

C4EO 'How to' Guide

**Are your services making a difference
to the lives of children, young people
and their families?**

The Centre for Excellence and Outcomes in Children and Young People's Services (C4EO) has been receiving and validating examples of local practice which make a difference to outcomes for children, young people and their families for over three and a half years. The process was developed by C4EO, working with its partners, the National Children's Bureau (NCB), the National Foundation for Educational Research (NFER), Research in Practice (RiP) and the Social Care Institute for Excellence (SCIE). Taking the best elements of existing models, C4EO has produced a robust methodology which judges local practice to be fully effective, promising or innovative.

Using the C4EO validated local practice methodology, this guide explains the process which could be used to determine whether the service, project or intervention you are providing is improving the lives of those for whom it is intended to help. It will also support you in examining whether your service is producing the outcomes you want and determine whether your initiative might usefully be replicated elsewhere.

Questions to ask at the outset¹

Ideally, these questions are the questions to be asked at the beginning of the commissioning of a service. Realistically, you may already be delivering a service and are only now thinking about whether or not it is improving outcomes for children, young people and families. If the latter is the case, these questions are still relevant, but you may have no baseline (pre-intervention) data against which to measure improvement. Progress will, therefore, need to be measured from a given point. As a minimum, it should be possible to collect some qualitative data through interviews/questions with service users.

1. **Who are your customers?** For which group of children or families are you trying to improve the outcomes, e.g. children in care, disadvantaged families, young people who are NEET?
2. **What outcomes are you hoping to achieve** - for the cohort / population group you have identified? Outcomes may include:
 - improving educational outcomes for children in care;
 - more young people who are NEET, entering education, employment or training;
 - families who are more confident and whose parenting skills are improved.

¹ These questions are based on Mark Friedman's Results Based Accountability approach

3. **What service / intervention might you use?** Does it have an evidence base, i.e. do you know that it has worked in other places in your locality or in other local areas? Has it already been replicated in other places, in the UK or abroad?
4. **Are all relevant partners on board (i.e. committed)?** Successful interventions/ services are frequently delivered jointly or in partnership with other agencies (with the support of the young people or families themselves).
5. **How will you measure success?** There are three key types of measures which evaluate whether your service is working, is effective and is making a difference to the lives and well-being of children and young people:
 - How much have you done? (inputs - types and quantity of activity and numbers of clients/service users) e.g. the number of parents attending parenting courses; number of mothers attending healthy eating sessions; number of young people attending youth clubs / activity sessions; number of young people on training schemes or in education. Efficiency measures such as unit cost can also be included here.
 - How well have you done it? (inputs and the quality of the inputs) e.g. % of parents completing a parenting course; % of mothers completing healthy eating sessions; % of young people completing a course of activities; % of young people completing training or education courses; % staff with appropriate qualifications; % turnover of staff; user satisfaction surveys. Efficiency measures should also be included here, if possible.
 - What difference did you make? (outputs and impact/benefit – outcomes for those receiving the service). Ideally, these will be a combination of qualitative and quantitative measures, e.g. the number and % of parents reporting improved behaviour in their children and/or are more confident in their parenting; the number and % of families reporting they eat one healthy meal a day; the number and % of young people gaining qualifications or successfully gaining employment / apprenticeships. Effectiveness measures such as cost / benefit ratio should be included.

Data should also be collected against these measures at regular intervals – whatever is appropriate for the intervention and measures. In this way, progress can be measured against the stated outcomes.

6. **What are the results?** If, when you measure how much you have done, how well you have done it and what difference you have made, these measures are not showing improved outcomes, the programme or intervention will need to be thoroughly examined. It may be that one or more specific elements can be

changed to have the desired results, or that the programme(s) should be de-commissioned and an alternative put in its place.

Evaluating the difference made: using C4EO's validated local practice process

C4EO's validation process builds on these key questions and is based on four elements. By completing a C4EO practice validation form, and by following these four steps on the form, you will begin to know whether the intervention you have introduced has produced the outcomes you sought. You should also be able to judge, objectively, the difference being made to the lives of those receiving the service. The validation form can be found by following this link:

http://www.c4eo.org.uk/themes/files/vlpform_jul2010.doc.

C4EO's four validation elements are:

1. Context and rationale for the practice / service / intervention / programme
2. The practice itself
3. Evidence and evaluation
4. Sustaining and replicating the practice

1. Context and rationale

In articulating a clear context and rationale for the service you are providing, you will be clear about the outcomes you have sought to achieve from the beginning. The outcomes will point you to the performance measures that will measure improvement. When C4EO validates effective local practice examples, we look for a clear articulation of the practice idea; why the intervention was needed; the context and background; the aims, goals and purpose and whether reference is made to any other research evidence (national or local) relevant to the outcomes you are seeking to achieve. We will also look for data relating to the cohort / population group for whom the service is intended, for information on the issue (challenge) that needs tackling and why the chosen project / service has been selected in response.

2. The practice

Colleagues working in other local areas or organisations may wish to replicate your practice, believing it could meet the challenges they face. To be validated by C4EO, practice examples need, therefore, to provide a clear description of the intervention. A step-by-step description of the approach and the activities that form part of the practice is very important, including the stakeholders and agencies who have been involved and how children or families are referred to the service or programme.

3. Evidence and evaluation

The differences made to young people and their families are the most challenging performance measures. There needs to be clarity about the outcomes you were seeking to achieve for the service users for whom the intervention is intended. Pre- and post- intervention data is the only sure way of evidencing that the intervention has made a difference. Evidence might, therefore, come from:

- An internal, external or independent evaluation.
- Clearly stated outcomes with identified performance measures and data.
- Quantitative and/or qualitative evidence of the journey of improvement, e.g. from the baseline data and post-intervention data for the identified cohort of children, young people and/or families.
- The views of children and young people or other service users or service beneficiaries/the target group (qualitative feedback).
- The views of practitioners, professionals and/or other stakeholders involved in providing the service (qualitative feedback).
- Quantitative (and/or qualitative) evidence of sustained progress for the cohort after a stated period e.g. six months.

This will enable you and others to evaluate whether the intervention offers value for money.

4. Sustaining and replicating the practice

It is vital, as an underpinning principle for sector-led improvement, that practice and services that make a difference in one area or locality (for a specific group of children and/or families), are shared with other local areas facing similar issues, with a similar target group. This is the ambition behind C4EO seeking validated local practice examples - providing evidence for others to use. This might include a breakdown of costs and savings; a cost-benefit analysis or other resource implications; information on sources of funding and learning points that can be shared with others, including any barriers or challenges that have been overcome.

Evidence from our validated local practice programme to date, has identified that replicable interventions²:

- Have appropriate 'buy-in' from key individuals at a strategic and operational level
- Include collaborative working and consistency of core principles
- Provide evidence of impact
- Are adequately resourced and funded
- Demonstrate that long-term impact outweighs costs
- Clearly defined key stages of the operational process, a clear plan at the outset and documented progress
- Are well managed and supported throughout change and implementation.

C4EO validated local practice examples

Below are three examples of practice which have been validated by C4EO, illustrating how outcomes have improved, how local areas have measured the impact of the initiative and the difference it has made.

Example One:

Parenting Initiative at Court for young people (County Council in North East)

Aim/Idea: The Youth Offending Service (YOS) recognised that parenting is one of the key risk and protective factors in reducing young people's offending or anti-social behaviour.

Aims: To increase parenting support for parents of young people that have offended; to increase the protective factors for parents and reduce re-offending of young people.

Service/Activity: A Parenting Initiative Worker is employed to attend the Magistrates Court, to be a visible presence and actively engage with parents after a Court appearance; face-to-face contact with the Parenting Service is initiated; a series of workshops are offered to magistrates, YOS and parents who had experience of attending court with their children; parents are offered and referred to evidence-based parenting courses.

² Sustaining and Replicating Local Practice, NFER

Evidence of improved outcomes:

- Of a cohort size of 17 families: 12 had 'child in need' cases closed; 4 looked-after children became children in need; 1 child protection case was closed.
- The service made a contribution in the reduction in the number of young people reoffending over the period, with a reduction of 33%;
- Parents views and satisfaction levels were collected along with practitioners views;
- An external evaluation was carried out.
- Cost: Parenting Initiative Worker salary (Friday mornings at court) - £32,972 / 52 weeks = £634.08 per week
Weekly cost of parenting course per family £44.00 - £85.00
- The potential cost to the public purse in the absence of the Parenting Initiative Worker support role is calculated as follows:
 - The average cost of a child in care of average duration is £21,480.
 - A child protection plan/order of average duration is £9,720.
 - The SROI for the 17 families indicates there is a saving to the public purse of £179,261, (had no intervention occurred and the current status had continued).

Example Two:

Family Support Programme (a national programme delivered by a voluntary sector organisation)

Aim/Idea: To intervene early to reduce the escalation of adult mental health problems, reduce the need for acute hospitalisation of adults and care orders for children and improve the safeguarding and development outcomes for children.

Service/Activity: Individual support through Family Support Workers to assist with practical issues, including providing emotional support. Most referrals are from children's services, but also from adult mental health services, self-referrals and voluntary organisations. Activities include:

- engaging children in the family in an understanding of their parent's mental health problems, to help reduce fear and stress in the child;
- support parents to manage their children's challenging behaviour;
- practical steps towards addressing poverty, i.e. signposting to benefits checks or securing grants to obtaining essential household items that are missing.

Evidence of improved outcomes:

- There was a statistically significant improvement as measured using the Kansas Parental Satisfaction Scale with the improvement maintained to a statistically significant level, six months after the intervention.
- Using the Index of Family Relationships, there was a reduction of 22% in the number of parents with clinically significant problems, although the percentage of parents with severe mental health problems remained the same.
- There was a statistically significant reduction in the number of children on the child protection register.

Positive feedback from parents and other agencies was given.
An external evaluation was undertaken.

Costs: Forty families can be supported over the course of 1 year at a cost of £3,500 per family. Estimated Savings to Department for Education / Local Authority over two years is £114,400. Estimated Savings to DWP / Local Authority over two years is £158,400. Estimated savings to the NHS over two years is £67,200.

Example Three:

Support for foster carers/adoptive parents (London Borough)

Aim/Idea: Delivering parenting programmes to foster and adoptive parents focusing on the importance of attachment.

Aims: To provide support to parents of children and young people with attachment difficulties; to increase the skills and confidence of parents; to increase the children's understanding of their behavioural and emotional needs, to increase the child's security and sense of belonging.

Service/Activity: Activity focuses around a fostering attachment course provided by qualified therapists from the Tier Two CAMHS team. Three 6 week modules were delivered over 9 months through PowerPoint presentations, small and large discussion groups, role plays, videos and home reflections. There are 3 modules in the course covering attachment theory, helping parents to understand how difficult it is for a child with attachment difficulties to self regulate and finally, teaching parents to use a bespoke parenting course.

Evidence of Improved Outcomes:

(Based on a cohort of 5 adoptive parents and 1 foster carer). Parents' stress levels were measured pre- and post- intervention through the Parental Stress Index (PSI) and through semi-structured interview; the stresses associated with this scale are: an impaired sense of parenting competence, stresses associated with "other life" roles, conflict with child's birth parents, lack of social support and depression. Post-intervention, total stress scores decreased across all the domains and the scores were no longer clinically significant. **No** placement broke down.

Costs: the 3 module course cost £325.56 per family. If a placement breaks down, the child is likely to have to go to an independent foster placement £36,400-£46,800 per year and a residential placement costs £208,000-£260,000 per year.

Are our services making a difference to the lives of families, children and young people?

Key messages to remember, in evidencing the impact of your intervention:

- Tell the story – remind yourself and partners involved, what is being done and why;
- Is your intervention based on national or local research or has it been identified as a specific need in other work your Authority or organisation has conducted?
- Clearly identify not only the aim of the project / practice / intervention and its goal / purpose, but also your intended measurable outcomes.
- Be clear about who the intervention is for (collect data on numbers of participating children, young people or families) and who else is, or needs to be involved e.g. other agencies / partners.
- Collect details of costs and funding, plus plans and timelines for these.
- Identify any barriers / issues, how these were overcome and any learning points.
- Collect evidence of impact and outcomes for children, young people and their families - through internal reviews; child or parent feedback surveys; other surveys/data; external evaluations; evidence from Ofsted inspections or similar. Make sure you collect data from the beginning of the intervention, in order to provide a baseline against which to measure progress.

For replication to share with other areas:

- Give thought to how easy the practice would be to replicate elsewhere; could others use it?
- Describe the measures you have in place to ensure the sustainability of the intervention.
- Identify the 'golden threads' of what worked (the 'must-do's').
- Provide 'hot tips' or learning points/advice for others?

The C4EO website (www.c4eo.org.uk) provides the growing bank of validated, promising and innovative local practice examples, provided by Local Authorities, Health, Police and the Voluntary and Community Sector.