



Welcome to the latest edition of *ChildLinks* on the theme of 'Outcomes-Focused Children's Services'. Thinking about children's services from an outcomes perspective rather than an outputs perspective has radical implications for what kind of services are provided to children and families. All of us working in this area are familiar with reporting requirements and counting how many service users, how many services, how many meetings and so on. These refer to outputs and are the measurement of services or activities. However they don't actually tell us anything about how effective the service has been in meeting children's needs.

achieving successful child protection outcomes. youngballymun demonstrate how they are taking an outcomes-focused approach to improving the learning and well-being outcomes for children and young people in Ballymun. The experience of Children's Trusts in the UK and developments in regard to early years is contained in the article from Christine Davies of the Centre for Excellence and Outcomes in Children and Young People's Services.

Finally, the use of cost-benefit analysis and evidence-based policy-making is captured in the article about the Washington experience. Research

Editorial

As the first article from Barnardos Service Design Team explains, rather than fitting a child into services, our goal is to provide services that best meet the presenting needs of a child and his or her family. The priority is needs-led and outcomes-focused children's services.

Within this issue of *ChildLinks*, there are contributions from Irish and International practitioners and academics who are forging ahead with this approach. Professor Pat Dolan and his colleagues from NUI Galway make a case for promoting family support as a means of

carried out by the Washington State Institute for Public Policy found an 8–10% return on investment in Early Childhood Care and Education. President Obama has announced a 10 billion dollar plan for pre-school education in the US. Outcomes-focused children's services have the capacity not just to achieve better results for children and families, but to achieve value for money from public expenditure. In these days of financial rectitude, outcomes-focused children's services make sound policy and economic sense.



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BARNARDOS' NEEDS-LED & OUTCOMES-FOCUSED APPROACH

In 2006, following consultation with staff, service users and funders as part of the development of our Children's Services Family Support Strategy, Barnardos agreed on two agency outcomes which, if achieved, would enhance the life opportunities of children who attended our services. These are:

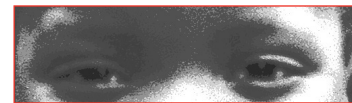
- 1 Improved capacity for learning and development
- 2 Improved emotional well-being

Central to our work in Barnardos is achieving positive outcomes for children to improve their life chances. Our vision of an Ireland where childhood is valued and all children and young people are cherished equally relies on the provision of needs-led and outcomes-focused family support services.

This article examines the definition and characteristics of needs, outcomes and services for children and families, and considers the use of outcomes-focused thinking in the design of services.

WHAT DOES BARNARDOS MEAN BY "OUTCOMES FOR CHILDREN"?

An outcome is a goal or a result. In terms of child development, it involves making a difference between what is currently happening for a child, and his or her future. *An outcome refers to the impact of activities (services) on children's development* (Parker, 1991). An outcome is a particular change in behaviour, knowledge, skills or level of functioning. Outcomes are not something that are **done to** a child, but are intrinsic to the child and involve his or her development.



S.M.A.R.T. OUTCOMES FOR CHILDREN

When we are considering what we want to achieve on behalf of the child, we should ensure they are: **Specific, Measurable, Achievable, Realistic and Timed (S.M.A.R.T.)**.

SPECIFIC: What outcome do we want to achieve and which aspect of the child's development do we think we can influence? It is unrealistic to think that we can achieve all of the outcomes identified for every child or that we will eliminate all negative impacts on child development. We may reduce one aspect of developmental delay (social skills) while leaving another aspect untouched (intellectual development).

MEASURABLE: How will we know if we have achieved the outcome? What measure will we use? We can use many standardised measurement tools or scales to measure the difference we are making. For instance, the Social Competence Scale (SCS) helps to assess the strengths and difficulties that children may be experiencing in their social interactions. The Strengths and Difficulties Questionnaire (SDQ) helps us to measure the emotional and behavioural strengths and difficulties of children aged 4–16 years.

ACHIEVABLE: Is the defined outcome within our remit to achieve? How can we influence change? Within Barnardos we may not be able to affect change in terms of poor housing but we are able to work to help a child increase his or her self esteem. In considering this, we are thinking about what areas of the child's life and which dimensions of development are amenable to change. It is important to be modest about the number of children we can work with and the level of impact our interventions can achieve. For example, we may work with fewer children, but achieve greater outcomes. Some impacts on development are more entrenched and will take longer to address or will be more resistant to change. We therefore need to think about what is amenable to change in the family support context. Do we have the right skill base to be able to address this child's needs? Does he or she need a specialist service? Does this child need something else we can't offer?

REALISTIC: We need to ensure that we are being realistic in terms of how much change we can expect families to achieve. What can realistically be achieved in terms of improved health and/or development given the length of time an intervention will be offered? For example, with a friendship group that runs once a week for 22 weeks where the child attending has a need relating to aggressive behaviour towards other children, it may be more realistic to say we will achieve a reduction in the aggressive behaviour towards others and have more insight into the behaviour, rather than to eradicate all future aggressive behaviour in the child. There is a tendency for us as practitioners to overestimate the effect of services on outcomes. If, as workers, we are realistic about outcomes then we will be more successful as unrealistic expectations cannot be met and may lead to disappointment for the worker, child and family.

TIMED: Within what time period is the outcome expected? Outcomes can be short- or long-term, depending on how complex they are. The more simple the outcome, the shorter the timeframe; the more complex the outcome, the more time is required to achieve it. For instance, in group work with children, the outcome of *good team work* may be achieved with encouragement in the first week or two, whereas *negotiation skills* may be a more long-term outcome and take many weeks to achieve, building on other previously acquired skills.

We can achieve even **S.M.A.R.T.E.R.** outcomes. Two other letters can be added to this acronym about outcomes, with the **E** standing for Empowering, Exciting, Enthusiasm, Extending or Evaluating and the **R** for Rewarding, Recorded, Revisable and Re-do. These added characteristics highlight the importance of the involvement of others in defining and achieving outcomes, and the necessity for continuous review of the outcomes to ensure they are still suitable and check for achievement of desired goals. If the child and family participate in setting their own outcomes, the chances of achieving them will be greatly increased. A multi-agency approach which draws on the strengths of the family is essential to ensure that the child's and family' needs can be met in a holistic way.

When defining outcomes we should think about whether this outcome can contribute to another outcome. It can often be the case that one outcome leads to other, often unexpected, outcomes. For example, in a situation where a child's behaviour problems are leading to educational problems, by reducing the behavioural problems we may also impact on educational problems. Thinking in this way helps us to think about leverage in terms of which outcomes we should focus on to have the biggest impact (Gilligan, 2001).

The focus on needs and the family's and community's ability to meet these needs encourages Barnardos to provide support that will most likely lead to positive outcomes for the child and the family.

THE NEEDS-OUTCOMES-SERVICES CONTINUUM

Outcomes are inextricably linked to the concepts of needs and services. In order to fully grasp the concept of outcomes for a child, it is important to ensure a clear understanding of needs and services.



A *need* is what is required for healthy child development (Doyal & Gough, 1991) and is the gap between where a child is now (current state) and where we want him or her to be (desired state – what is typical for a child at this stage of development). The focus on needs and the family's and community's ability to meet these needs encourages Barnardos to provide support that will most likely lead to positive outcomes for the child and the family. Rather than fitting a child into services, our goal is to provide services that best meet the presenting needs of a child and his or her family.

Barnardos assesses *individual* needs in order to provide the appropriate intervention to best meet needs. If a child's situation is showing that some dimensions of development are being met (for example, educationally – the child is attending school, likes school, is achieving academically, education is supported by the parents/carers, etc.) then for this individual child, there is no gap between the current state and the desired state. However, the same child may not have appropriate self-care skills and thus self-esteem and self-image is affected, so there most certainly is a gap between what is current and what is desired; hence for this particular child, in the emotional dimension of development, there are needs.

Services are the activities we offer in order to meet a child's needs and so achieve desired outcomes (Rossi et. al., 2004). Barnardos provides many services – a reading support programme, socialisation group, parent/child work, parenting programmes, intensive family support, etc. As already stated, it is crucial to match the needs of the individual child to the appropriate intervention/service. Simply because a service is available does not mean that it will always be the best service to meet individual needs. An example of this would be a group that worked on pro-social behaviour skills. A child who is not displaying any aggressive or anti-social behaviour should not participate in this group, regardless of whether he or she is the correct age and lives in the catchment area, as this would be a mismatch between needs and services.

Rather than fitting a child into services, our goal is to provide services that best meet the presenting needs of a child and his or her family.

ASSESSING NEEDS AND OUTCOMES

Assessment is the way in which Barnardos ensures that it provides needs-led and outcome-focused services. The Barnardos Assessment Framework's (BAF) holistic consideration of children's development across five dimensions (behavioural, emotional, educational, physical and social) promotes our central principal of identification of needs first, outcomes second and services third.

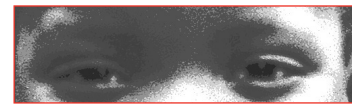
BAF is implemented throughout all targeted family support, early years and specific services in Barnardos. The active involvement of children and families is central to our assessment process and supports what families want to achieve for their children. Consistency is required in the assessments that are carried out in the various projects in order to support good practice and create better data for service planning. Training has been given on the theoretical concepts of *need, risk, protective factors, services* and *outcomes* to promote a clear, consistent and common understanding of the term "assessment" among practitioners and projects.

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BAF considers *needs, outcomes* and *services* in a systematic manner. First we consider the *need* which is presenting in the child's life (for example, increased socialisation skills). Once this is defined we move on to consider the *outcomes* that we want to achieve (for example, child is encouraged to share and play with peers). When we are clear on this we move on to consider the *services* that we will provide (for example, child attends friendship group). **This sequence is important to adhere to in order to ensure that the services that we offer are needs-led and outcomes-focused.** It is only when considering what the desired outcomes are for a child or family, that the most appropriate services/interventions can be planned and/or offered (Lane & Durkin, 2007).

When we are completing assessments in Barnardos, we collaborate with children and their parents/carers to develop agreed and shared aims and goals. As stated earlier, if the child and family are involved in setting their own outcomes, it is much more likely that those outcomes will be achieved. From our discussions with families we have a clear understanding of the outcomes we wish to achieve in terms of the *emotional well-being* and the *learning and development* of our service users. We ensure that we are clear about the aims of the services we deliver so that we are able to identify those children and young people in the population who are most likely to benefit from our services.

There can be many challenges for families and a good assessment of risks, protective factors and needs will reflect this. Issues such as illness, substance dependency, overcrowding, poverty, anti-social behaviour, unemployment, being overburdened, etc.,



will all impact on a family and should be captured in assessments as fully as possible. Another key area of our assessment framework is to recognise the resources that may exist within the family and community. *All families have strengths, even in the midst of chronic circumstances, and these should be identified and strengthened.* In recognising these resources it enables us to build on the existing strengths within the family and therefore build more sustainable and lasting change for the families we work with (Buckley et al., 2006).

OSCAR'S STORY

Oscar is a 10-year-old boy whose mother came to Barnardos looking for support with Oscar's behaviour. She was finding it increasingly difficult to deal with Oscar's behaviour at home and his arguments with his siblings. He said he didn't want to go to school and cried frequently. His father had played a big role in his life, but for the past year had been working in the U.K. Using information gathered from talking with Oscar and his mother, teacher, principal and the family's public health nurse, a Barnardos assessment was carried out. After analysis of the evidence the following professional judgements were put forward:

Oscar's **needs** included **emotional needs** – he had left his home country in Eastern Europe eight months ago and was missing his friends, family and father a lot. **Identity needs** were also highlighted for Oscar, as he has moved to a new culture recently and is the new boy in class. **Behavioural needs** were also present, with Oscar acting aggressively with both his siblings and his mother. **Educational and social needs** were also identified, as Oscar was falling behind in school despite being a very bright boy, and he did not seem to have any friends in the class and had limited English. Oscar's mother was overburdened and had needs around coping with the demands of her children and encouraging positive behaviour in Oscar.

The **outcomes** identified for Oscar included being able to express his feelings about moving to Ireland and who and what he misses from his home country (identity/emotional); displaying positive behaviour at home and dealing with his feelings of frustration and anger (behavioural); achieving academically (educational) and having friends (social). Additionally, the outcomes for Oscar's mother were managing his behaviour and successfully coping with her parenting tasks. Outcomes were both short-term (i.e. four to six weeks for expressing emotions) and long-term (i.e. six months for increased social skills and having at least one person Oscar can name as a friend).

The **services** provided for Oscar and his mother by Barnardos were parent-child work for eight weeks, which also assisted Oscar with his identity and emotions (*All About Me* game, family tree work, etc.); friendship group for Oscar (22 weeks) and the Incredible Years course for his mother (positive

behaviour management, reduce conduct problems, promote academic, emotional and social competencies – 12 weeks). Barnardos worked closely with the school and social worker in terms of addressing Oscar's school performance and maintaining regular contact with his dad. Additionally, Barnardos is in contact with a neighbour who will provide child care for Oscar's mother while she attends the parenting course.

When considering outcomes it is also important to be clear that outcomes are *not* services, interventions or activities. It is not an outcome that a child is assessed or that he or she gets a Special Needs Assistant or attends a friendship group. It may occur that the child's *emotional needs are being addressed* through an intervention that was the result of the assessment; the child may be *achieving better performance in reading or maths* due to the extra support from a Special Needs Assistant; the child may *start displaying empathy for other children's feelings* which resulted from work done in the friendship group. However, it is the child's developmental improvements that are the outcomes (in italics above), not the services put in place (as some services that have been poorly matched with needs may have no effect or even a negative effect on development).

Also outcomes are *not* outputs. The number of children attending a homework group, the qualifications a young person receives, the school attendance records of a child – these are all **OUTPUTS**. **Outputs** are the measurement of a service (activities) and are quantitative – they can be described in numbers or in some form of score. Outcomes are qualitative and relate to the child's development or an aspect of his or her behaviour or functioning. It is not uncommon for outputs to be named as outcomes, however, while there is an obvious link between the two concepts, they are not interchangeable. For example, a child may have a perfect school attendance, but be unhappy in class or feel overwhelmed and fall behind in learning. While outputs may be impressive in such a case, the desired outcomes for this child would be that he or she is adequately educated and has positive experiences of learning.

SERVICE DESIGN PROCESS

The Barnardos Service Design process links the assessment of needs and the identification of desired outcomes with the interventions we plan and offer. The formula of *Needs-Outcomes-Services* is also at the heart of how we think about designing new services. In Barnardos we have introduced a service design process to ensure the matching of needs with services. This service design process starts by considering the needs of the target population, and then defines the outcomes the programme will achieve. From these the service components are developed.

One service to go through this process was the Wizards of Words (WoW) programme. WoW is aimed at achieving Barnardos' agency outcome of *improved learning and development*.



It is an intergenerational paired reading programme whose purpose is to improve children's overall reading achievement. The programme pairs 1st and 2nd class students, who are nominated by their teachers for extra reading support, with an appropriate older volunteer (55 years+). The trained volunteers meet with their child/ren at least twice weekly for 30 minute sessions during school hours to provide individualised reading instruction and support. It uses a guided reading approach which focuses on four key areas of reading: phonemic awareness, vocabulary building, reading comprehension and reading fluency. The child benefits from having individual attention that is focused on reading and also from the development of a positive relationship with an adult. The defined outcomes for the WoW programme are increased reading ability, improved attitudes to reading and greater confidence in the classroom.

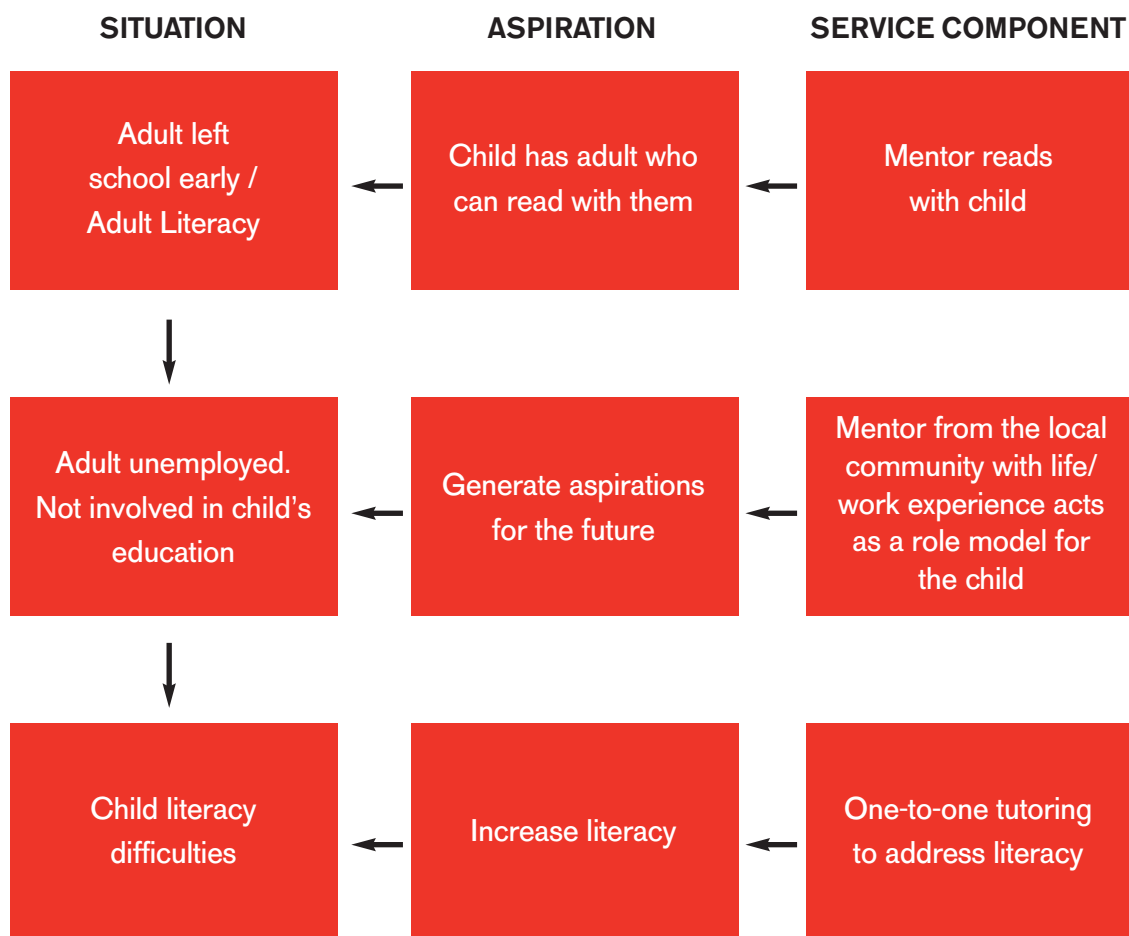
In 2005, Barnardos carried out an analysis of the needs of children and families, and 'children experiencing educational difficulties' emerged as a key finding from this research. We analysed the data further to establish what was happening in

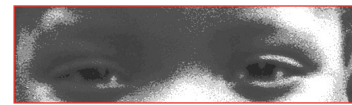
the child's situation and what was causing this need to exist. From this, we defined what our aspirations were for the child, what outcomes we wanted to achieve. Following on from this we could design the programme components. This is the process of working out the logic model. A *logic model* is an hypothesis which considers the connections between *needs* (situation), *outcomes* (aspirations) and *services* (service components). Logic models are informed by the evidence and are the translation of evidence into practice.

WoW LOGIC MODEL

In the diagram you will see the logic model for our WoW programme. It starts by considering the connections in the child's **situation**. In this instance it is the adults who left school early, may have had negative education experiences themselves and have poor literacy. This negative experience of school and their literacy difficulties may affect their employment opportunities or their confidence to be involved in their own child's education. This can all contribute to the child having literacy difficulties.

WoW LOGIC MODEL





We then move on to consider the **aspiration** or what it is that we want to achieve through the programme. For the child we want him or her to have an adult to read with, aspirations for the future and for his or her literacy to increase. These aspirations, once agreed, help us to define what the service components are.

In WoW, the components of the **service** are one significant adult who is local and can act as a role model for the child, who reads with him or her regularly, stimulates future aspirations and ability and enjoyment of reading, and ultimately helps him or her to become a proficient reader.

This discipline of working out the logic of all of the programme components really helps us to stop and think – why are we doing this? Our natural instinct is to add more because we think it might help or because we have always done it that way. An example of this related to the WoW programme, where we considered adding a family support component to work with parents (due to our agency remit and ethos) but we returned to the outcome that we wanted to achieve, which was to

improve reading levels. While issues at home no doubt affect children's educational outcomes, we can improve children's reading levels in isolation of family issues which, in its own right, can act as a protective factor in some children's lives.

CONCLUSION

The attainment of outcomes for children is incredibly rewarding, mostly for the child and family, but also for people working with families. Children's lives can be profoundly altered by increasing their ability to read or make friends, by increasing their self-esteem or by improving the relationship they have with their parents. The results are evident not only in the here and now, but have implications for how a child's future life trajectories will progress. Through the provision of needs-led and outcomes-focused services, Barnardos aims not only to enhance children's capacity for learning and development and their emotional well-being, but also to show children in the best way we know how that they are valued and cherished and that we will do all in our power to ensure they won't get left behind.

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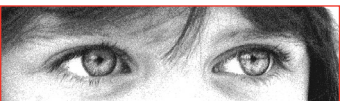
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Child Protection Practice in Family Support: Starting Points for a Principles and Reorientation Framework



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INTRODUCTION

Whereas the view that one of the best ways of protecting children at risk is to provide consistent support to families is now accepted by most service managers and frontline practitioners (Tominson, 2004), in reality this is a relatively untested paradigm (Laming 2003; Jack, 2006). One could argue that in Ireland, while physical abuse dictated child care practice up to the 1970s and sexual abuse came to the fore in the late 1980s and 1990s, it is only since 2000 that the notion of supporting families and, in particular, parents to ameliorate harm to children has been firmly placed on the child welfare policy and practice map. This is not dissimilar to the situation in the United Kingdom where, for example, Lord Laming (2003) in his review of the horrific death of Victoria Climbié highlighted the lack of partnership with parents and poor provision of family support as central factors in the policy failure to protect the child. Now in Ireland this issue is being revisited and no doubt will continue to be revisited in both jurisdictions and elsewhere.

ORIENTATING FAMILY SUPPORT IN CHILD PROTECTION

One could ask why does the trend of recommending more family support in the light of high profile child protection cases reoccur almost with a sense of déjà vu? It could be argued that one of the reasons may be that at a basic level, as family support implies service users engaging with professionals on the basis of volition, while child protection is imposed on families – this leads to complexity. This has in part led to Pinkerton et al (2003) suggesting that unless family support is based around meeting specific need it will remain as a “vague or fuzzy” concept. Furthermore, how child protection within family support is delivered in terms of worker style (respect) and capacity to provide real help (skill) may be of central importance but given less central attention (Dolan, 2006).

Notably, over the last decade family support has been advocated as central to providing successful outcomes for children who are being abused or are at risk and as a wider model of prevention (Featherstone, 2006). One outcome of this has been the development of training courses and service project programmes (Dolan, Canavan and Brady, 2006; Buckley, 2002) now providing demonstrative evidence of this interest among professionals and service planners. From a policy perspective, this approach has also been supported by guidelines on how best to utilise families and their natural networks and notably so within Every Child Matters in the UK and in 2007 in the *Agenda for Children Services: A Policy*

Handbook (Office of the Minister for Children and Youth Affairs at the Dept of Health and Children).

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One could even go further and argue that just as the development of family support was seen as the antidote to child protection, the introduction of community based services and programmes represent a different response to traditional social work child protection practices. Spratt (2001) has also highlighted the need to ensure that child protection cases, which could be deemed to be ‘child care enquiry problems’, be dealt with earlier, differently and within a family support focus. Nevertheless, day in, day out the core task for many child protection social workers remains to ensure safety and deal with crisis or immediate need rather than with (as desired by themselves and others, most notably service users) meeting the wider set of support needs of children and families.

While the advantages of moving to a family support ethos are increasingly recognised, there is a paucity of knowledge on actually how to achieve this in practice terms. A mutual focus of support and protection on meeting need may be one way of bringing both concepts and policies together.

THE HARDIKER'S LEVELS OF NEEDS MODEL

Two specific models which (with some reorientation) can help further family support in child protection are put forward here. Firstly, the Hardiker et al typology (1991) has been receiving ongoing attention among service users and academics and policy makers here, in the UK and in the USA and Australia for nearly 20 years (Dolan et al 2006). In this regard, the model either in its original ‘pyramid format’ or more recently as three dimensional ‘concentric circles’ is well recognised.



In essence, Hardiker et al (1991) outline four levels of need from universal (Level 1 – for all children and families) to targeted support for those most in need of urgent assistance (Level 4 – a much smaller population in extreme adversity), with two incremental level points (Level 2 and 3) for those identified as needing targeted help but not to a more extreme extent. This way of classifying and aggregating need helps policymakers, service managers and practitioners to organise and orientate interventions, although it does assume a full

and accurate assessment of need. While this model has been found to have strong resonance (Jack 2006), we suggest here narrowing the levels by providing more detail on how the original tiered Hardiker model can operate within a child protection context but with a sole family support focus. Working across each level, detailed below are brief practice actions which describe applied practices within family support or to its exclusion. By implication we are advocating for the former which utilises family support, see Table 1 below.

TABLE 1 – Meeting Need with and without a Family Support Orientation¹

Level of Need	With a Family Support Orientation	Without a Family Support Orientation
Level One – All Children and Young People	<ul style="list-style-type: none"> • Recognising role and advocating strong policies and services to support all families • High quality universal services in place across health, education, housing and leisure 	Sole focus on organisation of statutory responsibilities in relation to the protection of children
Level Two – Children Who are Vulnerable	<p>Stronger emphasis on:</p> <ul style="list-style-type: none"> • Provision of community based, preventive and supportive services (voluntary and statutory) • Valuing support/ prevention equally to risk 	<ul style="list-style-type: none"> • Risk only approach to identification of need • Non-utilisation of natural Family Support networks • Poor/inappropriate use of voluntary services • No support for development/ maintenance of voluntary and community based services
Level Three – Children in Need in the Community	<p>Stronger emphasis on:</p> <ul style="list-style-type: none"> • Managing risk in the community • Meeting the wider set of Family Support needs of children • Utilising available resources in the community 	<ul style="list-style-type: none"> • Emphasis on risk management • Statutory reporting requirements • Care as a higher ranked intervention option
Level Four – Children not living in communities or at significant risk	<p>Stronger emphasis on:</p> <ul style="list-style-type: none"> • Maintaining links with family members and community • Early returning home • Shared care options 	Solely fulfilling statutory requirements re: care planning and reviewing



TEN FAMILY SUPPORT PRACTICE PRINCIPLES

In addition to considering the spread of need among children and families matched to family supportive functions, Dolan et al (2006) have, based on the literature, forwarded 10 family support practice principles. If upheld, these may also have resonance for 'better' child welfare practice and help to offer the best possible service to sustain vulnerable children and families. These family support principles, which incorporate both protective and strengthening functions, are shown below.

- 1 Working in partnership is an integral part of family support. Partnership includes children, families, professionals and communities.
- 2 Family support interventions are needs led and strive for the minimum intervention required.
- 3 Family support requires a clear focus on the wishes, feelings, safety and well-being of children.
- 4 Family support services reflect a strengths-based perspective which is mindful of resilience as a characteristic of many children's and families' lives.
- 5 Family support promotes the view that effective interventions are those that strengthen informal support networks.
- 6 Family support is accessible and flexible in respect of location, timing, setting and changing needs and can incorporate both child protection and out of home care.
- 7 Families are encouraged to self refer and multi-access referral paths will be facilitated.
- 8 Involvement of service users and providers in the planning, delivery and evaluation of family support services is promoted on an ongoing basis.
- 9 Services aim to promote social inclusion, addressing issues around ethnicity, disability and rural/urban communities.
- 10 Measures of success are routinely built into provision to facilitate evaluation based on attention to the outcomes for service users and thereby facilitate ongoing support for quality services based on best practice.

Apart from the importance of what support is delivered, how it is delivered by workers and services is of equal if not more importance. A simple 'tick-box' or 'regular dosage of intervention(s)' to the exclusion of understanding children and their families real lived experiences and constantly watching for what is happening for them and in what context (through reflective practices) will not work. These principles all have a strong resonance for reflective practice and can act as a 'live' checklist in terms of working towards ensuring successful interventions for families. Self measuring for compliance is one simple way of making good use of these principles. Importantly, the principles are neither agency nor discipline specific and apply across all contexts of family support need. On a positive front, the reflective practice orientation is strongly advocated within Irish national policy by the Office of the Minister for Children and Youth Affairs at the Department of Health and Children (See *Agenda for Children Services: A Policy Handbook*); the HSE National Office Children Services; and within Barnardos and other child welfare agencies. Furthermore, the reorientation of child protection services towards family support by the Foyle Trust Western Health & Social Services Board (WHSSB) in Northern Ireland demonstrates how both the principles and the 'Hardiker Model' can be put into everyday action for management and frontline child welfare staff (see "New Beginnings Report" on childandfamilyresearch.ie)

CONCLUSION

Whereas practice principles and a family support reorientation of 'Hardiker' will help professionals support and protect children better, they should not be seen as part of a ready made panacea type solution to the complexities of child protection practice. Solutions will emerge over time and we suggest these will help with the journey. If anything this paper does no more than highlight the need to get more specific about the "how to" of family support in child protection. Here we have put forward two considerations in the context of the growing interest in family support as a preventive and remedial function in child welfare practice and particularly so in respect of protecting children deemed to be at risk of maltreatment. In this regard, comprising assessment of need matched to more focused interventions by professionals 'housed' within a family support model can show the move from 'risk to prevention' in actualised practice. If the now



ongoing refocusing debate in child welfare is to move beyond rhetoric as suggested by Jack (2006), this will require management and social work staff to work in new ways. Such interventions will need to include more and better partnerships with families matched to continuous testing out of practice with a view towards better outcomes for children. This clearly represents a major challenge but one worthy of the journey.

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The Perspective of **youngballymun** in taking an outcomes-focused approach to children's services

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INTRODUCTION

youngballymun is a ten-year systemic change strategy jointly funded by the Atlantic Philanthropies and the Office of the Minister for Children and Youth Affairs (OMCYA) under its Prevention and Early Intervention Programme (PEIP). The aim of youngballymun is to improve the learning and well-being outcomes for children and young people in Ballymun from pre-birth right through to early adulthood.

ORIGINS OF YOUNGBALLYMUN

youngballymun's origins lie in the Ballymun Development Group for Children and Young People (BDG) that was brought together by Atlantic Philanthropies (AP) with the task of developing a ten-year strategy and for putting in place the structures, funding arrangements and delivery mechanisms for the implementation of the strategy. The BDG submitted a strategy to the AP and OMCYA in December of 2006 and the funding of €15m over a five-year period was approved in January 2007.

THE BDG STRATEGIC PLANNING PROCESS

AP, through Dartington Social Research Institute, UK, supported the strategic planning process entered into by the BDG. This approach proposed a child outcomes focus, an innovative approach to strategic planning. The outcomes-focused approach served three primary functions within the context of the BDG:

- 1** It encouraged multi-agency and multi-disciplinary strategic planning – the focus was no longer on the respective agencies and their remit, but rather on the common goal of improved child outcomes.
- 2** It brought measurable child outcomes to the forefront of strategic planning. Typically the drivers in a strategic planning process were funding streams and funding related activities.
- 3** It slowed the strategic planning process, allowing space for reflection and review of the various stages and building blocks that are so often required to impact on child outcomes. The real causative factors impacting negatively on child outcomes could be researched and highlighted and the protective factors identified. This 'pause' provided space for old assumptions to be set aside and for facts to emerge that could shape a new understanding of the real needs of children and families and the best opportunities for interventions that might impact positively on those needs.



UNDERPINNING THEORETICAL FRAMEWORK AND RESEARCH

The theoretical framework that underpinned the BDG strategic planning process was the Bronfenbrenner bioecological systems theory that views the child within its context – first the child itself, then the family, school, neighbourhood, community, and wider society. This model provides a framework within which to articulate a multi-systemic response to child outcomes.

The research that informed the youngballymun strategy highlighted four consistent themes that reflect the multi-systemic nature of factors that impact negatively on children and young people:

- While there are many quality services for children and young people, large disconnects remain between the service providers, particularly in relation to education and health, and the statutory, community and voluntary sectors.
- There has been much innovation in Ballymun funded by both state and other sources, but much of this innovation has remained as pilots with a lack of rigorous evaluation and sustained investment in the learning from innovative practice. This stifles the opportunities for learning to be shared and ongoing funding attracted.
- Strong community spirit in Ballymun is too often undermined by loss of confidence in strategies that are externally imposed and which are inconsistently implemented.
- Compared to the national average, the health, educational attainment and well-being of families in Ballymun is oftentimes lower.

YOUNGBALLYMUN – AN OUTCOMES-FOCUSED STRATEGIC RESPONSE

The youngballymun strategy is driven by a strong sense of mission, a set of core values, and a vision of Ballymun, to echo Barnardos, as one of the best places to be a child.

The strategy in its implementation phase between now and mid 2012 is comprised of three interconnected layers of work – services, programme and learning community.

The six services have been designed around key transition points and areas of most acute need in the lifecycle of the child and young person. All six services are underpinned and connected by a programme that defines how youngballymun seeks to make the vision of improved outcomes a reality. Around that again is the learning community – spaces for analysis, reflection and shared learning. youngballymun maintains that real and sustainable change can only become possible if we can foster the containing ‘learning community’ in which it can thrive.

THE SIX SERVICES IN SUMMARY:

Pre-birth to 3 years: Ready Steady Grow – an antenatal and parent support service that values and nourishes the parent-child relationship.

3–5 years: 3, 4, 5 Learning Years – supporting quality practice in early childhood care and education.

5–11 years: Incredible Years – supporting positive approaches to behaviour in primary school children in collaboration with teachers and parents.

5–18 years: Write Minded – in-school literacy support service across both primary and secondary education.

12–22 years: Jigsaw-youngballymun – an integrated community based response to youth well-being.

All ages: Literacivic – reinvigorating communications and creativity across all ages and celebrating the ‘word’ – written and spoken.

THE PROGRAMME – DELIVERING CHILD OUTCOMES

The Programme dimension of the youngballymun initiative both drives the services and the ‘weave’ across and between them. It is a key vehicle for achieving enhanced outcomes for children and young people in Ballymun. It does this by building a culture of communication, commitment and mutual accountability within the services and across all the stakeholders. The Programme has defining integrative features which are fundamental to the youngballymun strategy and are core within all the services. These features are:

**Integration
Innovation
Capacity Building**

**Sustainability
Life-cycle
Evaluation**

1. INTEGRATION

In the context of youngballymun, ‘integration’ implies the bringing together of key agencies and individuals to think, plan and then to implement together towards a shared goal of named child outcomes. Integrated thinking lays the foundation for integrated service delivery.

youngballymun models and activates integration across its own structures and processes. The Board of youngballymun has members drawn from statutory (education, health, justice, local authority), community, and specialist and expert bodies, with an independent chairperson.

youngballymun services are delivered through contracted service partners resourced by youngballymun. All partners, statutory and community, are accountable to a service ‘implementation team’. The six service implementation teams are multidisciplinary and cross-sectoral, integrating the delivery of services for children, young people (and their parents) across and between all areas: schools and education; health and well-being; and community and voluntary organisations. They are facilitated to engage constructively with the implementation of the service – adding value and building on strengths; identifying, naming and circumventing barriers;

ensuring services are implemented with fidelity to the service design; and engaging with the evaluation of the service. The implementation teams are an essential part of the learning community.

Reflection and analysis by members of all the Service Design Teams (multidisciplinary groupings brought together to design the services – informed by evidence of need and best practice and with a focus on prevention and early intervention) on their experience of integrated planning to date, highlighted that true integration has begun in a new way in Ballymun. Building on this into the future the implementation teams will:

- Maintain a strong focus on well-being and learning outcomes for children and young people.
- Implement proven models with fidelity, accountability and rigorous evaluation.
- Exercise patience and respect, honouring everyone for their efforts in a non judgmental culture.
- Continue to respect different knowledge, experience and cultures of working, locally, nationally and internationally.
- Negotiate mandated representation from statutory and community agencies.
- Outreach to residents, parents and young people and facilitating their meaningful participation in youngballymun.
- Continue to foster shared ownership for delivery and for making integration happen.
- Ensure that the precious commodities of time and energy invested receive tangible return in the form of guidance from experts, good documentation, and joint problem solving.
- Provide training opportunities and facilitate reflective practice to generate learning outcomes, adding value to their own work and informing youngballymun service delivery.

The Service Implementation Teams provide a unique opportunity to build the capacity of stakeholders to work collaboratively. Each team will have facilitated opportunities to develop a culture of reflection and dialogue that will contribute to bedding down systemic change in the culture of how services for children work together in Ballymun.

2. INNOVATION

The youngballymun planning process highlighted that there is a significant number of services, both statutory and non-statutory, being delivered in Ballymun. In order to impact positively on child outcomes it is necessary to harness the expertise that exists across this wide range of services as well as introducing new programmes and models.

It is the perspective of youngballymun that there is much to be gained from the learning of evidence-based practice both nationally and internationally and that the implementation of evidence based models with fidelity will impact positively on child outcomes. Quality practice and innovation needs to be

supported by expert input. To date, youngballymun has engaged with expert partners supporting service innovation across four of the services – Barnardos with 3,4,5 Learning Years; Headstrong with Jigsaw-youngballymun; Archways with Incredible Years; and the Michigan Association of Infant Mental Health with Ready, Steady, Grow.

Innovation can be something completely new. It can also be a reorientation of existing services and practice towards a common goal to improve child outcomes – so innovation in practice can also be very local.

‘More of the same’ in the context of poor child outcomes will not reverse the trend. Innovation and change is required and is oftentimes most simply introduced at the service level. youngballymun, through its service design and implementation structures and processes, works to support innovation and to positively address at a service level the complexities that innovation and change bring.

3. CAPACITY BUILDING

By capacity building we mean strengthening the ability of individuals, groups and organisations to build the skills, systems and structures they need to achieve better outcomes for children and young people in Ballymun. This can take many forms. There are learned capacities, actual skills that usually require external inputs of training and resources, and personal capacities such as confidence and motivation, which are developed by people within themselves. Both are vital to building lasting, sustainable change.

High quality services for children and young people will enhance child outcomes. Investment in local capacity within Ballymun is one of the key features of youngballymun.

The first point of contact the service system makes with a child or family holds within it the greatest potential for effective support. Spreading knowledge and expertise more widely enables more front-line practitioners to impact positively on child outcomes. youngballymun invests in staff skill and expertise, and facilitates reflective practice to better understand the needs of children and families and to enhance service integration. These will enhance outcomes for children and families.

youngballymun services are universal. Increasing the capacity of service providers to deliver more specialist/targeted services within universal programmes and to meet the needs of a wider group of service users within mainstream services will increase service retention and reduce the number of people who ‘fall between the cracks’.

From design to implementation, it is vital that youngballymun is a locally rooted initiative. The embedding and building of expertise within local structures and organisations is a key feature of youngballymun.



4. SUSTAINABILITY

Sustainability is in evidence in the youngballymun strategy through planned and focused investments; integration of existing services; reorientation of existing resources; and the incorporation of models of best practice. These result in existing investments being maximised and enable a body of knowledge and expertise to grow and flourish beyond the youngballymun funding life.

Sustainability is also supported through maintaining the links between local, national and international sources of expertise that is in evidence across the strategy. Active engagement with the Programme for Prevention and Early Intervention, our partners and core funders – the Office of the Minister for Children and Youth Affairs and the Atlantic Philanthropies – and with key Government departments, in particular Health and Children / HSE and Education and Science – is all part of the sustainability culture of youngballymun.

5. LIFE-CYCLE APPROACH

There are two aspects to the life-cycle approach adopted by youngballymun in the design and implementation of outcomes focused services. One refers to the child within the context of family and community – the variety of systems that impact on the well-being of children and the need therefore to interface with the various systems both within and across services. This multi-systemic approach drives integration and also very clearly identifies the location of the child at the centre of planning children's services.

The other refers to the range of services required to meet the needs of children and young people – in the context of youngballymun from pre-birth to early adulthood – reflecting the childhood cycle of life. From the perspective of youngballymun, the engagement and interface with the multiple of systems that impact on children and families, and the integration and connection between services that work across different age groups and cohorts are key to enhancing outcomes. While operational structures are important, the relational aspect of these interactions also has an impact on outcomes for children.

6. EVALUATION

All of the services are evidence based and outcomes focused and will be subjected to rigorous ongoing evaluation. The processes and practices developed during the life of youngballymun will be documented through the evaluation in ways that support best practice to be continued, replicated and mainstreamed.

Implementing innovative programmes, building capacity and integrating services will require close monitoring. Evaluation and partnership with evaluators during the life of youngballymun will support ongoing reflection and monitoring of practice.

YOUNGBALLYMUN IN ACTION

An example of 'youngballymun in action' is taken from Strand 2 of the Jigsaw-youngballymun youth well-being service.

There are three strands to Jigsaw-youngballymun:

Strand 1: Prevention strand that includes youth advocacy and civic engagement; the establishment of youth cafes; and integrated implementation of prevention programmes.

Strand 2: Prevention and early intervention strand that focuses on a wraparound model aimed at capacity building of front-line practitioners to support youth well-being and, if necessary, to facilitate access to appropriate care.

Strand 3: Intervention strand providing the crisis response dimension of Jigsaw-youngballymun.

In the Strand 2 wraparound process, a designated 'facilitator' (for example, a case manager, teacher or youth worker) engages with the young person and establishes a relationship, assesses needs and risks, determines the kinds of services and supports that may be required, and ensures that the young person receives these services.

In relation to the youngballymun programme features:

1. Integration – To date, 42 wraparound facilitators (WAFs) have been assigned from nine different agencies in Ballymun (statutory and non-statutory).

2. Innovation – youngballymun has partnered with Headstrong, the National Centre for Youth Mental Health, in the design of a community lead response to youth well-being. Headstrong brings significant expertise in the field of mental health, both nationally and internationally. Wraparound facilitation is an evidence-based model underpinned by a considerable evidence base to support the idea that individualised and integrated wraparound services lead to positive and more sustained outcomes for distressed young people.

3. Capacity building – 42 WAFs are currently being trained in the wraparound facilitator model and associated skills. This training is being designed and delivered by Headstrong and CAN (Community Action Network).

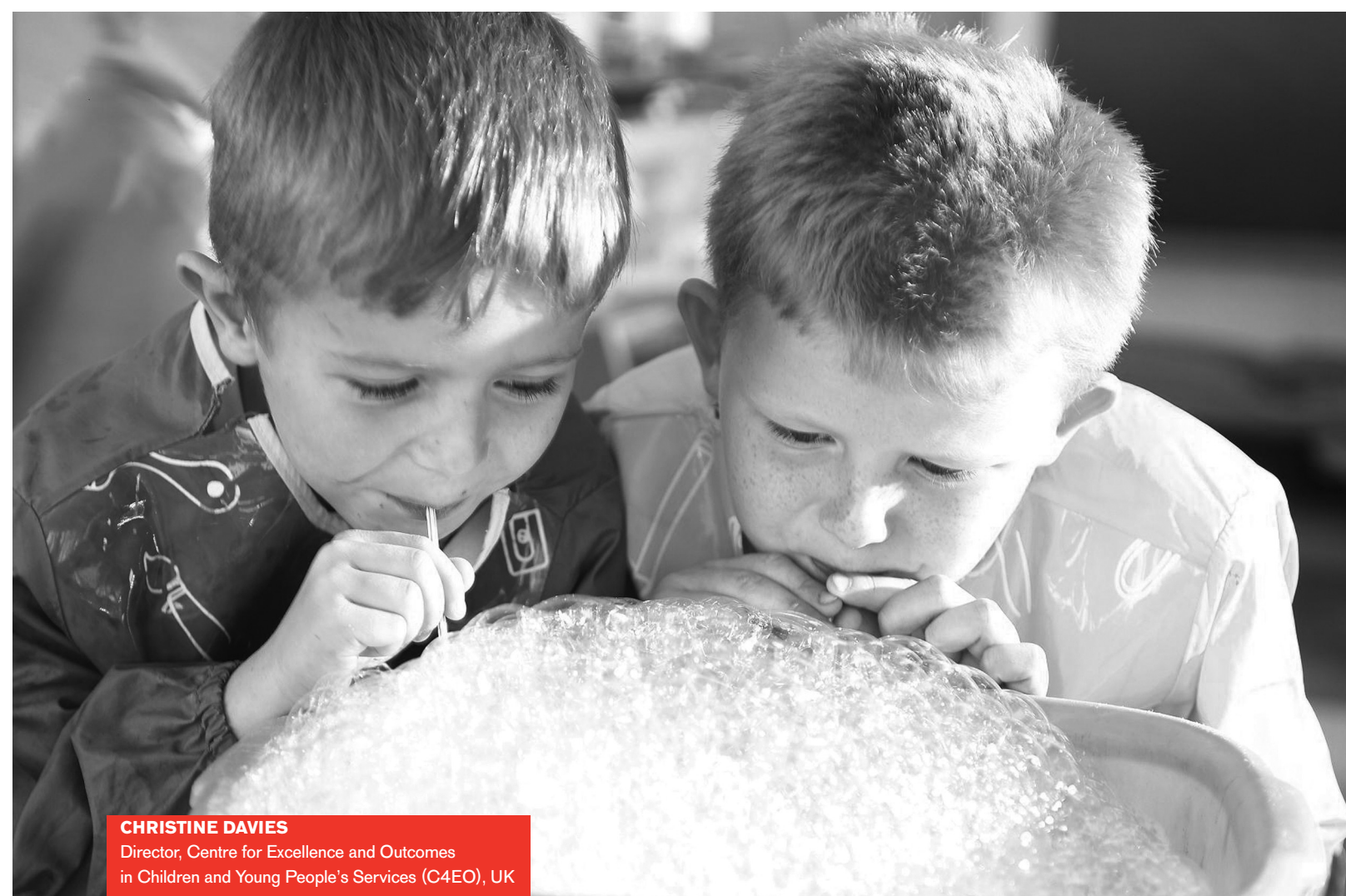
4. Sustainability – The WAFs are employees in locally based organisations and agencies who are being up-skilled to deliver a service. youngballymun, in partnership with the HSE, has appointed a senior clinical psychologist to support the WAFs. youngballymun has also appointed a Network Coordinator to support interagency work across services for young people in Ballymun.

5. Life-cycle response – The various agencies engaged in WAF have responsibilities around health, education, justice, housing, social services – viewing the young person within a wide context.

6. Evaluation – Knitted into the WAF model are mechanisms for monitoring and ongoing evaluation.

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Outcomes-focused Children's Services

Drawing on UK Experience, with Special Reference to Early Years

In the UK, the Children Act 2004 provides the legislation for delivering the Every Child Matters (ECM) policy, a policy which places the well-being of children and young people at the heart of everything that those of us working in the sector do. The ECM framework has five outcomes or conditions of well-being: being healthy, staying safe, enjoying and achieving, making a positive contribution and achieving economic well-being. This framework is designed to ensure that those people/professionals working with children and young people, whether as strategic managers or local practitioners, put the interests of the child first. This is what is meant by being outcomes focused.

Improved outcomes (the improved well-being of children) are the end point. The services we plan, commission and provide

are an important step in the journey, but they are not an end in themselves. Over the last few years, some confusion has occurred in the way the word 'outcome(s)' is used by different people. In the Centre for Excellence and Outcomes in Children and Young People's Services (C4EO), we use 'outcome(s)' to mean 'condition(s) of well-being' as set out in the ECM Outcomes framework.

The past 4–5 years have seen a great deal of progress by Local Authorities and their strategic partners – health, police, the voluntary and community sector – in joining up the delivery of services by setting up Children's Trusts. These Trusts ensure the integration of strategies, processes and front-line delivery in order to improve the lives of children and families.



All of these actions are likely to improve people's lives, but underpinning these structural and process changes is the need for cultural change in the way people/professionals working with children behave. We have still not made enough difference to the lives of some of the most vulnerable groups of young people in our communities. These remain difficult and complex issues to tackle and, with so many initiatives and projects espousing how good they are, Local Authorities and their Children's Trust partners need help in identifying what will really make a difference, what will really improve the lives of their communities.

One of the conclusions of the recently published Audit Commission report, *Are we there yet? Improving governance and resource management in children's trusts* (October 2008) was that there was little available evidence to show that Children's Trusts have improved outcomes for children. However, the data used in the report is out of date, and we know through our own work and knowledge that there is evidence of improvements, but we also know there is much more to do. Another of the recommendations in the Audit Commission report is that the newly created C4EO should support Children's Trusts by benchmarking performance and sharing good practice.

I have the privilege of leading C4EO. Its task is to bring together evidence-based practice on what really does work to improve outcomes for children and young people. We know that the best way to bring about change is from within localities, being responsive to local conditions and taking into account local contexts. C4EO will empower this approach by giving professionals the knowledge, as well as a range of tools, on how to bring about the improvements needed. Directors of Children's Services, in particular, having overall accountability and responsibility for children's services in Local Authority areas, have identified this as a gap that needs filling in order to help them bring about this change in focus from services to outcomes. The UK Government responded to this request through the publication of the National Children's Plan which is just coming up to its first anniversary, where it announced that such a Centre would be funded. The Social Exclusion Task Force also recognised that there was a need to disseminate evidence of what works.

SO WHO ARE WE?

We have a small core team commissioning delivery from four core partners – The National Children's Bureau (NCB), National Federation for Educational Research (NFER), Research in Practice (RiP) and Social Care Institute for Excellence (SCIE) – as well a number of other delivery partners. We also work closely with a wide range of other partners and organisations representing key stakeholders in the field who will be recipients of our 'products'.

WHAT ARE WE DOING?

C4EO is identifying and co-ordinating national, regional and local evidence of 'what works' in a single place to provide a comprehensive picture of effective practice which will improve outcomes for children and young people. Our work is currently organised around six themes:

- Early Years
- Disability
- Vulnerable Children
- Parents, Carers and Families
- Youth and Schools
- Communities

Each theme area has or will identify three priorities/key lines of enquiry for research, undertaken by NFER, which will produce robust and validated evidence of 'what works' at national and local levels.

HOW WILL WE DO IT?

Our partners SCIE will disseminate the information we gather from our research reviews through a variety of means including progress maps, which will be a quick and easy means for Local Authorities and their partner agencies to access information obtained from the research, regional data and a range of tools to promote outcomes focused approaches. We will also support the children's sector to improve by building their own capacity to help themselves, through identifying a cadre of sector specialists with proven track records in their field who will share their experience and knowledge with other areas, by training these specialists in outcomes based approaches and by running regional events to disseminate learning.

We are likely to add a seventh theme, child poverty, a thread that runs throughout but is an issue significant enough to warrant its own research. The Government has asked the Centre to undertake this extra research in response to the desire to meet its commitment to help children and their families out of poverty. Local Authorities and their partners, by working together within Children's Trusts arrangements, have a huge contribution to make in relation to reducing poverty. In particular, the Centre is likely to explore effective practice with a proven evidence base around 'the development and delivery of effective area-wide child poverty strategies, including community engagement and development, to ensure a whole-area approach to tackling child poverty, which covers the whole Local Authority and its partners, including the delivery of adults' services'. We are currently at the stage of finalising the detail of our work with the Department for Schools and Families.

C4EO has also taken over responsibility for the Narrowing the Gap (NtG) programme. The Narrowing the Gap programme is a two-year programme, which aims to make a significant difference to the outcomes of vulnerable children, against a

background of improving outcomes for all children, on a national scale. It is doing this by working with a large proportion of the county, unitary and metropolitan authorities which have effective practice to share.

We have just this month published Final Guidance for Year 1 for NtG, which brings together the learning from regional workshops, national research and a national 'Call for Evidence' answering this question:

'What is it that, if applied universally and pursued relentlessly, would make the most significant differences to the outcomes for vulnerable groups of children and young people?'

This guidance provides clear messages for both central and local government about their respective roles in improving outcomes for vulnerable children. It looks at 114 case studies of effective local practice which have demonstrated improvement in the lives of groups of vulnerable children and their families.

While NtG is half way through its two year programme, C4EO is six months into its three years. Our six themes will be staggered over the three years and, to date, work has started on early years, disability and, very recently, vulnerable children (children in public care).

We have made most progress with our early years work. We know that outcomes for many children in their early years are variable and affected by factors such as poverty and parenting. Evidence suggests that the way in which services are delivered to younger children and their families can improve their well-being. So, taking this into account, our focus for research and practice, for improving outcomes for the 0–5 population, are around three priority areas:

1. Improving development outcomes for children through effective practice in integrating early years services.
2. Improving children's attainment through a better quality of family-based support for early learning.
3. Narrowing the gap in outcomes for children from the most excluded families through inclusive practice in early years setting.

We have focused on these three areas because initial research indicated that these are the key factors in affecting young children's achievement and well-being. A full review of all available research is in progress and this will produce validated practice of 'what works' which we will share with strategic managers and professionals working in the children's sector.

We have, this month, published the scoping reviews for our early years themes which will inform the main review, the next stage of the research. The early key messages from these scoping reviews, are as follows:

Improving development outcomes through effective practice in integrating early years services

- Settings integrating education and care offered high

quality provision and this provision was associated with a significant and continued positive effect on child outcomes and progress.

- Integrated early childhood settings may be particularly beneficial for children with multiple risk factors.
- Initiatives to provide mental health services via pre-school settings contributed to the quality of centre provision.

Improving children's attainment through a better quality of family-based support for early learning

- Family-based support of early learning was found to be effective and a number of success factors have been identified.
- Evidence was found which supports the notion that the engagement of family members, especially parents and carers, improves children's attainment.
- Evidence has been found indicating that support needs differ for different groups of parents and carers, for example low income families and minority ethnic groups.

Narrowing the gap in outcomes for children from the most excluded families through inclusive practice in early years setting

- Language was found to be a particularly important factor affecting children's outcomes.
- Early childhood education and the quality of pre-school settings make significant differences to longer term developmental outcomes for all children throughout primary education.

The scoping reviews are available in more detail on our C4EO website (www.C4EO.org.uk).

The Narrowing the Gap first year guidance has already identified effective early years practice that is improving outcomes for particular groups of children, in a variety of settings and circumstances. Some examples are as follows:

Bath & North East Somerset

Outcomes: Improved impact on children's learning and development measured through Strengths and Difficulties Questionnaire (SDQ) score measuring mental health; improved Ferre Laevers well-being scales and Leuven involvement scores.

Content: Ten reception class pupils from Midsomer Norton Primary school were involved in a five-week Forest School project at a local nature reserve. The children selected were identified as most likely to benefit from play-based learning based on their low achievement and confidence scores. Fifteen early years practitioners participated in accredited Forest School level 1 training and each session was supported by three students as part of their training, ensuring the quality and ratios of staff support for the project was high.

Why it works: The children were able to learn through direct and self-directed experience; a strong partnership between regional and local advisory staff.



London Borough of Camden

Outcome: Improved development of children generally, measured by percentage of children reaching expected levels of development, or exceeding them, after leaving the Centre.

Content: Thomas Coram Early Childhood Centre is situated in an area of deprivation with a transient population; one quarter of children have identified learning difficulties. All key workers are qualified to NVO3 or above; team leaders are graduates and include practitioners with NQT. The Centre has a rigorous system tracking children's learning and development.

Why it works: Strong leadership; an emphasis on early identification and access to high quality nursery education; care, welfare, emotional and social development have the same value placed on them as educational development and learning.

Barnsley

Outcome: Children showing improvements in vocal skills; increased parenting skills of parents and parents gaining qualifications.

Content: The project is targeted on two areas with a high number of vulnerable families and is focused in two children's centres. The focus of the programme is involving parents in supporting their children from starting to attend the children's centres through to their transition to school. Parents have been trained as champions to support and visit other vulnerable parents.

Why it works: The strands of the programme engage parents in understanding and getting involved in and supporting their child's development and helps to ensure the family are supported through the school. The idea of using parents as champions helps to draw in other more vulnerable and resistant parents and provides peer support when they attend the centre.

LB Waltham Forest

Outcome: Children are healthier, measured by reduction in infant mortality, increased breast feeding, reduced smoking in pregnancy.

Content: The Primary Care Trust and Local Authority will put additional midwifery services into 42 early years settings and children's centres with a focus on targeting health inequalities. The programme includes intensive focused training and support for linked primary schools and other early years settings.

Why it works: Smoking in pregnancy was specifically targeted by midwives through direct family outreach with identified parents, providing a 'preparation for parenthood' advice and support service prior to, rather than post, birth. The nurturing relationship built up with the mother is important.

OUTCOMES BASED ACCOUNTABILITY

There is growing knowledge and experience in England of a set of ideas called 'outcomes-based accountability', which is a solution-focused approach to improving outcomes for children and young people. Its attraction for many is that it is a disciplined way of thinking that can be used both as a performance management system and as a simple tool to drive action at both a strategic and a community level, with a clear focus on improving the well-being of communities. The approach helps us to measure, within a clear framework, the difference we are making to the well-being of communities, in our case, children and families.

This outcomes-focused approach has two key elements to it, based on the principle that there are two kinds of accountability:

1. **Population accountability**, which is about the well-being and quality of life in communities that we want to achieve, for example, being healthy or staying safe. Population outcomes are measured by population indicators, for example, rate of low-birth weight babies or children on the child protection register (using the examples above).
2. **Performance accountability**, which is about the programmes and services we provide or deliver. *Performance measures* tell us how well a service or programme is working and fall into three categories: How much did we do? How well did we do it? Is anyone better off? The last question being the most important.

There is a tool called *Turning the Curve* that works particularly well in galvanising partners from different agencies and professions to look at data curves (indicators) and agree on joint action. Around half of England's Local Authorities and their partners are using this approach to varying degrees to either turn data curves on their particular challenging issues, or as a performance framework. For example, Kent County Council is using the approach as a performance framework to deliver the outcomes in its Children and Young People's Plan through the Children's Trust; Coventry has put a lot of collective effort into collecting data for a Data Book to drive its activity around children and young people. There are many other examples.

Within C4EO, we are developing our own performance framework using this approach in order to demonstrate the contribution we have made as a Centre for Excellence and Outcomes to improving the lives of children and young people, through all of our work – the research reviews, the effective practice, the disseminated products and trained sectors specialists. We will also be offering training in this approach to our Sector Specialists and introducing the ideas at our workshops.

If you are interested in the outcomes-based accountability ideas, the following websites are useful: www.resultsaccountability.com; www.raguide.org; www.kent.gov.uk; www.coventrycypsp.org.uk.

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Cost-Based Analysis of Evidence-Based Public Policy Choices for Youth

**Based on a presentation by Dr. Steve Aos,
Assistant Director, Washington State
Institute for Public Policy**

SINEAD LAWTON Barnardos



THE WASHINGTON STATE INSTITUTE FOR PUBLIC POLICY (WSIPP)

The Washington State Institute for Public Policy (WSIPP) was created by the Washington Legislature in 1983 with the mission to carry out practical, non-partisan research – at legislative direction – on issues of importance to Washington State. The Institute conducts research into the costs and benefits of programmes, such as prevention and early intervention programmes, that have an affect on the economics of public spending. Using policy analysts, economists, specialists from universities and consultants, Institute staff work closely with legislators, legislative and state agency staff and experts in the field to ensure that studies answer relevant policy questions. Current areas of staff expertise include: education, criminal justice, welfare, children and adult services, health, utilities, and general government.

The research of the WSIPP is reported back with the objective being to help the State to move ahead on key areas of public policy. The aim is to identify specific research-proven programmes that produce a positive return on the dollar compared to the costs of the programme, and in effect make the most efficient use of the taxpayers' dollars. Part of the job of the WSIPP, as well as to undertake the research, is to make sure that each study is interpreted well and that the evidence is actually used with better resource decisions being made to improve outcomes in areas such as crime prevention, child and youth welfare and mental health.

The studies the WSIPP undertake include estimations on whether investments in evidence-based and cost-beneficial prevention programmes could help reduce problem issues in society, like adult prison use and drug use, in the longer run. Prevention programmes hold the potential, of course, to offer other near-term and long-term advantages, such as improved educational outcomes.

In recent years, the WSIPP has been asked to examine options affecting the following outcomes:

- **Crime** (1999, 2003, 2005) – What can be done to affect the crime rate so less people need to be imprisoned?
- **Education** (2003, 2006, 2007) – How well are students are doing in school? Are they graduating from high school? As there is no federal system for schools in the United States and they are run by a state system which uses half of the state budget, this is a very important topic.
- **Child Abuse & Neglect** (2003, 2007)
- **Substance Abuse** (2003, 2005),
- **Mental Health** (2005)
- **Developmental Disabilities** (2008)

After analysing the economics of each of these policy options, the task for the study is to project the total monetary impacts of alternative implementation scenarios. The goal of these policy choices is to allow the legislature to consider different combinations of options that have the ability, for example, to keep crime rates under control, while also lowering the long-run fiscal costs of Washington's state and local criminal justice system. In financial terms, this means identifying "portfolios" of policy choices that replace lower rate-of-return investments with strategies that produce higher rates of return on the taxpayer's dollar.

TABLE 1 An Overview of Ireland, the US and Washington State

	Rep. of Ireland	United States	Washington State
Population (millions)	4.4	305	6.6
GDP/Capita (US\$, ppp)	\$43,400	\$45,800	\$50,000
Income Inequality Index (0 to 100)	32	45	N/A
Taxes as % of GDP	31%	27%	N/A
Infant Mortality Rate (deaths/1000 live births)	4.9	6.3	5.1
Life Expectancy	77.9	78.0	N/A
Incarceration Rate (inmates/100,000pop)	78	752	465
Murder Rate (100,000pop)	0.9	5.7	2.7

(GDP Gross Domestic Product) (PPP – Purchasing Power Parity)

As can be seen in Table 1, there are many similarities between Ireland and the US, for example the GDP and life expectancy rates are roughly the same. There is, however, a huge difference in incarceration rates, with Ireland having a rate of 78 per 100,000 of the population in prison compared to 752 per 100,000 in the US. Incarceration rates are therefore very important in the US and a high priority is to find out how to make efficient use of resources to turn these numbers around through various programmes.

EVIDENCE, ECONOMICS & PUBLIC POLICY

With the main objectives being to learn how to use taxpayer's money to get better outcomes, and how to put together the things that make the most sense, three key questions must be answered:

- 1. What works?**
What works, what process do they use, what programmes are effective?
- 2. What are the economics of each option?**
If it is known what works and it is known that everything costs money, then what are the economic tests?

3. What difference could each option make?

How much money would need to be taken from taxpayers to affect an outcome such as crime rates? What will happen with regard to child welfare if a different policy prescription is undertaken? Can a portfolio of evidence-based programmes affect statewide outcomes and save money? What would the US look like on key outcomes if a particular option was taken? For example, can child abuse and neglect be erased? What would they look like in aggregate if a whole portfolio was done? By applying the same appraisal tools that might be used for a portfolio of our own private investments, different public policy prescriptions can be made.

WHAT IS THE PROCESS?

The reason for using economics when making public policy choices is that money matters. How to more efficiently spend taxpayers' money to achieve outcomes is the issue that unites all political parties. As governments are responsible for creating a balanced budget, they must make choices in how to spend the money available.

There are three main stages in undertaking public policy research and looking at what, if anything, works and what it is worth, in an effort to improve on programmes and policies that have been shown to work. Just as important, research findings can be used to eliminate programmes that have failed to produce desired outcomes. The watchwords of the evidence-based approach to public policy include: outcome-based performance, rigorous evaluation, and a positive return on taxpayer investment.

Stage 1

The WSIPP researcher gathers all the studies that can be located on the particular topic in question from anywhere in the world and does a comprehensive review of them.

Stage 2

They then apply "standards of evidence" to identify the high quality studies. The best standards of evidence would be solid evidence from scientific study, but these are not generally found in social science. The best they can hope for are real world random assignment studies, as these can identify, for example, that a particular programme is causing a certain effect, such as better outcomes for child welfare. Real world random assignment studies are also fairly rare in the world of social science so the researcher also looks for real world natural experiments that happen by chance and not by design. Finally they look for statistically well controlled comparisons. They don't include anecdotal evidence or comparison studies that aren't well controlled.

Stage 3

After stage two the researcher is left with a much smaller number of high quality studies which they analyse to extract the investment information. From these they estimate an average effect and make a recommendation to the legislature based on the evidence that some things work better than others. To do this they produce 'Consumer Reports' using a method very much like that used in a magazine such as Consumer Choice, where researchers do an independent survey rating of different brands of a particular product, such as a washing machine or a camera. These unbiased ratings are based on an analysis of the information and then the options ranked in order based on what works, what doesn't and what the costs and benefits are. The researcher uses a standardised format so that the public policy makers will get used to seeing those outcomes in such a way that makes sense to them.

The most essential question to ask is if there are "evidence-based" programmes or policies that have a "real world" ability to achieve outcomes such as:

- Reduce crime
- Lower substance abuse
- Improve educational outcomes
- Decrease teen pregnancy
- Lower child abuse or neglect or
- Reduce teen suicides

If these are identified, the benefits and costs of each programme must be considered.

WHAT CAN EARLY CHILDHOOD EDUCATION AND CARE ACHIEVE?

One research recently undertaken was to establish whether the legislature should invest in early childhood education and care. The legislature had already made some investments with a pre-school programme for lower-income three and four year olds, but what was needed now was a systematic review of every rigorous evaluation in the United States since 1965 to determine what happens to the children who went through pre-school compared to those who didn't.

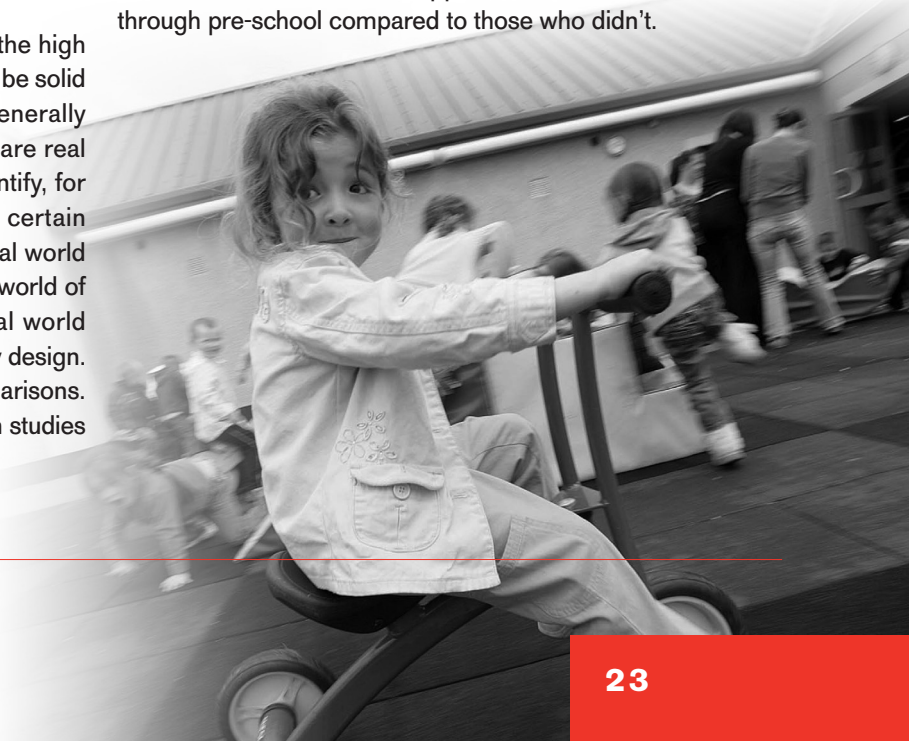




TABLE 2
Outcomes of Early Childhood Education and Care

Outcomes of Pre-School Attendance for Low Income 3 and 4 Yr Olds	Number of Studies	Average Result
High School Graduation	10	On-time graduation increases from 62% to 68%
K-12 Grade Repetition	24	Percentage repeating a year of school drops from 13% to 8%
K-12 Special Education	23	Percentage using special education drops from 12% to 8%
Standardised Test Scores	27	2 to 4 percentage point increase in met-standard rate
Crime	8	Percentage with conviction by age 30 drops from 24% to 17%
Public Assistance	3	No significant effect
Teen Births (under 18)	4	No significant effect
Child Abuse and Neglect	1	Percentage with a substantiated case drops from 12% to 7%

K-12 is from Kindergarten up to 12th Grade (equivalent to junior infants to sixth year in Ireland)

As can be seen in Table 2, the outcomes found in evidence-based studies showed that 68% of children who went through a pre-school programme graduated from high school at the expected/ standard age compared with 62% of children who had not gone through a pre-school programme. Those children repeating grades in school or needing special education also dropped. This is evidence that certain areas can be affected by successful evidence-based early childhood educational programmes as they foster achievement and increase high school graduation rates. This review, therefore, showed that if you make an investment in pre-school you can expect these outcomes.

The Economic Question: Is Early Childhood Education and Care for Low-Income Three and Four Year Olds a Good Investment?

While the purpose of the first step is to determine what works, and how a programme can affect an outcome, in Step 2 a follow-up question is asked: per dollar spent on a programme, do the benefits of the programme exceed its costs? Since all programmes cost money, this additional

economic test seeks to determine whether the benefits justify the programme's expenditures. A programme may have demonstrated an ability to produce positive results but, if the programme costs are too high, it may not be a good investment, especially when compared to alternatives.

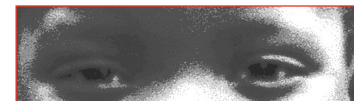
To do this in the study outlined above showing the outcomes of early childhood education and care, the WSIPP went through a technical process to try to apply a benefit for each of the outcomes measured in Table 2. Table 3 below outlines the economic effects of each of these benefits.

TABLE 3
Economic Effects of Early Childhood Education and Care

Outcomes of Pre-School Attendance for Low-Income 3 & 4 Yr Olds	Economic Effect	Main Source of Benefits
Increased high school graduation	\$9,966	Increased earnings
Reduced K-12 grade repetition	\$206	Lower K-12 costs
Reduced K-12 special education	\$135	Lower K-12 costs
Reduced crime	\$5,068	Lower expenditure on criminal justice system and victims of crime
Reduced child abuse & neglect	\$1,919	Lower expenditure on criminal justice system and victims of crime
Reduced alcohol and drug abuse	\$278	Lower expenditure on criminal justice system and victims of crime
Offset childcare costs	\$1,897	Lower childcare costs
Total Benefits Per Youth	\$19,469	
Cost Per Youth	\$7,709	
Benefits Per Dollar of Cost	\$2.53 (8 to 10% return on investment)	

K-12 Kindergarten to 12th grade

As Table 3 shows, those who actually graduate from high school make more money in their lifetimes and pay taxes on that money which is worth \$9,966. When other benefits are added in (seen in Table 3), such as the reduction in money spent on the criminal justice system and the reduced need for special education places, the total monetary benefits per person going through the pre-school system is calculated to be \$19,469. When the cost of putting a child through the pre-school system, calculated to be \$7,709, is considered, you can see that there is a rate of \$2.53 of benefit per dollar spent, the equivalent of between 8 and 10 per cent return on the initial investment, a very good rate of return.



Early childhood education can be seen, therefore, as a prevention programme that makes monetary sense, any reward passes both the 'what works?' test and an economic test.

NURSE FAMILY PARTNERSHIP

The Nurse Family Partnership is another programme looked at by the WSIPP during their studies. It is a home visitation programme for low income mothers both before the birth and for two years after the birth, and includes support and advice. It is an evidence-based programme in place in many states in the US. This programme is not yet available in Ireland, although is in parts of the UK. As always, the first step in the study was to ask the question what does the Nurse Family Partnership achieve? What is the evidence to indicate that it works?

Without participation in Nurse Family Partnership, a 'high risk' youth has a 25.6% chance of being abused or neglected in his or her lifetime. However, with the Nurse Family Partnership, the odds decrease to about 14.3%. This is a 44% reduction in the rate of child abuse and neglect, which is considerable. Other outcomes include children doing better in school and a reduction in crime rates.

TABLE 4
Economic Effects of the Nurse Family Partnership

Outcomes of Nurse Family Partnership	Economic Effects	Main Source of Benefits
Reduced child abuse & neglect	\$3,873	Lower Child Welfare and victim costs
Increased test scores	\$9,454	Increased earnings
Reduced crime	\$13,410	Lower criminal justice system and victim costs
Increased high school graduation	\$1,131	Increased earnings
Reduced K-12 grade repetition	\$11	Lower K-12 costs
Reduced alcohol and drug abuse	\$235	Increased earnings
Total Benefits Per Youth	\$26,983	
Cost Per Youth	\$8,931	
Benefits Per Dollar of Cost	\$3.02	

By applying the same sort of economic criteria that they did to pre-school programmes, the WSIPP concluded that the outcomes of the Nurse Family Partnership also make economic sense (see Table 4). This has resulted in a considerable investment in this by the state.

Table 4 shows that the total monetary benefits per youth involved the Nurse Family Partnership is calculated to be \$26,983 and the cost per youth is \$8,931, a rate of \$3.02 of benefit per dollar spent, again an excellent rate of return which shows that it makes economic sense to invest in this programme.

CRIME STUDIES

The area that the legislature has used the information provided by the WSIPP the most is crime. The high incarceration rate in the United States is a heavy burden on tax payers and is not good for society in the long run. The question is asked, therefore, are there more efficient ways of doing things? There is good news in that crime rates in Washington are down 40% on the levels found in the 1980s, and the rates are down in the US overall. However, the amount of money that has to be taken from taxpayers to achieve this – to pay for the criminal justice system, to pay for more police on the streets, for housing prisoners etc. – is about \$1,200 per household, more than double the rate it was in 1980.

The WSIPP conducted a study to see if there was a more cost efficient way of reducing crime rates using the three key questions:

1. What works?

They located 571 rigorous (comparison group), real world evaluations of adult and juvenile corrections programmes and prevention programmes.

2. What are the economics of each option?

They estimated the taxpayer and crime victim benefits and costs to people in Washington.

3. What difference could each option make?

Statewide, they investigated how alternative "portfolios" would affect prison demand, spending and crime?

They found many options were positive in reducing crime including those for adult offenders, such as education programmes in prison and cognitive-behavioural treatment; those for juvenile offenders, such as functional family therapy and aggression replacement training; and prevention programmes, such as pre-school systems and the Nurse Family Partnership. These options were also deemed to be economically effective and the effects from these are already being seen. Crime rates are still going down but governments do not have to spend so much money to achieve this. This is the first real positive sign that these programmes are cost efficient resources. By changing the portfolio of investments and introducing more prevention programmes the hope is that crimes rates will reduce even further.



CONCLUSION

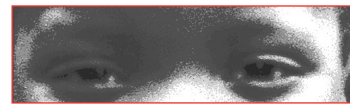
From their studies, the WSIPP found that you can produce business-like investment information which, when acted upon, can make a real change in the kind of resources being used and the outcomes achieved. The results of using WSIPP research to determine which programmes are most cost effective shows that there is a real need for local, independent groups, doing the equivalent of consumer reports, to help with decisions on public policy.

It is essential, however, to ensure that the programmes that are introduced are implemented in the same way they were in the research studies. Therefore as well as using economic studies, psychologists, sociologists and other experts in a particular field who fully understand what a programme is all about, why they work and what is the particular cognitive behavioural focus behind them, are crucial. Just funding a programme and launching it won't necessarily mean that it will work. The WSIPP ensure this by working with the agencies who first implemented the programmes and making sure they are of the same quality.

Another consistent finding from the work of the WSIPP is that prevention almost always comes at the top of the list of what works and what is economic. Many of these programmes are very good investments – spend money now to avoid spending more later on. Since most prevention programmes are for young children, early childhood education and care has become a top priority. With the recent news that President Obama has agreed to spend €10 billion on pre-school education in the United States, it seems that the notion that expenditure on early childhood education and care is being taken seriously.

**For further information see
www.wsipp.wa.gov**

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Useful Resources on Outcomes-Focused Children's Services

You can search Barnardos' Training and Resource Service library catalogue on www.barnardos.ie

The following resources are available from Barnardos' Training and Resource Service

Agenda for Children's Services:

A Policy Handbook

Office of the Minister for Children, 2007

Engaging With Fathers in Family Support Services: A Summary of the Learning Acquired Through Barnardos' Da Project

Barnardos, 2007

Giving Children a Voice: Investigation of Children's Experiences of Participation in Consultation and Decision-Making in Irish Hospitals

Office of the Minister for Children, 2008

Hearing the Voice of the Child in Childcare Services: a Report on the Consultation with Children Process Carried by the Border Counties Childcare Network in the Southern Borders and Meath

Border Counties Childcare Network, 2006

In Search of Quality: Multiple Perspectives

Centre for Early Childhood Development & Education, 2006

Ireland is so small & the world is so big

Limerick City Childcare Committee, 2007

National Review of Compliance with Children First: National Guidelines for the Protection and Welfare of Children

Office of the Minister for Children & Youth Affairs, 2008

Paint, sand and computers: A review of Barnardos' Children and Technology Programme eastern region. Coastal

Barnardos' National Children's Resource Centre, 2004

Service Users' Perceptions of the Irish Child Protection System

Office of the Minister for Children, 2008

What works in building resilience?

Barnardos, 2004

Working for children and families: exploring good practice

Department of Health and Children, 2004



New Titles

This list refers to resources added to the library stock of Barnardos' Training and Resource Service. For a further list of resources on a specific topic please contact us.

(Please note that these titles are not sold by Barnardos)

ART THERAPY

Art therapy with children: from infancy to adolescence

Routledge, Hove, East Sussex, UK, 2008

BEREAVEMENT

Grief in young children: a handbook for adults

Jessica Kingsley Publishers, London, 2008.

CHILDCARE

A Right to Play. A Study of the Care and Education Needs of Asylum Seeking Children and their Families

Mayo County Childcare Committee, 2008.

CHILD DEVELOPMENT

Promoting resilience in the classroom: a guide to developing pupils' emotional and cognitive skills

Jessica Kingsley Publishers, London, 2008.

CHILD PROTECTION

Living alongside a child's recovery: therapeutic parenting with traumatized children

Jessica Kingsley Publishers, London, 2008.

CHILD WELFARE

Tomorrow's Child

Barnardos, 2008

State of the Nation's Children: Ireland 2008

Office of the Minister for Children, 2008.

COMMUNICATION

Listening to children: a practitioner's guide

Jessica Kingsley Publishers, London, 2008.

DIVERSITY

This is the Place I like Best (and I'm not just saying that!): a Collection of stories, poems, jokes and illustrations by children from all over Ireland

Kids' Own Publishing Partnership, 2008.

EARLY CHILDHOOD DEVELOPMENT & EDUCATION

Towards Quality Daycare: Minimum Quality Standards in a Nursery

National Children's Nurseries Association, 2008

Vision into Practice: Making Quality a Reality in the Lives of Young Children

Centre for Early Childhood Development and Education CECDE, 2008.

The Role of Early Childhood Care and Education - an Anti-Poverty Perspective

Combat Poverty Agency, 2008.

FAMILY BREAKDOWN

When Parents Split: Support, Information and Encouragement for Teenagers

Good, Glynis, Blackhall Publishing, 2008

NUTRITION

The Voice of Young People: A Report on Children's Attitudes to Diet, Lifestyle and Obesity

Pfizer, 2008.

Feed Your Child Well: A Handbook for Parents in Ireland

A & A Farmar, 2008.

SELF ESTEEM

Helping children to build self-esteem: a photocopiable activities book, 2nd ed.

Jessica Kingsley Publishers, London, 2008.

Full details of these new library resources and all other resources in our library collection are available on our online library catalogue. To search the catalogue, go to www.barnardos.ie/training_and_resources/barnardos-library.html and click on **Search our online catalogue**