

Getting better?

Improving outcomes for children and young people



Research messages for the health service

Contents

Introduction	3
Early years	5
Disability	10
Child poverty	16
Safeguarding	19
Conclusions	22
Glossary	23
References	24



Introduction

Children and young people are healthier today than they have ever been but to make England the best place for children to grow up, we need to support families so they receive world-class health services for themselves and their children. 'This means continuously driving up the quality of health services for all parents and children, and ensuring that those improvements are reflected in the experience of services for children, young people and families' (DH and DCSF 2009).

In order to achieve these ambitions healthcare professionals in hospital and community settings and commissioners have an important role to play. Ensuring that all children and young people, but especially those who may be the most vulnerable, grow up healthy, achieve the best they can and enjoy improved life chances, is vital.

Delivering improved outcomes within tight budgetary constraints demands new ways of thinking and making the very best use of the evidence of 'what works'. New ways of working cross multiple organisational and departmental boundaries including health, social care, education, leisure, housing, employment, financial benefits, transport and the built environment. Delivering improved outcomes for all children often means workforce remodelling and joint training. The Children's Workforce Development Council has developed the [One Children's Workforce Tool](#).

This briefing has been prepared to highlight the key research messages from The Centre for Excellence and Outcomes in Children and Young People's services (C4EO) for commissioners and providers of health services for children and young people across a number of thematic areas. These messages help to illustrate some of the interventions that have been proven to have a positive impact and make a difference in people's lives.

C4EO works with a consortium of leading national organisations sponsored by the Department for Education (formerly the Department for Children, Schools and Families). The Centre was launched in July 2008 to help improve outcomes for children, young people and families. In doing so it gathers and shares the best local, regional and national evidence about 'what works'. Local authorities and their partners can request tailored support from C4EO to improve outcomes for children and young people. Sector specialists work by invitation in response to requests for assistance from Directors of Children's Services. For further information see tailored support on the [C4EO website](#).

The Centre has identified nine themes for its work, to complement other programmes already underway (Early Years; Disability; Vulnerable (looked after) Children; Child Poverty; Safeguarding and Child Protection; Schools and Communities; Youth; Families, Parents and Carers; and Early Intervention). This document provides an overview of the key findings for strategic health professionals (providers and commissioners) engaged in services for children and young people across four of these:

- Early Years
- Disability
- Child Poverty
- Safeguarding.

C4EO has also examined early intervention and prevention as a cross-cutting theme. The results of that work have highlighted five golden threads:

- The best start in life
- Language for life
- Engaging parents
- Smarter working, better services
- Knowledge is power.

For more information about Early Intervention visit the [C4EO website](#). In addition, C4EO has looked at cost-effectiveness and has provided costings for some of the validated local practice examples (local practice examples that have been assessed against robust criteria with evidence of improved outcomes). This cost-effectiveness work can be found in [costings](#) online. The examples found in this document include costings and [more examples](#) are available on the [C4EO website](#).

All agencies working with children and their families need to evaluate and monitor their interventions in terms of outputs and the impact on outcomes. C4EO highlights the [Outcomes Based Accountability](#) model to help with this task.

Knowledge Reviews have been undertaken across each of these themes, and readers are recommended to refer to the full documents for greater detail. The reviews integrate findings from research literature, validated local practice examples, and the views of service providers and of children, young people and their parents and carers, in order to identify what works. [Visit the C4EO website for these reviews](#).

Early Years



“A child's experience in the early years has a major impact on their future life chances.”

Early Years Foundation Stage

Key messages

- Poverty has the greatest influence on children's outcomes in the early years.

- Children from black and minority ethnic groups are at greater risk of living in poverty and experiencing a poor start in life.

- Children living in poverty experience poorer general health.

The early years of life are crucial in shaping the opportunities and outcomes for children and young people.

C4EO has undertaken knowledge reviews for three priorities in the Early Years:

- narrowing the gap in outcomes for young children through effective practice
- improving children's attainment through better quality of family-based support for early learning
- improving development outcomes for children through effective practice in integrating early years services (between health, social services and education).

There are some important overlaps between the Early Years theme and that of Child Poverty (see page 16), not least because the evidence indicates that poverty has the greatest influence on children's outcomes in the early years, affecting at least 2.9 million children and young people in the UK. Children from Pakistani and Bangladeshi backgrounds are particularly likely to be adversely affected. Children from ethnic minority groups on average show poorer achievement in the early years, however, the evidence demonstrates that it is poverty and having English as an additional language (EAL), rather than ethnicity in itself that is largely responsible for this association:

- evidence from the Millennium Cohort Study found that at age 5 children in poor families have worse reported general health, and are more likely to experience specific conditions including speech and eyesight problems, toothache, asthma and attention deficit hyperactivity disorder (ADHD)
- children in poverty are more likely to be categorised as obese (6.6 per cent) compared with children living above the poverty line (4.7 per cent)
- poverty is manifested in poor personal, social and emotional development. The gap in achievement for children living in poverty is already evident when they start pre-school, and they continue to make poorer progress throughout primary school.

The evidence indicates that good quality early years interventions can narrow the gap between disadvantaged children and other children. Many of these interventions are concerned with educational outcomes, but there are also implications for health services; examples of such findings include the following:

- poor body control limits children's achievements and their capacity to learn is restricted by developmental delays
- joint working between early years practitioners and speech and language therapists can improve language and literacy skills
- validated local practice demonstrates the value of ensuring children receive communication developmental checks at 9 and 24 months, and with prompt follow-up where necessary to narrow the gap in communication, language and literacy development.

Validated Local Practice 1: Improving body control

Early Years consultants working in North Tyneside noticed that children with poor body control were achieving less well at primary school. A pilot project designed by the Institute for Neuro-Physiological Psychology (INPP) involved 15-20 minutes of simple daily exercises for children in reception classes. The intervention improved children's bodily control; 12 children took part in the pilot project and seven improved academically. The exercises also had a positive impact on the children's confidence and self-esteem. The pilot has been rolled out to 12 primary schools in the authority.

The continued backing of the local authority is a necessity so that funding can be provided to train practitioners. The initial cost of training practitioners to implement the programme was around £1,000 for 40 practitioners.

Every child's development is unique and reflects the interaction of multiple factors and circumstances. However, children's risks of underachievement can be improved by:

- reducing foetal and post-natal injury
- reducing child neglect and abuse
- reducing disease and infection
- lowering the incidence of poor bonding and attachment
- lowering the incidence of lack of stimulation.

For healthcare professionals there are implications for improving maternal (and parental) support and education, including promoting awareness of the importance of early communication and language development.

Obesity can be a significant factor in underachievement, in addition to being a major health risk and increasing the likelihood in adulthood of heart disease, diabetes, strokes, cancer, and joint problems. However, there is growing evidence that breastfeeding provides some protection against obesity. Encouraging mothers to breastfeed their babies is particularly important for this reason, but also for the direct health benefits for infants (including improved development and better protection against diseases and infections).

Validated Local Practice 2: Improving breastfeeding rates

In Blackpool, the local authority and the Primary Care Trust worked together to improve breastfeeding initiation rates. Staff identified a range of features that acted as 'golden threads' in effective practice including:

- having a named 'breastfeeding champion' at each children's centre
- developing children's centre breastfeeding policies
- ensuring staff receive breastfeeding training
- providing consistent information, advice and guidance.

Overall, 903 vulnerable young mothers received targeted support at a cost of £29,811 or £33 per mother per year. This indicates a social return on investment of £1.56 for every £1 invested, and estimated savings to the Department of Health of £57,500 over a two-year period.

What evidence is there that service integration in the early years contributes to improved outcomes for children and young people? Integration can operate on three related levels:

- service level
- agency-based level
- coordination of services level.

Multi-disciplinary and inter-disciplinary services need to be centred on the child and their family. The emphasis on integration and joint working is evident in the development of integrated children's services, multi-agency teams, and the Common Assessment Framework. Despite progress the evidence indicates that there is still some way to go for all stakeholders to understand the aims, objectives and effective delivery of integrated services, as this comment illustrates:

“ Integrating at a strategic level is not that difficult – the hard bit is the middle bit. There are professional identities at stake and no direct family involvement. ” (Siraj-Blatchford et al 2010b)

There is no direct or definitive evidence on the effectiveness of service integration on improving outcomes for children and families, and some evidence is contradictory. Much of the research on integration and inter-agency collaboration has focused on the challenges of its achievement rather than the benefits produced. There is robust evidence that combined, 'two generation' or family interventions are effective in achieving better outcomes, and this provides indirect evidence of the value of integration. In developing multi-disciplinary and inter-disciplinary approaches to service delivery the evidence indicates the importance of some key principles and agreements including:

- clarifying objectives of integrated working for all involved and developing a shared philosophy and vision
- developing a common language and agreement on service thresholds
- establishing shared understanding of roles including lead professionals and key workers
- improving inter-professional communication.

Disability



“ We provide tailored support to help improve the wellbeing of disabled children and their families by increasing the quality and range of early interventions. ”

C4EO

Key messages

- Particular attention needs to be paid to assessment and services for disadvantaged families of young children who are less likely to express their needs or seek out support.

- Families and children who have multiple and complex needs should be identified at an early stage.

- Services need to address the needs of the whole family not just the disabled child.

- Local, integrated and co-located services are valued and key workers improve the quality of life for families with a disabled child.

Aiming High for Disabled Children (HM Treasury and DCSF 2007), a policy initiative of the previous government, is a transformation programme for disabled children's services in England. The key vision of the programme is that all families with disabled children should have the support they need to live ordinary family lives as a matter of course. Coordinated support and preventative health services are key to this ambition.

Three knowledge reviews have been completed by C4EO as priorities under the theme of Disability:

- improving the wellbeing of disabled children up to the age of eight through increasing the quality and range of early intervention
- improving the wellbeing of disabled children and young people through improving access to positive and inclusive activities
- ensuring all disabled children and young people and their families receive services which are sufficiently differentiated to meet their diverse needs.

Disabled children¹ under 8 years require effective and timely interventions in natural surroundings that support parents, by being family-centred. High quality pre-school provision can reduce the need for special education. Key worker services are especially effective for families receiving multiple services as they minimise repetitive contact with services and integrate support. The evidence on early years interventions is generally positive; however, while disabled children from disadvantaged families can benefit the most, services are disproportionately likely to be taken up by more advantaged and better educated families. Better targeting of intervention is needed to reduce these inequalities.

Evidence from parents and carers emphasises:

- parents want holistic, flexible and integrated services that are preventative not crisis-driven
- parents want services that focus on the family as well as the disabled child, that are individualised and locally based
- integrated services are valued; parents dislike multiple and repetitive contacts with services
- disclosure of a child's impairment should be sensitive and appropriate.

As the following comments from mothers illustrate, experiences are not always positive:

“ One of the difficulties faced by parents in the early years is the delay in service provision and the ‘wait and see’ approach taken by the medical profession and some early education centres. Most parents know when their child is not progressing at an average rate and they need professionals to take note of what the parent is saying and act on it. ”

¹ The definition of disability used by C4EO is ‘a physical or mental impairment which has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities. In addition, a further definition was used in this review to include children under 3 years experiencing significant developmental impairment or delays, or having a condition with a high probability of resulting in developmental delay (such as low birth weight and other neonatal risk factors). The definition of disability in the *Disability Discrimination Act (DDA)* 1995 is ‘a physical or mental impairment which has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities.’

“ Better communication is needed – there is often very poor communication from professionals in terms of early diagnosis and support. ”

“ ...the way in which the parents of disabled children are given news about a diagnosis should be looked at. Through my training with the Face2Face befriending network, I have found that if parents are given the news of their child’s diagnosis in a negative way it can affect their whole perception of their child’s future and capabilities. All parents have a different emotional response and this can upset family stability. ”

Validated Local Practice 3: Promoting speech and language

Multi-agency interventions in Kent between the County Council and NHS Trusts targeted children with severe speech, language and communication needs (SLCN) using the I-CAN Early Talk programme:

- I-CAN Early Talk works jointly with parents to be co-educators in delivering the programme
- 92 per cent of children in the programme were able to attend primary school
- 70 per cent demonstrated a marked increase in use of language
- other evaluations of I-CAN Early Talk have found children making greater improvements than comparable groups using NHS provision.

The programme was delivered to 37 children at a project cost of £46,300, indicating a social return on investment of £1.37 for every £1 invested.

Comprehensive key worker systems have been found to be associated with better family relationships, quicker access to financial benefits and reduced parental stress. Parents also emphasise the value of such arrangements, as these comments highlight:

“ Having a key worker and multi-agency meetings would make all the difference rather than having to deal with so many different agencies and repeating oneself. ” Father

“ Parents and carers want and need a “one stop shop” where they have a key worker that knows their child and their family. There needs to be more funding to facilitate this; better continuity of staff, and better training for parents and practitioners. ” Mother

Early intervention services need to consider the needs of the whole family and be delivered through integrated inter-agency processes, such as co-located services that address all the needs of a disabled child on one site.

- The most effective early intervention services are characterised by structure, intensity, duration and lack of complexity
- Most of the evidence is focused on children aged from 0-4 and more research is needed on children from 4-8
- There is an absence of data on which early interventions are most effective for children with specific disorders.

Validated Local Practice 4: Key working for children with complex needs

Ealing has sought to integrate health, education and social care services for children with complex needs up to the age of 5. Key workers were allocated to children receiving three or more specialist services in addition to a paediatrician and GP:

- a named key worker coordinates services and appointments
- all services for disabled children are co-located on a central site
- there is an information sharing agreement between services
- evaluation indicates families are better supported, more knowledgeable, more involved in decision making and better informed
- the role of key worker has proved to have preventative value and only four children in a year have needed additional interventions by the social care team.

A key issue for disabled children and young people concerns what access they have to positive and inclusive activities around child care, play and leisure, sport and recreation. This is important to overcome the experience of social exclusion, and vital as part of a wider focus on health outcomes, for example, obesity programmes. Overall little is known nationally about the out-of-school lives of disabled children and young people, but there is limited evidence that they are less likely than their non-disabled peers to engage in positive activities. There are several C4EO examples of 'promising practice' that have been identified and verified. These include the development by Mencap and Dudley Metropolitan Borough Council of a 'me2' kite mark award to designate inclusive children's settings.



Opportunities to participate in sport (separate and integrated) and physiotherapy-type programmes are important for children with physical disabilities for the positive effects on physical strength and functioning, and general health and development, including psychological wellbeing.

- As part of the 'core offer' arising from *Aiming High for Disabled Children* there should be a cross-agency and cross-sector information strategy across generic and specialist services identifying routes for all disabled children, young people and their families to receive information about local health services as well as positive activities.

Particular groups of disabled children may have specific additional needs. In order to meet the needs of all disabled children, services have to be able to identify needs that are significantly greater or more complex and respond appropriately to ensure greater equality of outcomes:

- children from some black and minority ethnic (BME) backgrounds will have additional needs because of bio-genetic or cultural factors, but needs are more usually associated with multiple disadvantages (such as socio-economic factors) than solely with ethnicity
- disabled children with complex needs require multi-agency working between education, health, social care, and other services
- multi-agency partnerships need a shared understanding of the importance of differentiation in meeting needs including issues of workforce diversity and adequate interpretation and translation services.

It is important that services respond to the needs of individual children and do not make assumptions about differentiation that may be inappropriate or wrong. This mother remarked:

“ ... the most significant disadvantage to children from a BME background is poverty and the things associated with it... if there are shown to be higher rates of particular disabilities in particular ethnic groupings, then less time should be spent searching for the reasons for this, and more actually identifying the children in question and supporting the families. ”

Historically, children with complex needs have been more likely to be placed in residential schools or homes often some distance from their own family and community. The emphasis is now on supporting children to remain with their family or home community wherever possible. Placements should be based on the needs and wishes of the child and family, rather than on local service shortfalls or on who will pay for a placement. As this mother remarked, there appears to be some improvement in tailoring services to people's needs, rather than forcing people to accept what is provided:

“ I think things are changing. Previously I feel services were only available if the needs of the child fitted neatly into a service provided whereas now I feel that some authorities are taking a far more creative and individualised approach to what they can provide. ”

Child Poverty



“Poverty blights children's lives. Currently, one in four children in the UK is growing up in poverty...”

DWP, 2009

Key messages

- Poverty has a profound and lasting impact on children's health and wellbeing.

- Children and young people living in poverty are more likely to use emergency health services.

- Tackling child poverty requires multi-agency local partnerships between statutory and non-statutory providers and commissioners across a wide range of services.

The Child Poverty theme is a cross-cutting one, which draws evidence from all themes and beyond children's services. This theme has just one core priority:

- the development and delivery of effective area-wide child poverty strategies.

The significance of child poverty has been highlighted above; poverty has a profound impact on children's health and wellbeing. Whole area strategies – involving partnerships between local agencies can be successful in tackling child poverty by maximising family income and narrowing gaps in outcomes.

In March 2010 the Child Poverty Act (HM Government 2010) received Royal Assent; the Act set targets for the eradication of child poverty by 2020. The Act places three main duties on local authorities and their partners:

- to cooperate to mitigate the effects of child poverty
- to prepare and publish a local needs assessment
- to prepare a joint child poverty strategy.

Children and young people who live in poverty are more likely to use emergency health services and acute care, but less likely to benefit from preventative and specialist services on a planned basis.

Much of the research literature in the narrowing the gap in outcomes knowledge review has focused on achievement gaps for children and young people, but **narrowing the gap** in health outcomes is also vital. Poor health can impact negatively on wellbeing, personal confidence and self-esteem, as well as on future educational and employment prospects.

Validated Local Practice 5: Community Paediatric Services

The Community Paediatric Service in Derby City has been remodelled into a 'community-facing' service, to ensure that vulnerable groups have equitable access, and targeting medical time where it is most needed:

- almost half the service contacts are with children and young people in the most deprived quintile of the population, and almost three quarters are in the most deprived two quintiles
- the service is accessed by all resident ethnic groups, and 90 per cent of attendance and multi-disciplinary meetings take place in community bases and schools, rather than hospitals or child development centres
- evidence from audits shows that vulnerable children and young people are not falling through the net.

Child Poverty

Factors that are likely to contribute to more equitable outcomes include:

- developing a shared vision and agreeing priorities across agencies
- recruiting senior doctors as champions
- adopting an inclusive and responsive service management approach
- having a clinically-led data collection system
- recruiting staff with high-level skills
- ensuring the service utilises community bases and schools rather than hospitals and child development centres.

Tackling child poverty requires attention to a wide range of areas including recreation, transport, housing, health, education, income, benefits, employment and training. Child poverty strategies are likely to be part of wider local approaches to economic regeneration and neighbourhood renewal.

Safeguarding



“ ‘Please keep me safe.’ This ... is the very minimum upon which every child and young person should be able to depend. ”

Lord Laming, The Protection of Children in England 2009

Key messages

- Shortcomings in multi-agency working and information sharing are frequently identified as contributory factors in child protection failures.

- Professionals working with families must focus on the needs of the child and observe the relationship between adult and child.

- There is limited evidence on effective interventions and conclusions about cause and effect should be made with caution.

As with the theme of Child Poverty, the Safeguarding theme also has one priority:

- protecting children living in families where they are at high risk of abuse, harm or neglect.

The safety and protection of children has been the focus of considerable public concern in recent years. There have been high-profile abuse cases which have often culminated in the tragic death of a child at the hands of their parents or carers. Each major investigation has led to reviews of policy and practice not least because of the apparent failures of multi-agency working and of individual professional responsibility.



The knowledge review of Safeguarding explores the evidence of what works in protecting children living in 'highly resistant' families where they may be at risk of abuse or neglect. Families with the most entrenched problems are likely to show a range of behaviour including: avoidance, hostility, violence and denial. The term 'highly resistant' is rarely found in the research literature, and the review considers this group to be better understood as families where no appreciative improvement happens. The review addresses the importance of early engagement with families, universal services as the initial or regular service contact, and effective assessment that includes support and direct observation skills, including the observation of parent/child interaction. Consistent lessons have been identified from analyses of serious case reviews in England. These indicate weak points in practice including failure to identify children who may be suffering or are likely to suffer harm, workers' own resistance, and failure to address the needs of particularly vulnerable children and young people. A consistent finding is that agencies do not always refer or share information about children suspected of suffering harm. Factors that are likely to support effective multi-agency working include:

- getting to know practitioners from other agencies better
- developing mechanisms for communication and exchanging information
- clarifying roles and boundaries
- getting family members involved
- increased multi-disciplinary training
- dissemination of findings of research and serious case reviews
- co-location of staff such as health visitors and social workers.

It is not only multi-agency working that is important:

- all practitioners need to accurately assess, analyse and synthesise the information available to them
- staff development and training is needed on complex reflection and analysis skills
- practitioners should avoid over-reliance on interviewing parents to assess parenting skills, and need to observe parent-child dynamics in practice

- in dangerous situations professionals should not work alone, and specialist skills and knowledge are needed to work in situations where professionals feel threatened
- good supervision is always important, but is essential for practitioners working with complex families
- attention needs to be given to targeted preventative services at an early stage rather than for reactive interventions later.

Very few research studies have rigorously assessed the effectiveness of services, treatments or programmes for highly complex families, and the review has drawn particularly on the findings from analyses of serious case reviews. The key messages from the knowledge review are relevant to working with all families in the area of child protection, but are also likely to improve the way practitioners engage with 'highly resistant' families.

Conclusions

The work of C4EO on improving outcomes for children, young people and families covers a very wide canvas. In addition to the early themes summarised here, other work is being undertaken on vulnerable (looked after) children, schools and communities, youth, early intervention and prevention, and families, parents and carers. It is clear that the nine themes are inter-related, and the findings need to be understood in this way.

Working with children, young people and families has implications for many different professions and practitioners. Strategic leaders and commissioners in the health service would benefit from a good understanding of the implications of the key themes for their own work and responsibilities, as well as their contributions to key local partnerships.

With changes taking place in commissioning structures it is vital that all professionals involved in commissioning take account of the evidence base. The information gained should support investment in interventions that provide clear evidence of improved gains sufficient to justify the resources.

Health professionals need to consider both the impact of health interventions and barriers to accessing health services by taking into consideration the complex interactions between health and other aspects of a child's environment such as social relationships, education and inclusion which can impact positively or negatively on a child's life outcomes/experiences.

The findings that have been highlighted above are those with particular resonance for health professionals. A recurrent theme is the importance of multi-disciplinary and multi-agency working because of the complex nature of children's needs that cross organisational boundaries particularly between health, education and social services. Shared understandings of mutual roles and responsibilities, together with good communication and information sharing are essential to the common aspiration to improve outcomes for all children.

Glossary

Child Poverty refers to a measure of children living in households below 60 per cent of contemporary median equivalised household income. This is the relative low income measure. (Child poverty Act 2010)

Common Assessment Framework is an holistic standardised assessment for children with additional needs that can be used by all practitioners in children's services. It is intended to help early identification of need, promote coordinated services and reduce the number of assessments that children and young people experience.

Disability is defined by the Disability Discrimination Act 1995 as 'a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities.'

Indicator is a measure that quantifies the achievement of an outcome, e.g. the percentage of low birth weight babies (indicator) shows if babies are healthy (outcome). (Mark Friedman 2005)

Key Worker is someone who works as a lead professional, usually in ensuring effective integrated support to children with additional or complex needs.

Outcomes are the end result of an action. Outcomes are conditions of wellbeing, e.g. being healthy, being safe, being happy and being ready for school, etc. (Mark Friedman 2005)

Output is a measurable amount or quantity of activity.

Performance measure shows how well a service or programme is working, e.g. the percentage of babies breastfed after 6-8 weeks shows if a breastfeeding programme is working and, therefore if babies are healthy.

Serious Case Reviews (SCR) are undertaken by Local Safeguarding Children Boards (LSCBs) when a child dies and abuse or neglect is known or suspected to be a factor in the death. LSCBs can also decide to conduct a serious case review when a child has been seriously harmed. The purpose of an SCR is for lessons to be learned about the ways agencies and individuals worked together, and to improve intra and inter-agency working to safeguard children.

Sure Start Children's Centres are one way that local authorities can integrate early childhood services to improve the wellbeing of local children. The centres provide access to a range of community health services, parenting and family support, outreach services, integrated early education and childcare, and links to training and employment opportunities for families with children aged under 5.

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The Centre for Excellence and Outcomes in Children and Young People's Services (C4EO) aims to improve outcomes for children, young people and their families in England by identifying and coordinating the evidence of what works at national, regional and local level. C4EO is a consortium, made up of the following partners: National Children's Bureau (NCB); National Foundation for Educational Research (NFER); Research in Practice (RiP) and The Social Care Institute for Excellence (SCIE).

For further information about C4EO, visit www.C4EO.org.uk

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