

This is the second edition of Volume 27 of *Research, Policy and Planning*, comprising six articles, each based on a paper presented at SSRG's 2009 Annual Workshop, and five book reviews. We open with a paper by Peter Beresford that brings critical attention to Government plans for social care and explores two key questions: first, whether social care will be equipped to provide a needs- and rights-based service; and, second, whether moves towards 'personalisation' are likely to close the gap between the aims and claims of policymakers and the realities of life for people needing help and support. The author concludes that, in the absence of increased funding and with the very real risk that funding may be reduced, fears that personalisation actually means 'cuts by stealth' are unlikely to be assuaged.

The social care theme continues with the second article, from Juliette Malley and Ann Netten, who present interim findings from the Outcomes of Social Care for Adults (OSCA) project which is developing a measure of social care outcome. The project is taking forward previous work, including the Adult Social Care Outcome Toolkit (ASCOT), which collects data concerning a person's quality of life related to social care. Through cognitive testing with service users, the authors confirm the relevance and scope of the domains of occupation, social participation and involvement, safety, and dignity within the outcome measure. The article also provides a fascinating insight into the detail of how measures such as ASCOT are tested, refined and extended for use across a wider range of service user groups and settings.

Darren Sharpe invites us to consider further the value of involving children and young people in research, drawing on the experiences of the National Youth Agency's 'Young Researcher Network'. The Network has developed both a toolkit and guide for involving young people in research which should prove of considerable interest. The author elucidates the characteristic levels of involvement and explores some of the drivers for, and difficulties of, children and young people 'doing research'. Very usefully, attention is also given to the various ways of accrediting the work undertaken by young researchers. Finally, the role of the (adult) support worker or practitioner is carefully considered and a range of ways of providing assistance to young researchers outlined.

Next, come two contributions that seek to respond to 'crisis'. Andrew Cozens describes how the economic recession, alongside the widespread public concern about children's safety and about the funding of long-term care, has brought an intense critical scrutiny to the effectiveness and value-for-money of current service provision. A key role is posited for local government in the promotion of social and community integration. Davy Jones ably knits together the economic, climatic, demographic and 'public-confidence-in-politicians' challenges presently facing us and argues that a radical overhaul of public services is necessary. Again, the leadership role of local government is given central importance in helping to shape the inevitable 'new ways of living'.

Keith Moultrie and Celia Atherton provide a meticulous account of evidence-informed commissioning in children's services. Their view is that the emergence of commissioning as a key role for Children's Trusts provides an opportunity for children's services to develop more on the basis of evidence than predilection in favour of a particular approach. However, they sound a note of caution with their reminder that commissioning itself must be securely founded on strong values and informed by robust evidence.

The issue is completed by five book reviews, written by practitioners and academics, and spanning a broad range of topics of interest to the readership – dementia, the legislative

framework relating to adult protection, the Integrated Children's System pilot, education for children in public care, and safeguarding children and young people. If you would like to review a book for a future issue of the Journal, please contact Peter Scourfield, Book Reviews Editor.

With best wishes from the editorial team: Greg Mantle, Andy Pithouse, Sue Harrington and Peter Scourfield.

Social care, personalisation and service users: addressing the ambiguities

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Abstract

This article explores current moves to 'personalisation' in English adult social care. It sets out the government commitment to 'transform' social care, focusing on the contrasting perceptions of reform between policymakers, service users and service workers. While personalisation and 'self-directed support' have been advanced as progressive ways to reform social care, strong suspicions and concerns about it continue to exist among the stakeholders most crucially involved: service users, practitioners and carers.

In the light of the recent publication of a Government Green Paper on the future funding of adult social care, this article explores the relationship between funding proposals and the progressive and regressive potential of social care reform. It explores two key questions. Will social care be equipped to throw off its Poor Law inheritance to provide a needs and rights based service, and are proposals likely to provide the basis for reducing the current gap between the aspirations and claims of policymakers and the lived experience of the large and growing numbers of people requiring support from social care and related policy and services.

Keywords: Transformation, personalisation, self-directed support, social care Green Paper, service users, practitioners, ambiguity

The commitment to transform

In 2007, David Behan, the Department of Health's Director General of Social Care, at a national conference bringing together policymakers and service users, spelled out the Government's plans for the future of adult social care. He said:

The current system of social care needs to be transformed, to a new set of arrangements. This is what we are setting out in our vision. It is a transformation in the way that services are commissioned, developed and delivered. This needs to be based on services being 'personalised' around individual needs, so they are tailored to people's particular circumstances and requirements. (Beresford & Hasler, 2009, p.45)

This vision was officially announced that same year in a short document published by the Government, which it called a 'concordat' and which others have since called a 'manifesto', *Putting People First* (HM Government, 2007; Glasby & Littlechild, 2009, p.82). This document was signed by six Government departments and a series of national health, social care and local government organisations (significantly, for a document concerned with user-centred support, this did not include any service user organisations). Transformation was again the word used in this document, which talked of a "shared vision and commitment to the transformation of adult social care" (HM Government, 2007, p.2).

'Transformation' is a very big and perhaps risky word to use in public policy. And yet

social care had already been the subject of a number of other such initiatives with transformative intent. The first of these was probably the establishment of local authority 'social services departments' in 1971. This was followed by a movement to switch to localised 'patch' or community social work in the mid 1980s (Beresford & Croft, 1986). This was then followed by the move to 'community care' in the early 1990s following the passing of the 1990 *NHS and Community Care Act* (Means *et al.*, 2008).

What is interesting, however, is that while each of these developments had major effects on social care thinking, structures, roles and organisations, it is questionable how much each actually improved the general experience of service users. A constant theme that comes out of consultations and research with service users is how similar their experience of social care has been over the years, regardless of reforms and reorganisations. This experience is usually presented in terms of their reliance on insufficient, unreliable, sometimes inappropriate and often poor quality services. They are more likely to talk of increasing cuts over the years, rather than improving performance (Harding & Beresford, 1996; Beresford *et al.*, 2005; Branfield *et al.*, 2005; Beresford, 2007a&b). Thus, the question that hangs over any new development in social care, however ambitious its transformative intent, must be whether it actually improves the lives and support of service users, their families and friends.

In July 2009, after numerous delays, the Government published its much heralded Green Paper on the future of social care funding, *Shaping The Future Of Care Together* (DH, 2009) - to which we shall be returning. This highlighted a quotation from a UK academic, which, implicitly arguing for reform, said:

We have a 1940 system [of social care] with 1940s aspirations and assumptions that we are trying to work with in the early twenty first century. (DH, 2009, p.34)

This is an interesting observation. Even if we put to one side for the moment the fact that the 1990 community care reforms marked a radical shift in ideology to the new political right, the market and consumerism, this comment still confuses more than it enlightens. It suggests that social care has remained stuck in the founding ideas and conditions associated with the creation of the welfare state. Yet, as the Green Paper itself observes elsewhere (p.32) and has been powerfully argued by Andrew Cozens President of the Association of Directors of Social Services (Cozens, 2003), social care in England is much more a child of the Victorian Poor Law, than of the UK welfare state reforms. It is the one area of social policy in the UK that remained largely unaffected and unchanged by the new welfare state culture and legislation associated with the first post-war Labour government. Social care was one service that was not fundamentally reformed by the creation of the welfare state. It remained with local authorities as a residual rather than universalist service (Means *et al.*, 2008). While the NHS was established as a universalist service, free at the point of delivery, social care continued to be a particularist provision which was means and needs tested, without universalist entitlement. This raises a second question; to what extent is the Green Paper likely to help social care throw off its Poor Law inheritance and, in that sense, truly transform it as a policy and service?

An ambitious vision

This brings us back to the Government concordat, *Putting People First*. Its proposals were far-reaching and offered a strong scent of universalism. They included:

- Personal budgets for everyone eligible for publicly funded adult social care support other than in circumstances where people require emergency access to provision;
- Direct payments utilised by increasing numbers of people;
- A universal information, advice and advocacy service for people needing services and their carers irrespective of their eligibility for public funding;
- Person-centred planning and self-directed support to become mainstream and define individually tailored support packages (HM Government, 2007, pp.3-4).

This clearly could be seen as a radical agenda. It was also an agenda which, unusually for social care, was commanding visibility and high-level political interest. Social care, more used to seeing itself as a Cinderella who never went to the ball, began 2008 with media headlines and a sense evident among its leaders that this was going to be their year. There was an upbeat, 'empowered' mood among senior civil servants. A minister, Ivan Lewis, was in place, who was commanding cabinet and indeed prime ministerial interest in, and enthusiasm for, social care.

Yet already as 2008 unfolded, the picture could be seen to be changing. Government plans for reform were themselves now taking a different turn. Where these had originally been framed in terms of a massive move to self-directed support through individual or personal budgets, now they began to be presented more vaguely as a move to reshape social care through personalisation. While this word had already been used by Government, it had tended to be equated with individual or personal budgets. Now the talk was in more general terms of customising support and tailoring it to meet individual needs. A more detailed circular followed *Putting People First* focusing on implementation and support, but now the emphasis was on

personalisation rather than personal budgets and the two were now clearly not synonymous (HM Government, 2007). As Jon Glasby and Rosemary Littlechild have written:

Increasingly, recent reforms have been described in terms of a 'personalisation agenda'... used to describe an overall approach in which 'every person across the spectrum of need [has] choice and control over the shape of his or her support, in the most appropriate setting' (DH 2008, p.2) While on one hand this seems a reasonable shorthand for a more complex and important series of changes, it arguably lacks much of the clarity and practical focus of In Control's notion of self-directed support (Glasby & Littlechild, 2009, p.83).

By then the social care minister had also been replaced for extraneous reasons, reinforcing the tendency in this field, adding to its difficulties and insecurities, for ministers to be of relatively low status and short duration.

This circular also confirmed the Government's enormously increased commitment to, and investment in, personalisation. It allocated more than half a billion pounds – an unprecedented sum in the usually cash-strapped world of social care – to fund a three-year programme for the transformation of social care. The Government had earlier commissioned an independent university-based evaluation of the social care individual budget pilots, known as the IBSEN evaluation (IBSEN, 2008). It had not waited even until the findings were available from this evaluation before committing itself to this policy and making this large-scale investment.

The scale of the Government plan and the potential risks involved can be seen to be enormous. Essentially this policy change entailed mainstreaming a small scale initiative, initially running into a few

hundred people accessing individual budgets, into one for many hundreds of thousands – yet with no models of how to roll out in such an enormous way here or in any other country. We know internationally that this is still relatively uncharted territory (Boxall *et al.*, 2009).

When, after much delay on the part of the Department of Health, the IBSEN evaluation findings were published, they also put a serious dampener on Government supported promises that self-directed support would provide better for cheaper. The evaluation indicated that there were no guarantees of significant economies, yet undoubtedly it was their promise that had first caught the eye of politicians. Older people, the largest group of social care service users, we heard, were not necessarily seeing individual budgets as a route to improving their wellbeing. Then early in 2009, the Commission for Social Care Inspection's final report on the status of social care revealed that progress on personalisation was patchy and hesitant (CSCI, 2009a) and a study it commissioned highlighted that progress was particularly limited in relation to service users with complex needs (CSCI, 2009b).

Thus a policy had been embarked upon which not only had a minimal evidence base, but which was not strongly supported by evidence when it did become available. One of the most interesting aspects of this policy shift was the speed and extent of policymakers' initial commitment to move to self-directed support and individual budgets when there was such little evidence that individual budgets could do what their advocates and enthusiasts were saying they could do.

The scale of the task

As Glasby and Littlejohn (2009) have noted, this then also became a vaguer policy, with the focus moving from self-directed support to personalisation. We may wonder whether

this has happened as the complexity and scale of the task they were embarking upon began to dawn and become clearer to policymakers. This shift certainly makes the proposed change different, but certainly no easier. Wasn't making social care fit better the needs of each service user what social care had been trying for years to achieve, with repeated new approaches and initiatives and failed to achieve? Wasn't this what was promised with care management and the community care reforms? How did repackaging it again now as 'personalisation' make it any easier? It also began to become clearer that, for this to happen, would require a very large number of ducks to be got in line. The list of what would be required is long. Some of the issues include:

- Developing a massively improved workforce, reworked with new skills in new roles working to a different user led set of person-centred values;
- Creating and developing a new market of customised support services;
- Finding positive ways of social care addressing issues of risk and being prepared to challenge negative media reporting where service users were truly allowed to experiment with new approaches to support;
- Developing equitable ways of resolving problems of means testing and ever-narrowing eligibility criteria in an essentially residualist service;
- Developing appropriate new approaches to regulation for new kinds of support and new roles, not least that of personal assistant, already contentious, but beyond that a whole range of new roles might need to be developed consistent with a transformed personalised approach to support;
- Establishing an effective infrastructure of information and support to enable people to benefit from offers of choice and control and to enable all service users who wish to, regardless of

impairment or circumstances, to access individual budgets.

These, however, were not the only issues to address. In 2008, as it was embarking upon its planned transformation of social care, Government was already warning that there was what it called a ‘black hole’ of six billion pounds funding shortfall for social care. To this must be added a range of other major issues that have been highlighted by social care and other commentators. These include:

- The demographics of a greatly enlarged population of older and very old people predicted for the near future;
- The expectation that it would be increasingly difficult to rely on a large and expanding body of unpaid carers;
- An ageing workforce which appeared to experts increasingly difficult to sustain on the scale required for the future (Beresford, 2008).

The origins of the initiative

It is important to remember that while the earlier movement for direct payments as part of a philosophy of independent living had been initiated by the disabled people’s movement (Morris, 1993; Zarb *et al.*, 1997), pressure for personalisation and individual budgets had not primarily come from service users. Instead it had come mainly from voluntary organisations like *In Control* and increasingly allies in statutory organisations, like the *Care Services Improvement Partnership* (Waters & Duffy, 2007; Hatton *et al.*, 2008). Of course, some service users were strongly supportive of individual budgets. This is hardly surprising. They were usually people who, until accessed to this opportunity under Government pilots and other special schemes, had inadequate or over-controlled services and support. Some had previously been on direct payments but experiencing these as unnecessarily bureaucratised and

over-controlled by local authorities (Winter, 2008). However, it is one thing to enable a few service users to access improved support as part of high profile time-limited schemes with additional resources, focus and commitment. This has little to do with developing equitable improved user-controlled social care. The history of modern social care is littered with such pilots, initiatives and programmes, which sadly have frequently made little impact on the long-term services and support available for most service users.

The history of the move to personalisation and individual budgets has yet to be written up critically and independently. In offering my own initial thoughts, I am drawing on my experience of being actively involved in an independent user-controlled service user organisation and network, of being involved in high level national policy bodies, of contact with many service users and practitioners at meetings, conferences and other events, and paying close attention to the emerging literature, including specialist social care news stories, for example, in *Community Care* and *Society Guardian* (e.g. Manthorp, 2009).

My experience over the first 18 months of this development highlighted three key features. First, the generally uncritical enthusiasm with which advocacy of individual budgets and self-directed support was received. Second, difficulties were evident in ensuring that a balanced range of viewpoints were offered on public platforms. Discussion tended to be framed at a highly generalised level accompanied by highly positive stories relating to the experience of a small and increasing well-known group of service users, some of whom had direct links with organisations campaigning for individual budgets. Third, there was the difficulty service users and their organisations had in getting involved at any significant level in the planning and development of this massive reform, both at

local and national levels, which again, ironically, was supposed to be user-led.

Realities on the ground

As journalists and conference platforms were offering upbeat accounts of what individual budgets and personalisation would offer, as I went to different places, met many more service users and practitioners, listened to different groups of service users, heard evidence as a member of the National Commission on Personalisation set up by Hampshire County Council, a different, far more complex, picture emerged (Hampshire County Council, 2008).

Service users, including mental health service users, disabled people, people with learning difficulties and older people, reported:

- Their lack of effective involvement in this change;
- Their fears about losing existing services through them being closed and uncertainty about what the alternatives actually put in place would be;
- Worries that the move to personalisation was a new way in which Government was trying to make cuts;
- Big questions about how two parallel systems - existing services and the new arrangements for support linked with individual budgets - could possibly be sustained to ensure real choice, at a time of limited budgets.

The major concern that face-to-face practitioners raise, whether professionally qualified or otherwise, is of being subjected to another top-down agenda, being presented as an obstacle in the way of it and left to feel scapegoats in the way of any progress. Practitioners who had been forced into increasingly controlled roles as care managers where their main responsibility

was to assess people out of support rather than to provide it, now feel that they are being presented as a reactionary group preventing person-centred support, when what they have been highlighting for years is the way the community care reforms and care management have subordinated their professional judgement to a cost-saving preoccupation with funding issues. There are also a growing number of reports of qualified social workers being replaced by unskilled and unqualified staff to take on the new procedures for supposedly 'self-assessment' under arrangements for individual budgets and the setting of the 'resource allocation system' or RAS.

It should be said, however, that the concerns that service user and practitioners have expressed about moves to personalisation do not mean that they are opposed to it in principle. We have just completed a three-year project, funded by the Joseph Rowntree Foundation, on person-centred support, based in eight sites and seeking the views, particularly, of service users, carers and managers. Initial findings published in 2008 showed that there was a remarkable level of support among both service users and practitioners for such person-centred support (Glynn & Beresford, 2008). But people want to see it done properly. Service workers are worried about being 'set up to fail'. Service users do not want to be left in the lurch without adequate, reliable or manageable support. These stakeholders take the move very seriously and can see great gains to be got from it. Their fears are about how and for what reasons it will actually be implemented.

The ambiguity of policy

Service users and practitioners both seem to see personalisation and individual budgets as having both progressive and regressive implications. The issue which seems to underpin their concerns is whether they are being pursued by Government with the primary aim of democratising social care

and empowering service users, or as an extension of the privatising and managerialist/consumerist agenda for public policy that was first embarked upon by Mrs Thatcher's governments. The major move to increased public, patient and user involvement in public services during the last part of the twentieth century and now in the early twenty first century, can be seen to have embodied both strands of ideology and intent (Beresford, 2002). The former has been developed in the emerging service user organisations and movements. Government policy, however, while helping to advance these movements and often incorporating their rhetoric, has tended to reflect more closely the managerialist/consumerist agenda, with its emphasis on market 'choice' and ongoing commitment to outsourcing and to private sector state/market partnerships like the Private Finance Initiative (PFI). Lord Darzi's 2008 report on NHS reform reflects this. While calling for the extension of personal budgets to the health service, key to its recommendations is the extension of the role of the market in the NHS framed in terms of repeated arguments for greater consumer 'choice' (Darzi, 2008).

It is interesting to compare the different central and local government responses that there have been to the original idea of direct payments developed by disabled people and the more recent calls for 'self-directed support' from organisations like *In Control*. While the implementation of direct payments was patchy and hesitant, as we have seen, Government quickly committed to the large scale roll-out of individual budgets (CSCI, 2004; Fernandez *et al.*, 2007). Why the difference? When the disabled people's movement pioneered direct payments, they argued that the level of funding set for them, for each individual, needed to be consistent with the support that people required to live their lives independently on as equal terms as possible as non-disabled people (Morris, 1993). By this they meant that people were enabled as

far as possible to have relationships, undertake activities, have a social life, perhaps have children, a job, education and training, be a volunteer, whatever they wished, like anyone else, through the support that they received. Thus the aim was for the nature and quality of support not to impede, but to be consistent with, the philosophy and values of 'independent living' and disabled people's access to mainstream services would also be equalised with that of non-disabled people.

More recently, with policy interest in individual budgets massively expanding, financial allocations have not necessarily retained this link. Instead, they have been based on calculations about the allocation of existing funding - which we know is inadequate - divided according to the needs externally calculated for any individual, then often top-sliced for administrative costs. This, as we have seen, has been called the RAS by *In Control*, the 'resource allocation system' (Duffy, 2005). This does not provide an adequate basis for meaningful independent living and effectively undermines the original underpinning goals and values of person-centred support. We need to look carefully at this issue in seeking to take forward personalisation. Unless this is resolved, any system of assessment and brokerage will inevitably play an arbitrary rationing role.

In stressing its aim to transform social care, the Government has highlighted its concern to offer a universalist service for the future. Now both self-funders and those supported by the state are to have access to help, through a 'universal offer' of information, advice and guidance. This is a further sign of the scale of the task policymakers have set themselves. To achieve the personalisation or person-centred support envisaged for social care, as we have seen, will mean major changes and improvements in the workforce, the market for care and support, occupational roles, eligibility criteria, risk assessment, regulation and

infrastructural support for service users. This will undoubtedly demand shifts in the culture of social care. But it also has clear implications for increased funding. Social care funding has long been inadequate, the demands upon it are generally expected to rise significantly. There is already a shortfall and current major economic difficulties mean that the expectation is of significant cuts in public spending. How is this circle of increased demand and funding realities to be squared? What ideas does Government have for a funding system to match the ambitiousness of its proposals for social care transformation?

Funding proposals

With the publication of the Government's Green Paper, *Shaping the Future of Care Together* (DH, 2009), we now have early information about its thinking. It can offer us some idea of which direction future policy is likely to be travelling in. Will it make possible the fundamental and liberatory reform of social care that service users want, or merely be another step in the marketisation of social care and increasing reliance on individual responsibility that they fear?

The Green Paper reiterates Government commitment to personalisation and transformation. It sets out three funding options for the future of social care. It styles these the 'partnership', 'insurance' and 'comprehensive' options. In the partnership option, anyone who is deemed to qualify for care and support gets some of it paid for by the state. In the insurance model, as with the partnership model, those eligible would get some paid for by the state and cover the rest through an insurance scheme, paid before or after retirement or after death, in instalments or a lump sum. In the comprehensive option, everyone over retirement age 'with the resources to do so' would 'be required' to pay into a state insurance scheme. Thus the costs of social care would be met through one or other scheme of co-payment

by state and service user and an increasing role can be expected for the private insurance market. The Green Paper also talks of looking at having a free care and support system for people of working age alongside this (DH, 2009, pp.17-8; Gentleman, 2009).

The Green Paper does not propose any increase in funding available for social care, apart from contributions people themselves may make and from transferring the funding from mainstream national benefits, like attendance allowance, to local authority social care. This latter proposal has been met with great concern by service users and carers and their organisations, who fear the loss of highly valued national benefits instead to be incorporated in discretionary local authority social care services where they may be spent on other things (Andalo, 2009; Salman, 2009). The Green Paper refers to two other funding options, first everyone paying for themselves, which it rules out because it would leave many people unable to afford support they needed and, second, funding from 'general taxation'. This is 'ruled out' as too burdensome for younger people. As the Green Paper puts it:

*In this system, people would pay tax throughout their lives, which would be used to pay for all the people who currently need care. When, in turn, people needed care themselves, they would get all their basic care free. This system would work for people of all ages. This is **ruled out** [original emphasis] because it places a heavy burden on people of working age. (DH, 2009, p.16)*

Yet the Green Paper also says that "many people told us that they thought an NHS-style system, where the full costs of care and support were met through taxation (i.e. it was provided to people free when they needed it] would be the fairest option" (p.116). It also acknowledged that:

*The advantage of this system is that it would be **universal**, and would probably be the **simplest** [original emphases] and most easily understandable way of funding care and support. (DH, 2009, p.16)*

The Green Paper's assumptions about funding social care through general taxation setting the generations against each other, however, would benefit from some more critical consideration. These assumptions seem to rest on some outmoded and narrowly based understandings. Social care meets the needs of a large and growing number of people of working age as well as the expected needs of a growing number and proportion of older people. Good social care can also make it possible for many people of working age to return to employment and increase the taxation contribution in this way. Older people are taxpayers too and also contribute in many other ways, for example, through the provision of childcare and informal support and increasingly we are told will need to stay longer in paid employment. Much more thoroughgoing and independent analysis of social care funding will be needed which looks on the provision of care and support as an investment, identifies the cost benefits of such support and does not only conceive of service users (both those of working age and above) crudely as a 'burden' (Andalo, 2009).

The funding options offered for future social care in the Government's Green Paper are not based on universalist principles. There is no suggestion that support should be 'free at the point of delivery' in line with the founding values of the NHS and, people who need support are, in one way or another, expected to contribute to its cost. There is no certainty that the funding options set out and their initial costings will ensure adequate and secure cover for all, or that sufficient funding will be generated by them to cover the rising bills from the growing demands predicted.

New Labour's social policies since 1997 have embodied many positive goals and aspirations; to reduce social exclusion, to strengthen communities, to support the family, to bring an end to child poverty, to improve health and wellbeing. But these policies have also been associated with a growing gulf in public policy generally and in social care specifically between the experience of service users and practitioners on the ground and the aims of policymakers and politicians who are shaping the practice, provision and context in which they must live and work. While official aspirations have often been rooted in positive values and ambitions, the day-to-day experience of people on the ground has remained less positive. The principled policy for people with learning difficulties, *Valuing People* (DH, 2001), is a good example of this – based on positive values but offered without adequate support or funding. We have seen this tension writ large in social care policy, where plans for personalisation and self-directed support have been presented as transformative in potential and empowering in practice, yet are often experienced and discussed by both service users and practitioners working with them as threatening and regressive.

Major policy reform almost invariably requires change in official and organisational attitudes, values and culture. But almost without exception it also needs to be properly funded. It is difficult to see how the Green Paper provides a helpful starting point for addressing the two key challenges with which social care faces policymakers. These are first, improving the fit between positive Government aspirations like personalisation and the routine experience of service users and carers and second, throwing off social care's Poor Law inheritance. It is difficult to see how the first can be achieved without significantly greater funding for social care. The first findings from the *Standards We Expect* (2008) project highlighted many ways in which inadequate funding created barriers in

the way of person-centred support. When people are offered money to spend as they wish - the basic principle of direct payments and personal budgets - demand increases.

Without increased funding and with threats of funding actually being significantly reduced, service users' and carers' fears that personalisation really means cuts by stealth, are unlikely to be put to rest. So long as people do not have meaningful entitlements to social care, talk of it offering universal services rings hollow. After all, information and advice have always theoretically been available to *all* potential service users, regardless of whether they are self or state funded. Access to support is still discretionary and determined by professional judgement, regardless of the talk of 'self-assessment'. Social care does not break from its Poor Law past so long as it is needs and means tested. Calling it a 'national social care service' will not change this, especially when local authorities and their organisations are still determinedly pressing for major levels of local discretion and differentiation. If social care is to be fully accessible to all service users and better integrated with health, then the two require consistent funding arrangements, which reinforce their overlaps and inter-relations rather than encourage their separateness and isolation.

For personalisation to be successful and for transformation to be meaningful, it will require consideration of the general taxation funding option as well as those others which put an inequitable and unsustainable burden on social care service users and carers.

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Measuring outcomes of social care

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Abstract

We summarise interim findings from the initial development stage of the Outcomes of Social Care for Adults (OSCA) project, which is developing a gold standard preference weighted measure of social care outcome. The project is building on previous work, including the Adult Social Care Outcome Toolkit (ASCOT) which is designed to capture information about an individual's social care-related quality of life (SCRQOL). The aim is for the measure to be applicable across as wide a range of user groups and care and support settings as possible. Analysis of datasets that have used ASCOT in previous projects identified the domains of occupation, social participation and involvement, and safety as areas for improvement. Conceptual work also identified the need to add a domain reflecting 'dignity' - the impact of the way services and support affected people's sense of personal worth. Cognitive testing with 29 service users confirmed the relevance and scope of the domains and that the final wording reflected the intended meaning. The next steps are to test the psychometric properties of the measure with a sample of service users. The measure is being proposed to be included in the planned user experience survey to cover all service user groups from 2011.

Keywords: Measurement, outcomes, social care

Introduction

Reflecting a general trend across different government departments, measuring outcomes is increasingly important at all levels of policy and practice in adult social care. Social care is rapidly developing in terms of personalisation and, consequently, potential diversification in what constitutes services and support (Department of Health, 2008, 2009) and is likely to continue to do so. This provides major challenges for those concerned with ongoing monitoring and evaluation of the benefits and quality of this provision. However, social care focuses on fundamental aspects of people's well-being and these do not change. Ideally, what we want are measures that reflect what the current pattern of provision is achieving, in a way that can be applied to future developments.

We are developing a measure of social care outcome that is intended to capture all domains relevant to social care interventions, have credibility in the social care community, and demonstrate good psychometric properties (be valid, reliable and sensitive to differences between individuals, interventions and changes over time). In scoring the measure, the aim is to reflect the relative importance of different aspects of outcome, ideally distinguishing any difference between service user views and those of the general population.

The work that we report on below is being undertaken as part of the Outcomes of Social Care for Adults (OSCA) project, which is building on work that has been undertaken on outcome measurement over a number of years, including, as we describe below, the evaluation Individual Budget pilot (Glendinning *et al.*, 2008). The

measure being developed is part of the Adult Social Care Outcome Toolkit (ASCOT) and is referred to as the ASCOT measure throughout. The toolkit is being developed as part of the Quality Measurement Framework (QMF) project, which is led by ONS and is developing techniques for measuring and monitoring outcome in care homes and for low-level interventions. The work has also drawn on, and fed into, national service User Experience Surveys (UES) including the planned new survey to reflect the *Putting People First* agenda.

The first phase of the OSCA project focused on development of the instrument itself and testing approaches to identifying preference weights to allow the relative importance of the different domains of outcome to be reflected. Full details and the results of the preference study are reported elsewhere (Netten *et al.*, 2009a&b). This paper summarises the findings of the work that focused on the development of the instrument.

We begin by outlining the methods employed in this initial developmental stage of the project. The concepts underlying the measure and its structure are described before summarising the results of the analysis of data from previous studies that had used earlier versions of the measure. We describe the key issues that arose when testing the wording and concepts with service users before outlining the way forward, including the proposed use of the measure in future user experience surveys.

Methods

An important first step was defining the theoretical underpinnings of the measure and ensuring that it had face validity in reflecting the objectives of social care. We drew on datasets that had used previous versions of the measure to identify psychometric properties to date and where development work was needed. We

consulted with service users and carers on what we were proposing to test and with a reference group of 11 key stakeholders including policy makers, local councils, regulators and other observers before undertaking cognitive testing of the questions and concepts with 29 service users reflecting a variety of user groups and living circumstances.

Conceptual basis of the measure

Scope

The ASCOT measure is designed to capture information about an individual's social care-related quality of life (SCRQOL). The aim is for the measure to be applicable across as wide a range of user groups and care and support settings as possible. In identifying and defining the domains (see Table 1) the aim was to ensure the measure is sensitive to outcomes of social care activities. While the original basis of the Older People's Utility Scale (OPUS), a precursor of our measure, took a top-down perspective in identifying key domains of outcome in social care, subsequent work has been concerned with extending the scope of the measure to take account of all aspects of outcome relevant to all user groups (Netten *et al.*, 2009a&b). Analysis of the literature and evidence from consultation with service users, experts and policy-makers, as well as focus group work and interviews with service users, indicated that the measure captures aspects of SCRQOL that are valued by service users (and policy-makers) (Qureshi *et al.*, 1998; Bamford *et al.*, 1999; Netten *et al.*, 2002; Harris *et al.*, 2005; Netten *et al.*, 2005; Malley *et al.*, 2006; Miller *et al.*, 2008).

In the consultation process, local council representatives and regulators were particularly concerned with the relationship between these and policy areas of outcome, such as those identified in *Our Health, Our Care, Our Say* (Department of Health, 2006), *Putting People First* (Department of

Health, 2008) and associated compliance criteria developed for regulation purposes. These observers felt the measure would be more useful if it directly related to these. While policy outcomes are helpful for policy purposes, they do not provide a good framework for measurement, covering very variable levels of generality, from broad areas such as 'quality of life' to those that can be seen as aspects of quality of life such as 'choice and control' and 'freedom from discrimination and harassment'. Rather than structuring our measure around policy objectives (that may well be reformulated over time) we think it important to clarify how our measure relates to, and might be used to, monitor progress in these areas of outcome.

We excluded specific health related domains such as pain from our measure, as something best measured by other indicators

(for example EQ-5D). However, by meeting needs that otherwise would result in poor health (indicated by high level needs in each of our domains), we would expect social care to result in improved health.

In addition to domains of outcome used in previous versions of ASCOT, Qureshi and colleagues (1998) also identified 'process outcomes' associated with the way that care is delivered. Many aspects of process, such as reliability of services, we would expect to see reflected in our outcome domains, such as control. However, we added a dignity domain to reflect those aspects of the process which, as care and support become part of someone's life, reflect the effect of this on their quality of life. This is defined in terms of the impact of the care process on how an individual feels about him- or herself (self-esteem).

Table 1 Domains of outcome

Aspects of quality of life	Definition
Accommodation	The service user feels their home environment, including all the rooms, is clean and comfortable.
cleanliness and comfort	
Control over daily life	The service user can choose what to do and when to do it, having control over his/her daily life and activities.
Dignity	The negative and positive psychological impact of support and care on the service user's personal sense of significance.
Food and nutrition	The service user feels he/she has a nutritious, varied and culturally appropriate diet with enough food and drink which he/she enjoys at regular and timely intervals.
Occupation	The service user is sufficiently occupied in a range of meaningful activities whether it be formal employment, unpaid work, caring for others or leisure activities.
Personal cleanliness and comfort	The service user feels he/she is personally clean and comfortable and looks presentable or, at best, is dressed and groomed in a way that reflects his/her personal preferences.
Safety	The service user feels safe and secure. This means being free from fear of abuse, falling or other physical harm and fear of being attacked or robbed.
Social participation and involvement	The service user is content with their social situation, where social situation is taken to mean the sustenance of meaningful relationships with friends and family, and feeling involved or part of a community should this be important to the service user.

Capabilities and functioning

For people with impairments, quality of life is often limited by their ability to pursue the different aspects of SCRQOL, often due to environmental and, sometimes, financial barriers. Aligning itself with the social model of disability which foregrounds the contextual barriers over individual impairments, the focus of much policy has been on broadening opportunities for people with disabilities and developing 'independence', 'choice' and 'control' (Cabinet Office, 2005; Department of Health, 2005; Department of Health, 2006). It is argued that it is this flexibility and freedom that people want most and value from services.

This focus on choice and control is consistent with the capabilities framework, put forward by Sen (see e.g. Sen, 1985) as an alternative to standard welfare economics (Burchardt, 2004). Sen argues that 'utility' is not the sole object of value; it is rather 'capability', understood as the substantive opportunities an individual has to be, or to do, a range of things, that is the object of value. Capabilities are contrasted to functionings, which are understood to be states of being (for example being well-fed or being safe) or activities (for example, shopping). Most health outcome measures, for example the EQ-5D (EuroQol Group, 1990), capture functionings and ask people to value these functioning states. However, if it is capabilities and not functionings that are valued then each domain should be designed to capture the individual's capability rather than her or his functioning state.

The distinction between capabilities and functionings is of central importance to the development of a measure of social care outcome. On the one hand, evidence from user movements and research implies that it is opportunity or capability that is valued. But, from another perspective, functionings are important. For some aspects of

SCRQOL, it could be argued that a low level of functioning is indicative of need, whether a person recognises that need or otherwise. For example, someone who is anorexic may choose to have poor nutritional intake but, as a society, we deem the level of functioning poor enough to require some form of intervention. Similar issues exist for people with disabilities as they may adapt to their circumstances (for example, in a poor quality care home), adjust their expectations and judge their opportunities within an aspect of their life to be quite good. However, an external observer might identify the potential for much better opportunities for that individual in another care environment. If it is the case that, for each SCRQOL aspect of people's lives, there is a level of functioning that we as a society judge to be unacceptable our measure should reflect this.

Earlier versions of the measure used three levels of need in each domain and language that focused on functioning. In order to ensure the measure could reflect the increased policy emphasis on capabilities, an additional level has been included for each domain in our current measure, with the domains phrased in the language of capabilities at the high quality of life end of the spectrum and in terms of functionings when reflecting low quality of life.

Attribution

A major problem in measuring outcomes in social care is reflecting the full value of what has been provided. Most social care is for people with long-term conditions where 'before' and 'after' only reflect the marginal impact of an intervention. For those where the underlying health state deteriorates, a before and after measure might reflect no change, where in practice there has been considerable increase over the period in the contribution of the intervention to people's well being. It is also difficult to distinguish the effect of changes that are attributable to interventions from other factors, such as life

events in the absence of specific research designs such as randomised control trials. People who use services and support know themselves the contribution that services make and their likely (or occasionally actual) situation in the absence of those services. In order to reflect this in face-to-face interviews, in addition to a question asking about a person's current status within each domain, there is also a 'hypothetical' question that asks people to rate what their quality of life would be like in the absence of services, or their 'expected' needs of SCRQOL (see Box 1). These questions can be combined with those asking about current status to provide a measure of the contribution of social care services to SCRQOL.

This approach provides a basis for measuring 'maintenance' outcomes (Qureshi *et al.*, 1998), associated with long-term care which, despite increased policy emphasis on prevention and enablement, continue to comprise the bulk of social care activity. It is important that we do also identify the outcomes of prevention and enablement interventions, however. In this approach, changes in the 'expected' needs of SCRQOL would best reflect this. These 'expected' needs are highly correlated with health and associated indicators such as abilities in activities of daily living (ADL) measures, so changes in these could be used as a proxy measure in some circumstances.

Evidence from previous use of the measure

Previous versions of the ASCOT measure have been used in a number of studies, most notably in the Individual Budgets evaluation (IBSEN) where it successfully identified the impact of personalisation both in the overall measure and in the domain of control (Glendinning *et al.*, 2008). Versions have also been used in User Experience Surveys (UES) for younger adults and older home care service users. These datasets allowed an analysis of how the measure has behaved

when used across a variety of service user groups in the past and where there was room for improvement. Netten *et al.* (2009a) describe how the measure has developed over time. Here we summarise the results of an analysis of the psychometric properties of the items and measure in the IBSEN (which was conducted through interview and included the hypothetical questions) and younger adults (YA) UES datasets (which were based on a self-completion questionnaire).

Item response rates

In both datasets a number of the items had non-response rates that were greater than 5%, suggesting room for improvement in the wording of these items. In particular, the employment and occupation item was missed out by a number of respondents in both the YA UES and IBSEN datasets, suggesting that there was some element of the question that respondents did not like, and the social participation and involvement item was omitted for a number of respondents in the IBSEN questionnaire suggesting some problem with the wording. In these datasets a separate question was included about role support, which was intended to identify the degree to which services supported people in their caring responsibilities for others. This was judged as not applicable by such a large proportion of people that it was excluded from subsequent analysis. The occupation domain now covers this aspect of quality of life.

In general, the items were more problematic for the mental health and learning disabled client groups in the IBSEN study, which may reflect the fact that, at this point, cognitive testing on the questions used had been undertaken only with the physically and sensorily impaired people. Some testing had also been undertaken with the older people, but not of the employment and occupation and social participation and involvement domains. Not surprisingly,

these items tended to be answered poorly by older people.

Scalability

Using a variety of approaches, one scale was extracted indicating that the questions were reflecting a single construct. The analysis suggested that, in these datasets, the items formed a weak scale but performed well in terms of appearing to consistently reflect an underlying latent construct. Since current SCRQOL is affected by a number of factors, we would not expect a strong scale to emerge. In the IBSEN dataset the safety and control items fell below the threshold for scale acceptance, but when proxy respondents were removed from the dataset these items moved above the threshold. Further analysis indicated that proxy respondents may be answering questions differently from service users, which has consequences for comparability of answers from proxy and non-proxy respondents.

Reliability

In all analyses, the estimates for the reliability of the scale were greater than 0.7. This indicated that the scale had good reliability. A coefficient of reliability greater than 0.8 is desirable for a widely-used scale and 0.7 is considered to be adequate. Given that there are multiple factors influencing current needs in each domain, the level of reliability achieved seems good.

Discrimination

Responses to the current status items were clustered towards the 'all needs met' levels. This means that these versions of the scale (based more closely on needs and functionings) were not very good at discriminating between people who score highly on the scale. The clustering of the responses at the high end of the current status scale is probably the (desirable) result of the effect of services. As we would

expect, the responses to the hypothetical status scale had a much better distribution and were more evenly spread throughout the length of the scale.

The instrument

The evidence from these analyses, conceptual development and results of the consultation with stakeholders and service users and carers (Netten *et al.*, 2009b) fed into the draft instrument that was then cognitively tested with 29 service users from a variety of user groups. In addition to testing the questions, the interviews tested out the preference elicitation techniques, which drew out important insights both into what was important to people and these aspects of their lives.

Question wording

The term *control over daily life* was understood by the people we interviewed. They often distinguished between making decisions and carrying out those decisions. Most of the people we spoke to depended to some extent on help from others to see these decisions through. Having control over their daily life depended on them having someone and, importantly, the right someone to help them.

For *accommodation cleanliness and comfort*, we used the wording "my home is clean and comfortable". Important aspects were having clean, dust-free surfaces and hygienic kitchens and bathrooms, but people also mentioned the state of the décor, whether their home was neat and tidy, whether their home had their own 'stuff' in it that they could get to readily and, also, whether they could get around their home easily. For example, a number of people mentioned the problems posed by stairs or mentioned how they had had their home adapted to make it easier for them to move around without help.

Dignity can mean many things to people, but “the way I think and feel about myself” captured a person’s sense of self and significance well. Including “the way I’m helped and treated” meant that people considered the way their care and support packages affected their sense of self and significance. However, some people felt negatively about themselves not because of how they were treated but because it was difficult for them to accept that they needed help. Some of these people chose the ‘no needs’ answer but others chose one of the ‘low or high level needs’ answers. In order to investigate the impact of this on the measure and its interpretation, an additional question asking about the impact of ‘having help at all’ on how people feel about themselves will be included in the interviews with service users in the next stage.

We used the term “food and drink” for *meals and nutrition*. Including ‘drink’ was very important since people drink more often than they eat and many people discussed how they managed their lives to ensure they had the drink they needed. Initially, the wording was “I can get ... the food and drink ...” but we found that some people interpreted this too literally, as being physically able to get food and drink without help. We changed the wording to “I get ... the food and drink ...” which did not have the same problems.

“Doing things I value and enjoy” seemed to capture the type of things we intended for the *occupation* domain. People talked about voluntary work and paid work; activities they did with others, such as going out shopping or to eat; and activities they undertook on their own, such as reading, needlework or making cards. The answer options changed significantly from the first version of the question we tested in order to capture the frequency of doing things, the quality of the things done and the number of things people had to do. This is important as, for some people, the problem was not

that they did not have enough to do or things they enjoyed doing, but not being able to do as many things as they would like to undertake because of health limitations.

“Clean and presentable” was used for *personal cleanliness and comfort*, which was understood well by people. People talked about how frequently they washed, showered or bathed and also about whether they were able to fix their hair as they liked and wear the clothes they liked. Many of the women we interviewed talked about the difficulties they had with jewellery and make-up and how important it was for them to be able to wear them. The term ‘poor personal hygiene’ had been used in earlier versions and had been disliked by many who were consulted. We found that the revised version reflected this type of situation without using this term.

Feeling safe was understood by everyone, although some people questioned whether we meant did they feel safe outside or only inside their home. We have, therefore, recommended a prompt for interviewers to use or written guidance for self-completion versions to make it clear that we mean outside and inside the home.

We had some difficulty finding a good way of expressing *social participation and involvement* but settled on the phrase “social contact with people I like”. As with the occupation domain, it is important to reflect the quality of contact, the frequency of contact and the number of people known to the person being interviewed. However, it was not possible to reflect all three aspects throughout the question and the quality part “people I like” was dropped from the last three options. This did not seem to matter: people continued to talk about contact with friends and family. They also mentioned phone, email and letter contact as well as face-to-face contact.

The original answer options also included the phrase “I feel lonely”, but this was taken

out as it was confusing. As one person explained, “it depends on whether you mean personal or social life” as a person can be lonely because they do not have a special person in their life or lonely because they do not know many (or any) people. Given the areas over which social care can be expected to impact, we felt it was important to focus the question on the social rather than the personal side. We chose to use the term “socially isolated” to denote social loneliness and this appeared to work well.

We also tested including a time-frame in the answer options of “the past couple of weeks”. However, we found that it made the question difficult for people to follow and, because many people had conditions that fluctuated over time, they tended to ignore the instruction even when it was pointed out to them. Most people preferred to answer according to an “average” day. We decided to leave these instructions out.

Differences between answer options

For the *dignity* and *safety* questions, it was clear that there was not enough difference in meaning between some of the levels. For *dignity*, the problem was with the bottom two levels, which were changed from “sometimes undermines” and “undermines” to “sometimes undermines” and “completely undermines”. The bottom two levels of safety were also seen as quite similar. These were changed to “feel less than safe” and “don’t feel at all safe” from “sometimes I don’t feel safe enough” and “most of the time I don’t feel safe enough”. The top two levels of safety were also changed, with the second level changed to emphasise the sense of adequacy at that level.

The impact of services on quality of life

To measure outcomes from services we ask people to assess what their quality of life within each domain would be like without services. For each domain there are,

therefore, three questions: one question asks about the person’s current quality of life; the second asks whether services help them in that domain; and the third asks what their life would be like without services (see Box 1). Previous studies and the cognitive testing with service users identified that, for the most part, people could visualise the hypothetical situation in the absence of services. It was important to clarify what services they were receiving prior to asking the questions and to reiterate that no-one else stepped in to compensate for the lack of those services. What was included as ‘services’ and the precise wording and guidance for interviewers would depend on the purpose of the study.

Living at home

In previous versions of the measure, and the one that we were proposing to take forward in the OSCA project, we included an additional domain ‘living in your own home’. This was intended to reflect the fact that people would rather continue living in their own homes even, very often, with unmet needs, rather than live in a care home, and was an element of the key policy objective to keep people in their own homes wherever possible. This was only intended to be used as an indicator rather than a question that is part of the measure. Services would not be attributed with contributing to people living in their own home but to taking them away from their own home when care is provided in a communal living setting, with the score for this based on a weighting derived from the preference study.

Some potential problems with this were raised in the consultation process, including one respondent who pointed out there are a variety of living situations that could be reflected in this domain which might better be treated as ‘living where you want’.

Box 1 Example of questions used in interview version for occupation domain**1. Which of the following statements best describes how you spend your time?**

If respondent needs prompting please say: When you are thinking about how you spend your time, please include anything you value or enjoy including formal employment, voluntary or unpaid work, caring for others and leisure activities.

I'm able to spend my time as I want, doing things I value or enjoy

I'm able do enough of the things I value or enjoy with my time

I do some of the things I value or enjoy with my time but not enough

I don't do anything I value or enjoy with my time

2. Do the support and services that you get from Social Services help you to spend your time doing things you value and enjoy?

NOTE to interviewer: if the person needs prompting or reminding please say by support and services that you get from Social Services, we mean <<.... >> (definition reflecting context and objective of research)

Yes

No

Don't know

If 2 = yes then

3. Imagine that you didn't have the support and services from Social Services that you do now and no other help stepped in. In that situation, which of the following would best describe how you spend your time? Please assume that any other help you currently have would remain the same.

NOTE to interviewer: if the person needs prompting or reminding please say by support and services that you get from Social Services, we mean <<.... >> (definition reflecting context and objective of research)

It is important that people do not base their answers on the assumption that any help steps in, please emphasise this to interviewees.

(Reassure if necessary: please be assured that this is purely imaginary and does not affect the services you receive in any way.)

I would be able to spend my time as I want, doing things I value or enjoy

I wouldn't be able to do enough of the things I value or enjoy with my time

I would do some of the things I value or enjoy with my time but not enough

I wouldn't do anything I value or enjoy with my time

In the cognitive testing, when service users imagined not living in their own home, they tended to imagine living in a care home. When we asked them to describe what this was like they described it in terms of the other aspects of quality of life that we already included in the measure, such as control over daily life, social participation and involvement, and so on. We felt that this could lead to confusion and that there was the potential for distorting choices and double-counting. This, together with the concerns raised in the consultation process, resulted in a decision to leave the domain out of the final measure.

Next steps

The instrument to be taken forward to the next stage of testing incorporates the lessons from the analysis of previous datasets, consultation and cognitive testing of the instrument to date. The aim of the next stage of the work is to test the psychometric properties, including the validity of our measure.

Ideally, at this stage, we would test the SCRQOL measure in a survey of all service user groups. In practice recruiting such a sample is far from straightforward, especially for a methodological study such as this. Service users are surveyed annually by local councils in the User Experience Survey (UES) but, to date, these surveys have focused on particular services or groups. As part of these surveys, councils often ask if respondents would be prepared to participate in further research. We took advantage of this in our project design and plan to recruit service users from the UES conducted in 2009 for the validation study.

In 2009, the UES is being conducted with older home care service users. This will allow us to test the reliability and validity of the measure in depth with this group, including the hypothetical 'expected needs or SCRQOL' scale. The aim is to achieve a sample of 300 people. We will be including

people who had help to complete the UES and exploring the impact of including other people (usually relatives and friends) to support and help people in responding to the questions because such support is frequently needed by people who use services. In 2010, the UES is being conducted with people who have received equipment in the preceding period. This includes people from all service user groups. We will be including the 'current state' instrument when interviewing service users about their preferences. This will facilitate further analysis of the performance of the questions and scale.

One of the issues that has been raised over the course of the project is that, while the objective is to make the measure applicable across all service user groups, the measure has not been tested with people with learning disabilities (who are unable to be involved in the type of cognitive testing undertaken to date) and there is only an English language version. We feel it is important to have a soundly based measure in terms of concepts and terminology before such developments. However, planned work as part of the development of the successor to the current UES is providing the opportunity to take things forward to some extent in these areas.

The aim is that, from 2011, the UES is intended to include all user groups and care settings each year, to reflect the transformational agenda on achieving personalised services and, importantly, the outcomes that people want. A significant problem that needs addressing when developing a questionnaire for such a diverse population is finding questions that make sense to everyone in that population and which are sensitive to differences in the quality of care provided. Previous UESs have tended to ask questions that focus on aspects of the process of care. The proposal is to include the self completion version of ASCOT in the survey and, as part of the development work, to develop a version that

is accessible for people with learning disabilities (Malley & Netten, 2009). The development work will also be focusing on the effect of help people receive to complete the questionnaire and the use of proxies, including when English is not spoken or understood. This should provide us with more evidence on practicality and validity of the use of the measure.

If included in the UES on a regular basis, the ASCOT measure will have the sound basis of the development work undertaken to date and planned under the OSCA project. Potentially, the ongoing information on SCRQOL outcomes over time for diverse groups and circumstances should provide a powerful point of comparison for a variety of purposes, including evaluation of national and local policy and practice.

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The value of young people doing research: where do young people's voices count?

Darren Sharpe

The National Youth Agency

Abstract

This paper is a synopsis of the workshop presented at the SSRG 2009 Manchester annual conference. All the information detailed has been captured from our initial experience in piloting the Young Researcher Network (YRN), a project of the National Youth Agency. The paper is structured around questions of why, who, how, and where to involve children and young people in research. This paper provides public authorities and interested parties with sound guidance and useful practical tips on how to work with established, emerging, and advanced groups of young researchers. This paper aims to help you think through more complex questions of where children and young people's voices count and add value to your organization.

Keywords: Young researcher. YRN, participation, children's rights, young people's voices

This paper came out of a workshop presented at the Social Service Research Group Annual Conference held in Manchester in 2009. The workshop was facilitated by Dr. Darren Sharpe and co-facilitated by Daniel Crawford and Elizabeth Goldsbrough. The paper provides a synopsis of the workshop. It spells out the reasons why the Young Researcher Network came into existence and its guiding principles, and provides the legislative and policy framework that gives impetus to children's and young people's active involvement in research. Implicitly, the paper argues for a combination of different ways in which research can be undertaken 'with' and 'by' children.

Research is more than 'consultation', a process of dialogue with children and young people. Research is a well thought-out and methodical process of defining the topic or theme; specifying a research question; undertaking a literature review (thoroughly knowing the subject area); selecting appropriate research methods (building a research strategy); undertaking the field work (collecting information); carrying out

the data analysis or interpretation, ahead of completing the write-up and dissemination (communication of key messages from the research). To paraphrase Mary Kellett (2005), research is about asking questions, exploring issues and reflecting on findings. It is concerned with pursuing what is often a complex 'truth' and must always be ethical. So, before involving children and young people in research you should have fully thought through the process. It requires an enormous amount of time and effort to ensure that young researchers go on to produce high quality research.

The National Youth Agency

The National Youth Agency (NYA) is the national expert and developmental organisation for supporting those who work with young people in England. It is a registered charity, a company limited by guarantee and a specified body under section 78(1) of the Local Government Finance Act 1988.

The NYA aims to advance youth work to promote young people's personal and social development, and their voice, influence and place in society. Key to this is the participation of young people in influencing, interpreting and implementing emerging youth policy and practice for central and local government and national and local providers of youth work.

The Young Researcher Network (YRN) is a project of the National Youth Agency involving a network of organisations that encourage young people's active participation in research to influence policy and practice. Between 2007/8 the YRN supported fifteen research projects led by young people. The idea behind the network originated from what is now a wide range of statutory requirements placed upon local authorities and their partners to consult with young people over the services they receive and decisions made which affect their lives. We wanted to support local authorities in their duties to empower young people to influence local and national decisions. We also wanted to build stronger partnerships with local organisations and increase our capacity to carry out quality research. But, more fundamentally, the YRN was committed to fulfilling the UN Convention on the Rights of the Child (CRC) to properly conducted research.

The Young Researcher Network (YRN) offer

Our Network has now an impressive track-record in empowering groups of young people from across England to raise their voices and influence issues that matter to them and affect their lives. We have also added value to organisations that partnered the YRN. The YRN partners have been an interesting blend of national charities, local authorities and community groups who have had different levels of capacity, expertise and reasons to involve young people in research.

Working together with our first cohort of fifteen research groups we were able to provide access to generic and group-centred training and residential conferences at no cost to participants; a dedicated website; regular e-newsletters; ready access to expert advice when needed; access to funding to support young researcher-led projects; capacity-building; and we brokered larger research commissions. Our online web strategy had two distinct features. Firstly, we provided static pages full of relevant and downloadable information and, secondly, an interactive/new social media platform which enabled discussion across the network for support workers and young researchers. Other elements included Del.icio.us social bookmarking and Facebook (see <http://www.facebook.com/group.php?sid=0&gid=17734080331>).

From early successes we soon moved on to provide specialist support in all aspects of peer led and participatory research and began to offer innovative services in consultancy and training to organisations wishing to establish or embed groups of young researchers within their own organisation. We have since worked with parties and organisations in local and central government, academy, health and social care, education, the media, the voluntary and the private sector. Through this experience of supporting young people-led research, the YRN has produced a toolkit and a 'How to...' guide for involving young people in research. Both these resources are free to download:

YRN toolkit:

<http://www.nya.org.uk/information/118654/yrnonlineresearchtoolkit/>

'How to...' guide:

<http://www.participationworks.org.uk/resources/how-to-involve-children-and-young-people-in-research>

Getting it right for young people!

Listening to what young people have to say is an integral part of our work. Involving young people in research is an extension of this, part of the participation agenda. Dithering and doing nothing in this area fails young people in our commitment to ensure that they have protection, can be heard, can have choice, are valued, have privacy, and are socially included and not discriminated against. However, many bodies and organisations underspend (or do not spend) their participation budgets in this area, perhaps uncertain or maybe just not convinced of the value of research 'by' or 'with' young people.

Involving children and young people in research can be on issues about children and young people or about other people's issues. They can be involved as peer researchers or co-researchers; they can engage in research projects led by children and young people; or led by adults involving children and young people.

It is not just NYA that feels there is value in involving young people in research. The Department for Children, Schools and Families (DCSF) is a major investor in research and evaluation around children's and young people's lives. The DCSF had a central research budget of £12 million in 2008-9. However, research and evaluation is budgeted at around £140 million over 2007-17. DCSF is committed to putting young people at the centre of what they do, including research. This is in spite of (and, indeed, to help re-address) an increasingly negative portrayal of some young people as the new 'social evil'. We now turn to look at the law and policy for involving children and young people in research.

A rights agenda for involving young people in research

Since the mid 1990s we have seen a political drive to modernize public services

and a concerted effort to embed children's and young people's participation in public authorities. It has meant new platforms have been created in which children and young people are welcomed and their voices increasingly recognized as part of a chorus of public stakeholders. This has meant that practitioners have had to be more innovative in the ways they consult, work and listen to children and young people and demonstrate how their contributions have been meaningfully incorporated into service delivery or design. Many of the methods and methodologies used with children and young people have had to be innovative to include children who have limited speech, who may have varying learning needs, have challenging behaviour, and come from different cultural and ethnic backgrounds (Barker & Renold, 2000; Shemmings, 2000; Devine, 2002; Lightfoot & Sloper, 2002; Sloper & Lightfoot, 2003; Curtis *et al.*, 2004). In research terms, this has been reflected in a linguistic shift from talking about 'research on' to 'research with' and now, increasingly, to 'research by' children and young people (Oakley, 1994; Darbyshire *et al.*, 2005).

There are important legal as well as moral reasons why children and young people should be involved in doing research. The United Nations Convention on the Rights of the Child, adopted in 1989 and ratified by the UK in 1991, is the main driver for increasing children and young people's participation. Frequently endorsed through specific domestic laws and guidance it affects most aspects of children and young people's lives such as health, safety, education and well-being. Article 13 gives children and young people the right to receive and give information through speaking, writing, printing, art or any other form. Combined with Article 17, the Convention gives the child and young person the right to information, especially information that helps build his or her social, spiritual and moral well-being and physical and mental health. Both Articles

(13 and 17) are underpinned by Article 12 of the Convention that gives every child and young person the right to express and have their views given due weight in everything that affects them. There is not the space here to discuss how far children's rights in the Convention have permeated all aspects of relevant policy in England. However, much policy and guidance is now routinely 'proofed' for compliance with CRC and its participation agenda. This is a far cry from when children's and young people's views did not count as legitimate knowledge of the social world. Nonetheless, academic researchers and public authorities have for long neglected to seek the views of children and young people as active agents and 'key informants'. Children and young people have often been viewed as unsophisticated or 'silly', as mini or 'incomplete adults' (Scott, 2000, p.98), and seen as 'presocial' and thus incapable of being taken seriously in discussions about their own needs (Oakley, 1994, p.419), or being unable to articulate a set of coherent political views (Sear & Valentino, 1997, Scott, 2000, Kulynych, 2001, Mayall, 2002).

This is in contrast to children and young people being viewed as 'knowledgeable consumers' yet they are not expected to vote, lobby, organize or campaign and thus have what Mayall (2002, p.154) calls 'non-citizen statuses'. The apolitical nature of children and young people is often associated with their exclusion from what we might call the public sphere. In other words, children and young people are seen to have no power, status, or political 'clout' in the public world of adults. The marginalisation of the voices of children and young people from political culture in the public sphere is commonplace (Kulynych, 2001, p.259) and also reinforced in much research practice.

The YRN challenges this conceptualisation of childhood and youth as a stage of 'becoming' as opposed to 'being', and engages with the 'New Sociology of

Childhood' (Wyness, 2006). The Sociology of Childhood "take(s) it as read that children can be understood as competent social actors [and] as fully constituted social subjects..." (Wyness, 2006, pp.236-7). We now turn to look at two studies undertaken with support from the YRN.

The young researcher groups

YRN research projects have addressed a broad range of issues that affect young people's lives across England and have provided a sound evidence base from which to make clear recommendations for change in policy and practice. Young people-led research produces new insights which may otherwise be missed. For example, a group of young people from North Tyneside, *Have Your Say*, carried out research investigating the barriers to young people in care participating in their statutory reviews (www.haveyoursaynt.org.uk). They produced a set of recommendations that focus on making reviews more young people friendly, and which were adopted (in part) by the North Tyneside Parenting Board. Furthermore, each child or young person now entering the care system in this authority will be given the group's DVD report to raise awareness of their rights when it comes to reviews.

Another group of young people looked-after from Bradford Youth Service, *Get the Life U Want* (GLUW), carried out research into the experiences of education, support and counselling for young people in care. Using evidence collected through surveys and qualitative interviews, GLUW presented their findings (for example, the end to inappropriate separation of siblings when entering care) to the Children Services directors, elected members, senior managers and youth work practitioners at a special event organised at Bradford Film Museum. Delegates on the day praised their work and were able to identify where policy already existed to deal with specific recommendations but also acknowledged

where policy was not being turned into practice. GLUW are still using their research to advocate for change to positively improve the educational experience and support services for young people looked after in Bradford. A full list of the 14 research reports from 2008 is available at <http://www.nya.org.uk/information/127849/researchreports/>. The DVD is available on request.

The barriers and drivers to children and young people's involvement in research

This paper argues for a combination of different ways of involving children and young people in research. Research projects are seldom child or young person directed and their involvement is situated - arguably - alongside the lower ladders of Arnstein's (1969) ladder of participation¹. The success and failure of a research project is often wrongly thought of as hinging upon the high level involvement of the adult worker. As adult workers you will inevitably have to account for the money and time spent in the life of any research project. But do not overestimate your role. You will move between being a critical friend, enabler and the lead person, dependent upon the nature and the stage of the project. This is discussed in more depth in a later section.

Involving children and young people in research will be tricky if you are not being supported at all levels of your organisation. You need to know where in your organisation young people's voices will count. That said, young people doing research need not be arduous. Keep it simple but with an eye on mainstreaming their involvement in everyday practice. To reiterate, engage children and young people in matters that you know interest them or which affects their lives.

How and where children and young people participate should not be fixed and overly-determined thereby denying young

researchers ownership. A collaborative participative approach allows you - along with the young researchers - to develop a feasible, flexible and adult facilitated research plan to accomplish the research ends. Young researchers will have different types of personal and cultural histories that will need to be addressed in the research process (i.e. physical immobility, health concerns, being in the closet, fear of crime and exploitation, family trauma) at different stages.

Where must you involve children and young people in research? In research terms, participants (e.g. young co-researchers) quite often opt for medium levels of involvement. High level involvement often implies involvement in the research design, data collection, interpretation, analysis, write-up and dissemination. Low level involvement can simply mean 'dipping in and out', or only being involved in one stage of the process. Possible stages of involvement include:

- group formation;
- deciding on research theme/topic;
- designing a research strategy;
- doing the field work;
- data interpretation and analysis;
- communicating key messages and acting on findings.

Two key stages where it is important to have children and young people contribute are in the development of the research question and in the data interpretation. Knowing how to involve children and young people in research will be dependent upon what research approach you take (e.g. exploratory, descriptive, or explanatory). As adult workers, the approach you take should be influenced by the purpose of the enquiry along with the age and competency of the children and young people involved. A lot of children and young people's research takes place within their own communities or in services that they frequently use, and in

this sense they should be viewed as the experts.

They will be familiar with the geography and risk factors that will limit the scope of the project and provide answers to ways of working with or involving other children and young people. No matter what the circumstances you should always try to provide appropriate training in basic research skills to help them formulate their ideas into a do-able research project. Research skills training is outlined later in the paper. Avoid falling into the trap of sticking to one way of doing research. Just because it worked in the past does not mean that it will work to address a *new* research question. The methods you decide to use should not determine the research question. Key points to consider:

- Develop an answerable research question or hypothesis;
- Research methods are selected after the research question is defined and can appropriately address the question;
- Using a combination of different methods will strengthen the research findings by drawing on a number of different sources.

But, by its very nature, participatory research involves risk taking. Working with an inexperienced team of young researchers carries with it even greater risk. When done right the collaborative participatory approach is mutually beneficial and will inform all aspects of the research process and build into a richer project because it improves our level of understanding of the substantive subject area (see Lewis & Lindsay, 2000, p.192). A participative approach to research enhances the quality and value of what is found (Lewis & Lindsay, 2000, p.192).

Selecting methods

Drawing on our experience at the YRN, creative multi-media techniques are the

most popular methods among young researchers. We have supported groups of young researchers who have designed and carried out research using a creative range of tools involving visual methods, interviews, diaries, collages, timelines, walkabout interviews, video diaries, and on/offline surveys. The popularity of these methods rests in their underlining principle of inclusivity, with versatility to be used in or between school, home and leisure environments, giving young researchers freedom to capture data in reliable and creative ways. Children with a range of learning capacities can use these techniques to describe their environments, life situations, preferences and past histories. Other methods commonly used include mapping, weekly timetables, charts, drawing scenarios, card game, voxpop, and the 'big brother' style diary rooms. There are a range of techniques for listening to young children which shift the balance away from the written or spoken word to approaches which have focused on visual or multi-sensory methods (Clark *et al.*, 2003, p80). These new approaches have incorporated the use of different media, for example cameras for young children to record their own experiences of caring for parents with mental health needs (Sharpe & Aldridge, 2007). Our experience at the YRN demonstrates how young researchers are keen on using and mixing multi-media methods to generate and present data.

The implications for young people involved in research

The YRN research skills training package supports young people to develop critical thinking, active listening and problem solving skills and how to engage with the democratic process. We have found it important to work with groups of young researchers and help them to contextualise what is being investigated beyond their own vantage point and to consider the implications of their own experiences *vis-à-vis* their peers. The move from individual to

collective interest lies at the centre of the YRN work.

Building basic research skills

Begin by building upon what children and young people already know about 'research'. As practitioners, do not underestimate the competencies young people bring to the research process. Provide opportunities early on for the research group to share their values, their knowledge of research, and their knowledge of the subject area under investigation. Consider:

- **Undertaking a skills and needs audit** - it will help you set priorities in training and the level(s) at which training should be pitched.
- **Demystifying research terms and concepts** - is the first barrier to overcome. When children and young people see how research techniques and terminology can bring into sharp focus aspects of their own lives - to reveal new insights - it will provide a stable reference point for them to build on. For instance, planning a trip to the local cinema (desk top research), learning about their own family history (genealogy), or visiting a new sixth form college or university (participant observation).
- **Matching children and young people appropriately to research activities** - this is likely to mean research activities are discussed thoroughly and roles are properly negotiated.
- Also, young researchers should be encouraged to **stretch themselves** - when basic research skills training is done correctly the children and young people will acquire new capacities that are transferable to other areas of their lives. For instance, problem solving skills, critical thinking, IT skills, interview and observation skills, report writing, and presentation skills

all enhance their school and post-school performance.

We learnt at the YRN that basic research training (and closely related discussions on ethics and safety) cannot always be delivered in a uniform way. Some young people were placed at a disadvantage and communicated this as such. A balance needs to be struck between theory and practice, with the emphasis being placed firmly on practice. That is, designing training that is workshop-based and pitched at different levels. Otherwise, children and young people will signal their lack of enthusiasm and quickly be turned-off from doing research.

Similarly, do not expect children and young people to function as postgraduate researchers after a weekend's basic research skills training. This is when you jeopardize the self-esteem and confidence of the child or young person involved. In our experience, most, if not all young people, will come to the research project with resilience in negotiating and managing relationships, altruistic in their actions and prepared for, and go on to, successfully manage their research responsibilities. When basic research skills training is done properly - combined with a collaborative participative approach - the above qualities will be enhanced to the mutual benefit of the child/young person and the research project.

Accreditation is one way of validating the efforts and work of children and young people. Accreditation can be done in a number of different ways (e.g. ASDAN, OCN, and Certificate of Attendance), by the Award Scheme Development and Accreditation Network (ASDAN <http://www.asdan.co.uk>) or with the National Open College Network (<http://www.nocn.org.uk>) though children must be aged 14 and over to gain an OCN qualification. What is the cost? That will depend on which accreditation route you decide to use and whether you are an

accrediting centre. Accreditation requires a time commitment to oversee the completion of portfolios (internal assessor) and the cost for an external assessor. All these efforts are worthwhile if the children and young people decide that this is what they want. Bear in mind that accrediting training will require additional time and effort on the part of young researchers and the internal assessor.

The role of the support worker

The practitioner (or support worker) is the adult supporting the involvement of young people in the research. There are different types of individuals with different skill sets that will want to work with young researchers. As support workers your experience and knowledge of research will vary but will in the first instance influence how young people take-up the offer and treat the research project. Workers may need to consider their own knowledge and experience of research and any bias that may unwittingly steer or influence the young people. Different approaches must be used with young people that stretch but do not panic them. This might mean that the worker is also stretched by different ways of working. At one end of the continuum you will have workers who will intentionally or unintentionally dominate the research process and at the other end workers that will facilitate reflective learning and be a stable guide. Whether or not you have experience in doing research you will be required to act as a critical friend and enabler.

A lot of children and young people experience research as a one-off-event. Most young researchers will not progress onto another research project. The few that do will be joined by less experienced young researchers, consequently you will need to start at a common point. You may be an existing group of young people; you may be a sub-section of a young persons reference group; you may come together solely for the project. Either way, do not assume the basis

of team working has been done (see Act by Right Unit. 1). All research groups should aim for a common understanding of all aspects of the research project. Again, all research projects are new projects and will need to be designed based upon new questions. As a result, new methods will need to be learnt that will best address the questions posed and all the group will need to be trained-up pretty much from scratch.

However a note of caution: research is not for everyone however easy you try and make it. Just like being an artist, poet, musician, architect, and teacher, etc some children and young people will have a flare and others will not. Some young people will not know this until they are involved in the research process and may become uncertain about the research itself or how to leave. Some young people will shy away from high level involvement; however their behaviour should not be misinterpreted as meaning that they do not want to be involved. What's more, there will be the intellectual puzzle for the young person to grapple with, alongside time constraints, and the emotional demands of meeting others' expectations. The role of the worker is to buffer all of those concerns and assist in reflective learning, as much as it is to lead when required. What we have learnt through the projects is that the relationships formed are as complex and rewarding as when working with an adult team of researchers. As support workers you should offer assistance not control through:

- interpreting and representing young peoples' views (where appropriate);
- approaching young people;
- creating exit points that do not lower self-esteem;
- co-ordinating research groups;
- making sure that time, money, human and organizational resources are available at the start of the project;
- bringing in researchers and senior managers from your own organisations to help guide you and

the young research group in your thinking and planning;

- helping with negotiating access to key people and agencies, recruiting subjects, transport, and finally making sense of and producing information about the research project;
- celebrating the role of young researchers in your organization;
- self-awareness of how you approach 'research' because it will inevitably determine the experience and expectations of young researchers;
- acknowledging the power relations that exist between you (support worker) and the young researcher;
- breaking free from traditional ways of working.

Conclusion

Becoming actively involved in research through the YRN as subjects and as participants but overwhelmingly as a young researcher has meant children and young people are positively improving outcomes for other children and young people in England. Hopefully this paper has demonstrated what can be achieved by involving young people in research and the emerging opportunities available to young research groups to influence change. Undoubtedly, the YRN is adding quality to research by advancing standards in participatory and young people led research; by framing young people's voices and most importantly, by responding to the CRC agenda for the right of children and young people to properly conducted research. Young researchers are working tirelessly to get their voices heard and make change happen. They are aiming high and imagining new places to go and things to do. We should make every effort to engage with what they are saying and involve children and young people as agents of change through research.

Footnote

¹ Participatory research sits on a continuum and is not hierarchical. Arnstein's ladder of participation provides an illustrative account of how participation can easily be conceptualised as fixed in its direction and outcome.

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Ambition, confidence and risk: holding nerve in difficult times

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Summary

These are challenging times for children's services and adult social care in England. The political climate is changing and the recession has brought into sharp focus questions about the evidence of impact from unprecedented investment, particularly in children's services. There is a tide of public concern about how children are kept safe and about how long-term care is currently funded. This paper explores how the ambition for, and confidence in, these services can be sustained during political and economic turbulence.

Scope and timeframe of ambition

Every Child Matters, and the subsequent Children Act 2004, laid the platform for an ambitious, ten-year programme of change that included the integration of education and children's social services into new departments and the creation of children's trusts as commissioning bodies. *The Children's Plan: Building Brighter Futures* followed in 2008. It marked a slight shift in emphasis from the original outcomes framework towards greater attention to narrowing the gap between those with the best and poorest outcomes. This was prompted by growing evidence that, although outcomes generally were improving for children, this gap was widening.

This emphasis was evident in the five principles of the Plan:

- Government does not bring up children – parents do – so government needs to do more to back parents and families;
- All children have the potential to succeed and should go as far as their talents can take them;

- Children and young people need to enjoy their childhood as well as grow up prepared for adult life;
- Services need to be shaped by, and be responsive to, children, young people and families, not designed around professional boundaries;
- It is always better to prevent failure than tackle a crisis later.

As well as being a showpiece of the Labour government, this programme enjoyed the benefits of a strong cross-party and professional consensus behind it. In this respect, adult social care's reform programme was a more Cinderella proposition. Its roots can be traced to a combination of user and carer-led challenges to the status quo and professional leadership. Political engagement with the key issues has been less strategic with, arguably, a history of piecemeal legislation adjusting the core arrangements set by the National Assistance Act 1948. Key legislation in relation to direct payments and carers' rights followed strong sector lobbying.

The framework for current reforms was first set out in a Department of Health Green Paper in 2004, and then wrapped up in a wider White Paper that focused primarily on health service reform, *Our Health, Our*

Care, Our Say. The outcomes are a mixture of values and instrumental activity. People, irrespective of illness or disability, should be supported to:

- Live independently;
- Stay healthy and recover quickly from illness;
- Exercise maximum choice and control over their own lives and, where appropriate, the lives of their family members;
- Sustain a family unit which avoids children being required to take on inappropriate caring roles;
- Participate as active and equal citizens, both economically and socially;
- Have the best quality of life, irrespective of illness or disability;
- Retain the maximum dignity and respect.

While the reform of children's services has a ten-year timeframe, that for adult social care is much less specific and more long term. A central platform, the promised Green Paper on the funding of long-term care, is expected to launch yet more consultation on a new settlement which may take several parliaments to achieve – even if there proves to be sufficient political will.

Currency and relevance

The shift in orientation of these key services, from service delivery to improved outcomes, chimes with the wider principles that underlay both the Department of Communities and Local Government White Paper (2006), *Strong and Prosperous Communities*, and the associated changes in the Audit Commission's approach to evaluating local public services. The White Paper signalled a "focus on understanding and delivering the improvements places need and the outcomes local people want, rather than relying on traditional service delivery channels".

This approach also requires a strong focus for commissioners on understanding what supports social movements and community development. There is a new or renewed interest in, for example, pride of or sense of place; community cohesion; how to promote participation in activity and democracy; the tackling of inequalities; promoting better health; and in developing notions of well-being.

Closer attention to outcomes and satisfaction, rather than inputs and outputs, requires different measures of progress. Our work in the Improvement and Development Agency (I&DeA) has been greatly influenced by Mark Friedman's results-based accountability perspective¹. He, importantly, distinguishes between population indicators and programme performance measures. In the first, the measure is of curves turned away from the baseline and projected trajectory. In the second, customer progress and service quality is measured but drawn only from those actually using the service.

The changes in council performance rating from 2009 are based on a shift from service management and organisational assessment, to a collective judgement on public services, and a greater emphasis on quality of life and customer satisfaction.

The Comprehensive Area Assessment (CAA) has four key aims:

- Supporting improvement in local services and outcomes;
- Protecting vulnerable people;
- Improving value for money and effective joint working;
- Supporting local accountability.

It will judge the risk to achieving priority outcomes for public services in that place, focusing on (but not limited by) Local Area Agreement targets. Councils and their partner organisations will be keen to establish that assessing performance in this

way does not create risk aversion and stifle innovation.

Thus, there should be a change of emphasis from better services (for their users) to better outcomes for the whole population, for those with particular needs, and for individuals. The key questions being as follows:

- For populations – what conditions are we trying to improve for everyone? What does success look like?
- For services: how much; to whom; did we make a difference?
- For individuals: how much control; how much choice; how do services help me meet my personal goals?

Confidence

Public confidence in government, governance and regulation has taken a battering recently from a number of directions. These range from the macro-economic factors underlying the recession, asset investment decisions by public bodies and MPs' expenses, to lack of trust in political parties and the integrity of government.

These have provided a backdrop to equally significant service issues in child protection; the quality and availability of care for older and disabled people; and growing disquiet about big public policy issues like the funding of long-term care and school admissions.

Sustaining political confidence is a challenge heightened by the recession. Legitimate questions were being raised about return on investment and progress in delivering improved outcomes before the publication of the recent Children's Plan. This found expression in activity intended to narrow the gap in outcomes between the population as a whole and those falling behind. Lord Laming's review of progress since his inquiry into the death of Victoria

Climbié, while endorsing the integrated approach to children's services, called for greater attention and pace in improving outcomes for children in need and children at risk of harm. The Secretary of State's response included a new National Safeguarding Unit to promote this.

The political profile of adult social care was, and remains, much lower than that of children's services. Until the appointment of the recent Minister of State, Phil Hope, it has languished in recent years within the responsibilities of the most junior minister in the Department of Health. It has also competed, mainly unsuccessfully, for air time and attention with the NHS. Because it is not a universal service, and notoriously hard to explain to a lay audience, no recent political party has made it a central plank of its manifesto. Proposals for reform have dribbled out in a series of Green Papers or as part of White Papers about the reform of the NHS or local government more widely. It is typical of this, perhaps, that its current direction is set out in a concordat between central and local government, *Putting People First*², championed by the previous Care Services Minister, Ivan Lewis, and very much influenced by radical ideas from users and their advocates in the sector. These proposals are built around an extension of the concept of direct payments (of the full value of the care package) for the user to manage themselves into individual budgets. These ring fence an individual allocation but allow the user to receive them in both cash and kind, allowing them to choose those elements they wish to direct themselves. This reinforces the importance of service design and brokerage, and the influence on that of wider issues that affect quality of life.

This approach also gives local authorities wider responsibilities to provide information and advice to all those entering the care system, irrespective of means or needs, and to ensure sufficiency of supply of services and, by implication, the workforce, to meet

the requirements of all those seeking care and support. This is a tough brief given the reality that most councils, taking the resources available to them into account, are only able to help those with critical or substantial risk of loss of independence, and limited personal means.

It is this reality that now has the highest profile as those encountering the care system for the first time realise its complexity and limitations. The Government has committed to reform the funding of long term care and a Green Paper is promised. This is unlikely to offer immediate prospects for change, however.

Aspects of both services have had a high media profile in the last year. As is usually the case, these have focused on the human costs of perceived failure, under-performance or non-availability. For children's services the annual debate about exam results has been overshadowed by the furore surrounding the Baby Peter case and the intense scrutiny safeguarding services have received across the country. While less intense, adult social care has faced a range of adverse stories, with reports about institutional abuse and the quality of providers, against the backdrop of concerns about long-term care.

A number of recent studies have reported the negative impact of this climate on professional confidence. The Government has responded by setting up the Social Work Task Force to review issues about training and support. Its earlier messages speak of a workforce that is overstretched and overwhelmed by administrative and performance monitoring requirements. The care workforce has high turnover and well above average levels of sickness.

Confidence in regulation has taken a similar knock, both in relation to service failures in regulated areas, and in relation to the process for judging the effectiveness of services overall. This is, naturally, also

caught up in the wider debates prompted by the banking crisis and the criticism of that regulatory regime.

Prior to this, both major inspectorates, Ofsted and the Commission for Social Care Inspection (as was), were moving towards both a risk-based approach for individual services and organisations, and to the wider judgement of local public services, wrapped up in the Comprehensive Area Assessment. Both Ofsted and the new Care Quality Commission, though proceeding with their contribution to CAA, are adopting a more comprehensive approach to safeguarding issues, for example.

Risk

The issues affecting confidence in these services are also primary considerations in assessing risk to delivery of the ambition for children's services and adult social care. The most obvious is their capacity to manage risk of abuse or failure and, by implication, whether the scope of organisational responsibilities for the wider population is a distraction from their responsibilities for service users. This, and damage to reputation, has increased the risk of further structural change, new legislation, or a tougher performance regime. There is a general consensus, echoed by Lord Laming in his recent report, that this would be damaging. His message was to concentrate on pace and delivery. The Commission for Social Care Inspection took a similar line in their final State of Social Care report in 2009.

The second major risk factor is the effects of the recession. This has two components. The first is reduced levels of growth for these two areas, and the anticipated cuts in public spending. The second is growing demand for support from these services as a consequence of the impact on individuals, families and communities.

Both children's and adult services have benefited from major investment in the last decade. In adult social care this has allowed services to keep closer to the pace of growing demand and to support the development of new upstream services. Whole new programmes have been developed for children and families in early years' provision, Sure Start and children's centres, extended schools and better support for children and young people with disabilities and their parents. The Private Finance Initiatives have built new schools and primary care facilities. Much of this new activity was funded on a short-term basis, with councils picking up the costs in subsequent years, something that seems even tougher now.

The current Comprehensive Spending Review had already signalled a reduction in the level of growth. While spending is generally being maintained in 2009/10, most predict very substantial savings can be expected in subsequent years. Budgets for the current year include ambitious efficiency savings, as well as a real challenge to all service areas to prove their effectiveness and value for money.

The final risk factor to the stability of these services is the overall political climate and the prospect of a General Election by no later than May 2010. While, writing in early 2009, we can anticipate a plethora of policy initiatives to be announced by the Government and opposition, the legislative programme will be light and few will bite during this Parliament. Further, aspects of these services may well be the subject of political football in the campaign period.

Leadership challenges

Faced with the combination of risks and uncertainties outlined above, I would argue that the key leadership requirement is to hold nerve about the direction of travel for children and adults services and the longer term benefits that are expected from the

reforms begun in recent years. Despite differences in approach, and some headline grabbing adjustments to processes, there is a general consensus between the main parties at a national and local level about improving outcomes and promoting greater choice and control.

For local leaders, there has been a significant shift in focus from the faithful reproduction of a picture devised nationally, to the development of a local vision to improve quality of life, with greater operational flexibility. The progress with this will be measured in the first round-up of Comprehensive Area Assessments. An earlier indication, drawn from the Audit Commission's recent study of councils' progress with planning for an ageing society, *Don't Stop Me Now: Preparing for an Ageing Population*³, is that some high performing councils under the previous CPA methodology may find this an even tougher test.

This local vision must be integrated across sectors, connected across services, and with deep roots and strong engagement with users and carers, staff, politicians and other local leaders. Devising and implementing it requires a delicate balance of influence and accountability, without the safety net of organisationally specific performance frameworks.

It also requires integrity in knowing and telling the local story, warts and all, to partner agencies, service users, other stakeholders and to regulators. Leaders in this context also need to be comfortable with growing levels of complexity and with recognising the indirect benefits or otherwise of their organisation's actions on others parts of the delivery chain or wider outcomes for the population as a whole. Commissioning for outcomes also requires a wider appreciation of the impact of spend in one area on improved outcomes in another.

The challenge for councils

In summary, this changing context requires councils to reposition themselves as co-ordinating agencies to promote greater social and community integration. They have a key role to play in supporting and strengthening communities during times of growing adversity. At the same time, they need to harness wider public, private and voluntary sector energies to meet the needs of the whole population, while ensuring those furthest from these wider benefits at the moment do not become more adrift, and those directly at risk of harm are properly protected and supported.

Footnotes

¹ Friedman, M. (2005) *Trying Hard is Not Good Enough*, Crewe: Trafford Publishing.

² Department of Health (2007) *Putting People First: A Shared Vision and Commitment to the Transformation of Adult Social Care*, London: DH.

³ Audit Commission (2008) *Don't Stop Me Now: Preparing for an Ageing Population*, London: Audit Commission.

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Towards the idea of total local sustainable places

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Abstract

The provision of local public services has to be re-thought from bottom to top. The term 'perfect storm' has been much used to describe the economic crisis but is appropriate here more widely. The current economic crisis not only presages deep reductions in public spending, it also calls into question the dominant models many local service providers have relied on.

The rapid deterioration in our global climate requires dramatic changes to social behaviour and services that cannot be brought about by governments alone, not least because politicians, particularly in the UK, are seemingly vying with bankers, estate agents and journalists to be the least trusted of professions, as voting levels and support for our main political parties both reach all-time lows.

Major demographic changes and migration patterns are transforming local cultures and communities and are challenging many long-established approaches to service provision. Additionally, in the internet-age, citizens expect to have choice and potential voice, when they want it. Involving citizens and service users in decision-making and budget choices will increasingly become the norm.

These challenges require more than 'tinkering at the edges' or incremental adjustment. They will only be achieved through root and branch change and will have to be led from the bottom, as well as the top.

Keywords: Localism, sustainability, citizen involvement

Introduction

The word 'crisis' and the phrase 'perfect storm' are over-used clichés. But few would begrudge the word 'crisis' to describe the recent collapse of part of the international banking system and the subsequent efforts of governments worldwide to bail it out. But crises don't always hit us straight between the eyes. Sometimes they just develop quietly and ominously. There is an even bigger crisis brewing over the sustainability of life on our precious planet. Each new authoritative scientific study and report paints a gloomier picture than the last over the impact of climate change and global warming. The connections between the

economic crisis and the environmental threat to humanity pose enormous challenges and opportunities in equal measure. Old assumptions and perceived wisdom need to be questioned if we are to find solutions.

There are other 'time-bombs' ticking away, apart from climate change, which threaten our usual ways of delivering local services in this country:

- Migration is steadily changing the face of (and faces within) many local communities, creating simultaneous tensions and opportunities around social capital and diversity. The

population is changing in other ways. We are living longer, much longer. The proportion of older citizens in society is growing exponentially, and the birth rate has recently begun rising too. Both demographic trends have huge implications for resources and service delivery as the working-age proportion of the population declines.

- ‘Personalisation’ and ‘choice’ are increasingly key watch-words in social care. Service providers now look to ensure that individual service users are given as much freedom as possible to shape and determine how, when and where services are delivered and by whom. In many ways, this approach pre-figures the broader moves towards empowering citizens collectively to influence priority setting and budget decisions.
- The recent MPs’ expenses scandal pushed trust in politicians down to a record low, following on from the disillusionment with another key elite – the bankers. Rarely have the social, political and economic challenges been so great, and yet faith in the political and financial governing classes been so low. Apathy, xenophobia and anti-political responses are also growing. The opportunities for local service providers to offer some leadership in these troubled times is significant and perhaps unprecedented. But they will not succeed unless they encourage and facilitate the involvement of local citizens directly in the socio-economic, political and behaviour changes that are required to get us out of this mess.

Economic recession

No one should doubt the scale of the economic recession. Yet, at the time of writing this article, there are allegedly

‘green shoots of recovery’ appearing – house prices are rising (following their hefty fall), the FTSE is on the up again (after crashing by a third), and business leaders detect confidence returning (after universally gloomy predictions for the past year). On the other hand, there are signs of some uncertainty in the US economy and the risk of dipping back into serious recession and of the Chinese economy suffering significant setbacks.

The psychological impact of the recession, however deep it goes or how long it continues, should not be under-estimated either. Since the fall of the Berlin Wall in 1989, the dominant economic paradigm has been relatively unrestrained low tax ‘workfare’ market capitalism. Supposedly, markets could be relied upon to deliver in the most efficient way most services that people need. The bankers and the economic elite who oversaw a booming global capitalism knew best, could be trusted, and few leading politicians were persuaded of any alternative. Privatisation, Private Finance Initiatives (PFI), individual choice, consumerism, extravagant wealth, gargantuan bonuses, and incomprehensibly complex but quickly lucrative financial schemes were all somehow ‘normal’ and for the most part unquestioned. Indeed the then pre-ennobled Peter Mandelson was famously ‘intensely relaxed’ about people being ‘filthy rich’.

The near collapse of the banking system last year and the subsequent multi-trillion dollar bail-outs have shaken faith in an untrammelled market approach and the extraordinary greed of some in the financial industries, despite their ready apologists, has shocked many. Bankers now vie with estate agents, journalists and politicians for ‘least trusted profession’. Blind faith in markets and bankers has gone, replaced by a festering resentment towards these elites and allied professionals deemed to be self-serving and amoral.

Impact of recession on local public services

The implications of these crises and the attitudinal shifts that accompany them are important for those working in local public services. Notions of fairness and the public interest are now less likely to be seen as quaintly old fashioned and unrealistic. It is no longer a given that services should be out-sourced for better value for money. A recent study by the GMB union has revealed just how costly and inefficient PFI is as a mechanism for funding public sector capital schemes, with the revelation that PFI debts now total £250bn compared to assets of a mere £64bn (see <http://www.gmb.org.uk/Templates/PressItems.asp?NodeID=99389>). With councils of all complexions increasingly intervening in their own local markets (e.g. creating local banks, taking over post offices earmarked for closure, time banks etc.) and with government relaxation of rules on the powers of local authorities, we may well see a flourishing of schemes and ideas predicated on community well-being and the public good, rather than upon purely market-led interests.

And yet, the limits of this attitudinal shift away from the market as the 'answer' to the problems of our time are also apparent. The dominant response to the economic crisis has been an assumption that public spending must be cut. Across the political spectrum nationally and locally, the message has been repeated that this is the only way. This is surely debatable, and flies in the face of much historical evidence across western economies when the opposite approach was successful in times of recession and depression and when public money was ploughed into the creation of jobs to carry out socially needed public works. Indeed, the notion that low paid public sector workers should have to sacrifice their jobs due to a global financial crisis caused largely by high risk and wholly dubious practices of a banking and financial services elite is likely to prove increasingly unpopular, especially as bankers have

reverted to type and awarded themselves bonuses many times greater than the lifetime earnings of those whose jobs are now on the line.

Trust in the market may have been undermined, but in the absence of a popular coherent economic alternative, we will doubtless drift back to 'business as usual'. Yet there are policies that break from the market and its turbo-consumer culture, and which start from the needs of people and the planet, though there is little sign of the mainstream parties adopting these, viz - transparency for how the banks operate and for individual taxation and remuneration (in Norway tax returns are published online); ending tax havens and tax avoidance schemes; a maximum wage (including sport and entertainment) and a guaranteed minimum income for all; ensuring that banks and other services critical to the functioning and infrastructure of society should not be run exclusively for profit; giving people a direct say in how public money is spent nationally and locally. Whatever one's views of these individual policies, we surely need to examine with an open mind all genuine attempts to develop equitable and transparent socio-economic policies.

In a fascinating book by Richard Wilkinson and Kate Pickett (2009), the authors demonstrate that countries with more equality have safer, happier, more collaborative and more sociable societies. Their message is that we can reduce or ameliorate the effects of most social ills - disease, mental illness, stress, violence, crime, teenage births, obesity - by making society more equal. The evidence and the arguments appear compelling. More wealth doesn't make us happier - but more equality can, even for the rich. Our political classes would seem to possess neither the inclination nor the courage to debate these policies with any conviction but, if they did, they might well find many people who supported them. Nonetheless, the movement

to shift the measurement of our progress from Gross Domestic Product to the amount of well-being and happiness we share, is an idea that is gathering pace – not just here with the arguments put forward by Professor Richard Layard (see Layard 2004; also *Guardian Newspapers*, 2009), but also internationally, witness the Stiglitz Commission (2008) endorsed by President Sarkozy of France, which concluded that improving quality of life should be the overall goal of government and society. Equality, happiness, ending misery – these terms deemed so ‘old fashioned’ and ‘passé’ to those mesmerized by the expanding consumerism of the past 20 years are now back on the agenda.

Sustainable development and climate change

Each new scientific study and report on global warming and other threats to the sustainability of life on the planet paints a bleaker picture than those before. We are literally running out of time before we reach a threshold beyond which we can no longer be certain of avoiding ‘run-away’ climate change. The New Economics Foundation (2008) estimated that there were 100 months from August 2008 when they launched their ‘100 months campaign’ before the planet reached a tipping point, beyond which it was no longer likely that we might avert potentially irreversible climate change. At time of writing, there are just 84 months left. We remain without any agreed legally-binding international agreement on climate change since the failure of the Copenhagen Summit. The Climate Change Act 2008 made the UK the first country in the world to set legally binding ‘carbon budgets’, aiming to cut UK emissions by 34% by 2020 and at least 80% by 2050. But even these targets seem too little too late and the recent government consultation paper (*Strengthening Local Democracy, Communities & Local Government*, July 2009) revealed relatively unambitious and

disappointing proposals on the role of local communities in combating climate change.

Increasingly, people perplexed by the failure of international politicians are taking responsibility locally. Some 85% of people now consider that climate change is a significant threat – nearly two thirds feel they could do more, with 75% saying they could drive less and 67% that they could fly less (*Guardian Survey - see launch of 10/10 campaign, September 2009*). There are now more than 100 ‘transition towns’ in the UK where communities take it upon themselves to transform their areas to being low carbon. The *Guardian’s* 10/10 campaign has also attracted support from those unwilling to leave something as important as climate change to the Government. Yet the effects of global warming are already evident: the UN estimates that 300,000 people per year are already dying as a result. These numbers could be dwarfed in future decades if even scenarios far from the most pessimistic prove accurate. Given this deeply disturbing forecast, how do we explain our failure to act more decisively?

The answer lies in the previously mentioned economic crisis. The authoritative Stern Review (2006) of the economics of climate change famously described climate change as “the greatest and most wide-ranging market failure the world has ever seen”. Decades of free market dominance and plundering of the world’s natural resources has created extremely powerful vested interests within an international socio-economic, political and military global complex of interests from which numerous elites and networks have profited from their capacities to manipulate and abuse a market system that drives our unsustainable way of life.

The economic crisis and rising awareness of a fast approaching climate catastrophe should convince our political and economic leaders of the need for rapid re-alignment of the market towards social and sustainable

long-term needs. The opportunity and common sense of a Green New Deal (a massive programme of public works to rebuild a low-carbon economy and an infrastructure for sustainable energy) is unprecedented and yet has been all but ignored in the UK. The Economist (2009) recently analysed the ‘green’ investment deal within major countries’ financial stimulus packages and reported that South Korea’s was 81% green, China’s 34% and the UK was unimpressive at just over 10%. At the local level too, we need clear leadership. We need a statutory duty on those who provide public services (be they public, private or voluntary) to promote the long-term sustainability of their local communities. Local public services have to put reshaping local communities to be low carbon as a top priority of their strategic agenda.

Demographic changes

Even before the economic crisis and the renewed focus on the dangers of climate change, experts have been warning of the impact of significant demographic shifts on our way of life. For generations, the proportion of the population of working age has remained relatively stable. Now that is changing radically. We are growing older. People aged 65 and over were but a mere 5% of the population one hundred years ago. Currently they constitute 21% (or 9.9 million people) but are projected to rise to 31% (or 19.7 million) by 2056. Indeed, by 2014 those over 65 will exceed the under-16 year olds and by 2025 over 60s will have overtaken the under 25 year olds as a proportion of the population (National Association of Pension Funds, 2009). Increasingly, the proportion of the population of working age is shrinking with all the worrying, if now familiar, implications for the scale of resources available to meet the needs of an ageing population.

The face of Britain is also changing - quite literally - as successive phases of migration introduce new communities. The economic benefits of migration are well documented – countries such as the USA and Germany which have welcomed the largest number of immigrants have some of the strongest economies in the world. And commentators have pointed to the necessity of immigration if the UK is to have a sufficiently large workforce to meet the challenges of the ageing profile of the population noted above. There are many social, political, cultural and intellectual benefits from migration but it would be naïve to ignore the challenges this poses, particularly in times of economic hardship. For some chronically deprived and disempowered communities, the notion that their troubles stem from immigration can be an easy resort. The constant repetition in some parts of the media that ‘foreigners’ and ‘immigrants’ get preferential treatment while ‘hard-working indigenous’ families are ignored, can combine dangerously with the security fears heightened by the so-called ‘war on terror’, into a toxic mixture of far right ideology. Such challenges to community cohesion require serious attention from national and local political leaders as they struggle to find solutions to our economic and ecological troubles.

Crisis of politics and leadership

The extraordinary but predictable public reaction to revelations about MPs’ expenses displaced temporarily widespread anger over the incompetence, and immorality of banks and bankers who continue to reward themselves breath-taking bonuses while others must lose jobs and services to pay for their past greed. The loss of trust in financial corporations and their leaders compounds the lost faith of many in our politicians. Voting levels over the last decade or more continue to decline (not just in the UK, but also across much of Europe). Many voters increasingly feel (with some justification) that there is little difference

between the main parties and that their individual vote is unlikely to make any difference in a 'first past the post' system.

The percentage of electors not voting in UK general elections has more than doubled in the last 60 years from 15% to nearly 40% in 2005. Recent governments have won absolute majorities in Parliament with support from less than 25% of those eligible to vote. The Electoral Reform Society (2007) estimated recently that, all other things being equal, the votes of just 8000 people in a few dozen key marginal seats could determine the result of the next General Election, effectively relegating everyone else's votes to irrelevance. Yet there are policies that can begin to break the decaying mould of Westminster: proportional representation for national and local elections is essential to make the whole democratic system fairer; systems for local electors to be able to recall and get rid of their MPs and councillors; abolishing the unelected House of Lords; tying MPs' salaries proportionately to the average wage and pension levels; breaking the grip of the party machines by making it easier for individuals to stand for election locally and nationally; and ending the party 'whipping' system. But there seems little appetite from the main political parties to embrace any of this agenda.

Local politicians are seemingly not distrusted as much as national ones but inevitably some of the bad national publicity has rubbed off on local councillors too. In local elections, voting turnouts are even lower – dropping to below 10% occasionally, as voters sense what their councillors already know – that they have relatively little power and influence to effect substantial change. Central government provides almost three quarters of the money for local government. It still treats local services as little more than a delivery arm for its own national policies, enforced through controlling the purse strings, setting

national targets and performance indicators, and regulatory systems.

People power

Notwithstanding the above, throughout the last decade there has been an inexorable rise in the expectations of citizens, consumers and service users for more choice and voice. With the ever-expanding reach of the internet, the wealth of information available to people has reached unprecedented levels. Information feeds choice – consumers and citizens expect to have choice and potential voice, when they want it. There are other strong underlying drivers for this 'empowerment' agenda. After decades of top-down centralism, Government in this country has finally realised that this does not always deliver the best services. In an albeit still unambitious conversion to citizen involvement, it has passed legislation that ensures that numerous local public bodies such as councils have to inform, consult and involve local people. The need for more public involvement and transparency in decision-making has never been on so many people's lips, especially since the MPs' expenses scandal. Whatever government is in office after the next election, it seems certain that involving citizens and service users in decision-making and budget choices will increasingly become the norm.

More importantly though, it seems inconceivable that bringing dramatic changes to society and to how people behave and interact can be achieved solely through the passing of laws and other 'top-down' approaches. The 'hearts and minds' of millions of people need to be won, deep-seated behaviour patterns challenged, old prejudices overthrown and new ideas embraced. This is not impossible - as the widespread change to culture and behaviour around drink driving and smoking in recent decades has demonstrated. But it takes time and to be successful requires a strong commitment to involving people systematically at every level in debate and

discussion on how things need to change. Personalised choice, participatory budgeting, the rise of parish and localised neighbourhood fora, e-petitions and online debates may well become part of the day-to-day fabric of local services.

Implications for services

At this stage it is difficult to anticipate what will be the consequences of the above for local services. But any notion that small incremental changes or ‘salami slicing’ of budgets will meet the economic, political, ecological and demographic challenges seems completely misplaced. We need literally to start from a blank sheet of paper to assess how we get from where we are now to where services need to be in 5, 10 or 20 years time. Services will have to be entirely re-engineered and re-designed. Major choices will need to be made about society’s priorities – what can and cannot be funded nationally and locally. Holistic, sustainable services geared to safeguarding the future of communities will have to be at the fore. And this can only be done locally by involving local citizens and service users in the messy process of discussion and debate on priorities, choices, services and budgets.

Why local government is key

Despite local government having a strong track record of improving efficiency and innovating to solve problems, most authorities are not yet developing a vision for how to shape and lead their localities through the biggest changes they have ever had to face. This is not surprising. Having been beset by unparalleled challenges, an enormous amount of ‘thought-leadership’ is required in a short space of time. It is genuinely difficult to find the space, time and energy for this vital process. What is needed is to build a vision of low-carbon, high well-being, high-engagement communities, and the services and governance behind them.

In most places in contemporary UK, the only body with anything like the credibility or mandate to lead and facilitate fundamental local change are local authorities leading their local strategic partnerships. This is not because local authorities are widely seen as ‘place-shapers’ (they are not), nor that they will be the most appropriate body in a decade’s time (other mechanisms may emerge). However, with an urgent need to start to shape new types of communities, we must now look to authorities and LSPs to shape our localities and facilitate the necessary new ways of living. There are some encouraging developments that mean this approach increasingly is ‘with the grain’ of thinking around local services. Every political party now favours localism and devolution of power to local services, and on to citizens. Services are increasingly reviewed from an area rather than from separate institutional perspectives. And the new *Total Place* initiative in England, attempting to track how the public pound flows from Government to local areas and how it is then spent locally, will also facilitate debate on the priorities for local services and spending.

The key questions we need to address include:

- Lifestyles – how will recession-proof, low-carbon living work in communities?
- Outcomes – what outcomes will we need to deliver/commission through public services and partnerships?
- Governance – how can we rebuild trust, and empower local citizens to lead, co-design and develop these lifestyles, services and partnerships?

Now is the time for local politicians and staff working for local public services to work with local citizens and service users to carry through serious ‘root and branch’ reviews of their services. We must not be numbed into powerlessness by the scale of

the challenges we face. We owe it to those we serve and future generations to grasp the nettle and develop a model of total local sustainable places.

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Notes on Contributor

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Evidence-informed commissioning for children

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Abstract

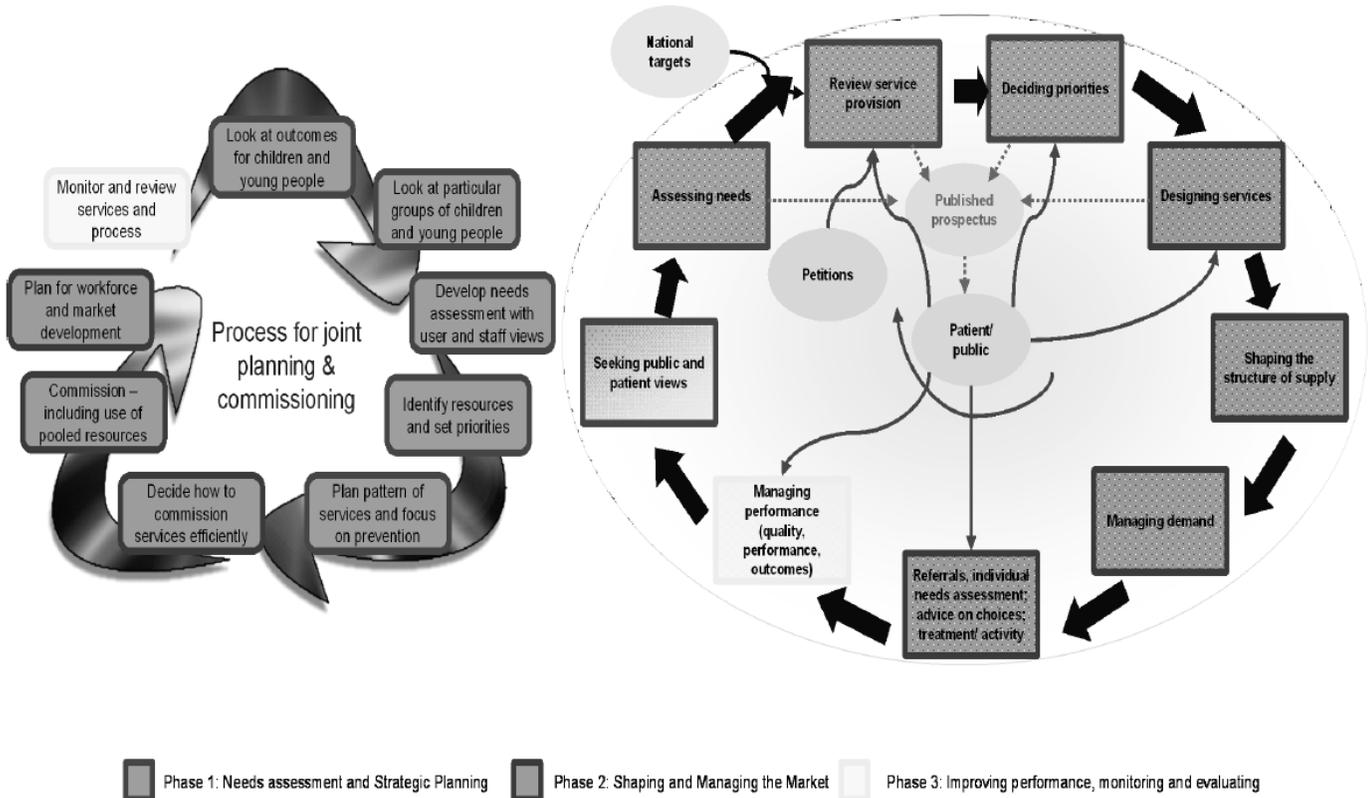
Commissioning is a key activity identified by national and local government as crucial to delivering changes in services and improved outcomes for children and young people. A great deal of time and resource is being put into encouraging effective commissioning across the country. However, the authors argue that there is nothing intrinsically beneficial about commissioning. It is essentially a management process which can be applied more or less effectively in practice. To be credible in the long term, commissioning must be based on clear and systematic methods of evidence-informed enquiry. If commissioning is not evidence-informed, it may deliver change, but this change may not lead to improved outcomes for children and young people.

Keywords: Commissioning, Children's Trusts, children's services, evidence-informed commissioning

The commissioning agenda

Commissioning has been a key aspect of government policy for the public sector for the last few years. The Independent Review of Public Sector Efficiency¹ known as *The Gershon Report*, signposted the start of a new drive for efficiency and effectiveness for local authorities through better supply side management and procurement, and was followed in close succession by a series of guidelines on commissioning and procurement for local authorities and the NHS. Of particular significance to children's services were:

- *Commissioning a Patient-Led NHS*², which described the approach to be taken to develop commissioning throughout the whole NHS system;
- *Framework for Joint Planning and Commissioning*³, which gave guidance to local authorities, PCTs and others on how to undertake planning and commissioning of children's services and offered a 9-step framework;
- *Health Reform in England, Update and Commissioning Framework*⁴, which specified the role of NHS commissioners in supporting NHS improvement and offered a health services commissioning cycle;
- *Every Child Matters; Next Steps*⁵, which described a primary role of Children's Trusts as being to secure integrated commissioning;
- *Children's Trust Statutory Guidance*⁶, which elaborated on the role of Children's Trusts in securing integrated and joint commissioning;
- *Healthy Lives, Brighter Futures*⁷, the child health strategy, which emphasised the role of effective commissioning in delivering children's services, and brought DCSF and DH models 'together' in the following diagram, which introduced the idea of commissioning as comprising, in essence, three phases of activity:



Over this period, there has also been a wide range of attempts to capture a summary of the commissioning task in words. All such attempts inevitably have their own particular strengths and weaknesses. For example, in 2003 the Audit Commission opted to emphasise a strategic population focus:

*The process of specifying, securing and monitoring services to meet people’s needs at a strategic level. This applies to all services, whether they are provided by the local authority, NHS, other public agencies, or by the private and voluntary sectors*⁸.

In 2006 the DfES chose to concentrate on outcomes and effectiveness:

*Joint planning and commissioning is a tool for Children’s Trusts – to build services around the needs of children and young people – and to deliver their outcomes most efficiently and effectively*⁹.

At the same time in Wales, the Beecham Review of Public Services¹⁰ in 2006 emphasised good judgement as the core of the commissioning task:

*Doing the right things – making the right choices and investment decisions, and getting the best balance of services. Doing things right – getting the best value for money and achieving the desired outcomes*¹¹.

In 2008 the DCSF developed their definition of schools commissioning, emphasising the importance of careful steps in a systematic decision-making process:

*Commissioning is the overall process by which services are planned and delivered. To be effective, good commissioning requires a sophisticated understanding of the needs and aspirations of the communities which local authorities and Children's Trusts serve, ... the strategic planning of services to meet those needs and aspirations, ... an objective view of the potential of all providers to offer the best services, ... and robust monitoring, support and challenge functions which focus on outcomes*¹².

Most recently the Commissioning Support Programme, a DCSF/DH initiative to promote effective commissioning in Children's Trusts between 2008-11, offered a definition which slightly refines the 2006 DfES version and maintains an emphasis on outcomes and effectiveness:

*Commissioning is the process for deciding how to use the total resource available for children, young people and parents in order to improve outcomes in the most efficient, effective, equitable and sustainable way*¹³.

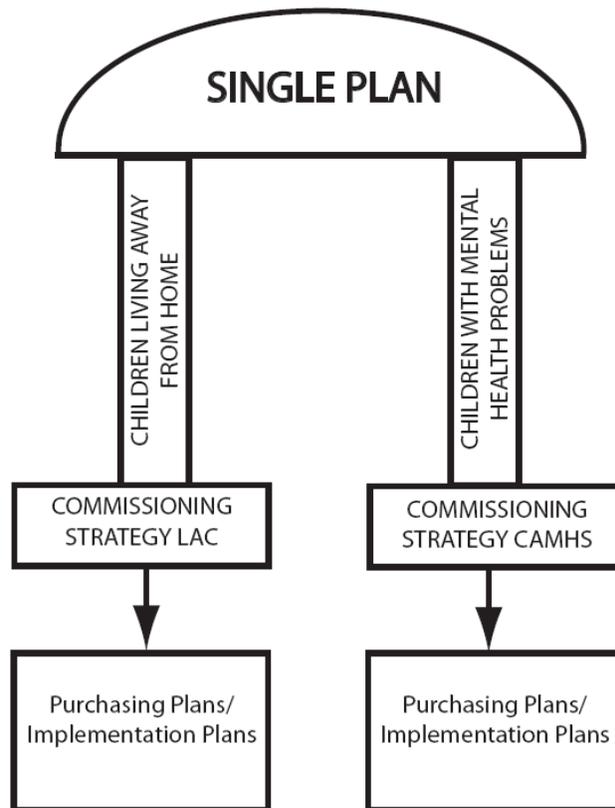
This range of emerging models and different nuances in definition does, of course, represent a perfectly healthy range of perspectives on what is a very complex and subtle set of tasks. In a fast changing public sector environment with different demands and market pressures, the focus of a generic concept such as commissioning is bound to change according to context. Nevertheless, despite their variation in detail, the definitions share common underpinning assumptions about commissioning which can be summarised as:

- A systematic process of analysis, decision making, implementation and review;
- A clear separation of the purchaser and provider roles in the decision-making process;
- A process for delivering change in services;
- An activity which delivers improvements in services to better meet the needs and achieve the better outcomes to which government, professionals, children and their families aspire.

However, like many new public policy initiatives and management techniques, there is a danger that advocates for commissioning by their very enthusiasm and sometimes lack of critical analysis, ascribe qualities to the process which may be highly desirable but which are by no means inevitable. There remains the real possibility that by applying the title 'commissioning' to decision making activities which are actually less than rigorous, are ill-informed and unsystematic, many Children's Trusts will end up delivering changes which result in poorer outcomes for their children, young people and their families.

Commissioning in practice

In essence commissioning is not (despite the intriguing DCSF and DH diagrams above!) a particularly complex process. In most Children's Trusts there is a clear if emerging pattern whereby the statutory Children and Young People's Plan, produced as an overall statement of intention by the local Children's Trust, is translated into a more detailed commissioning plan or strategy for a particular group of children. This strategy, identifying changes required in services to meet the needs of this particular group, then drives local procurement activity and internal local authority and NHS service plans (see summary below using the examples of children looked after and children with mental health problems).



In practice, of course, in the highly complex and closely enmeshed world of children’s services, commissioning is a subtle and sensitive activity. Much service improvement needs to come about through culture, methodology and activity change, and through improved links between services, rather than through simplistic decommissioning, procurement or contracting.

Many people in the system have what might be termed a commissioning role and these are often undertaken in combination with other roles including service provider or planner. The potential for confused and ineffective commissioning is high. It is crucial that commissioners, wherever they are in the system avoid two major pitfalls:

1. Retreat to the theoretical, by identifying problems and potential solutions, not actually delivering improvements in services and outcomes in practice. In a recent RiP/IPC seminar a commissioner described this situation in their Trust: “We have got lots of commissioning activity going on, but not much real evidence about what works, not much serious analysis, and not much real change in services”.
2. Retreat to the transactional, developing services which suit local stakeholders but which are not evidence-informed and do not meet the real needs of the population. This was described by another commissioner at the same event as “It’s the same old people making local deals and protecting their empires – they just call it commissioning now”.

What is evidence-informed commissioning?

Evidence-informed commissioning can be described as taking a systematic approach to collecting and analysing evidence throughout the commissioning process. By evidence we mean research (national and international) and local data and evaluations. By taking an evidence-informed approach, commissioners, whatever their role and position in the system, can hope to avoid the pitfalls described above and deliver change in services which improve outcomes for children.

Encouraging a culture where evidence-informed commissioning for children is the norm is the responsibility of the local Children's Trust. Most Children's Trusts across England now have some statement about the role of commissioning, and many of these accompany this with descriptions of the activities involved. However, few Trusts have made clear and detailed statements about the quality of the work expected by commissioners. We would suggest that it is not enough for a Children's Trust just to have basic commissioning arrangements in place. It needs to take responsibility for the quality of those arrangements, and the extent to which they result in evidence-informed services and improved outcomes for children. Within such a framework, those developing and implementing commissioning plans for a particular population need to ensure that these are developed, within given timescales and resource constraints, in a way which is evidence-informed and will stand up to scrutiny and challenge. In practice we think this means:

A framework which promotes evidence-informed planning and commissioning

The Children's Trust needs to ensure that it has a framework of guidance for the many people undertaking commissioning activities in a local area. This needs to clearly set out how any of its policies, any Children's Plan priorities and any commissioning plans produced for particular populations will all be informed by systematic analysis of evidence, stakeholder feedback, research and national guidance before being accepted by the Trust. Such a framework should form the foundation for evidence-informed commissioning by commissioners throughout the Trust at each of the three phases of the commissioning process summarised in the DCSF/DH diagram above. Some characteristics of what might be termed a good evidence-informed framework, compared to an uninformed commissioning framework include:

Evidence – Informed Commissioning Framework	Un-Informed Commissioning Framework
A clear statement that all principles policies and commissioning plans must be based on systematic analysis of evidence, stakeholder engagement and national guidance.	No clear expectations about how principles, policies or plans are developed.
Guidelines relevant to all commissioners which specify what constitutes good practice in collecting and analysing evidence, stakeholder engagement and national guidance.	No guidance on good practice in evidence-informed commissioning.
Resources available to all commissioners which give advice and guidance on methods to be used in collecting and analysing evidence, stakeholder engagement and national guidance.	Commissioners left to identify how they undertake their tasks without advice or access to resources.

Evidence-informed needs assessment and strategic planning

Some characteristics of what might be termed good evidence-informed commissioning, compared to un-informed commissioning in the needs assessment and strategic planning phase of the DCSF/DH commissioning process include:

Evidence – Informed Commissioning	Un-Informed Commissioning
An understanding of the needs of the relevant population is built up through systematic collection and analysis of reliable population data, prevalence and incidence analysis, local intelligence and feedback from a full range of stakeholders.	Needs are identified on the basis of a single information source, poor quality out of date information, or feedback from a limited range of stakeholders.
An understanding of the responsibilities of different agencies for the relevant population is based on a systematic and comprehensive analysis of legislation, national policy and guidance.	Legislation or national policy is ignored or misinterpreted, and plans rely exclusively on local views.
An understanding of what types of interventions work for the relevant population has been developed on the basis of systematic and comprehensive analysis of the impact of local services, analysis of wider research and best practice in the field.	Plans are based on individual or group preferences, which are not supported by evidence, or are not properly evaluated.

Shaping and managing the market

Some characteristics of evidence-informed and un-informed commissioning in the shaping and managing the market phase of the commissioning process include:

Evidence – Informed Commissioning	Un-Informed Commissioning
An understanding of the distribution of resources available to meet the needs of the relevant population is based on a systematic and comprehensive analysis across all services.	A partial picture of available resources is available, information is missing or unreliable.
Decisions to commission, de-commission or redesign services are based on evidence about impact and effectiveness, and systematic analysis of needs.	Changes are based primarily on individual preferences or lobbying rather than evidence.
Evidence about impact, effectiveness and needs are also used to influence the behaviours of providers who are not directly commissioned.	Evidence collected by commissioners about needs, requirements and services is not made available to providers and other stakeholders to help them to develop evidence-informed services.

Improving performance, monitoring and evaluating

Some characteristics of evidence-informed and un-informed commissioning in the third of the three phases in the commissioning process include:

Evidence – Informed Commissioning	Un-Informed Commissioning
Contracts and service level agreements with providers are designed to ensure that judgement about effectiveness is fair and comprehensive.	Evaluations of services are inconsistent, based on poor quality evidence or focus only on activity rather than impact and outcomes.
Evaluation methods are consistent across sectors allowing realistic comparison of inputs, outputs and outcomes of services.	Evaluations make no attempt to be consistent between services and sectors.
Feedback to providers is open and encourages constructive engagement to improve and develop service efficiency and effectiveness.	Information collected is not used as the basis of an open and constructive dialogue, and providers are not helped by commissioners to continuously improve their performance.

What are the skills needed by evidence-informed commissioners?

Evidence-informed commissioning is an emerging set of skills. It is NOT about undertaking long-term research projects to discover the effectiveness of different types of interventions, nor is it about undertaking simplistic change management projects to commission or decommission particular services. Commissioners throughout children's services need to help Children's Trusts to make evidence-informed resource decisions which are going to deliver the best possible outcomes for children, and to do this we think they need, in addition to service knowledge and generic management skills, the following particular abilities:

- The ability to design and conduct analyses in an evidence-informed way which enables them to justify their commissioning plans to a wide range of stakeholders;
- The ability to understand research methodologies and research reports, and to extract relevant information which they can then communicate effectively to colleagues whose work should be similarly evidence-informed;
- The ability to work with a wide range of stakeholders to understand and analyse evidence, and to use it as the basis for their plans;
- The ability to work with providers, with service users and other stakeholders to help them manage the processes of change that they need to go through to develop better evidence-informed practice and to improve outcomes;
- The ability to design and implement effective ongoing evaluation and feedback arrangements to promote constructive service improvements on an ongoing basis.

We think that there is further work to be done to develop these skills more fully and to support commissioners in developing approaches which can truly be described as evidence-informed.

Conclusion

There are an awful lot of strongly held beliefs in children's services. On one hand it might be argued that passionate belief is a good quality which can encourage commitment and energise people to make improvements. However, over the years in children's services, we have seen far too many services which have been developed or changed on the basis of the passion of advocates, without being supported by evidence. Often these have turned out to be badly designed, costly, and ineffective. The introduction of commissioning as a key role for Children's Trusts offers an opportunity for children's services to develop more firmly on the basis of evidence, and gives Children's Trusts the opportunity to encourage more systematic service development.

There is nothing inevitable about commissioning leading to better outcomes for children. As we have seen it is process which can be used in a wide range of different ways. Many commissioning activities, if poorly undertaken, are likely to lead, in practice, to worse outcomes for children. Without strong values of evidence-informed commissioning and methodologies which help to deliver these values in practice, it is likely that commissioning will fail to deliver the kind of changes that so many people involved with children and young people wish to see.

Background and authors

This paper has been produced by Keith Moultrie, Director of the Institute of Public Care at Oxford Brookes University and Celia Atherton, Director of Research in Practice. It is based on:

- *Think Research*¹⁴, a set of resources produced by Research in Practice for the Cabinet Office Social Exclusion Task Force on using research evidence to support decision-making for vulnerable groups;
- *Better Outcomes for Children in Need*¹⁵, a set of resources developed by IPC for the SSIA to support evidence-informed commissioning for children in need;
- A series of seminars run jointly by IPC and RIP supported by The Cabinet Office in 2008 and 2009 to explore and promote evidence-based commissioning in practice.

For further information about these resources contact www.rip.org.uk or <http://ipc.brookes.ac.uk>

Footnotes

- ¹ Gershon, P. (2005) *The Independent Review of Public Sector Efficiency*, London: HMSO.
- ² Department of Health (2005) *Commissioning a Patient-Led NHS*, London: DH.
- ³ Department for Education and Skills & Department of Health (2006) *Framework for Joint Planning and Commissioning*, London: DfES & DH.
- ⁴ Department for Health (2006) *Health Reform in England, Update and Commissioning Framework*, London: DH.
- ⁵ Department for Children, Schools and Families (2006) *Every Child Matters; Next Steps*, London: DCSF.
- ⁶ Department for Children, Schools and Families (2006) *Children's Trust Statutory Guidance*, London: DCSF.
- ⁷ Department for Health (2008) *Healthy Lives, Brighter Futures*, London: DH.

- ⁸. The Audit Commission (2003) London, *Making Ends Meet*.
- ⁹. Department for Education and Skills & Department of Health (2006) *Framework for Joint Planning and Commissioning*, London: DfES & DH.
- ¹⁰. Beecham, J. (2006) *Beyond Boundaries, Citizen-Centred Local Services for Wales*, Cardiff: Welsh Assembly Government.
- ¹¹. Beecham, J. (above)
- ¹². Department for Children, Schools and Families (2008) *Learning from Experience*, London: DCSF.
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Book Reviews

Dementia and Well-Being: Possibilities and Challenges

Cook, A.

Edinburgh: Dunedin Academic Press, 2008, pp.90, ISBN: 978-1-903765-76-0, £14.50, (pbk.)

Over the years we have gradually raised our sights about dementia. We have moved from seeing it as the inevitable decrepitude of old age or the personal tragedy of inevitable decline into mute, incontinent helplessness. We have even moved on from the relatively benign paternalistic view of it being simply a 'problem' in which its 'sufferers' require 'services'. Several factors have contributed to this, including earlier diagnosis, which means that more cases are identified with milder states of impairment, and a recognition that the natural history of dementia is over several years, that is, over a significant proportion of an individual's adult life. Through the work of Tom Kitwood (1997) and others, we understand how the social response to people with dementia can compound their difficulties and render people more handicapped and isolated than they need otherwise be.

The situation of people with dementia can be assessed in various ways, from the measurement of symptoms and impaired functions, through their preserved abilities, to consideration of their quality of life. However, argues Ailsa Cook in this slim volume, even quality of life is not really the test of how well society is responding to the challenge of dementia. Quality of life is externally assessed, whereas what really matters is well-being – the appraisal of a person's life drawn entirely from their perspective. This approach brings dementia into line with work in the field of other disabling conditions, where well-being is more commonly accepted as being the best measure of outcomes. Putting well-being at the centre has two major implications: first,

it is not simply a matter of providing services for people with dementia – such services must genuinely place the person with dementia at the heart of their own individual plan; and, second, whether the goals of policies have been attained can only truly be ascertained by seeking the views of people with dementia themselves.

Ailsa Cook, whose own research has been based on work with care home residents with dementia, examines the degree to which health and social policy addresses dementia in general and the question of well-being in particular. Cook concentrates on England and Scotland, and she was right up-to-date at the time of publication, including the draft *English National Dementia Strategy*. She examines the relevant programmes of policy to determine how likely they are to affect the well-being of people with dementia in relation to four areas: health, independence, choice and control, and social inclusion. This analysis forms the main content of the book.

The first major finding is that dementia has, until relatively recently, been almost totally ignored in policy, for two main reasons: uncertainty as to whether it is a mental health or an older people's issue, and a generally pessimistic attitude to dementia and its outlook. Fortunately, the latter has been challenged, by campaigners such as the Alzheimer's Society and more recent policy does pay greater attention to dementia.

As regards the specific components of well-being discussed in the book, Cook finds that health services generally have let people with dementia down, and that things are far from well with promoting independence, choice and control, and social inclusion. She welcomes initiatives (such as the National Dementia Strategy) that make specific proposals, though, of course, resource issues

may limit what is actually achieved. Cautious optimism is probably the most appropriate mood at present. There is an opportunity for change, though many challenges remain, such as the difficulty in keeping any issue at the top of the list of competing public priorities, or the difficulties in ensuring true partnership working across organisational boundaries. If policy is to improve the well-being of people with dementia, we must ensure that future policies are inclusive and that the views of people with dementia are sought at every opportunity.

This book is commendably brief and makes its points clearly. If there are weaknesses, they are perhaps inevitable, given the main themes. Whether it is entirely appropriate to reject a ‘medical model’ of a condition that is the result of degenerative brain changes is questionable. After all, we do not do so for other chronic disabling illnesses such as diabetes or arthritis so, although there is a rhetorical point to be made, there remains a biological component to dementia. Similarly, although people with dementia certainly should not be presumed to be incapable of making decisions, nonetheless many people with moderate to severe dementia do lack capacity for major decisions and will require such choices to be made on their behalf. However, the book provides a stimulating discussion of the current policy context and achieves its aims of informing the reader and provoking further thought and discussion.

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Kitwood, T. (1997) *Dementia Reconsidered: The Person Comes First (Rethinking Ageing)*, Buckingham: Open University Press.

Good Practice in the Law and Safeguarding Adults

Pritchard, J. (ed.)

London: Jessica Kingsley, 2009, pp.255, ISBN: 9781843109372, £19.99 (pbk.)

This book sets out to provide an up-to-date summary of the legislative framework, developments and best practice relevant to the area of adult protection work in England, Wales and Scotland. It comprises twelve chapters written by a diverse range of authors, each taking a particular aspect of safeguarding.

Chapter One is *A Review of Relevant Legislation in Adult Protection* and is co-authored by Simon Leslie and the editor, Jacki Pritchard. As Pritchard says in the *Introduction*, “the legal framework is a huge animal and I do not expect any reader to be an expert after reading this book” (p.13). Nevertheless, this chapter provides an accessible outline of the key pieces of legislation with which practitioners should currently be familiar.

Chapter Two, by Kathryn Mackay, is specifically on the *Scottish Legislative Framework for Supporting and Protecting Adults*. Chapter Three, *How the Police Investigate Crimes Against Vulnerable Adults*, is written anonymously by a police officer. This is a really useful chapter with much practical advice. It contains an excellent four-part case study with accompanying questions and suggested answers.

Chapter Four, by Kathryn Stone, is entitled *Criminal Justice and Vulnerable Adults: Who Does What?* Its strength lies in the basic and practical way the reader is taken through its subject matter. As such, it would be very useful to a range of practitioners. Stone also includes case studies which, although informative, I found rather too simplified to be of much use. Chapter Five, by Simon Leslie, is on *Confidentiality and Information Sharing*. As with the previous

chapter, scenarios are included for illustrative purposes. However, these too were also rather sketchy to be of much use. Generally though, the chapter is useful and informative. It contains both a good summary of the law about information-sharing and a checklist of good practice points.

Chapter Six, *The Vulnerable Adult and the Mental Capacity Act 2005*, is authored by David Hewitt who, apart from outlining how the Act might be used to protect vulnerable adults, asks “whether the act might itself increase abuse” (p.105). Compared to other chapters, this twin focus, with its polemical dimension, makes for a more confusing read. The writer has a rather clipped writing style which, together with the unresolved issue of whether the Act might increase abuse, impedes rather than illuminates understanding. It would have been better to have concentrated on elucidating the Mental Capacity Act 2005. Chapter Seven, by contrast, *Capacity and Financial Abuse* by Penny Letts, is more straightforwardly informative and all the more effective for that.

Chapter Eight, *The Role of Advocacy and the Independent Mental Capacity Advocate (IMCA) in Adult Protection Work*, is by Rob Harris. Whilst being informative about advocacy in general and IMCAs in particular, Harris is possibly guilty of taking too rosy a view both of how much independent advocacy provision there will be in the future and the extent to which it is the answer to all the issues posed by capacity problems. Continuing with the IMCA theme, Chapter Nine, *Being an IMCA: Experiences in Adult Protection Proceedings* by Teresa Gorczynska, typifies a strength of the book – the degree to which it reflects and is informed by the real world of practice. Several good insights into the work of IMCAs are provided. Unfortunately, this chapter looks as if it has been badly proof-read which impedes understanding at times.

Chapter Ten, *The Commission for Social Care Inspection’s Legal Powers: What it Can and Cannot Do*, is by Adrian Hughes who does a good job of illuminating where CSCI may or may not fit into safeguarding. He informs us that it is “not a complaints investigation body and no provision in the legislation is made for this” (p.175). This type of clarification, of which there is much in the chapter, is really useful for practitioners to know. The only criticism I would have is that the case study is rather long and confusingly written. Hughes should also have mentioned the merging of CSCI into the Care Quality Commission in 2009.

Chapter Eleven, by Steve Kirkpatrick, is titled *My Use of the Law in Protecting Vulnerable Adults: from Police Officer to Chief Executive of a Care Provider*. Whilst it is largely anecdotal, it is also candid and reflective and therefore provides the reader with many relevant and useful insights. Not least of these, is just how important it is for practitioners to know the law properly. Kirkpatrick is also a strong advocate of creating specialist police units trained in the use of video interviewing. The author could have identified specific learning points over and above his narrative but, that said, I found this chapter of great relevance to the overall safeguarding discussion.

The final chapter, *Reflections on Practice*, written by the editor, presents Pritchard’s own reflections and those of seven others; ranging from a District Judge (on honour-based violence and forced marriage) to a Detective Constable and Adult Protection Co-ordinators. Inevitably some of these are more effective than others. However, overall, the book, whilst being quite a ‘mixed bag’, offers much that is useful and of interest to any of us interested in safeguarding vulnerable adults.

Peter Scourfield
Book Reviews Editor

**The Integrated Children's System:
Enhancing Social Work and Inter-
Agency Practice**

Cleaver, H., Walker, S., Scott, J., Cleaver, D., Rose, W., Ward, H. & Pithouse, A.

London & Philadelphia: Jessica Kingsley Publishers, 2008, pp.224,

ISBN: 9781843109440, £35.00 (pbk.)

This book is both an account of developmental processes of the Integrated Children's System (ICS) pilot scheme prior to its national roll-out and an evaluation of the extent to which it met its objectives of enhancing social work practice through more systematic collation of information and improved decision-making. The four authorities – an English Shire county, a London Borough, a Welsh Local Authority and a unitary authority in England - were matched by four teams drawn from four Universities under the leadership of Royal Holloway, University of London.

After an introductory chapter that presents an account of the developing policy context that underpins practice in child care, the authors provide a detailed series of chapters that examine the process of implementation of ICS and the impact of its introduction on practice in a number of significant areas – on recording (Chapter Three); on social workers' perceptions of ICS (Chapter Four); on inter-agency working (Chapter Five), although this appears as an afterthought and a response to the circular *Every Child Matters*; on the extent to which it involves children and young people (Chapter Six), and on the use of IT (Chapter Seven). As is customary, the final chapter ends with a series of conclusions and recommendations although many of these have been prefigured in the executive conclusions that end each of the previous chapters. Finally, the authors have added an appendix that describes the aims and methods employed in the research.

The research is painstaking, thorough and detailed as one might expect from the past

records of the authors. It is also ethically honest in that it does not hide the degree of incompleteness of much of the data that they had to use as the agencies struggled to cope with the introduction of ICS and failed to meet the expected implementation times thus vitiating the planned before and after evaluations of the changes in practice. Perhaps the most disappointing example, from the perspective of practice and to the frustration of the researchers, can be seen in the findings on the impact of the change on children and young people when only one agency provided the responses of looked-after young people to a questionnaire on their participation in plans and reviews.

The strength of the book lies in the way it highlights a series of tensions and issues in relation to social work practice, in the perceptions of social workers and their ability/inability to make effective use of the positives in this recording system, and of the technical problems surrounding the introduction of IT systems. The recommendations provide suggestions on how these aspects might be dealt with in order to facilitate the introduction of ICS but these all require considerable expense as well as time to enthuse and motivate staff. It will also require software development that is tightly specified rather than left to the technical experts. All this is costly. One definite consequence arising from the experience of all the agencies is that social workers will be spending more time at the computer.

However, as the researchers make clear, there needs to be a transformational shift in the perceptions of the social workers and managers on the use of computers so that the resource potential is exploited as a practice as well as a management tool as opposed to being disparaged as a data-entering chore.

The intention behind the introduction of ICS, as with all recording systems, is to enhance practice and provide better

outcomes for children. The book, which describes the development up to 2005, is a testament to the effort and investment of the researchers and the workers in the pilot agencies, but the outcomes, even at that stage, appear problematic with relatively few improvements evident in the impact on practice although all involved appear to acknowledge the system's potential.

The question remains as to whether ICS will achieve this aim? The evidence to date is not positive. The record of large scale government computer initiatives generally, and the particular outcome that followed the introduction of such systems in the social work field, does not make for reassurance (Colombi, 1994).

Moreover, a recent report on the experience of four local authorities, two Welsh and two English, using ICS between 2004 and 2006, indicates that practitioners still experience frustration at the shortcomings of the system (Bell, 2008). It would be a somewhat ironic postscript to the philosophy behind the attempt to improve practice if, despite the increased time social workers spend in entering information on the record, the outcome was a lessening of effective inter-agency communication and communication between worker and children and families.

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Educating Difficult Adolescents: Effective Education for Children in Public Care or with Emotional and Behavioural Difficulties

Berridge D., Dance C., Beecham J. & Field S. *London: Jessica Kingsley Publishers, 2008, pp.224, ISBN: 9781843106814, £25 (pbk.)*

This book describes a sizeable piece of research undertaken as part of a government funded initiative *Quality Protects* (Department of Health, 1998). The premise for the research is the undeniable constancy of poor educational performance amongst the cohort of young people who find themselves within the public care of a local authority. The authors seek to explore the reasons for this and to consider ways to improve that performance. They have taken a sample of 'difficult to manage' young people from three local authorities: 'metro', 'borough' and 'county'. The research seeks to compare the experiences of young people placed either in foster care and children's homes or attending a residential school for young people with social, emotional and behavioural difficulties (SEBD). It provides a comprehensive review of the experiences of those students based upon qualitative and quantitative data collected at the beginning and end of a nine-month period. It includes interviews with social workers and carers as well as the young people themselves. That data is supplemented by analyses of central government statistics and local documentation, together with material from interviews with local authority 'managers'.

The research is very clearly presented and the methodology is well explained. There is a mass of data regarding the nature of care provided to the young people presented in a fairly accessible fashion. It is always valuable for practitioners and managers to read about, and reflect upon, real experiences of real young people. Managers will find the section on costs of differing support packages particularly informative. However, although the title refers to

'Effective Education for Children in Public Care', there is little here about what the effective education might look like. The practitioner is not presented with any 'tips' or guidance in terms of working successfully with difficult to manage young people.

Reading as a practitioner, I struggled to understand how the group of young people attending residential SEBD provision was similar for research purposes to those young people living in the care of a local authority. In fact, the researchers acknowledge that there are significant differences between the groups. Equally, I struggled with the notion that a reduction in permanent exclusions indicates improved practice. The researchers appear very 'savvy' elsewhere in understanding that any target-led culture leads to misrepresentation of data, yet they do not appear to appreciate that reduction in permanent exclusion figures is almost inevitably achieved through movement 'out of school' simply being 're-titled' as, for example, 'managed move'.

Whilst some of the conclusions drawn appear fairly obvious, for example, "changing placement was associated with lower levels of general happiness (p.180)", the material is, nevertheless, worth reading from a practitioner's point of view if it raises awareness of the students' perspective. For managers, it provides solid information regarding the costs of different approaches. Finally, any research that reaches the conclusion that "what seems more important are the attributes of the particular individuals with whom the young person lives and the quality of experience they offer" (p.182) is to be applauded. In other words, positive, caring, appropriate relationships sit at the heart of all work with young people, but that being the case, researching 'systems' might seem of lesser importance!

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Reference

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Safeguarding and Protecting Children and Young People

Stafford, A. & Vincent, S.

Edinburgh: Dunedin Academic Press, 2008, pp.88, ISBN: 978-1-903765-69-2, £13.50 (pbk.)

This short book gives a well-written summary of the development of child welfare policy since the 1950s. Its primary focus is on Scottish policy and practice and so it fills a gap in the literature which tends to discuss the system in England with only passing reference to the other three countries of the United Kingdom. Since we can expect devolution to increase the divergence between Scottish and English policies, this book sets a good example. There are, of course, many similarities between the two countries but the differences are also brought out. For example, the recommendations of the Kilbrandon Report in 1964 differed substantially from the equivalent Seebom Report in England, especially in relation to service provision for young offenders.

The book ends with an overview of current policy and the ambitious plans of reform. The breadth of the reform is well communicated, explaining the underlying principles and goals as well as the practical changes required. There is also coverage of related reforms, such as policies relating to parental substance misuse and domestic abuse.

This book provides a very good description of policy and practice but is disappointing at

the level of critique. The authors set out the perennial tensions in child welfare between protecting children and supporting families. They report the failure of earlier policies to achieve their goals. They describe the powerful influence on service development of a few key inquiries into children's deaths from abuse or neglect, and mention how this might have distorted policies. However, while the authors briefly report the complex arguments of critics such as Nigel Parton and Harry Ferguson, they do not attempt to engage directly in the debates themselves.

This is particularly frustrating in Chapter Five which deals with the reforms since 2000. The authors explain how the key priorities for reform are increasing early intervention to meet the needs of children and promoting the integration of services and inter-agency working. No one would want to reject the high ideals behind the reforms but more attention could have been given to the limited evidence base for the reforms. The Scottish Executive commissioned a review of the evidence for integrating children's services that concluded that there was limited evidence that it had a positive impact on outcomes such as levels of health or achievement¹. Also, there is no clear reason for supposing that the social pressures that have pushed the system into prioritising child protection have been eradicated and, hence, they are likely to continue to act as a counterweight to efforts to shift towards a more preventive approach.

This book is a good text for anyone wanting a basic primer on Scottish children's policy but will disappoint anyone wanting to engage critically with the long-standing difficulties societies have experienced in finding a balance between supporting and policing families to maximise children's safety and welfare. Throughout the UK, there have been a series of idealistic and ambitious reforms of children's services since 1948, all of which have achieved some good progress but also left some problems

unresolved. Today's reforms are possibly the most ambitious of all but they need to be critically appraised and applied in order to maximise the chances of achieving the hoped-for improvements for children.

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Footnote

¹ Brown, K. & White, K. (2006) *Exploring the Evidence Base for Integrated Children's Services*, Edinburgh: Scottish Executive.