, a positive and outgoing disposition and high intelligence. Risk factors associated with family life include issues around the time of birth, whose effects can depend on whether or not the child is raised in deprived or disadvantaged circumstances, such as low birth weight, abnormality, and perinatal complications, as well as the nature of the maternal response pre- and post-natally. Other key risk factors include parenting which is harsh and cruel, passive and neglectful, or highly inconsistent in approach; a history of family conflict; and the demonstration or condoning of anti-social behaviour within the family. Finally, there is evidence of risk of future delinquency arising from the interplay between low income, poor housing and large family size. In contrast, the establishment and maintenance of close, positive social bonds between children and their parents or carers has been identified as a crucial protective factor.

Risk and protective factors relating to children's experience at school involve issues of achievement, interaction, commitment to or investment in schooling and the quality of schooling. Low achievement is a significant risk factor that has the advantage of being identifiable early in a child's school career and being amenable to interventions designed to strengthen learning. The danger of children becoming alienated links to the issue of the relationship between the child and the school, which is shaped both by children's own attitudes (in turn influenced by individual and family factors) and the culture of the school itself as represented by its overall approach to children. The quality of school experience, reflected in the organisational structures and processes that govern school life, has an important effect on levels of truancy and delinquency.

There is strong evidence of a correlation between children growing up in deprived and disadvantaged areas, with poor living conditions and high rates of unemployment, and an increased risk of their becoming engaged in crime and anti-social behaviour. Whilst comparatively little research is available on the kinds of protective factors that might operate at a community level, there is some suggestion that the presence of informal networks and local voluntary organisations that embody pro-social values contributes to a greater potential for protection than if they are absent.

The research evidence suggests strongly that it is the interaction between different factors, at different levels, that creates the conditions in which children are more likely to engage in criminal offending or anti-social behaviour; and similarly, that the potential for protection is generated by the combined impact of a range of protective factors. Cutting across these findings is evidence which shows how risk and protective factors may be affected by the policies and practices of official agencies, for example by racial discrimination within the criminal justice system or by the experience of being in local authority care.

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