

Intervening to improve outcomes for vulnerable young people: a review of the evidence

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This research report was commissioned before the new UK Government took office on 11 May 2010. As a result the content may not reflect current Government policy and may make reference to the Department for Children, Schools and Families (DCSF) which has now been replaced by the Department for Education (DFE).

The views expressed in this report are the authors' and do not necessarily reflect those of the Department for Education.

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Foreword

Over the last ten years a range of publicly funded initiatives have attempted to address the problems faced by vulnerable young people and to improve young people's life chances. In 2007, we were commissioned by the Department for Children, Schools and Families, now the Department for Education (DfE), to co-ordinate the learning across three of these initiatives. In 2009, when these initiatives and a number of others with similar objectives had ended, our remit was extended to review the findings relating to ten initiatives, one of which had been located in Scotland, in order to draw out the lessons which should inform future policy and practice aimed at supporting young people at risk.

Many of the pilots and pathfinders we reviewed had overlapping aims and objectives and were co-located in different parts of England and Wales. Some young people and their families had therefore received interventions from a variety of initiatives. This prompted us to consider the extent to which specific outcomes could be attributed to specific programmes and whether the potential impacts of each individual initiative might have been compromised.

The review was desk-based and did not involve any empirical research. We focused on the reports from national evaluations which are rich in content and embody a wealth of information about the ways in which the initiatives were established, the characteristics of the young people who were offered support, and the outcomes that were achieved. We have endeavoured to interpret and synthesise the findings faithfully and to reflect accurately the conclusions reached by the evaluators.

Acknowledgements

We would like to record our grateful thanks to a number of people who helped us during the review. First, our thanks go to Jude Belsham and Richard White (DfE), who were inspired to promote and commission the review so that the Department could maximise the learning from the evaluations that had been undertaken. They agreed the programmes that we should look at and gave us access to a range of research reports. Their obvious commitment to and interest in the review enabled us to engage in a number of reflective discussions with them about the themes that were emerging, and these subsequently highlighted specific issues of concern to policymakers which we should consider.

We began our review prior to the 2010 General Election and we are grateful to Jude, Richard and their colleagues for ensuring that our review is of central relevance to the concerns of the Coalition Government. Their detailed feedback and sharp insights have rendered our task both fascinating and enjoyable.

We are grateful, also, to those evaluators who ensured that we had access to interim as well as final research reports, and to Mike Ayton for his expert copy-editing of this report. Finally, we would like to thank Jane Tilbrook in the Institute of Health and Society for typing, formatting and preparing this report for publication. We trust that the review will be of interest to policymakers, commissioners of services for vulnerable young people, and practitioners in a variety of agencies who deliver those services.

Professor Janet Walker and Professor Cam Donaldson
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Intervening to Improve Outcomes for Vulnerable Young People: A Review of the Evidence

Executive Summary

Introduction

Concerns about the number of young people who fail to reach their potential at school, or get into trouble, or are not in education, employment or training (NEET), underpin the continuing commitment to end child poverty in the UK by 2020, and the Coalition Government's pledge to increase the focus on supporting the neediest families and those with multiple problems. A strong policy commitment to improving the life chances of vulnerable young people has in recent years led to the testing of a number of initiatives. In December 2009, Professors Janet Walker and Cam Donaldson were tasked with reviewing the evidence from the national evaluations of ten of these initiatives¹ so as to draw out the implications for future policy and practice with respect to vulnerable young people and their families.

The focus in all the programmes reviewed was on prevention and early intervention and on the provision of multi-agency support to tackle a range of risk factors in a young person's life. The programmes had complex and ambitious objectives and in some areas many overlapped and ran concurrently. Some young people and their families received interventions from several of the initiatives, making it difficult for programme evaluators to isolate the impact of any one programme or intervention.

The review sought to identify: the common barriers to the effective implementation of new initiatives; elements of effective practice in the delivery of multi-agency services for vulnerable young people and their families; the costs associated with integrated service delivery; the outcomes that can be achieved; and whether fewer and more targeted initiatives might offer better value for money, particularly during a period of fiscal reform.

Identifying and Assessing Vulnerable Young People

In order to avert poor outcomes for vulnerable and high-risk young people it is essential that these young people can be identified as early as possible. Several of the initiatives found it difficult to identify young people who had not yet demonstrated serious problematic behaviour, but who were in danger of doing so in the future. There was a tendency, therefore, to adopt a social targeting approach, focusing interventions on young people living in highly deprived neighbourhoods. This approach was helpful for programmes designed to target specific types of families, such as the IFSPs and FIPs, but unhelpful in identifying individual young people with additional needs who might benefit from targeted support. The policy intent of some initiatives was poorly understood, and targeting vulnerable young people became synonymous with targeting social and material deprivation more generally. Consequently, some young people were clearly over-targeted and others almost certainly missed out altogether.

Assessing Risk Factors

Many of the initiatives sought to target young people by assessing their levels of risk. Such an approach requires a clear understanding of the interplay between the risk and protective

¹ Budget Holding Lead Professional Pilots (BHLs), Targeted Youth Support Pathfinders (TYSPs), Youth Inclusion and Support Panels (YISPs), YISPs involving Family Group Conferencing (FGC/YISPs), Children's Trust Pathfinders, Family Intervention Projects (FIPs), On Track, Intensive Family Support Projects (IFSPs), IFSPs in Scotland, BHLs with looked-after children.

factors in each young person's life, the ways in which these shift over time, the intensity and duration of each risk and its potential to result in poor outcomes, and the elements that can be manipulated most effectively by various interventions. Practitioners' understanding of risks and their ability to assess them accurately varied, and the use of comprehensive risk assessment tools was patchy.

Referral Patterns

The professionals and others who interact with young people on a daily basis do not necessarily realise which young people are most at risk, but the majority of them are aware of difficulties within their own domain. So, for example, teachers know when a young person is in difficulty at school, parents are aware when there are problems at home, and people in the local community may have noticed antisocial behaviour on the streets. Referral patterns indicate that teachers and other education services were best placed to detect the early onset of risky behaviours, but lack of time and conflicting priorities meant that teachers did not always follow through to ensure that young people received the help they needed. Moreover, teachers were not always keen to engage with what they often regarded as welfare rather than educational concerns.

The evidence suggests that a culture change is needed if teachers and other key professionals in a young person's life are to be more attuned to the early warning signs that might result in poor outcomes and willing to take the time to refer young people for assessment and intervention.

Parents rarely referred young people to the programmes we reviewed, yet the majority had been acutely aware of the difficulties they and their children were experiencing. The evidence indicates that, while parents are well-placed to recognise risks, when they do seek help their requests are frequently ignored and they often give up the struggle to secure the attention of busy professionals before circumstances reach crisis point. Services need to be designed to encourage contact from parents/carers and from young people themselves.

Assessing Needs

Practitioners did not always understand the importance of assessing both risks and needs. It is rarely possible to address a range of risk factors simultaneously and an assessment of needs allows practitioners to identify which interventions might address immediate needs. Although the Common Assessment Framework (CAF) was designed as a universal tool to assess a young person's needs, its adoption had been slower than anticipated. The evaluations indicated that practitioners need to be trained and encouraged to use the CAF and helped to view it as a tool that can guide multi-disciplinary intervention, enable information sharing and promote a more rigorous focus on defining and recording outcomes. Practitioners who had adopted the CAF as a key part of their practice reported a range of benefits for young people, and for their families and those working with them.

The evidence from the review reinforces the conclusion from the evaluations of several initiatives that identifying the most vulnerable young people requires a balanced approach and careful use of robust assessment processes. Determining how to target the young people most at risk of offending and antisocial behaviour before risks escalate is particularly challenging. In order to target interventions effectively:

- different levels of risk need to be determined and monitored over time
- both risk assessment and assessment of needs are vital so as to avoid over-targeting and to provide the most appropriate interventions for each young person

- a thorough audit of the programmes which might overlap with or complement each other is essential

Multi-Agency Working

Lord Laming's report of the inquiry into the death of Victoria Climbié underlined the need for clearer structures for co-ordinating and integrating the work of different professionals. Children's services have experienced extensive reconfiguration in recent years and, in some areas, tensions emerged between efforts to implement a new integrative policy framework and the concomitant pressure for change within individual services.

Local Partnership Working

Local partnership working was fostered in a variety of ways, and the evidence indicates that co-located teams are able to achieve quicker responses, easier and faster access to information, caseload transparency and a collegial learning environment. Effective management is crucial for integrated working to operate effectively, irrespective of whether teams are co-located. In practice, substantive training for new ways of working was rare. This had proved to be a major stumbling block for some initiatives.

A common complaint across the initiatives was that actually getting all the key agencies together to attend multi-agency meetings had been highly problematic, with the result that integrated working had been severely compromised. None of the initiatives had found it easy to establish an effective model of partnership working, but those that had succeeded pointed to the leadership skills of project managers, organisational structures that facilitated co-working, a shared understanding of new programmes, and staff who were competent to deliver new interventions. Without these elements, information sharing remained a challenge, although the evidence indicates that effective information sharing is critical to achieving seamless service delivery.

Keyworkers and Lead Professionals

The evaluations illustrate clearly the vital roles played by keyworkers and lead professionals (LPs) in facilitating, driving, co-ordinating and monitoring personalised, integrated support for young people at risk. The LP role carries a high level of responsibility, which some practitioners found daunting. Increasing workloads and skills gaps were identified as continuing concerns which needed to be addressed. When LPs managed their new role effectively there was evidence that young people had access to a wider range of services and there was a noticeable reduction in the duplication of resources.

The budget-holding lead professional pilots (BHLPs) sought to enhance the LP role by giving LPs control over budgets to deliver publicly funded services to young people. It proved to be a step too far for many practitioners, and just a few embraced the new role and were brave enough to commission services and shop around to secure value for money. Lack of experience, lack of training and lack of knowledge about what interventions cost emerged as barriers to BHLP practice. Moreover, BHLPs needed a good deal of administrative support, particularly in their attempts to convene panel meetings or a team around a child/young person (TAC). A lack of understanding and variable commitment among partner agencies served to undermine locality approaches to the provision of integrated support.

Joint Commissioning and the Pooling of Budgets

The Joint Planning and Commissioning Framework was designed to help local planners and commissioners of children's services to develop a unified system to make better use of resources and promote better outcomes. Many local agencies were able to plan

collaboratively and pool budgets, but financial pressures tended to act as a constraint and progress in some areas was slow.

Managing the integration of diverse structures and professional roles exposed the fragility of some existing organisational structures and indicated the extent to which some practices need to change if effective multi-agency provision is to be a sustainable reality. The evidence from the initiatives indicates that a number of elements can contribute to more effective multi-agency working:

- the provision of training that involves the joint sharing of knowledge and a joint understanding of the different professions and roles which can contribute to a multi-agency response
- the commitment and buy-in of managers and practitioners at all levels and a willingness on the part of practitioners to attend meetings and TACs
- organisational structures that facilitate co-working, joint commissioning and the pooling of budgets
- a lack of professional and agency territorialism and a mutual respect for the different contributions made by practitioners in the statutory, voluntary and private sectors to integrated service delivery
- a commitment to information-sharing
- the appointment of LPs who are trained for and supported in their pivotal role as the single point of contact for young people and as co-ordinators of appropriate packages of support

There is strong evidence, also, that children, young people and their parents/carers welcomed integrated, personalised approaches and the roles played by keyworkers, LPs and TACs. Nevertheless, there is considerable scope for further radical changes to be made which move away from simply modifying existing arrangements.

Delivering Interventions and Improving Outcomes for Young People

The purpose of providing vulnerable young people with personalised packages of support, information, advice, guidance, and learning and development opportunities is to improve their life-chances. Most of the evaluations were able to report in some depth about the processes involved in establishing the initiatives and delivering interventions, but few were able to report with confidence the outcomes and impacts of new ways of working.

Empowering Young People

An important part of many of the initiatives' objectives was the empowerment of young people to take responsibility for sharing in decision-making and the prioritising of support services. Some practitioners were extremely successful in engaging with the young people and involving them in the various processes. Others tended to keep them at arm's length. The evidence suggests that further change in professional practice is needed if young people are to feel more empowered and better prepared to take advantage of a different kind of relationship with practitioners. Relinquishing ownership of processes, particularly giving young people some control over their budgets, can be challenging for some practitioners.

Combining support with control also presented specific challenges for LPs and keyworkers, as was most evident in the FIP evaluation. It can be difficult to maintain a balance between encouraging families to engage in programmes and imposing sanctions if family members fail to comply without jeopardising the very important relationship with the keyworker.

Blending Universal and Targeted Services

Most initiatives involved the delivery of universal and targeted services, and placed emphasis on ensuring young people had access to leisure facilities. Ensuring that all the agencies delivered interventions promptly was not always straightforward and young people and their parents tended to feel let down when agencies failed to deliver support that had been promised. For the most part, when packages of support were delivered these were much appreciated by young people and their families, and leisure activities gave young people important opportunities to enjoy increased social inclusion. The evidence suggests that

- involving young people and family members in developing support plans increases co-operation and ownership of the plan
- leisure activities give young people an opportunity to enjoy increased social inclusion
- support for vulnerable young people is usually only effective if their parents/carers are willing to receive support themselves and to encourage the young people to strive towards better outcomes
- the personal one-to-one support provided by keyworkers and/or LPs is the most significant element in improving young people's outcomes and is an essential ingredient in effective intervention

Defining Outcomes and Assessing Impacts

A number of key outcomes were central to all the initiatives: these included reducing the numbers of young people entering the criminal justice system, using drugs and alcohol, getting pregnant and being NEET. Objective measures of outcomes were rare, however, and most evaluators pointed out that mechanisms promoting change were likely to be multi-causal, multi-level and could not be disentangled from other effects. The initiatives frequently relied on qualitative assessments of change and failed to promote the kind of robust evidence that is required to inform policy decisions. Practitioners tended to confuse outputs with outcomes and did not always understand the vital links between assessments, interventions and impacts.

The evidence suggests that interventions have the highest impact when they are targeted at young people at the highest risk and that there is more to be gained by targeting high-risk children who are younger than by targeting older children. Moreover:

- direct work with young people had the most positive impact on outcomes
- young people benefited from more intensive, in-depth support than from occasional support over a period of time
- tackling risks at different levels was more effective than focusing on one risk at a time
- to improve outcomes, interventions need to be sustainable and comprehensive exit strategies are crucial to achieving this

- outcomes tend to be more positive if parents/carers are also engaged

Most initiatives reported positive impacts in terms of young people's well-being, self-confidence, self-esteem and relationships. Some initiatives recorded positive impacts on parenting skills and improved relationships with the young people and with key agencies. Whole-family approaches were regarded as particularly successful in reducing risk factors and increasing protective factors, but many families suffered setbacks and concerns were expressed across the initiatives about the longer-term sustainability of these outcomes without families having access to ongoing support when it was needed.

The qualitative data suggest that:

- parents are often the first to benefit from interventions
- improvements in parenting skills and well-being can be expected to support improvements in outcomes for young people
- improved relationships between parents and schools are particularly important in sustaining positive outcomes for young people
- providing multiple interventions within families is important in improving young people's outcomes

All the evaluators expressed caution about the generalisability of outcomes because sample sizes tended to be small and they were heavily dependent on qualitative data. While these data pointed to improvements on a variety of levels and practitioners were keen to celebrate small but positive steps in the right direction, there was little evidence of higher-order outcomes being monitored or achieved.

Assessing Value For Money

Policymakers look for hard evidence of the cost-effectiveness of new programmes and want to know if they represent value for money. In order to measure cost-effectiveness five criteria need to be met: study populations have to be clearly defined; appropriate control or comparison groups need to be identified; quantitative, longitudinal data on outcomes are required; all the resources (inputs) have to be costed; and data collection has to be rigorous. None of the initiatives reviewed met these five criteria. Consequently, very little can be said about the separate impacts the intervention components had on the interventions' effectiveness or efficiency. All the evaluators faced challenges in their attempts to measure outcomes. The most depressing conclusion from our review is that despite substantial social resources having been spent on pilots, pathfinders, evaluations and the roll-out of programmes, there is no hard evidence as to their effectiveness. This conclusion suggests that, in future, a new programme should:

- clearly define the target groups and collect comprehensive baseline information on all referrals
- ensure that comparator (or control) groups are identified at the start and that roll-out of the programme is prevented during the evaluation period
- ensure that all interventions provided are recorded (in terms of their intensity and duration) so that costs can be attributed to them

- be sufficiently well-resourced to allow consistent data collection relating to hard outcomes and taking place at several points in time
- be monitored over a longer time period so that the longer-term impacts can be considered

It has not been possible to assess the value for money of any of the initiatives we reviewed. Much more rigorous programme implementation processes and more robust evaluations are essential if such questions are to be addressed.

Implementing the lessons learned will present further challenges for managers and practitioners, but they can provide a useful framework for ensuring that more robust evidence is obtained in future. It is evident that more needs to be done, both to address the limitations of national and local evaluations and to develop robust measures of the effectiveness of social care interventions.

Looking to the Future

The evaluations reviewed provide a wealth of evidence, although there are significant gaps. In particular, more robust evidence is needed about the longer-term outcomes of each intervention, the resource implications, and who would benefit most. Nevertheless, a number of building blocks can be identified as being essential to the delivery of targeted support for young people. If these are not in place at the start of a new programme, delays are inevitable and the integrity of the initiative may be severely compromised. These building blocks include: the adoption of the CAF; the establishment of multi-agency teams, such as TACs; identification of a lead professional to co-ordinate service delivery; a commitment from all agencies to developing personalised support; strong leadership and appropriate training for new roles and responsibilities; and more integrated commissioning processes.

The evidence underlines the critical importance of clear policy guidance about the aims and objectives of new initiatives. Greater understanding is needed about how specific outcomes are to be identified, achieved and evaluated if policy and practice are to be evidence-based.

Lessons Learned

A number of key lessons can be taken from our review of recent initiatives:

1. Effective practice in supporting vulnerable young people requires a greater understanding of the links between assessment, interventions and outcomes.
2. Further progress needs to be made in terms of implementing the CAF and developing the family CAF and IT systems to facilitate the use of e-CAFs.
3. Challenges remain in effecting seamless service delivery. Undertaking basic groundwork prior to the launch of any new initiative is essential to establishing effective collaboration at the local level.
4. Keyworkers and LPs are vital ingredients in the delivery of personalised services: they provide the essential support for young people and their families and undertake tasks which require commitment, time, and excellent interpersonal skills.
5. Personalised support is central to the changes being made: practitioners need specific skills and greater confidence to relinquish their professional control and work in fundamentally new roles with the young people they support.

6. Underpinning the development and implementation of the key building blocks must be a highly skilled and competent social care workforce, and any new workforce strategy needs to find ways of reducing high workloads and the competing demands on practitioners' time.
7. Joint commissioning and the pooling of key budgets involve large step-changes in local arrangements and a top-down approach has been shown to be successful in achieving these.
8. It is essential for government to give clear policy guidance and to ensure that potential tensions between national policy developments and local responses are addressed.

For many of the young people and their families who were involved with them, all the interventions tended to work to some extent, but more careful research needs to be done to determine which elements work best and which least well for certain kinds of vulnerable young people. In our view, sound evaluation must be built in to the development of new programmes.

Over the past ten years a large number of vulnerable young people have received support from one or more of the initiatives reviewed. A key question for the future relates to the need for a more consistent approach which avoids overlap and duplication of effort and promotes more effective use of scarce resources. A simpler and more focused approach might be welcomed by practitioners and by young people and their families. Combining the most helpful aspects of previous initiatives and taking account of the lessons learned might secure greater value for money. There seems little merit in launching a plethora of programmes which have the potential for overlap and confusion, thereby compromising the outcomes which can be achieved.

Chapter 1 Introduction to the Review

A strong policy commitment to improving the life chances of vulnerable young people, particularly those at risk of poor outcomes, has been evident in many initiatives launched by successive governments, and continues to the present day. Concerns about the number of young people who fail to reach their potential at school, or who get into trouble, or who are not in education, employment or training (NEET), underpin the continuing drive to end child poverty in the UK by 2020 and the Coalition Government's pledge to increase the focus on the neediest families and those with multiple problems.²

Given the Government's expressed commitment to tackle the current financial deficit and, at the same time, promote radical reforms which strengthen families and encourage social responsibility,³ it is vitally important that any new programmes are based on sound evidence about what works and how to maximise value for money. This report, therefore, co-ordinates and integrates the learning derived from a range of initiatives since 2003 which have targeted young people at risk of poor outcomes and provided support for them and their families, with the aim of informing both future policy and practice directions and investment in support for vulnerable young people.

Background to the Review

In 2007, researchers at Newcastle University were commissioned by the Department for Children, Schools and Families, now the Department for Education, to co-ordinate the national evaluations of three specific programmes offering support to vulnerable young people and their families. In December 2009, this work was extended to embrace a review of the evidence that had emerged from these and a number of other programmes which had targeted young people at risk of poor outcomes in order to determine the implications for future policy and practice. In this introductory chapter, we describe, briefly, the aims and objectives of the review and the process we adopted, the programmes included in the review, and the structure of the report. The policy context which underpinned the programmes when they were initiated is described in Annexe 1.

The Aims and Objectives of the Review

The aims of the review were fivefold:

1. To explore the findings from recent evaluations and determine the key evidence which can inform the development of policies involving young people and support the effective implementation of policy changes.
2. To identify the common barriers to effective implementation of new programmes, the factors which are essential for successful implementation, and the changes in delivery required.
3. To identify the elements of effective practice in the delivery of multi-agency, co-ordinated services for young people and their families.
4. To consider the degree of overlap in terms of the target groups, policy objectives and practice approaches, and to consider also whether combining these initiatives into more generic or more specifically targeted programmes might be a more feasible way forward for future delivery.

² HM Government (2010) *The Coalition: Our programme for government*, Cabinet Office, Crown Copyright.

³ *ibid.*

5. To investigate the learning that can be derived in respect of the cost of delivering newly structured, integrated, targeted services, the outcomes that can be achieved, and the cost-effectiveness of targeted support approaches.

The key objective has been to identify common and consistent learning which can provide a robust evidence base for developing policy and practice which will improve the life chances of young people.

The Review Process

Our review involved the following steps:

1. Understanding the policy context within which the interventions and programmes were designed to improve outcomes for young people.
2. Examining the evidence relating to each programme included in the review, taking a thematic approach which was informed by the seven core delivery elements of targeted youth support (TYS)⁴ and by a number of questions which we developed in consultation with the Department.
3. Contextualising the review with reference to other literature relevant to multi-agency interventions with young people.
4. Considering the findings from the review alongside the evidence available in respect of outcomes for young people at risk. We sought to determine the robustness of the evidence and its fit with the learning from other initiatives, to delineate any gaps in the evidence base and the areas in which further research may need to be undertaken, and to examine the implications for policy and practice.

Research reviews are iterative processes, even when they are confined to tightly defined fields of study. We liaised closely with the Department at all stages of the review, and agreed the programmes and topics we would include and those we would eliminate. As we examined the literature we discussed the key themes that were emerging, included new lines of investigation when they were of direct interest in terms of our aims and objectives, and discarded those that were deemed not to be of mainstream interest. Our overriding objective has been to focus on enhancing understanding of those interventions which improve outcomes and reduce risks for young people, and those which have the potential to do so.

During the review, the Department raised a specific topic which is currently generating considerable interest. We were asked to consider the extent to which our review might shed light on the ability to use the data generated by the evaluations to determine value for money through an appraisal of attempts to cost the interventions targeted at vulnerable young people and combine these with data on outcomes. This is a particularly difficult area to investigate, but we addressed several questions relating to value for money alongside our review of the evidence relating to cost-effectiveness.

It is important to note that we did not set out to evaluate the evaluations of the programmes included in the review. Instead, we considered the evidence the evaluations were able to provide in order to answer a number of key questions (see Annexe 1), noting the caveats and limitations of the studies as identified by the evaluators and examining common themes and concerns about the generalisability of the findings. In attempting to answer value-for-

⁴ DfES (2007) *Targeted Youth Support: A guide*, Crown Copyright.

money questions, however, we refer specifically to the problems faced by most evaluators in applying robust quantitative methods and determining objective measures of outcome.

The Programmes Included in the Review

The focus in all the programmes reviewed was on prevention and early intervention, particularly in respect of young people deemed to be at high risk of getting into trouble, failing at school and becoming marginalised from mainstream activities. Although there was no single agreed definition of prevention, it has been generally understood as referring to the process of boosting a young person's resilience so as to protect him or her from poor outcomes during adolescence and into adulthood. The reduction in the incidence and prevalence of a specific problem within a specific group would indicate the success of a preventative strategy. This is most easily exemplified by the effectiveness of the universal preventative programmes in child health, which have substantially reduced the impacts of childhood illnesses such as measles. Although preventative and early intervention strategies often overlap, they are significantly different.

The term 'early intervention' has been used to describe a range of activities and this has resulted in some confusion. Some professionals have considered early intervention to mean intervening in the lives of very young children, either by making universal services available to all or by targeting services at young children who are exhibiting signs of behavioural problems or other difficulties. In this interpretation, 'early' refers to early in the life of a child. Others have considered early intervention to mean intervening as quickly as possible when difficulties and problems first emerge, irrespective of the age of the child or young person. It is this latter interpretation which was adopted in the *Policy Review of Children and Young People*.⁵ The definition given is as follows:

*Early intervention means intervening as soon as possible to tackle problems that have already emerged for children and young people.*⁶

Early intervention interpreted in this way targets specific children and young people who have an identified need for additional support once problems have begun to emerge but before they become serious. Early intervention is not a single event but a process which involves three key steps: first, the identification of children/young people whose development, behaviour or well-being is potentially at risk; second, an assessment of the scale and nature of the problems and of the needs which have to be addressed; and third, the development and implementation of a package of support which addresses identified problems.⁷ For early intervention to be effective, each of these steps needs to be accomplished appropriately. We examine the evidence relating to each of these in the report.

We agreed with the Department that we would focus initially on examining the evidence from three programmes:

1. The Budget-Holding Lead Professional Pilots (BHLPs).
2. The Targeted Youth Support Pathfinders (TYSPs).
3. Youth Inclusion and Support Panels (YISPs).

⁵ HM Treasury and DfES (2007) *Policy Review of Children and Young People: A discussion paper*, Crown Copyright.

⁶ *ibid.*, p. 8.

⁷ DCSF (2005) *Early Intervention: Securing good outcomes for children and young people*, Crown Copyright.

All three programmes were designed to support vulnerable young people, and they had a number of shared characteristics in that they all:

- involved the early identification of children/young people with additional needs and/or high levels of risk
- involved multi-agency, multi-disciplinary team-working and the delivery of targeted, integrated support
- included young people and parents/carers in the identification of needs and appropriate responses to them
- depended on reforms being implemented within children's services
- involved the use of assessment, specifically the Common Assessment Framework (CAF)
- targeted older children and teenagers

Aims of the BHLPs, TYSPs and YISPs

The BHLP pilots – targeted children and young people with additional needs who required a multi-agency response. Lead practitioners (LPs) were to have their role enhanced through the allocation of budgets which would enable them to commission services directly, in consultation with the young people and their families.

The TYSPs – were designed to provide timely, effective and co-ordinated support for vulnerable young people, via a range of agencies and working across universal, targeted and statutory services. The three aims were to:

- explore how Children's Trusts can deliver effective, integrated support and create workable models
- develop an effective change management toolkit and case studies for use in local areas
- explore specifically how services identify children, young people and families at increased risk of negative outcomes and intervene early to prevent problems escalating

The YISPs – were designed to support those young people aged 8–13 who were at greatest risk of becoming involved in antisocial and/or criminal behaviour before they entered the criminal justice system.

While we focused specifically on these three initiatives, we also examined the evaluations of several others:

- Children's Trust Pathfinders
- Family Intervention Projects (FIPs)
- On Track
- Intensive Family Support Projects (IFSPs) in England
- Intensive Family Support Projects (IFSPs) in Scotland

We drew on the evidence from these initiatives wherever it added value to the review and underscored the implications for policy and practice.

Aims of Children's Trusts, FIPs, On Track and IFSPs

Children's Trusts – were established to drive local coherence, joint planning and commissioning in order to join up and integrate services for children and young people.

The FIPs – were designed to address the behaviour of the most antisocial families and to reduce their impact on the local community, using an assertive and persistent style of working to challenge and support problem families.

On Track – was established as a multi-component, area-based initiative designed to test out new approaches to work with at-risk communities, and aimed at children aged 4–12 and their families, in order to reduce the propensity for youth crime and antisocial behaviour in high-risk populations.

The IFSPs – pioneered a new way of working, involving housing and social work departments, to support perpetrators of antisocial behaviour in order to change that behaviour, and to provide a range of services to families at risk of homelessness, eviction and family break-up.

In addition, two of the three programmes reviewed initially (YISPs and BHLPs) had been extended to embrace new ways of working, and/or other groups of children and young people:

1. Youth Inclusion and Support Panels were extended to include a focus on family group conferencing (FGC/YISPs).
2. Budget-Holding Lead Professionals were appointed to work with looked-after children.

We included the evaluations of these in the review.

Aims of FGC/YISPs and BHLPs with looked-after children

The FGC/YISPs – were established to enhance the effectiveness of YISP intervention by offering young people and their families the opportunity to participate in a family group conference, thereby harnessing resources in the family to resolve problems faced by the young people.

The BHLPs with looked-after children – were established to enable LPs, primarily social workers, responsible for looked-after children and young people or those on the edge of care to hold budgets and work in collaboration with these young people to develop personalised package of support and improve outcomes.

We took account, also, of other studies which examined the evidence relating to those elements, such as the CAF, considered essential for the effective implementation of new approaches and programmes. Throughout, we focused on the evaluation outputs generated by national evaluators and did not include any local evaluations in the review.

Characteristics of the Programmes Reviewed

All of the programmes involved complex interventions, consisting of a number of interconnecting elements. The programmes' characteristics are described below.

Characteristics of the BHLP pilots, TYSPs and YISPs

The BHLP pilots – 16 pilots working with children and young people aged 0–19, assessed as having additional needs. The BHLP practice was characterised by:

- standardised needs assessment via the CAF
- multi-agency working
- allocation of budgets of varying sizes to act as leverage
- direct purchase of goods and services
- empowerment of children, young people and families
- enabling young people to engage in positive activities

The BHLPs with looked-after children – 4 pilots in which BHLP practice was extended to work with young people in the care of a local authority, or on the edge of care.

TYSPs – 14 pathfinders working with children and young people aged 0–19, underpinned by 7 core principles:

- strengthening the influence of vulnerable young people, their families and their communities, and increasing their ability to bring about positive change
- identifying vulnerable young people early
- building a clear picture of individual needs, using the CAF, and sharing this with the young people and the agencies working with them
- enabling vulnerable young people to receive early support in universal settings
- ensuring vulnerable young people receive a personalised package of support, information, advice and guidance, and learning and development opportunities, with support from their parents or carers as appropriate, co-ordinated by an LP and delivered by agencies working together
- providing support for vulnerable young people across transitions – moving from one service to another, or from one school to another, or from school to employment or training, or out of care
- making services more accessible, attractive and relevant for young people

YISPs – 13 YISP pilots and 6 FGC/YISP pilots working with children and young people aged 8–13, characterised by:

- dedicated keyworkers
- voluntary participation in the YISP
- a suite of risk assessment tools (ONSET)
- multi-agency panels
- development of an integrated support plan (ISP) for each child/young person
- dedicated FGC facilitator in FGC/YISP pilots
- expectation that YISP engagement would be time-limited (6 months)

Characteristics of the Other Programmes Reviewed

Children's Trusts – 35 pathfinders to integrate approaches and services to diagnose need and provide services for children and young people via:

- joint governance
- joint planning
- joint commissioning
- information sharing
- professionals working across organisational and professional boundaries

FIPs – 53 projects, run by a team in the local authority, a voluntary sector provider, a housing provider, or a combination of these, characterised by:

- detailed assessment and support planning
- allocation of a dedicated keyworker
- small caseloads
- intensive multi-agency intervention
- agreed plans of action
- whole-family approach
- sanctions if goals not met

On Track – 24 initiatives in high-crime, high-deprivation areas using an ecological model of prevention, risk and protective factors, operationalised through six levels of service (home–school partnerships, parenting support, home visiting, family therapy, pre-school services and specialist services), open to all but targeted on a needs basis. Characterised by:

- multi-agency partnerships
- multi-modal service offer
- delivery of over 1,100 services across the programmes

ISFPs – 6 projects in England and 5 in Scotland, characterised by the use of outreach and residential interventions, in groups or one-to-one formats, which were tailored to provide:

- intensive support – whole-family approach
- dedicated caseworkers/keyworkers

Complexity and Overlap

The complexity and ambitious objectives of these programmes and their potential for overlap meant that evaluators found it extremely difficult to isolate the impact of any one particular programme or intervention. Several initiatives were running concurrently in some areas and some young people and their families were subject to more than one of them. While some programmes were specifically concerned with reducing antisocial behaviour and youth crime, all of them were targeted at improving the outcomes of vulnerable young people and multi-problem families.

Inter-agency working was a key feature of all the programmes, sometimes with the expressed aim of improving health outcomes, including mental health and psychological well-being. Some of the programmes designed strategies to address smoking, drug-taking, drinking, teenage pregnancy and obesity, alongside interventions to tackle specific issues relating to antisocial and criminal behaviour. The emphasis throughout was on early identification and targeted support delivered by statutory agencies such as education, health and social services, and by voluntary sector agencies.

A number of programmes put considerable emphasis on engaging young people in leisure activities in order to enhance self-esteem, enjoyment and achievement. New skills opportunities were intended to give young people more choice over their learning and

development, building on the evidence that participation in leisure-time activities, particularly those that are sustained throughout the teenage years, can have a significant impact on young people's resilience and on their outcomes in later life.⁸ Many vulnerable young people have complex and multiple needs which can only be addressed if services are joined up and support co-ordinated on a range of levels.

The Search for Evidence

Critical to joined-up multi-service provision which is both effective and able to offer value for money is a clear understanding of the evidence that is available in respect of targeted support. Only by assessing the evidence can further improvements be accomplished and decisions taken about which programmes, or combinations of programmes, will work to meet the outcomes specified. Identifying which elements work best, with whom and in what circumstances is no easy task, but the plethora of new strategies, programmes and interventions that have been trialled in recent years has rendered it essential to attempt to tease out the lessons that can be learned from the various pilots and pathfinders. Any assessment of the evidence must be mindful of the fact that the history which precedes the introduction of a new programme is a critical determinant of how it will function and how local people will respond to it.⁹ The challenge is to be able to identify vulnerable young people early, assess their specific needs, take action quickly and ensure swift and easy access to integrated, personalised services. We examine the evidence relating to identification and assessment and the delivery of targeted support in this report.

Understanding Vulnerability

All young people are likely to be vulnerable at some time or other, but many of them will have recourse to protective factors which minimise the chances of poor outcomes. All the programmes we reviewed were concerned with the young people whom vulnerability placed at high risk.

Factors Promoting Vulnerability

Young people in need of targeted support are likely to be at high risk because of one or more of the following factors:

- truancy or school exclusion
- behavioural problems
- poor emotional, social or coping skills
- poor mental health
- learning difficulties
- specific disabilities
- low aspirations or low self-esteem
- poor family support or problems in the family
- friends or family members involved in risky, antisocial or criminal behaviours
- deprivation or poverty
- family instability
- drug or alcohol misuse
- not being in education, employment or training (NEET)
- homelessness

⁸ Margo, J., Dixon, M., Pearce, N. and Reed, H. (2006) *Freedom's Orphans: Raising youth in a changing world*, IPPR.

⁹ McCarthy, P., Whitman, J., Walker, J. and Coombes, M. (2003) *Targeting Initiatives: Diverting children and young people from crime and antisocial behaviour*, DfES, Research Report 476.

We have examined the ways in which vulnerability was assessed by the programmes and their ability to develop interventions that sought to enhance resilience. These issues are discussed in the next chapter.

A Changing Policy Agenda

In presenting the evidence from the review we have been mindful of the Coalition Government's priorities. Tackling antisocial behaviour and youth crime are high priorities within an agenda which places increased emphasis on education, achievement and the contribution each citizen can make to a society which strives to promote freedom, fairness and responsibility.¹⁰ The emphasis on social justice draws attention to the importance of understanding the needs of vulnerable young people and ensuring that support services that represent the best value for money are firmly in place.

While central government is expected to continue to play a vital role in ensuring that key services, such as education, are available to all and that young people are adequately protected and safeguarded, the commitment to reduce centralisation and top-down control¹¹ means that local areas will be tasked with implementing cost-effective programmes that address local needs and priorities. In presenting our review of the evidence we have sought to draw out the learning which will be relevant to policymakers both nationally and locally and which can inform practice decisions relating to the early identification of vulnerable young people. Those in need of targeted support may well be below the traditional thresholds for statutory or specialist services but, when their needs are assessed holistically, it is clear that early intervention is necessary.

Structure of the Report

We present the evidence from the review in the following five chapters. In the next chapter we consider the evidence relating to the identification and assessment of vulnerable young people. In Chapter 3 we discuss developments in multi-agency working, and in Chapter 4 we focus on the delivery of interventions and the difference they appear to have made in terms of outcomes. Chapter 5 addresses issues of cost-effectiveness and value for money. In the final chapter we examine the evidence that has emerged across the programmes relating to best practice and consider the implications for future policy developments and practice approaches going forward. As we present the evidence, we point to the barriers associated with effective implementation of targeted support and the ways in which these might be overcome to ensure the delivery of more effective services in the future.

¹⁰ HM Government (2010), *op. cit.*

¹¹ *ibid.*

Chapter 2 Identifying and Assessing Vulnerable Young People

In order to avert poor outcomes for vulnerable and high-risk young people it is essential that these young people can be identified early so that appropriate packages of support can be delivered before the risks increase. While it is relatively easy to identify young people who are already in trouble at school and in the community and are most probably known to a range of agencies including the police, it is much more difficult to identify young people who have not yet demonstrated serious problematic behaviour but are in danger of doing so. In other words, spotting vulnerable young people who may be at risk or are 'on the brink' of getting into trouble, in order to target early intervention, presents considerable challenges.

In this chapter, we review the evidence relating to the identification of vulnerable young people in the initiatives we have reviewed, looking specifically at which professional or agency is most likely to detect early warning signs, the barriers to early identification, and the processes the various programmes implemented to reach their target group. We also examine the methods that have been used to assess risks and needs once young people have been identified, looking specifically at the use of the CAF and the extent to which practitioners consider it to be an effective and helpful universal assessment tool.

Targeting Young People Most At Risk

Identification and assessment go hand in hand and provide the foundation for early intervention and multi-agency working. If processes for identification and assessment are not robust, any integrated support package may be targeted towards the wrong group and/or may not meet the needs of those receiving it. Targeting involves:

- taking informed decisions about who should receive specific interventions and who should provide them
- being clear about the groups to be targeted and the outcomes to be achieved
- understanding the policy intent of the various programmes
- ensuring that referral and assessment processes are clear and robust, capable of being used by a range of professionals

Variable understandings relating to all of these elements emerged as key themes in many of the initiatives we reviewed, and this inevitably impacted on the ability of each of them to target interventions appropriately.

Social Targeting

Rather than trying to identify vulnerable young people individually, it has often been easier for practitioners to target specific neighbourhoods or areas known to include significant numbers of vulnerable youngsters. While this can be appropriate it may pose a number of problems. A study which looked at how area-based initiatives were diverting young people away from crime and antisocial behaviour during the On Track programme¹² pointed to the dangers associated with wasting resources on people who live in a targeted area but are not themselves in need. Without a strong connection between targeting, assessment and service delivery, there is considerable potential for over-targeting some young people/families and for missing others who may be in the greatest need. While the On Track projects were encouraged to target services at high-risk young people and families, no advice was

¹² McCarthy, *et al.* (2003), *op. cit.*

provided about how high risk should be established.¹³ This led to variable approaches to targeting.

The Importance of Defining the Target Group Clearly

During the On Track programme three primary interpretations of 'hard-to-reach' were used to target the intervention:¹⁴

- 'hard-to-reach' was defined as referring to traditionally under-represented groups, the marginalised, the disadvantaged, or the socially excluded
- 'hard-to-reach groups' were defined as those currently slipping through the net, the overlooked, the invisible, or the inarticulate
- 'hard-to-reach' was defined as referring to the service-resistant, those unwilling to engage with service providers, the suspicious, the over-targeted or the disaffected

As a result, there was a strong possibility that the intervention would not reach those for whom it was originally intended. Instead, On Track programmes variously targeted:¹⁵

- particular kinds of people
- particular minority communities
- particular kinds of needs

In addition to individual projects targeting different groups, within-project awareness of target groups varied: managers and senior staff tended to have a higher awareness of the groups to be targeted than the practitioners who were providing the services. Moreover, while practitioners were most likely to identify the On Track target group as those who fitted the specific aims and objectives of their individual services, external stakeholders were typically less clear about who On Track interventions were aimed at.¹⁶ This is hardly surprising given that there were fifteen or more other key initiatives operating in most areas at the same time as On Track and that, across the 23 On Track projects, over 1,100 different services were offered as part of the programme. While the On Track communities were characterised by high levels of disadvantage and need, the individual projects interpreted what constituted high risk and developed their own methods for targeting.

Similar variations and interpretations were evident in other initiatives. The BHLF pilots, for example, were poorly understood by many of the practitioners tasked with taking on the role of BHLF. They were asked to target children/young people with additional needs who may have been below the threshold of individual services, but whose needs, looked at in combination, indicated the necessity for multi-agency intervention. Across and within the pilots the definition of additional needs varied considerably and tended most often to be translated as referring to material deprivation.¹⁷ In almost all the pilots the population of children and young people allocated to BHLFs were more likely than the average resident population of the area to be living in a relatively deprived neighbourhood, indicating that there had been a considerable element of social targeting. Although there was considerable evidence that family functioning in the families targeted was problematic, relationships were fragile and the young people were displaying difficult behaviour and/or were in need of emotional support, the emphasis nevertheless tended to be on providing household goods and services which could alleviate poverty. In these pilots, as in the On Track programme,

¹³ Ghate, B., Asmussen, K., Tian, Y. and Hauari, H. (2008) *Reducing Risk and Increasing Resilience: How did On Track work?*, Final Report to the DCSF, Policy Research Bureau.

¹⁴ Doherty, P., Howard, P. and Stott, A. (2002) *Hard-to-reach: Definitions, consultation and service delivery*, National Foundation of Education Research.

¹⁵ Ghate *et al.*, *op. cit.*

¹⁶ *ibid.*

¹⁷ Walker, J., Donaldson, C., Laing, K., Pennington, M., Wilson, G., Procter, S., Bradley, D., Dickinson, H. and Gray, J. (2009) *Budget Holding Lead Professional Pilots in Multi-Agency Children's Services in England: National Evaluation*, DCSF Research Report DCSF-RR143.

the professional background of the BHLPS influenced the selection of cases for BHLPS intervention and the nature of the support offered.

While social targeting in the BHLPS pilots proved to be unhelpful in identifying young people with additional needs, it was helpful in the FIP areas precisely because the families to be targeted were likely to be over-represented in the most disadvantaged groups: lone-parent households; workless households receiving out-of-work benefits; families in debt; and families in which someone had a disability.¹⁸ These two examples illustrate that social targeting may be helpful if the intervention is directed at disadvantaged groups, but that it can result in some young people and their families being targeted by several initiatives simultaneously, enhancing the potential for uncoordinated programmes of support and the possibility that initiatives might have contradictory and conflicting aims and approaches which could undermine their value and lessen their individual impact. Moreover, as in the BHLPS pilots, social targeting can result in young people with lower-order needs being targeted by a highly specific intervention designed for those with higher-order needs.

Focusing on Targeting Potential Offenders

Some of the initiatives with more clearly defined target groups, such as the YISPs, also found it difficult to target the most appropriate young people. The YISPs set out to target young people at high risk of offending but not yet known to the criminal justice system who were just beginning to demonstrate risk factors (e.g. not going to school or hanging around with others on the fringes of criminality) which might eventually result in antisocial/criminal behaviour.¹⁹ In reality, most of the young people referred to the YISPs had been in difficulty for several years – indeed, some parents had described themselves as being at their wits' end at the time of the referral. It was far easier for practitioners to identify young people who were already known to the criminal justice system. Consequently, YISP intervention was not necessarily appropriate for those referred for it.

Understanding Risk Factors

The effectiveness of early intervention and targeted support depends, to some extent, on the assumption that it is possible to identify the young people who might fail to realise their potential and achieve poor outcomes. In recent years, considerable emphasis has been placed on identifying risk factors as a means of locating the appropriate target group. Assessing levels of risk in order to intervene early and target preventative strategies at the most vulnerable young people is not simple or straightforward, however, and has presented a number of challenges. Michael Little has argued that, because the idea of prevention has much appeal, there is a need for clearer ground rules around definitions, terms and principles and the identification of young people at risk.²⁰ If interventions are to be targeted, mechanisms are needed to ensure that only those who need them most are drawn into programmes which are not intended to have universal application.

Assessing risk factors was the mechanism which many of the initiatives under review used to target vulnerable young people. Establishing causality between risk factors and behavioural outcomes is fraught with difficulty, however. In the rapid evidence assessment they

¹⁸ White, C., Warrener, M., Reeves, A. and La Valle, I. (2008) *Family Interventions Projects: An evaluation of their design, set-up and early outcomes*, DCSF Research Report, DCSF-RBW-047.

¹⁹ Walker, J., Thompson, C., Laing, K., Raybould, S., Coombes, M., Procter, S. and Wren, C. (2007) *Youth Inclusion and Support Panels: Preventing crime and antisocial behaviour?*, DCSF, <http://www.dcsf.gov.uk/research/data/uploadfiles/DCSF-RW018.pdf>.

²⁰ Little, M. (1999) 'Prevention and early intervention with children in need: definitions, principles and examples of good practice', *Children and Society*, vol. 13, pp. 304–16.

conducted in 2008, Thomas *et al.*²¹ examined the risk factors associated with outcomes for vulnerable young people and cautioned that the causes of any behavioural outcome in a young person will be complex, and that this will be reflected in their need for targeted support. The evidence that they reviewed was not strong enough, in their view, to enable confident predictive statements to be made simply by assessing risk factors.

Assessing Risk Factors

Longitudinal studies have suggested that several factors are clearly associated with subsequent antisocial and criminal behaviour.²²

- low income and deprivation
- poor parenting
- low IQ
- large family size
- parental separation and divorce
- poor educational outcomes
- individual temperament
- geographical location (e.g. deprived inner city areas)

Attempts to prevent criminal and antisocial behaviour are grounded in an understanding that offending is part of a larger syndrome which begins in childhood and can persist into adulthood.²³ This has provided the framework for identifying children at risk of offending (e.g. via On Track, YIPs and YISPs). Understanding the interplay of risk and protective factors is particularly critical if differences between households and young people are to be taken into account and interventions targeted appropriately. Although recurrent patterns and common pathways can be identified between risk factors and behavioural outcomes, a flexible and individualised approach must be taken to delivering services.²⁴ Sir Michael Rutter has pointed out that it is important to know which elements in the causal pathway can be manipulated most effectively.²⁵ When a young person faces multiple risk factors it can be difficult for practitioners to know where to start – assessing which can be targeted most effectively and efficiently can be an important way forward.

²¹ Thomas, J., Vigurs, C-A., Oliver, K., Sulez, B., Newman, M., Dickson, K. and Sinclair, J. (2008) *Targeted Youth Support: Rapid evidence assessment of effective early interventions for youth at risk of future poor outcomes*, EPPI-Centre Social Science Research Unit, Report No. 1,615.

²² See Farrington, D. P. (1995) 'The development of offending and antisocial behaviour from childhood: key findings from the Cambridge study in delinquent development', *Journal of Child Psychology and Psychiatry*, vol. 36, pp. 929–64; Farrington, D. P. (1997) 'Early prediction of violent and non-violent youthful offending', *European Journal on Criminal Policy and Research*, vol. 5, pp. 51–66; Kolvin, I., Miller, F. J. W., Fleeting, M. and Kolvin, P. A. (1988) 'Social and parenting factors affecting criminal offence rates', *British Journal of Psychiatry*, vol. 152, pp. 80–90; Henry, B., Caspi, A., Moffitt, T. E. and Silva, P. A. (1996) 'Temperamental and familial predictors of violent and nonviolent criminal convictions: age 3 to age 18', *Developmental Psychology*, vol. 32, pp. 614–23; Wadsworth, M. (1979) *Roots of Delinquency: Infancy, adolescence and crime*, Martin Robertson; Flood-Page, C., Campbell, S., Harrington, V. and Miller, J. (2000) *Youth Crime: Findings from the 1998/1999 Youth Lifestyles Survey*, Home Office.

²³ McCarthy, P., Laing, K. and Walker, J. (2004) *Assessing Children At Risk*, DfES, <http://www.dfes.gov.uk/research/data/uploadfiles/RR545.pdf>

²⁴ Thomas *et al.*, *op. cit.*

²⁵ Rutter, M. (2007) *Identifying the Environmental Causes of Disease: How should we decide what to believe and when to take action?*, Report of the Academy of Medical Sciences, November 2007, <http://www.acmedsci.ac.uk/publications>

Risk Factor Domains

In order to assist understanding, risk factors are usually categorised into four domains which interact in the day-to-day life of a young person:

- risks relating to the young person – personal characteristics
- risks relating to the young person's family and home life
- risks prevailing in the community and in the environment in which the young person lives
- risks relating to the young person's educational and school experience

Protective Factors

Protective factors can be found in the same four domains as risk factors. Any assessment of risk must take protective factors into account. Protective factors should be viewed as processes which work in a variety of ways to promote resilience by:

- reducing the impact of risk factors
- limiting chain reactions to negative experiences
- promoting self-esteem and achievement

Three particularly important protective factors for young people which can be mutually reinforcing are:²⁶

- high educational attainment
- good social and emotional skills
- positive parenting

The Use of Risk Assessment Tools

Practitioners have tended to rely on a variety of tools in order to measure risk, some more robust than others. The need for a more robust measure led to the development of a suite of tools, known as ONSET, for use by the YISP pilots.²⁷ Because risk factors are context-dependent and vary over time and according to circumstances, ONSET assessments were designed to be repeated at different intervals, enabling practitioners to think in terms of developmental pathways when co-ordinating a young person's integrated support plan.

The ONSET assessment involved a scoring system which gave an indication of the level of the risks and could provide a mechanism for measuring outcomes via a reduction in ONSET scores. Practitioners did not like using a scoring system which they felt was highly subjective and which different professionals scored differently.²⁸ The lack of consistency in the use of ONSET was problematic and the scoring did indeed appear to be arbitrary. Practitioners found it particularly difficult, while scoring risks, to focus on scoring their potential for precipitating offending or antisocial behaviour. The usefulness of this kind of sophisticated tool was severely compromised, and many of those involved in the YISP pilots reached the conclusion that such assessments should be undertaken only by fully trained practitioners who approach the task with a clear understanding of the purpose of the assessment and the uses to which it might be put.²⁹

²⁶ HM Treasury and DfES (2007) *Aiming High for Children: Supporting parents*, Crown Copyright.

²⁷ Jones, S., Baker, K. and Roberts, C. (2005) *A Report on the Design of ONSET and its Use in Youth Inclusion and Support Panels*, University of Oxford.

²⁸ Walker *et al.* (2007), *op. cit.*

²⁹ *ibid.*

Undertaking Universal Risk Modelling

The TYSPs also attempted to assess risk factors, although local authorities did not use consistent terminology in determining young people who were 'at risk', and most struggled to specify what this meant.³⁰ The evaluation team developed a universal risk modelling approach to apply to the readily identifiable data on all young people so as to ascertain the likelihood of a specific young person experiencing a specific poor outcome in the future.³¹ This approach was expected to result in better targeting of resources at those in most need. The team had ascertained that the available knowledge about risk factors was limited. The risk modelling approach attempted, therefore, to identify the relative importance of individual risk factors and to determine the inter-correlation for each outcome.

Applying the model to six of the TYSPs indicated that it offered the potential for practitioners to establish both a consistent framework and a consistent vocabulary for identifying young people at risk, and for providing them with a universal measure to map and monitor absolute and relative risk. It is essentially a management tool, however, and is not a panacea for monitoring and measuring risk at the individual level.³² But it could offer some important benefits for those at local level who need to decide how best to target limited resources at the most vulnerable young people.

A number of researchers have pointed out that there is an inherent danger that, without adequate and robust assessment criteria, young people who are identified as being 'at risk' will be those 'whose appearance, language, culture, values, home communities and family structures do not match those of the dominant culture'.³³ Risk modelling attempts to avert this danger. The evidence accumulated to date suggests that the chances of a particular child/young person growing up to be criminal or antisocial are affected by much more than their personal characteristics, and that these chances might be influenced by events at a number of different levels.³⁴

Making Predictions

Making predictions about which neighbourhoods and which young people are most at risk of committing crime and antisocial behaviour is not a straightforward task. It is important to be clear about which crimes and which behaviours are most problematic. A relatively high proportion of young people admit to having committed some kind of offence, but most do not become persistent offenders. In assessing risk, it is important to distinguish between life-course-persistent offending and antisocial behaviour and adolescent-limited behaviour.³⁵ They have different causes and involve different risk factors. The chances of making inaccurate predictions about future behaviour are high, particularly if whole neighbourhoods are labelled in the same way, and interventions are then targeted at them.

There is clear evidence that assessing risk is not straightforward:

- simply counting the number of risks is unhelpful
- it is essential to estimate the size and strength of each risk, its longevity, and its potential to result in poor outcomes for the young person concerned

³⁰ Rodger, J. (2008) *Identifying Young People at Risk: The case for universal risk modelling*, York Consulting.

³¹ *ibid.*

³² *ibid.*

³³ Howard, S., Dryden, J. and Johnson, B. (1999) 'Childhood resilience: review and critique of literature', *Oxford Review of Education*, vol. 25, no. 3, pp. 307–23.

³⁴ McCarthy *et al.* (2004), *op. cit.*

³⁵ *ibid.*

- children and young people move in and out of risk as they grow up and risks change over time³⁶
- chains of effects result from the interplay of risk factors interacting over time³⁷
- risk factors can be mediated by protective factors
- risk factors do not automatically result in poor outcomes for children/young people

Referring Young People to Programmes

While teachers may be able to identify some of the children who might go on to develop serious problems if they do not receive appropriate interventions, they will not be able to spot all of them. We looked at the evaluations, therefore, to determine who was most likely to make a referral to the various programmes. In all of the programmes there was more than one possible entry route, but education services tended to make the most referrals.

Referral Routes into the Programmes

Educational services, primarily schools, made the most referrals:

- 35% of all On Track referrals³⁸
- up to 45% of YISP referrals in some areas³⁹
- the majority of referrals for FGC in the FGC/YISP pilots⁴⁰
- almost 50% of referrals in the six TYSP case study areas⁴¹
- 38% of referrals to BHLPs⁴²

Other referrals came from:

- Connexions
- social services
- child and adolescent mental health services
- Youth Offending Teams (YOTs)
- police

The YISPs had the most diverse referral routes: one pilot received referrals from 59 different sources, which meant that some young people had been referred by more than one agency, thereby increasing the potential for duplication of effort, overlaps in provision and inefficient use of resources.

It is not surprising that schools are in a strong position to notice when young people appear to be at risk, although teachers may not be aware of problems at home or in the community and so may not realise just how vulnerable some pupils are. It is important to note, also, that some initiatives did not find it easy to engage with schools and that early identification via education may not always work. The TYSP evaluators, for example, pointed out that teachers face a range of competing priorities and have a limited capacity to identify and act

³⁶ Feinstein, L., Hearn, B., Renton, Z., Abrahams, C. and MacLeod, M. J. (2007) *Reducing Inequalities, Realising the Talents of All*, National Children's Bureau.

³⁷ Rutter, M. and Smith, D. (eds) (1995) *Psycho-social Disorders in Young People: Time trends and their causes*, Wiley.

³⁸ Ghate *et al.*, *op. cit.*

³⁹ Walker *et al.* (2007), *op. cit.*

⁴⁰ Walker, J., Thompson, C., Wilson, G., Laing, K., Coombes, M. and Raybould, S. (2010) *Family Group Conferencing in Youth Inclusion Support Panels: Empowering families and preventing crime and antisocial behaviour?*, YJB, <http://www.yjb.gov.uk/publications/Scripts/prodView.asp?idproduct=486&eP>.

⁴¹ Palmer, H. and Kendall, S. (2009), *Targeted Youth Support Pathfinders: Final Report*, DCSF, Research Report RR078.

⁴² Walker *et al.* (2009), *op.cit.*

on early warning signs. Consequently, teachers may focus their attention on those pupils whose issues are the most immediately apparent and challenging to manage. Other initiatives also faced barriers when they attempted to work with local schools. Some YISPs found that schools were not committed to taking an active part in making referrals or attending panel meetings, and in some BHLF pilot areas teachers did not always have the time to get involved in what they sometimes regarded as welfare rather than educational concerns. If early identification is to be encouraged, teachers and other staff in universal settings must:

- be trained to pick up on the signs
- have confidence in the system via which appropriate support can be accessed
- have the time to make referrals for young people to be assessed and receive support⁴³
- recognise bad behaviour as a risk factor with wider implications than might be immediately apparent, and recognise also that improved school buy-in to initiatives would enhance communication with other agencies⁴⁴

Because the IFSPs and the FIPs were closely associated with tackling antisocial behaviour, referral routes included the police, YOTs and local authority services. Predictably, the agencies making the most referrals to the FIPs were local authority housing departments, housing associations, antisocial behaviour teams and the police.⁴⁵ Education and schools accounted for a much smaller number of referrals. In England and in Scotland, the majority of the referrals to the IFSPs originated from housing departments, as might be expected.⁴⁶

What is evident from the review is that:

- the tighter and clearer the definitions were of both the target group and the referral criteria, the more specific and focused were the referrals to any specific programme
- when target groups were less clearly defined, a good deal of post-referral screening was necessary to avoid including young people in programmes that were irrelevant
- the background of the referrer tended to define the perceived problems
- practitioners tend to be aware of the risk factors relevant to their own domain and may not be aware of risks in other domains
- a culture change is needed to promote early identification of vulnerable young people

The people best placed to have a broader awareness are parents/carers, who are likely to know far more about the problems they and/or their children are experiencing. It is salutary, therefore, to note that many of the parents/carers whose children were referred to the YISPs, TYSPs and BHLF pilots had struggled to get help or support for their children, often for years, particularly when the children were below the statutory thresholds for intervention by each of the individual agencies. Parents were frequently of the view that, had intervention been available earlier, the problems in their child's life would not have escalated to such an

⁴³ *ibid.*

⁴⁴ Thomas *et al.*, *op. cit.*

⁴⁵ White *et al.*, *op. cit.*

⁴⁶ Sheffield Hallam University (2006) *Antisocial Behaviour Intensive Family Support Projects: An evaluation of six pioneering projects*, Department for Communities and Local Government; Pawson, H., Davidson, E., Sosenko, F., Flint, J., Nixon, J., Casey, R. and Sanderson, D. (2009) *Evaluation of Intensive Family Support Projects in Scotland*, Scottish Government Social Research.

extent and preventative/early interventions might have had a greater chance of making a significant impact. As things were, it was often too late for the kinds of interventions on offer to have a significant impact.

In order to make a referral, parents/carers or the young people themselves would, first, have to know about a programme and who it is intended to help; second, they would need to know how to make a self-referral; and third, they would need to have sufficient energy and resources and the belief that help might be forthcoming. Lord Laming commented that services should be designed to encourage contact from parents, from children and young people and from members of the public.⁴⁷ However, the evidence suggests that young people and parents often struggle to secure the attention of busy professionals up until the point when circumstances have reached crisis point.⁴⁸ Given that family members may be best placed to know that young people are at risk, more effort needs to be made to facilitate self-referrals and to listen to parents' concerns when they first seek help and support.

Promoting Early Intervention

Parents who were exhausted by the problematic behaviour of their children and the seeming lack of available support emphasised that they had been able to identify problems when their children had been very young – sometimes as young as two or three. This supports arguments for preventative and early interventions to be targeted at young children, particularly those whose behaviour or circumstances at a very young age make them especially vulnerable. Nevertheless, researchers have argued that intervening early in life is not enough to prevent the problems some young people experience.⁴⁹ Giving primacy to early life and assuming that all risk pathways start in the early years neglects the fact that some risk factors emerge much later.

Behavioural Warning Signs at Different Ages

Early childhood years: hyperactivity, overt conduct problems and aggressiveness.

Middle years: poor peer relationships, education difficulties.

Teenage years: covert conduct problems, delinquency.⁵⁰

The developmental stacking⁵¹ of behaviours suggests that there are multiple entry points for early intervention.

Assessing Needs

A developmental approach to early intervention indicates that while risk assessment is important and should be undertaken with care, needs assessment is equally important when young people have been identified as being at risk. High-quality assessments of both risk and protective factors and a young person's needs are regarded as pivotal to targeted early intervention, and agencies working with children and young people have developed a wide range of tools for assessing the needs of children and young people. Children/young people who came to the attention of a number of agencies in the past were increasingly subject to a

⁴⁷ The Lord Laming (2009) *The Protection of Children in England: A progress report*, Crown Copyright.

⁴⁸ Walker *et al.* (2009), *op. cit.*; DCSF (2010) *Support for All: The families and relationships green paper*, Crown Copyright.

⁴⁹ Hayes, A. (2005) *Why Early in Life Is Not Enough: Timing and sustainability in early intervention and prevention*, paper presented at the Pathways and Prevention International Symposium, Brisbane, Australia, September; Feinstein, L. (2006) *Predicting Adult Life Outcomes from Earlier Signals: Modelling pathways through childhood*, Centre for Research on the Wider Benefits of Learning, Institute of Education, University of London.

⁵⁰ Loeber, R. and Stouthamer-Loeber, M. (1998) 'Development of juvenile aggression and violence: some common misconceptions and controversies', *American Psychologist*, vol. 53, no. 2, pp. 242–9.

⁵¹ *ibid.*

number of overlapping assessments. With so many different processes and approaches it appeared to be difficult to join up interventions across professional boundaries.

Practitioners have not always understood why it is essential to assess both risks and needs. The assessment of risk gives a clear picture of the aspects of a child/young person's life that are likely to increase vulnerability and the potential for poor outcomes. Assessing the protective factors enables practitioners to know what aspects of a child/young person's life will reduce the risks which have been identified and promote resilience. It is not always possible to address all the risk factors and so it is very important to assess which of them can be managed/addressed most effectively. A thorough needs assessment can help practitioners to identify what a child/young person's immediate needs are, to consider which interventions/programmes might address those needs, and to determine whether and how they might be addressed. A needs-led approach to service delivery ensures that interventions are tailored to a young person's specific circumstances.

YISP Case Study Example – Joe, aged 14

Joe's teacher is concerned that Joe is not attending school regularly, is hanging around with other lads engaged in antisocial behaviour and is beginning to get into trouble. She refers him to the YISP.

The YISP keyworker conducts a risk assessment and finds that Joe:

- is one of four children, living in a lone parent family with a very low income
- has low self-esteem, rarely joins in anything at school or in the community and is easily influenced by others
- has few interests and hobbies
- has consistently achieved poor grades at school
- has grandparents who are keen to offer support to the family and with whom he has a good relationship
- has a mother who would welcome help, especially as she has a very poor relationship with the school

A needs assessment identifies that:

- Joe needs help with reading and comprehension
- Joe needs support to get involved in sports activities
- Joe's mother struggles to get her children to school on time and would like to develop a better relationship with teachers

The ISP includes:

- a mentor to help Joe with his learning difficulties
- access to a sports club in the local community and a volunteer 'buddy'
- help from grandparents to ferry the children to and from school
- support for Joe's mother from a home-school liaison officer

The Common Assessment Framework (CAF)

The lack of consistency in assessments and the potential for over-assessment led to the development of a universal assessment tool. The Common Assessment Framework was designed to be a national and universal assessment framework for the delivery of multi-agency support services to children and families. It provides a 'standardised, holistic framework for the assessment of a child's needs which crosses sector and disciplinary boundaries'.⁵² Engagement with a CAF assessment on the part of a young person and his or her family, however, is entirely voluntary. Children's Trust pathfinders had begun piloting the

⁵² DfES (2006) *Common Assessment Framework, Practitioners' and Managers' Guides*, <http://www.everychildmatters.gov.uk/deliveryservices/caf/>

CAF by 2006, but its adoption by all practitioners working with children and families in England has been somewhat slower than anticipated. In 2008, Gilligan and Manby⁵³ concluded that there was little immediate likelihood of CAFs being used routinely with vulnerable children and young people.

Problems Implementing the Common Assessment Framework

Evidence suggests that:

- practitioners have been concerned about the amount of time it takes to complete a CAF and the lack of clear guidelines about its use⁵⁴
- practitioners have been using the CAF as a referral tool and not as a mechanism for assessing needs, and there have been considerable variations in its usage⁵⁵
- teachers have been reluctant to take on another responsibility, although they and health service practitioners have been the most likely to complete a CAF⁵⁶
- without integrated IT systems it has been difficult to share CAF assessments with colleagues in other agencies, leading to delays and duplication of effort⁵⁷
- young people have been experiencing a CAF assessment alongside other more traditional assessments – thus defeating the purpose of applying a universal tool
- some young people have continued to be over-assessed
- the use of the CAF had been patchy, not all practitioners had been trained to use it, and not all were willing to use it⁵⁸

Overcoming the Barriers To Using the CAF

The evidence from the evaluations of TYSP and BHLPs points to a number of factors which can facilitate the adoption of the CAF. The practitioners who had used the CAF and worked with it were its greatest advocates.

The Perceived Benefits of the CAF

Practitioners have reported a range of benefits accruing from the use of the CAF:⁵⁹

- the assessment of needs is more thorough and more holistic
- it provides a comprehensive working record of a young person's needs and the interventions that are put in place
- it enables greater information sharing between agencies
- it promotes a more joined-up approach to service delivery
- young people and their families welcome the thoroughness of the assessment and regard it as an indication that their concerns and needs are being taken seriously
- practitioners are able to engage families in the identification of needs and in setting priorities for intervention
- completing a CAF can be a key step in empowering young people and their families
- the CAF can reveal new areas of need, perhaps uncovering problems which might otherwise have been neglected
- trust between the young person, their family and the practitioner undertaking the CAF is enhanced
- families feel that they have been listened to and that the support provided will be personalised – tailored to their specific needs

⁵³ Gilligan, P. and Manby, M. (2008) 'The Common Assessment Framework: does the reality match the rhetoric?', *Child and Family Social Work*, vol. 13, pp. 177–87.

⁵⁴ Brandon, M., Howe, A., Dagley, V., Salter, C., Warren, C. and Black, J. (2006) *Evaluating the Common Assessment Framework and Lead Professional Guidance and Implementation*, Research Report No 740, DfES.

⁵⁵ *ibid.*

⁵⁶ UEA Norwich/National Children's Bureau (2007) *Children's Trust Pathfinders: Innovative partnerships for improving the well-being of children and young people: final report*, UEA in association with the National Children's Bureau.

⁵⁷ *ibid.*

⁵⁸ Walker *et al.* (2009), *op. cit.*

⁵⁹ *ibid.*; Palmer and Kendall, *op. cit.*

The evaluations indicated that practitioners needed to be trained and encouraged to use the CAF and to view it as a tool which can guide multi-agency intervention and promote a more rigorous focus on outcomes. Child protection and domestic violence issues, for example, were areas which some practitioners felt poorly equipped to deal with when they arose during the CAF assessment.

Overcoming Barriers to Using the CAF

Key factors in promoting the CAF are:

- persuading practitioners that a thorough needs assessment is vital to the planning and delivery of targeted, personalised support
- persuading practitioners that the CAF is a useful vehicle for engaging young people and their families/carers in discussions about identified needs and proposed interventions
- recognising that the CAF provides a common record of services provided for young people and their families, thereby playing a pivotal role in better, joined-up service delivery
- ensuring that managers across key agencies and services give consistent messages about the importance of using the CAF

The CAF was originally introduced in paper format, and this may have led some practitioners to be concerned about the time it was taking them to complete it. From March 2010, the National e-CAF has been made available to a small number of local authorities and voluntary agencies in an effort to test its efficacy and to free up practitioner time.

Assessing the Needs of the Whole Family

The CAF is designed primarily for assessing the needs of a child/young person, although it looks at all aspects of the child's life. The focus, in IFSPs and FIPs, on whole family intervention highlighted the need for a CAF that could assess the needs of the whole-family. The FIPs were using a range of tools, including ONSET and the CAF, but were having to adapt them to assess whole families. Some designed their own assessment tool or combined elements of existing tools, and some did not use any documentary assessment tools at all.⁶⁰ Developing a whole-family CAF has been an ongoing project and none of the programmes included in this review had experience of using this kind of universal assessment tool. A forthcoming research report⁶¹ concludes that it is not the CAF itself that causes confusion among professionals from different backgrounds or makes them reluctant to use the CAF to assess the needs of children, young people and whole families, but the fact that the administrative systems that will allow integration and render the CAF an efficient, universal tool have not yet been put in place. Instead, different agencies have developed their own local protocols, which have not resulted in consistent practices locally or nationally.

Promoting More Rigorous Assessment Processes

There is, currently, a strong emphasis on delivering personalised, targeted support, undertaking robust assessments, and delineating SMART (specific, measurable, achievable, relevant and time-bound) outcomes. The programmes we reviewed indicate that progress towards rigorous assessment was being made, but that some practitioners were more reluctant than others to use instruments such as the CAF. These practitioners would need more support to overcome their resistance. In the past, many practitioners have made assessments solely on the basis of professional judgement⁶² or 'gut reaction', an approach which is undoubtedly subjective, problematic and unhelpful.

⁶⁰ White *et al.*, *op. cit.*

⁶¹ Social Information Systems (forthcoming, 2010) *Common Assessment Framework and Specialist Assessments: Present position – future action*, DfE.

⁶² Cash, S. J. (2001) 'Risk assessment in child welfare: the art and the science', *Children and Youth Services Review*, vol. 23, no. 11, pp. 811–30.

Moreover, in the BHL P pilots, for example, we found plenty of evidence that risk assessment and needs assessment were frequently intertwined and confused.⁶³ The assessment of need requires an understanding of the way risk and protective factors are influenced by intervention strategies.⁶⁴ Different interventions and programmes tend to have different impacts on risk and protective factors, and these need to be understood and taken into account when designing a support package. Little evidence emerged from the YISPs, TYSPs and BHL P pilots that these factors had been taken into account or that most of the practitioners were making informed judgements about the ways in which specific interventions would address specific needs in order to reduce specific risks and achieve specific outcomes.

Developing a More Coherent Identification and Assessment Process

1. Parent, teacher, health professional, social worker or other professional notes that a young person is vulnerable and refers them for assessment.
2. Risk assessment catalogues the risk and protective factors in the young person's life and notes their intensity and longevity, and prioritises which can be targeted most effectively and efficiently.
3. Needs assessment identifies immediate needs and whether/what intervention can meet them.
4. Support plan developed, e.g. via TAC, and LP identified.
5. Interventions delivered, and progress/outcomes monitored by LP.

Summary – Lessons Learned about the Identification and Assessment of Vulnerable Young People

A range of lessons can be taken from our review relating to the identification and assessment of vulnerable young people who might benefit from early, personalised intervention and support. We have identified a number of trends and patterns across the programmes:

1. The policy intent of some initiatives was poorly understood, and targeting vulnerable young people became synonymous with targeting social and material deprivation more generally.
2. In some key initiatives the group or issue to be targeted was unspecified, resulting in multiple and varied interpretations of who should be targeted, thus potentially diluting these initiatives' impact.
3. The wide-ranging definitions of the group to be targeted pointed to a strong possibility that some interventions would not reach those young people for whom they were intended, and that some young people would be over-targeted.
4. Determining how to target the young people most at risk of offending and antisocial behaviour before risks escalate is particularly challenging.
5. Education services are often best placed to detect the early onset of risky behaviour and other risk factors. Teachers, however, may have conflicting priorities and lack the time needed to make referrals, or may not be fully aware of the support available. Parents were often best placed to observe worrying behaviour in their children, but they often struggled to have their concerns taken seriously by the professionals from whom they sought help.

⁶³ Walker *et al.* (2009), *op. cit.*

⁶⁴ McCarthy *et al.* (2004), *op. cit.*

In order to target interventions effectively, therefore:

- different levels of risk need to be determined and monitored over time
- identification and assessment of vulnerable young people are inextricably linked and need to be rigorous, objective and shared
- interventions should be needs-led rather than service-led
- both risk assessment and assessment of needs are vital to avoid over-targeting and to provide the most appropriate interventions for each young person
- it is important to assess which elements in the causal pathway can be manipulated most effectively
- a combination of interventions may be necessary, and the outcomes desired from any one specific initiative should be articulated clearly
- interventions need to be well co-ordinated and provide value for money

The proliferation of initiatives in recent years suggests that to target support at vulnerable young people effectively a thorough audit of the programmes which might overlap with or complement each other is essential. An in-depth understanding of the contexts in which interventions are operationalised is also necessary to evaluate how well they work. A one-size-fits-all approach can be ineffective and can run the risk of marginalising groups of young people.⁶⁵ In the next chapter, we examine the ways in which managers and practitioners developed multi-agency approaches for supporting vulnerable young people and how they began to dismantle the silo approach to providing targeted services.

⁶⁵ Case, S. (2006) 'Young people at risk of what? Challenging risk-focused early intervention as crime prevention', *Youth Justice*, vol. 6; cited in DCSF (2010), *op. cit.*, p. 29.

Chapter 3 **Multi-Agency Working: Innovations in the Delivery of Support Services**

Targeted personalised support for vulnerable young people is predicated on the need for multi-agency intervention following the completion of thorough assessments of risks and needs. In the previous chapter we examined the evidence relating to targeting and assessment, noting the variations between and within agencies and the difficulties some practitioners faced as they attempted to adopt a more unified approach to assessing children and young people. Lord Laming's report⁶⁶ of the inquiry into the death of Victoria Climbié had underlined the need for a stronger assessment and information base, clearer structures for co-ordinating and integrating the work of different professionals, and a strong focus on meeting children's needs as early and as effectively as possible. The Children Act 2004 placed a duty on all Children's Services Authorities in England to promote co-operation between key partners. Children's Trusts were tasked with bringing together education, health, social services and other key partners to promote inter-agency co-operation, with the aim of improving children's well-being.⁶⁷ They acted as a catalyst for more integrated approaches to the delivery of children's services.

In this chapter, we review the evidence from the programmes under review relating to the development of integrated service delivery, looking specifically at the characteristics of effective multi-agency working, the barriers to achieving it and how they can be overcome to aid effectiveness in service delivery. We examine also the progress made towards joint planning and commissioning and the pooling of core budgets. We begin by looking at the initial challenges facing children's services in the delivery of targeted support.

Identifying the Challenges and the Responses

In recent years, children's services have been extensively reconfigured managerially, legally and financially and the workforce has been reformed across the various sectors delivering services to children, young people and their families. The evidence from all the initiatives we reviewed is that the pace and complexity of the changes was extremely demanding and, for some, daunting. While some local authorities readily grasped the opportunities the changes offered, others struggled to cope with widespread and extensive upheaval on a number of different levels, and either fell behind or failed to meet expectations. This contrasting capacity was most evident in respect of the development of the TYSPs, the FGC/YISPs, and the BHLF pilots with children with additional needs, and with looked-after children. In some areas, tensions emerged between efforts to implement a new integrative policy framework and the concomitant pressure for change within individual services,⁶⁸ while, at the same time, a myriad new policies, pilots and pathfinders were being introduced in all the partner agencies.

Establishing Children's Trust arrangements demanded:

- high-level leadership
- influencing and negotiating skills⁶⁹
- a 'new mindset' and new approaches straddling traditional agency boundaries⁷⁰

⁶⁶ Department of Health (2003) *The Victoria Climbié Inquiry: Report of an inquiry by Lord Laming. Presented to Parliament by the Secretary of State for Health and the Secretary of State for the Home Department*, January.

⁶⁷ UEA Norwich/National Children's Bureau, *op. cit.*

⁶⁸ *ibid.*

⁶⁹ *ibid.*

Children's Trusts were tasked with developing a plan which set out the vision for integrated children's services and provided details of needs assessments, priorities for action, and the intended outcomes for specific groups of children and young people. The pathfinders had all achieved this by 2008. Most pathfinders, however, had not worked out strategies for joint commissioning or for workforce reform, the lack of which was inclined to hinder the development of programmes such as the TYSPs and BHL P pilots. Establishing all the complementary aspects of inter-agency working is extremely time-consuming and cannot be rushed.

A variety of approaches were taken to integrating the work of different professionals at the point of service delivery via multi-agency teams. Local partnership working was fostered in a variety of ways, often building on existing local strategic partnerships and implementing inter-agency working around school clusters or recognised neighbourhoods. Many of the YISP pilots developed in that way also, drawing strength from the fact that managers of the various services knew each other and already shared initiatives at the local level. The coterminosity of service boundaries emerged as a key contingent factor facilitating joint planning in children's services.⁷¹ Children's Centres provided a geographical location for a variety of locality-based services to come together. The evidence suggests that co-located teams are able to provide:

- quicker responses
- easier and faster access to information
- a collegial learning environment
- caseload transparency⁷²

Co-location is not always viable, however, and practitioners involved in integrated working have had to find ways of co-operating, irrespective of whether they are co-located, and of breaking down a number of barriers.

Managing Diverse Professional Roles

The evaluation of Children's Trusts demonstrated that effective management is crucial in order for integrated working to operate effectively.⁷³ In many of the pathfinders, operational managers led by example but experienced a steep learning curve.⁷⁴ Managers and practitioners had to manage diverse roles at a time of widespread change in service delivery.

⁷⁰ Wildridge, V., Childs, S., Cawthra, L. and Madge, B. (2004) 'How to create successful partnerships: a review of the literature', *Health Information and Libraries Journal*, vol. 21, pp. 3–19.

⁷¹ National Evaluation of Children's Trust Pathfinders, University of East Anglia (2004) *Children's Trusts: Developing integrated services for children in England: national evaluation of Children's Trusts, phase 1, interim report*, DfES.

⁷² UEA Norwich/National Children's Bureau, *op. cit.*

⁷³ *ibid.*

⁷⁴ National Evaluation of Sure Start (2005) *Implementing Sure Start Local Programmes: An in-depth study*, Birkbeck College, London University.

Challenges in Managing Diverse Roles

Managers and practitioners faced a range of challenges:

- enhanced pressure in new roles, exacerbated by blurred lines of accountability⁷⁵
- dual accountability – e.g. some practitioners delivering YISP and On Track interventions were accountable to their own agency and to the YISP project manager simultaneously
- a clear ‘pecking order’ among the various professions – some professionals, primarily those working in health and education, were accorded more status and commanded more respect than youth workers and practitioners employed by voluntary agencies
- difficulty achieving an equal voice in multi-agency meetings as a result of the apparent ‘pecking order’

Across the programmes we reviewed, practitioners were keen to receive training that involved a joint sharing of knowledge and a joint understanding of the different professional roles, as well as opportunities to build relationships across the sectors. Substantive training for integrative service delivery was rare, however. Where training was available, it tended to focus on explaining the new initiative, such as alerting people to a change in practice, rather than on how different programmes might enhance understanding of different professional roles. Most training across the initiatives involved short (half-day or one-day) courses or awareness sessions and attendance was not compulsory. The lack of training proved to be a major stumbling block in the effective development of BHLP practice, for example.⁷⁶ Even when it was offered, relatively few practitioners took it up.⁷⁷ Moreover, the training was not designed to inform delivery partners about the initiative and there was clear evidence that knowledge among the partner agencies was patchy and scant, thereby hampering the development of integrated service delivery.

Developing a Multi-Agency Model and Engaging Key Agencies

The effective delivery of integrated services requires a robust model of practice which encompasses clear lines of responsibility and clear mechanisms for joint working. Rarely, however, was there a blueprint for such a model. Moreover, the lack of integrated training undoubtedly influenced the ways in which different local authorities and different programmes developed their approach to multi-agency working. Most of the staff running the YISP pilots, for example, had developed their approach on the basis of pre-existing inter-agency working practices in the area of youth crime prevention.⁷⁸ While these were reasonably well-developed in some areas, the level of integrated working often depended on key people having formed a strong professional relationship with each other, and if any of them moved on there was not always a robust infrastructure in place on which others could build.

A common complaint in several of the initiatives was that actually getting all the key agencies to turn up at multi-agency meetings had been highly problematic, with the result that integrated working had been severely compromised. Ensuring that panel members were both committed and at the right level in their organisations was a continuing problem for the YISPs and the TYSPs. In both initiatives, where commitment to panel membership was high and the members were influential within their own organisations, multi-agency collaboration was effective and valued. Without commitment and seniority, panels did little to enhance multi-agency working.

⁷⁵ UEA Norwich/National Children’s Bureau, *op. cit.*

⁷⁶ Walker *et al.* (2009), *op. cit.*

⁷⁷ Walker, J., Wilson, G., Laing, K. and Pennington, M. (2010) *Care Matters: Budget holding lead professionals with looked after children in England*, DCSF, Research Report RR225.

⁷⁸ Walker *et al.* (2007), *op. cit.*

Models of Multi-Agency Support

The TYSPs established four models of multi-agency support:

- multi-agency practitioner panels
- multi-agency practitioner hubs
- multi-agency manager hubs
- a hybrid of the models

There was no clear evidence as to which of these was more effective.⁷⁹

The YISPs developed panels that met regularly, usually monthly, to discuss referrals and review existing cases. Advantages of the panel model were perceived to be:⁸⁰

- improved multi-agency working arrangements
- formalisation of previous loose, informal arrangements, giving panels a clearer remit
- easier information-sharing
- improved co-ordination of activity and promotion of more structured interventions
- higher levels of accountability
- greater collaboration among panel members in other aspects of their work – being together in the same room offered the chance to pool ideas, share information and mobilise support in more innovative ways
- speedier service delivery

Disadvantages of the panel model were perceived to be:

- the time taken to attend panel meetings regularly
- unreliability of attendance – some agencies, notably health and social services, attended very spasmodically
- panel members not being sufficiently senior to be able to take decisions and make commitments on behalf of their agency

Other initiatives also experienced a number of difficulties in enhancing multi-agency working. The On Track managers, for example, found it difficult to establish connections with agencies with which they had not previously worked.

Difficulties Engaging Key Agencies

A number of difficulties were experienced in engaging key agencies in multi-agency working:⁸¹

- statutory services tended to ignore initiatives spearheaded in the voluntary sector
- agencies such as CAMHS, the YOTs and the police were often difficult to engage
- cross-agency working with social services and CAMHS was frequently problematic
- the lack of a preventative focus in some agencies, such as the police, led to reticence in engaging with initiatives aimed at early intervention and prevention
- engaging schools frequently meant negotiating with individual schools, some of which preferred to retain existing professional boundaries, expressing scepticism about new initiatives

⁷⁹ Palmer and Kendall, *op. cit.*

⁸⁰ Walker *et al.* (2007), *op. cit.*

⁸¹ Ghate *et al.*, *op. cit.*

Breaking Down Barriers to Multi-Agency Working

None of the initiatives we reviewed had found it easy to establish an effective model for multi-agency working. A number of factors proved to be key in breaking down professional barriers.

Key Factors in Breaking Down Barriers

1. *The skills and leadership of project managers.* Managers were committed to making their programmes work well, and so put considerable effort into developing relationships across agencies.
2. *Organisational structures that facilitated co-working.* A strategic lead drawn from senior staff in local areas was vital to the development of shared goals, protocols and administrative procedures. 'Buy-in' at the top was crucial.
3. *Shared understanding of new initiatives and the projection of a high profile.* New initiatives have to be visible, their goals have to be unambiguous, and their profile has to be integrated into local partnerships. This requires pilot/project managers to engage in considerable PR work to sell their new approach.
4. *Staff at all levels of a new intervention being competent to deliver it.* During the early days of most of the initiatives staff were not always clear about the aims and objectives of a new programme and about their role in achieving them, and some had heavy caseloads and could not give time to developing a new way of working.⁸²

Achieving Change in Multi-Agency Working

Research regarding multi-agency initiatives suggests that bringing agencies together to establish effective partnerships has been extremely challenging.⁸³ Differences in levels of commitment between agencies were commonplace and it took time for the different agencies to work out their own role and contribution. This was particularly the case for the On Track projects and for the YISPs.

Balancing Activity and Passivity

In the YISP evaluation we identified a model of multi-agency working in which the operation of panels was best understood in terms of the different roles taken on by the different agencies.⁸⁴ The degree of involvement in multi-agency working can be classified as active or passive. The nature of the activity can be making referrals/providing information or providing services/delivering interventions.

Some agencies were active in their support at all levels and willing to provide services to the young people referred to the YISPs. In other words, they were positive in their approach and committed to improving outcomes for young people. Others tended to be passive and made few contributions. Agencies that are both passive and provide few if any services or interventions can have a distinctly negative impact on multi-agency co-operation. Several initiatives described social services as primarily passive, and levering in support from social workers had been extremely difficult to achieve.⁸⁵ The qualitative data suggest that there was a degree of professional snobbery which made social workers reluctant to engage with multi-

⁸² Walker, J., Wilson, G., Laing, K. and Pennington, M. (2010) *Care Matters: Budget holding lead professionals with looked after children in England*, DCSF, Research Report RR225.

⁸³ Chaskin, R. and Joseph, M. (1995) *The Neighbourhood and Family Initiative: Moving toward implementation – an interim report*, Chapin Hall Centre for Children, University of Chicago.

⁸⁴ Procter, S. (2007) 'Multi-agency working', in Walker *et al.* (2007), *op. cit.*

⁸⁵ White *et al.*, *op. cit.*

agency working, often preferring to manage cases on their own. The key challenge, it seems, is to find ways of ensuring balanced contributions from key partner agencies.

Intensification, Extension, Displacement and Absorption

The same model was applied in the BHLP pilots, examining three specific effects: intensification, extension and displacement. The evidence suggests that several initiatives (e.g. YISPs, TYSPs, BHLP pilots) were simply absorbed into existing approaches with little change in multi-agency integration.

Intensification, Extension, Displacement or Absorption

Intensification – multi-agency working is enhanced through binding existing agencies closer together and promoting financial integration.

Extension – multi-agency working is extended to include new agencies in the delivery of services.

Displacement – extension could displace existing services.

Absorption – a new initiative is simply absorbed into existing practice without intensifying, extending or displacing multi-agency co-operation.

The extent to which any of the new initiatives were able to secure buy-in from other agencies and enhance multi-agency working was determined by a number of factors. For example, a study of inter-agency work and the Connexions strategy⁸⁶ noted that confusion, a lack of clarity, conflicting priorities among providers, and a lack of appropriate management structures, support mechanisms and information sharing had hampered inter-agency partnership working.

Factors Determining Multi-Agency Collaboration

The level of multi-agency collaboration is determined by:

- the extent to which multi-agency working is already established
- the amount of time and effort project staff can commit to selling a new programme
- the ability to engage key players and overcome practitioner negativity, particularly on the part of social workers
- the strength of existing connections and contacts at managerial and practitioner levels
- whether the programme is led by a statutory or voluntary sector agency (where establishing credibility is more difficult)
- the extent to which new programmes and initiatives are welcomed locally and regarded as an important development in the delivery of services for vulnerable young people (rather than just another pilot with a restricted shelf-life)
- the lack of professional or agency territorialism
- the lack of conflicting priorities and agendas, targets and performance indicators
- a commitment to information sharing and willingness to overcome concerns about data protection and client confidentiality

Many of the pilots and pathfinders were eventually able to make positive advances in integrated service delivery, but multi-agency collaborations had frequently presented frustrations and challenges along the way. Nevertheless, strong multi-agency partnerships were a key factor in many of the programmes. For example, the On Track evaluation noted that a 'mixed economy' approach to service delivery which was supported by effective multi-agency working arrangements was effective in reaching more children and families.⁸⁷

⁸⁶ Coles, B., Britton, L. and Hicks, L. (2004) *Building Better Connections: Interagency work and the Connexions service*, Policy Press.

⁸⁷ Ghatge *et al.*, *op. cit.*

Information Sharing

Sharing information is essential if early intervention is to become a reality. A key factor in many serious case reviews has been the identified failure to record and share information among key professionals. By 2006, the Children's Trust pathfinders were adopting written protocols for sharing child-level data across sectors, but information-sharing practice continued to be 'uneven and patchy',⁸⁸ primarily because front-line practitioners remained concerned about sharing certain pieces of personal information. The ethos of confidentiality has been dominant in the social and health care sectors⁸⁹ and this has been a particularly thorny issue to resolve. Reluctance to share information outside the confidential relationship between a practitioner and a young person has had important implications for the development of the CAF, for example, which was designed to improve information sharing.

Even in YISP panels that appeared to be working well, individual practitioners tended to decide what information to share and how.⁹⁰ Similarly in the YISP areas which piloted FGC, the amount and extent of the information shared at the start of family group conferences were highly dependent on which practitioners actually attended⁹¹ and on the information FGC co-ordinators had been able to glean during their assessment process prior to convening the conference. The evidence indicates that:

- effective and appropriate sharing of information is critical to the establishment of a seamless service for young people
- mechanisms which enable this to happen without compromising the best interests of vulnerable children and young people and without failing to protect them are urgently needed

Keyworkers and Lead Professionals

Integrated service delivery requires effective co-ordination, and the roles of keyworker and lead professional have emerged as critical factors. In the YISP pilots, for example, the keyworkers played a major role in facilitating, driving and monitoring the delivery of a personalised integrated support plan for each young person. They also fostered close relationships with the young people and their families, developing trust and delivering one-to-one support and interventions. Parents particularly valued the fact that keyworkers liaised with other agencies on behalf of their children, notably with schools when communication between families and teachers was fraught with difficulty. The YISP keyworkers were able to collate a large volume of information about each young person and bring this to the panels, act as an advocate for young people and signpost them to relevant support services. For some young people the quality of the relationship with their keyworker was the most important aspect of their intervention.⁹² This very important role was strengthened and developed by the identification of lead professionals (LPs).

⁸⁸ UEA Norwich/National Children's Bureau, *op. cit.*, p. 70.

⁸⁹ Information Commissioner's Office (2006) *Children's Databases: Safety and privacy*, Office of the Children's Commissioner, 2005/6 Annual Report.

⁹⁰ Walker *et al.* (2007), *op. cit.*

⁹¹ Walker, J., Thompson, C., Wilson, G., Laing, K., Coombes, M. and Raybould, S. (2010) *Family Group Conferencing in Youth Inclusion Support Panels: Empowering families and preventing crime and antisocial behaviour?*, YJB, <http://www.yjb.gov.uk/publications/Scripts/prodView.asp?idproduct=486&eP>.

⁹² Walker *et al.* (2007), *op. cit.*

The Role of Lead Professionals

A lead professional should be allocated to a young person requiring the support of more than one agency, in order to:

- deliver an integrated response to the young person
- act as a single point of contact for the young person and his/her family/carers
- ensure the delivery of appropriate interventions
- reduce overlap and inconsistency of service provision
- monitor the young person's progress⁹³

The role is defined by the work that needs to be done with a young person rather than by the LP's professional background.⁹⁴

A number of key skills are essential to the LP role:

- strong communication skills
- the ability to empower and build trust
- an understanding of the assessment of risk and protective factors
- an ability to work effectively with a range of practitioners and to convene meetings
- a knowledge of local and regional services
- an understanding of the boundaries of one's own skills and knowledge⁹⁵

Within the initiatives we have reviewed, a range of professionals across the health, education and social care sectors became LPs. The early evidence suggested that the role had posed a number of challenges despite there being considerable enthusiasm for it among practitioners. The role carries a high level of responsibility, which can be daunting. Increasing workloads for practitioners and concerns about skills gaps were identified as recurring concerns which need to be addressed.

Barriers Impeding the Implementation of LPs

An investigation of the implementation of the LP role pointed to a long list of barriers which were impeding implementation:⁹⁶

- insufficient understanding of the LP role and how it is different from the role of keyworker
- difficulties in sharing information and concerns about protecting the confidentiality of young people
- resistance to implementing the CAF
- challenges associated with co-ordinating the complexities associated with whole systems change
- the lack of a shared language and terminology between professional groups

The evaluation of the Children's Trust pathfinders⁹⁷ indicated that the continued confusion about the LP role pointed to the need for authorities to raise awareness and develop better understanding of the role among practitioners and agencies. Mapping the LP role on to existing, similar roles, notably that of keyworker, had proved challenging and, for some professionals it required substantive changes in job descriptions, responsibilities and workloads.

⁹³ DfES (2005) *Lead Professional Good Practice: Guidance for children with additional needs, document summary*, INTEC.

⁹⁴ *ibid.*

⁹⁵ OPM (2006) *Implementation of the Lead Professional Role: Key deliverables and materials*, final report to DfES, OPM.

⁹⁶ *ibid.*

⁹⁷ UEA Norwich/National Children's Bureau, *op. cit.*

Moreover, maintaining one professional as a single point of contact was difficult for practitioners who were used to passing young people on to other colleagues as the young persons' needs changed and other interventions became more appropriate. Some practitioners have been reluctant to take on the LP role for fear of being stuck with the responsibility for a particular young person for a long period of time. The Children's Trust pathfinders identified training as a vital element in the development of LPs. Some TYSP practitioners failed to understand what the role entailed, and they were usually the ones who had the least support and who were working in areas where there was an absence of operational structures to drive changes in practice.⁹⁸ By contrast, where the LPs managed their new role effectively, there was evidence that:

- the provision of support for young people had been well co-ordinated
- the young people had access to a wider range of services
- there was a reduction in the duplication of resources
- a significant change had occurred in operational practice

Key Factors in Being an Effective LP

Lead professionals are most effective when:

- they are well-trained for the role
- they are well-supported
- they are part of a well-functioning multi-agency team
- there is a good IT system in place
- there is a clear strategy for the implementation of the LP approach

From LP to BHLP

The BHLP pilots took the role of LP a stage further. Budget-holding sought to enhance the role by giving LPs control over some or all of the budgets required to deliver publicly funded services to children and young people who had additional needs or who were being looked after by the local authority.⁹⁹ The BHLP role was expected to improve multi-agency working but it had little impact on multi-agency practices, primarily because the pilots did not implement BHLP practice to policy intent. Most of them allowed designated LPs to access a budget rather than allowing them to hold and be responsible for allocating a budget. Relatively few BHLPs were brave enough to purchase interventions and shop around to secure what they believed to offer value for money. The evaluation of BHLPs¹⁰⁰ demonstrated the radical nature of the changes being proposed and highlighted the factors that inhibited LPs from extending their remit.

Barriers to Budget-Holding

The barriers to budget-holding include:

- anxieties about giving LPs personal authority and discretion to hold and use funds
- restrictive organisational structures and bureaucratic processes
- nervousness about accountability
- lack of experience in devolving financial decision-making to front-line practitioners
- confusions about the purpose of the budget and the amount available for each young person
- unclear boundaries between LP and BHLP practice

⁹⁸ Palmer and Kendall, *op. cit.*

⁹⁹ DfES (2006) *Budget Holding Lead Professionals: TEN policy briefing*, TEN, LGiU and DI-N.

¹⁰⁰ Walker *et al.* (2009), *op. cit.*

The evidence from the initiatives reviewed clearly indicates the importance of appropriate training, reduced workloads and better organisational support being in place.¹⁰¹

Establishing the Team-Around-the-Child

The convening of multi-agency panels requires a good deal of administrative support and busy, senior professionals to attend regular meetings during which the needs of several young people are discussed. More recently, multi-agency panels have given way to the convening of a team-around-the-child (TAC).

The Benefits of the Team-Around-The-Child

The TAC is now generally regarded as preferable to multi-agency panels, for the following reasons:

- it allows the opportunity for a young person and his/her parents/carers to participate in a meeting dedicated to addressing that young person's needs
- it involves all the professionals with a role to play in the young person's life
- the team works together to plan co-ordinated support to address the young person's needs in a holistic way
- each team member's responsibilities are clarified in a written action plan
- information is shared with those who need to know (i.e. team members only) and an understanding about confidentiality is agreed
- the team decides who will be the LP who will co-ordinate the action plan and monitor service delivery
- families are empowered to play a more active part in the process of assessment, in decision-making and in the development of the action plan
- the TAC enables LPs to build strong interpersonal relationships and enables families to gain some control over their situation

The evaluation of the BHLIP pilots¹⁰² demonstrated how important it is for practitioners to be fully committed to the TAC process and to take regular attendance at TAC meetings seriously. When key professionals failed to attend, other professionals and family members had felt let down, as they had when practitioners failed to attend panel meetings. Some initiatives were faced with the problem of bringing professionals together across locality boundaries to participate in panels or TACs, and this had been particularly challenging in respect of information-sharing as well as attendance at meetings. A strong LP could manage these challenges, but a lack of understanding among partner agencies could undermine locality approaches to the provision of integrated support via the TAC.

Joint Commissioning and the Pooling of Budgets

The development of a seamless, co-ordinated response for vulnerable young people is also dependent on the establishment of joint-commissioning processes and the pooling of budgets at a strategic level. Each of these signifies a large step-change in practice and neither has proved straightforward to implement. The Joint Planning and Commissioning Framework was designed to help local planners and commissioners of children's services to develop a unified system in each local area that would make better use of resources to promote better outcomes.¹⁰³ It was acknowledged in the introduction to the framework that joint planning and commissioning necessitates new partnerships and a more commercially-minded approach to procurement, focused on the young person.

¹⁰¹ *ibid.*

¹⁰² *ibid.*

¹⁰³ HM Government (2006) *Joint Planning and Commissioning Framework for Children, Young People and Maternity Services*, Crown Copyright.

The evaluation of the Children's Trust pathfinders¹⁰⁴ showed that it was possible for local authorities, health services, the police and other agencies to plan collaboratively for the delivery of children's services. It entailed defining the budgets available and then either pooling or aligning them. Financial pressures, particularly on health services, often acted as a constraint, however. Joint commissioning strategies were also developed, and managers were engaged in building capacity for strategic planning, working in partnership, procuring services and monitoring service delivery. They embarked on a steep learning curve and acknowledged that more work was needed to increase mutual understanding and more innovative ways of working. Joint planning and commissioning have been seen as critical to targeted service delivery but not all the initiatives we reviewed had managed to put them in place.¹⁰⁵

Promoting Developments in Joint Commissioning

The review indicates that a number of factors can promote joint-commissioning arrangements:

- devolving responsibility to front-line practitioners to purchase tailored services
- developing mechanisms to make it easier to commission services
- informing practitioners about the costs of different services and helping them to secure value for money
- challenging the assumption that statutory services are free
- developing local markets for the provision of services
- establishing effective strategies for pooling core budgets
- establishing robust governance and financial management protocols¹⁰⁶

It was suggested by the OPM¹⁰⁷ that one of the most formidable challenges is that of transferring resources from universal services to specialist and targeted services for young people. This requires a clear commitment at the strategic level in order to align preventative funding.

Summary – Lessons Learned about Multi-Agency Working and Integrated Service Delivery

The development of effective multi-agency working has progressed significantly since the integrative policy framework was implemented. The agenda, however, was extremely ambitious, and our review of the evidence suggests that the pace and complexity of the changes needed have presented considerable challenges. Local partnership working is not new, but, traditionally, it has been dependent on personal and professional links and contacts, without robust institutional arrangements being in place to drive and facilitate the step-changes needed. Local authorities and other agencies have tended to graft new initiatives onto pre-existing structures, which has often acted as a barrier to the development of more innovative strategic partnerships. Managing the integration of diverse structures and professional roles has exposed the fragility of some structures and indicated that a number of key building blocks are essential to the delivery of multi-agency support.

A number of elements can contribute to more effective multi-agency working. These are:

1. The provision of training that involves the joint sharing of knowledge and a joint understanding of the different professions and roles which can contribute to multi-agency responses.

¹⁰⁴ UEA Norwich/National Children's Bureau, *op. cit.*

¹⁰⁵ Walker *et al.* (2009), *op. cit.*; Walker, J., Wilson, G., Laing, K. and Pennington, M. (2010) *Care Matters: Budget holding lead professionals with looked after children in England*, DCSF, Research Report RR225.

¹⁰⁶ HM Government (2007) *Better Outcomes Through Joint Funding: A best practice guide*, DfES.

¹⁰⁷ OPM (2007) *Pooling Budgets: Issues for budget holding lead professional pilots*, OPM.

2. The commitment and buy-in of managers and practitioners at all levels to the benefits of multi-agency working and a willingness on the part of professionals to find sufficient time to attend panel meetings and TACs.
3. Organisational structures that facilitate co-working, joint commissioning and the pooling of budgets.
4. Shared understanding among agencies and practitioners of the aims and objectives of new initiatives and their contribution to targeted services for vulnerable young people.
5. The lack of professional and agency territorialism and a mutual respect for the different roles played by practitioners in the statutory, voluntary and private sectors and the contributions they make to integrated service delivery.
6. A commitment to information sharing and the development of protocols which overcome concerns about confidentiality and the protection of young people.
7. Clear distinctions between the roles of keyworker and lead professional and an understanding that the LP role embodies a set of functions.
8. The appointment of lead professionals who are trained for and supported in their pivotal role as the single point of contact for young people and their families and as co-ordinators of appropriate packages of support which meet each young person's specific needs and circumstances.

The evidence indicates that children, young people and their parents/carers welcome and appreciate multi-agency approaches and the roles played by keyworkers, LPs and the TAC. Integrated service delivery depends on there being radical changes in practice and in organisational structures. Simply tweaking existing traditional multi-agency arrangements and professional boundaries does not create the environment which is essential to the achievement of better outcomes for vulnerable children and young people. The overriding learning is that whole systems change takes time and effort. In the next chapter, we review the evidence relating to the ways in which different kinds of support have been delivered to young people and their families, and consider the ways in which outcomes and impacts have been reported.

Chapter 4 **Delivering Interventions and Improving Outcomes for Young People**

The purpose of providing vulnerable young people with personalised packages of support, information, advice, guidance, and learning and development opportunities is to improve their life-chances. Lead professionals and keyworkers have important roles to play in the co-ordination and delivery of this support and in monitoring outcomes. In the last chapter we noted that while some programmes managed to make significant progress with the development of multi-agency approaches, others took much longer to establish the necessary infrastructures. In this chapter, we review the evidence from the initiatives relating to the actual process of delivering support to young people and the way in which outcomes were conceptualised and reported. Most of the evaluations we considered were able to report in some depth about the processes involved in establishing the new initiatives (formative evaluation), but to say far less about the outcomes and impacts of new ways of working (summative evaluation). In Chapter 5, we go on to look at the robustness of the outcome data, examine the evidence on cost-effectiveness, and explore value for money issues.

Integrated Service Delivery: Empowering Young People

Increasingly, emphasis has been placed on the importance of working with young people in the delivery of personalised support, and empowering them to take some personal responsibility. The empowerment of young people is central to the development of the team-around-the-child. Empowerment can operate on two levels:

- young people can be empowered to contribute to the development of policy and practice nationally and locally
- young people can be empowered to take responsibility for making personal decisions about priorities in respect of their own needs and for working in partnership with the professionals who are offering them support

Several of the initiatives we reviewed attempted to empower young people on both these levels. Two-thirds of the Children's Trust pathfinders, for example, reported a 'substantial' to 'moderate' involvement of children and young people in strategic planning and in the design and development of services in their area.¹⁰⁸ Parents and carers were also involved, but to a slightly lesser extent. During the development stage of the TYSPs,¹⁰⁹ most pathfinders engaged in wide-ranging consultation with young people locally and identified the issues of most concern to them, but none consulted young people about how they would actually like support to be delivered. The evaluation indicated that about half of the young people in the sample had been involved in decision-making relating to the support provided, including how often they met with their keyworker, discussions of their needs to ensure that support was tailored to their interests, and selection of the activities to be involved in.

At the personal level, LPs are expected to work closely with each young person and their family so as to engage and empower them, and the evidence from our review indicates that some LPs/BHLPs had been extremely successful in achieving this while others had tended to keep both young people and their families at arm's length. When young people and their families had been involved at the individual case level, the extent of that involvement had varied considerably. In the YISPs, for example, very few young people had been invited or

¹⁰⁸ UEA Norwich/National Children's Bureau, *op. cit.*

¹⁰⁹ Palmer and Kendall, *op. cit.*

encouraged to attend a panel meeting at which their case had been considered¹¹⁰ although pilots had been encouraged to think creatively about ways of involving young people.

Although many YISPs set out with the intention of inviting children and parents to attend panel meetings, most abandoned this fairly early on. The only pilots to include families were those that adopted a FGC approach. Others judged that the panel meeting would be overwhelming or intimidating for young people and assumed that they would not want to attend anyway. While some young people had been ambivalent when asked if they would have liked to go to the panel, some parents said they would have liked the opportunity to talk about their child's difficulties with key professionals in the panel setting. Most of the YISP keyworkers, however, advocated on behalf of the young people and families concerned and represented their views to the YISP panel. For the most part, families appeared to be satisfied with this approach, which nevertheless kept them at arm's length from panel members and the decision-making process.

The young people whose YISPs offered FGC had a rather different experience, because they were clearly expected to attend the conference with their parents/carers. While some young people welcomed the opportunity to participate in a family group conference, others resented having their difficulties discussed in front of other people.

Empowering Young People

The evaluation¹¹¹ of the FGC/YISP pilots found that:

- young people had not necessarily felt they had been given any real choice about going to a conference and some had felt coerced into attending by their family and/or professionals
- simply inviting young people to attend a conference does not result in them feeling empowered
- when young people were offered an advocate to speak on their behalf at the conference, this rarely proved to be empowering
- some young people had resented their problems being discussed in front of professionals and family members – they coped by switching off, opting out, or by agreeing with everything that was said
- some young people had felt able to speak up at the conference and put their point of view across, but others were unable to raise important concerns for fear of upsetting their family
- not all young people participated in the discussions during 'family time' at the conference
- some conference facilitators had been reluctant to relinquish control during family time and had influenced or participated in the discussions
- without time on their own to talk things through and make a family plan, the empowerment of young people and their families was compromised
- effective implementation of FGC requires the role of expert professionals to be reconfigured and traditional power relationships to be reconstructed in order to empower young people and their families

A good deal of previous research has also shown that children and young people did not participate fully in conferences. The findings from the evaluation of FGC/YISP have important implications for workforce development. There is a fine line to be drawn between providing legitimate assistance and stymieing the principles of family empowerment which underpin FGC.¹¹² Although the majority were complimentary about the process, parents tended to be more enthusiastic than the young people themselves. Nevertheless, during a follow-up survey some 93 per cent of children/young people said that in retrospect they were glad they had gone to the conference.

¹¹⁰ Walker *et al.* (2007), *op. cit.*

¹¹¹ Walker, J., Thompson, C., Wilson, G., Laing, K., Coombes, M. and Raybould, S. (2010) *Family Group Conferencing in Youth Inclusion Support Panels: Empowering families and preventing crime and antisocial behaviour?*, YJB, <http://www.yjb.gov.uk/publications/Scripts/prodView.asp?idproduct=486&eP>.

¹¹² Barnsdale, L. and Walker, M. (2007) *Examining the Use and Impact of Family Group Conferencing*, Research Findings No. 26, Scottish Executive.

Significant change in professional practice is needed if young people are to feel more empowered and better prepared to take advantage of a different kind of relationship with those who seek to support them. Previous research called for more attention to be given to the training and professional development of FGC co-ordinators/facilitators.¹¹³ Relinquishing ownership of processes such as this can be difficult for practitioners, who have to strike a fine balance between empowering families and maintaining some control over the process, trusting families to find their own solutions and imposing solutions on them, catering for all kinds of families and avoiding a one-size-fits-all approach. Being able to relinquish control emerged as a very challenging core skill.

Control Over Budgets

Similar findings relating to the transfer of control emerged from the BHL P pilots.¹¹⁴ One of the benefits associated with BHL P practice is the ability to bring young people and their parents closer to the process of decision-making as architects of their own solutions. The older young people who took part in the evaluation could recall being consulted about what help they wanted and some remembered that they had been offered alternative options by their BHL P. Young people and their parents clearly appreciated their involvement in decision-making, although they were sometimes uncertain about whether they had sufficient knowledge and the ability to make informed choices about interventions that might help them. By contrast, the attitudes of reluctant practitioners did not encourage collaboration and empowerment, but served to reinforce the more traditional gift-relationship between professionals and families.

Giving Young People Control Over Budgets

The evaluation¹¹⁵ of the BHL P pilots found that:

- the majority of BHL Ps were generally keen to involve young people in the development of a package of support, but not all had felt comfortable sharing information about the budget available
- practitioners gave a number of reasons for their reluctance to discuss budgets – families were very needy and lacked the ability to manage their lives well; families/young people might not make sensible decisions about the budget; families would come to expect things and attempt ‘to milk the system’; it might set a precedent so that others in the neighbourhood would want to have a share
- there was little substantive evidence that control over budgets had moved significantly closer to young people and their families

Empowerment and Sanctions

Combining support with control presented specific challenges for LPs and keyworkers, as was most evident in the FIP evaluation.¹¹⁶ Keyworkers had to juggle the twin-track approach of support and enforcement as well as sustaining families’ engagement with the project. In practice, the roles had sometimes been separated and allocated to different professionals so that the relationship between the FIP keyworker and the family was not jeopardised. The FIP staff emphasised the importance of encouraging each family to play a key role in developing their own support plan and giving the family a sense of ownership over it. This meant their being both persistent and creative in the approach they took to engaging and empowering some of the most problematic families, who were heavily involved in antisocial behaviour and constantly at risk of losing their homes. Developing trust and delivering on promises are important ingredients in the keyworker–family relationship. A key feature of the approaches

¹¹³ Marsh, P. and Crow, G. (1998) *Family Group Conferences in Child Welfare*, Blackwell; Barnsdale and Walker, *op. cit.*

¹¹⁴ Walker *et al.* (2009), *op. cit.*

¹¹⁵ *ibid.*

¹¹⁶ White *et al.*, *op. cit.*

used by the FIPs and the IFSPs¹¹⁷ was the ability of individual keyworkers to engage consistently with a small number of families, something which has important implications for caseload management and developing the skills of keyworkers. Commonly, in both programmes, young people and parents singled out the personal attributes and attitudes of their keyworkers as critically important factors in helping them reach their goals and achieve positive outcomes.

Developing and Delivering Action Plans and Packages of Support

All the programmes we reviewed placed emphasis on the importance of empowering young people and their families to develop action plans. Bringing agencies together opened up the possibility of addressing a range of needs, although, as we noted in the previous chapter, the levels of commitment varied between agencies in most of the initiatives. For the most part, the keyworkers and/or LPs developed co-ordinated action plans that involved the delivery of both universal and targeted services.

Blending Universal and Targeted Services

The programmes we reviewed varied in terms of their use of universal and targeted services, and in the extent to which the keyworkers and LPs delivered services personally.

Delivering Universal and Targeted Services

Most initiatives delivered both universal and targeted services:

- universal services = open-access interventions, such as play schemes, after-school clubs, children's centres, and leisure activities
- targeted services = various therapies, CAMHS interventions, parenting programmes and support, and mentoring

There was wide variation between and within programmes. For example:¹¹⁸

- On Track projects endeavouring to promote social inclusion tended to deliver universal services, while those focusing on crime prevention tended to deliver targeted interventions
- while the average number of universal and targeted services offered by each On Track was 48, some offered as few as 13 and some offered over 100
- although On Track projects were advised to develop their programmes within six core 'evidence-based' categories, many preferred to develop services that reflected the needs of their local community, and the majority of services were delivered in schools

The YISPs also tended to blend universal and targeted services, primarily combining a range of leisure activities with one-to-one support for the young person and a range of support services for parents (normally mothers).¹¹⁹ The main emphasis of the panels' work was on ensuring that young people received mainstream public services. The Integrated Support Plan (ISP) was constructed in such a way that the expectations for the young person and the family and the expectations for service providers were clearly set out. Everyone concerned, including the young people and parents/carers, were expected to sign up to the ISP, but the involvement of young people and their parents in the development of the ISP was not always explicit – much depended on the extent to which the keyworker had engaged with the family.

¹¹⁷ Pawson *et al.*, *op. cit.*

¹¹⁸ Ghate *et al.*, *op. cit.*

¹¹⁹ Walker *et al.* (2007), *op. cit.*

Interventions with Potential Young Offenders

Across the YISP pilots, 19 different interventions were delivered and most young people were offered up to 4.

Interventions fell into two categories:

- direct work with children/young people
- indirect work on behalf of young people

Direct one-to-one work between the keyworker and the young person was regarded as crucial to the success or failure of the programme. The approach and commitment of keyworkers emerged as the key element in achieving successful outcomes:

- when keyworkers engaged well with the young people and their families, compliance with their individual support plan was far higher than if engagement was weak
- a positive relationship with a keyworker is a strong facilitating factor in the delivery of support for vulnerable young people and their families

Young people involved with the TYSPs were also offered universal and targeted services and received, on average, three forms of support.¹²⁰ The main agencies delivering the interventions were education, health, the Connexions service, and a range of community and voluntary organisations. In some pathfinder areas, social services offered support to young people before their needs escalated to the point at which statutory interventions were required. The most common forms of intervention delivered were emotional and behavioural support, including counselling and mentoring, followed by involvement in positive activities and support for education. The majority of TYSP interventions involved one-to-one support, which meant that they, too, were resource-intensive. Overall, the focus was on providing support for young people and their families, rather than on challenging their behaviour through the use of sanctions. Preventing young people from becoming NEET (not in education, employment or training) was a clear focus in the YISPs, the TYSPs and the BHLp pilots.

Commissioning Services Directly

The BHLps were expected to commission services directly by using their budgets to develop a personalised package of support for each young person.¹²¹ The majority of the BHLps did not actually hold budgets, however, and because many of the pilots, either deliberately or unwittingly, targeted young people living in deprived neighbourhoods, the support provided tended to focus on the purchasing of goods to alleviate poverty in the home rather than on specific services and interventions for the young people. Most of the young people were already receiving interventions when they were allocated a BHLp: mostly family support work, health services and educational support, with some use of mental health services and youth offending interventions. Many BHLps tackled housing needs and financial difficulties within the families with whom they worked and some provided childcare services. There was some limited use of parenting interventions and the number of interventions targeting young people's social and emotional problems was small.

Until a small number of BHLps were trained to hold and use budgets, the dominant focus was on buying goods and services for the home and paying for holidays, leisure activities and sports. The contrast in the support offered after BHLps had been trained to hold a budget was striking. The BHLps began to co-ordinate mental health and educational support

¹²⁰ Palmer and Kendall, *op. cit.*

¹²¹ Walker *et al.* (2009), *op. cit.*

and the emphasis of intervention shifted away from the provision of goods to alleviate poverty to the delivery of services targeting social and emotional problems in young people. Some practitioners undertook bespoke service commissioning and very much appreciated the freedom this gave them to be creative in their work with young people. Learning about the interventions and services that might be available and about their cost was in its infancy, but BHLs were beginning to shop around for services and check value for money. Ensuring that other agencies would deliver interventions promptly was not always straightforward, however. Some agencies had long waiting lists and practitioners were just beginning to take steps to source alternative providers. Young people and their families could easily feel let down if agencies failed to deliver support that had been promised, thereby undermining the positive partnerships established via multi-agency panels, TACs and family group conferences.

Supporting the Whole Family

Although the focus was primarily on providing support for young people, the importance of supporting parents and carers was also recognised.

Taking a Whole Family Approach – FIPs¹²²

- the keyworker took the lead in drafting a support plan in consultation with family and other professionals
- discussion of the plan took place at meetings with other professionals and family members sometimes attended
- a family contract was part of the support plan, spelling out obligations and the sanctions that would be applied if the family failed to meet them
- the majority of the work with families was delivered by the keyworkers who also co-ordinated different interventions
- keyworkers offered families intensive support (averaging 8 hours a week)
- interventions focused on challenging offending and antisocial behaviour, parenting support, and educational and financial management
- FIPs located in local authorities were more likely to provide support from statutory agencies than FIPs in the voluntary sector
- all FIPs ensured that a package of support from key agencies had been secured and was in place prior to a family exiting the FIP

Taking a Whole Family Approach – IFSPs¹²³

- the majority of the interventions were delivered directly by project workers
- key interventions included parenting support, emotional support, benefits advice, help and advice with domestic management and poor school attendance
- support plans were agreed and signed by all the parties
- support plans included a record of the key outcomes and targets to be achieved (e.g. improved family functioning, improved household management skills, reduction in antisocial behaviour)
- the IFSP work comprised one-to-one work with family members, collective family work and group work interventions
- interventions were premised on joint working across agencies being at the heart of the programme
- support plans were reviewed regularly and exit strategies carefully developed and followed through
- a clear focus on outcomes was instrumental in enabling IFSPs to achieve immediate positive impacts with very vulnerable and troubled families¹²⁴

¹²² White *et al.*, *op. cit.*

¹²³ Pawson *et al.*, *op. cit.*

¹²⁴ *ibid.*; Nixon, J., Parr, S. and Hunter, C. (2008) *The Longer Term Outcomes Associated with Families Who Had Worked with Intensive Family Support Projects*, Communities and Local Government, HMSO.

Support for parents was also provided by keyworkers or LPs in most of the programmes. The FIPs and the IFSPs, however, were most closely identified with the provision of whole-family support.

Learning from the Processes Involved

Across the initiatives, the evidence suggests that:

- thorough assessment of needs is essential if programmes of support are to be needs-led and personalised to a young person's circumstances
- involving young people and family members in developing action/support plans increases co-operation and ownership of the plan
- if young people and families do not attend meetings or TACs, they tend to take little notice of the plan and do not use it as a vehicle for change
- packages of support which included a mix of universal and targeted services were the ones most often appreciated by young people and their families/carers
- leisure activities gave young people an opportunity to enjoy increased social inclusion and community participation
- support for vulnerable young people is usually only effective if parents/carers are willing to receive support themselves and to encourage their children to strive towards better outcomes
- the personal one-to-one support provided by keyworkers and/or LPs to vulnerable young people and their parents is the most significant element in programmes designed to improve outcomes for young people – it is an essential ingredient of effective intervention

Defining Outcomes and Assessing Impacts

Having examined the interventions offered, we turn to a discussion of their impacts and the outcomes recorded. All the evaluations we reviewed attempted to assess impacts and outcomes, with varying degrees of success. The initiatives themselves were also tasked with assessing outcomes but tended to take a less rigorous approach than external evaluators, often selecting individual case studies as a way of tracking outcomes for individual young people. In the next chapter, we discuss the implications of the various approaches to evaluating outcomes for the assessment of cost-effectiveness. Here, we examine the impacts and outcomes the initiatives set out to achieve and the evidence that was accumulated.

Performance Indicators

The key outcomes which were central to all the initiatives were:

- a reduction in first-time entrants into the criminal justice system among 10- to 17-year-olds
- a reduction in the number of young people frequently using illegal drugs, alcohol or volatile substances
- a reduction in the number of NEETs among young people aged 16–18

- a reduction in the number of under-18 conceptions
- an increase in participation in positive activities

Any assessment of outcomes must, however, make a clear distinction between correlation and causation. Providing robust evidence of outcomes has been and remains a challenge for those implementing and evaluating new programmes and initiatives.

Understanding the Evidence

When assessing the potential impact of any intervention it is essential to understand:

- the nature of the evidence
- the complexity of the causes of any behavioural change in a young person (which influences the choice of interventions and the outcomes associated with them)
- the problem of identifying robust outcomes in a short time scale – desired outcomes may not emerge immediately, or observed outcomes may not be sustainable in the longer term
- that what appears to work for one group of young people may have no comparable effect on another¹²⁵
- that a number of factors will moderate the impact and influence the interplay of risk and protective factors in a young person's life¹²⁶
- that if a wide range of interventions are running concurrently this adds further complexity to attributing outcomes
- that previous research¹²⁷ has suggested that improved multi-agency co-ordination does not necessarily result in improved outcomes for young people

The final report relating to the Children's Trust Pathfinders concluded that it was difficult to determine the effect the pathfinders had had on outcomes for children and young people in the relatively short time available for the evaluation. Evaluators across the initiatives frequently had to caveat any discussions relating to outcomes and were often reliant on trends which emerged from qualitative findings. The qualitative evidence from the Children's Trust pathfinders, for example, suggests that there were some local improvements in outcomes for children and young people, but the evaluators pointed out¹²⁸ that any mechanisms promoting change were likely to be multi-causal and multi-level and could not be fully disentangled from the effect of the pathfinders alone.

All the evaluations we have considered here faced challenges in their attempts to measure outcomes and, in an era when there is pressure to promote evidence-based practice, the inability of the pilots/pathfinders to define clearly outcomes which are specific, measurable, attainable, relevant and time-bound (SMART) and to assess the extent to which they were achieved is problematic. The tendency in all the initiatives was to fall back on qualitative assessments and case studies, which in themselves are both valuable and illuminating but which do not provide the kind of robust evidence that is required to inform policy decisions. The Children's Trust pathfinders reported specific examples where they felt that outcomes for young people had been improved, but the quality, range and breadth of the evidence varied widely across the authorities and it was impossible to link the perceived beneficial outcomes to national indicators.¹²⁹ Practitioners were apt to describe outputs as outcomes without understanding the vital links which need to be made between assessments, interventions and impacts.

¹²⁵ Thomas *et al.*, *op. cit.*

¹²⁶ Rutter, M. (2007), *op. cit.*

¹²⁷ Bickman, L., Noser, K. and Summerfelt, W. T. (1999) 'Long term effects of a system of care on children and adolescents', *Journal of Behavioural Health Service and Research*, vol. 26, pp. 185–202.

¹²⁸ UEA Norwich/National Children's Bureau, *op. cit.*

¹²⁹ *ibid.*

Confusing Outputs with Outcomes

Practitioners frequently confuse outputs with outcomes when reporting improvements.

Outputs include, for example:

- enhanced access to services
- enhanced multi-agency co-operation
- increased levels of participation by and engagement with young people
- more thorough assessments
- the increased delivery of services
- positive feedback from young people

Outcomes include, for example:

- improved educational attainment
- a reduction in offending
- the move from NEET to EET

Measuring Change and Reducing Risk

The TYSP evaluators¹³⁰ attempted to measure short-term outcomes for young people in two ways – by looking at the impact on individual young people and the impact on universal outcomes across a group of young people. The evaluation indicates that, at a practical level, the support provided by the TYSPs addressed young people's accommodation needs, personal factors such as confidence, self-esteem and relationships, and behavioural issues such as offending and poor engagement with education. The levels of positive impact were described as encouraging, particularly in terms of improvements in behaviour, school attendance and family relationships.

Risk Modelling

The TYSP evaluators undertook a survey of young people who had engaged with the TYSPs, using a risk modelling questionnaire and a modified Strengths and Difficulties Questionnaire.¹³¹

The results from 30 pre- and post-intervention observations were mixed:

- there was evidence of small improvements in respect of emotional symptoms, peer relationships, pro-social behaviour, levels of truancy and involvement with the police
- some young people showed no improvements and others worsened
- impacts as a result of positive activities were limited

In the YISP pilots, the use of ONSET offered a more robust measure of change, particularly in respect of risk factors in a young person's life. The evaluation¹³² noted a considerable variation between the YISPs in terms of the levels of risk reduction they achieved, both across the group of young people involved and at the individual case level. Nevertheless, there were some important and consistent findings from this evaluation:

- the higher the young person's risk factors at the start of YISP intervention, the greater the likely level of risk reduction
- older children and young people were less likely to experience large risk reduction

¹³⁰ Palmer and Kendall, *op. cit.*

¹³¹ *ibid.*

¹³² Walker *et al.* (2007), *op. cit.*

- risk reduction levels were not linked to the gender of the young person or the level of deprivation in their home neighbourhood

The evaluators concluded that YISP intervention had the greatest impact when it was targeted at children and young people at the highest risk, and that there is more to be gained by targeting high-risk children who are younger than by targeting older children. These conclusions are particularly significant because they suggest that early intervention with younger children at high risk is likely to have a greater impact than intervention with older children/young people.

Assessing Impacts

The evidence¹³³ suggests that:

- direct work with children and young people via counselling and mentoring had the most positive impact on outcomes
- regular and intensive keyworker support was highly valued by young people and their parents
- inconsistent keyworker support was regarded as unsatisfactory by young people and families
- keyworkers and LPs play a critical role in co-ordinating and delivering personalised support and promoting positive outcomes
- tackling risks at different levels was more effective than focusing on one risk
- targeting most/all risk factors via multi-faceted interventions is more effective than focusing effort on one aspect (e.g. antisocial behaviour)
- to make a difference, interventions need to be both intensive and sustainable
- exit strategies are crucial if positive outcomes are to be maintained
- the continuity of support and practitioners following through on promises are essential to achieving sustainable outcomes

The direct work done by the keyworkers was highly regarded by the young people and their parents. Nevertheless, the role of the keyworkers in co-ordinating multi-agency packages of support and in motivating other agencies to continue to support young people and their families after they themselves had withdrawn was equally important.

The FGC/YISP pilots¹³⁴ also drew attention to the frustration and disappointment young people and families felt when agencies failed to follow through on their promises of support. Families who participated were of the view that the FGC process had been a complete waste of time when there was no continuity of support following the conference. In this regard, it is perhaps not surprising that the model used to analyse changes in ONSET scores did not detect any additional impact, either positive or negative, as a result of there having been a family group conference. The qualitative data from that study underline the positive impact, in the short term, of families attending a conference: for the most part families found this helpful and had felt optimistic that things might change for the better. Going to a conference had undoubtedly raised expectations in families that problems would be addressed, but an apparent shortage of services to which families could be referred for ongoing support had often dashed expectations and reduced the possibility of FGC improving outcomes for the young people involved. Implementation issues, lack of model integrity and a lack of clear outcome criteria and data by which they could be measured all contributed to the inability of the FGC/YISP pilots to demonstrate a positive impact on outcomes for young people.

The On Track projects, like the YISPs, set out to reduce risk factors associated with the later development of offending and antisocial behaviour, and to improve protective factors in order

¹³³ *ibid.*

¹³⁴ Walker, J., Thompson, C., Wilson, G., Laing, K., Coombes, M. and Raybould, S. (2010) *Family Group Conferencing in Youth Inclusion Support Panels: Empowering families and preventing crime and antisocial behaviour?*, YJB, <http://www.yjb.gov.uk/publications/Scripts/prodView.asp?idproduct=486&eP>.

to build resilience and promote better outcomes for young people. The evaluators¹³⁵ attempted to measure outcomes on a number of levels in order to cross-validate the findings and allow for more balanced conclusions. They used the terms 'impact' and 'outcomes' as shorthand for describing the possible influence of the intervention on the various domains of risk factors: individual, family, school and community. They, like other evaluators, also acknowledged the difficulties of establishing causality.

On Track Outcomes

The evaluation¹³⁶ of On Track indicates mixed evidence in respect of positive change:

- there were some improvements in children's well-being, self-confidence, self-control and self-esteem, and in family functioning and parenting
- some important risk factors diminished, including hostile and critical parent-child relationship and the use of physical discipline
- almost all the key protective factors showed evidence of positive increase, including parents' involvement with schools and the development of new support networks
- positive trends were evident in respect of peer risk factors and in school participation and performance, particularly for primary school children
- improvement at the community level was weak
- overall, outcomes for primary children were more positive than for secondary school children – echoing the findings from the YISP evaluation in which positive impacts were greater for younger children and for those receiving intensive support

Several initiatives¹³⁷ recorded positive impacts at the family and parenting level, indicating that:

- parents are often the first to benefit from interventions
- it is reasonable to hypothesise that if parents benefit young people are likely to benefit as a result
- improvements in parenting skills and well-being can be expected to support improvements in outcomes for young people
- improved relationships between parents and schools are particularly important in sustaining positive outcomes for young people
- providing multiple interventions within families is important in improving outcomes for young people¹³⁸

As Ghate *et al.* have pointed out:

*The ability to engage parents and therefore produce simultaneous changes in both parent and child was seen as important as a basis for sustainable change.*¹³⁹

¹³⁵ Ghate *et al.*, *op. cit.*

¹³⁶ *ibid.*

¹³⁷ See e.g. Love, J. M., Kisker, E. E., Ross, C. M., Schochet, P. Z., Brooks-Gunn, J., Paulsell, D., Boller, K., Constantine, J., Vogel, C., Fuligui, A. S. and Brady-Smith, C. (2002) *Making a Difference in the Lives of Infants and Toddlers and Their Families: The impact of early Head Start, vols I-III: final technical report*, Mathematica Policy Research; NESS (2005) *Variations in Sure Start Local Programmes' Effectiveness: Early preliminary findings*, DfES, RR NESS/2005/FR/014.

¹³⁸ Graham, J., Corlyon, J., Bhabra, S., Woodfield, K., Ghate, D. and Hauari, H. (2006) *The National Evaluation of On Track, Phase Two: Qualitative study of service providers' perspectives*, DfES, RR754.

¹³⁹ Ghate *et al.*, *op. cit.*, p. 255.

This aspect of intervention relies on keyworkers and LPs being able to give sufficient time to developing a trusting relationship with parents as well as with the young people, understanding the parents'/carers' needs, and reinforcing their parenting capacity.

We noted earlier that the IFSPs and the FIPs developed comprehensive action plans including key outcome targets, both hard targets such as reducing truancy and soft targets such as improvements in family relationships. They also targeted whole families, ensuring that interventions were multi-modal and that project workers had frequent contact with family members, addressing family issues and underlying causal factors. The evaluation of the IFSPs provides fairly strong evidence of positive outcomes although questions remained about their sustainability. Nevertheless, families appear to have developed practical skills and improved their functioning, and antisocial behaviour had been reduced even though the families remained extremely vulnerable.

The longer-term follow-up of families who had worked with IFSPs in England¹⁴⁰ showed positive change over time, with more than 40 per cent of families achieving successful outcomes (including the cessation of antisocial behaviour and homelessness). The evidence suggests that sustainability is hard to achieve, however, and families frequently experienced setbacks along the way. The evaluators illustrated the beneficial outcomes while acknowledging that 'it is too early to make claims ... about the longer-term sustainability'.¹⁴¹ The FIPs were also considered to have achieved positive outcomes with families who had very severe problems at the start of the intervention.¹⁴² The evaluators recorded reductions in risk factors in a number of domains, as well as reductions in antisocial behaviour and homelessness. Indeed, significant improvements were recorded in all aspects of the FIPs' work, but, in common with all the initiatives reviewed, concerns were expressed about the future sustainability of the progress made with young people and their families. Similarly, in tandem with the other initiatives, the evaluation demonstrated the importance of early intervention and the need for families to receive specialist, intensive and individualised support during the intervention and to have access to ongoing support when it was needed after engagement with the FIP ended.

Summary – From Service Delivery to Assessing Outcomes

Most of the initiatives reviewed involved the development of some kind of action plan for each young person and his or her family, and most endeavoured to engage young people and family members in the process, empowering them to take some responsibility for decision-making and encouraging their buy-in to the interventions which followed. It was not always clear how the action plans related to the needs assessment, nor how the actions to be taken would address the risks and issues that had been identified. Indeed, there was frequently a disconnection between the CAF and the action plan so that the interventions to be delivered did not necessarily flow directly in response to the needs identified. Some, but not all, of the action plans spelt out the means by which interventions would be delivered, who would deliver them, and the outcomes they were expected to achieve. Few, however, specified desired outcomes in any detail. Moreover, few used objective means by which to measure and assess the extent to which the desired outcomes had been realised. Consequently, the evidence available says more about the effectiveness of the processes of service delivery and far less about the effectiveness of the interventions themselves.

The outcomes we have reported in the chapter are all caveated in terms of their generalisability, primarily because sample sizes tended to be relatively small, evaluators had to depend heavily on qualitative data rather than having robust quantitative data which would

¹⁴⁰ Nixon *et al.*, *op. cit.*

¹⁴¹ *ibid.*, p. 109.

¹⁴² White *et al.*, *op. cit.*

have permitted comparisons to be made, and evaluation time scales did not usually permit longer-term follow-up. Nevertheless, all the initiatives reported positive findings in some aspects of the interventions concerned, usually on the basis of qualitative feedback from practitioners, parents and young people.

Looking across the initiatives, we have been able to detect a number of key themes in respect of service delivery and the outcomes achieved:

1. Sufficient time must be allowed for initiatives to get established before they start delivering new interventions. This is critical to their future success and to the ability to assess outcomes and effectiveness.
2. While all the initiatives were keen to empower young people and to engender increased responsibility within families, the level of empowerment was variable. More attention needs to be given to the training and professional development of practitioners to help them move towards a different kind of relationship with young people and families.
3. Budget-holding was a new concept for practitioners in social care, and not all felt comfortable taking this kind of responsibility, or responsibility for commissioning services and ensuring value for money. Training and supervision are both important elements in the development of budget-holding practice and the delivery of a multi-agency package of support.
4. Action plans can be a key tool in ensuring needs are met, monitoring outcomes and holding agencies to account.
5. The TACs have been shown to be very helpful for practitioners and for families, and they have an important role to play in empowering families and ensuring that their concerns are heard and understood, but unfortunately, agencies do not always deliver the support promised.
6. Family group conferences are valued by families and tend to raise their expectations about the help that will be delivered and the support they will receive but, again, professionals do not always deliver the support that is promised, with the result that families feel let down and are left to cope on their own once again. Following through on commitments made and supporting families to make changes agreed are critical components in the value-added of FGC approaches.
7. One-to-one support is particularly valued by young people and by parents/carers, and the relationship between the keyworker/LP and family members is a critical determinant of the success of the interventions delivered. Children and young people tended to benefit more from intensive, in-depth support than from occasional support offered over a period of time. There are important implications for deciding on the dosage of interventions offered and for calculating the optimum period over which they should be delivered.
8. Although working with a young person on their own can be very helpful, outcomes tend to be more positive if parent/carers are also engaged and willing to receive support. Support for parents/carers is as important as support for young people.
9. The combination of universal and targeted services in the packages of support offered enabled young people to access mainstream services and leisure activities and to receive support which addressed their specific needs. Encouraging mainstream statutory agencies to offer support services is not always straightforward, however, particularly when children/young people fall below the statutory thresholds.

10. Any intervention which is designed to reduce risk factors for young people should be needs-led and offered as early as possible, and should be both intense and sustained for long enough to make a real difference.
11. Very vulnerable young people and highly troubled and problematic families are likely to experience setbacks, however positive an intervention has been. Without ongoing access to support, the positive changes achieved during intensive intervention can be undermined very quickly.

Overall, while the evidence from the review appears to be positive in many respects, all the initiatives faced challenges in delivering multi-agency services, and in measuring outcomes from interventions that formed part of a complex landscape of services for young people. While qualitative findings point to improvements on a variety of levels and practitioners are keen to celebrate small but positive steps in the right direction, there was little evidence in the review of higher-order outcomes being monitored or achieved. In the next chapter, we look specifically at the implications of these challenges for the development of evidence-based policy and practice, which relies on being able to determine the cost-effectiveness and value for money of the programmes that have been piloted and tested.

Chapter 5 **Assessing Value for Money in Interventions To Improve Outcomes for Young People**

In the previous chapter, we explored the impacts and outcomes associated with the initiatives under review and pointed to the difficulties evaluators faced in gathering robust evidence of effectiveness within the permitted timescales. Increasingly, policymakers have looked for hard evidence of the cost-effectiveness of new programmes, and this has posed specific challenges both for programme implementers and for independent evaluators. In this chapter, we examine the issues associated with the assessment of cost-effectiveness and attempts to determine whether new approaches offer value for money.

The Role of Economics

Economics is well-established in the evaluation of health and health care.¹⁴³ The boundaries of health and social care have become increasingly blurred, however, as health policies have targeted lifestyle and environment in an effort to improve overall health and halt widening inequalities.¹⁴⁴ Perhaps as a consequence, health and well-being are increasingly viewed as multi-faceted concepts in which health care, along with behavioural and environmental factors, all have an important role to play. In parallel, the use of evidence in forming policy is now well-established in the public sector, witness the recent formation of the Campbell Collaboration as a sibling to the Cochrane Collaboration.¹⁴⁵ This has highlighted the importance of evaluation techniques for assessing effectiveness and efficiency in social care,¹⁴⁶ a major part of which has involved economists adapting their evaluation techniques to address multi-agency settings, with an increasing emphasis on social functioning. In a sense, this requires economic evaluation to revert to its broader societal approach, and to try to assess the impact of interventions on costs and benefits, no matter who bears the costs or reaps the benefits. Nevertheless, the basic issues of design underlying such economic evaluations remain the same. The fundamental aim is to derive estimates which are as unbiased as possible of the costs and benefits arising from the presence or absence of the intervention to be evaluated, thus aiding judgements about whether or not such an intervention is worth continuing and rolling out.

The main aim of this chapter is to assess the existence and quality of economic evidence from the programmes we reviewed. Essentially, we have taken as broad a perspective as possible in attempting to draw out impacts on costs and benefits and, by extension, value for money. Further to this, there are two additional aims, these being:

1. To structure the assessment according to the main evaluation criteria that would have to be met in order to ensure as rigorous an estimation of cost and benefits as possible.

¹⁴³ Drummond, M. F., Sculpher, M. J., Torrance, G. W., O'Brien, B. J. and Stoddart, G. L. (2005) *Methods for the Economic Evaluation of Health Care Programmes*, OUP.

¹⁴⁴ Department of Health (2004) *Choosing Health*, Department of Health, http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4094550

¹⁴⁵ The Cochrane Collaboration was founded in 1993 with the aim of helping policymakers and practitioners in health care to make the best decisions for patients and clients through reviewing and summarising the evidence on the impact of new and existing interventions in any area of health care. The Collaboration is named after the pioneering physician and epidemiologist Archie Cochrane (see www.cochrane.org). The Campbell Collaboration was founded in 2000, and applies the same evidence-based decision-making philosophy to education, criminal justice and social policy. It is named after Donald T. Campbell, a pioneer and advocate of using government reforms as social experiments to which scientific rules and standards of evidence could be applied (see www.campbellcollaboration.org).

¹⁴⁶ Shemilt, I., Mugford, M., Vale, L., Marsh, K. and Donaldson, C. (2010) (eds) *Evidence-based Decisions and Economics: Health care, social welfare, education and criminal justice*, Wiley-Blackwell.

2. To set priorities for future research, in terms of both design and topics, in this important policy area, on the basis of judgements regarding the rigour of study designs and the availability of essential data.

In earlier chapters we have alluded to the complexity and overlaps within and between the initiatives reviewed. Here, we outline a set of requirements, or framework, for economic evaluations in this field of application. Each programme was reviewed in the light of this framework, both in total and in terms of what can be distilled with respect to the value for money of each intervention's components. Prior to offering some concluding comments, we discuss a number of specific issues (e.g. whether it is possible to identify the separate contributions of different intervention elements to value for money and issues relating to quantitative modelling) and outline future research priorities.

The Framework for Assessing Value for Money

The degree of standardisation of a new programme is a key issue for the evaluation of complex interventions. A high level of control over intervention delivery is difficult to achieve in social care and local delivery structures are a product of historic development, demographic factors and political direction. As in a pragmatic randomised controlled trial, standardisation may not be desirable, even if it is possible. Many commentators have suggested that standardisation of intervention delivery will reduce effectiveness by impeding adaptation to local environments, which is possible in local authority service provision. This fits with the notion of complex intervention as articulated by the Medical Research Council.¹⁴⁷ Complex interventions have been defined as those consisting of a number of interconnecting elements that seem essential to the proper functioning of the intervention, but the mechanism through which this is achieved is uncertain.¹⁴⁸ Hawe and colleagues argue that this does not preclude conducting a trial of an intervention.¹⁴⁹ They argue that the intervention may take different forms provided that the essential functions are the same.

We share the view of Hawe and colleagues that standardisation is not a requirement for a valid evaluation. The success of many interventions is dependent on the freedom of professionals to tailor packages of care relevant to the needs of individuals and consistent with local delivery structures. This is not a bar to evaluation. A mixed-methods approach to evaluation can provide insight into which aspects of the intervention and the local environments are conducive to success. We explore these elements of effective practice in Chapter 6. However, whatever the complexities of an intervention, and whatever the methods used in an evaluation, a number of elements are essential to undertaking a robust quantitative economic evaluation: the identification of the study population and an appropriate control group; the availability of suitable outcome measures and generation of outcome data; identification and estimation of costs; and a procedure to collect data on intervention and control cases. Each of these is discussed briefly in turn before we move on to review each programme against the criteria. The details of each programme are noted in Annexe 2.

Defining the Study Population

Defining the study population for a complex social care intervention is often complicated by loosely specified eligibility criteria, such as were evident in the BHLIP pilots, for example. This is important because, once a programme is rolled out, it is important to know on what types

¹⁴⁷ MRC (2000) *A Framework for the Development and Evaluation of RCTs for Complex Interventions To Improve Health*, Medical Research Council.

¹⁴⁸ *ibid.*

¹⁴⁹ Hawe, P., Shiell, A., Riley, T. and Gold, L. (2004) 'Methods for exploring implementation variation and local context within a cluster randomised community intervention trial', *Journal of Epidemiology and Community Health*, vol. 58, no. 9, pp. 788–93.

of client the estimates of cost and effect were based. Without this knowledge, it will not be known what the likely impact of the intervention will be when it is implemented in the wider community, either because it may be implemented among clients with different characteristics (i.e. it does not reach its intended target group at all, or, more probably, does not reach them fully) or because the magnitude of the client group (and thus the total potential social impact) is not known.

Identifying an Appropriate Comparison Group

The selection of appropriate comparison groups is challenging whenever randomisation is not undertaken. Random allocation of individual clients to evaluated options (including the status quo) is often held up as the scientific ideal in terms of reducing bias. However, Wolff suggests that there are limits to the applicability of randomisation in complex social care interventions.¹⁵⁰ Nevertheless, a paper describing three examples of recent social care trials illustrates how randomisation can be implemented in a complex social care setting.¹⁵¹ The ethical case for randomisation is well-established in health care,¹⁵² but dissent within social care still exists.¹⁵³ This dissent is buttressed by concerns over equality of access to services and a failure to understand the purpose of randomisation, which can only ethically be used when there is no evidence that one intervention is superior to the other. Randomisation at the individual or family level would ensure comparability of children receiving new and established approaches to social care, but tends to encounter resistance from professionals on the grounds of its apparent arbitrariness and unfairness.

It is fairly typical for new schemes to be generally implemented from inception, with local authorities rolling out the scheme across their boroughs as quickly as training and infrastructure requirements allow. This was particularly the case in respect of the On Track programme and the BHLPI pilots. Initial attempts to include a control group in the former and to design a within-area comparative study in the latter had to be abandoned early in the evaluations of the programmes. A more limited design, in such situations, might be to negotiate with those implementing the programme who still have 'policy-off' areas, to try to persuade them to collect the data needed in such areas for comparison with data arising from the new intervention.

Other designs are also possible, such as controlled time series analysis. Here, trends in outcomes in pilot sites, both before and after the new intervention, can be compared with trends in similar local authorities in which the intervention has not been implemented. If this requires collection of outcome data over time, it will be challenging, as data required for the pre-intervention phase are unlikely to be collected in real time and data collection will generally be costly. However, it may be possible to use routinely available data (e.g. those on school attendance and NEET status) within such a design, as long as such outcomes are relevant to the aims of the new policies or interventions, as they were for many of those we reviewed.

¹⁵⁰ Wolff, N. (2000) 'Using randomised controlled trials to evaluate socially complex services: problems, challenges and recommendations', *Journal of Mental Health Policy and Economics*, vol. 3, pp. 97–109.

¹⁵¹ Oakley, A., Strange, V., Toroyan, T., Wiggins, M., Roberts, I. and Stephenson, J. (2003) 'Using random allocation to evaluate social interventions: three recent UK examples', *Annals of the American Academy of Political and Social Science*, vol. 589, pp. 170–89.

¹⁵² Williams, A. (1992) 'Cost-effectiveness analysis: is it ethical?', *Journal of Medical Ethics*, vol. 18, no. 1, pp. 7–11.

¹⁵³ Rose, H. (1994) *Love, Power and Knowledge*, Polity Press.

The Three Trials Reviewed by Oakley *et al.* (2003)

The Hackney Daycare Study (1998–2002)

A randomised trial of high-quality day care provided in an Early Years Centre in Hackney, north-east London. Eligible families were defined quite simply as those on the admissions list for the Centre. The trial aimed to examine the effects of Early Years Centre day care on a range of child, maternal and family outcomes (e.g. maternal employment and psychological health, child development and behaviour, and income) and included an economic evaluation (taking account of the cost of the service and use of other services).

Parents were followed up at 9 and 18 months post-recruitment and paediatric outcomes were assessed at 18 months.

Number of study subjects: 120 mothers and 143 children.

Randomised Intervention of Pupil Peer-Led Sex Education (RIPPLE) Study (commenced 1997 and ongoing at time of publication of review paper in 2003)

Twenty-seven co-educational, mixed sex, non-selective comprehensive schools in England were randomised either to implement a programme of peer-led sex education provided by 16- and 17-year-olds to 13- and 14-year-olds (14 schools) or to a control group (13 schools) that continued with usual sex education. The main outcome identified was impact on risky sexual behaviour, although a second phase is looking at longer-term impact on pregnancies and abortions.

Student questionnaires were administered at 6 and 18 months post-intervention and supplemented with anonymised pregnancy and abortion data.

Number of study subjects: 8,766 students over the two phases of the study.

Social Support and Family Health Study

A randomised trial of provision of two alternative programmes of support to mothers in deprived enumeration districts of Camden and Islington in London. The programmes were a series of visits from health visitors trained in supportive listening or the services of local community support organisations. A third control group received standard services only. Comparisons were made across a number of maternal and child outcomes (e.g. child injury, maternal smoking and psychological health, health service use, household resources, child health, feeding, and experiences of motherhood).

Parent questionnaires were administered at 12 and 18 months post-randomisation.

Number of study subjects: 731 families.

Identification of Appropriate Outcome Measures

Even if the long-term goals of intervention were clearly defined, it was often not clear which, if any, outcome measures would provide a valid measure of progress towards these goals. This may contribute to the suspicion with which social care professionals meet any standardised measures and their application. Complex initiatives of the sort assessed here, in which a diverse range of needs are targeted with broad long-term goals, clearly require a range of outcome measures if changes are to be fully captured following the intervention. The challenges are even greater when an intervention is aimed at a wide-ranging target group (e.g. children and young people aged 0–19). Measures such as the Strengths and Difficulties Questionnaire (SDQ) can be used together with statistics relating to school absences for 5- to 16-year-olds and NEET status for 16- to 19-year-olds. None of these measures, however, will assess the impact of interventions for families with very young children. Several of the initiatives reviewed attempted to combine these more objective measures in order to assess outcomes and effectiveness, but practitioners were frequently resistant to employing them and did not implement them in ways which facilitated robust

measurement. While managers may give an undertaking that well-validated measures such as SDQs will be used, the administration of them is left to busy and often sceptical practitioners. This was especially evident in the BHLIP pilots, for example. Similarly, some of the YISP keyworkers failed to undertake repeat ONSET assessments, thereby minimising their potential as a diagnostic tool.

Even when valid and reliable outcome measures are available, operational managers and practitioners have to be persuaded to use them, unless they are already routinely used for some other purpose. While most pilots are committed to some form of evaluation, the level of effort required beyond simply asking a professional whether the intended outcomes of the intervention had been achieved is substantial, and the importance of avoiding subjective assessments of whether something works may not be appreciated.

Identifying Relevant Cost Inputs

Before the identification of relevant cost inputs can take place, it is important to define the perspective of the study. A societal perspective requires that all resources used to provide interventions and all future resources saved by the success of the intervention should be included.¹⁵⁴ Complex initiatives delivered in heterogeneous environments provide extra challenges for evaluators. Before data collection commences, it may be beneficial for evaluators to spend time identifying the main components of the programme within each pilot site to facilitate such costing. The identification of all resource inputs can be challenging for complex interventions where the mode of action is difficult to deconstruct.¹⁵⁵ Thus it is possible that evaluators may not be able to identify explicitly and measure all the inputs. In addition, there are far fewer nationally accepted unit costs available for both statutory and non-statutory services that act as inputs to wider public sector services outside health.¹⁵⁶ This inevitably leads to less accurate cost data.

A number of methods are available to measure the quantity of resources used by study participants, including questionnaires, diaries or case notes.¹⁵⁷ Complexity of interventions has an impact on the use of these data collection methods.¹⁵⁸

Complexity of Interventions and Impact on Data Collection

Economic Questionnaires – completed by researchers or self-reported: these are often used but self-report forms can reduce the accuracy of the data.

Service Diaries – the large numbers of agencies and inputs required for complex interventions complicate data collection via diaries and there may be problems with recall accuracy.

Case Notes – traditionally used by economists, particularly for resource use in biomedical research, but there may be additional data collection required beyond case note abstraction and further complexities if multiple agencies use different recording systems.

Data Collection

The collection of data is central to any evaluation, and will often require repeated measures on the same individual clients. Unless data already exist in a form that is required by the evaluation team, the resources involved in collecting such data can be substantial. Ideally, data collection on resource use and outcomes would be the responsibility of the evaluation

¹⁵⁴ Fox-Rushby, J. A. and Cairns, J. (2005) *Economic Evaluation*, Open University Press.

¹⁵⁵ Hawe *et al.*, *op. cit.*

¹⁵⁶ Byford, S. and Sefton, T. (2003) 'Economic evaluation of complex health and social care interventions', *National Institute Economic Review*, vol. 186, pp. 98–108.

¹⁵⁷ Johnston, K., Buxton, M. J., Jones, D. R. and Fitzpatrick, R. (1999) 'Assessing the costs of healthcare technologies in clinical trials', *Health Technology Assessment*, vol. 3, no. 6, pp. 1–76.

¹⁵⁸ Byford and Sefton, *op. cit.*

team. Without resources to do this, however, responsibility is often delegated to pilot sites and involves a negotiation process of some kind between pilot managers and evaluators. Even if managers agree to collect data for evaluators, the burden of doing so usually falls on busy practitioners who, not surprisingly, regard recording information for researchers as less important than delivering services to their clients. There may be some funds available to incentivise pilots, offering the opportunity to employ additional administrative staff to collect the data required, but this may not be enough. Also, there will be issues within pilots such as those we reviewed, which involve multi-agency interventions, whereby the local co-ordinator of the interventions might not have the required degree of authority to require individual staff in other agencies to collect research data.

Assessment of Programmes against Value for Money Framework

Table 5.1 contains summaries of assessments of the programmes reviewed against the five main criteria outlined above. In the summary a minus sign indicates that a study did not meet that criteria and an equals sign indicates that it was partially met. A plus sign would have indicated that a criterion was fully met, but there are no plus signs in the table. This alone indicates that the study teams met significant challenges. More detail on each of the criteria is provided in Annexe 2.

Table 5.1 Summary research studies against evaluation criteria

VFM Criteria	Intervention Type						
	Budget-holding lead professionals	Children’s Trust pathfinders	Family Intervention Projects	Intensive Family Support Projects	On Track	Targeted Youth Support Pathfinders	Youth Inclusion and Support Panels
Defining the study population	=	=	<u>P</u>	<u>P</u>	=	=	=
Identification of comparator group	<u>P</u>	=	=	=	<u>P</u>	<u>P</u>	<u>P</u>
Outcome measurement	<u>P</u>	<u>P</u>	<u>P</u>	<u>P</u>	<u>P</u>	<u>P</u>	<u>P</u>
Costs	-	-	-	-	-	-	-
Data Collection	=	<u>P</u>	<u>P</u>	<u>P</u>	<u>P</u>	<u>P</u>	<u>P</u>

Population Identification

With respect to identifying a population, as we saw in Chapter 2 most evaluations were dependent on the judgements of professionals providing the services as to whether a child or youth was in need of such services. So, for example, LPs and BHLPS decided whether a child had ‘additional needs’, as did On Track project managers. All projects essentially relied on the ability of local agencies to identify appropriate children and young people. Even where some attempts were made to establish more objective criteria, for example that a young person was likely to fail at school or become involved in offending and/or antisocial behaviour, in practice professionals tended to respond to immediately identifiable needs, which may or may not correlate with these longer-term outcomes. For example, in the TYSP evaluation, children with additional needs were also the focus of the intervention and early identification was listed as one of the seven key elements of the programme. This is

promising as a stated element, and would also serve well the purposes of research. Again, however, there were challenges, with support provided for the most part to those who had already developed a high level of need. In the YISP evaluation, it proved difficult to target children at risk of offending (rather than those who had already offended), and the attempt to obtain a comprehensive set of data about new referrals proved challenging, an experience which was typical in all the programmes. Where data were available, there were significant proportions of clients for whom data were incomplete or who fell outside the YISP criteria, partly because of the challenge of actually targeting those for whom the service was intended.

Pilot sites all had existing, but varying, mechanisms for establishing multi-agency responses, as we noted in Chapter 3. Although the initiatives were relevant to each of their local contexts, a feature common to them all is that no one agency held all the data about individual children/young people, and this led to significant challenges for research teams in terms of obtaining co-ordinated data sets of information about them. This was complicated, as we noted in Chapter 2, by the inevitability that, because it was common for target groups for interventions to fall below the normal thresholds for statutory intervention, lists of all the children/young people in each pilot area who would meet the criteria for intervention could not be obtained. Moreover, despite initiatives being tasked with using common forms of data collection and assessment (such as the CAF and ONSET), not all pilot sites had implemented these.

Although information-sharing protocols were in place in many sites, it would seem that common systems for data management were not. This produced another challenge across almost all projects. While co-ordination of services moved towards a multi-agency framework, individual agencies retained control over staff. Records of service access were usually kept at home agencies, and often on incompatible databases. Consequently, the cost of data extraction for many projects was extremely high. Moves towards unified systems of data management should help to overcome this in the future. For example, establishing an electronic common assessment form (e-CAF) as the only gateway to all targeted service provision, along with a single database containing comprehensive details of service involvement, would allow researchers to identify the study population with greater accuracy. The IFSPs in Scotland had fewer entry points (mainly housing or social work) into the system, and so housing and socio-economic data were collected on all referrals, but the study team could not say how representative the study population was of all the families assisted, and even indicated that the projects may have selected easy-to-help cases.

Comparator Group Identification

None of the studies went as far as implementing a randomisation procedure. It would be natural for professionals to think that the new intervention, though it was being evaluated, was clearly advantageous to clients, thus ruling out randomisation of individual clients. The importance of even a non-randomised comparison group does not seem to have been made clear in the pilot tender documents for many of the projects, probably because evaluation teams had not been involved at the stage when the pilots/pathfinders were selected for inclusion in the initiative. In some cases, it seems that pilots had not been discouraged from rolling out the initiative prior to the evaluation findings being known. Some, including the BHLF pilots for example, had been actively encouraged to move ahead to mainstream and roll out the initiative by the external consultants providing a challenge and support role.

Even where pre-post designs and regression modelling are used (as in the TYSP and YISP evaluations), the counterfactual (i.e. what would have happened to clients otherwise) is not accounted for. A pre-post design was attempted in the TYSP evaluation, but, for reasons explained later in the chapter, recruitment was poor. In one BHLF pilot which set out specifically to target NEET status, it was possible to compare trends in such status within the

pilot area with those occurring nationally, and from before and after BHLIP implementation. This gave a reasonably robust estimate of impact. Unfortunately, these estimates showed little evidence of the impact of BHLIP on NEET status, in contrast to more optimistic estimates from less rigorous local studies.¹⁵⁹ With respect to the Children's Trust Pathfinders, no attempt was made to identify a comparator group for some of the outcomes, a problem which was recognised by the evaluators.¹⁶⁰

In most of the evaluations, a case study approach was taken, which does not in any event lend itself to comparators. This approach could be thought to be biased by the selection of the case studies. This was evident in pilots' own reports, all of which focused on successes.¹⁶¹ In the FIPs, the IFSPs and the TYSPs, there were no comparison groups at all. In IFSPs, only very broad hints could be made about expensive services whose use might otherwise have been avoided by the interventions. There was no modelling of what these savings might be, however, as no assumptions could be made about the rates of use of such services both with and without the IFSP interventions.

The On Track evaluators did attempt to construct a counterfactual in their cohort study through identification of residents in carefully selected comparator areas without On Track but similar in all other respects.¹⁶² Early roll-out subsequently meant that this was impossible. Although data were collected at two time points, each of these occurred after On Track had commenced, and so the pre-post element which would have strengthened such comparisons was not able to be followed through. Also, the time points were only 12 months apart, which is unlikely to have been long enough pick up meaningful change. This part of the study was underpowered owing to various recruitment challenges, including administrative problems in obtaining consent, which meant that in some pilot sites no consenting users were entered into the study. The team was also able to conduct self-completion surveys with primary and secondary school children in two waves, this time three years apart (2001 and 2004). These took place in On Track areas only.

Outcome Measurement

In the previous chapter, we noted a number of issues in the initiatives we reviewed relating to the reporting of outcomes. These are shown in more detail in Annexe 2. For the most part, objective data on outcomes was limited. For example, the selection of measures within the BHLIP evaluation was severely constrained by the lack of institutional capacity of the pilots to collect the required data. The SDQ was used along with school absences for 5- to 16-year-olds and NEET status for 16- to 19-year-olds. The SDQ was selected in part for its brevity, and partly because it is already widely used. Despite this, the evaluators met with considerable resistance from some operational managers and practitioners because of the perceived burdens of collection placed upon them and their organisations. As is indicated by the discussion of comparator groups above, only the NEET data could be analysed in a way that provided a rigorous assessment of outcome, and little such impact was demonstrated. The best that can be said about BHLIPs is that there is no rigorous quantitative evidence of impact on outcome.¹⁶³ The assessments of risk factor changes within YISP also suffered from this problem.¹⁶⁴

The most admirable attempt to collect outcome data was undertaken in the TYSP evaluation. The evaluators collected data not only on SDQs but also on a much wider range of outcomes. Only small numbers of respondents were recruited, however, and no statistically

¹⁵⁹ Walker *et al.* (2009), *op. cit.*

¹⁶⁰ UEA Norwich/National Children's Bureau, *op. cit.*

¹⁶¹ Walker *et al.* (2009), *op. cit.*

¹⁶² Ghate *et al.*, *op. cit.*

¹⁶³ Walker *et al.* (2009), *op. cit.*

¹⁶⁴ Walker *et al.* (2007), *op. cit.*

significant differences were shown, despite the views of TYSP clients indicating positive responses about various aspects of the services provided.¹⁶⁵

Without a comparator group, the degree of success achieved by the Children's Trust Pathfinders is hard to judge. Most case studies reported success stories in moving resources around or improving lives. These, however, are highly selective examples. Where national indicators were used (e.g. teenage pregnancy rates), successful reductions were achieved, but their attribution to the pathfinders is unclear. This was also recognised by Ghate *et al.*,¹⁶⁶ who quote evidence of a changing trend which may or may not reflect a specific initiative.

Both FIPs and IFSPs were more parsimonious as regards the data they asked for. In addition to the numbers of cases concluded during the project (because the clients had completed their courses of interventions), the evaluators recorded the service providers' own perceptions of outcomes, which would generally be subject to bias. In the FIPs, rates of antisocial behaviour and associated enforcement actions (as reported by staff) had significantly declined among families involved in the programme, from 61 per cent of families reported as having engaged in four or more antisocial behaviours when they started working with a FIP to 7 per cent on exit.¹⁶⁷ Similar successes were reported for housing enforcement actions and numbers of risk factors associated with families. In the IFSPs evaluation,¹⁶⁸ professionals were asked to assess whether clients had deteriorated, improved or stayed the same on several indicators (e.g. risk of homelessness/eviction, complaints of antisocial behaviour, depression, alcohol misuse and educational prospects). A later project¹⁶⁹ was funded to follow a subset of 28 families who had participated in the earlier project. However, they were pre-selected so as to cover the range of achievements with respect to outcomes, and to characterise what success or lack of success means and the factors that might determine sustainability of success, rather than to assess rates of such achievement against a comparator group.

The most robust results from On Track are those from surveys with comparator areas and those from the two waves of surveys of school children.¹⁷⁰ Various positive outcomes were reported from the latter, although it is not clear that these results were picking up on trends rather than being attributable to On Track. Where the comparator group was included, a smaller number of positive outcomes was reported. As we indicated in Chapter 4, many other results are reported by the evaluators which indicate possibilities with respect to improved peer group relationships and wider school level impacts, but the researchers themselves state that these results are both mixed and inconclusive.

Costs

Data relating to costs are sparse. Given the importance of determining cost-effectiveness and value for money, this is particularly problematic. For example, in the BHLP pilots, no central records about the cost interventions provided were kept on a case basis, which was not unusual within programmes offering multi-agency approaches because of the challenges outlined above. Thus, self-reported questionnaires were used to collect estimates of resource use, but resistance from pilots impeded their completion. The pilots had no central data on the cost of services provided by the agencies they co-ordinated. Consequently, very crude estimates of service costs were relied upon.¹⁷¹

¹⁶⁵ Palmer and Kendall, *op. cit.*

¹⁶⁶ Ghate *et al.*, *op. cit.*

¹⁶⁷ White *et al.*, *op. cit.*

¹⁶⁸ Sheffield Hallam University (2006), *op. cit.*

¹⁶⁹ Pawson *et al.*, *op. cit.*

¹⁷⁰ Ghate *et al.*, *op. cit.*

¹⁷¹ Walker *et al.* (2009), *op. cit.*

The Availability of Cost Data

Budget Holding Lead Professional Pilots – no comprehensive information on cost impact of BHL P practice relative to LP practice.

Children’s Trust Pathfinders – shifts from expensive interventions to preventative initiatives were reported in several pathfinders, but actual cost savings were reported by only 9 out of 31.

Family Intervention Projects – no assessment of costs reported.

Intensive Family Support Projects – costs of c.£15,500–£23,000 per case closed (with 12 months’ average duration of contact). Cost offsets cannot be estimated owing to lack of data on rates of use of such services by the studied population and a comparator.

On Track – no cost data reported.

Targeted Youth Support Pathfinders – no cost data reported.

Youth Inclusion and Support Panels – costs of YISP delivery reported, but not combined with estimates of costs of other services used in a way that models overall costs with and without the intervention. These costs are small, amounting to £163–£364 per child.

Data Provision

The initiatives under review were all required to provide data for a national evaluation, and no doubt all were sure they could achieve this. In practice, the demands of a quantitative evaluation appeared to have been too great in many cases, especially when programmes were asked to go beyond simply stating whether clients had improved or not on several indicators.

The best data collection seems to have occurred where researchers were resourced to collect the data themselves or, naturally, where national data were already available. For example, the resourcing of researchers to study longer-term outcomes in IFSPs is encouraging, even although outcomes were not actually assessed in a way that would suit an assessment of value for money. The availability of national NEET data allowed for rigorous statistical analysis of BHL P initiatives aimed at this outcome. The TYSP evaluation is explicit about the dangers of relying on professionals to recruit study subjects and distribute questionnaires. Professionals were of the view that this may impede the engagement of young people with services. They also reported capacity constraints.

Discussion and Conclusion

Very little can be said about the separate impacts the intervention components had on the interventions’ effectiveness or efficiency. Indeed some of the evaluators state that such separate effects cannot be identified. The best evidence comes from the TYSP evaluation, where young people’s views of what was effective were reported, but this was essentially qualitative. The most important elements seem to be those related to the allocation of a keyworker and to LP working and, more generally, the co-ordination of services. Similar findings emerged from the YISP and BHL P pilots, as we noted in the previous chapter.

The most depressing conclusion from our overview is that despite substantial social resources having been spent on evaluations, pathfinders and pilots and the roll-out of the programmes, there is no hard evidence as to their effectiveness or efficiency. There are several reasons for this, all of which point to the potential for improvements in future research studies in similar areas. Lessons are listed in broad terms below. Those listed for local pilot sites primarily concern what they can do to aid a national evaluation. Nevertheless, all the

findings from our review reported in this chapter apply equally to national and local evaluations and, it can be argued, constitute the elements befitting a good pilot scheme.

Lessons for Future Evaluations	
General Lessons	Lessons for Local Pilot Sites
It is important to be able to identify (or at least define) a targeted population against which central areas can be compared.	It is important to collect comprehensive baseline data on the characteristics of children/young people at referral, whether they are accepted into the study/programme or not.
The importance of collecting data on suitable comparison groups needs to be recognised and built into studies.	Pilots should consider not rolling out a new intervention, so leaving some localities to serve as potential comparators.
It is essential to define simple, memorable outcomes which relate to service objectives and on which data can be collected over time.	Pilots should consider building such outcome measures into local record keeping and local evaluations.
There needs to be more comprehensive posting of interventions and community services.	It is important to collect simple data on amounts of resources/services used, not just on whether they were used or not.
Data collection at the local level is valuable and needs to be better organised, but scientific validity and objectivity require researchers to collect many items of data.	Pilots should try to centralise the data on outcomes and costs as much as possible.

Implementing the lessons learned will present challenges for managers and for practitioners, but these lessons can provide a useful framework for ensuring that more robust evidence is obtained about new programmes in the future. The following are important elements of this framework:

1. The identification of a target population is a major challenge, and probably the most difficult to overcome. It is difficult, perhaps impossible, to identify some of these populations in advance. A major step forward would be to be able to collect comprehensive baseline information on referrals, whether accepted into a programme or not. This could be a major contribution at the local level and some advances were made in this respect in some pilots.
2. Comparator groups, a basic requirement for being able to assess the counterfactual, and thus determine value for money, were almost nonexistent in programme evaluations. This is not a criticism of the researchers, since all of them were well aware of the absence of comparator groups in noting the limitations of their evaluations. The relevance and practicality of randomisation and other comparative study designs may be questioned by those implementing new programmes. However, many other practicalities, such as the ability to follow study participants, are resolved if such designs can be achieved. Furthermore, our review of the research results that were reported across the programme evaluations showed that the more rigorous the comparisons that were made, the less likely it was that the programme would be shown to be effective. The importance of selecting suitable comparison groups in any policy evaluation must be recognised and incorporated into policy development. Tender guidelines ought to make this a clear prerequisite for a successful bid (either to be a pilot/pathfinder or to do the research). A pre-trial evaluation phase that included scrutiny and suggested modifications to the schemes submitted might have allowed the Department or the evaluators to establish appropriate comparators at commencement. Local pilots could aid comparison substantially by refraining from rolling out a new programme across the whole geographical area for which they are responsible. This would ensure that the absence of

the programme in some areas enabled comparisons to be made. The gain to be had locally from this kind of approach is better knowledge about what works, to what extent, and at what cost.

3. With respect to outcomes, it is not possible to judge effectiveness according to the usual standards of evidence, despite several brave attempts by the research teams either to measure outcomes themselves or to recruit the large numbers of respondents required via professionals. Establishing complete sets of outcome data for those participating in programmes, and also repeated measures, remain unresolved challenges in the research in this area. This is likely to be best achieved by well-resourced evaluations in which the data can be collected independently by the study team. It could also be facilitated by local sites building outcome measures into their routine data-recording systems.
4. It is quite possible that episodic cost data are available but are fragmented over the myriad data systems that various agencies use. Locally, a central IT management system and subsequent information sharing covering documentation of the amounts of major services used by clients might facilitate more appropriate service commissioning as well as providing accurate cost data for evaluators. Publication of national reference costs for social care interventions similar to those published for health by the Personal and Social Services Research Unit would be invaluable. Although in some programmes we have indications of the costs of interventions themselves, identification of, and data collection on, cost savings in any evaluation usually require long-term follow-up, and this was not possible in any of the programmes we reviewed. The future effects of all these programmes on a young person might be felt over a very long time frame. The estimation of these impacts is challenging, owing to the lack of an evidence base regarding the long-term impacts of social care interventions. Consequently, none of the evaluations was able to consider such long-term effects.

More generally, the collection of data is a critical element in any evaluation. Ideally, data collection on resource use and outcomes in the programmes reviewed would have been the responsibility of the evaluation teams, but for the most part they were not resourced to do this. There are two main reasons why studies should not be reliant on professionals in pilot sites to collect data or be the recruiters of respondents to questionnaires. The first is the burden placed on professionals when they are struggling to establish new practices and to recruit and see clients. The second is more scientific: professionals should not be selecting the clients to be assessed by researchers, and nor should they be judging the outcomes for the researchers. More independence is required in respect of these tasks for evaluations to have any real validity. Locally, however, where relevant data are being collected, it would be useful to centralise these across agencies as much as possible. All of these issues which we refer to across all projects and pilot types echo the review of the FIPs evaluations conducted by Gregg.¹⁷² All such evaluations faced issues connected with identifying and recruiting a relevant target population (both to the service and to the evaluation), collecting data on outcomes, and control groups. Most authors of FIPs evaluations recognised this, although their evaluations were subsequently interpreted by some stakeholders as still showing that FIPs had been successful when such conclusions could not be drawn from the foregoing analyses.

A more recent publication relating to the FIPs¹⁷³ uses data collected by family intervention workers to demonstrate positive outcomes on a range of dimensions, including family functioning, crime and antisocial behaviour, health, education and employment. However, it is not possible to attribute these improvements to FIPs intervention directly as there were no

¹⁷² Gregg, D. (2010) *Family Intervention Projects: A classic case of policy-based evidence*, Centre for Crime and Justice Studies.

¹⁷³ Most recent: official statistics – <http://www.dcsf.gov.uk/rsgateway/DB/STR/d000956/index.shtml>.

control or comparator groups. The families were recruited to FIPs because they were not performing well on various indicators and, without a control group, we cannot tell if they would have improved anyway (regression to the mean) or whether such improvements were the direct result of the interventions. We note that a control group study of FIPs is currently under way, and the results are expected later in 2010.

One study which is often referred to by way of justifying interventions of the kind included in our review is the High Scope Study, part of the suite of studies promoted by the HighScope Educational Research Foundation, which seeks to 'lift lives through education'.¹⁷⁴ Several high-quality publications are listed in the website for this project. In many respects, rather than being cited as evidence of the need for early intervention in the UK, this study should be cited as a model of the type of research that needs to be conducted in England.

Key Lessons from the HighScope Study

There are two key lessons with respect to research:

1. The interventions evaluated were largely educational, which made it easier to identify professionals who would deliver new interventions and target the populations (usually pre-school children) at which they were aimed.
2. The studies were well-funded, which allowed for rigorous control groups and assessments of outcomes over long periods of time.

We recognise that the specific evaluations we reviewed were undertaken at a time of significant change in children's services, with provision shifting to a practitioner-led style of working (sometimes with budgets). Ongoing longer-term evaluations might still yield important policy results. However, it is evident that much more work needs to be done, both to address the limitations of analyses and to further develop measures of effectiveness for social care interventions.

Although the evaluations we have reviewed do not provide robust evidence of outcomes which allow judgements about cost-effectiveness and value for money to be made, they all identified elements which contributed to positive assessments of the initiatives by practitioners and by children and young people and their families. In the final chapter, we review the elements of effective practice that were identified in the evaluations of the initiatives, and consider how these might be harnessed to improve the delivery of targeted support for vulnerable young people and their families in the future.

¹⁷⁴ <http://www.highscope.org/>

Chapter 6 **Looking to the Future: Defining Elements of Effective Practice**

Future policy and practice relating to support for vulnerable young people will need to build on the learning from the past. Numerous pilots and pathfinders in recent years have provided a wealth of evidence, enabling us to delineate the elements of practice which appear to be promising in achieving better outcomes for children and young people who are at risk and to consider the role evaluations have played in policy and practice development. There are, nevertheless, a number of important gaps in the evidence available. For example, more evidence is needed about the long-term outcomes of each intervention, the resource implications, and who would benefit most.¹⁷⁵ As we have noted in the previous two chapters, the outcome evidence from the initiatives we have reviewed is not as robust as it should be: many evaluators have had to rely on qualitative outcome data which are limited to short time periods and have usually been collected at the beginning of an initiative during its formative phase. We found little robust economic data which allows us to determine cost-effectiveness and answer the difficult but very important value-for-money questions. While qualitative findings point to a range of positive and optimistic outcomes in the short term, the longer-term sustainability of any improvements noted by practitioners and by young people and their families is unknown.

The understanding of the critical links between assessment, interventions and outcomes has also been weak in many of the initiatives: while practitioners have undoubtedly put considerable effort into undertaking more thorough risk and needs assessments and co-ordinating multi-agency service delivery, they have not necessarily made coherent links between the two. As a result, action plans have tended not to be as helpful as they might have been, either for practitioners or for families. Despite these gaps, however, many advances have been made. For example, the TYSP evaluators noted in their final report:

Where a well co-ordinated, effectively managed locality based model has been introduced to drive the targeted youth support reforms (specifically in relation to early identification, CAF and the lead professional role), there has been a significant change to the way in which professionals have delivered multi-agency support to young people.¹⁷⁶

Such achievements are important for determining future policy directions.

In this final chapter, we draw out the elements of effective practice that can be identified in the evaluations we have reviewed, looking specifically at the steps which need to be taken to ensure that they can be put in place for more effective delivery of support for vulnerable young people in the future. In so doing, we refer to the factors that have inhibited the effective implementation of some initiatives. We then offer some final thoughts about the evidence available and conclude with some recommendations for policymakers and practitioners tasked with developing cost-effective programmes that improve the life-chances of young people at risk.

Assembling the Building Blocks for the Delivery of Targeted Support

It is clear from all the evaluations we have studied that there are a number of essential building blocks which form the foundation for the delivery of targeted support. If these are not firmly in place at the start of a new programme, delays are inevitable and the integrity of the initiative may be severely compromised.

¹⁷⁵ Thomas *et al.*, *op. cit.*

¹⁷⁶ Palmer and Kendall, *op. cit.*, p. 91.

Essential Building Blocks

The following building blocks are essential to the delivery of targeted services for vulnerable young people:

- the adoption of the CAF by all professionals
- multi-agency service delivery in which professionals from a variety of backgrounds and agencies work together in teams such as TACs
- one practitioner taking the role of lead professional to ensure effective and integrated delivery of services and monitor progress and outcomes
- a commitment at all levels to developing and delivering a personalised service that can respond to each young person's needs
- the provision of strong leadership and the establishment of administrative frameworks and processes which facilitate integrated service delivery
- the training and preparation of practitioners for radically new approaches to working with young people and their families
- the reform of the children's workforce to enable integrated working among practitioners and to create a fully competent social care workforce
- the development of a joint planning and commissioning framework that will promote joined-up services for young people and their families
- the pooling of budgets at the local level

Our review has revealed just how demanding it has been for local authorities and agencies delivering services to children and young people to assemble all these building blocks and to establish strong foundations in a relatively short period of time, alongside the launch of many competing and overlapping initiatives. In reality, some of the building blocks were more fully formed than others, some remained inchoate, and in the initiatives we reviewed they were never all in place.

A review of some of the initial proposals to host pilots and pathfinders has revealed a striking discrepancy between what was promised and what could be delivered. When bidding to host pilots and pathfinders, local authorities and other lead agencies have tended to be rather more confident about the extent to which the building blocks are in place than could be justified. The BHLF pilots, for example, were expected to have the CAF and TACs established at the start of the pilots, LPs trained and in place, and joint commissioning arrangements worked out, and to have made substantial progress towards pooling budgets. In reality none of the BHLF pilots was as advanced. Most had not integrated the CAF, nor had they appointed or trained LPs. Joint commissioning and the pooling of budgets were mere aspirations and had a long way to go. As a consequence, the majority of pilots struggled to implement BHLF practice to policy intent and many simply grafted a system of budget-accessing, rather than budget-holding, onto pre-existing programmes.¹⁷⁷

Practitioners in several programmes were confused about what they were expected to do. As a result, implementation was delayed (this was particularly acute in the BHLF pilots with looked-after children¹⁷⁸) and evaluation plans were severely compromised. The majority of initiatives faced a range of implementation difficulties. The resulting pressures on managers, practitioners and evaluators to achieve the ambitious goals set for them can undermine good intentions to meet policy demands. It took anything up to a year for some new programmes to get off the ground.¹⁷⁹ These realities need to be taken into account when considering the elements of effective practice. They suggest that, in future, all initiatives need to build in an appropriate length of time to fully develop new approaches and check that all the essential

¹⁷⁷ Walker *et al.* (2009), *op. cit.*

¹⁷⁸ Walker, J., Wilson, G., Laing, K. and Pennington, M. (2010) *Care Matters: Budget holding lead professionals with looked after children in England*, DCSF, Research Report RR225.

¹⁷⁹ *ibid.*

building blocks are in place from the start. This should avoid the kinds of problems initiatives such as the TYSPs had to overcome.

Implementation Difficulties Experienced by the TYSPs

The TYSPs were hindered by:

- the complexity of the multi-agency structures being introduced
- the sheer number of services, practitioners and young people involved
- issues relating to project management and the change process
- team capacity
- variability in the use of the CAF
- lack of clarification of the LP role¹⁸⁰

Implementing the CAF

One of the continuing challenges of modern family policy is to meet the needs of different families who require 'different things at different times and in different circumstances'.¹⁸¹ The CAF was developed to provide a universal tool that could be used by a range of professionals from a wide range of backgrounds so as to avoid young people and families going through repeated assessments, and that would form the basis for the development of an integrated action plan. As we indicated in Chapter 2, not all professionals had been convinced about the value of the CAF, and those working in education, in particular, had not always regarded it as a good use of their time to be doing such detailed needs assessments.¹⁸²

Nevertheless, the evidence from the various evaluations indicates that the CAF:

- has very real potential to engage young people and help practitioners to establish a constructive relationship with them and their families/carers
- plays a potentially pivotal role as a common record to be used for sharing information and for recording the services provided
- has the potential to assist in determining the cost of support and in assessing the cost-effectiveness of interventions

The national evaluation of the CAF¹⁸³ recommended that 'firmer national guidance about CAF' could help to reduce practitioner anxiety, although other evaluators have stressed the importance of local flexibility.¹⁸⁴ However, the evidence from our review indicates that too much local flexibility can work against the effective implementation of the key building blocks and undermine the cultural changes needed for an inter-agency preventative approach to improving the well-being of young people and families.

Extending a universal assessment framework to assessing the needs of whole families would offer a significant way forward in terms of integrated working and service delivery. It should help practitioners to work intensively with family members to gain a comprehensive understanding of the kinds of support that might be needed on a number of levels. Further development of the e-CAF should also help busy professionals to complete the CAF more efficiently and make it available to colleagues who need to be able to share the information it

¹⁸⁰ Rodger, J., Palmer, H. and Mahon, J. (2007) *Targeted Youth Support Pathfinders: Interim evaluation*, DCSF Research Report DCSF-RR016.

¹⁸¹ DCSF (2007) *The Children's Plan: Building brighter futures*, The Stationery Office, p. 19.

¹⁸² Walker *et al.* (2009), *op. cit.*; UEA Norwich/National Children's Bureau, *op. cit.*

¹⁸³ Brandon *et al.*, *op. cit.*, p. 1.

¹⁸⁴ UEA Norwich/National Children's Bureau, *op. cit.*

contains and add to it. This presupposes that IT systems can cope with electronic assessment procedures: the integration of different IT systems across agencies is one of the challenges associated with implementing information-sharing indexes.

Multi-Agency Working

The focus on improved multi-agency working has begun to break down the barriers between professionals in social care, health and education and encourage agencies which are involved with vulnerable families to share information and develop integrated support packages which address a range of needs and risk factors. Multi-agency panels, such as those convened by the YISPs, and TACs have become commonplace. Nevertheless, as was described in Chapter 3, most agencies leading the initiatives had not necessarily found it easy to establish integrated working arrangements. If young people are to be offered a seamless service there is more work to do nationally and locally to bring agencies and practitioners together in a common cause.

Our review has shown that new programmes faced a number of challenges in the establishment of integrated approaches and that those varied between different local authorities. Most of the initiatives had found it difficult to secure buy-in from at least one key agency, be it social services, health or the police, and the evidence suggests that, in future, more needs to be done to encourage participation by all the key agencies. Voluntary sector agencies were of the view that because they commanded less respect and could wield less authority in a multi-agency setting than statutory services, they were less successful in harnessing multi-agency support. The discrepancy in status is an important factor to be taken into account when voluntary sector organisations take a lead role in establishing a new programme, and one which needs to be tackled at all levels.

Factors Impacting on Local Integration

The FIPs pointed to seven factors, evident in other initiatives also, which impacted on local integration:¹⁸⁵

- the extent to which a multi-agency culture is ingrained locally, for example, via information-sharing protocols
- the time available at the start of a new initiative to build multi-agency links
- the capacity of different agencies and professionals to give time to developing multi-agency practices, and their attitudes towards doing so – several of the initiatives had found it difficult to lever in support and commitment from social services and from health services (notably CAMHS)
- the quality of the communication between agencies at all levels of operation, service planning and service delivery
- the extent to which the agency taking the lead in delivering a new initiative has already developed and is able to develop strong links with other agencies
- the ease with which LPs and key workers can establish key links at the appropriate level in other agencies – this can be particularly challenging when attempts are being made to establish inter-agency co-operation with large service providers, such as health services
- the extent to which the department or agency managing the initiative has the necessary experience and infrastructure to work across agencies

The review suggests that more effort has to be made locally before new programmes are launched, to bring other agencies and professionals on board and dispel, as far as possible,

¹⁸⁵ White *et al.*, *op. cit.*

the potentially negative attitudes and reactions which might jeopardise the effectiveness of a new intervention. In this way, agencies with differing and potentially conflicting priorities can agree strategies for inter-agency co-operation and relationship building and develop a shared and common vision at the start of a new programme.

Negative Attitudes Impacting on Co-working

The FIP evaluation¹⁸⁶ drew attention to negative attitudes that impact on the quality of referrals to a new programme and on co-working relationships:

- scepticism about the quality and credentials of those delivering a new programme
- negative attitudes (stereotypes) towards vulnerable young people and their families with deep-seated and multiple problems
- concerns that a new approach will step on the toes of other professionals already delivering services to young people (territorialism)
- resistance to investing resources in a new approach, particularly with young people/families engaged in antisocial behaviour
- concerns that offering support to certain families might invoke negative reactions from other families in the neighbourhood
- new programmes being viewed as a 'flash in the pan'

Scepticism about new initiatives is not restricted to developments in services for children and young people. Most new programmes have to find acceptance among already established services. Many of the 'talking' therapies and family mediation have struggled to win a place within mainstream family services, and existing, well-established professionals, such as lawyers and doctors, have needed a great deal of persuasion that these interventions have something positive to offer. All the more reason, therefore, for allowing sufficient time at the start to position a new programme appropriately within existing structures in order to avoid it being sidelined, taken over, or modified to fit the status quo. The pressure, in the past, to get new programmes up and running and to start producing results as quickly as possible has undermined the programmes' potential to improve outcomes for young people, caused frustrations in multi-agency collaboration and, often, diluted programme integrity. Effective local co-ordination is a key driver for change and the implications of this for the future delivery of support for vulnerable people are considerable.

The Development of the Lead Professional Role

While the CAF and multi-agency working provide the cornerstones of effective practice, the ability of one key professional to take forward the completion of comprehensive needs assessments, co-ordinate interventions and take the lead in ensuring seamless delivery of support to a vulnerable young person has emerged as one of the most important elements in improving outcomes for young people. The rapid evidence reviewers¹⁸⁷ suggested that a more skilled workforce might have a bigger impact, and that creating this would also clarify who delivers what. Every initiative has identified staffing and workforce issues as a major issue, with project managers and the practitioners delivering the service playing a vitally important role in determining its success or failure.

Developing and delivering innovative services requires staff at all levels to think creatively and be willing to take some risks. Those who have done so have found that this has been immensely rewarding and beneficial for young people.¹⁸⁸ The evidence suggests, however, that not all staff have welcomed the challenges new ways of working bring and that some

¹⁸⁶ *ibid.*

¹⁸⁷ Thomas *et al.*, *op. cit.*

¹⁸⁸ Ghate *et al.*, *op. cit.*; Walker *et al.* (2009), *op. cit.*; Walker, J., Wilson, G., Laing, K. and Pennington, M. (2010) *Care Matters: Budget holding lead professionals with looked after children in England*, DCSF, Research Report RR225.

have preferred to work within more traditional and safe professional boundaries. The reluctance to change may be due, in part, to the lack of clarity about new roles and responsibilities and the lack of time available in busy workloads to embrace new approaches or to undergo training.

The definition of 'lead professional', for example, appears to have been unclear. The term does not refer to a job title or a new role, but describes a set of functions which one person should carry out as part of the delivery of effective integrated support.¹⁸⁹ Greater clarity is needed in the future as regards which practitioner should develop expertise in being the single point of contact for a young person and in co-ordinating an integrated package of support, and how they might do this. Clarity is also needed about the skills that are essential for carrying out the LP functions and about the ways in which these might differ from the skills needed for being an effective keyworker. Consideration should also be given to whether the separation of roles/functions is always helpful. Young people tend to appreciate:

- personalised support
- having one keyworker/LP they can trust and depend on
- not being handed over to other professionals unless this is necessary and the reasons for it are carefully explained¹⁹⁰

The keyworker model used in the FIPs¹⁹¹ was a key feature of the intervention. Having one key contact with clear responsibility for the family, to be available to offer support and act as an advocate, was said to be vital in securing families' engagement and trust. In most FIPs each family had a single keyworker as their main or sole contact. Some FIPs involved multiple or 'back-up' keyworkers and families emphasised the importance of seeing the same keyworker throughout their involvement with the FIP, much as families working with the YISPs¹⁹² had done. Changes in keyworkers served to reinforce negative stereotypes that families held about other agencies, such as social services, as a result of previous experience. The keyworkers in both the YISPs and the FIPs had had the most contact with their families and had delivered the majority of the services/interventions themselves, had liaised with other agencies and made referrals where necessary, and had ensured that other professionals played their part in service delivery. To a very large extent these keyworkers combined the LP functions with their keyworker role very effectively.

Delivering a Personalised Service

Clarifying the roles of keyworker, LP and BHLP is particularly important in the context of personalisation. Personalisation and individual budgets are central to many of the changes that are aimed at modernising social care and are likely to be important aspects of policy going forward. A key element in the personalisation agenda is the transferring of some if not all responsibility to families themselves. The skills and confidence practitioners require to promote such a model are substantial. Leadbetter and Lounsbrough, in a study designed to inform the future of social care in Scotland, argued that personalisation empowers service users to have more control over their own lives and increase their choice and voice.¹⁹³ The

¹⁸⁹ DfES (2006) *The Lead Professional: Managers' guide: integrated working to improve outcomes for children and young people*, DfES.

¹⁹⁰ Walker, J., Thompson, C., Wilson, G., Laing, K., Coombes, M. and Raybould, S. (2010) *Family Group Conferencing in Youth Inclusion Support Panels: Empowering families and preventing crime and antisocial behaviour?*, YJB, <http://www.yjb.gov.uk/publications/Scripts/prodView.asp?idproduct=486&eP>.

¹⁹¹ White *et al.*, *op. cit.*

¹⁹² Walker *et al.* (2007), *op. cit.*

¹⁹³ Leadbetter, C. and Lounsbrough, H. (2005) *Personalisation and Participation: The future of social care in Scotland*, DEMOS.

idea of choice and voice is evident in proposals for reform in the delivery of health services and it links with the In Control model, which reiterates the importance of making decisions as close to the service user as possible.¹⁹⁴

Promoting Personalised Budgets

In 2005, the Department of Health launched individualised budgets in 13 pilot areas, involving people with learning difficulties, mental health issues and older people. The evaluation revealed a number of challenges.¹⁹⁵

- the difficulties of integrating or aligning funding streams across agencies
- a lack of consensus as to how to allocate resources for personalisation
- difficulties determining the legitimate boundaries of budget use (the kinds of goods and services that can be purchased)
- concerns about financial accountability and the potential for misuse of budgets if managers/practitioners relinquish control
- the management of local markets to stimulate new and creative support services
- a lack of the skills which managers and practitioners need in order to develop a more personalised approach

Glendinning *et al.*¹⁹⁶ suggest that the increasing policy focus on independent living and social inclusion means that everyone should have the same choices and the same right to enjoy a range of amenities and opportunities. However, there needs to be further clarification about, and further endorsement of, the use of public funding for wide-ranging, non-traditional activities and support services. Individual budgets can only be developed effectively if clear guidance is available about how budgets can legitimately be spent.

Skills Training and Workforce Reform

The evidence we have reviewed sends a strong message about the importance of training and skills development if new approaches are to be effective. Practitioners in some programmes had been well-prepared for a new role – this was particularly evident in the On Track, areas, where staff commented favourably on the availability and quality of training opportunities.¹⁹⁷ One of the challenges had been attracting and training new staff to keep pace with service expansion, and another was retaining them. In part, this was due to the short-term nature of the initiative, which in itself could be profoundly demoralising for staff who had been seconded to On Track only to find that their posts were then done away with after they had built up their expertise in a radically new role. The FIPs were also highly dependent on the recruitment and retention of high-quality staff.¹⁹⁸ Interpersonal and communication skills were regarded as especially important, along with energy, enthusiasm and a passion for the work.

¹⁹⁴ In Control (2005) *Individual Budgets: An exploration of individual budgets for disabled people and some of the challenges of implementation issues*, In Control.

¹⁹⁵ Glendinning, C., Challis, D., Fernandez, J-L., Jacobs, S., Jones, K., Knapp, M., Manthorpe, J., Moran, N., Netten, A., Stevens, M. and Wilberforce, M. (2008) *Evaluation of the Individualised Budgets Pilot Programme: Final report*, SPRU, PSSRU and Social Care Workforce Research Unit.

¹⁹⁶ *ibid.*

¹⁹⁷ Ghate *et al.*, *op. cit.*

¹⁹⁸ White *et al.*, *op. cit.*

Reforming the social care workforce underpins new approaches to supporting vulnerable young people. A new workforce strategy, published in 2008,¹⁹⁹ set out a number of areas in which changes need to be made, such as in recruitment and training, qualifications and skills development, and the retention of high-quality practitioners. Our review reinforces the importance of these changes if outcomes for children and young people are to be enhanced. The strategy also embodies the reforms needed in terms of resource allocation and the communication of a clear, unambiguous vision for young people, including the expected outcomes.

Practitioners in all of the initiatives we reviewed talked about the need to invest a relatively large amount of time in working with young people and their families. The intensity of service provision meant that practitioners needed small caseloads if they were to be available to young people and to be able to respond to crises or unforeseen events. This intensity was particularly noticeable in the FIPs and IFSPs, where staff had relatively small caseloads – a critical feature in their success. Some of the YISP keyworkers and BHLs, by contrast, were carrying relatively large caseloads for much of the time, rendering it very difficult for them to give young people all the attention they merited. Working in a newly developed service is usually demanding and at all levels can be prone to overload.²⁰⁰ If new initiatives are to be effective, best practice requires that greater attention is paid to managing the additional demands and ensuring that caseloads adequately reflect changing expectations.

Joint Commissioning and the Pooling of Budgets

Two other building blocks which go hand in hand with workforce reform and multi-agency service delivery signify equally large step-changes in practice. In recent years there have been extensive discussions at various levels about joint-commissioning processes and the pooling of budgets, neither of which has been easy to implement. The evidence indicates a gradual process of appreciation of the issues involved and the steps that need to be taken to promote a multi-level approach to commissioning.²⁰¹ Building expertise, particularly at the service delivery level, will take time, and a willingness to challenge existing services in respect of their quality, cost and availability. There are obvious training implications, also.

Most of the initiatives we reviewed had made progress in terms of pooling some core budgets, but these arrangements require the establishment of very robust governance and financial management protocols.²⁰² If these are in place, mainstreaming the programmes which are shown to be effective is likely to be more straightforward.

Factors Facilitating the Mainstreaming of New Services

The On Track Evaluation²⁰³ identified a number of factors which facilitate mainstreaming locally:

- strategic support
- joint working
- evidence-based practice
- the availability of additional funding
- a top-down approach, operationalised via strategic partnerships across local authorities
- evidence that an initiative is effective, enabling additional funding to be levered in from other funding streams or programmes

¹⁹⁹ DCSF (2008) *Children and Young People's Workforce Strategy*, DCSF.

²⁰⁰ Ghate *et al.*, *op. cit.*

²⁰¹ HM Government (2006) *Joint Planning and Commissioning Framework for Children, Young People and Maternity Services*, DfES and Department of Health.

²⁰² HM Government (2007), *op. cit.*

²⁰³ Ghate *et al.*, *op. cit.*

The OPM²⁰⁴ has suggested that one of the most formidable challenges of mainstreaming new and innovative programmes, such as BHL practice, is that of transferring resources from universal and specialist services to targeted services for young people. It requires agencies to align preventative funding, which demands agreement among them about which preventative services to implement.

Joint commissioning and collaboration had been inhibited when there was poor communication between agencies, a lack of commitment or interest locally, and a lack of funding. Maximising the potential of strategic links with partner agencies is an important prerequisite of maximising collaboration and effective commissioning.

The Tasks Associated with Effective Commissioning

The Children's Trust Pathfinders²⁰⁵ referred to joint commissioning strategies as involving highly skilled tasks:

- needs analysis
- strategic planning
- partnership working
- procurement of services
- monitoring and evaluation
- project management

Promoting Effective Practice: The Lessons Learned

The evidence from all of the evaluations underlines the critical importance of clear policy guidance. There were a number of examples of tensions between national policy development and local responses in respect of the CAF, TACs and multi-agency panels, and the expectations of LPs. Some pilots/pathfinders appeared largely to ignore national policy guidance and develop initiatives that suited the local context, irrespective of whether they accorded with the policy intent or achieved the desired outcomes. Others had attempted to follow national guidelines but had found them overwhelming or overly complex or confusing.

Managers were more likely than those delivering the interventions to read policy documents, but they did not necessarily cascade the information, which meant that different interpretations emerged within and between agencies. The BHL practice pilots were a prime example of this confusion. The Children's Trust pathfinders detected a tendency for operational managers²⁰⁶ to look for guidance which is relatively prescriptive while local authorities generally tended to take selectively from the guidance provided. Providing effective guidance seems to be a particular challenge for the future development of targeted support for vulnerable young people. In future, it seems likely that central government will play a strategic role in respect of serious concerns, such as safeguarding vulnerable children and promoting quality standards in education, and allow local authorities to develop programmes for early intervention and prevention which reflect overall policy directions and local circumstances. It will be critical, therefore, for local areas to access and draw on evidence of what works. Clarity of policy intent needs to include clarity in terms of programme integrity and the desired expected outcomes. Greater understanding is needed about how specific outcomes are to be identified, achieved and evaluated if policy and practice are to be evidence-based.

Most of the initiatives had embarked on a complex journey of change and reform and much has been learned as a consequence. Some appeared to be more successful than others, but

²⁰⁴ OPM (2007) *Pooling Budgets: Issues for budget holding lead professional pilots*, OPM.

²⁰⁵ UEA Norwich/National Children's Bureau, *op. cit.*

²⁰⁶ *ibid.*

all had faced implementation challenges, and all had made significant advances. Across the initiatives there had been considerable consensus about the building blocks which underpin effective practice and the need for these to be firmly in place.

Summary of the Lessons Learned from the Evaluations

1. Effective practice in supporting vulnerable young people requires a greater understanding of the links between assessment, interventions and outcomes.
2. Further progress needs to be made in terms of implementing the CAF and developing the family CAF and IT systems to facilitate the use of e-CAFs.
3. Challenges remain in effecting seamless service delivery. Undertaking basic groundwork prior to the launch of any new initiative is essential to establishing effective collaboration at the local level.
4. Keyworkers and LPs are vital ingredients in the delivery of personalised services: they provide the essential support for young people and their families and undertake tasks which require commitment, time, and excellent interpersonal skills.
5. Personalised support is central to the changes being made: practitioners need specific skills and greater confidence to relinquish their professional control and work in fundamentally new roles with the young people they support.
6. Underpinning the development and implementation of the key building blocks is a highly skilled and competent social care workforce and any new workforce strategy needs to find ways to reduce high workloads and competing demands on practitioners' time.
7. Joint commissioning and the pooling of key budgets involve large step-changes in local arrangements and a top-down approach has been shown to be successful.
8. It is essential for government to give clear policy guidance and to ensure that potential tensions between national policy developments and local responses are addressed.

Reflections on the Review

The lessons learned from the various evaluations of the programmes included in this review are remarkably consistent, and they have important implications for new policy developments and the evaluation of new programmes. We have been particularly mindful of the challenges facing evaluators of new initiatives and the ways in which evaluation findings are frequently used to support or promote new programmes even when the evidence on effectiveness is, in fact, fairly thin. In this section we reflect on the attempts to measure impacts and on the difficulties associated with ensuring that programmes are appropriately targeted and clear in their objectives.

Using Findings Appropriately

When an early intervention programme is established, assessing its effects is far from straightforward. Barrett has pointed out that the effects cannot be assumed to lead to the same outcome for all those who engage with the programme:

... the task of evaluating effects of early interventions must necessarily be highly complex because so many potential influences need to be taken into consideration.²⁰⁷

²⁰⁷ Barrett, H. (2007) *Evaluating Evaluations: Evaluating recent evaluations of Sure Start, Home-Start and Primary Age Learning Study*, Family and Parenting Institute, p. 3.

She argues that most programmes and evaluations start from the premise that all those receiving an intervention are aiming for the same end goals and that all benefits can be conceptualised as uniform across the recipients – a premise which is highly dubious. Measuring outcomes must take diversity into account: diversity in terms of the people targeted to receive the intervention, diversity in terms of the services offered, and diversity in respect of the outcomes which can be expected.

One of the challenges, therefore, is knowing what is being evaluated and what is being measured. This is further complicated by the existence of a myriad other programmes and interventions with similar or overlapping goals and desired outcomes. The effects of one initiative may be obscured by the impacts of another. Where early intervention is offered to very diverse young people and/or families in very different circumstances a more fine-grained approach to the measurement and analyses of outcomes is essential.²⁰⁸

The evaluations we have reviewed tend to suggest that all the interventions being studied tended to work to some extent for many of those involved with them, but that it is more difficult to determine which elements worked best and which worked least well for certain kinds of vulnerable young people beyond noting the very important role played by dedicated keyworkers and LPs in providing one-to-one support and co-ordinated service delivery. Nevertheless, evaluation findings from the programmes we reviewed which have been heavily caveated have frequently been used to argue in support of retaining or rolling out a specific intervention and to justify a pilot and its subsequent development. Local evaluations, usually less rigorous than national evaluations, have often been used to herald the success of particular programmes on the basis of incomplete data or research methods which rely on selected case studies. Not only can this create an unhelpful tension between the local and national evaluations, but it can serve to mislead policymakers and practitioners.²⁰⁹

Our review leads us to the conclusion, therefore, that sound evaluation must be built into the development of new programmes:

*Ideally, the closer evaluations can approximate to randomised control trials, the more likely they are to control for potentially confounding variables and a clear picture will then emerge of effects due to the programme itself.*²¹⁰

We recognise that such rigorous research designs may not be possible or permissible, but ways need to be found to understand the nature of the interaction between programmes and their participants and the heterogeneous effects of different kinds of interventions.

It is also crucially important to recognise that positive impacts may not be realised in the short term. Just as changes in the behaviour of some vulnerable young people can take a considerable time to manifest themselves, so interventions may not produce results quickly. Indeed, ‘ sleeper ’ effects may not be noticed for years. Early findings need to be treated with caution, therefore, and, even if they are positive, the sustainability of outcomes must be monitored before policy directions are agreed. The critique of the FIPs and IFSPs offered by David Gregg²¹¹ has highlighted the problems associated with the ways in which research findings have been interpreted and used to support the roll-out of a new programme despite the warnings given by successive evaluators about the dangers of determining the extent to which the outcomes identified were the direct result of the interventions.²¹² Despite the

²⁰⁸ *ibid.*

²⁰⁹ Walker *et al.* (2009), *op. cit.*

²¹⁰ Barrett, *op. cit.*, p. 19.

²¹¹ Gregg, *op. cit.*

²¹² Nixon *et al.*, *op. cit.*

reservations expressed, the previous government claimed that very high success rates had been achieved and concluded that the FIPs offered excellent value for money.²¹³

Although evaluators are at pains to point out the limitations of the research and the caveats which must accompany the findings, these caveats are frequently lost or ignored when the findings are summarised for policy briefings. In the case of the FIPs and IFSPs, the families that were targeted and had received interventions were characterised by a high level of mental and physical disorders, and extreme poverty. The evaluators expressed concern about the appropriateness of the interventions with these families,²¹⁴ particularly as health issues were not directly addressed. Gregg²¹⁵ argues that the FIP intervention was mis-targeted towards socially inadequate families with significant health problems and learning difficulties, in which the majority of children had been diagnosed with ADHD, autistic spectrum disorders or other mental health problems.

The evidence suggests that many of the programmes reviewed experienced some difficulty locating the group to be targeted. Many practitioners were inclined to adopt a social targeting approach, selecting young people living in deprived neighbourhoods. Not all the young people living in these neighbourhoods will be at high risk, however. The targeted approach to intervention should be focused on detecting risk factors that distinguish high-risk from low-risk young people. The success of targeted interventions depends on accurately identifying high-risk children and young people.

Ensuring Value for Money

If value for money is to be a critical criterion, accurate targeting is essential. It is unrealistic to expect that effective targeting can be achieved by a single assessment – assessing children and young people over time, as YISP keyworkers frequently did when they used ONSET tools, enabled practitioners to build up a picture of the risk profile of each young person and assess the intensity and longevity of specific risk factors. Levering change by developing interventions which can reduce certain risks and increase protective factors can only be achieved if a thorough understanding is built up about how risks and protective factors interrelate and about the impacts associated with specific interventions, either alone or in combination.

The evidence thus far has been limited in terms of objective measures of cost-effectiveness and the determining of value for money. In the future, better evidence is necessary for developing policy and practice. Of course, another way of looking at the findings in Chapter 5 about assessing value for money might be to question whether such assessments are worth pursuing. Our answer to such a question would be an emphatic 'yes'. The focus of the interventions whose evaluations we have reviewed is one of the most important and vulnerable groups in society. Whether interventions succeed or fail, it would generally be recognised that the welfare implications are very large indeed. Likewise, there are substantial amounts of society's resources at stake, whether placed in interventions or their evaluation, that could have other uses, particularly during a period in which significant cuts have to be made in order to address the current economic recession. For all these reasons, we have a duty to evaluate new programmes for vulnerable and high-risk young people, and not to do so in the more rigorous ways indicated would, in our view, be a disservice to the young people for whom improving outcomes and life-chances is a fundamental goal, and thus would be unethical.

²¹³ Gregg, *op. cit.*

²¹⁴ Nixon *et al.*, *op. cit.*

²¹⁵ Gregg, *op. cit.*

There are two important steps in the ability to assess value for money. They require practitioners to increase their understanding of what interventions cost and to record the services they provide for each young person. Practitioners involved in the programmes we reviewed generally had very little idea of the costs associated with different interventions. Many of them asked for schedules of costs relating to the support services they offered. These tended to be unavailable and there was little evidence in the programmes we reviewed that costing models had been developed for use by practitioners. Without costing information, practitioners frequently made the erroneous assumption that statutory services are free at the point of delivery rather than recognising that they all carry a cost. In addition, the other step which is key to robust evaluation, as well as being important for information sharing and multi-agency integration, is for practitioners to record the amounts and the intensity of all the interventions they provide on a case-by-case basis. The CAF makes provision for them to do this. If accurate estimates of service provision are kept and outcomes recorded, the costing of packages of support is relatively straightforward and value for money can be assessed more readily. With an increased focus on local responsibility for the development and delivery of personalised services, a greater understanding of the costs of all services will be essential.

Investing in Targeted Support

Targeted support is offered when children and young people have been identified as being particularly vulnerable and at high risk of poor outcomes. The goal is to provide personalised support as soon as possible to avoid escalation of risks that require greater levels of intervention at a later stage. Engaging children and young people and their families/carers as early as possible in addressing issues may also ensure greater commitment to working with practitioners in a collaborative way.

Many of the young people involved in the programmes reviewed had been identified by schools and education professionals who were aware of failing or poor educational performance and/or non-attendance. Since many of these young people were below the thresholds for referral to statutory services, schools played a vital role in promoting early intervention. The evidence would suggest that education will continue to play a central role in identifying vulnerable young people who can benefit from early targeted support. This may need to be taken into account at the local level as policies are developed.

In whatever ways vulnerable young people are identified, decisions will need to be taken about the resources to be invested in programmes designed to improve their life chances. In the past ten years there has been a plethora of programmes, pilots and pathfinders all attempting to address specific issues and/or families. There has, however, been considerable overlap and some young people have been involved with several programmes. A key question for the future, therefore, relates to the need for a more consistent approach which avoids duplication of effort and promotes more effective use of scarce resources. Fewer initiatives would appear to be welcomed at the local level, and a simpler and more focused approach to policies for vulnerable young people would be helpful. There have been many changes in the delivery of services for children and young people in recent years, and these have made it difficult for some agencies to embrace new programmes fully and test their merits. Reflecting on the evidence from our review might enable policymakers and practitioners to move towards the development of a targeted programme which takes account of the elements of effective practice, combining the most helpful aspects of previous initiatives in order to secure greater value for money, and which can be tried and rigorously tested over a longer time frame and be modified as appropriate. There seems little merit in launching a variety of programmes which have the potential for overlap and confusion, all of which cost money and which may not achieve the desired outcomes.

Annexe 1 Our Approach to the Review and the Policy Context

A strong policy commitment to improving the life chances of children and young people in England and Wales is not new. Nevertheless, the last decade saw an unprecedented increase in the number of programmes relating to young people. When the Labour government came to power in 1997 it embarked on a programme of far-reaching and radical reforms in the provision of services and support for children, young people and their families, all of which had a number of ambitious objectives: to eradicate child poverty by 2020; to raise standards in educational attainment; and to ensure that each child/young person is given the best possible start in life, is consulted, listened to and heard, is supported through to adulthood, and is helped to achieve his or her full potential.²¹⁶ Within an extensive change for children agenda a number of pilots and pathfinders spearheaded new developments and new approaches to working with children and young people, all of which were rigorously evaluated by independent researchers. Although each of the initiatives was concerned with implementing a specific approach or intervention, there was considerable overlap between them, especially in local authorities that had been in the vanguard of promoting change in the delivery of services for children and young people.

In 2007, researchers at Newcastle University were commissioned by the Department for Children, Schools and Families (DCSF)²¹⁷ to co-ordinate and integrate the learning across three of the programmes that were in the process of being evaluated, recognising that benefits could accrue from sharing approaches, data and findings. The three programmes involved were: the Parenting Early Intervention Pathfinders (PEIPs), which were being evaluated by researchers at the University of Warwick; the Targeted Youth Support Pathfinders (TYSPs), which were being evaluated by York Consulting; and the Budget-Holding Lead Professional Pilots (BHLPPs), which were being evaluated by the Newcastle University team led by the authors of this current review. A number of challenges emerged as the three research teams attempted to share methods and data, primarily because the initiatives were all at different stages of development and the evaluations were complex and multi-faceted. Nevertheless, the co-ordination activities that followed enhanced the early understanding of the structural and workforce issues and challenges facing local authorities and their strategic delivery partners as they attempted to establish and embed innovative, multi-agency approaches in their work with young people at risk.

When all three evaluations had been completed (in 2009), the Department widened the scope of the co-ordination work. Two members of the Newcastle team were commissioned to review the evidence that had been derived from a range of evaluations since 2003, and to consider the implications of this evidence for future policy and practice regarding vulnerable young people. We agreed with the Department that we would focus initially on examining the evidence from three key programmes: the Budget-Holding Lead Professional Pilots; the Targeted Youth Support Pathfinders; and Youth Inclusion and Support Panels (YISPs). We agreed that we would not include a detailed review of the PEIPs as the remit had been somewhat different – the focus was on providing parenting support via a number of specific programmes rather than on providing targeted support for vulnerable young people *per se*. Eighteen local authorities had implemented selected parenting programmes (Incredible Years, Triple P, and Strengthening Families, Strengthening Communities) with parents of children aged 8–13. We have, however, taken note of the evaluation findings²¹⁸ during the

²¹⁶ Children and Young People's Unit (2001) *Building a Strategy for Children and Young People: Consultation document*, DfES, Crown Copyright.

²¹⁷ The DCSF was renamed the Department for Education in May 2010, following the formation of the Conservative–Liberal Democrat Coalition Government. Most of the work for this review was undertaken prior to the new government taking office and all the initiatives we have reviewed were launched by and completed during the previous Labour Government.

²¹⁸ Lindsay, G., Davies, H., Band, S., Cullen, M. A., Cullen, S., Strand, S., Hasluck, C., Evans, R. and Stewart-Brown, S. (2008) *Parenting Early Intervention Pathfinder Evaluation*, DCSF Research Report DCSF–RW054.

course of the review. During the review we broadened our scope, in consultation with the Department, to examine the evaluations of several other programmes: Children's Trust Pathfinders; Family Intervention Projects (FIPs); On Track; Intensive Family Support Projects (IFSPs) in England; Intensive Family Support Projects in Scotland; YISPs including a family group conferencing (FGC) component (FGC/YISPs); and BHLs working with looked-after children.

The Policy Context – Strengthening Families

It is important to take account of the specific policy context which underpins all of these programmes and shapes the ways in which they develop. In November 1998, the then Home Secretary had laid out a programme of measures to strengthen families as the 'foundation on which our communities, our society and our country are built'.²¹⁹ The priority was to provide better support for parents so that they could provide better support for their children. By the beginning of the new millennium, major reforms in children's services and youth justice had been planned, alongside programmes to support parents in order to target the most vulnerable children and young people and tackle emerging or potential problems as early as possible. With the aim of supporting parents and reducing the risk factors for children and young people, the government then embarked on a comprehensive agenda for change in the delivery of children's services and in youth justice. For example, in 1998, it launched a National Child Care Strategy and Sure Start programmes. The 2002 Spending Review resulted in a commitment to create new Children's Centres in disadvantaged areas offering one-stop services and good-quality support to children and their carers.²²⁰ But perhaps the most significant development in the agenda for change was the establishment of the Children and Young People's Unit (CYPU), later known as the Children, Young People and Families Directorate, which promoted a collective vision for all children and young people. This vision required agencies to work together and communities, families and young people to take responsibility for meeting the vision.²²¹ The aim was to ensure that all children and young people would have:

- the opportunity to grow up in a loving, stable environment
- real opportunities to achieve their full potential and contribute to a fast-moving, changing and interdependent world
- opportunities to experience the benefits of living in a diverse multicultural society, where all experiences are valued and racism is not tolerated
- the prospect of living in a safe and secure community where they are protected from harm, abuse, harassment, exploitation or neglect and have the chance to enjoy the opportunity to grow up with their peer groups and friends
- chances to contribute to their local communities, to feel heard and to be valued as responsible citizens, thereby shaping their lives and their futures
- the opportunity to appreciate their environment, and to participate in sport, music, art, drama, and a variety of the cultural activities of the society and community in which they live

²¹⁹ Home Office (1998) *Supporting Families: A consultation document*, The Stationery Group, p. 2.

²²⁰ DfES (2002) *Inter-Departmental Childcare Review: Delivering for children and families*, DfES.

²²¹ Children and Young People's Unit, *op. cit.*

- focused support as they pass through the various transitions from birth to adulthood, expanding their capacity to make decisions about their identity, relationships, education, future careers and financial affairs
- access to excellent joined-up public services which strive to meet the individual needs of children and young people and their families

In order to ensure that all public services would fit together, the framework for the new strategy was designed to:

- recognise that families are the foundation of our society and that parents and carers are the first point of support and care for the majority of children and young people
- bring coherence to all the services that children and young people use
- harness the expertise and potential of partners in the statutory, voluntary and community sectors, and of faith groups and business
- ensure that government, and its partners in the statutory, voluntary and community sectors, design and deliver children's and young people's services effectively
- ensure that children and young people themselves are given opportunities to play a role in the design and delivery of services
- keep up with the rapid pace of change in children's and young people's lives and needs
- ensure that services are delivered to meet the individual needs of children and young people, wherever they live, and that they contribute to community cohesion²²²

The CYPU set out ten principles which had to be applied to policies and services for children and young people. Policies and services were to be: centred on needs; of high quality; family-oriented; equitable and non-discriminatory; inclusive; empowering; evidence-based; coherent in their design and delivery; supportive and respectful; and community-enhancing. These principles and the overall framework provided a helpful blueprint for many of the researchers who undertook the evaluations of new services.

Every Child Matters

The framework was consolidated in September 2003 when a green paper, *Every Child Matters*, was launched, which brought together plans to focus on early intervention and effective prevention, support for parents and carers, local, regional and national accountability and integration, and workforce reform.²²³ Importantly, the green paper set out five outcomes for children and young people which subsequently constituted the core outcomes framework for all Labour Government policies and services relating to children, young people, families and youth justice. They were that children and young people should:

- be healthy
- stay safe
- enjoy and achieve

²²² *ibid.*, p. 9.

²²³ HM Treasury (2003) *Every Child Matters*, HMSO.

- make a positive contribution
- achieve economic well-being

The outcomes framework has been widely adopted, although it presented some difficulties both for those implementing new programmes and for those evaluating them. Some of the outcomes were easier to observe and measure than others, but the framework had a powerful influence on all the agencies working with children and young people. Agencies were tasked with providing a framework in which existing local authority, health and voluntary sector services would secure improvements for children and young people across the five outcomes. Children's Trusts were expected to drive local coherence, joint planning and commissioning in order to join up and integrate services. Thirty-five Children's Trust Pathfinders were established in 2004, running until 2006. The evaluation of these pathfinders was included in this review because it sheds light on the challenges associated with local partnership working, joint agency planning, funding and commissioning, data-sharing and the delineation of key outcomes for children and young people.²²⁴ All these elements constituted essential building blocks for the achievement of the Labour Government's vision for children and young people.

The Children Act 2004 enshrined the *Every Child Matters* vision in legislation, and most local authorities were expected to put the new arrangements in place by 2006 and all of them by 2008. The Act introduced a number of levels of change, including a statutory duty on all the partner agencies to co-operate to secure better outcomes for children and young people. Putting this duty into operation was not straightforward and attempts at joint planning and commissioning presented a range of challenges for partner agencies. In 2004, a new *National Service Framework for Children, Young People and Maternity Services* was published,²²⁵ with the aim of promoting parallel changes within health services. Between 2004 and 2006, children's services were reconfigured on a number of levels, and the agenda for reform involved education, health and social care. These reforms presented further challenges and we noted the impact of these on the development and evaluation of new programmes. The pace and complexity of change proved to be daunting in many local areas, and some initiatives suffered as a result.

A series of other documents contributed to the national framework for change and, in combination, they encapsulated the previous Labour government's ambitious plans to reform services for children and young people.²²⁶ These plans included:

1. The introduction of three tiers of family support: universal services for all children and parents delivered through schools, health services, social services and childcare; targeted and specialist services for parents and children who need additional support; and compulsory measures, such as parenting orders, when parents fail to control their children or when family members are involved in antisocial behaviour.
2. The introduction of a Common Assessment Framework (CAF) as a key building block for initiatives which involve the assessment of children and young people (from birth to age eighteen). All local authorities were expected to implement the CAF by 2008, but this proved to be an overly ambitious timetable.
3. Information-sharing between agencies and sectors, using a common database.

²²⁴ UEA Norwich/National Children's Bureau, *op. cit.*

²²⁵ Department of Health (2004) *The National Service Framework for Children, Young People and Maternity Services*, DoH, Crown Copyright.

²²⁶ See e.g. DfES (2004) *Every Child Matters: Change for children: outcomes framework*, DfES, Crown Copyright.

4. Multi-agency partnerships of professionals working in schools, healthcare, social care, youth services, childcare and the criminal justice system.

Children's Trusts were expected to provide the leadership necessary to implement these plans, all of which were relevant to the programmes reviewed in this report. A number of new funds were established, to galvanise action at a number of levels and across a range of agencies so as to provide new, co-ordinated services for children, young people and families and fill known gaps in provision.

Tackling Offending and Antisocial Behaviour

Concerns about youth crime have been evident for well over thirty years, but the reorganisation of children's services provided the impetus to look again at an issue of increasing public concern and to focus on early intervention and prevention by strengthening the capacity of parents and professionals to 'hold on' to young people, specifically those at risk of becoming involved in offending and antisocial behaviour. One of the earliest initiatives within this agenda was On Track. The Home Office launched On Track – a multi-component, area-based initiative operating in 24 high-crime, high-deprivation areas of England and Wales – in December 1999. On Track formed part of a new Crime Reduction Programme, which then merged with the Children's Fund, and ran for nine years to 2008.

On Track was aimed at children aged 4–12 and their families and was inspired by a successful programme, known as Fast Track, in the USA. On Track was essentially a multi-agency programme which brought together education, social services, health, youth offending services, and local authority and voluntary services. Its development was precarious, particularly in the early years, and the primary focus on crime prevention was diluted over time to embrace more general child well-being objectives.²²⁷ Nevertheless, it was an ambitious and substantial programme that had the assessment of risk, prevention and multi-agency service delivery at its heart. The primary objective was

*to work within disadvantaged, high crime communities to reduce the propensity for antisocial behaviour in children by reducing risk factors and boosting protective factors shown by research to be influential in moderating the path to antisocial behaviour.*²²⁸

This was to be achieved by improving children's access to social and educational opportunities and by boosting parenting skills. When it was first launched, On Track was a strongly school-focused programme, although family and parenting support were core components. It was one of the most enduring initiatives to be evaluated, and despite its focus on younger children it provided important evidence for this review.

At the heart of the new system to tackle youth offending were locally based multi-agency youth offending teams (YOTs), responsible for delivering and co-ordinating youth justice services. The Labour Government's desire to be 'tough on the causes of crime' put prevention at the heart of the new system, and the Youth Justice Board (YJB) implemented a range of new programmes, including Youth Inclusion Programmes (YIPs) which targeted the most at-risk 13- to 16-year-olds. The new programmes were heavily reliant on being able to target effectively those young people most at risk of becoming involved in crime and antisocial behaviour as the key to prevention. The YJB drew on research evidence which indicated the following:

²²⁷ Ghate *et al.*, *op. cit.*

²²⁸ *ibid.*, p. 21.

1. Risk factors and their analysis are crucial to prevention.
2. Pre-delinquency intervention is necessary.
3. Only high-risk young people and their families need to be targeted.
4. A small number of key risk factors can be used to target those at high risk.
5. Programmes must remain focused and of high intensity.
6. Multiple interventions that continue until young people can make sustainable changes in their lives are needed for the high-risk group.
7. Authorised absences from schools are strongly correlated with youth crime.²²⁹

The research suggested that it is never too early to intervene and support children and young people who might be at risk of becoming offenders, and never too late to work with adolescents.²³⁰ Sutton *et al.* also pointed out that tackling a cluster of risk factors that impact on a child's behaviour is more effective than simply addressing individual risks.²³¹ This evidence was central to the development of the YISPs. In setting up its prevention strategy, the YJB noted that four key areas required attention: effective targeting to allow for early identification and the provision of supportive interventions for those at high risk; greater intensity of intervention for first- and second-time offenders; the recognition of school absence as a key risk factor; and the need for prevention strategies to focus on the deterrence and detection of youth crime.

The YISPs were a key component in the campaign to prevent crime, complementing the Street Crime Initiative announced by the then Home Secretary in 2002. They were designed to help children/young people aged 8–13 who were at greatest risk of becoming involved in antisocial behaviour and criminal activity *before* they entered the criminal justice system. This required identification of the most at-risk children when they first came to the notice of an agency or an individual, and through multi-agency risk assessment. The YJB recommended high-level intervention for these children/young people, tailored to their individual needs and those of their families. There was a clear recognition that agencies other than those within the criminal justice system might be best placed to identify risks at an early stage. Because teachers are more likely to be aware of problem behaviours, behaviour, education and support teams (BESTs) were tasked with providing a range of support services in schools as part of a number of new measures introduced in 2002 to crack down on truancy and bad behaviour. Schools were placed at the heart of preventative services and multi-agency collaboration. The focus, yet again, was firmly on prevention, early intervention and multi-agency co-operation.

The YISPs were established in 2003 to identify the young people most at risk of offending and/or antisocial behaviour, and multi-agency panels were tasked with constructing a personally tailored package of support and interventions, encapsulated in an integrated support plan (ISP). Each young person would have a dedicated keyworker who would be responsible for assessing risk and co-ordinating and monitoring the package of interventions. The emphasis was on ensuring that young people at risk of offending and their families received mainstream public services at the earliest opportunity. The YISPs encompassed all the drivers of the Labour Government's commitment to: supporting families and preventing

²²⁹ Youth Justice Board for England and Wales, *Youth Crime Prevention Strategy*, <http://www.cypu.gov.uk/corporate/publications.cfm>

²³⁰ Sutton, C., Utting, D. and Farrington, D. (2004) *Support from the Start: Working with young children and their families to reduce the risks of crime and antisocial behaviour*, Department for Education and Skills.

²³¹ *ibid.*

crime: prevention and early intervention; information exchange; comprehensive assessment; multi-agency involvement and local accountability; tailored, integrated support services; voluntary and creative participation of young people and their families; dedicated keyworkers; and inclusivity.

The YISPs were to provide a single point of referral and agency response to youth crime and antisocial behaviour, targeting young people who had failed to access mainstream services in the past. In this respect, they occupied a strategic position on the cusp of services for children and families, community safety and youth justice.²³² Thirteen YISPs in England were designated as pilots and evaluated over a two-year period.²³³ In 2004, six sites were selected by the YJB to pilot the use of family group conferencing as an integral part of YISP intervention. The objective was to evaluate whether the effectiveness of YISPs would be enhanced by increasing the direct involvement of young people and their families in the design and delivery of the ISP. The evaluation of these pilots was also included in this review.²³⁴

Antisocial Behaviour, Families and Homelessness

The twin-track approach of strengthening families and reducing offending was evident in two other sets of initiatives included in this review: Antisocial Behaviour IFSPs in England and IFSPs in Scotland; and Family Intervention Projects (FIPs). Within the Crime Reduction Strategy, antisocial behaviour was acknowledged as a significant problem and a number of new initiatives were established to help parents fulfil their responsibilities and penalise those who condone their children's bad behaviour. In 2006, the Respect Task Force²³⁵ set the reduction of antisocial behaviour within the wider policy agenda of revitalising disadvantaged neighbourhoods and reducing child poverty. The strategy was to provide a coherent response from a range of agencies.

The IFSPs were modelled on the Dundee Families Project, which was set up in 1996 and which then became part of the IFSPs established in Scotland in 2006. The Dundee Families Project had been highly acclaimed²³⁶ and its roll-out sought to break the cycle of poor behaviour, homelessness and social exclusion by promoting a 'whole-family' approach to intervention. The IFSPs pioneered a new way of working to support perpetrators of antisocial behaviour (70% of whom were involved in youth nuisance) to change their behaviour.²³⁷ Again, multi-agency working was central to the approach and support packages were personally tailored to the needs of family members. Indeed, inter-agency working was critical to a project which aimed to address multiple problems via the delivery of multiple services.

The FIPs, which began in England in 2006, built on the success attributed to the IFSPs and the Dundee Families Project. Fifty-three FIPs were set up to reduce antisocial behaviour, prevent cycles of homelessness and achieve the *Every Child Matters* outcomes for children and young people, using a 'whole-family' approach and delivering a range of interventions via dedicated keyworkers. The FIPs used an 'assertive' and 'persistent' style of working to challenge and support problem families, imposing sanctions if necessary.²³⁸ They have since been mainstreamed in every English local authority.²³⁹

²³² Youth Justice Board (2005) *YISP Management Guidance*, YJB.

²³³ Walker *et al.* (2007), *op. cit.*

²³⁴ Walker, J., Thompson, C., Wilson, G., Laing, K., Coombes, M. and Raybould, S. (2010) *Family Group Conferencing in Youth Inclusion Support Panels: Empowering families and preventing crime and antisocial behaviour?*, YJB, <http://www.yjb.gov.uk/publications/Scripts/prodView.asp?idproduct=486&eP>.

²³⁵ Respect Taskforce (2006) *The Respect Action Plan*, Home Office.

²³⁶ Dillane, J., Hill, M., Bannister, J. and Scott, S. (2001) *Evaluation of the Dundee Families Project*, Dundee City Council, Scottish Executive and NCH Scotland; Pawson *et al.*, *op. cit.*

²³⁷ Sheffield Hallam University, *op. cit.*; Nixon *et al.*, *op. cit.*

²³⁸ White *et al.*, *op. cit.*

²³⁹ HM Government (2009) *Youth Crime Action Plan: One year on*, Home Office, Ministry of Justice and DCSF.

The national evaluations of all these family intervention projects were relevant to and were included in our review of targeted support for vulnerable young people. The programmes embraced multi-agency, whole-family approaches and were firmly embedded within a policy agenda which set out to improve outcomes for children, young people and families. The evaluations were able to shed light on the challenges of inter-agency working, the tensions inherent in a whole-family approach, and the importance of defining and measuring outcomes carefully in order to build a robust evidence base.

Youth Matters

The focus on early intervention and prevention in respect of reducing risk factors for young people was further enhanced when the Labour Government launched a consultation targeted at young people. *Youth Matters* applied the principles and outcomes outlined in *Every Child Matters* and challenged teenagers to participate in the debate.²⁴⁰ The results of the consultation led to a comprehensive set of plans for improving the life chances of young people, heralding a radical reshaping of universal services for teenagers, and targeted support for those who need it most. The plans included further reforms in health and social care services and new investment in youth justice. The overriding theme was that young people should be actively involved in their communities, able to influence decision-making and democratic processes. The vision for integrated youth support services was that they would help all young people achieve the *Every Child Matters* outcomes. Reformed targeted youth support was considered central to achieving this vision. The four key strands of the proposed reforms were designed to:

- empower young people – giving them things to do and places to go
- promote young people as citizens – enabling them to make a contribution in their communities
- support young people making choices – giving them information, advice and guidance
- encourage young people to achieve – offering targeted support

Three principal approaches were to contribute to the empowerment of young people, by:

- implementing a personalised approach which responds to each person's needs
- putting purchasing power in the hands of young people and helping them to make better-informed choices
- involving young people in local decisions

A number of new initiatives were set up following the consultation, including targeted youth support pathfinders (TYSPs). Fourteen TYSPs were established in 2006 to provide integrated support to young people, primarily teenagers, who had additional needs that went beyond what a single agency could address and who faced a high or growing risk of poor outcomes. Some of the TYSPs included early intervention work with children aged 8–12. The young people targeted by the TYSPs, which adopted several different models via which to deliver reformed services, were involved in a number of risky behaviours, including substance abuse, truancy and offending/antisocial behaviour, or alternatively had learning difficulties, had been excluded from school, or had been at risk of teenage pregnancy. The

²⁴⁰ DfES (2005) *Youth Matters*, Cm 6629, HMSO.

delivery models all focused on multi-disciplinary approaches. The TYSPs were expected to change the culture of working practices between the agencies and professionals delivering children's services, to ensure that young people receive personalised support at the earliest possible opportunity. The evaluation of the TYSPs was one of the key publications included in our review.²⁴¹

Devolved Responsibility and Personalised Support

The *Youth Matters* agenda placed renewed emphasis on supporting families in tandem with an emphasis on tackling crime and antisocial behaviour. Within this agenda, modernised public services were regarded as essential in improving the life chances of children and young people. In many of the initiatives the role of keyworker emerged as a key element in the integration of services and multi-agency approaches. In order to provide a seamless service for children and young people who require support from more than one practitioner/agency, a keyworker or lead professional (LP) was charged with ensuring that the services were co-ordinated and coherent, and that they contributed to the achievement of agreed outcomes. By 2005, there was mounting evidence that the appointment of an LP for each child/young person requiring multi-agency support offered a number of advantages,²⁴² and a range of professionals across the health, education and social care sectors had become LPs. The role was defined by the work that needed to be done with a young person rather than by professional background,²⁴³ and a number of key skills and attributes were identified. The increasing focus on greater personalisation of services to enhance responsiveness to individual need continued to emphasise the importance of the LP.

In 2006, the Labour Government sought to enhance the LP role through the allocation of budgets to LPs, giving them control over some or all of the funding required to deliver publicly funded services to young people and their families. It believed that LPs' capacity to deliver better-integrated packages of services would be enhanced by enabling them to commission services directly. It was argued that this should maximise the quality of service provision and improve the efficiency of multi-agency working. The Labour Government decided to test budget-holding lead professional practice through a series of pilots in which BHLPS would deliver targeted support services to children and young people with additional needs, as part of the wider reform of youth services and the Respect Agenda. The implementation of BHLPS was expected to promote greater empowerment of practitioners and of the young people with whom they worked, greater transparency in resource allocation, and greater personalisation of targeted support. Like many of the previous initiatives, the BHLPS role envisaged within the context of reformed children's services was extremely ambitious, and many of the sixteen pilots faced a steep learning curve. Towards the end of the pilots, the government extended BHLPS practice to practitioners, primarily social workers, working with looked-after children in four local authorities. The evaluations of both sets of pilots were central to this review and they have shed light on the implementation challenges associated with early intervention, identification, assessment, multi-agency approaches and greater personalisation in the delivery of targeted support.²⁴⁴

Aiming High for Young People

The changes which had taken place over the past ten years in the delivery of services for children and young people had been comprehensive, complex and demanding. In 2007, the Labour Government launched a ten-year strategy to promote young people's engagement in

²⁴¹ Rodger *et al.* (2007), *op. cit.*, Palmer and Kendall, *op. cit.*

²⁴² DfES (2005) *Lead Professional Good Practice: Guidance for children with additional needs*, INTEC.

²⁴³ DfES (2005) *Making It Happen: Working together for children, young people and families*, DfES.

²⁴⁴ Walker *et al.* (2009), *op. cit.*; Walker, J., Wilson, G., Laing, K. and Pennington, M. (2010) *Care Matters: Budget holding lead professionals with looked after children in England*, DCSF, Research Report RR225.

positive activities.²⁴⁵ It was based on evidence which shows that participation in leisure-time activities, particularly those that are sustained throughout the teenage years, can have a significant impact on young people's resilience and outcomes in later life.²⁴⁶ A number of the initiatives we reviewed for this report put considerable emphasis on engaging young people in leisure activities in order to promote enjoyment and achievement (one of the key *Every Child Matters* outcomes). New educational and skills opportunities were intended to give young people more choice over their learning. The ten-year strategy focused on empowerment, access and quality in the delivery of positive activities through a range of programmes and initiatives delivered at the local level, and greater investment in targeted youth support. In common with previous programmes, the emphasis was on prevention and on collaboration among services and across sectors.

The 'aiming high' strategy sat alongside other plans to tackle specific issues relating to young people, such as excessive drinking and criminal behaviour. The *Youth Alcohol Action Plan*²⁴⁷ set out a triple-track approach of prevention, enforcement and punishment, and support to tackle youth crime. Again, the emphasis was on early identification and targeted support from a range of agencies, including schools and health services. The aim has been to cut the number of young people entering the criminal justice system, reduce reoffending and ensure that young people who get into trouble are supported to achieve the *Every Child Matters* outcomes and turn their lives around.

The Children's Plan

In December 2007, the then Secretary of State for Children, Schools and Families presented a ten-year plan to put the needs of children, young people and families at the centre of government policy.²⁴⁸ The plan built on the reforms of the previous ten years and challenged all the agencies involved in delivering children's services to work together regardless of institutional and professional structures. The *Every Child Matters* outcomes remained central to all the policies aimed at supporting families and young people, and the plan marked a new way of working, setting ambitious goals to be achieved by 2020. Children's Trusts were to be the key deliverer of change, and local authorities were tasked with redesigning services, working alongside local partners, to focus on outcomes for children and young people, putting service users at the heart of all service delivery processes, shifting services away from traditional patterns of service provision, and championing the needs of children and families.

It was a complex landscape, which required everyone at all levels to build capacity and expertise, and which has depended on system-wide, radical reforms in the delivery of both children's services and education, alongside supporting reforms in the delivery of health and adult services and in social welfare support. By the end of 2010, Children's Trusts were expected to have put in place consistent, high-quality arrangements to identify, and intervene early in the lives of, children and young people with additional needs. To do this, the Trusts were expected to develop a committed and dedicated children's workforce and young people and their families were expected to be engaged as key partners. The new children's workforce strategy²⁴⁹ published in 2008 heralded radical reforms which would upskill the practitioners working with children and young people and ensure that they had the support they needed to work innovatively and in partnership. Young people had already identified the

²⁴⁵ HM Treasury and DCSF (2007) *Aiming High for Young People: A ten year strategy for positive activities*, HM Treasury.

²⁴⁶ Margo *et al.*, *op. cit.*

²⁴⁷ DCSF, Home Office and Department of Health (2008) *Youth Alcohol Action Plan*, The Stationery Office.

²⁴⁸ DCSF (2007), *op. cit.*

²⁴⁹ DCSF (2008) *Building Brighter Futures: Next steps for the children's workforce*, DCSF; DCSF (2008) *2020 Children and Young People's Workforce Strategy*, DCSF.

importance of LPs and BHLPs having good communication skills, being trustworthy and having the ability to understand young people's needs.²⁵⁰

Although the policy context set by the last Labour government shaped the initiatives we reviewed and the Children's Plan and the 2020 strategy are no longer current government policy, achieving the ECM outcomes for children and young people continues to be central to the policies of the Coalition Government.

The Questions Addressed in the Review

With this complex and ambitious policy context in mind, this review sought to address a number of questions which were identified in consultation with the Department. These questions fell into six main themes, as follows:

1. Identification and Assessment Methods/Tools

Who (i.e. which professional) is most likely to identify early signs of problematic behaviour?

Are there effective processes for early identification of young people at risk?

What assessment methods/tools are most commonly used to assess early signs of risk?

What problems are associated with these tools and how are they being overcome?

Which assessment methods/tools have most credibility among frontline professionals?

Is CAF found to be effective, and how is it used to assess the wrap-around services needed by each young person?

What changes to content/implementation of these processes/tools might improve them and their usage?

2. Effective Practice

In what ways is multi-agency working effective?

What are the characteristics of effective multi-agency working?

What are the barriers to achieving it?

What are the cost implications relative to uncoordinated, traditional methods of service?

Which elements of multi-agency programmes appear to be most effective in which specific circumstances?

What problems/barriers need to be overcome to aid effectiveness in service delivery?

3. Early Indicators of Impact and Cost

What outcomes can be identified and how sustainable are they?

²⁵⁰ WCL (2008) *2020 Children and Young People's Workforce Strategy: 'Workforce: The young voice', report summary*, DCSF.

What evidence is there of cost-effectiveness?

Can value for money be identified?

What are the indications of mid- and longer-term impacts and how should they be measured?

4. *System Change and Multi-Agency Working*

Have LAs achieved the strategic planning and integrated structures necessary for the delivery of effective multi-agency, multi-disciplinary services?

What are the key ingredients for effective integrated structures?

What barriers have been identified and how have they been overcome?

Is multi-agency practice working effectively for older children/young people and their families?

What administrative and structural factors help or hinder effective workforce reform?

5. *Workforce Issues*

What overlap exists in the work being done by different professionals working with older children and young people and families?

What quality and skills are needed by effective lead professionals and keyworkers?

What are the essential roles of a lead professional?

Who should lead professionals be (in terms of professional background) and what training do they need?

What factors help or hinder keyworkers and LPs in fulfilling their role(s)?

6. *Implementing New Programmes*

What lessons can be learned about the effective implementation of new programmes?

Should targeted, preventative programmes be simplified, and which professionals and what core skills would be needed to achieve this?

How can new programmes measure/ensure cost-effectiveness?

What are the lessons that can inform work to simplify targeted, multi-agency services aimed at young people at risk or in need?

What are the implications for a reformed workforce?

Reviewing the evidence from the various programmes required us to look for overlap and to analyse the findings thematically. Of particular concern has been the evidence relating to outcomes. The programmes were all expected to reduce the risk factors which make young people vulnerable. Successful outcomes included reductions in truancy and exclusions, substance misuse, offending and antisocial behaviour, unplanned pregnancies, the number of young people who are NEET, and increased participation in positive activities. While the

emphasis in many of the programmes was on working with teenagers, support was targeted at younger children in many of the programmes in order to nip problems in the bud.

Annexe 2 Characteristics of the Programmes Reviewed

In this annexe we summarise some of the characteristics of the programmes we reviewed, primarily to indicate the challenges inherent in assessing value for money in interventions designed to improve outcomes for vulnerable young people

All the programmes we reviewed had elements of complexity within them. Complex interventions are often programmes whose effects are crucially dependent on context and implementation. All the programmes we reviewed were typical of complex social care interventions. The BHLP pilots, for example, built on recently introduced policies of standardised needs assessment and the appointment of a LP to streamline and co-ordinate the services families receive so as to reduce duplication and inconsistent support. This process was taken a step further with the introduction of the budget-holding element. In principle, the policy represented a fundamental shift of power over service provision from agencies to their front-line workers, and to the children and families in their care.

Although they did not necessarily go as far as attempting to place money in the hands of LPs, all the other programmes shared similar elements, involving detailed assessments at referral, key workers or key organisations trying to shift the balance of power from existing services, and new ways of working, particularly trying to co-ordinate service delivery across multiple agencies. Nevertheless, 'conventional' services were still seen as core. For example, this is quite explicit in the first-listed component of IFSPs. Residential care was retained as an important option in order to provide for the possibility of more intensive interventions, some of which uncovered problems that had previously gone undetected.

Across all programmes, it is evident that, when the intervention is spread across several pilot sites, the needs of clients and the corresponding packages of care assembled are likely to be highly heterogeneous. Nevertheless, overall effectiveness is likely to be more than the sum of the intervention parts. Of course, a number of other factors may also contribute to effectiveness, not least the facilitation of communication between agencies themselves and between agencies and clients. Effectiveness will also be governed by the training and preparation of staff and the service delivery structure, particularly the history of co-operation between agencies.

On the following pages we note in text boxes the aspects of these programmes which presented challenges for the evaluation teams. These relate to the complexity of the intervention/programme; how study populations were defined; the identification of comparator groups; the choice of outcome measures; and data collection processes.

Elements of Complexity in the Programmes Reviewed

Budget Holding Lead Professional Pilots:

- standardised needs assessment
- appointment of lead professional
- multi-agency working
- co-ordination of services
- allocation of budget

Children's Trust Pathfinders – integration of approaches and services to diagnose need and provide services for children. Development of:

- joint governance
- joint planning
- expertise in joint commissioning
- new types of professionals to work across organisational (and professional) boundaries
- information sharing and assessment

Family Intervention Projects:

- detailed assessment and support planning
- led by key workers from LAs or voluntary sector
- small caseloads
- multi-agency working

Intensive Family Support Projects – 'Core block' residential facilities (providing options for placement); and outreach, in group or one-to-one formats and from various agencies (housing, social work, community safety), covering aspects such as:

- improving family dynamics
- household and financial management skills
- reducing antisocial behaviour
- increasing engagement (e.g. with nurseries and schools)
- reducing alcohol and substance abuse
- emotional support

On Track – used an 'ecological' model of prevention to conceptualise risk and protective factors at different and interconnected levels:

- individuals
- families
- peers
- schools
- wider community

Operationalised through six levels of service (home–school partnerships, parenting support, home visiting, family therapy, pre-school services and specialist services) open to all, but targeted on a needs basis.

Targeted Youth Support Pathfinders: core principles

- early identification
- building a clear picture of needs
- early access to support in universal settings
- LP co-ordinating service provision
- ensuring accessible and attractive services
- involvement of young people in shaping services and interventions
- support across transitions

Youth Inclusion and Support Panels: key characteristics

- effective and efficient processes for early identification, referral, assessment and tracking
- multi-agency involvement, including panel meetings
- comprehensive assessment and integrated support plans
- dedicated key workers

Defining the Study Population

Budget Holding Lead Professional Pilots

- designation of child as 'additional needs' dependent on judgement of lead professional
- no list of all children in locality with additional needs
- no single agency holding all data about a particular child
- CAF assessments not universal across or within local authorities
- no shared management or recording systems across agencies

Children's Trust Pathfinders:

- the study population for CTPs was by nature difficult to define – it could include all young people between the ages of 5 and 18 within a specified geographic area

Family Intervention Projects:

- explicit criteria for referrals were established (and 78% of referrals met these criteria), which covered antisocial behaviour and criminal activities as well as homelessness or being at high risk of becoming homeless

Intensive Family Support Projects:

- referrals triggered by 'antisocial behaviour', most coming from housing department offices and the rest from social work
- socio-economic group and housing data collected on all referrals, but impossible to know how representative those in study were of all families assisted

On Track:

- referrals came from a variety of sources using various forms of assessment
- no list of all children/youths in need of such services, but census data used to assess the reach of the programme

Targeted Youth Support Pathfinders:

- designation of child as having 'additional needs' dependent on judgement of lead professional
- no list of all children with additional needs, with many identified after needs increased
- some successes reported

Youth Inclusion and Support Panels:

- referrals came from a variety of sources using various forms of assessment
- attempts to get professionals to use a common form of data collection on each new referral proved challenging
- profiles of pilot areas showed they included neighbourhoods that were more 'in need' than others nationally

Identification of Comparator Group**Budget Holding Lead Professional Pilots:**

- suitable comparison severely challenged by early roll-out across the pilot areas
- some rigorous controlled before-and-after comparison available for BHLPS aimed at NEETs

Children's Trust Pathfinders:

- no attempt was made to identify a comparator group for some of the outcomes and comparator groups did not suit the main (case-study) approach of the research

Family Intervention Projects:

- no comparator group

Intensive Family Support Projects:

- no comparator group(s)
- some data were shown on the costs of services that might have otherwise been used if not for the intervention, but the rates of use of such services that would have otherwise occurred are not known
- with outcomes achieved, it is not known to what degree they would have been achieved without the intervention

On Track:

- users in early stages of On Track and 12 months later were compared with non-users in carefully selected 'control' areas, but the initiative was then rolled out
- pre-intervention assessments could not be conducted
- various recruitment challenges led to 'underpowering' of study
- two cross-sectional surveys of primary and secondary school children were conducted in On Track areas only and data could not be linked to whether respondents were On Track users or not.

Target Youth Support Pathfinders:

- pre-post design for some outcomes (but only 30 in each group)
- no comparator group(s)

Youth Inclusion and Support Panels:

- risk factors assessed at initial assessment and final assessment and changes modelled through regression analysis
- no comparator groups

Outcome Measurement**Budget Holding Lead Professional Pilots:**

- in general, there is no quantitative evidence of impact on outcomes
- for NEETs, the intervention was not shown to be effective

Children's Trust Pathfinders:

- most case studies reported success stories in moving resources around or improving lives, but these were highly selective
- where national indicators were used (e.g. teenage pregnancy rates), successful reductions were achieved but their attribution to CTPs was unclear

Family Intervention Projects:

- % of families who had engaged in antisocial behaviours reduced from 61% when they started work with a FIP to 7% on exit
- % of families with one or more antisocial behaviour enforcement actions fell from 45% when they started work with a FIP to 23% on exit
- % of families subject to one or more housing enforcement actions fell from 60% when they started work with a FIP to 18% on exit
- % of 5- to 15-year-olds with educational problems fell from 37% when they started work with a FIP to 21% on exit
- % of families with no risk factors rose from 1% when they started work with a FIP to 20% on exit

Intensive Family Support Projects:

- 70% of clients' cases closed during the project
- care providers assessed whether clients' situations had improved, deteriorated or stayed the same on several indicators, most of which were positive (i.e. showed improvements, such as 81% being at reduced risk of homelessness)
- a later project examined longer-term outcomes in a subset of families, but not in a way suitable for assessing value for money

On Track:

- in On Track areas – no clear evidence of reduction in offending by children and young people relative to comparison group and reduced rates of emotional and behavioural difficulties in children
- various indicators that parenting skills and parent-child relationships improved
- Less antisocial behaviour over time demonstrated by schools survey, but no comparison group
- primary school children reported increased rates of happiness with family life
- various indicators that parenting skills and parent-child relationships improved over time.

Target Youth Support Pathfinders:

- young people's views of support – three-quarters positive; LP effective in half of cases; co-ordination of support deemed effective in half of cases; overall package of support deemed effective in half of cases
- where effective support was delivered, this resulted in:
- positive impact on most outcomes (6/44 cases)
- positive impact on some outcomes (17/44 cases)
- small improvement in some outcomes (16/44 cases)
- no improvement in outcomes (5/44 cases)

Data on several outcomes collected before and after TYS, but only on 30 young people. Measures covered psychological attributes, emotional symptoms, conduct problems, hyperactivity, peer problems, pro-social behaviour, engagement with high-risk activities, involvement with police, alcohol and substance misuse, truancy, vandalism, sleeping rough, risky and violent behaviour, relationships, and engagement with positive activities. No statistically significant differences were shown.

Youth Inclusion and Support Panels:

- ONSET risk scores assessed at initial and final assessments
- some reduction in risk factors recorded, but not in all cases
- satisfaction with services also assessed

Data Collection

Budget Holding Lead Professional Pilots:

- in all but one pilot, no resources were set aside for collection of data on costs and effects

Children's Trust Pathfinders:

- no statement of major difficulties in collection data, but most work was done via surveys or professionals and use of national indicators (e.g. teenage pregnancy rates and looked after children)

Family Intervention Projects:

- no statement of difficulties in data collection, family intervention workers were asked to provide information on an online information system that covers family demographics and risk factors such as drug and alcohol misuse, antisocial behaviour etc before, during and after interventions

Intensive Family Support Projects:

- no statement of difficulties in collection data, but it seems that care providers and managers were not asked to collect a great deal anyway
- a follow-up study on 28 families was conducted to assess longer-term outcomes, which were then collected by the study team.

On Track:

- this study seems to have been well-resourced in terms of allowing researchers to conduct surveys with individual clients and with schools
- main problems encountered seemed to be where reliance was placed on local sites to organise access or collect data

Target Youth Support Pathfinders:

- professionals were asked to recruit young people to outcomes survey, and young people were asked to complete questionnaire and return to researchers
- research team informed LPs of non-receipt of questionnaires and asked them to distribute another questionnaire.

Youth Inclusion and Support Panels:

- professionals asked to complete comprehensive data set containing referral information, ONSET assessments, details of integrated support plans, panel information, details of interventions and outcome data
- many children were outside the YISP age range and many data were missing, especially on ONSET risks and outcomes.

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