

BUILDING BETTER OUTCOMES FOR CHILDREN THROUGH EVIDENCE BASED PRACTICE

AN EVALUATION OF THE EVIDENCE2SUCCESS PROJECT IN PERTH & KINROSS

Children's service providers are under increased pressure to provide families with cost-effective support. The international Evidence2Success (E2S) project, piloted by a cross-agency partnership in Perth & Kinross, seeks to improve children's outcomes by moving resources towards evidence-based services. This *Solutions* sets out the findings of an evaluation of the process during its first two and a half years, highlighting the main learning points for local councils, the NHS and others.

Key points

- Bespoke E2S survey tools enabled the partnership to assess the developmental needs of local children and young people and identify priorities. A survey of over 8,500 school pupils aged 9 to 15 and over 800 parents of younger children yielded rich information. When linked to council records, this provided striking evidence of unmet needs and the scope for preventive services.
- Innovative financial mapping tools helped the local authority and its partners to produce 'high-level' estimates of overall spending on services for children and families.
- The partnership began to implement a plan for better outcomes that included three research-accredited programmes. Funding for the plan was earmarked until March 2017. However, hopes of shifting up to 2% of child and family support resources into evidenced early intervention and prevention programmes had yet to be fully realised.
- Efforts to build an E2S coalition of residents and locally based professionals in a relatively disadvantaged area of Perth were delayed. The remedial steps taken to involve more parents emphasised the importance of capacity building when seeking community engagement.
- Local leaders welcomed a culture-shift towards evidence-based service planning and were confident the E2S model could be replicated elsewhere. The project was facilitated by a Scottish policy context that endorses early intervention and prevention in children's services and promotes partnership working.

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BACKGROUND

In 2012, Perth & Kinross in Scotland became one of two sites internationally piloting the early intervention and prevention initiative known as Evidence2Success (E2S) – the other being Providence, Rhode Island in the United States.

E2S seeks to improve the welfare and wellbeing of children and young people by providing local agencies and communities with a systematic process for planning effective, evidence-based services. It specifically aims to improve 10 'key developmental outcomes' indicative of how far children's development is proceeding on a normal, healthy trajectory. These are:

- a healthy gestation and birth
- school readiness (age 4 months to 5 years)
- early childhood behaviour (age 3 to 8 years)
- emotional regulation (age 9 to 11 years)
- early academic performance (age 9 to 12 years)
- early initiation of substance misuse (age 9 to 14 years)
- mental health difficulties (age 11 to 15 years)
- risky sexual behaviour (age 14 to 16 years)
- antisocial or delinquent behaviour (age 14 to 16 years)
- chronic health impairments.

E2S treats these outcomes as *measurable* through surveys and other data collection methods and *malleable* through the adoption of interventions that have previously proved effective in improving them.

The E2S model was devised by American and British researchers brought together in the United States by the Annie E. Casey Foundation. It combines two existing approaches for planning preventive services:

- Communities That Care (CTC), developed in the United States by the University of Washington's Social Development Research Group
- Common Language, devised by the Dartington Social Research Unit (DSRU) in the UK.

Like E2S, they are examples of structured tools for planning preventive children's services. An analogy with information technology characterises them as the 'operating system' for service planning and implementation, where preventative services and programmes provide the 'apps'. CTC is widely used in the United States, and was introduced to the UK 18 years ago with funding from the Joseph Rowntree Foundation. Common Language has been used to inform a commissioning strategy for children's services in Birmingham, and more recently in Renfrewshire.

E2S fuses CTC's emphasis on building community coalitions with the Common Language focus on securing executive support for investment in evidence-based prevention. A guiding principle is that public systems should share accountability for children's outcomes with local people and resources for

improving them. Another key E2S ingredient is insistence on high standards of evaluative evidence (based on randomised controlled trials) for the interventions that it endorses.

The Perth & Kinross model

Perth & Kinross has lower income deprivation than the average for Scottish local authorities, but includes less prosperous urban and rural areas. Eleven localities are rated among the most deprived 20% in Scotland, of which six are situated in the Perth City North ward. In accord with the E2S model, an 'area partnership' – responsible for strategy, funding and delivering better outcomes – was established for the whole of Perth & Kinross, based on existing collaborative arrangements. A 'community partnership' was subsequently created in Perth City North, comprising four residential neighbourhoods. A project 'roadmap' specified, in overlapping stages, how the council and its partners in NHS Tayside, Police Scotland and the voluntary sector would:

- engage a core group of civic leaders and executives committed to improving children's development and necessary investment
- establish a community partnership among residents and professionals working with children and families in Perth City North
- assess the wellbeing of children across Perth & Kinross by surveying pupils aged 9 to 15 in schools, and the parents of younger children, including parents-to-be
- carry out financial mapping to quantify local spending on services for children and families, plus the scope for shifting a discernible proportion of resources towards prevention
- use the survey and financial mapping results to decide which developmental outcomes should be targeted through improvement plans at area and community levels
- select interventions to improve the prioritised outcomes from a menu of evidence-based interventions
- identify resources allowing the chosen programmes to be implemented at sufficient scale – over time – to improve the target outcomes.

The decision to pilot E2S, championed by Perth & Kinross Council's chief executive, was supported by a political consensus among elected leaders and by senior managers in NHS Tayside and the police. The project was considered a good match with local and national priorities, including the Scottish Government's 'Getting it Right for Every Child' (GIRFEC) policy and its promotion of local partnership working. A £225,000 contract was agreed with the DSRU to:

- deliver introductory training
- organise, analyse and assist with the dissemination of the E2S surveys
- provide continuing technical support with fund mapping, strategy development and implementation planning.

The schools survey

After introductory orientations, the E2S schools survey was carried out in early 2013. Over two weeks, 8,562 pupils aged 9 to 15 in state primary and secondary schools completed the survey. This consisted of a 30-minute online computer questionnaire gathering information related to key developmental outcomes and contributing risk and protective factors. The areas covered included:

- physical and mental health

- family, parenting and school experiences
- involvement in antisocial behaviour
- use of cigarettes, alcohol and illegal drugs.

Students aged 14 and over were also asked about personal relationships, risky sexual behaviour and parental neglect. The questions asked belonged to constructs whose reliability and validity as measurements had been verified through previous surveys. Steps were taken to weed out unreliable or incomplete responses, resulting in 103 questionnaires being removed from the final analysis. Another notable feature was the way participants' responses were linked, in the analysis, to their use of council children's services (social care and additional support in schools). This required pupils to provide their unique 'Scottish Candidate Number', which was discarded immediately after data linking, to preserve anonymity.

The response rate of 88% of all Perth & Kinross pupils in the target age group surpassed expectations. However, the survey prompted controversy, which reached Scotland's national media following objections from a small group of parents to its 'explicit' content and administration, including arrangements for obtaining consent. Pupils were given an 'active' opportunity to opt out before starting the survey. But parents – who were mailed letters two weeks beforehand – were deemed to have provided 'passive' consent unless they contacted the council's E2S coordinator. These arrangements were approved by the DSRU's ethical committee and the area partnership, but prompted a formal complaint to the Scottish Information Commissioner.

The Information Commissioner's Office concluded that there had been no breach of data protection legislation, as did an independent expert on research ethics consulted by the DSRU. The latter did recommend, however, that parents should in future be given more information about the content of the questionnaire and the validity of its child development measurements. Focus groups in a Perth secondary school, meanwhile, suggested that students had been unclear about the purpose of the survey, although they accepted that it was confidential. Overall, 62 pupils did not take part in the survey because their parents refused consent (including 20 questionnaires deleted after Perth & Kinross Council offered a retrospective opportunity for children's answers to be withdrawn). Another 81 students refused their own consent. The controversy distracted management time away from the planned process for E2S and contributed to delays in establishing a community partnership in Perth City North.

The parent survey

A 'Child Wellbeing Survey', completed by a sample of parents of children aged under 9 and parents-to-be, was conducted by door-to-door researchers, using tablet computers and lasted 45 minutes. As with the school survey, the questionnaire involved measurement constructs that had been previously validated. It asked about:

- experiences during pregnancy
- children's health
- parenting styles and parent-child relationships
- children's behaviour and readiness for school
- any family history of substance use.

Questions about the use of physical discipline were also included, with a warning that the replies would not remain confidential if they gave rise to child protection concerns.

Cost considerations resulted in plans to sample parents throughout Perth & Kinross being scaled down. Eventually, 804 questionnaires were completed in selected areas, including an 'oversample' of parents in Perth City North to assist statistical comparisons with area-level data. The council received

some complaints after parents were surprised at home by fieldworkers from a third-party company who began work a week early. Council managers felt that the sample should have been recruited through nurseries and schools. But the survey did not otherwise prove controversial.

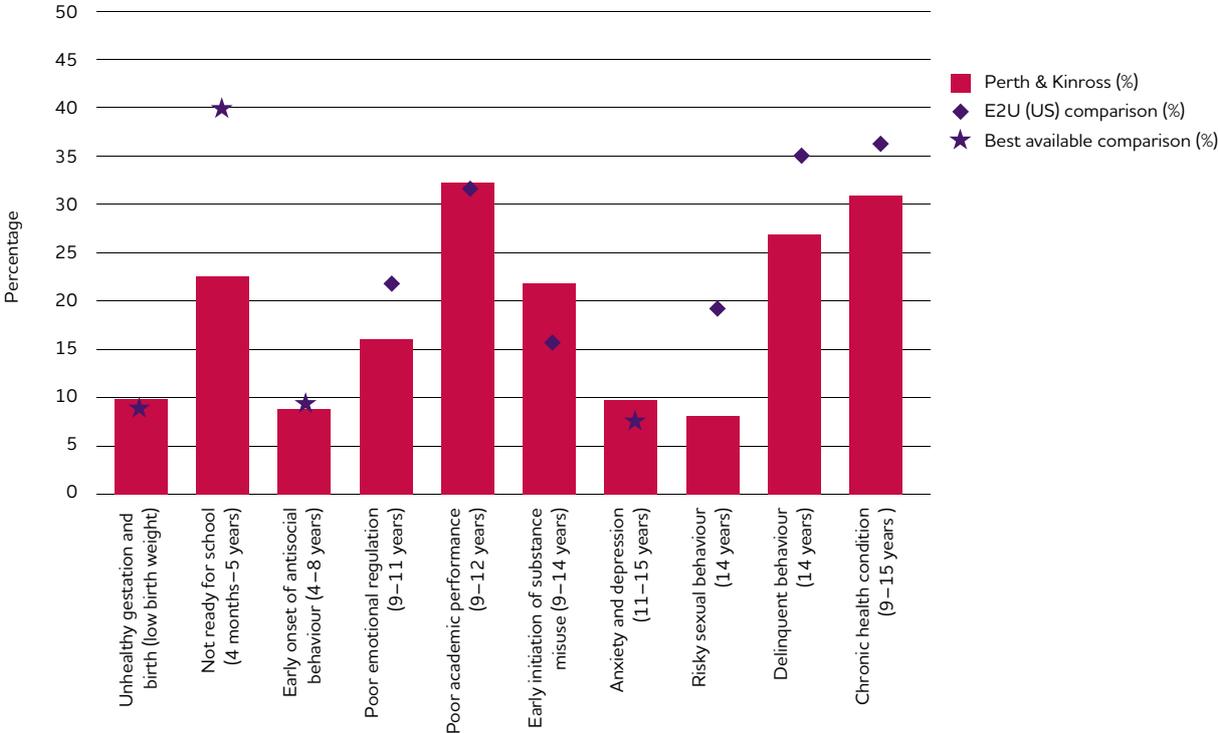
Fund mapping

An analysis of how much money was being spent on services for children and families in Perth & Kinross, and how far investment was relevant to improving key developmental outcomes, was partially successful. A 'high-level' annual total for the local authority of £171.3 million was identified, including £33.4 million being spent on targeted services for 5,000 children with specific support needs. It was estimated that the E2S partners were spending at least £4 million on prevention and early intervention services. However, a mismatch between local government and NHS budgeting systems and difficulties attributing spending to particular outcomes prevented the production of a more detailed fund map.

Priority outcomes

Strategy planning began in April 2013 with a two-day meeting at which DSRU researchers presented the survey and financial mapping results to stakeholders in the area partnership, including councillors and senior and middle managers. The extensive data presented on developmental outcomes and risk factors was characterised as 'world class'. However, there was a shortage – inevitable given the project's pilot status – of comparative or longitudinal data to assist with interpretation. Survey results from the E2S pilot in the United States were used as comparators, as well as those from CTC in the United States and the Common Language project in Renfrewshire (see Figure 1).

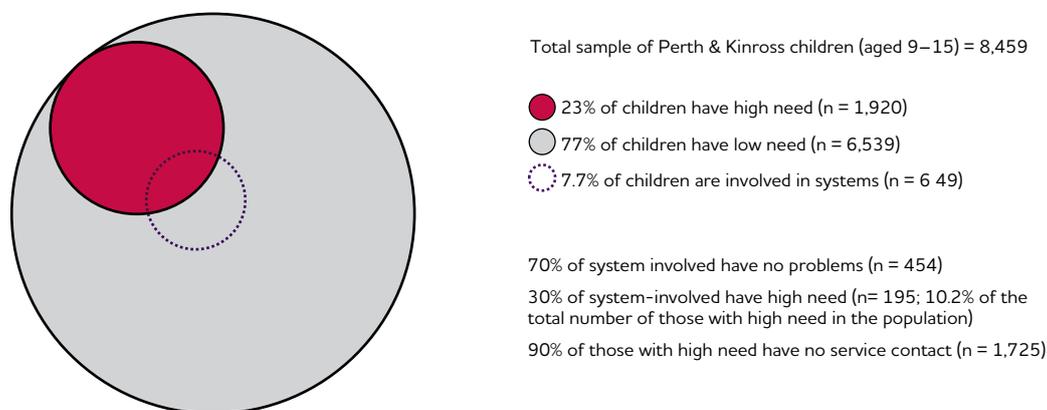
Figure 1: Prevalence of Perth & Kinross children not meeting key developmental outcomes



Source: DSRU presentation

A comparison between the measured levels of children's needs and the reach of existing services provided what senior managers described as a 'light bulb' moment. This suggested that 90% of those shown by the school survey to be experiencing six or more developmental problems were not receiving support services (see Figure 2). Given funding constraints, it was viewed as powerful evidence favouring greater investment in preventive services.

Figure 2: Children's needs and the reach of services, Perth & Kinross



Reach of systems: Any social work or additional education support services 9–15 years (all outcomes and risk factors)

Source: DSRU presentation

The strategy days led to a decision to prioritise four developmental outcomes:

- healthy gestation and birth
- school readiness (4 months to 5 years)
- early initiation of substance misuse (9 to 14 years)
- anxiety and depression (11 to 15 years).

A fifth was later added after discussions within the area partnership:

- early academic engagement (9 to 12 years).

The implementation plan

In response to the first four priority outcomes, the DSRU compiled a 'big list' of 32 evidence-based interventions satisfying E2S criteria for accreditation. Most originated in the United States, with only half described as being immediately 'UK available'. During further planning meetings, data on cost-effectiveness was provided and it was agreed that the initiative across Perth & Kinross should initially focus on parenting support. A two-stage implementation plan, approved in March 2014, identified the first three evidence-based programmes to be adopted, as follows:

- **The Family Nurse Partnership (FNP).** This provides home visiting support for young first-time mothers during pregnancy, childbirth and the first two years of parenthood. Its evaluated benefits in the United States include better maternal health and less child abuse. In the longer term, it leads to better emotional health and less involvement in crime or substance misuse by children. The FNP was already being provided in Perth & Kinross as part of a test programme in Scotland, but NHS Tayside decided to make it available to eligible mothers on a somewhat expanded, 'permanent' basis.

- **The Incredible Years (IY) parenting programme.** This programme is for parents of children aged 3 to 12. Its evaluated outcomes include improved parent–child relationships, less use of physical discipline and reductions in antisocial behaviour in children. Eight IY groups were running in Perth & Kinross by early 2015, with plans for 21 groups in 2016/17.
- **The Strengthening Families 10–14 programme (SF 10–14).** This programme is for families with children aged between 10 and 14. It has been found to reduce anxiety, depression and substance misuse, as well as achieving improvements in family management. The area partnership agreed to provide groups in primary schools for 10-year-olds and their parents. The plan was to run 21 groups in 2014/15, with 42 more operating in 2015/16. By early 2015, three groups had run, indicating slow initial progress.

The plan's first stage focused on pregnancy, school readiness and substance use. The second stage (from 2015) was intended additionally to target school engagement and young people's emotional wellbeing. Schools were encouraged to study the E2S survey data and include steps to increase pupil engagement in yearly School Improvement Plans. Educational psychologists were conducting action research in primary schools to explore ways of increasing engagement. They were also supporting peer-led research in a secondary school to develop further understanding of anxiety experienced by young people.

In terms of funding, Tayside NHS, with Scottish Government support, provided 'small-scale permanence' funding for the Family Nurse Partnership across the region (£1.2 million in 2014/15), including Perth & Kinross. This initiative might well have gone ahead without the E2S project, but managers argued that evidence provided by the Perth & Kinross surveys had made a positive contribution to the decision.

Funding for Incredible Years (£84,000) and Strengthening Families 10-14 (£127,000) in 2014/15, including staff training, was provided by a combination of local authority money and money from the Scottish Government's Early Years Change Fund. This had been earmarked to get the E2S plan off the ground quickly. Local authority reserves were to be used to fund the next two years (reaching £302,000 for Incredible Years and £263,000 for Strengthening Families in 2016/17). The council had yet to make key decisions about the expenditure shifts needed to sustain the interventions in 2017/18 and beyond. As a first act of decommissioning, it was decided (after a pilot period) not to proceed with an intervention (Mellow Parenting) that did not meet E2S standards of evidence. Resources were reallocated to introducing a version of Incredible Years for parents with babies.

The community partnership

The area partnership decided that the first Incredible Years and Strengthening Families 10–14 programmes should be delivered in Perth City North. Progress establishing a community partnership in the ward was, however, slower than envisaged. A first meeting was postponed until June 2013. This brought together professionals from partner agencies working in the ward – including head teachers – with a local councillor, school parent council members and six other parents recruited through a local coordinator. They were advised that their role would be to 'develop a joint vision for child wellbeing in Perth City North'. DSRU presenters introduced the E2S project and survey results for Perth City North. Participants noted that despite the ward's 'disadvantaged' reputation, local results were in many cases not hugely different from those for Perth & Kinross as a whole.

In autumn 2013, agreement was reached on two broad priorities for the community partnership:

- ensuring a good start in life for children in the area (targeting the under-5s)
- addressing antisocial behaviour by all ages ('supporting children and young people to be respectful' and 'encouraging others in the community to respect them').

However, concerns about the role and legitimacy of the community partnership arose as attendance by local parents at monthly meetings dwindled. One mother wrote to the area coordinator voicing unease at trying to make her voice heard alongside professionals in the group. But a decision to

temporarily convene separate meetings for local residents and agency staff appeared successful in putting the partnership back on track. A group of mothers, in particular, were persuaded to re-engage and discuss how life might be improved for local children, with support from a community learning assistant.

The community partnership's contribution to the overall strategy for E2S was very limited. By the time it reconvened in mid-2014, the area-level strategy for E2S was already being implemented. However, alongside support for the Incredible Years and Strengthening Families programmes in Perth City North, the community partnership began to plan activities that included:

- a parent-to-parent support initiative
- a pilot family literacy project
- parent-led research into family needs.

Outdoor events were also organised, aiming to bring the ward's neighbourhoods closer together.

Conclusion

The E2S pilot project being undertaken in Perth & Kinross is ambitious in its scope and complex in its requirements. Evidence from the evaluation of its process and implementation to early 2015 suggests that some good progress was made and that it was 'do-able'. The local authority and its partners successfully pursued a demanding planning process to produce a coherent, two-stage plan of action. Data was assembled from the surveys and other sources that yielded unprecedented insights into children and young people's developmental needs and their match with existing service provision. Priorities were identified, and funding found for the introduction or expansion of relevant, research-accredited interventions. Three evidence-based programmes were being implemented, with reason to expect that others would follow. They were multi-purpose interventions relevant to improving more than one developmental outcome, while reducing associated risk factors and enhancing protective factors.

Learning points concerning the project's strengths included the way that Perth & Kinross Council, NHS Tayside and Police Scotland raised awareness of E2S among relevant staff. Presentations and briefings by the DSRU were widely commended. A project coordinator was appointed early on and at a sufficiently senior level to facilitate communication across the partnership. Her administrative experience, growing confidence managing the programme and continuation in post all contributed to the project's implementation.

An aspect of the E2S pilot that did not progress as planned was the school pupil survey, which encountered well-publicised objections from a small group of parents and temporarily diverted the project from its intended 'roadmap'. Claims that the survey was unethical and breached confidentiality were unfounded, but the outcry prompted a review of issues concerning survey work with children and young people. Managers acknowledged that better information should have been provided for school pupils and parents about the survey's purpose, contents and confidentiality arrangements. Given its largely American origins, the survey would also have benefited from cognitive testing to verify whether questions were appropriate for the youngest intended participants in primary schools. Nevertheless, the survey, and accompanying survey of parents of younger children, yielded rich data about children's needs for developmental support that brought a new dimension to local service planning.

The survey controversy contributed to delays convening a community partnership in Perth City North. Further delays resulted from difficulties recruiting, involving and retaining the involvement of parents and other residents. A key lesson for Perth & Kinross and other local authorities attempting to construct this type of community coalition is that capacity-building work is essential to ensure that residents can work comfortably with locally based professionals and remain committed to the project. Community engagement in Perth & Kinross improved after the council assigned a part-time community learning assistant to work with parents. This detracts nothing from the role of

residents, local councillors, head teachers and agency staff who stuck with the community partnership throughout and helped it to advance beyond a shaky start.

Difficulties implementing the community partnership were conceptual as well as practical. The Perth City North partnership would have benefited from greater clarity about its purpose and intended contribution to the wider E2S initiative. In terms of governance, its members needed better information on how much 'say' they could expect in agreeing strategy. Although primary head teachers took steps to involve pupil council members in discussing local survey findings, the partnership could have engaged more actively with children and young people as well as parents. Unfolding events edged the area partnership towards greater prominence, while the community partnership's role proved less significant than suggested by the initial 'roadmap'.

Another area in which the original, American model for E2S appeared underspecified was its innovative financial mapping arrangements. Bespoke materials had to be devised in some haste to fit the budgetary procedures of Scottish local government and NHS Scotland. This exercise led to a plausible headline figure being identified for spending on local authority children and education services. But efforts to break down 'high-level' spending figures beyond conventional service areas could not be progressed. Projects in other local authority areas would benefit from steps to remedy this shortcoming.

It remains to be seen whether the pilot project will lead to a defined percentage (2% was commonly cited) of the budget for children's services being shifted towards evidence-based interventions. At the start of 2015, Perth & Kinross managers were focusing on a shift in overall resources – staff combined with financial investment – by 2017. Structural barriers seemed likely to impede any move towards a closer, budget-pooling relationship between the council and its NHS partner. The longer-term survival of the E2S programme in a continuing era of financial austerity will depend on how far the local authority can engineer sustainable funding to implement its evidence-based programmes on a permanent basis, at scale.

A key question for the Perth & Kinross evaluation concerned the transferability of E2S to other parts of Scotland and the UK. A partial 'yes' was suggested by support that the Scottish Government provided for modified E2S surveys in three other local authority areas. A pared-down version of the parents survey was also used by English councils bidding in 2013 for a share of the Big Lottery Fund's £215m A Better Start project. By early 2015, leaders in Perth & Kinross were confident that the E2S approach could be usefully replicated, and recommended it to other local authorities. It was, meanwhile, noticeable how aspects of Scottish policy and governance facilitated the pilot project. These included:

- the Getting It Right for Every Child (GIRFEC) agenda
- a strong emphasis on local partnership working
- local authority control of schools.

The implementation context for an E2S project in England would be different, not least the independent, 'academy' status of most state secondary schools.

To conclude, by early 2015, a culture-shift was already discernible within the Perth & Kinross local authority and its partners regarding the respect accorded to evidential data and its role in service planning. By taking evidence-based interventions like Incredible Years to increasing scale, the area partnership was making it more probable that its services would influence children's wellbeing for the better. The partnership remained cohesive, led by managers who voiced continuing commitment. Although not yet 'transformational' in the way civic leaders intended, the E2S project had taken important steps in the desired direction, overcoming considerable obstacles along the way.

About the project

The Joseph Rowntree Foundation supported the E2S pilot project as part of its *New Insights* programme. It funded adaptation by the Dartington Social Research Unit of the E2S model and materials for use in Perth & Kinross, and an independent evaluation of its implementation. The process evaluation took place from August 2012 to April 2015 using mainly qualitative methods, including direct observation at meetings, 30 semi-structured interviews with local authority leaders and senior and middle managers involved in the area partnership. Participants in the community partnership were interviewed, including residents. Another 30 interviews were completed with parents of children under 9 in Perth City North and four focus groups were conducted with secondary school pupils living in the ward.

FOR FURTHER INFORMATION

The full report, **Building better outcomes for children? A process evaluation of the Evidence2Success project in Perth & Kinross** by David Utting, is available as a free download at [www.dartington.org.uk/inc/uploads/Evidence2Success\(UK\)_independent_evaluation.pdf](http://www.dartington.org.uk/inc/uploads/Evidence2Success(UK)_independent_evaluation.pdf)

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