

**Advisory Board on Norfolk's response to the implications
of the Green Paper, Every Child Matters
13 January 2004**

**Introduction to the proposal for development work by Dartington Social Research
Unit**

- 1 The project board for the development a strategy for preventive services for children and young people in Norfolk aged 0 -19 at risk of social exclusion has for some time been looking for academic input on what a preventive service might look like - what works and what models of service provision provide a way forward for Norfolk.
- 2 Three expressions of interest were received and of these three, Dartington Social Research offered the best approach. Dartington Social Research have done considerable work already in the field of prevention and have been drafting future guidance on the development of preventive strategies for the Children, Young People and Families Directorate at DfES. As a consequence of thir expression of interest, Dartington Social Research were commissioned to facilitate the conference held in Norwich on 24 November.
- 3 With the publication of the Green Paper, Norfolk, in common with all other areas across the country, is now needing to widen its approach to children's services and consider how services for children and young people can best be integrated to achieve improved outcomes. Dartington Social Research have advised us that the DfES will still be looking to local authorities and partner agencies to continue to consider how to shift the focus to prevention and early intervention as a stepping stone to the implementation of the Green Paper.
- 4 As a part of the overall project plan to address the implications of the Green Paper, Dartington Social Research have been invited to submit a proposal that would support the work of agencies in Norfolk to develop an approach that would shift the focus to prevention and early intervention and help establish how services for children and young people can be better integrated.
- 5 Dartington Social Research has stressed that it the intention is to provide Norfolk with a robust methodology for the partnership of agencies to find its own solutions as appropriate to the County, rather than to simply recommend solutions from their experience.
- 6 An initial proposal is attached and further discussions will be had with Dartington Social Research to finalise any piece of work in the light of comments from the Advisory Board.
- 7 The County Council will make available the funds to support this piece of work.
- 8 The Advisory Board is asked to comment on the proposals.

9 January 2004

Contact: Frances Kemp, Preventive Strategy Programme Manager

A Summary of the proposal for development work in Norfolk by Dartington Social Research Unit and other activities in the Warren House Group

The proposal builds on a Best Practice model set out in a review of the literature on the re-focusing of children's services prepared by Dartington for the Children's Directorate. The aim of this work was to support local authorities by setting out stepping stones of good practice towards the implementation of legislation arising from the Green Paper *Every Child Matters*. The model delivers an effective Local Prevention Strategy and supports the implementation of Identification, Referral and Tracking procedures.

The proposed work has seven elements:

- Agreeing definitions and concepts linked to strategic mapping
- An examination of existing administrative and financial data
- A review of research, audit and inspection of preventative services with particular attention to Norfolk
- An audit of need and service provision in Norfolk
- Conferences and reporting
- Developing a Strategy and Writing the LPS
- Training the people who will deliver the strategy.

The partnership will produce two sets of deliverables:

1) Core Outputs

- Preparation of a Local Prevention Strategy
- Specific resource-free proposals for changes to the referral process to reduce duplication and enhance prevention
- Proposals for at least three changes in service provision to increase prevention activity
- Design at least five multi-disciplinary services dedicated to better prevention of social need
- Identification of one or at most two County wide indicators to monitor the success of any implementation strategy.

2) Additional Benefits

- Documents that provide a gateway to evidence for practitioners and managers
- Clear definitions about what is meant by prevention and other core concepts
- Reasonable quality data on children in need in Norfolk, and services to meet their needs
- Greatly improved inter-agency co-operation in the research and planning process
- Clear methods to design, implement and evaluate new preventative services
- Better understanding about the scope and limitations of improvement to prevention services within existing resource constraints
- A higher profile for prevention activity within Norfolk and a higher profile for Norfolk children's services in the relevant English policy and professional communities.

A Proposal for research and development from Dartington Social Research Unit and other activities in the Warren House Group at Dartington

THE CONTEXT FOR CHANGE

Since the present government took office in 1997 there have been concerted moves towards making children's services more needs-led and evidence-based, with particular attention to prevention and early intervention. This was reinforced by the *Cross-Cutting Review on Children at Risk*, which recommended (a) stronger partnership between agencies, (b) a greater focus on need, and (c) earlier identification and prevention of problems in children's lives. A raft of multi-agency initiatives have sought to embed such practice for children of all ages – Sure Start, Children's Fund, On-Track, Connexions, Youth Offending Teams, and so on.

These and similar programmes are seeking to prevent a range of problems in later life, in particular: involvement in crime, poor health, early unplanned pregnancies, substance misuse and underachievement in education.¹ Many build on good quality scientific research about risk and protective factors and how negative chains of effect can be broken.² However, because it tends to concentrate on the development of difficulties in children's lives and how *specific* programmes address these, it pays less attention to the practicalities of implementing such interventions locally as part of a wider strategy. Another drawback with much of the evidence is that it concerns demonstration projects and research programmes that usually have better staffing and support than mainstream services.

Yet even a cursory review of the literature highlights numerous organisational, economic, practical, professional and other obstacles to putting into practice good intentions as regards prevention and joint working. For example:³

- Effective systems to identify children in need of support are lacking
- Mechanisms for exchanging information between agencies and tracking a child's progress through the system and between agencies are inadequate
- Insufficient flexibility at the local level frustrates partnership arrangements for planning and delivery

¹ CYPU (2003) *Local Preventative Strategy: guidance for local authorities and other local agencies (statutory and non-statutory) providing services to children and young people*, London, CYPU.

² See for example: Little, M. and Mount, K. (1999) *Prevention and Early Intervention with Children in Need*, Aldershot, Ashgate; Hall, D. M. B. and Elliman, D. (2003) *Health for All Children*, 4th Edition, Oxford, Oxford University Press; Rutter, M., Giller, H. and Hagell, A. (1998) *Antisocial Behaviour by Young People*, Cambridge, Cambridge University Press; MacDonald, G. and Roberts, A. (1995) *What Works in the Early Years: effective intervention for children and their families in health, social welfare, education and child protection*, Ilford, Barnardo's.

³ CYPU (2003) *op. cit.*; CYPU (2002) *Local Area Case Studies: funding of children's services*, London, Children and Young People's Unit; Department of Health (2001) *The Children Act Now: messages from research*, London, The Stationery Office; SSI/Audit Commission (1999) *Getting the Best from Children's Services: findings from Joint Reviews of Social Services 1998/9*, Abingdon, Audit Commission Publications; Otto, H-U. and Floesser, G. (eds) (1992) *How to Organise Prevention*, Berlin, de Gruyter.

- The separation of family support and child protection services means that children miss early intervention and therefore require more intrusive interventions later on
- The pressure to get child protection absolutely right because of scandals means that this is often the focus of attention
- Funding for prevention is put under pressure if demand for statutory services rises (in some areas, for example, there has been a significant increase in support required for asylum-seeking and refugee children)
- Much funding for prevention work is short-term, making it resource-intensive to keep these channels open or to open new ones
- Money reserved for highly deprived areas means that other deprived areas lose out
- Specialist and rehabilitative services are necessary but often expensive
- Establishing pooled funding continues to prove problematic
- Resource constraints tend to mean that new services challenge what exists, but de-commissioning is difficult and therefore often overlooked
- Professionals are keen to do more preventative work but worry that family centres, social and recreational facilities, day-care and so on are inadequate
- There are practical difficulties involved in gaining access to 'difficult-to-reach' groups, especially in rural areas
- The demands imposed by high numbers of looked after children can overburden services and frustrate other approaches

The challenge for local authorities is to overcome these and other obstacles, and there are a number of good examples from which to draw, both in the UK and overseas.⁴

Norfolk is better placed than many local authorities to capitalise on the opportunity for development offered by the Green Paper *Every Child Matters* and related developments. It is not hampered by all of the obstacles to change described above, but it is hampered by some.

This proposal builds on a Best Practice model for the re-focusing of Children's Services towards re-focusing set out in a literature review for the Children's Directorate prepared by the Dartington Social Research Unit. For the Norfolk proposal the model applies well-tried Dartington practice tools used in a combination that will produce measurable changes in multi-disciplinary prevention and early intervention activity within the County. It is also designed to set in place process that will help sustain continued development throughout the long reform process that will follow new legislation.

PROPOSED METHODOLOGY

The proposal is for work comprising seven core elements. In addition, our experience in similar initiatives and from attempts to encourage agencies to re-focus children's services has led us to propose three optional additions that can be taken forward on

⁴ The Unit has a good working knowledge of several such studies, and has done some preliminary research to track down other evidence by trawling various academic and professional databases, SSI/Audit Commission reports and 'grey literature'.

completion of this work with Dartington or another contractor. The total package should realise considerable measured improvements in outcomes for children in Norfolk.

Core Elements

a) Agreeing Definitions and Concepts linked to Strategic Mapping

Children's services comprise many agencies, each of which use varying definitions of prevention and with a range of expected outcomes of prevention. In addition, an LPS seeks to replace at least six strategic planning exercises required of local authorities.

Clarity about (i) what is meant by prevention, early intervention, treatment and social prevention (see Appendix 5) and (ii) what are the intended outcomes of this activity, as measured in terms of local authority outputs and measurable gains in child development, is vital to the exercise. These definitions need to be linked to a map of strategic planning in the County both before and after the writing and implementation of an LPS.

The Research Unit will therefore prepare papers on optional definitions and output/outcome measures. In addition, it will map strategic planning within the County prior to and after the LPS and identify any ambiguities in the language used by different agencies. These papers will be shared with a steering group of senior managers in the County and working definitions will be agreed. The working definitions will be used in the context of the successful LGA publication *Serving Children Well: a new vision for children's services*.⁵ Clear definitions and modes of delivery will be proposed for each of the key components of this document (outcomes-based approach; performance management; universal child indicator; single assessment; involvement of children; united workforce plan). These will be adapted in light of feedback from the first of three conferences with key players in the County.

The output of this work will be a short document defining what is meant by different types of prevention activity, what they intend to achieve, how those achievements can be measured and how they relate to strategic planning. This document will be written by Dartington in collaboration with colleagues in Norfolk but authored by the County.

b) An Examination of Existing Administrative and Financial Data

The complexity of local authorities generally means that existing sources of administrative and finance data are under-utilised. The variety of sources and methods for rapidly accessing and bringing together useful data are set out in Dartington's practice tool *Aggregating Data: Better Management Information and Planning in Children's Services*.⁶ Sources include: government statistics (generally prepared at local level); census data (generally excellent at mapping patterns of need against service

⁵ ADSS (London, Local Government Association, 2002).

⁶ Little, M., Axford, N. and Morpeth, L. (2003) *Aggregating Data: better management information and planning in children's services*, Dartington, Warren House Press.

provision); other government datasets (for example health data); post-hoc connections between existing datasets (for example looking at the overlap of need met by health and social services); and specific research or administrative exercises. In addition, there will be good data on the distribution of resources in Norfolk that will indicate the relative balance between preventative and other types of activity on behalf of children in need.

Dartington will mine this data for Norfolk and comparable local authorities.⁷ Results will be summarised in a short report that will:

- i) identify patterns of met and unmet need, gaps in provision and potential mechanisms for filling the gaps
- ii) provide a clear method for researchers and managers in Norfolk to repeat the exercise in future years
- iii) suggest mechanisms for augmenting existing sources of administrative data to properly monitor the success of future prevention activity.

These results will be shared with the steering group and at the first conference of key players in the County.

c) A Review of Research, Audit and Inspection of Preventative Services with Particular Attention to Norfolk

In its UK, Spain and US offices, Dartington has three libraries of effective prevention efforts and strategies to improve prevention for children in need. These libraries include:

- i) books and journal articles summarising the findings of research
- ii) government publications setting out the results of inspections and inquiries
- iii) other 'grey literature' looking at some aspect of local prevention activity.

Unless Norfolk is very different from other local authorities in which we have worked, there will be a considerable amount of literature in the County, mostly under the 'grey literature' heading that will be relevant to the development of an effective LPS. Generally speaking, information produced by one children's services agency is little known by the others.

Dartington will work to:

- i) identify what is available in the County, and summarise the principal findings
- ii) summarise relevant results from comparable authorities in Europe
- iii) bring together the results in a short document that sets out 'what works, for whom when and why' and acts as a gateway for policy makers, managers and practitioners looking to access literature.

⁷ Comparable authorities selected using the ONS classification of local and health authorities in Great Britain.

This summary of the existing research, audit and inspection findings will be used with the County steering group as part of the strategic mapping exercise. The results will be disseminated at the first and second conferences of key players in the County.

d) An Audit of Need and Service Provision in Norfolk

Much of the activity so far described concerns the use of knowledge from outside the County or the assembly of bits of existing information to indicate strengths and weaknesses within Norfolk. While these findings are vital to an effective prevention strategy, important gaps in understanding will remain and the results will feel distant from many of the key players in the County.

We know from past experience that data about Norfolk's children and young people and the services offered to meet their needs will be invaluable in (i) identifying gaps in the current prevention strategy; (ii) demonstrating unnecessary duplication in resource allocation; (iii) measuring the amount and type of intervention by all children's services agencies; (iv) understanding need and optimal points of prevention activity; and (v) potential improvements in outcomes for children and young people. In essence, this part of the work will link the LPS and associated strategies to the actual situation of children and young people in Norfolk.

The work will be organised so that it includes all children's services agencies and covers all parts of the County. Precise sample sizes will be agreed with the steering group once the contract has been let, but from previous experience in counties similar to Norfolk, at this stage a sample of 6-800 children is envisaged.

The sample will comprise a group of children representative of referrals to health, education, social care, youth justice and police agencies. Data will be collected from existing administrative records using two instruments:

- i) Aggregating Data.⁸ This practice tool permits a small group of managers and researchers to collect rapidly information on risk and protective factors, children's needs for healthy development, the level and type of impairment, services to meet children's needs alongside an estimation of outcomes. The tool comprises a list of key variables, guidance to ensure better reliability and validity of data and standard procedures for analysis.
- ii) Matching Needs and Services.⁹ This practice tool involves a cross-section of practitioners, managers and consumers of children's services looking at summary information on children referred for help and to understand the patterns of need and gaps in service provision. Properly applied, the tool leads to the design and implementation of preventative services.

These two avenues to the same data serve contrasting functions. Aggregating Data offers rapidly assembled quantitative data that will be essential to addressing the

⁸ Little, M., Axford, N. and Morpeth, L. (2003) *op. cit.*

⁹ Little, M. *et al* (1999) *op. cit.*

processes and issues identified in the tender document. Generally the information is very reliable and produces straightforward comparisons with similar local authorities in the UK and continental Europe where the instrument has been used. Aggregating Data is undertaken by a handful of people and requires minimal practitioner or consumer support.

Matching Needs and Services, by contrast, rests on qualitative information and requires considerable participation from practitioners, managers and consumers. It provides a mechanism to bring together people from different agencies and from different parts of the children's services hierarchy to think about how children are being helped and how they might be better served in the future. This practice tool encourages ownership of initiatives to move children's services forward.

Dartington would take responsibility for:

- i) collaborating with identified leaders in the County to organise the data collection in an efficient and timely manner
- ii) completing the analysis so that it has the optimal impact on strategic thinking in the County and can act as the back-drop of the LPS
- iii) writing-up a short report on patterns of need, levels of impairment, patterns of service provision and a crude estimation of impact on outcomes for children.

Results from the Aggregating Data exercise would be presented at the second conference (see below). They would be fed back to the County Steering Group in the first instance, and then shared with participants involved in the Matching Needs and Services exercise.

Results from both exercises would be fed back by an inter-agency group of Norfolk staff to the second conference to bring together key players in the County. The conference would follow a format used in previous Dartington work in which participants are involved in setting priorities for future service development work.

e) Conferences and Reporting

Conferences to bring together key players in Norfolk are a pre-requisite of the tender and an orthodox part of Dartington's development work. In this instance, three conferences will be organised: one near the beginning of the project, the second mid-way through the work and one near the end. Some of the content of the first two meetings has already been described, for example feeding back some of the results from the trawls of administrative data, previous research and the audits of needs and services.

The conferences will also have other functions:

- i) Giving the LPS a high priority: a national speaker, ideally from the Children's Taskforce or the Children's Directorate will be invited to address the first conference

- ii) Reinforcing the evidence base: researchers at Dartington are well qualified to talk about the evidence supporting enhanced prevention activity and to point participants towards other sources of data and explain how individual practitioners can make a difference
- iii) Putting Norfolk in the context of national and international developments: the conferences should be used to win the hearts and minds of people who can motivate others in the County. Dartington will invite an international leader in the area of prevention and connect conference participants to its own international programme of service development
- iv) Providing practical solutions to the challenges of prevention: at each conference, Dartington will organise workshops that provide a variety of ways in which managers and practitioners can take forward aspects of the prevention strategy.

Dartington publications will be available at the three conferences at special rates, for example the overview of research on prevention and practice tool that helps to improve prevention activity. All publications and other outputs arising out of the work in Norfolk will be made available either through a Dartington or Norfolk website.

f) Developing a Strategy and Writing the LPS

Bringing the research and development work together to produce useable outputs for the authority is critical to the venture. As can be seen from the previous discussion, a County Steering Group is seen as an integral to the work. This should comprise:

- i) representatives of the strategic leaders from health, education, social care, youth justice and the police
- ii) representatives of important service providers not captured in a)
- iii) representatives of key consumer groups, or individuals who can represent groups of consumers, or can communicate effectively with this constituency
- iv) an independent out-of-county voice to give a dispassionate perspective on the extent to which the work is delivering the objectives set at the outset of the project
- v) other representatives thought influential in the planning process, for example elected members, local academics and voluntary organisations.

Dartington will work with a co-ordinator from Norfolk to service the steering group. The group will meet monthly for the duration of the project. Dartington will support the Steering Group to produce the primary project deliverables as described below.

g) Training the Players who will Deliver the Strategy

Once a way forward has been agreed by the Steering Group and support is given by the final conference of key players in the County, there will be problems of implementation to overcome. Dartington will provide four days of training for those responsible for delivery and evaluation. This will cover:

- i) definitions, concepts and the national context
- ii) tools to help those resistant to change see that the results of the exercise are 'true for them'
- iii) support networks from authorities in Europe undertaking similar work
- iv) practice tools to improve assessment, management information and planning relevant to the prevention strategy
- v) sources of useful literature and web-based materials.

Optional Elements

Our experience of working in other local authorities would suggest three optional elements that go beyond the scope of the current tender but would increase the likelihood of the work being successful. Each option would require modest additional resources.

- a) Dartington has invested heavily in methods to enhance the dissemination and application of research. It is apparent from our studies that effective dissemination involves communicating the same message using several media, including books, articles, practice tools, web-sites and audio-tapes, and that development exercises also help. Additional investment in the design of information emerging from the work and its effective dissemination will improve the odds of a successful outcome.
- b) Dartington-i is co-ordinating 12 sites in England, Ireland, Spain, the Netherlands and Portugal that meet annually to discuss the use of Dartington practice tools to re-focus children's services and reduce social exclusion by designing, implementing and evaluating new services. It may be helpful for Norfolk to join this programme.
- c) We have good experience of using local authority data to design preventative services that can be used by all children's services agencies. Such a process, executed before the final conference, would have a significant motivating effect on the broader prevention strategy.

PROJECT DELIVERABLES

Good research and development work depends on clear deliverables that meet the needs of the commissioning body. In the context of the Norfolk tender, deliverables can be thought of in three ways: first are the core outputs designed to meet the aims and objectives as set out in the tender document; second is to work in partnership with the Chief Executive and other leaders in the County to anticipate and respond to the changing national agenda; and third are the additional benefits that should follow from the approach proposed by Dartington.

Core Outputs

Five core outputs seem most relevant to the aims and objectives as set out on pages one and two of the core document:

First, it should be possible to prepare a Local Prevention Strategy for the County, to get buy-in from all the key players in the County and to establish a clear implementation plan.

Second, the project will suggest a series of resource-free changes to the process of dealing with referrals for children in need. These should not be pre-judged ahead of the work beginning but typically include a more efficient assessment of new referrals and reducing the amount of duplication in information gathering and, sometimes, in service delivery processes.

Third, it should be expected that the project will suggest at least three straightforward changes in service provision that will lead to increased prevention activity. Again, these outputs should not be pre-judged but typically include reductions in numbers of children looked after, increase in family support and school-based services and more selective use of other acute services. In each case, a clear mechanism for achieving the proposed change will be described alongside pilot and evaluation strategies.

Fourth, work of the kind described above will lead to (a) the design of at least five new preventative services to be delivered by multi-agency groups within existing organisational structures and (b) access to information of other innovations in prevention being tried by other local authorities in Europe. In each case, implementation, pilot and evaluation strategies will accompany the service designs.

Finally, Norfolk requires some mechanism for evaluating the success of the overall strategy. The project will therefore produce ideally one, and, if not, no more than three, performance indicators. Again, the final choice should not be pre-judged but Dartington is currently having some success with two measures: impairment to development and social exclusion respectively. Both measures can be connected to the IRT strategy.

Working in Partnership to Anticipate Future Development

The Green Paper *Every Child Matters* represents the start of a long reform process for Children's Services in England. The work undertaken in this proposal will ensure that Norfolk excels at the stepping-stone work that will be required of local authorities by the Children's Directorate as preparation for the implementation of new legislation. The exact form of this legislation is not fixed. Dartington will work in partnership with leader in the County to (a) ensure that Norfolk is fully appraised of national thinking and developments and (b) experience in Norfolk is fed into the national debate and developments.

Additional Benefits

The proposal includes several methods tried in other research and development work undertaken by Dartington. From experience, we know that additional benefits should follow from the proposed work. These include:

- Documents that give key players in the local authority a clear gateway to evidence about what works, for whom, when and why
- Clear definitions about prevention, early intervention, treatment and social prevention as well as the other concepts (particularly risk, protective factors, need, threshold, service and outcome) critical to effective prevention strategies
- Reasonable quality data on children in need referred to help from all children's services in Norfolk including data on the pattern and severity of need, patterns of service delivery and a rough estimation of outcomes
- Greatly improved inter-agency co-operation in the planning process and participation in the gathering and analysis of data on activity in different parts of children's services
- A clear method to design, implement and evaluate new services designed to reduce impairment to development for Norfolk's children and a strong commitment to make these innovations work
- Better understanding among practitioners and consumers of both the scope and limitations for improvements to services within existing resource constraints
- A higher profile for prevention activity within Norfolk and the identification of Norfolk as a potential leader in innovation in children's services.

COMMITMENT FROM NORFOLK

The project depends on an effective partnership both between Norfolk and Dartington and also between the agencies that comprise children's services with Norfolk. Put simply, the more Norfolk invests in acquiring the expertise that Dartington brings to the project, the greater will be the long-term benefits to children. The more Dartington time taken up in delivering the detail of the Best Practice model, the less time will be available for transferring skills to County personnel. As such, the proposal has built in three forms of contribution that are necessary conditions to achieving all project objectives. These are:

- a) A liaison officer within the County to act as an interface with Dartington
- b) Representatives of health, education, social care, youth justice and police who will be members of the Steering Group and act as points of reference for both Dartington staff and the liaison officer
- c) A Steering Group that can meet monthly, to comprise the above members plus other representatives described in the methods section above.

ADMINISTRATION AND MANAGEMENT OF DARTINGTON'S CONTRIBUTION

Michael Little will have overall responsibility for the work. Louise Morpeth and Yvette Cort will undertake the day-to-day management.

COSTS

Costs for the core elements are £48,500. A reduced cost version of the Best Practice model is being tested in another local authority and could be tried in Norfolk. Essentially, this involves reducing the number of Dartington days at each stage of the project and boosting the local authority contribution.

ETHICS

There are human subject implications for the proposed work and the proposal will be scrutinised by the Warren House Group Ethics Committee that independently scrutinises all Dartington proposals.¹⁰ Since similar work has been undertaken in other local authorities, it should be possible to use existing protocols and no delays to the project schedule are envisaged. Dartington welcomes scrutiny by local ethics committees if that is required by the local authority.

Appendix 1: Dartington Social Research Unit and its Allied Activities

Dartington Social Research Unit is an activity of the Warren House Group at Dartington, a set of activities concerned with research and development in children's services. In addition to the Unit, the group comprises Dartington-i (a service development organisation operating in England, Spain and the US), DeMo (a communication design studio), Centre for Social Policy (for senior or retired researchers and policy-makers), and Warren House Press (a publications enterprise). The Warren House Group is a company limited by guarantee (charitable status is pending). The Unit is based on the Dartington estate in Devon and for many years has been a part of the Dartington Hall Trust, a registered charity.¹¹

Appendix 2: Dartington's Track Record in this Area

The Research Unit was founded 40 years ago and has built up an extensive track record of high quality scientific research applied to policy and practice at the national and local level. Studies have looked at children looked after away from home, young offenders, child protection, special education, children with disabilities, the contribution of social workers to the success of interventions, and the significance of different organisational structures for outcomes. The over-arching objective of the Unit is to achieve demonstrably better outcomes for children in need by applying good evidence to policy and practice. The Unit works across children's services agencies and government departments in the UK and in several European and US states. It has published around

¹⁰ The committee comprises three fellows from the *Centre for Social Policy*.

¹¹ For further information about the group and its activities see www.whg.org.uk.

500 items, including over 40 books, and its work has been used by government officials and senior managers at the local level to change policy in the areas of child protection, family support, youth offending, residential care, foster care and secure accommodation.

In 2001, the Unit launched a sister organisation, Dartington-i, with specific responsibilities to apply the messages from research in a range of practice settings. The work of Dartington-i rests on a series of practice tools that aim to improve assessment, clinical prediction, management information and planning with children's services agencies.¹² This work has led to the creation of 20 new needs-led services aimed at improving outcomes for children in need. Cross-agency working is a pre-requisite of this development work and Dartington-i has worked successfully with health, education, social care, youth justice and police agencies – as well as service-users – in over 50 locations. Given the mix of research and development objectives in the tender, the proposed work will be undertaken jointly by the Research Unit and Dartington-i. Dartington would claim to have the following strengths with regard to this project:

- 1) The Research Unit has been at the forefront of national policy development in this area. Efforts from 1996 onwards to re-focus social services by using family support to better protect children from maltreatment were based on a Department of Health publication prepared by Dartington.¹³ The Unit was responsible for one of the overviews of research that led to the creation of *Sure Start*.¹⁴ This overview set out the theory of prevention (risk and protective mechanisms and so forth), summarised the nature and effectiveness of 20 prevention programmes from different countries dealing with all areas of children's lives, and outlined the principles behind effective prevention in children's services. Some of this thinking is reflected in the requirement for local authorities to develop a Local Preventative Strategy (LPS).¹⁵ Dartington has also undertaken some preliminary research on obstacles to translating such knowledge into effective preventative strategies and how these can be overcome (see section D).
- 2) The Research Unit has an extensive network and is well known not only to the leading researchers in Europe and North America working on aspects of

¹² The tools are as follows: *Matching Needs and Services* (for planning and evaluating needs-led services using qualitative data); *Aggregating Data* (for collecting and analysing quantitative information for management purposes); *Structure, Culture and Outcome* (for improving the management of children's homes); *Paperwork* (for the clinical assessment of children in need); *Prediction* (to help practitioners make accurate diagnoses and prognoses); *Threshold* (for determining the extent of impairment to children's development); and *Going Home?* (for decisions about re-uniting separated children with their families).

¹³ Department of Health (1995) *Child Protection: messages from research*, London, HMSO.

¹⁴ Little, M. and Mount, K. (1999) *Prevention and Early Intervention with Children in Need*, Aldershot, Ashgate.

¹⁵ The Local Preventative Strategy is a coordinated plan in which health, police, youth justice, education and social services agencies set out how services will be re-focused towards prevention. The strategy is aimed at preventing young people from experiencing negative outcomes, both as children and young people and later in their lives as adults. Particular attention should be given to children at risk, for example those excluded from school, running away from home or becoming involved in crime, and so reduce the need for crisis intervention. The plan should state how, at all levels of intervention – universal, targeted, specialist and rehabilitative – support will be provided to improve outcomes. See CYPU (Children and Young Person's Unit) (2002) *Local Preventative Strategy: guidance for local authorities and other local agencies (statutory and non-statutory) providing services to children and young people*, London, CYPU.

prevention in children's services but also to managers and providers of those services.¹⁶ Dartington-i is engaged in the task of re-focusing children's services towards prevention. Part of the work involves bringing agencies together to conduct a multi-agency need audit and to use this information to design and evaluate needs-led, evidence-based services.¹⁷

- 3) The Unit can draw on the resources of another organisation in its parent group, the *Centre for Social Policy*. This comprises 50 fellows recently retired from senior research or policy positions with substantial expertise in this area.¹⁸ They have a wealth of expertise on research, policy and practice in prevention from education, health, social care, youth justice and police perspectives.
- 4) The Research Unit has long history of expertise in identifying outcome measures that can be used by local authorities and agencies to measure their performance with children in need. In the context of prevention, measures of impairment of child development and of social exclusion are most relevant.¹⁹ The Unit is one of a number of organisations working towards more effective methods for the identification, referral and tracking of children at risk.

Appendix 3: Leading Personnel Involved in the Project

The project will be led by **Dr. Michael Little** who will take overall responsibility for the project, write reports and contribute to steering groups meetings and all three conferences. Michael holds professorial appointments at the universities of Exeter and Bath in the UK and Chicago in the US, and is author of 12 books, seven practice tools and over 100 other publications on all aspects of children's services. These include *Prevention and Early Intervention for Children in Need* (Ashgate, 1999) and the overview essay on re-focusing in *Child Protection: messages from research* (HMSO, 1995).

The day-to-day management of the work will be led by **Louise Morpeth** and **Yvette Cort**. Louise has been jointly responsible for a major Department of Health study of patterns of need and service-use among children living in the community and has worked more recently on the development, implementation and evaluation of preventative services designed using the Matching Needs and Services method. She is also researching how the organisation of children's services impacts on outcomes for children. A former Assistant Director of Social Services, **Yvette Cort** is a nationally recognised management consultant and is the founder director of Dartington-i in the UK. Yvette also takes responsibility for projects in Ireland and the Czech Republic.

¹⁶ The Research Unit and Dartington-i have worked with at least half of the local authorities in England and Wales. Most recently these include Devon, Kensington and Chelsea, Islington, Camden, Newcastle, Birmingham and Cardiff.

¹⁷ Little, M., Madge, J., Mount, K., Ryan, M. and Tunnard, J. (1999) *Matching Needs and Services*, 2nd Edition, Dartington, Dartington Academic Press.

¹⁸ The Centre for Social Policy can be contacted via Kay Turner: kturner@whg.org.uk or 01803 862231.

¹⁹ Little, M., Axford, N. and Morpeth, L. (2003) *Threshold: determining the extent of impairment to children's development*, Dartington, Warren House Press.

Professor Roger Bullock, former director of the Research Unit and now based at the *Centre for Social Policy* will provide specialist research advice and make contributions to the steering groups and conferences

Appendix 4: Understanding Prevention

Prevention has been defined as “the promotion of child well-being by enabling children and young people to develop their full potential, and the promotion of family well-being by enabling parents /carers to meet the overall needs of their children and themselves”.²⁰ The Unit understands that prevention and early intervention strategies aimed at realising these goals have several important features.²¹ First, ‘early’ means early in the development of a problem rather than early in the child’s life. So, the work should look at services for all children aged 0-19 years and not just provision for pre-school children. Second, prevention activity involves preventing the development of problems in children’s lives rather than preventing a service. At all levels of service the aim should be preventative – universal, targeted, specialist and rehabilitative. Thus the work should consider a range of services, not just low level family support.

In relation to the last point, distinctions have been made between different types of preventative activity. A well-known classification distinguishes between:²²

- *Primary prevention* – aimed at reducing the number of new cases of a condition in a population, i.e. reduction of the incidence (e.g. prevention of child abuse)
- *Secondary prevention* – aimed at reducing the prevalence of conditions by shortening their duration or diminishing their impact through early detection and prompt and effective intervention
- *Tertiary prevention* – aimed at reducing impairments and disabilities, minimising the suffering caused by existing impaired health and development, and promoting the child’s and parents’ adjustment to conditions that cannot be ameliorated

In *Prevention and Early Intervention with Children in Need*, the Unit uses the terms:²³

- *Prevention* – activity to stop a social or psychological problem occurring
- *Early intervention* – aimed at stopping those at highest risk of developing social or psychological problems, or those who show first signs of difficulty from displaying long or serious symptoms
- *Treatment* – efforts to remedy a difficulty that is already somewhat serious
- *Social prevention* – activity to prevent those who already have a problem from giving it to other

²⁰ CYPU (2003) *Local Preventative Strategy: guidance for local authorities and other local agencies (statutory and non-statutory) providing services to children and young people*, London, CYPU.

²¹ Taken from pages 48-49 of Little, M. and Mount, K. (1999) *Prevention and Early Intervention with Children in Need*, Aldershot, Ashgate.

²² Hall, D. M. B. and Elliman, D. (2003) *Health for All Children*, 4th Edition, Oxford, Oxford University Press.

²³ Little, M. and Mount, K. (1999) *op. cit.*

Appendix 6: Timetable for the Seven Elements of Work

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9
A. Agreeing Definitions and Concepts									
B. Examining Existing Administrative and Financial Data									
C. Review of Research, Audit and Inspection of Preventative Services									
D. Audit of Need and Service Provision									
E. Conferences and Reporting									
F. Developing a Strategy and Writing the LPS									
G. Training									