

## **Guest Editorial**

Welcome to the Winter 2008 edition of *Research, Policy and Planning*, providing an Anglo-Welsh theme to research into the effectiveness of services for vulnerable children and their families. The four articles and the short report have opened my eyes to the treasure trove of knowledge, ideas and opportunities for improvement which robust research provides us. I am also struck by how child centred research can cross the boundary between child and adult services and, in an environment of increasing divergence between the policy agendas in England and Wales, a timely reminder that research also crosses this boundary and we can continue to learn from each other's experiences.

Working with people during traumatic periods in their lives and enabling them to find resolution is fundamental to social work. Emily Warren and colleagues explore a pilot programme for family dispute resolution. The four areas addressed make this important reading for all professionals because we recognise how difficult it can be to engage with people when automatic trust is not present and how positive the outcomes are when it works. We also know how, as professionals, we make assumptions and forget how often these prove to be flawed but can have serious consequences. The inherent tensions involved in trying to achieve a balance between enablement and enforcement is another day to day challenge with possibly the most challenging aspect of the role actually getting the views of the child, or indeed those of any vulnerable person, when others deny access.

Darrell Fox follows with an article concerning Family Group Conferencing with particular reference to restorative justice. Family Group Conferencing has many of the challenges explored in the previous article with the tension between enablement and enforcement being more evident. Today we are expected, quite rightly, to deliver our practice and interventions in ways that have been tested and are supported by evidence. Within social work this has proved difficult to achieve and Fox argues that research will not provide all the answers to practice questions and that we need to develop an approach which is evidence informed and knowledge based. This is not an insignificant challenge in its own right and, as Fox concludes, we in public services must continue working in the absence of good quality empirical research but at the same time continue to learn from practice and experience.

Clive Downs builds upon the theme that it is our responsibility to base policy on the evidence of effectiveness of the services we provide by exploring the world of data analysis. His article on the educational attainment of children in care re-introduced me to event history analysis and reminded me of the power of statistical tools in enabling customer-focused planning and service delivery. It re-enforces the need for, and the power of, robust knowledge in order to inform both policy and practice. Clive challenges us to learn from the approaches and tools used by others and to discard our comfort blanket that it is simply too difficult to achieve this in social care because of the complexity of the world in which we believe we operate.

In her exploration of the nature and availability of child level data on children in need for use by practitioners and managers, Samantha McDermid contributes to the current debate the role and impact of recording data on the time available to practitioners to work directly with children and their families. As a Director, I found it very helpful to be reminded that data collection is about guiding key social care processes and not about keeping practitioners from service users. However, in order to achieve this, social workers must be enabled to make the link between the data they are recording to their own practice and service provision. Furthermore, her message that the most effective data gathering is found where both

practitioners and managers develop a learning culture, in which the ability and willingness to use data to inform practice and planning are encouraged, is one that we need to take on board by accepting that it is our responsibility to ensure that our organisational cultures support colleagues in achieving this.

In her short report, Jane Held provides a position statement on the progress to date on the “Narrowing the Gap” project concerning the life chances of vulnerable children and their peers, together with details of the next steps for the project to June 2009. Jane provides the reader with a fitting climax to this edition as making a significant difference to the outcomes for vulnerable and excluded children has been a theme throughout all the articles and helps us all keep the faith with *Every Child Matters* in England and *Rights to Action* in Wales.

Finally, this edition contains reviews on six books. Having read through all the articles I am particularly interested in exploring further the role of research in ‘Using Evidence: How Research can Inform Public Services’.

*Research Policy and Planning*, the Journal of the Social Services Research Group, provides a truly valuable resource thanks to the subscriptions to the journal by a mainly local authority membership together with the articles and reports contributed by their staff, service users and academic researchers. I hope that you enjoy this issue and that you, like me, are signed up to *Research Policy and Planning*, the Journal that speaks for and about social care and social work.

**Jon Skone**

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## I'll (not) see you in court: family dispute resolution in North Wales

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### Abstract

*This paper draws on a qualitative evaluation of the CAF/CASS Cymru's Family Dispute Resolution Pilot Programme (FDRP) in North Wales. The FDRP was developed as a child centred intervention aimed at resolving disputes involving children, without recourse to the courts. The evaluation comprised postal questionnaires for parents and qualitative interviews with a sample of parents, children and professionals engaging with the programme. Overall, both professionals and families were very positive about the programme. However, while valuing the FDRP child centred imperative, some parents found it (a) difficult to relinquish their attachment to personal grievances with the other parent and (b) less empowering. Also, while the programme was founded on the principle of agreement, for many of the interviewees issues of enforcement were also important. That is, some professionals argued that an element of compulsion was needed for parents to engage in the FDRP process and comply with agreed outcomes. Likewise, some parents said they wanted continued CAF/CASS Cymru input to ensure that the agreed arrangements were observed. In conclusion, while both professionals and parents were highly supportive of the programme, they highlighted issues which have resource implications for an already resource heavy service.*

**Keywords:** Children, family, dispute, resolution

### Introduction

Divorce and/or separation mean both psychological and practical adjustment for parents, especially where children are involved (Hetherington, 2003; Kelly & Emery, 2003). Moreover, in approximately 10% of cases, separated parents require court assistance when making arrangements for child contact (Blackwell & Dawe, 2003). However, the role of the courts in resolving family disputes has been widely debated. First, research suggests that resolution through the courts involves too many assumptions; for example an assumption that all children benefit from contact or enforced contact with non-resident parents (Fortin *et al.*, 2006). Second, and related to this, the voice of the child within this process is rarely audible. Third, the litigation process is criticised because it enhances conflict by "formalizing a contest

between the disputants" (McWhinney, 1988, p.33).

It has been argued that children do not want their estranged parents to engage in conflict (Warshak & Santrock, 1983; McIntosh, 2003) and that ongoing conflict between separated parents impacts negatively upon the children (Cummings & Davies, 1994; Stevenson & Black, 1995; Rodgers & Pryor, 1998). While several factors increase the likelihood of psychological risk to children - including: the manner and cause of parental separation; parental adjustment; and the financial and emotional resources available (Kelly & Emery, 2003) - it is involvement in, or exposure to, conflict between parents that arguably causes the children most harm (Davies & Cummings, 1994; Hetherington, 1999). Moreover, levels of distress experienced by separating parents may result in their inability to provide the

necessary support and reassurance to their children (Rodgers & Pryor, 1998). While children whose parents divorce without conflict are less likely to be affected by the separation (Hetherington, 1999; Hetherington & Stanley-Hagan, 1999), even highly resilient children report feelings of significant and enduring 'pain' due to their parents divorce (Laumann-Billings & Emery, 2000; Richards & Stark, 2000; Emery, 2004). Despite this, few children receive formal support during this difficult period, and those most in need of support appear to be the least likely to access assistance (Highet & Jamieson, 2007). Growing concern about the detrimental effect of parental conflict upon children has led to increased interest in alternative methods of dispute resolution that are less adversarial.

Mediation constitutes an 'alternative dispute resolution' (ADR) to adjudication, which is inherently different from negotiation and arbitration (Mantle & Critchley, 2004; Mantle *et al.*, 2006). While negotiation and arbitration respectively involve dispute resolution between two parties (negotiation) and the additional involvement of a third party (arbitration) who decides a formal and fixed outcome, mediation involves assisting parties to determine a settlement which is neither inflexible nor beyond negotiation (Mantle *et al.*, 2006). Mediation is recommended for the resolution of family disputes because of several perceived advantages (Committee of Ministers to Member States on Family Mediation, 1998; Department for Constitutional Affairs *et al.*, 2004; Department for Constitutional Affairs *et al.*, 2005). These include pre-court settlements, reduced costs, increased speed, better compliance, party satisfaction and improved relationships between non-residential parents and children, as well as between divorced parents (Emery *et al.* 2005). It has been argued, however, that mediation may undermine the essential roles of the judicial route (Mantle *et al.*, 2006), agreements may not be achieved or upheld

over time (Mantle, 2001a), and problems may be associated with the practice of seeking help from unfamiliar people and face-to-face meetings with ex-partners (Parkinson, 1997). Moreover, mediation systems are found 'wanting' because professionals still tend to ascertain children's wishes and feelings via their parents, and the views of children which deviate from the expected norm (by not wishing to maintain contact with both parents, for example) may be ignored (O'Quigley, 2000). One of the most difficult aspects for children undergoing parental divorce or separation is a lack of control over their lives. As Smart (2002, p.308) points out, although keeping 'children in the dark' regarding a divorce or separation may be undertaken for the best of motives by parents, it is unlikely to be a sensible option if children's wishes are to be heard and incorporated within the decision-making processes.

The United Nations Convention on the Rights of the Child (1989) recognises children's capability to form their own views, and their rights to express these in all matters affecting them (Mantle *et al.*, 2006, p.501). Moreover, children themselves may wish to be more involved in those decisions that are central to their lives (Buchanan *et al.*, 2002). Despite this, and the emphasis in the Children Act 1989 that the wishes and feelings of children should be ascertained at times of family dispute, relatively little has been implemented in order to assist mediation practitioners to achieve such a goal (Smart, 2002). Following divorce or separation, most parents decide their own arrangements in respect of who the child will reside with, contact, and other relevant issues (Department for Constitutional Affairs *et al.*, 2004). This is problematic because it is arguable that during the early stages of separation, parents' ability to communicate and make sensible objective decisions and arrangements may be impaired (Cockett & Tripp, 1994; Lord

Chancellor's Department, 1995; Mantle 2001b).

While, in dispute resolution, the voice of the child via a third party is advocated, this aspect of practice is not well developed (Warshak, 2003). Assumptions are often made regarding the child's ability based on chronological age (Mantle *et al.*, 2006). Moreover, in order to contribute to decisions in a meaningful way, children may require information, support and encouragement to be their own advocate or have appropriate representation (Bradshaw *et al.*, 2005). Additional concerns arise because obtaining the wishes and views of children can become tokenistic rather than creating an open and genuine exchange of information, confusing what children actually say with what is in their best interests (Warshak, 2003). Hence, children may not be allowed to think, express themselves or change their minds (Smart, 2002).

In 2001, mediation services previously provided by the Probation Service (via Family Court Welfare) were continued under the auspices of the Children and Family Court Advisory and Support Service (CAFCASS). Although this continuity was encouraging for advocates of mediation, it was acknowledged that there would always be cases of family dispute where the process of pre-court mediation was not feasible (Parkinson, 1997). Nevertheless, the government's aim was to give more encouragement to parties to avoid court-imposed decisions and to engage in mediation, but without mediation becoming a compulsory process (Department for Constitutional Affairs *et al.*, 2004).

While there is little research in out-of-court dispute resolution programmes, a recent study suggested that parents in a low judicial control (CAFCASS Cymru FDRP) area reported the highest levels of agreement compared to those in a high judicial control area (Trinder *et al.*, 2006a).

Trinder's evaluation of a Family Resolutions pilot scheme in England, while reporting low uptake and a high dropout rate, indicated that parents who completed the scheme were more likely to report improved parental relationships than (a) those who did not complete and (b) those attending in-court conciliation only (Trinder *et al.*, 2006b).

This paper draws upon the qualitative data from an independent evaluation of a CAFCASS Cymru Family Dispute Resolution pilot programme (FDRP) carried out by the Social Inclusion Research Unit, Wrexham (Buchanan *et al.*, 2007) to explore the FDRP process and the perceptions of professionals, parents and children involved in the scheme.

### **The CAFCASS Cymru FDRP**

The CAFCASS Cymru Family Dispute Resolution pilot programme (FDRP) was implemented in January 2006 in North Wales (Llanelli and Caernarfon Courts). It was developed as a child centred intervention aimed at resolving disputes involving children, without recourse to the courts, and was initiated prior to the Directions Hearing appointment following an application to court. The FDRP was available for a wide range of disputes in respect of children, including contact, residence, holiday arrangements and change of name. The programme involved an initial risk assessment, and cases where domestic violence or substance abuse were known to be present were deemed unsuitable for inclusion. Where cases were deemed suitable, information about the programme was sent to parents and a first meeting arranged. Parents attended four sessions in total. The first of these provided information regarding the impact of separation on children and focused on improving parents' listening and communication skills. The second session encouraged parents to explore problem-solving strategies in relation to disputes concerning their

child/children. In the third session, the Family Court advisor met separately with the children to ascertain their views and feelings, and the final session involved working with the parents to formulate an agreement which incorporated the child/children's wishes. Where agreement between the parents was reached, a short report was presented to the court and appropriate orders made at the directions hearing. Where no agreement was reached, the report defined outstanding issues and made recommendations to the court.

## Methods

The evaluation of the FDRP, on which this paper draws, focused upon the levels and patterns of programme progress towards identified goals and, in particular, how the programme was perceived by those involved as service providers and service users.

CAFCASS Cymru data were collected on all referrals to the programme for the 17 month period following implementation. Following this, a short bilingual (English/Welsh) postal questionnaire was sent, by CAFCASS Cymru staff on behalf of the research team, to all parents participating in the pilot programme (n=87). This questionnaire aimed to assess initial perceived levels of satisfaction with the scheme (through both closed and open-ended questions) and to recruit parents and children (aged between 7 and 14 years) for follow up, in-depth, semi-structured interviews. A bilingual interviewer, suitably qualified and experienced in engaging with children, carried out the interviews with children. Qualitative interviews were also held with a range of individuals from the full range of organisations involved in setting up, delivering and referring to the programme. Where respondents were unable (because of inconvenience) to participate in the face-to-face interview, they were offered interviews by telephone or e-mail questionnaire. In addition, all

solicitors associated with the FDRP were sent letters inviting them to a focus group or alternatively invited to complete a short online questionnaire by following a web link.

Of the 87 parents participating in the pilot, 46 (22 males and 24 females) returned the completed questionnaires. Of the returned questionnaires, applicants (the person who made the application to court to bring the dispute to the attention of a judge) were predominantly male (19 out of 24 applicants), while respondents (the person who has to respond to the court application) were predominantly female (18 out of 20 respondents). Two parents did not specify whether they were a respondent or an applicant. Of the 46 parents who responded, 8 participants completed the questionnaire in Welsh.

In the returned questionnaire, 25 parents indicated a willingness to be interviewed. A total of 14 parents (7 women and 7 men) were interviewed (12 face-to-face, 1 e-mail, 1 telephone), of whom 8 were applicants and 6 respondents. Of the 11 other parents who responded, some were excluded if both parties had sought interviews (to avoid potential conflict), others were unavailable for various reasons or declined interview at a later date. Three of the 14 interviews were conducted in Welsh. Seven out of the 46 parents who completed the questionnaire agreed for their children to be interviewed. Children were not interviewed where the only parent consenting to their participation in the study did not have custody. As a result, 4 informal semi-structured interviews were conducted with children aged between 8 and 12 years who themselves had also consented to take part. The 4 children comprised 3 boys and 1 girl, and all were interviewed in English.

All professionals who were invited (by letter/e-mail) to take part in the study agreed to participate and were interviewed. This included: 1 Circuit Judge; 1 District Judge;

2 Court Managers; 1 CAF/CASS Cymru Project Manager; 3 CAF/CASS Cymru Managers; 2 CAF/CASS Cymru FDRP Practitioners; and 2 CAF/CASS Cymru Administrators. A total of 8 solicitors took part in the study (7 were involved in the focus group while 1 solicitor used the web link to complete the online questionnaire). In total, 20 professionals participated in the research.

All interviews were digitally recorded and transcribed verbatim. Transcripts were read and reread by the research team (authors). Analysis was informed by grounded theory, a constant comparative approach, whereby emergent themes were tested against the data set and refined accordingly. Coding reliability was achieved through independent examination of the data by members of the research team.

The study was approved by the Glyndŵr University Research Ethics Committee and all requirements of professional ethical practice (BSA and BPS) were observed. All research protocols (information sheets, letters and research tools) were available in Welsh and English and interviews were conducted in English or Welsh depending upon interviewee preference. All interviewees were allocated an identifier, the first letter of which represents the participant group: P (professional), PQ (parent questionnaire), U (parent user), and C (child), each followed by a digit (1-50) representing the individual identifier.

## **Findings**

At the time of the evaluation, 53 families had completed the FDR programme, involving a total of 73 children. Of these families, 34 had successfully reached an agreement or resolution. Overall, the FDR programme was perceived positively by both professionals involved with the scheme and users of it. This notwithstanding, the thematic analysis identified two areas of tension apparent in the programme

discussed below under the headings of 'empowerment versus enforcement' and 'child centred versus parent centred'. While these themes overlap, they are presented separately below for purposes of clarity.

### **Empowerment versus enforcement**

All professionals we talked to described how the FDRP empowered parents "to manage their lives and their children's lives" (P11), and enabled them to make informed choices about "the way they wanted to go" (P3). The programme was perceived by professionals as empowering in that it facilitated resolution by the parties involved, rather than carrying out assessment and imposing a resolution upon them. In the words of one interviewee:

*I think that the parents should be solving the problems through discussion. I do not think that the court is the place to discuss these kinds of problems. (P1)*

Parents said that the programme enabled them to talk to ex-partners: that it "gave us both the chance to air our opinions" (PQ26) and suggested "alternative ideas about communication between myself and ex" (PQ40). One claimed the FDRP also made it possible to "discuss things with my ex without the arguing and point scoring" (PQ6) and another felt it would make it easier to "talk to one another again in the future" (U12). This came as a surprise to some parents who initially "didn't think it would [work], because whenever I spoke to her, her responses were categorically 'no'" (U2).

Not all parents, however, felt equally empowered by the programme. The extent to which parents' perceived the programme to be empowering depended in part upon their role as either applicant or respondent in the dispute resolution process. Applicants generally described the process as more empowering than respondents, because it was they who had initiated the process and

often stood to gain most from it. Hence, in praising the programme, PQ24 said “I got my daughter back”, and applicant PQ22, described how:

*starting the programme made the [other parent] start allowing me to see the children again after four months of unexplained stopping of contact.*

Some respondents felt that, because they had not instigated the process, they were powerless in a process which was described as “forced on us” (PQ45). Others, described CAFCASS Cymru workers as biased in favour of the applicant, giving the voice of the ‘other’ more weight: “I felt that one member of staff had taken sides before the discussion began” (PQ29), and “they went through what [the other parent] wanted, and it was as if I didn’t matter” (U9). Indeed this perception of powerlessness was most apparent where respondents felt obliged to acquiesce to the others’ wishes:

*I felt intimidated because I had to do what I had not intended to do. I had to give in because my ex-partner was not prepared to give in. (PQ19)*

At the extreme, some respondents felt manipulated by the other, who “told lies” and made them feel “threatened”, “worried and frightened” (U12), and one said, “I felt that my ex was again controlling me [and] enjoying the fact” (U11).

Notwithstanding respondent concerns, generally it was acknowledged by most parents that the CAFCASS workers played an important role in providing an “independent and impartial voice” (PQ34) which served to temper or dampen the high emotions of programme participants. Parents reported on the tempering affect of an ‘other’s’ presence:

*It just felt more under pressure to have a third party there really because we are human and people say things that annoy*

*you. When there’s a third party there who you don’t really know you tend to just like brush things over rather than stand up and shout about it. (U3)*

Professionals also argued that the CAFCASS workers had “the training, they have the skill” (P18) to support and guide so that “parents themselves can come up with a solution” (P11).

While empowerment was perceived as central to the FDRP, enforcement was raised as an issue by both professionals and users, particularly in respect of two programme stages. The first stage was the point of participation. Hence, professionals talked about the need for “a little bit more compulsion on parents” (P16) and described their reliance on “getting people to attend appointments” (P11). Some interviewees, like P2, suggested that an appointment with the Court at the outset might serve to improve compliance because:

*the Judge could say “we support your involvement with CAFCASS but you need to co-operate with them” [or] “if you don’t do this, then that could happen”.*

However, for some professionals this contradicted the fundamental ethos of the programme. P4, for example, noted that while there was an argument for putting parents in front of a judge in order, “to give the scheme more ‘clout’ in the eyes of parents”:

*the objective of the scheme is to stop parents stepping foot in court and so to take the adversarial elements out of the experience it’s better for participants to be diverted away from court. (P4)*

The second issue associated with enforcement, raised by programme users, was in relation to adherence to the agreement. Applicant U4, who claimed that his/her partner had not honoured the agreement reached, said “I think the

enforcement part could have been a bit stronger". Similarly U5, said:

*because it had been done between ourselves without someone forcing it on us which made sense, we both agreed that it was ok. But a week later [s/he] didn't turn up at the leisure centre, as [s/he] was supposed to, to drop the kids.* (U5)

These concerns informed a preference expressed by many parents for continued CAFCASS Cymru involvement, post programme, in order to "follow it up and enforce it a bit more" (U5). The professionals we talked to, while aware of parent preferences for a series of post-agreement meetings, were clear that this would defeat the object of the programme which was to pass control and responsibility back to the parents:

*I guess the danger of that is you're going to lead into a whole new series of appointments. Some parents might then become dependent on the process rather than to resolve their disputes and that's not the aim, it's to empower them.* (P11)

### **Child centred versus parent centred**

The professionals we talked to emphasised the importance of empowering children who, it was argued, "have a view about what is happening in their lives" (P12) and the right to "get their voices heard". Professionals also talked about the detrimental effect which acrimonious disputes have upon those involved, highlighting how "animosity that is often felt between ex-partners ... impacts on their children" (P4). Professionals clearly felt that children's experiences of parental separation were improved when arrangements for children were agreed "not in the usual adversarial way" (P9), and that the negative effects of separation could be lessened when cases were "resolved quickly and by agreement" (P18). Hence, to reiterate,

professionals strongly supported the imperative of "prevent[ing] parents going through the court system" (P10):

*what happens, I think and sadly, is once you reach the Court, the term "I'll see you in Court" kind of nonsense comes. [The FDRP] opens the communication between parents. You know parents which are sometimes really entrenched. At least it forces them to have to do it; have to consider what is in the children's best interest.* (P14)

*The main reason why I support the scheme is that it makes parents realise very quickly the responsibilities they have to their children and the responsibilities they have to co-operate in order to resolve the problems.* (P2)

Apart from instances where it was deemed inappropriate (for example, in the case of very young children) professionals were highly positive about children's involvement in the dispute resolution process. They felt that most children were "acutely aware of what's going on between parents" (P9), and should be involved in the process rather than 'protected' or excluded from it. The majority of parents, whose children had been involved, appeared happy that the FDRP had "taken into consideration" (PQ25) children's "wishes" and "views" (PQ16). Parents claimed that it brought the "most important person into the agreement" (U2), and helped them see things "from the child's point of view" (U7). Notwithstanding parents' general approval for children to be involved, most like U11 were very protective, "I think it's probably instinctive with any parent, not wanting to put a child through a process like this". However, it was the opinion of the professionals generally that children were "not as frail and emotional as we think" (P1) and that "CAFCASS are experienced enough to interview the children" (P18).

While parents claimed to have initial anxiety surrounding children's involvement, in retrospect they acknowledged "it was good for [him/her] to be able to talk to someone else he needed to get things off [his/her] chest" (U6). Parents described the CAFCASS Cymru meeting places as child-friendly contexts, having, "a relaxing atmosphere [with] toys to play with" (U5) and providing "a safe environment in which to contribute" (P11). They also described the FDRP process as flexible regarding appointments and venues, making it "easier for the children to attend" (P3). Their concern was also alleviated upon recognising the expertise of the CAFCASS Cymru practitioners:

*[s/he] was perfectly comfortable. The lady was trained in such a way that my daughter just fell in love with her from the first meeting and she still talks about her.* (U3)

All 4 children interviewed appeared happy to have been involved in the process. Two said that, while they were initially "a bit nervous" about participating, they had wanted to take part and had "felt ok" (C3) about the experience once they were there. All 4 said that the FDRP had been explained clearly to them by both their parents and the CAFCASS Cymru workers whom they described as "friendly and nice" (C3) and "I felt comfortable talking to her" (C1). All 4 children appeared happy with the venue, although not always certain what to expect beforehand:

*I thought it would be a white room with a table like a doctor's place. It was a big room with seats and things to do and games to play with and drinks and biscuits.* (C1)

Children described the meeting as fun "because we did drawing and games whilst we talked" (C2) and as "a nice place to go" (C4). While one child said that initially s/he had been "worried about what mum and dad

might say and it might upset someone", the CAFCASS Cymru worker had been reassuring, and in the eventuality "it was ok" (C3). The children also said that they appreciated the opportunity "to talk to someone outside the family" (C2), and be part of the decision-making process, "[I] decided to do that ... [I was] able to say what [I] wanted" (C4). The few children we spoke to appeared pleased with the outcome, describing it as "ok and things are ok now" (C4), and "so far everything is going ok" (C2).

One concern expressed by a minority of parents was the opportunity to abuse the system by using children to promote an adult's desired outcome. P9, for example, suggested that a parent might be tempted to "use the child ... especially, for example if the parent had run off with someone else". Parents unwilling to let their children participate expressed concern that children might feel pressurised to say what they felt one or other parent wanted them to say. For example, they might say:

*"I like to be with my daddy" when daddy's there and say, "I like to be with my mummy" when mummy's there.* (U8)

## Discussion

It is acknowledged that the research on which this paper draws comprised a small scale qualitative study focusing upon a single intervention. Notwithstanding this, the in-depth nature of the inquiry did afford valuable insights into key issues as perceived by programme stakeholders.

In this study, it has not been possible to explore why some parents did not respond to the questionnaires. That said, we feel the evaluation does not merely reflect the perceptions of those parents with wholly positive experiences of the programme, in that variation in parent responses to the programme was evident. We also acknowledge that the views of children are

under-represented in the evaluation and note that, in this matter, we were wholly reliant upon parental consent. Unfortunately, we cannot know whether the children who were not interviewed as part of the evaluation had the same positive experiences of the programme as those that were.

Parents as well as professionals were overwhelmingly positive about the child centred aims and ethos of the FDR programme. This response was maintained even where parents appeared less satisfied personally with the way the programme was delivered and/or its outcomes. For the most part, parents most positive about the programme process and outcomes were applicants, while those most critical were respondents. This is perhaps understandable given that it is the applicant, as the parent who initiates the programme, who in raising an issue which they have been unable to resolve has most to gain from the process. In contrast, the responding parent, who may be resisting the wishes of the other, may perceive themselves as having the most to 'lose' from the process. This finding supports the findings of Trinder *et al.* (2006a) who noted that satisfaction with the arrangements differed between resident and non-resident parents.

Likewise, in this evaluation, responding parents were more likely to claim that the process (and in some instances the CAFCASS workers) was biased by either 'siding with' the applicant and/or by not acknowledging aspects of the previous relationship between the participants. Some parents found the expectation to 'step aside' from painful and sometimes unfair experiences with their ex-partner very difficult and were frustrated by insufficient time given in the FDRP to ascertaining longstanding relationship problems. In this respect, responding parents highlighted aspects of the other's past 'reprehensible' attitudes/behaviours and/or longstanding relationship power imbalances which operated in the other's favour.

Reticence among some parents to relinquish their understanding of the dispute as a contest in which one parent's gain constituted the other's loss lies at the heart of the FDR challenge. Moreover, it informs the reason why professionals involved in the programme do not engage with participants' past rivalries and disputes. Indeed, were this not so, the imperative of encouraging parents to work together to protect the rights and needs of their children would be forfeited in favour of a process which assisted parents' fight for individual rights. While the position of professionals in this respect is understandable, it has been argued that successful intervention often relies upon optimising the balance of interests between parties, and dealing with their anxieties (Parkinson, 1997; Walker *et al.*, 2004).

Despite outcome related concerns expressed by some (usually responding) parents, most parents credited the FDRP with facilitating improved communication with ex-partners. This they attributed to the child centred focus of the scheme which, in promoting the needs and rights of the children, helped to shift their priorities away from settling (often) longstanding scores with the other parent. In order to achieve this shift, the programme allowed parents to resolve arrangements in a constructive manner, in which communication and compromise were recognised as the way forward. The education of parents in matters of dispute resolution may not only help to resolve issues currently in dispute but also equip parents better to resolve future disagreements about the children.

Despite general agreement that the FDRP was underpinned by the concept of empowerment, for many of the interviewees issues of enforcement were also important. That is, while professionals clearly perceived agreement between parents as preferable to a court ruling, some felt that an element of compulsion was needed for parents to engage in the FDRP process and

comply with agreed outcomes. Likewise, upon reaching an agreement which they found satisfactory, parents said they wanted continued CAFCASS Cymru input to ensure that the agreed arrangements were observed. Because enforcement does not sit comfortably with the concept of empowerment, which underpins the programme, this issue is one of continuing dispute and discussion among those delivering the programme.

That parents were positive about the FDRP and (some) wanted increased/longer term input from CAFCASS Cymru is testament to their support for the programme and its objectives. Equally, enthusiasm from professionals and, ironically, in some cases, their preference for greater enforcement powers indicates they are also 'signed up' to this dispute resolution approach.

Overall, the findings support those of previous studies which highlight advantages of dispute resolution which is reached outside of court (Trinder *et al.*, 2006a). However, professionals in our study reinforced the point made by Mantle *et al.* (2006) that, the importance of mediation notwithstanding, it is crucial that the role of the judicial route as a means of conflict resolution in some cases is not undermined. It is also noted that some parents found the process challenging, particularly because it involved face-to-face liaison with an ex-partner (see Parkinson, 1997). It is important, therefore, that the process is clearly explained to parents and their anxieties allayed as much as possible before the process commences. However, what particularly distinguishes this model of dispute resolution from others is the centrality (and involvement) of the child. Our findings suggest that it is this aspect of the service which assists parents in putting aside partnership grievances in order to reach a workable solution.

On a practical level, rolling out the programme will have considerable resource

implications. The FDRP is resource heavy in terms of the administrative processes (for example the filtering out of inappropriate cases) and the level of input required from trained and experienced workers. Moreover, if the service was to provide continued input with parents after the resolution outcome, this would add to the financial burden. In addition, while recognising the necessity of providing a bilingual service which enables participants to engage with the programme in their first language, this put considerable pressure on the programme which was unable, due to resources, to meet every demand for the service in Welsh. If the language facility is offered to different black and minority ethnic groups, this will put further strain upon existing resources.

Finally, while the evaluation on which this paper draws is able to identify short term benefits of the programme, longitudinal evaluation is required to capture longer term and unanticipated outcomes which emerge at a later date. Such further study might usefully incorporate quantitative appraisal of programme outputs.

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## Family Group Conferencing and evidence-based practice: what works?

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### Abstract

*Family Group Conferencing is an established method of intervention in criminal justice and social work in the UK and abroad. Describing briefly restorative justice, Family Group Conferencing and the evidence for effective interventions, this article examines relevant research and literature and explores disparities in the knowledge base regarding Family Group Conferencing and the 'what works' agenda. The paper highlights the limited empirical research undertaken to evaluate Family Group Conferencing, particularly where focused on vulnerable young people and especially where there are child welfare and youth justice concerns.*

**Keywords:** Family Group Conference, evidence-based practice, restorative justice

### Introduction

As a method of intervention restorative justice is strongly rooted in social work and criminal justice in the UK and abroad (Miers, 2001; Brown, 2003; Mirsky, 2003). Restorative justice interventions include a plethora of practice models. However, despite their popularity, relatively little empirical research is available to support their widespread use and claims of success (Connolly, 2006). This article reviews the literature and explores some of the conflicting messages that recent research has raised, especially regarding one particular intervention with young people - Family Group Conferencing. Restorative justice is not a new phenomenon and has a long history in the guise of various communitarian problem-solving practices (Llewellyn & Hoebel, 1941; Van Ness, 1986; Braithwaite, 1998; Graef, 2000). Restorative justice is now seen by many as an umbrella term for multiple interventions, including Family Group Conferences (FGC), which were initially based on traditional 'First Nation' values and practices (Crawford & Newburn, 2003). McCold and Wachtel (2003) offer a valuable typology that defines which model

of restorative justice is the most effective in terms of meeting the diverse needs of those participating in the event. They offer a 'process continuum' regarding the degree to which an intervention is restorative, with FGC seen as one of the most effective modes of delivering restorative justice as it is considered capable of meeting the needs of multiple stakeholders involved in the process.

Family Group Conferencing is a "decision making and planning process whereby the wider family group makes plans and decisions for children and young people who have been identified either by the family or by service providers as being in need of a plan that will safeguard and promote their welfare" (Family Rights Group, 2004). The planning process and involvement in the decision making can be adapted to include extended family, friends and community members (Mirsky, 2003).

A review of key literature highlights the current popularity of FGC and describes its implementation across a number of professional fields including mental health, social services, youth justice, education and employment (Harris, 1998; McCold, 1999;

Mirsky, 2003). Concomitantly, the aims of FGC are varied (and potentially in conflict), from providing a holistic, problem solving and power devolving intervention in which all participants have their needs met, to meeting the procedural aims of the criminal justice and welfare systems in terms of addressing recidivism, rehabilitation, protection, assessment and planning (Morris & Shepherd, 2000; Leadbetter, 2002; Harris, 2003). The focus and outcomes of FGC interventions highlight accountability, responsibility and a shared commitment to protecting or assisting a child or young person (Dignan, 1999; Utting & Vennard, 2000; Home Office, 2003).

Implementation, process and outcomes have been identified as three main areas of continuing interest that require further exploration by FGC researchers, such as Merkel-Holguin *et al.* (2003), who suggest that FGC remains an intervention that is underdeveloped in many instances. Process is often seen in terms of the positive response of families to the decision making process. However, the engagement of the young people who are the focus of the conference may be variable. Outcomes are often seen in terms of providing adequate family plans to ensure child safety (Brown, 2003; Merkel-Holguin *et al.*, 2003). FGCs are typically judged on their outcomes by the statutory agencies, funding bodies and professional participants. This potentially suppresses the experiences and perceptions of lay participants to the conference process, and this continues to offer something of a challenge in seeking to identify 'what works' in the FGC intervention (Simmonds *et al.*, 1998; Smith & Hennessy, 1998; Miers, 2001; Home Office, 2003; Glasby *et al.*, 2007).

### **Evidence-based practice**

The evidence-based practice (EBP) debate is complex and ongoing. Essentially, evidence-based practice seeks to promote change and development, underpinned by

research evidence and a theoretical knowledge base, to establish what interventions are successful in a particular professional field. It can be defined very simply as treatment (or intervention) based on the best available science or research evidence that establishes what does and what does not work within certain parameters and, in addition, addresses the area of cost effectiveness (Department of Health, 1997; McNeece & Thyer, 2004; Walter *et al.*, 2004). However, this is far from simple to achieve, especially in the area of social sciences where a number of contentious issues arise around what constitutes valid evidence (for example does service user data or input rank less highly as legitimate evidence than a more formal research approach such as a systematic review of other studies?) and just how much evidence is required to inform a particular practice or policy (see Trinder & Reynolds, 2000; Glasby *et al.*, 2007). Notions of a hierarchy of methods and evidence which posit systematic reviews and meta analyses as the pinnacle of reliability (see McNeece & Thyer, 2004), and which view qualitative studies as the least reliable, invite much critical debate (see also Marsh *et al.*, 2005; Denvall, 2008). Indeed, there are those (see Sempik *et al.*, 2007) who assert that the classic scientific experiment and systematic review can be the least useful to practitioners and that rich qualitative insights into the lives and needs of service users are far more useful. This debate is explored in detail elsewhere (see May, 1997; Sackett *et al.*, 1997; Sarantakos, 2005; Sempik, *et al.*, 2007) but is noted here to make the point that evidence in social work rarely flows in some formal 'scientific' sense and that we need to recognise the particular merits of different methods and that there are multiple ways of 'knowing' (practice wisdom, tacit knowledge, user experience) that something 'works' (Duncan & Harrop, 2006; Glasby, *et al.*, 2007).

We must also recognise that 'evidence' in whatever form it takes does not somehow cascade evenly across the institutional arrangements that define our complex welfare systems. New knowledge has to be accessible at the local front-line of practice – much easier said than achieved (see Hughes *et al.*, 2000; Nutley & Homel, 2006; Zeira *et al.*, 2008). Also, 'evidence' can be used to promote all sorts of agendas in welfare that may conceal or legitimate political interests rather than best practice (Jordan, 1998; Weiss, 1998; Mathews & Young, 2003; Coote *et al.*, 2004; Goldson, 2005). We need, therefore, to take a more rounded and moderated approach to evidence, one whereby practice is 'evidence-informed' and 'knowledge-based' but which allows us to move away from the notion that research will provide all the answers to practice questions in a systematic and prescriptive way (see Pawson, *et al.*, 2003; Hammersley, 2005; Nutley & Homel, 2006). With these familiar but essential caveats in mind we now consider the evidence for Family Group Conferencing, particularly in the context of restorative justice.

### **Family Group Conferencing and restorative justice**

Miers (2001) states that, internationally, many countries that seek to address crime using a restorative justice approach appear to have little reliance on Family Group Conferencing. However, where there is the Common Law system of justice (for example, UK, Australia, Canada, New Zealand and the United States of America), FGC is used with good outcomes concerning youth justice matters (Miers, 2001; Walgrave, 2003; New Zealand Ministry of Justice, 2005). Criminal justice data suggests that compliance rates with the conference contract were high, there were good satisfaction rates amongst victims and offenders and a reduction in recidivism and the fear of crime (Latimer *et al.*, 2001;

Miers, 2001; Hoyle *et al.*, 2002; Mutter *et al.*, 2008).

McCold (2003) offers some valuable generalisations about mediation and restorative justice based upon the results from 98 restorative program samples (mediation and conferencing) and 21 court samples over a 30-year time period. Regarding conferencing, he quotes the work of Sherman *et al.*, (2000) which highlights one project in Australia, the Re-integrative Shaming Experiments (RISE), where the:

*Australian National Police facilitated nearly 1,300 community group conferences over a five-year period ending July 2000. ... Recidivism patterns of both juvenile personal property and shoplifting offenders revealed that the deterrent effect of conferencing and court was equivalent. More dramatically, re-offending rates by violent offenders dropped significantly among the ... group by 38% in the 12 months following the conference. (McCold, 2003, cited in Mirsky, 2004, p.6)*

Nixon *et al.* (2005) established in their snapshot survey that many countries (17) deploy FGC as an intervention for both welfare and justice concerns. Brown (2003) notes that, between 1999 and 2001, research highlighted that 55-57% of local authorities in the UK were either using FGC or were considering use it. A cursory internet search highlights this continued trend in FGC popularity with numerous local authorities using the intervention for both welfare and justice concerns.

Focusing particularly on child welfare or child protection concerns, FGCs are well established globally, and are often linked to country-specific child welfare legislation, for example, The Children Act (1989) in the UK and The Children and Young Person's Act (1989) in New Zealand (Connolly, 2006). In the UK, the data highlights successful family engagement and the

production of agency agreed plans, high levels of satisfaction by attendees, cultural sensitivity and the empowerment of young people (Lupton & Stevens, 1997; Simmonds *et al.*, 1998; Smith & Hennessy, 1998; Lupton & Stevens, 2003; Merkel-Holguin *et al.*, 2003). For the most part, the impact of FGC appears to be a positive one for children, young people, their families and, at times, community members across both the welfare and justice systems in numerous countries. Although limited in terms of wholesale implementation, FGCs are generally seen as successful in terms of engaging and providing a safe forum for conference participants to have a voice and feel listened to in the decision-making processes affecting their children (Lupton & Stevens, 2003; Merkel-Holguin *et al.*, 2003).

However a 3-year longitudinal study in Sweden established somewhat contradictory findings in which young people exposed to conferencing showed a higher re-referral rate to established child protection services (more often due to further abuse) and more time in out-of-home placements compared to young people using traditional assessment and intervention services (Sundell & Vinnerljung, 2004).

## Evaluation

Since its introduction into the UK in the early 1990s, FGC has been heralded as a successful intervention in the fields of social care and criminal justice. Research has been undertaken globally that has encompassed both positivist and constructionist paradigms using numerous data collection methods. Overall, the process of FGC is seen as empowering, involving partnership working and collaboration in meeting the needs of the individuals, families and communities and also the legislative and procedural aims of the welfare and justice systems in the UK and elsewhere (Leadbetter, 2002).

In terms of using FGC in crime contexts, recent literature compares conference outcomes for both victims and offenders to those of conventional criminal justice practices in numerous cases in Australia and the United Kingdom (Porter, 2007). Randomized controlled trials of FGC developed by Sherman and Strang led the authors to conclude that “restorative justice - no matter how it is measured - is as, or more, effective than traditional methods of criminal justice for reducing crime with respect to nearly every group of offenders studied” (Wachtel, 2007, p.1). The authors focused on ‘what works’ in terms of recidivism (regarding certain types of crime) and expanded their study to encompass more qualitative data, including the psychological benefits of the project for victims (see Porter, 2007). Sherman and Strang (2007) also suggest, however, that FGC may be more effective with adults than youths. This is of obvious concern given that most FGCs are undertaken with young people. We might, however, be a little circumspect about the evidence wrought from randomized controlled trial methods. The structure and process of FGC may not easily be amenable to comparative experimental evaluation, particularly where the offence and subsequent lived experience of the victim, offender and other participants comprise variables which can not always be controlled (Witkin & Harrison, 2001; Glasby, *et al.*, 2007; Zeira *et al.*, 2008).

Essex Family Group Conference Service undertook research using strengths and difficulties questionnaires (SDQ) to interview participants at 3 established points during the process for 30 combined youth justice and welfare FGCs over a 15-month period. A modified SDQ was employed, prior and post conference and then, on average, 6 months later, to assess any changes in the young person’s psychosocial profile. A slightly varied questionnaire was deployed for the other participants (Mutter *et al.*, 2008). The Essex study attempts to

identify the impact of the FGC on young people over time at 3 standardized points and seeks the views of all the participants involved. However, again, it is focused on outcomes of recidivism and psychosocial changes that occur within the young people. In terms of valid, 'quality' research it embraces service user feedback along with participant questionnaires and therefore provides a broad range of data. However, SDQs are used to predict child psychiatric/psychological disorders and, although modified for this study, their association with the medical model and the potential pathologizing of offending behaviour is of concern to some (see Goodman, 1997; McGuire, 2004).

Merkel-Holguin *et al.*, (2003) in their synopsis of research into welfare-focused FGC, synthesized the findings of a number of multiple method and multiple evaluation indicators. The results suggested a number of areas where more research is needed in order to isolate aspects of process and outcome in order to fully identify what works with whom, where and when (see also Fox, 2005). Similarly, more needs to be discovered about the social construction of offending behaviour and notions of what constitutes family and the relationship of these variables to FGC interventions (Haralambos & Holborn, 2004; Cree, 2005). Other variables that will also impact upon FGC as an effective intervention include age ranges, gender, culture, cognitive ability and multiple social factors such as schooling exclusion, lack of employment opportunities, peer pressure and familial support, along with broader social issues such as poverty and related disadvantages (Social Exclusion Task Force, 2008). Thus, it is suggested by some authors that multiple variables in the deployment of FGC, need to be considered as a "second determinant that may have an effect on the strength of the evidence" (Zeira *et al.*, 2008, p.59).

In addition, concerns have been raised regarding the role of the professional in

making referrals and power sharing within the FGC process itself (Morris & Shepherd, 2000; van Pagee, 2003). Also, the legislation that underpins both welfare and youth justice interventions only allows for FGC to complement rather than act as an alternative to current practices and interventions. This is seen by many practitioners and managers as a duplication of services (Brown, 2003; Connolly, 2006). These issues can be compounded by the most compelling challenge to FGC, that is where families are potentially unable to restrict or protect a child. In such circumstances, FGCs are unlikely to be appropriate (Morris & Shepherd, 2000). Furthermore, some authors are concerned that restorative justice interventions, such as via FGC, will become blanket responses to issues such as youth offending regardless of the unique circumstances of each situation (Gelsthorpe & Morris, 2002).

The Essex Family Group Conference project is often presented as a beacon of good practice in terms of the implementation of FGC across a number of social work and allied care fields (Mirsky, 2003). We can note here that much of the evidence-base stems from local research informing local practice rather than the importation of a whole process from 'outside', nationally or beyond (Nutley & Homel, 2006).

A key aspect of the evidence-base for FGC is cost effectiveness. In local authorities that initially implemented FGC these interventions continue to thrive. However, these schemes have not expanded as widely as might be expected (Brown, 2003). A number of reasons for this have been offered such as competing financial demands, the time required to set up services that parallel existing statutory duties and the lack of substantive evidence regarding *long term* benefits (Brown, 2003; Merkel-Holguin *et al.*, 2003). That said, a cost-benefit analysis of FGC could potentially highlight that this intervention is

more effective in financial terms compared to social service involvement regarding the care of a child or the incarceration of a young person. Both of these are notoriously costly and, in the case of incarceration, mostly ineffective (Cavadino & Dignan, 2005; Soloman, 2008). However, establishing and maintaining FGC practice is a time consuming process and thereby an expensive proposition (Merkel-Holguin *et al.*, 2003). Financial constraints, statutory requirements and an absence of longer term research into its lasting effectiveness means that FGC remains a relatively under-used intervention on the periphery of both welfare and justice systems (Brown, 2003). There are also broader structural and political issues regarding the use of what might be seen as a 'softer' option such as FGC and whether this is compatible with the control agenda in youth justice and the protectionist agenda in UK welfare (see Hugman, 1991; Lundy, 2004; Muncie & Goldson, 2006).

In summary, the range of evidence on FGC, albeit sparse, appears broadly positive. Yet, the undertaking of FGC both nationally and globally occurs despite this dearth of extensive research and raises the question of how much evidence is required to inform practice (Glasby *et al.*, 2007). We may concur with Coote *et al.* (2004, p.xi) that human service programmes (such as FGC) are sometimes based less on proof of what works and as much "on the basis of informed guesswork and expert hunches, enriched by some evidence and driven by political and other imperatives".

### **Reflections and conclusion**

While not in abundance, there is good qualitative and quantitative research that has identified some very positive outcomes for FGC (Baker, 1994; Sarantakos, 2005). FGC appears to be an empowering, holistic intervention that requires partnership and collaborative working between statutory agencies, families and individuals to achieve

procedural and statutory outcomes in the best interest of the child or young person. Families and young people feel listened to within the process and victims have an opportunity to voice their experiences. However, some contradictory messages have emerged from Sherman and Strang's research regarding FGC and young offenders which observes that "preliminary indications [are] that restorative justice, which in its initial development tended to be used more for youths than adults, may actually be more effective in dealing with adult crime" (Wachtel, 2007, p.1).

Concerns do remain regarding the intermediate and longer term effects of FGC. Here, much depends upon which indicators of success are to be applied. Merkel-Holguin *et al.* (2003) note a diverse collection of potential outcome measures that, for example, could include reductions in re-offending, levels of family engagement in problem-solving plans, permanency in children's placements, the child's psychosocial development and well-being and so forth. However, these are at best short to medium-term outcomes. We might note therefore the results of a Swedish 3-year study that failed to discover longer term positive effects and, indeed, claimed a negative impact on re-referral rates over protection issues and that FGC did not appear to assist in the resettlement of children within familial settings (Sundell & Vinnerljung, 2004).

An endemic difficulty with longitudinal studies is the issue of variables and how numerous external factors can influence the research data at various times throughout the period of study. In their study in Sweden, Sundell and Vinnerljung (2004) acknowledge that many young people and their families referred to the FGC project had more initial, serious difficulties than standard child protection cases and that this would have had an impact on the success of the FGC. Furthermore, while the authors used multivariate statistical methods to

assist with data collection and analysis they observed that “there are no robust theoretical models of what background factors to control” (Sundell & Vinnerljung, 2004, p.281). It is perhaps this inability to establish a direct correlation between FGC, its initial perceived successful impact and longer term outcomes for participants that leave it somewhat a marginal, or complementary, intervention rather than a convincing alternative to current approaches in child welfare and youth justice. Nonetheless, the lack of substantial empirical research evidence has not impeded the development of FGC across numerous professional fields in the UK and abroad. Whether the lack of a coherent and convincing knowledge base should curtail the expansion of a service (such as FGC) remains something of a contentious issue within the evidence-based practice debate (see Trinder & Reynolds, 2000; Glasby *et al.*, 2007). The short and intermediate outcomes for FGC have yielded promising results. However, the Swedish study raises concerns over long term outcomes. Overall, the evidence appears to be sparse, sometimes contradictory, relying more on practice wisdom, individual practitioner motivation and agency priorities than on a substantial body of research that has been effectively disseminated to both front line workers and policy elites (see Weiss, 1998; Brown, 2003; Mullaly, 2007).

If we are serious about implementing ‘what works’ then we must take the evidence already established about FGC and ensure that its application is directed at the most appropriate user and provider groups. It can be an empowering process which engages all participants in a dialogue that seeks to rectify social or familial issues or problems regarding the individual, family and, potentially, the community. It can also help establish good professional practice at the local level. However, it is a time consuming and potentially costly approach that requires practitioners and agencies to incorporate a power sharing process that may not always

reside comfortably with statutory aims and objectives. To conclude, we may agree with Mutter *et al.* (2008) who argue for further development and incorporation of conferences into the youth justice system. However, the case for the expansion of FGC in justice and welfare systems rests currently on a compelling, but not yet convincing, knowledge-base of its capacity to deliver. This paper has set out many of the ongoing challenges to a persuasive evidence-base. As is so often the case in our public services, we must continue working in the absence of good quality empirical research. This is especially so in the case of Family Group Conferencing where much more needs to be learned about the experience of the participants, the impact of multiple variables such as gender, ethnicity and power issues and, especially, the long term outcomes of FGC intervention.

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## Event history analysis of children in care

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### Abstract

*Local authorities with responsibility for social care for children should base policy on evidence of effectiveness of services they provide. This study (part of a longer term project to investigate patterns of care and impact on educational attainment in an English Borough Council) aims to (a) apply survival analysis (event history) to assess duration of care, (b) examine how such analysis can be used to support policy and planning, and (c) explore the distribution of care volume over the school years. The paper reviews previous research in this field and suggests that event history analysis (including life tables and associated analysis) appears much under-used in social care research in the UK, yet is of potential value to planners and policy makers. It is suggested that event history analysis can help to provide evidence of probable duration of care to support planning and commissioning services. Also, it is argued that the method may be considered for the analysis of national statistics on care duration.*

**Keywords:** Event history analysis, survival analysis, children in care, care planning, commissioning

### Introduction

Helping children in care to improve their educational performance is vital in enhancing their life chances, reducing their dependency on state support, and preventing social exclusion (Cabinet Office, 2006). In this context, social care planners and policy makers need evidence of what interventions have been successful (and which unsuccessful). Local authority managers often have to analyse corporate information systems about their in care populations in order to seek evidence that will inform the commissioning of services. In so doing, managers often ask an apparently straightforward question: "how long do children remain in care?". The question is deceptively simple as it seems at first it can be answered by, for instance, simply collating data on duration of care for all children and young people in care and calculating the average period. The complication is that at any time there are children still in care and we cannot know how long they will remain so (and some will have multiple care periods). A standard

method known as survival analysis (often referred to as event history analysis - see Hosmer & Lemeshow, 1999) can be used to analyse data on children in care. The method includes several techniques that can be applied to analyse 'censored' data (i.e. data where the final duration of a service is unknown - as with children in care). One such technique that will be used in this paper is that which produces a 'life table' showing the probability of children experiencing a care period of specified duration.

Both the data and the application of event history analysis in this paper stem from a longer term project to evaluate the relationship between social care and educational attainment in an English local authority. The aim here, however, is to analyse duration of care and assess to what extent care periods occur during school years. Specifically, the paper will (a) produce life tables (and associated analyses) showing probable duration of care, (b) explore how such analyses can be applied to provide evidence for policy and planning,

and (c) analyse the distribution of volume of care (number of days) occurring in each school year.

### **The method**

Event history analysis focuses upon the time between two events, when some cases have not experienced the ‘terminal’ event when data were collected. For children in care, one could calculate the duration of episodes, or periods of care. (A care period is that time when a child is in care continuously [DFES, 2007, p.14] and consists of one or more episodes of care. An episode starts when a child enters care or when their placement or legal status changes.) The present analysis is based on care periods, since continuous care is more important in the context of educational attainment.

Event history analysis can be used to produce life tables that show the probability of remaining in care for specified periods. Like most statistical techniques, survival analysis can be used only if certain assumptions are valid. For example, Norušis (2007, p.128) notes that the conditions relevant to duration of the event in question should not change during the time span of the data analysed. For instance, for studies of employee tenure, life tables might not be appropriate if there had been a recession in the industry during the time span of the study. Definitions of the legal status of children in care (and other variables associated with their status) appear to have remained consistent enough over the time span of this study for the method to be appropriate.

The in care sample in the local authority in question was some 435 children and young people. Of these, some 84% (n=365) had one care period only. The maximum number of care periods was 11 (one client); some 9% (n=38) had two care periods; and 16% (n=70) had more than one care period. To analyse data for clients with more than one care period there are various approaches:

(i) one option is to apply event history analysis to second and later care periods by simply investigating them as though they were completely independent. The limitation of this approach is that one probably wants to assess how likely it is that an individual who has had one care period will be in care again.

(ii) methods have been developed specifically for the analysis of recurrent events (cf. Hosmer & Lemeshow, 1999, p.308). Such methods are not available in all software packages for event history analysis.

(iii) Gill (2006) outlines Markov chains, a technique for assessing the probability of transition between states, which has recently been used in research on adult social care (Pelletier *et al.*, 2005; Xie *et al.*, 2005) to analyse transitions and duration of care. Further, as Keyfitz and Caswell (2005, p.48) note, matrix methods (upon which Markov chains are based) are a logical extension of the life table (which in effect deals with two states) to multiple states. What is more, research into ‘pathways’ of children’s social care (e.g. Schofield *et al.*, 2007, p.627) has sought to identify states, and transitions between them (though as far as one can tell, the probability of these transitions has not been calculated).

Clearly, analysis of single care periods is simpler than that of multiple periods. For the present study we restrict the analysis to a single (first) period of care as outlined later in Table Two. In the longer term it will be important to investigate methods for a more complex analysis; the option of using Markov chains seems promising since, as well as helping to analyse duration, it may extend our understanding of pathways of care.

Various software packages perform event history analysis. Tabachnick and Fidell (2001, p.829) review several, including

SPSS (version 16.0 of which was used in the present study).

### **Review of official statistics and previous research**

It seems the only published government statistics on the topic are those relating to the duration of care for children leaving care in the relevant reporting period. DCSF (2007a) published details for 2002 to 2007, for all of England. (For instance, the published figures state that 17% of children remain in care for less than two weeks, 4% for 10 years or more, and 10% for from two up to three years).

A search of a University library database, the *British Journal of Social Work* archives, and enquiries to personal contacts, identified a few studies using event history analysis in social work. Fernandez (1999) used survival analysis to investigate duration of care in relation to restoration to biological parents and other outcomes, with children in Australia. Boyle and Willms (2001) examine multilevel models of survival analysis in the context of longitudinal studies of child development. Such models represent a development in the method that may be particularly important when investigating predictors of care duration via regression techniques. Pugh and Jones (2004) outline event history analysis methods and offer an example of how it can be applied in social work, with a study of how long children remain on the child protection register. They note that the method has not been much used in social work research in the UK.

Sinclair *et al.* (2007), as part of a wider study of permanence, include an analysis of care duration using event history analysis for a sample of 7399 children drawn from 13 English councils, with data collected in May 2003 to June 2004. They analyse duration of care in the group as a whole, in specified age bands, and by the reason for leaving care (e.g. adoption, returning home).

They refer to Rowe *et al.* (1989) in their discussion of care duration, as that classic study investigated patterns of care for children in care. Rowe *et al.* presented a 'leaving care curve' (p.50) which is similar to the survival function (see below), but it is unclear whether they used event history analysis *per se* in their work.

Without an extensive literature search it is difficult to be precise on how widespread the use of the methodology is in social work research in the UK. There may be applications that have not been reported, but it seems not to be used extensively. Reported studies tend to use selected elements of the approach (and that may be quite appropriate for those applications), rather than the full range of associated methods (e.g. descriptive statistics specific to the method, survival function plots, and hazard functions – as we discuss later).

### **Sample data**

The sample was chosen to be as large as possible, given the practical constraints of extracting and matching data from multiple databases, and to allow for reasonable sample size in analysis of subgroups. Data were gathered from an English Borough Council's data reported on the SSSA903 Statutory Return (DFES, 2007) for the three years April 1<sup>st</sup> 2004 to March 31<sup>st</sup> 2007 (chosen since full data rather than a third sample was required, as in earlier years). This data was automatically and manually checked when the return was made and in this respect was of good quality. Demographic details were included for each child, as was information on the episodes of care they received. The database for the years extracted excluded episodes that ended before April 1<sup>st</sup> 2004. Therefore, to ensure a complete history, details of earlier episodes were retrieved from corporate IT systems. The SSSA903 data consisted of 917 care episodes for 438 clients (after excluding respite cases). To pinpoint clients with these 'missing' care episodes, we

identified first episodes with a reason for new episode (RNE) code other than **S** (start of care period) – 151 cases. For these 151, we retrieved episode data. Care periods were calculated for each client and those periods were numbered sequentially.

Final sample data included 1,801 care episode records for 435 clients; 566 care periods, and 435 care periods that were initial ones.

**Data quality**

Data quality problems often arise when collating information from multiple sources (as the literature on secondary analysis and longitudinal research acknowledges). Data quality was sought by building in internal consistency checks and by manual checking of calculated care periods and episode numbering in a sample of cases against live

corporate IT systems, when episode data from the two sources were merged. For instance, checks were applied to ensure no episodes overlapped, and no episode end date pre-dated the episode start date. Such checks were automated via SPSS syntax. Even after some iteration of collation and checking there remained some anomalies and analysis had to proceed in the knowledge that one can rarely if ever have 100% correct data in this field.

We now set out in Table 1 below the demographic characteristics of the sample in regard to gender, age category and ethnicity. It can be seen that the distribution of ethnicity in males and females is similar, as is age. Overall, approximately 43% of the sample entered care when less than 5 years old, and only 6% at age 16 or older. 67% were of white ethnicity, and 20% of mixed ethnicity.

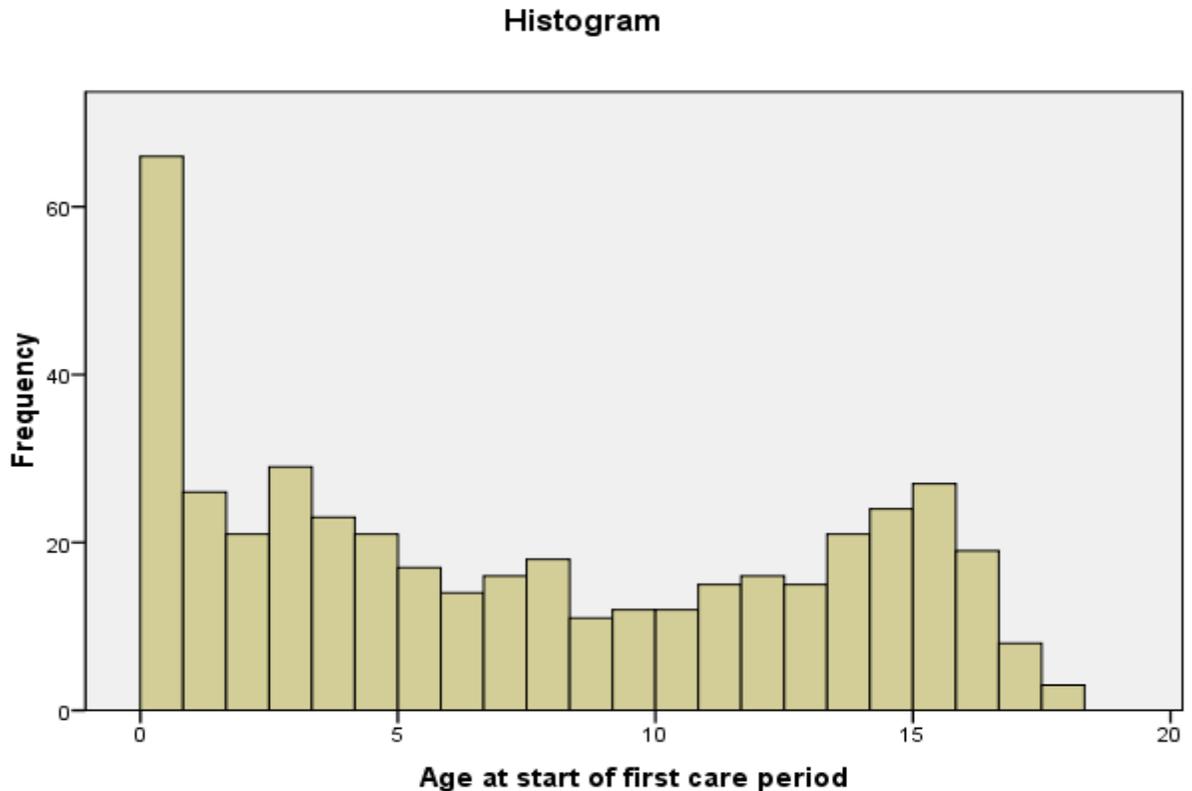
**Table 1**

	<b>Male</b>									
	Less than 5		5 to 9		10 to 15		16 plus		Total	
White.....	67	66.3%	33	71.7%	48	66.7%	4	33.3%	152	65.8%
Mixed.....	28	27.7%	11	23.9%	6	8.3%	0		45	19.5%
Asian or Asian British	0		2	4.3%	7	9.7%	5	41.7%	14	6.1%
Black or Black British	6	5.9%	0		10	13.9%	2	16.7%	18	7.8%
Other Ethnic Group	0		0		1	1.4%	1	8.3%	2	.9%
<b>Total</b>	<b>101</b>		<b>46</b>		<b>72</b>		<b>12</b>		<b>231</b>	

	<b>Female</b>									
	Less than 5		5 to 9		10 to 15		16 plus		Total	
White.....	55	64.7%	29	69.0%	45	71.4%	7	53.8%	136	67.0%
Mixed.....	20	23.5%	9	21.4%	11	17.5%	1	7.7%	41	20.2%
Asian or Asian British	2	2.4%	1	2.4%	2	3.2%	0		5	2.5%
Black or Black British	8	9.4%	3	7.1%	5	7.9%	4	30.8%	20	9.9%
Other Ethnic Group	0		0		0		1	7.7%	1	.5%
<b>Total</b>	<b>85</b>		<b>42</b>		<b>63</b>		<b>13</b>		<b>203</b>	

**Note:** Missing data resulted in one fewer case in this analysis than in the main dataset

**Figure 1** Frequency distribution of age at start of first care period

When analysing the sample by age at start of first care period we can see in Figure 1 the broad frequency distribution. As can be seen, the distribution is multimodal with a peak at the youngest age (up to 1 year), then a somewhat flat distribution over other ages but with modest peaks at around 3 years and 15 years.

There are limitations to the analysis of frequency data such as these: although the distribution faithfully represents age when entering the care system, it does not, for instance, tell us anything about how long children will stay in care (and therefore their age by the time they leave care).

### Analysis using life tables

A life table based on this sample is presented in Table 2. This table covers the first care period only for each case - partly because some clients have only one care period, but also because later periods may have different characteristics than the first. SPSS and other packages will produce a table with standard information. Table 2 below presents selected items from that full information and shows examples that are useful in the present context. There is guidance (e.g. Tabachnick & Fidell, 2001, p.777) that explains how values in the table are calculated (the explanation of information in the life table is adapted from Norušis, 2007, p.126).

**Table 2** Life table

Interval	Number entering interval	Number still in care when data collected (censored cases)	Number leaving care	Proportion leaving care	Proportion remaining in care	Cumulative probability of remaining in care	Std. Error of cum. probability of remaining in care
Up to 1 year	435	69	143	.36	.64	.64	.02
1 up to 2 years	223	29	39	.19	.81	.52	.03
2 up to 3 years	155	23	26	.18	.82	.43	.03
3 up to 4 years	106	14	13	.13	.87	.37	.03
4 up to 5 years	79	11	11	.15	.85	.32	.03
5 up to 6 years	57	14	6	.12	.88	.28	.03
6 up to 7 years	37	4	5	.14	.86	.24	.03
7 up to 8 years	28	4	3	.12	.88	.21	.03
8 up to 9 years	21	1	3	.15	.85	.18	.03
9 up to 10 years	17	2	1	.06	.94	.17	.03
10 up to 11 years	14	2	0	.00	1.00	.17	.03
11 up to 12 years	12	0	0	.00	1.00	.17	.03
12 up to 13 years	12	3	2	.19	.81	.14	.03
13 up to 14 years	7	1	1	.15	.85	.12	.03
14 up to 15 years	5	0	3	.60	.40	.05	.03
15 up to 16 years	2	0	0	.00	1.00	.05	.03
16 and above	2	2	0	.00	1.00	.05	.03

Information in the life table is split into intervals so one can see the probability of being in care for one year, for two years, and so on. The last interval in Table 2 corresponds to 16 up to 17 years, as in England most children leave care at, or before, 18. The intervals refer to those individuals who had been in care for at least the start time of the interval. The intervals are used to read off probability values for the specified group, e.g. second row (1 up to 2 years) shows values for children who have been in care from one year up to two years.

The columns in Table 2 are interpreted as follows:

- a) **Number entering interval:** number of children in care for at least the start point of the interval; all individuals (435) are counted in the first interval; second interval is a count of those who had been in care for one year or more (i.e. 223), and so on.
- b) **Number still in care when data collected:** ‘censored’ cases, whose eventual duration is thus unknown:

e.g. (second row) 29 had been in care for at least one year, and were still in care.

- c) Number leaving care:** count of those who left care (e.g. of 223 children who had been in care for at least one year, 39 left care before the second year).
- d) Proportion leaving care:** the probability of leaving care (e.g. based on this sample, for those who have been in care for at least 1 year, there is a probability of .19 of leaving care before the end of their second year).
- e) Proportion remaining in care:** the probability of remaining in care for those entering the interval: e.g. for those who have been in care for at least 1 year, there is a probability of .81 of still being in care at the end of their second year.
- f) Cumulative proportion remaining in care:** the probability of remaining in care up to the end of the interval, for all those entering care (e.g. the probability of remaining in care for up to two years is .52).
- g) Std. error of cumulative probability:** is an estimate of the error of the probability in the preceding column. The number of cases in later intervals is clearly rather small and so, although an error is calculated for these intervals, the probabilities should be interpreted cautiously.

Life tables can be constructed for subgroups, e.g. specified by age band, gender, ethnicity, or combinations of these factors, which can be helpful in planning (e.g. to make predictions for a group of clients). We can note that Sinclair *et al.* (2007) report probable durations of care for shorter intervals than those used here, and for durations only up to one year for their sample as a whole. However, one can

compare the cumulative probability for one year, (the probability that a child entering care will remain in care for up to a year). Sinclair *et al.* (p.89) report in their sample that 54% of those entering care will still be there at the end of the year. The life table for the present sample indicates for this authority that some 64% remain in care (i.e. there is a 0.64 probability of still being in care after one year).

Through consultation with study stakeholders about the life table, it was felt that the information of most relevance to managers would be the cumulative probability of leaving care, but that this should be presented in separate tables, one for the entire sample, then one for each age group (aged up to 3 years on entering care, 3 – 6, 6 – 9, 9 – 12, 12 – 15, 15 and above). This would likely be of help in planning the commissioning of placements since, if one can identify subgroups likely to remain in care longer, one can take account of that in allocating resources. In summary, we can see that tables that offered columns giving details of the numbers entering the interval, leaving care, censored, and so on would be very useful as (i) they can be scrutinised and probed to show how the probabilities are calculated, and (ii) the absolute numbers give further information about the sample size for each interval (e.g. clearly the sample sizes for intervals at longer durations are quite small and should be interpreted with caution).

### Additional analyses

Here, we discuss event history analysis in relation to other outputs, apart from life tables, that may be of use in resource planning for children in care. For example, there are techniques such as survival function plots, scatter plots of duration against other factors, and regression techniques, to identify predictors of duration. Social care applications in the UK have tended not to use these components. However, as we note below, their potential

for analysis and strategic planning should not be ignored.

### *Scatter plots*

Textbooks (e.g. Norušis, 2007, p.136) often remind us that statistical analysis should start with an examination of visual representations of the data, to help understand the distribution of variables. But, with censored data, standard methods, such as frequency histograms (e.g. Figure 1) are misleading, because they do not take account of censoring – that is, data points whose final value is not known – and, in this context, children whose final duration in care is not known (see Hosmer & Lemeshow, 1999, pp.3, 27). One solution is a scatter plot, since the plotting symbol can be used to distinguish censored and non-censored data points. Since a scatter plot displays the distribution of a variable in its relationship with a second variable, one has to select another variable of interest. In the present study, age (at start of care period) was an appropriate choice as local managers had reported anecdotal evidence of an association between the two. Figure 2 plots age against time in care. A star shows children who had left care, and empty circles censored cases (still in care when data were collected).

An unusual feature of this plot is the diagonal ceiling effect – a result of the upper limit of 18 years on children remaining in care. The plot highlights outliers (extreme scores) that may be data entry errors. In this plot there are two points with very long duration, in fact these are accurate. The scatter plot reveals a clustering at lower durations (and across ages), i.e. a concentration of cases in care for a short time. There does not seem to be a simple linear relationship between age and duration (if there were, data points would tend to cluster in a narrower cloud) and thus

the plot may help in discussing with managers their anecdotal evidence of that relationship (e.g. their impression that younger children tend to remain in care for shorter periods). Of course, helpful impressions that can be gleaned from scatter plots (e.g. on the relationship of age and duration) should be tested using further statistical techniques to judge whether they are the result of chance effects.

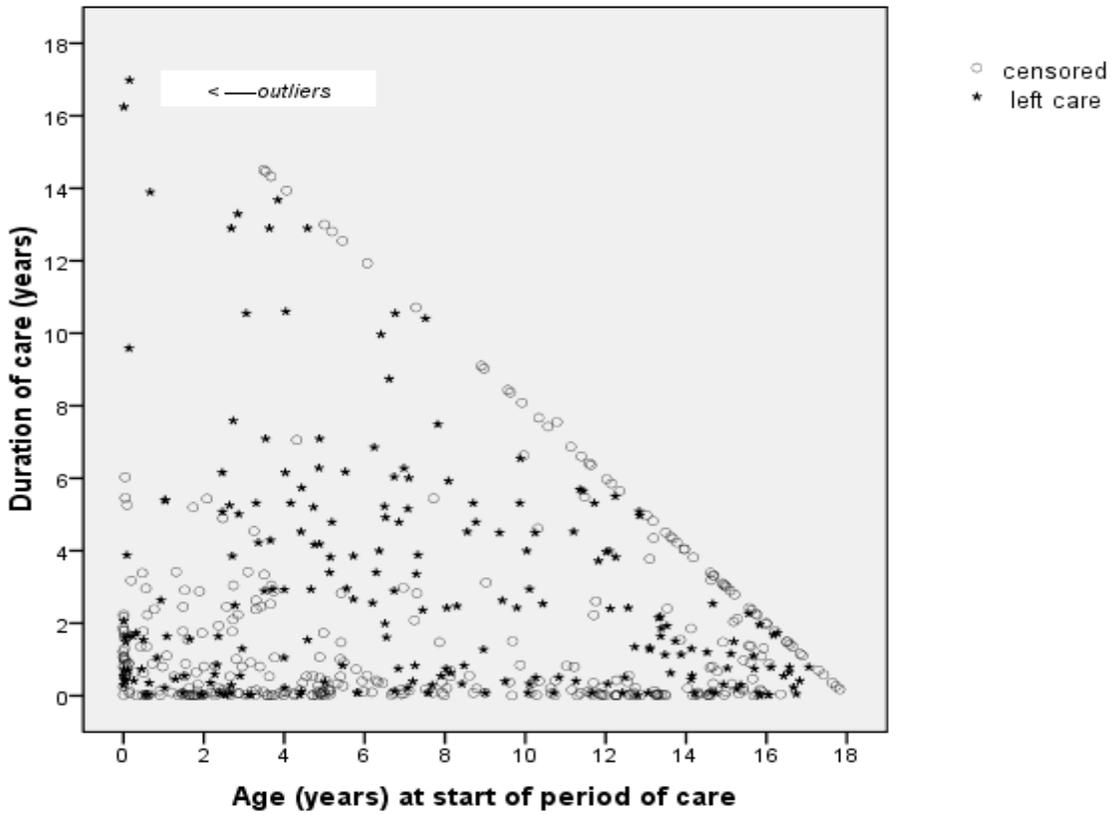
### *Survival function*

The survival function is a graphic representation of the life table. It is useful for comparing groups regarding care duration. For instance, the present study can be analysed to highlight gender differences in care duration. Figure 3 compares survival functions (time to leaving care) for males and females. (note that ‘survival’ in the present context refers to ‘surviving’ for a longer time in care).

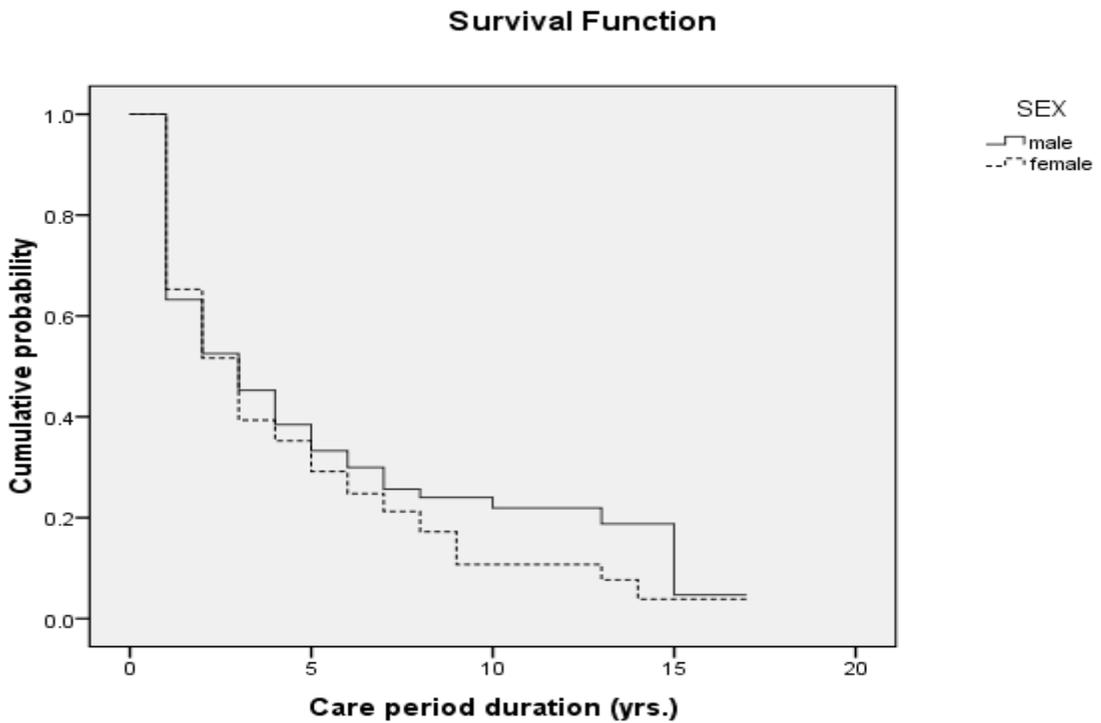
The function descends very steeply over the first two years, in other words, the probability of remaining in care decreases quite markedly over this time. Also, the two functions for males and females overlap as they go up to just before the 0.6 mark, i.e. there does not seem to be a gender difference at this stage of care. It seems that the two functions are broadly parallel, in that they follow a similar path. However, the function for females, at least over the range from 2 years to just before the end, is below that for males, that is, it has a lower survival probability and thus girls are more likely to end care over that time span. The discrepancy is greatest when in care for 8 to 14 years; at 15 to 17 the two functions converge again.

Both functions tend to level out, from 10 to 15 years, in other words, the likelihood of leaving care tends to be quite constant at this stage of care.

**Figure 2** Scatterplot of duration in care against age



**Figure 3** Survival function comparing males and females



### Volume of care and school career

In evaluating which services are most effective in improving educational attainment, it is useful to analyse how care is distributed over the school years. For instance, if one knew that 80% of all care was provided in school years preceding KS1 (a school year in which the first standard attainment test is taken), services could be targeted accordingly. Therefore, it would apparently help to calculate the volume of care associated with each of the 14 school years, from *reception* (first year in the English school system) through to *year 13* (the last). Care volume is defined as the number of days in care, and reported nationally for all children in care in England (DCSF, 2007a).

Estimation of care volume per school year for each individual was based on a table of birth dates and school years.<sup>1</sup> For example, a child born in the year beginning 1 September 1984 (birth year 1984/1985) would have been due for school year 8 in calendar year 1997/1998 and school year 1998/1999 (there will be some error in the resulting estimates as a child may be held back or otherwise adjusted in some cases). Calculation of care volume for school years might then show, for instance, that a child born 4 May 1986 (birth year 1985/1986), and with a care period from 6 September 1996 to 1 February 1997, would receive 48 days care in school year KS2.

However, the estimates of care volume per school year would give misleading results if used to calculate distribution. For the same reason one cannot calculate duration of care – there are censored observations in each school year (i.e. for each school year there will be some children still in care, and their eventual volume for that school year is unknown). As SSDA903 data covers care only in the time up to 31 March of the reporting year, one might suppose a solution would be to edit the dataset to truncate care periods where they extend past the latest

school year. This would indeed ensure that only non-censored data would be available for analysis (even if introducing complications in data collation), but it would still present a similar problem for groups of school years related to each KS test. In other words, if you wish, for example, to analyse patterns of care for the three years preceding KS3 (i.e. yr. 7, yr. 8, KS3 yr. itself), there would be censored data for the year group, even after truncation.

Instead, one could calculate life tables for each school year, for instance giving the probability that a child in care will remain in reception year for a given duration. The limitation with that is that it would not take account of the point during the school year at which care began.

To help target resources (although one cannot produce frequency distributions of care volume by school year), one can examine the number of individuals with any (non-zero) volume of care by school year. This information is summarised in Table 3. For instance, in year 3, 96 clients (29% of sample) received some care. It can be seen that the distribution is fairly uniform. This information is useful, as it suggests that care does not peak at any particular point in the school year, and so (at least on this single criterion) an implication would be (other things being equal) that resources should be evenly targeted for all school years.

Care volume is rather a crude measure of service provided, but note that the main national statutory data collection on educational attainment for children in care (the OC2, DCSF, 2007b) collects data on a care volume basis (i.e. only for children who have been in care for at least 12 months).

It is clear from this exploratory application of event history and survival analysis that more detailed measures, not just care volume, will be needed to assess how elements of service (e.g. quality of Personal

Education Plans) are related to attainment. Despite this, descriptive statistics such as those in Table 3 may help in identifying subgroups of clients for whom more detailed measures are appropriate.

**Table 3**

School year	Number of cases	Percent of total cases (333)
Reception	96	29%
Year 1	90	27%
KS1	90	27%
Year 3	96	29%
Year 4	87	26%
Year 5	86	26%
KS2	84	25%
Year 7	87	26%
Year 8	100	30%
KS3	99	30%
Year 10	117	35%
GCSE	115	35%
Year 12	98	29%
Year 13	71	21%

*Note: Any case may count in more than one school year, therefore the number of cases does not add to the total number of cases (333)*

### Implications for policy and practice

Event history analysis generates valuable information for policy makers and planners. It provides data that helps answer the question: "how long do children remain in care?". This method of analysis has been in use in other domains (e.g. the life assurance industry) for many years, but apparently it has not been widely used in social care in the UK. Life tables (and associated analyses) are relatively easy to calculate using software (SPSS and other packages), and the resulting analysis should be useful for many applications in policy and planning in local authorities, where care duration is considered, and for national

statistics on care duration. Consider, for example, applications in relation to annual budgets - a core task in this process is to estimate future spend for the population of children in care. The Cost Calculator for Children's Services (CCfCS: see Soper *et al.*, 2007; Soper, 2008) is an example of a software tool developed to predict cost of care over a specified period. In the CCfCS model the calculator does not allow for predictions of duration of care, rather, it assumes that the client population remains in care for the full period specified. It would therefore be useful if a prediction of duration were added to such models to enhance validity.

Sellick (2006) reports a case study of local authority commissioning of foster care from independent fostering agencies. He states that surveys show that foster care is often commissioned on a 'spot-purchase' basis (i.e. it is relatively unplanned) often resulting in budget overspend. He argues that commissioning should be planned on the basis of the needs of local authorities, in particular to cater for the volume and duration of care that can be projected.

### *Probability of remaining in care*

The most immediately relevant information in the life table is the probability of remaining in care for a specified period. This probability applies to a client at the time they enter care for the first time. But another output from event history analysis gives the probability of remaining in care for those clients who have already been in care. For instance, children who have been in care for at least one year have in this study a probability of 81% of still being in care at the end of their second year (Table 2). This information allows planners to calculate for their population of children in care, the chance, for each individual, that they will stay in care for up to a further year (or by further calculation, for any specified period). Thus, a profile of the projected future population (and for subgroups such as

those in expensive placements) can be calculated.

### *Care duration, care pathways and commissioning*

In their review of social care commissioning, the Care Services Improvement Partnership (2008) discuss various models of commissioning (mainly in the context of adult care, but the principles apply as well to children's services). They point out that models share a "strong emphasis on ... analytical thinking" (p.12). They suggest that analysis is one of four basic processes in the commissioning cycle, and identify demand forecasting and service user population profiling as elements in that process. They also observe that most local authorities have much data on service usage available but find it difficult to extract and analyse information to support commissioning. Similarly, in their handbook for managing social care budgets, the SSI/Audit Commission (2004) recommend that social care managers should analyse management information to establish the duration of clients' care, and that they should identify 'care pathways' through which clients progress. Atkinson's (2008) review of local authority children and young people's strategic plans includes an assessment of commissioning practices as embodied in these plans, and finds that most authorities did not refer to any 'model' that they used for commissioning. Whatever methods social care planners do in fact use, it seems that event history analysis would provide a useful source of information in assessing duration of care, and providing evidence for budget setting and commissioning.

### *National statistics on duration of care*

DCSF analysis of care duration for children in care is based on clients who left care in the reporting year. Therefore, if as Sellick (2006, p.1352) suggests, children in care are tending to stay in care longer, the published

figures will tend to underestimate duration in the present care population (cf. Pugh & Jones, 2004, p.908). It would be useful for policy makers if probable duration were calculated for the children in care population at a national level, and this were published instead of (or perhaps as well as) duration calculated only on care leavers.

In summary, this paper has sought to demonstrate the potential of event history analysis in research on social care for children. The discussion has, we hope, also indicated how the methods may be of benefit to policy makers and planners in relation to commissioning. Duration of care surely moderates the effect of other variables (possibly all other variables) on outcomes for children in care and, as such, is crucially important. Future development of the methods explored here is needed to examine ways of systematically applying the results of event history analysis to estimate probable cost of placements and by extension to methods of integrating cost estimation with evidence of the effectiveness of interventions in improving outcomes.

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### **Footnotes**

<sup>1</sup> calculated using vector and looping functions of SPSS Command Syntax; this syntax is available on request from the author.

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## The nature and availability of child level data on children in need for use by Children's Services practitioners and managers

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### Abstract

*Routine child level data collection is now part of everyday practice for Children's Services Departments. The ability to configure child level data across a range of variables has significant potential in the assessment of cost outcomes, and commissioning. This paper will discuss the issues and implications of collecting child level data for children in need based on the findings of two complementary studies carried out by the Centre for Child and Family Research. The studies found that, while Children's Services Departments hold a range of child level data on children in need, there are substantial difficulties with this data. Increased integration has made procuring comprehensive data on the full range of interventions provided to children in need problematic and, in some cases, the data held on Children's Services management information systems are variable, sometimes lacking in detail and in a format that is not readily suitable for analysis. It is suggested that greater consideration may be required when planning data management procurement and analysis and that the most effective data-gathering will be found where both practitioners and managers develop a learning culture in which the ability and willingness to use data to inform both practice and planning are encouraged.*

**Keywords:** Child level data collection and analysis, unit costs, children in need, the Integrated Children's System

### Introduction

Data collection, at both national and local levels, is now part of everyday practice in Children's Services Departments. Initiatives such as *Quality Protects*, *Choice Protects*, and *Invest to Save* have increased the focus on accountability, assessment of outcomes and planning based on cost effective service provision. *Care Matters* (DfES, 2007) highlights the need for quality monitoring data for effective commissioning strategies within Children's Services. Data collection has become an important activity among professionals providing services to children in need. Many local authorities have specified departments for the procurement of data for national returns and to support managers in the monitoring, planning and commissioning of services.

A great deal of the data collection activity undertaken by Children's Services personnel is at the child level, and includes gathering a vast array of information regarding the characteristics of individual children, the services provided to them, activities undertaken to support them and the outcomes of those interventions. The implementation of electronic recording systems has enabled local authorities to gather data for both the management of cases, whereby case notes are now recorded electronically, and monitoring purposes, whereby these records are used to gather aggregate data across child in need populations. The replacement Children in Need (CiN) Census, the national government return concerned with the characteristics of children in need and the

services provided to them by Children's Services Departments, is aiming to use routinely collected child level data.

Child level data can be configured and analysed in many combinations linking, for example, child needs, service provision and outcomes. This offers a valuable source of data for monitoring, planning and analysis. Studies indicate that the ability to configure child level data across a range of variables has significant potential for a number of different analyses, including the assessment of outcomes, planning, commissioning and individual practice (Gatehouse & Ward, 2003; Scott *et al.*, 2005). A performance manager should be able to select relevant variables for the desired analysis from child level data. Given the current emphasis on monitoring and evaluation, the gathering and interrogation of child level data on children in need is of increased importance and could provide local authorities with a wealth of data through which a number of analyses, including national returns, can be conducted.

However, evidence suggests that the role of performance managers in fulfilling national returns is sometimes conducted at the expense of local analysis (Gatehouse & Ward, 2003). A number of studies have highlighted that the information required for government returns is often aggregated and therefore, separated from the child to whom it relates (Gatehouse & Ward, 2003; Gatehouse *et al.*, 2004). Consequently, routinely collected child level data are not being fully utilised.

This paper will discuss the issues and implications of collecting child level data for children in need based on the findings of two complementary studies: 'The Mapping of Children in Need Services' and the 'Guidance for the new Children in Need (CiN) Census', carried out by the Centre for Child and Family Research, Loughborough University.

*Background: the cost calculator methodology and child level data*

The two studies discussed in this paper are part of a wider programme, begun in 2000, to examine the costs and consequences of providing services to vulnerable children. The initial work developed a 'bottom up' costing methodology for looked after children (Ward *et al.*, 2008b), which uses the practitioner time associated with eight processes from the point at which a child becomes looked after as a basis for building up costs. These processes, based on the case management operations outlined in the Core Information Requirements Process Model (Department of Health, 2001), include the following activities: finding an initial placement once a decision has been made to place a child, or a subsequent placement when a change of placement is required; planning and review; maintaining the placement; legal processes; returning the child home; and transition to adult or leaving care services. The unit costs of these processes are added to the placement fees or allowances and some on-costs to calculate a more accurate cost of looking after a child. Unit costs are related to a child's needs, whereby variations in costs are premised on the basis that those children with more extensive needs, such as children with disabilities, are more likely to require more costly placements and additional practitioner activity in order to support fully that child in their placement.

Child level data are therefore essential in the calculation of these costs. It is the child level data that enables the identification of the placement types and dates; additionally these placements can be linked with the social care activity - for example the activity associated with a change in placement - and the child's needs, which may affect the time spent on such activities. These elements can then be aggregated in a number of different ways to calculate costs based on a number of different variables. For example, analysis can be conducted on the variation of costs

according to different child needs, or combinations of needs, placement types or specific processes can be analysed. Thus, sufficient child level data enables the analysis of a large data set across a number of different variables or combinations.

### *Background: the two studies*

The mapping exercise (Ward *et al.*, 2008a) was intended to establish a baseline of knowledge to inform the research to extend the cost calculator methodology to include all children in need. It sought to gather data concerning the prevalence and nature of services accessed by children in need, the objectives of the services provision, their cost and their capacity. Fifteen local authorities were invited to map all services that they either solely or jointly funded or commissioned to support children identified as being in need under Section 17 of the Children Act 1989. A template was designed by the research team based on a framework developed in an earlier study (Soper *et al.*, 2006). This template was designed to capture comprehensive information regarding the name of the service, funding arrangements, targeted users and a description of the objectives of service delivery. Each service was categorised under the *Every Child Matters* (DfES, 2004) outcomes. The research team initially populated the template using publicly available data, such as Children and Young People's Plans and local authority online service directories. This was subsequently presented to local authority staff to complete. Once all of the completed templates were returned, 'core services' - defined as those services most frequently cited and taking up the largest proportion of the Children's Services budget - were identified. These core services will be used as a basis for deciding which services can be most usefully costed in the extended version of the Cost Calculator.

As a result of the mapping exercise, the Department for Children, Schools and

Families commissioned the Centre for Child and Family Research to undertake a scoping exercise to inform the replacement CiN Census (Gatehouse *et al.*, 2008). The research aimed to establish working definitions for the services identified in the mapping exercise and sought to identify the level of routinely collected child level data for those services. A questionnaire style data sheet was completed in the course of discussions between a member of the research team and Performance Managers. This was completed by nine local authorities, and sought to identify systematically what child level data were collected for each of the services for children in need provided by Children's Services, how that data was recorded and how it might be accessed. The datasheet was intended to gather an overall picture of data collected across the participating authorities. In order to establish a more detailed picture and understand how data may be gathered, four of the nine authorities agreed to participate in a pilot test. This attempted to gather child level data, including their characteristics and interventions provided, for a sample of children in need.

### **Key findings**

It was evident from both studies that recent policy and practice developments in Children's Services have led to a wide range of interventions for children in need and significant variations in the way in which data are recorded. Both studies identified a vast array of services and data recording arrangements. Identifying services and related child level data proved a useful but onerous task for the authorities; most notably in relation to the increased focus on prevention and early intervention, and integration of social care with education.

### *Prevention and early intervention: when is a child 'in need'?*

Significant disparities in how individual authorities defined a child in need were

found in both studies. Section 17 of the Children Act 1989 states that a child is defined as being in need if s/he is: “unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services by a local authority, if his/her health or development is likely to be significantly impaired without the provision of such services or if s/he is disabled”. Before recent policy changes, including the move towards prevention and early intervention advocated in *Every Child Matters*, many local authorities only provided services to children who had been formally assessed. Therefore, the research team expected to find a record of assessments carried out and details of the support that the child was receiving on the local authorities’ management information systems. It was hoped that this would form the basis for knowing the numbers of children in need and which services they were receiving.

However, the increased focus on early intervention and prevention has led to a blurring of the boundaries between ‘vulnerable’ children and those deemed to be in need under the section 17 definition. The introduction of targeted universal services, such as SureStart Children’s Centres, means that a number of ‘vulnerable’ children, who may have previously undergone initial assessments, may now be receiving services without such an assessment. The varied use, and recording of, the Common Assessment Framework (CAF) has also led to ambiguity about what is meant by a child in need. The CAF may be undertaken by a variety of professionals and agencies, and children may be subsequently referred to a service without contact with social care. This issue is compounded due to the varied systems for recording CAFs; a number of the participating authorities reported that they had no formal system for recording CAFs. The remaining authorities were using

‘ad hoc’ recording systems, which were rarely linked to the main management information system. In these cases, it is unlikely that child level data will be readily available on the social care management information systems. Consequently, both studies concluded that there may be a vast under-estimation in the numbers of children in need, the service interventions they are receiving and the costs and outcomes of those interventions.

On examination of a sample of policy and procedure documents there were notable disparities in the interpretation and implementation of threshold criteria for children in need. A variety of threshold frameworks were used across local authorities, which may suggest variation in when a child is defined as ‘in need’ under section 17. For example, while all of the participating authorities defined thresholds in terms of tiers or levels, the number of tiers differed between the authorities, along with the needs and services attached to each. Some categorised tier one as the highest need; others categorised it as the lowest need. Previous studies have noted a variety in threshold criteria across agencies and disciplines (National Foundation for Educational Research, forthcoming; Datta & Hart, 2007). The variations in thresholds for provision identified may impact on which services, and indeed which children, are included in data collection, making cross-authority comparisons difficult.

### *Integration*

Section 17 of the Children Act 1989, gives a duty to the *local authority* to provide services for children in need. While it was previously broadly accepted that the majority of provision would come via social services, there is evidence from this and other studies (Appleton & Stanley, 2008; Gatehouse *et al.*, 2008) that most authorities now regard the provision of child in need services as an inter-agency responsibility. It was clear from the two studies that the

principle of integration had been embraced by the participating authorities. Different levels of integration were demonstrated and a wide range of service providers and partnership arrangements, for both the delivery and funding of the services, identified. Numerous agencies and providers were cited as offering a range of services under the broad umbrella of section 17 provision. As advocated by *Every Child Matters*, children in need may be receiving interventions from a number of agencies and a range of professionals and it is vital that child level data provides a full picture of the child in need's experience.

However, the move towards integrated working has had implications on the nature and availability of data collected. Integration has required not only the drawing together of practitioners, management and services, but also the management information systems that allow a number of different agencies and practitioners to record, retrieve and analyse data on a single child or group of children. Subsequently, gathering detailed information on the full complement of services offered to children in need was found to be problematic. Some participating Children's Services Departments found it difficult to identify a comprehensive map that incorporated the full details of services not provided by social care. While each of the participating authorities were in the process of integrating social services and education departments to create Children's Services Departments, the research showed that none of the participating authorities had integrated social care and education management information systems. In one authority, the performance information staff from both departments shared an office, but operated different information management systems.

Furthermore, a range of different databases, located in different services, were identified as holding child level data on children in need. The mapping exercise identified many

different services provided for children in need, each of which may hold its own data, maintained for a limited purpose by an individual staff member or team. Various databases were found to operate as stand-alone systems with few or no links to the main social care management information system. Gatehouse and Ward (2003) note that, where a number of databases contained details on a single child, a number of discrepancies were identified in the data held in the various systems. Even where information was available on the professionals involved in each case, further details might be missing. While the implementation of ContactPoint, a database giving details of each professional involved with a single child, may assist in identifying the practitioners from which support is received, details of the frequency and volume of that support will need to be sought from elsewhere.

The amount of work required to match the data to individual children should not be underestimated. While social care systems are now required to hold a schoolchild's Unique Pupil Number (UPN), each agency and database may hold their own child identifier. The research demonstrated that, in many local authorities, there is no automated procedure for matching identifiers across information management systems, and this process would have to be carried out manually. The task of matching the data across systems to a usable format would be considerable. Some participating authorities had considered purchasing 'middleware' - software to link databases - but it was noted that purchase of such a facility would be prohibitively expensive.

#### *Child level data held on social care management information systems*

It was anticipated that the main social care management information system would be the primary source for child level data on children in need. As Children's Services Departments move towards a 'paperless'

office, systems are often considered to be the main repository for information and are beginning to replace traditional paper files. Data such as child characteristics and needs, services provided, along with details of key processes such as assessments and reviews can be found within these systems. However, only one of the four authorities participating in the Guidance for the New CiN Census pilot was able to retrieve any systematic data from its main management information system and the data that was retrieved was limited. While a great deal of data is held on these systems, in many cases it was inconsistent and not held in a format that is easily retrievable for analysis. It was suggested that a great deal of 'data cleaning', such as manually checking for errors and inconsistencies, and manual searching and editing may be necessary to extract data in a useable and reliable form.

The value of child level data lies primarily in its ability to provide detailed information on each aspect of supporting a child. This requires information to be recorded on both the services that are accessed by children and the ongoing work of the social care practitioners. The mapping exercise identified two types of intervention which can broadly be categorised as 'case management', whereby a social worker manages the day-to-day needs of a case; and 'additional services', such as attendance at groups or sessions aimed at addressing specific needs. Activity around case management can be divided into a number of key processes such as those outlined for looked after children. Despite substantial gaps identified in the research, there was evidence of some good data for a number of the key social care processes. The implementation of electronic recording systems is intended to assist local authorities in the gathering of data for both case management of individual cases and strategic purposes. To this end, such systems may have an important contribution to make in the collection of child level data,

most notably in relation to social care activity and case management processes.

However, some gaps emerged. Visits to families and children constitute a significant element of service delivery for children in need. However, there was found to be a lack of systematic recording of visits, except for statutory visits to looked after children and those with child protection plans. Only three of the participating authorities stated that practitioners routinely recorded visits, but these were found to be inconsistent; for example, one authority only recorded statutory visits. Difficulties were also encountered in routinely obtaining data regarding indirect work, such as discussions between professionals and essential paperwork. Data on group-work, work with whole families and work with parents that will directly benefit the child, such as attendance at parenting programmes, were also found to be difficult to retrieve. Each of these activities constitutes a significant proportion of social worker intervention and their absence in child level data collection could amount to a considerable underestimation of social care activity.

The studies found that reasonable child level data may be available for services to children with disabilities, family support services, early years and youth justice. This may form the basis of a stock of child level data which can be effectively analysed by managers, commissioners and practitioners. However, data on additional services were variable. There was little uniformity, even within each authority, in the recording of data. The sheer number of services within each authority was compounded by the myriad of ways in which services were named, even within one Children's Services Department. The studies suggest that it will not be easy to collect uniform child level data on services without manually sorting through the data to identify comparable services. This will be highly time-consuming and will also rely on interpretations of the data which may not be

accurate. It will not be possible to identify services accessed by children in need unless a standardised way of referring to each service is used. Clear definitions for the range of services provided to children in need will be essential in order to enable effective data collection. Four of the nine authorities participating in the Guidance for the New CiN Census did have such a list, although the lists were found to be extensive and unlikely to be used consistently by staff.

Services may be identified in child in need or child protection plans. However, it was not possible to distinguish between services that were planned and those that were received. In some cases, it may be possible to identify whether a service was provided, but it may not be possible to obtain meaningful, consistent and accurate measures of the volumes of service delivery. For example, while the files might record that a child had attended a session or group, the number of times that group had been attended was not recorded on the main management information system.

The issue of consistency is further compounded by the frequent use of free text within management information systems. Vital information, which could be recorded systematically elsewhere, is only recorded as free text, for example start dates, assessments and notes on key events. Data can only be retrieved from these documents manually; it is not always possible to tell what a service was, when and to what volume it was delivered without reading the free-text. Upon reading, the data are often inconsistent and unsystematic. Despite the potential quantity of data held in free text sources, to obtain - systematically and routinely - reliable data from them would be an extremely difficult and onerous task.

Although the findings were mixed, to take full advantage of child level data, without increasing the data collection burden on local authorities, the social care management information system may be the

primary source of child level data. There are, however, significant gaps which may or may not be resolved through the implementation of electronic recording systems, which are intended to reduce the data collection burden on local authorities by performing the two functions of providing electronic case records, and gathering data for national returns. However, it is evident that this is currently not the reality for many authorities. Gatehouse *et al.* (2004) note that to profit fully from the data collected, local authorities need to know how best to extract and make use of the information for monitoring and analysis. More comprehensive data may be available once the systems are more fully implemented and a greater awareness and working knowledge acquired by both practitioners and managers.

### **Implications for policy and practice**

Child level data are essential in relation to 'bottom up' costs and can be highly valuable for a range of analyses such as informing planning and practice developments, and assessing outcomes. Effective analysis requires data that are both easily obtainable and configured so as to enable analyses. The findings of these two studies suggest that, while a wide range of child level data exists across children's services and other agencies working with children in need, data are frequently variable and sometimes lacking in detail. There is limited information beyond the case management processes and the key services for social care. Very little information is collected regarding additional services, such as therapeutic interventions and indirect work. Much existing data may require substantial manual checking and editing before analysis is possible.

Scott *et al.* (2005) outline three requirements for using data to improve performance:

1. an organisational culture that supports learning;
2. sufficient managerial skills to analyse and use information;
3. an information system to store, retrieve and produce reports which enhance the understanding of what is happening on a daily basis to individuals and groups of children.

While the first two requirements are beyond the direct scope of these studies, it is evident that information systems used by the participating local authorities showed variable efficacy in storing and retrieving utilisable child level data. However, the gathering of child level data may be improved if greater consideration is given to the design and implementation of electronic recording systems and the organisational cultures and managerial skills in which data are recorded and analysed.

*Management information systems: for practice or performance?*

There are difficulties in implementing an electronic recording system that marries the dual purposes of the management of individual cases in practice, and routinely conducting other kinds of analyses for monitoring and planning purposes. The evidence in this paper suggests that, while a great deal of data is gathered within social care management information systems, there are issues arising due to this dual function. Many of the problems identified with the data held in these systems, such as the use of free text and the inconsistent use of service names, occur because staff entering the data are recording for the specific purposes of their own practice and case recording. While the electronic recording systems attempt to introduce some consistency in the recording of these processes, the anecdotal evidence from the work to extend the cost calculator for children in need, suggests that these systems exacerbate problems precisely because they do not allow practitioners to record

additional information that may be vital to an individual case.

As data collection pressures increase on Children's Services Departments, greater consideration may be required when planning data management procurement in how the data may be most effectively utilised for both the recording of individual cases, and wider analysis for planning and commissioning. Indeed, these and other studies (Gatehouse & Ward, 2003) have noted that barriers to data collection may arise from the failings of software developers and local authorities to design management information systems that produce appropriate outputs. Child level data can be configured in a number of ways, and systems are rarely designed to enable flexible analysis. Scott *et al.* (2005) observe that many information systems have been designed to store and record data with little attention being given to how it might be used to support practice or decision-making. In many cases, this may be due to lack of knowledge within Children's Services Departments as to the kind of analyses that can be carried out with child level data, or how that data can be interpreted. It is possible to argue, therefore that the surrounding organisational culture and level of prevailing knowledge are highly significant factors in the procurement of quality child level data.

*Staff culture and data collection*

The most effective data gathering will be found where both practitioners and managers develop a learning culture in which the ability and willingness to use data to inform both practice and planning are encouraged. In a system where the majority of data is recorded by practitioners, rather than performance managers, social workers must be able to link the data they are recording to their own practice and service provisions. Gatehouse and Ward (2003) note that, increasingly, performance management staff are being employed

within local authorities to assist in the collection of data for national returns. This creates a division between those who record the data (the practitioners) and those who use it (performance and commissioning managers). Adequate data collection can only be achieved where an organisational culture is nurtured which links these two groups; where practitioners understand the uses of child level data and are enabled to use the data to inform service provision and their own practice.

Scott *et al.* (2005) suggest that the lack of such links can affect the type of data recorded. While the data recorded may be relevant to individual cases, it may not be appropriate for wider procurement and analysis. Practitioners are unlikely to record information systematically if they are unable to make use of that information for their own work. In some cases, data collection can be seen as an additional activity, preventing practitioners from engaging with service users, rather than as a means of guiding key social care processes. More accurate data may be collected where social workers are able to access and interpret this data for their own practice and the process is incorporated into their day-to-day work. Effective training and support to enable practitioners to make full use of the data they are recording may also be a valuable element of data collection. Children's Services personnel at all levels will make little use of child level data unless it can be seen to produce sufficient dividends to warrant the effort of collection.

## Conclusion

It is evident that much can be gained from using child level data. As the need to provide evidence-based practice, to assess outcomes and to provide cost effective services increases, child level data may provide a valuable resource. There is evidence that a great deal of child level data exists within Children's Services and other agencies working with children in need.

There is valuable information relating to (1) case management; (2) the key element to most social work practice; and (3) the key child in need services. These three sets of data may be brought together to form the foundation of effective child level data gathering. However, at present, there are substantial difficulties with this data, which may prevent routine analysis being conducted without significant work to obtain and collate the range of data available.

While difficulties have been identified with both the changing context of child in need provision, the implementation of the electronic recording systems and integration of services are, however, at an early stage. It may be possible to encourage greater availability of child level data as this process moves forward. This will not be possible without much more consideration being given to the type of data that is collected, the management information systems used within Children's Services, and the organisational culture, skills and knowledge within which that data is procured and analysed. The value of child level data across all levels of Children's Services should not be ignored.

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#### Notes on Contributor

Sam joined the Centre for Child and Family Research in early 2007 to work on the extension of the Cost Calculator for Children's Services to include all children in need. Much of her time is spent liaising with local authority professionals and working in partnership with them to develop the programme. Sam has previously worked on the local evaluations of several SureStart programmes and her research interests include community participation, the voluntary sector and services that aim to reduce the effects of social exclusion for families and children in need.

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## **Narrowing the Gap – what really works**

### **A report on the first 6 months work of the Narrowing the Gap Programme**

Jane Held – NtG Programme

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#### **Summary**

*This paper sets out the work being undertaken by the Narrowing the Gap Programme to identify what action should be taken by everyone working in children's services in order to improve outcomes for vulnerable children and to narrow the gap between their life chances and those of their peers. The programme employs a robust research approach, including action research methodologies, to identify 'what works' and produce accessible and readily applicable guidance.*

#### **Background and methodology**

Narrowing the Gap is a two year sector-led research, improvement and development programme which is funded by the Department for Children, Schools and Families (DCSF), hosted by the Local Government Association (LGA) and supported by the Improvement and Development Agency for local government (IDeA).

Its overriding purpose is ambitious: to make a significant difference, on a national scale, to the performance of Children's Trusts in narrowing the gap in outcomes for vulnerable and excluded children, against a backdrop of improving outcomes for all. The sharpest focus is on children aged 3-13 years, although children aged 0-3 years are included in the study and boundaries kept as flexible as possible.

The programme hopes to identify 'what is working' and 'what still needs to be done' in improving outcomes for vulnerable groups, by working with and through local authorities and their partners. It also hopes to ensure that everyone working with children and young people 'keeps the faith' with *Every Child Matters* three years on and shares effective practice.

It aims to answer the fundamental question – 'What is it that, if applied universally and pursued relentlessly, would make a significant impact on the outcomes of vulnerable groups of children and young people?' It does this by working to identify what the 'simple truths' are (rooted in evidence and tested in localities, across all 5 outcomes) that can be applied and adopted by everyone across children's services. On completion, the programme should deliver:

- Identification of best practice about what works and how best to disseminate it;
- Identification of models for growing and developing current and future leaders of children's services;
- Identification of different approaches adopted by local authorities working with others (strengthening the 'family' of local government) in delivering improved outcomes for children.

The programme is now part of the work of the new Centre for Excellence in Outcomes in Children and Young People's Services (C4EO).

The 5 outcomes in question, of course, are those identified in *Every Child Matters*. We do have a focus on educational attainment (enjoying and achieving) for which we make no apology - improving attainment

depends a great deal on the other 4 and, in turn, contributes greatly towards those other 4 so we focus across all 5 equally.

By ‘narrowing the gap’ we mean the difference or deficit between outcomes for a specific group and the outcomes for the whole range of children and young people of which the group forms a part. It is clear from research and practice that some specific groups of children are more likely to fall behind than others. We identified 11 groups while acknowledging that there are many others and that some children belonged to more than one group.

The programme has 5 themes, and we worked on the first 3 of these in the first year. They are:

- How to create and sustain the right links between schools, children’s centres and Children’s Services;
- How to engage and support parents and carers in helping their children to succeed;
- How to use the new systems and processes brought into being by *Every Child Matters* to orientate services more towards prevention and early intervention.

In 2008/9, the programme is examining:

- How to strengthen and align local leadership and governance arrangements – both professional and political; and
- How to strengthen systems for developing local leaders to deliver improved services based on the understanding of what works.

The programme draws heavily on the ‘collaborative methodology’ successfully used by the CHIMP project and by the NHS. There are seven steps: Step 1 - agreeing the focus of the project; Step 2 - collating best practice as the basis for starting the project; Step 3 - identifying

hypotheses to test on the ground; Step 4 - testing hypotheses on the ground; Step 5 - supporting participants to learn; Step 6 - measuring the impact of change and assessing improvement over time; and Step 7 - sharing learning of what is and is not effective.

There are many excellent research projects and improvement programmes under way in children’s services at present but our approach is distinctive in three respects. First, it draws on the outcomes of rigorous evaluations of the research and the data, and on the expertise of key individuals and organisations to generate a series of hypotheses, which are then reality-checked ‘in the field’. Second, it focuses firmly on using the outputs from the fieldwork activities to answer some of the questions about ‘how’ to do things in localities that make a difference, scrutinising the detail of strategy and delivery at every level of the ‘*Every Child Matters* onion’. Third, it has adopted a collaborative way of working between central and local government and between participating local authorities in pursuit of shared goals. (Further information at <http://www.everychildmatters.gov.uk>)

### **What the project has done so far and where it is now**

An interim report was published in January 2008 and the full first-year report published in October 2008. ([www.c4eo.org.uk](http://www.c4eo.org.uk), [www.lga.gov.uk](http://www.lga.gov.uk)). The interim report contains a significant amount of material, including reports on two research studies commissioned from The National Foundation for Education Research (NFER) at the start of the programme.

The research studies have sought to present the best data that highlights the extent and nature of the gap in outcomes between the most vulnerable and disadvantaged children and young people and the general population and the most compelling evidence on ‘*what works*’ in making a

positive difference in outcomes to the lives of these children and young people, and in doing so in improving the outcomes for all.

The first study (Kendall *et al.*, 2008) is a review of the current literature and research on the subject of narrowing the gap. This study found that the majority of texts included in the review either did not focus on a specific vulnerable group or look at outcomes from a range of vulnerable groups. It also found that the material was most likely to focus on enjoyment and achievement, and least likely to focus on achieving economic well-being. There was a shortage of robust longitudinal studies and, in general, very little is known (except in education) about ‘what works’.

The second study (Morris *et al.*, 2008) is an overview and analysis of the nationally-available datasets on vulnerable groups, the first time such an exercise has been done. The study sought to identify what useful and comparable data was (and was not) readily available on each of the outcomes for vulnerable groups. It established that there were significant gaps, overlaps and inconsistencies in the datasets and that the overall quality and nature of data on many of the outcomes was: insufficiently detailed to allow a gap to be identified; not collected in a way that facilitated accurate comparisons over time and insufficiently robust to enable judgements to be made as to whether gaps were widening or narrowing.

Overall, the evidence appears to validate the policy direction of *Every Child Matters* (ECM) – with its strong focus on prevention and early intervention and the prioritisation of support for vulnerable and disadvantaged children in their early years. There are a number of key messages arising from the research which have been published as part of the second report.

Drawing on these research findings and messages, on other research (over 80

studies) and, recognising the current shortage of extensive research evidence about what works, on evidence from an extensive professional and expert programme network of key individuals in their field, a series of papers (called ‘templates’ in this project) were created by the members of the programme’s core team. These set out what the team hypothesised to be the critical building blocks for narrowing the gap. They were synthesised from the research material and based on the outcome of rigorous discussion and cross checking with programme network members, plus extensive discussion with practitioners and leaders in children’s services.

There are 5 of these templates, with the following themes:

- What children’s centres and other early years settings can do;
- What needs to be in place between schools and other services (extended schools);
- What schools can do to narrow the gap;
- What constitutes the most effective practice in engaging parents and carers;
- How to re-orientate systems, processes and services towards early intervention and prevention.

The templates organise and present their material in two different ways: first, by reference to the layers of the *Every Child Matters* ‘onion’, that is, according to what is needed at the level of integrated frontline delivery, processes, strategy and governance; and second, by moving across the ‘progressive universalist’ spectrum, starting with what is needed for all children (universal services), then moving to what is required by vulnerable children with additional needs (targeted services), then children with complex and multiple needs (targeted/specialist services) and, finally, children in need of care or protection (specialist services). This sounds

complicated but makes sense when you see it in practice; it should also be noted that each template has a simple summary page at the front.

The templates present what is needed at every level of the system, locally, to narrow the gap. The paper setting out the hypotheses makes it clear that the team had enough evidence to be satisfied that they (the hypotheses) have to be taken together, applied universally and pursued relentlessly in order to achieve significant change. In other words, they are not a 'pick and mix list' but a recipe for whole-system change. This is inherently challenging and one of the important questions as the project progresses is exactly *how* Children's Trusts can deliver change on this scale, what support they need to do so, and how this is best provided.

Once the templates were complete, a series of statements were then drawn up by the core team about 'what works' in narrowing the gap across all the dimensions being considered in the first year of the project, by drawing out the factors that appeared to be common across all the templates.

These statements, called 'Golden Threads' in this project, were written up into a short paper with some initial ideas for what they might imply in practice, in order to spark more thoughts from readers – particularly Councils and their partners. They are:

- **You can do it! (Expect the best)** - Creating a culture of high aspirations and giving children and parents access to a trusted adult;
- **Together with parents** - Working in real partnership with parents and families and building on their strengths;
- **Through the eyes of the child** - Making all services more child and family-centred and adult services more

sensitive to their clients as parents, and alert to the needs of children;

- **Holding onto the baton** - Ensuring as much stability and continuity as possible in the relationships between trusted adults with children and parents; managing those transitions that are unavoidable with care;
- **Learning to learn** - Making the building of children's resilience a major policy objective including, for example, configuring education so it benefits the most vulnerable and disadvantaged, encouraging their participation and giving them lots of supplementary and 'catch up' support;
- **Cornflakes to canoeing** - Taking active steps to make extended services available to all disadvantaged or vulnerable children – within and beyond the school;
- **Unite to succeed – 'sanity not vanity'** - Deepening the integration of services, systems and processes;
- **Shape up and keep fit** - Reshaping the workforce and ensuring it is appropriately trained, supported and celebrated;
- **Prove it – making change happen** - Having the right performance management system in place nationally and locally: one that encourages a focus on improving outcomes generally and those of vulnerable groups in particular, and on shared approaches to this across services, including Health;
- **From good to great – 'passion with purpose'** - Having transformational leadership in place, politically and among officers/officials: a clear vision communicated well and the planning

and processes to back it up and deliver results.

We originally expected about 30 Local Authorities with their Children's Trust partners to volunteer to work with us. In fact, we began work with 96 participating authorities and this figure has subsequently grown to over 100. This positive response is noteworthy, particularly since no financial incentive was offered. The strong take-up may have been for a number of reasons, but among them is almost certainly the fact that participants liked the collaborative approach adopted.

Since the interim report was published we have, by engaging with a cross section of service staff and key partners from the 100 participating local authorities, working in 9 regional workshops (1 for each region) between February and May 2008, been able to:

- Reality-check the 'Golden Threads' with Children's Trusts;
- Give them the chance to amend and add to them; and crucially
- Consider with Children's Trusts how they can move from where they are now to where this project suggests they need to be in their localities in order to narrow the gap.

The workshops have facilitated genuine 'sector-led' improvement; provided Children's Trusts with a clear analysis of 'what makes the difference'; generated a 'product' from each session; and reinforced collaborative working across the region, with a focus on 'narrowing the gap'.

The second report adds 2 further statements, making a total of 12 Golden Threads:

- **It takes a community to raise a child**
  - Recognising the power of communities to support children and adults;

- **Culture not structure** – 'Shared vision, shared behaviour' – ensuring that organisational culture, and the way individual practitioners work, underpins structural change focusing on high aspirations for all children.

It also contains the final 5 self-evaluation tools, containing just those critical building blocks the action research stage of the programme confirmed were sound and evidence based.

### **What can be learned from the Narrowing the Gap project so far**

It is important to recognise that the first report was published at a relatively early stage of the project: the way it has been designed means the most significant outcomes will not emerge until the end. However, it is legitimate to draw out some conclusions about what has emerged from the research and data reviews, templates and hypotheses and from the project's general approach.

Every element of the project so far supports the overall direction of policy in this area as was set out originally within *Every Child Matters* and as has been developed since. This may not be surprising but it is reassuring, nonetheless!

The importance of the Government's role as 'leader of the system' emerges very strongly, particularly its responsibility to articulate, simply and clearly, what is required of people and organisations at every level and to provide a sense of drive and purpose. This implies the need for a step-change, using the formation of the Department for Children, Schools and Families and the Children's Plan as a springboard.

As the project has developed, the need for schools to be linked closely to other services (as a critical means of improving outcomes for children and narrowing the gap) has

become increasingly pronounced. This reflects and reinforces the contents of the Children's Plan (which the project also informed). If the gap is to be narrowed everywhere, the notion of the school as a community asset must be given every emphasis.

Narrowing the gap requires major changes in a number of respects at local level so strong local leadership is required. This is not a task that can be left to Directors of Children's Services alone; members also have crucial roles to play and need to be on board.

The data analysis reveals some major gaps in the data currently available in this area. The data analysis also shows that, while there has been progress in narrowing the gap for some groups over the last few years, for others the gap remains unchanged or has even grown. It is significant that groups for whom the gap has narrowed – e.g. black African Caribbean children and children in care – are those for whom there has been a clear focus of policy and resources, nationally and locally.

The importance of building children's resilience and non-cognitive skills comes through over and over again. It is not clear that this is yet sufficiently well-understood by every part of the system, nationally and locally, or that the implications for policy, services and training have yet been worked through. The significance of Health in narrowing the gap is also strongly implied by every aspect of this project to date.

### **Lessons for practice and messages for Children's Trusts**

The templates that have been produced are a rich potential source of insight and knowledge for staff in Children's Trusts. They have the capacity to act as a kind of checklist for existing policies and practices, and as a means of stimulating new ideas.

The hypotheses, or Golden Threads, with which participating Councils will be working in the next phase of the project, operate at a more strategic level than the templates and so may be of particular interest to Directors of Children's Services, officers involved in planning and strategy in Children's Services, and Local Authority members.

The summaries of the data and the research, produced by NFER, offer direct route-ways into a complex set of issues and should be accessible to members and officers at all levels. Policy teams in Children's Services may also find them useful starting points for their work.

Having said this, it is important for colleagues in Children's Trusts to remember that the most significant outcomes will only emerge at the end of the project, once what they do in their localities has informed the products of these analyses of policy, data and research, and helped generate a list of mechanisms that can be widely employed.

### **Next steps**

Between June 2008 and March 2009, the final two themes will be worked on, using the same methodology deployed this year (possibly with some slight modifications depending on the lessons learned):

- How to strengthen and align local leadership and governance arrangements (both professional and political); and
- How to strengthen systems for developing local leaders to deliver improved services based on an understanding of what works.

These themes will include professional and political leaders of Children's Services (i.e. Lead Members, Scrutiny leads, Council Leaders), as well as Directors of Children's

Services. IDeA and LGA will be closely involved.

The digest of effective practice for these two themes will be completed by June 2009.

## Conclusion

The progress made to date is extremely encouraging but the proof of the pudding will be in the eating, in generating improvements in our capacity to narrow the gap in localities and in achieving demonstrable success. It is easy to stand back from the project now, look at the implications to date and ask 'so what?' because, in many ways, there have been no real surprises so far.

There are several responses to this potential challenge. First, it is not necessarily a bad thing for a rigorous methodology to confirm that we are broadly heading in the right direction. Second, some elements do come through more strongly than might have been expected – e.g. the significance of building children's resilience or of having a trusted adult for parents as well as children. Third, this stage of the project does no more than lay the foundations for what is to come; what is important is that those foundations are strong and well-informed. Finally, the project's inclusive methodology should help to generate the conditions which make it successful.

The reports are available on the Narrowing the Gap section of the C4EO website, [www.c4eo.org.uk](http://www.c4eo.org.uk), and the Narrowing the Gap section of the LGA website, [www.lga.gov.uk](http://www.lga.gov.uk) (under children and young people).

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## Notes on Contributor

Jane Held has 30 years of experience in Social Care. For 15 years she worked directly with looked after children. She continued to specialise in Children's Services and held a number of senior management posts, most recently as Director of Social Services in the London Borough of Camden. She is now working independently. She has worked on a range of projects relating to children's policy and has extensive experience of safeguarding practice, operationally, and at strategic and policy level. She has undertaken a number of Serious Case Reviews and other investigations and reviews linked to practice. Working for a range of national public sector bodies, including the LGA, DCSF, IDeA, and CSCI, she is currently an operational lead for The Narrowing the Gap Programme, a DCSF sponsored programme looking at narrowing the gap between vulnerable children and their peers.

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## **Book Reviews**

### **Understanding School Refusal: A Handbook for Professionals in Education, Health and Social Care**

Thambirajah, M.S., Grandison, K.J. & De-Hayes, L.

London: Jessica Kingsley, 2007, pp.160, ISBN: 978 1 84310 567 1, £17.99 (pbk.)

Successive governments have launched a series of initiatives, costing millions of pounds, to improve levels of school attendance. Yet non-school attendance remains a widespread concern. Any book which can help promote a wider understanding and get beyond the media stereotypes of disaffected truants and their supposedly feckless parents and enable a greater understanding of the complex world of non-school attendance is to be welcomed. This volume examines in detail one particular category of non-attendance, namely school refusal. As the authors note, the issue of school refusal, or school phobia as it was once referred to, remains concealed somewhere in the statistics of school non-attenders.

The authors rightly stress that school refusal should be differentiated from truancy and requires a totally different response. School refusal essentially consists of two main components, each with varying degrees of severity – an emotional component consisting of emotional distress at the time of, or prospect, of attending school, and a behavioural component manifesting as non-school attendance. The point is well made that, if undiagnosed and untreated, school refusal can lead to social isolation, increasing anxiety, depression and severe social disability. The factors which may occasion or contribute to this school refusal – whether these are school, child or family factors – are explored in detail.

The nature of the anxiety experienced by school refusers – the physical or emotional

changes and the behavioural changes it can trigger – is explored. A school refusing child becomes anxious at the prospect of going to school so avoids going to school. He/she typically becomes trapped in an avoidance-reinforcement cycle that over time becomes self-perpetuating.

In terms of assessment and treatment the authors advocate a sensitive, integrated, non-pathologising, early intervention that focuses on those child, family and school factors which contribute to the onset and maintenance of the school refusal. The main principle in managing school refusal is seen to be the exposure of the child to the feared situation in gradual and emotionally tolerable ‘doses’ until he/she learns to overcome the anxiety and return to full attendance at school. The authors recognise that, in severe or persistent cases, more specialist treatment may be necessary.

Parents retain the prime responsibility for ensuring that their children attend school and professionals are offered a range of approaches to use when working with the parents of school refusers – some of which, such as getting the father involved as much as possible, can be all too easily overlooked.

Schools have a crucial role to play in addressing school refusal and the book shows that, for a child at risk of school refusal, a combination of risk and protective factors at school interact with individual child and family characteristics to increase or decrease the likelihood of that child becoming a school refuser. Schools are advised to analyse carefully these risk and protective factors and to respond accordingly.

Whilst early intervention is crucial in addressing school refusal, for some extreme cases an early return to school is unlikely to be an option. In such circumstances home

tuition or time in a pupil referral unit may be appropriate. The book, however, rightly emphasises that careful thought should precede any decision to opt for home tuition – in some instances home tuition may actually compound the difficulties.

The book concludes by emphasising the importance of multi-agency strategic planning. Readers are reminded that this planning must not be divorced from ‘the realities of practice’ but should, instead, be conceptualised as a two-way communication between practice and strategy.

This book, written in a clear, concise and jargon-free style, offers a number of illustrative case studies as well as practical examples of assessment forms and handouts for parents. It should prove useful to teachers, education welfare officers, school health advisers and others who work with children who are reluctant to attend school. School attendance and persistent absence are high on the government’s agenda. Within this big picture of non-school attendance, school refusers have been a largely hidden and under-recognised small group. This volume should help ensure that they become less so.

### **Martin Smith**

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### **Using Evidence: How Research can Inform Public Services**

Nutley, S.M., Walter, I., & Davies, H.T.O.  
Bristol: Policy Press, 2007, pp.376,  
ISBN: 978 86134 664 3, £21.99 (pbk.)

Even in a 320 page book, the task of condensing the relevant literature on the evidence-into-practice dynamic in public services is a considerable one. The problem is not so much the volume of material as the complexity of the topic and, therefore, the challenge of establishing a developing

narrative which is simultaneously both readable and structurally coherent. Given the nature of the topic, the authors rightly focus on readability and the result is a lucid, informative and accessible addition to the research utilisation literature.

The premise of the book is that a better understanding of how evidence is utilised will lead to enhanced use which in turn promises benefits to democratic discourse, policy and service organisation, and quality in the public sector. Although narrow technocratic prescriptions for research utilisation have been repeatedly critiqued, the evidence-based bandwagon has experienced something of a resurgence in the last ten years. This leads to a curious situation in which much emphasis is put on a ‘what works’ approach to policy and practice despite little tangible support that ‘what works’ actually works. Perhaps inevitably, we now seem to have passed through the phase of great optimism and are gradually recognising the limits of ‘evidence’ as a solution to problems of public sector policy and practice. Early on in the text, the authors recognise this retreat as implicit in the increasing use of more modest phrases such as ‘evidence informed’ policy and practice in place of the previously pervasive and more evangelical ‘evidence-based’.

The book gives some thought to different types of knowledge – and, in so doing, problematises established hierarchies of evidence. However, more time is spent deconstructing the notion of *use*. Although this will be familiar ground for some, there is something to be said for once more bringing together all the ways in which commentators have tried to capture the complex relationship between evidence and knowledge on the one hand and policy and practice on the other. Instrumental (or direct) research use is found to be less common than conceptual influence (i.e. in the form of changed perceptions and increased understanding) and use is

identified as being invariably subtle, complex and necessarily unpredictable. Having established the inherent diversity of research use, the authors set about distilling lessons regarding the factors influencing its extent. Unsurprisingly, they find some support for the view that the nature of research outputs and presentational styles, combined with perceptions of researchers' credibility, have some part to play in predisposing decision-makers and practitioners to usage. More tellingly, however, they assert the primary importance of a receptive organisational and systemic context, thereby exposing a key flaw in much of the empirical research in this area which focuses on individual behaviour and preferences.

The book draws on a multitude of theories, frameworks and debates from policy and practice disciplines and uses the areas of health, criminal justice and education as case studies throughout. Again, it is remarkable how debates taking place as far back as the 1950s and '60s can have such undiminished relevance to the contemporary public sector landscape. The authors argue that a linear, rational model of the research-into-practice process is unattainable. However, there is less engagement with the trickier question of whether such a model is desirable. Insights from post-modern commentators are presented (and here I felt more acknowledgement could have been made of earlier feminist schools of thought) which suggest that all knowledge is contested and provisional, and that knowledge cannot be divorced from its social context. However, overall, the authors perhaps wisely refrain from a full exposition of debates around the politics of knowledge and information.

In terms of moving things forward, the authors advocate methods of knowledge exchange which incorporate active interaction, social influence and facilitation rather than passive dissemination and transfer. A key contribution (derived from

tangentially relevant disciplines such as Knowledge Management and Diffusion of Innovation) is that the organisation, rather than the individual, should be the primary unit of analysis and development. Chapter Nine is particularly useful and concludes that strategies for increasing research use that are based on a more sophisticated understanding of how knowledge is constructed and shared will have a better chance of success. Predictably, and in my view correctly, the last chapter's review of methods for assessing research impact argues that no one model can capture all that is of interest.

Overall, the book convincingly argues that research use is complex and contingent and that evidence is more likely to be *adapted* than *adopted* by decision-makers and practitioners. The authors conclude that interactive and social models provide the most insight, and are likely to lead to more effective strategies for improvement. Despite the addition of some practical tips, and areas for suggested research, the primary function of this text, in my view, is to reiterate to those involved in conducting public services research the importance of considering its impact at all stages of design and execution. It is no longer sufficient for studies to be robust to academic peer review and those involved in generating policy or practice-related evidence and information need to be outward-looking if their endeavours are to be worthwhile. Contributions such as this text suggest that, albeit with some gaps, research-use is actually fairly well understood. The challenge now is for the learning presented here to become embedded in research institutions and practices.

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**Learning Disability Today: A Handbook for Everyone Committed to Improving the Lives of People with Learning Disabilities**

Carnaby, S. (ed.)

Brighton: Pavilion Publishing, 2007, pp.236, ISBN: 978-1-84196-224-5, £19.95, (pbk.)

This is the second edition of a textbook on best practice in the learning disability field which was first published in 2002. The earlier edition was explicitly aimed at direct care staff working towards Learning Disability Award Framework certificates and National Vocational Qualifications. The new edition avoids any reference to these awards. I am not sure whether this is because of the uncertainty concerning the future qualifications framework for learning disability or because a wider readership is being sought. If the latter then I suspect the publishers may be disappointed; health, education and social work professionals may well prefer one of the several profession-specific texts now available.

As a manual for care workers with limited experience of people with learning disabilities, however, I think this book probably works very well. It has twenty chapters covering most key issues in this field and includes two new chapters on autistic spectrum disorders and working with parents with learning disabilities. I would particularly recommend Peter Baker's chapter on challenging behaviour, which addresses the stereotype of the 'attention-seeking' client still widespread in learning disability services. Similarly commendable is Stephen Carnaby's chapter on profound and multiple learning disabilities (PMLD), which emphasises the importance of meaningful inclusion for individuals with PMLD.

Bullet points, case studies and checklists are used very effectively to communicate recommendations for practice. The further references given at the end of the chapters

are both appropriate and likely to be helpful. Sadly, most of the interesting photographs of the long-stay hospitals and art produced by people with learning disabilities which featured in the first edition have been left out here.

There are a couple of glaring omissions in terms of content. The first is a chapter on working with the family carers of people with learning disabilities. The majority of adults with learning disabilities still live with relatives (Emerson *et al.*, 2005) and those who are living in supported accommodation may retain close family links. Tensions between relatives and care providers are not uncommon and it would have been good to have had a chapter which offered suggestions as to how these can be overcome or managed, perhaps including an introduction to systemic approaches.

The second omission is a discussion of the social model of disability, which has significantly influenced the strategic direction of policy in the learning disability field. This is particularly curious given that the book includes discussion of other critical perspectives, such as gender theory, in the chapter on anti-oppressive practice.

Some readers may feel that the lack of reference to 'self-directed support' and the 'personalisation' strategy also constitutes an omission. Given that the Government only confirmed its commitment to these policies at the end of 2007 (HM Government, 2007), it would be unfair to criticise the book for this. It does include chapters on direct payments and person-centred planning, both of which have now been pulled under the umbrella of 'personalisation'. However, the rapid pace of development in policy affecting this field means that textbooks such as this one can seem dated almost as soon as they are published. A further revision will undoubtedly be needed in order to produce a version of the book which can equip the new breed of 'personal assistants' to work with people with

learning disabilities who are also their employers.

### **Rachel Hughes**

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HM Government (2007) *Putting People First*, London: The Stationery Office.

### **Health and Social Care: Establishing a Joint Future**

Petch, A.

Edinburgh: Dunedin Academic Press Ltd, 2008, pp.96, ISBN: 978-1-903765-73-9, £13.50 (pbk.)

As long ago as 1959, Eileen Youngusband, a social work pioneer, commented that, whilst each profession has its unique function, it is imperative that they co-operate and work together, as no individual discipline can meet the complex range of human needs (Youngusband, 1959). In this contemporary volume, the author demonstrates how partnership working has become even more imperative and dominant in recent policy debates both nationally and locally.

This text is one of a series, '*Policy and Practice in Health and Social Care*', that focuses on reform agendas from a Scottish perspective. However, like other books in the series, it is inclusive of the wider UK context, as this enables the discussion of contrasting policy and practice trajectories north and south of the border. Furthermore, the discussion throughout the book is strongly research- and evidence-based. It

reflects and incorporates the author's recent research activity; for example, a research study that investigated which outcomes of partnership working were considered by service users to have a positive impact (p.14). Whilst not exclusively so, the content of the book is largely inclined towards community care and adult services; that being said, many of the issues of partnership working that are debated within this text are applicable and relevant, no matter who the recipients of collaborative services are.

It is perhaps deceptive and unfortunate that this paperback book is small and slim, as its size in no way reflects the depth of content and analysis contained within. The book has six chapters, the first of which offers a broad introduction, exploring definitional complexities and considering the evidence-base for partnership working. The second chapter sets out the UK national policy context of joint working agendas, starting with its historical development and concluding with details of more recent policy initiatives. At the end of the second chapter, the author argues that, despite the wealth of policy directives and the expressed wishes of service users, effective implementation has yet to be realised. The Scottish agenda is then more specifically developed in the subsequent three chapters within the context of the Scottish Executive *Joint Futures* agenda which, at its core, has recommendations to improve joint working (Scottish Executive, 2000). These chapters include detailed exploration of relevant legislation and recent policy priorities, with specific aspects of integration, such as single shared assessment and Local Partnership Agreements, being examined in greater depth.

Finally, Chapter Six might be considered as 'knowledge-informed speculation', as the author admits to a deficiency of systematic evaluation being available to inform her reflections on the most recent developments in this Scottish initiative. Petch concludes

this final chapter by pondering on whether the debates about partnership working will form a “constant organisational backcloth” whilst other initiatives are prioritized and given more attention (p.83).

In my view, this book, whilst compact, is comprehensive and develops considerable scope and depth of analysis. The firm research basis of the material, throughout, makes this book valuable and relevant for educators, students and those interested in policy across health and social care.

### **Karin Crawford**

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### **Care, Community and Citizenship: Research and Practice in a Changing Policy Context**

Balloch, S. & Hill, M. (eds.)  
Bristol: Policy Press, 2007, pp.299,  
ISBN: 978-1-86134-870-8, £24.99 (pbk.)

This is a timely publication which captures the contradictions, difficulties and possible synergies of care, community and (social) citizenship in conceptual and real world terms. As such, it is a valuable resource for a wide range of practitioners as well as for researchers – and should be for policy makers too.

Balloch and Hill’s brief introduction sets out the multi-authored book’s aims and provides an outline of its four sections (and is well complemented by their fuller conclusion). The two aims stated are: “to question current approaches to ‘community

care’ in which the meaning of community is ill-defined and the concept of care is taken for granted” and “to identify effective strategies and practices, and the thinking that lies behind these, through which individuals may be supported to live normally and safely within communities regardless of income and wealth, age, impairment, gender or ethnicity” (p.1). These aims imply a critique of current discourses of citizenship and the difficulties notions like ‘active citizenship’ connected to an imagery/imaginary of community can pose in relation to the care and well-being of vulnerable groups, individuals, families and for society as a whole.

Having a particular interest in the intersection of citizenship with community as a discursive strategy and the impacts on individuals’ biographies<sup>1</sup>, I would have liked to have seen the exploration of these issues voiced as a third aim for the text. It would also provide a means of highlighting the paradox of ‘community’ suggested here: as a simultaneously ill-defined concept and as the identified location for services supporting individuals. This is not so much a criticism of the text but more a plea for an extension of its concerns to incorporate a consideration of a *unified* concept of citizenship – civil, political and social – and thereby provide a more robust challenge to the behavioural prescriptions of citizenship for individuals and ‘communities’ signalled in contemporary political discourses. From an activist’s perspective, it would also address the unhelpful dislocation of social rights from equally significant civil and political rights (a further and related consideration here is that, in an era of rapid migration, the rights and inclusion of ‘non-citizens’ in relation to care and community needs is an increasingly relevant issue).

As for the four sections, Part One addresses care, community and citizenship in the delivery of welfare; Part Two, ethics, care and community; Part Three, bridging the gaps, a practice-based approach; and, Part

Four, comparative perspectives. This structure is useful; it permits readers to focus on chapters or sections of particular interest, but also encourages a fruitful, wider exploration of the issues reading across the sections.

In the foundation-laying Part One, the editors' chapters, along with a chapter by Petch, develop issues raised in the brief introduction, embedding these in broader conceptual considerations, UK policy, and policy and practice in Scotland.

Part Two focuses on a careful examination of ethics, values and dilemmas in caring and community roles. It begins with Barnes' chapter which, through the lens of an ethic of care, highlights policy 'blind spots'. These are created as the interdependencies and value of care remain largely unrecognised in the glare of a contemporary political emphasis on a contractual active citizenship, and exacerbated by the separation of policy areas to either a (public) civic sphere or a (private) care sphere. Chapters in this section highlight the interplay of real world values, ethics and dilemmas informing and problematising practice (policy implementation) where the concept of an ethic of care as opposed to active citizenship is a much more illuminating tool.

Part Three, the largest section, raises and applies many of the insights of Parts One and Two with an examination of practice in a range of areas. These chapters are informative and thought-provoking and different readers will, no doubt, feel more attuned to some chapters than to others. The striking feature of the seven chapters is the challenge to the everyday experience of practice posed by a context of apparently misaligned policies and funding priorities which are tied to normative concepts of community, care and citizenship (as well as of choice and efficiency). Consequently, the capacity to address extant processes of inequality, appropriately respond to

individuals' perceptions of their experiences, and understand the dynamics of relationships in personal, caring and community scenarios - not to mention within organisations - is weakened.

Part Four provides a comparative perspective on some of the pertinent issues raised in relation to older people in Sweden and Japan and civic engagement in Germany. These underline the universality of dilemmas in care and for 'communities' in the context of policy change in a shifting world.

It is impossible to do justice to this book in an 800 word review. Why I think you should read it rests in the final words of the book's editors:

*All citizens – to greater or lesser degrees – need care at times. A good society is one in which it is regarded as normal and natural that we both give and receive care in a social, economic and political structure that supports this activity.*  
(p.285)

### **Deborah Holman**

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### **Footnote**

<sup>1</sup> Bearing in mind that, "citizenship is not an eternal essence but a cultural artefact. It is what people make of it. Like language, it depends on, and changes with usage. Changes in political regimes and agendas usually entail changes in the uses and meanings of citizenship." (van Gunsteren, 1998, p.11)

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**Morals, Rights and Practice in the Human Services: Effective and Fair Decision-Making in Health, Social Care and Criminal Justice**

Connolly, M. & Ward, T.

London: Jessica Kingsley, 2008, pp.200, ISBN: 978-1-84310-486-5, £19.99 (pbk.)

The two New Zealand-based authors of this book set out to provide an ethical framework for practice that is grounded in the idea of human rights. Chapters One to Three provide a foundation for the rest of the book. They introduce the idea of rights, address the various familiar objections that are commonly raised to a rights-based discourse (What about duties? Aren't rights a Western, Eurocentric construct?) and set out arguments for choosing rights, as opposed to moral principles, as a foundation for decision-making. Chapters Four to Eight aim to demonstrate the application of the authors' rights-based approach to various contexts: rights across the life course, the rights of offenders, disability rights, children's rights and service user rights in the child welfare field. Chapters Nine to Ten are about integrating a rights-based approach into practice. They are followed by some brief 'concluding thoughts'.

There is much to like about this book. It is written in a user-friendly and unpretentious way. The authors clearly care about their subject matter and their gallant attempt to give rights an essentialist foundation also seemed to me rather appealing, at a time when various forms of relativism and constructionism sometimes seem to undermine any attempt to find a stable basis for thinking about values. Rights, the authors argue, are about universal human needs, "needs, which if not met are likely to result in lives of desperation and misery" (p.16).

However, the book does have its flaws. For one thing there are some eccentricities in its construction. Why does a chapter entitled

'Values, Rights and the State' deal mainly with religious faith? Why does nearly two thirds of the final chapter, which is called 'Embedding Rights-Based Ideas', deal with the rather specific question of the needs and rights of indigenous people in Canada, Australia and New Zealand. This is an important area, of course, but the rest of the book does not lead up to it.

More fundamentally, while the book does make some good points about the utility of a rights-based discourse (to do with entitlements) as against a morality-based discourse (to do with how we ought to behave), the argument is often stretched. Accounts of allegedly rights-based approaches often seemed to me to be little different to prescriptions for good practice that could equally well be derived from other sources. Case examples of situations where there are competing interests and principles at play (such as the issues of sexual and reproductive rights in the case of a 16-year-old with a moderate intellectual disability, discussed on page 108) seemed to me to be addressed with the usual (and probably inevitable) admixture of 'fudge' and without the special sharpness and clarity that the authors seem to claim for a rights-based approach being very much in evidence.

The book's attempt to by-pass cultural relativism by linking rights to basic human needs also runs into difficulties, even though its heart is in the right place. If human rights really do "spell out the basic conditions of a life of minimal dignity, a life that is recognizably human" (p.46), then how come one may travel to a country where people do not have the right of free speech, or the right to choose a marriage partner, or religious freedom, and still see people living a life that is recognizably very human indeed?

I was somewhat disappointed too that the right to privacy and confidentiality was not given more prominence, given the massive

erosion of privacy that is taking place in society generally and in human services in particular. The paternalistic surveillance culture implicit in the UK's *Every Child Matters* agenda is mentioned, for instance, but not really acknowledged as something that impinges on what is widely seen as one of the most basic of rights.

'Rights' are not, I think, quite the panacea for difficult decision-making that the authors claim because rights, like principles, collide with one another. But I learned something by engaging with their arguments and I am sure other readers will as well.

**Chris Beckett**

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