

# Getting better?

Improving outcomes for children and young people



Research messages for the health service

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# Contents



Introduction	3
Early Intervention	5
Vulnerable Children (Looked After Children)	8
Schools and Communities	12
Youth	16
Families, Parents and Carers	20
Conclusion	23
Glossary	24
References	25

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# 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.

The message from government is that strong and stable families of all kinds are the bedrock of a strong and stable society, and it aims to make society more family-friendly. Along with commitments to remove the barriers that can prevent families from flourishing, the Coalition Government has also signalled that effort and resources should be directed at the most vulnerable, by ensuring help is available early to prevent problems escalating and generating opportunities for genuine social mobility.

Healthcare professionals in hospital and community settings have an important role to play in 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.

Delivering improved outcomes within tight budgetary constraints demands new ways of thinking and making the very best use of the evidence of 'what works'. This can often mean developing new ways of working across multiple organisational and departmental boundaries. This can include health, social care, education, leisure, housing, employment, financial benefits, transport and the built environment. Delivering improved outcomes for children often means workforce remodelling and joint training. To support this, 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 general practitioners (GPs) and other commissioners and providers of health services, 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.

The Centre works with a consortium of leading national organisations sponsored by the Department for Education. It 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 support from directors of children's services on behalf of all agencies working and delivering in the locality. For further information see tailored support on the [C4EO website](#).

C4EO has identified nine themes for its work: Early Years; Disability; Vulnerable (Looked After) Children; Child Poverty; Safeguarding; 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 five of these:

- Early Intervention
- Vulnerable (Looked After) Children
- Schools and Communities
- Youth
- Families, Parents and Carers.

C4EO has examined early intervention and prevention as a crosscutting theme. The results of that work have highlighted five early intervention 'golden threads':

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

C4EO has developed a model to evaluate the unit costs for some of the examples of local practice which have been validated by C4EO. Validation requires assessment against robust criteria to ensure there is evidence of significantly improved outcomes for children, young people and their families. This work can be found in [costings](#) online. Support is also offered to help local areas cost their practice and an online tool is available on the [C4EO website](#) to support local areas to cost their own interventions.

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 the C4EO themes, and readers are recommended to refer to the full documents for greater detail. The reviews identify what works by integrating findings from research literature, validating local practice examples, and giving the views of service providers and of children, young people and their parents and carers. [Visit the C4EO website for these reviews.](#)

# Early Intervention

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“ The wealth of effective practice showing ... improvements in outcomes and quality of life for many children and families gives cause for optimism. ”

Grasping the nettle

## Key messages

- All the evidence shows that intervening early, with the appropriate intervention, has a powerful effect on the outcomes and quality of life of children and families. The earlier this takes place, the better.

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- The greatest potential for narrowing the gap in outcomes would come from greater support for early development and from better parenting support.

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- Continuing interventions and support also improve outcomes by helping prevent problems developing when children are older.

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## Early Intervention

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Early intervention can help transform the lives of children and entire communities, by making appropriate provision for children and families disadvantaged by social deprivation, illness, disability and low income.

Early intervention makes economic sense and is being promoted by C4EO as important for the social and personal benefits that it can generate.

C4EO has been gathering the practical evidence of interventions with proven beneficial outcomes from around the country in order to build the knowledge base for narrowing the gap in children's outcomes and improving their life chances.

Of all the possible areas for intervention, it is in the combination of early years development – improving breastfeeding rates and language and communication skills – and parenting support where the most significant impact can be made. This puts health visitors, GPs, paediatricians and other primary care professionals in the front line for identifying children with developmental and language delays. In addition, these professionals have a role in helping educate parents and ensuring that they have access to parenting support.

The report 'Grasping the nettle: early intervention for children, families and communities', calls specifically for action to increase the number of hospitals in England which are designated as Baby Friendly and actively promoting breast feeding, according to criteria set by UNICEF and the World Health Organisation. This means that they actively promote breastfeeding. Fewer than one in 10 hospitals have the accreditation at present.

Up to 10 per cent of children have a long-term communication disability and about 50 per cent of children in socially disadvantaged areas have significant language delay on school entry. The report shows how identifying those children requiring specific language and communication interventions is crucial to improving their academic attainment and life chances. In addition, the report finds there is a strong correlation between communication difficulties and low attainment, mental health issues, poor employment or training prospects and youth crime. Early intervention has positive effects on these outcomes.

Effective support or intervention in the early years is vital to improving persistent disorders, preventing secondary problems and resolving difficulties linked to social disadvantage.

But to be effective, interventions have to involve parents collaboratively, and this is an area where many professionals still lack confidence. Peer support – volunteers from the community trained to work alongside professionals but with similar life experiences to the families – can bridge the approachability gap and 'normalise' parent support.

Two themes stand out – working together with other agencies and maintaining a focus on the family as a whole. Health and other professionals need to develop effective working relationships with each other – professional time being the most important resource for facilitating good inter-agency work, along with a professional and managerial culture that values the development of good working relationships both with families and with other professionals.

Early intervention requires a reorientation of the system at all levels. Agencies working in partnership, or one group of highly trained professionals supporting colleagues from other disciplines, are ways to improve services and make them more effective. Creating and sustaining such provision requires a high level of interagency collaboration.

In addition to 'Grasping the nettle', C4EO also commissioned a review of international experience, looking at practices in other European countries, such as the Netherlands, Norway and Sweden, as well as Australia and the USA, to see how they achieve their higher proportion of successful outcomes in areas such as subjective child wellbeing, health and safety, behaviours and risks and family and peer relationships. (UNICEF League Tables for Child Well-being, 2007). **For details, see the C4EO website.**

### **Validated Local Practice:** Early notification of pregnancy, Lancashire

Following the identification of high numbers of infant deaths or injuries, a task group was organised to look at how professionals could work together with parents-to-be (especially those deemed to be vulnerable) in the early stages of pregnancy.

The idea was to get midwives to tell the Children's Centre about all local pregnancies by completing a form with the mother at the booking appointment giving the Children's Centre permission to contact the mother.

Partners included midwifery leads, NHS commissioners, CAMHS, PCT and Sure Start and Children's Centre managers.

Vulnerable families now receive more support, as the services have earlier access to them.

They also have access to additional services for the whole family via Children's Centres, such as Citizens Advice Bureau, Jobcentre Plus, housing advice, debt advice and Job Search.

These families continue their relationship with the Children's Centre after birth, creating an enduring relationship of trust with the Children's Centre. See the [C4EO website](#) for further details.

“*Instead of parenting being seen as a private matter which must not be invaded, it should be celebrated as a matter where achieving high standards is in everyone's interest, and it is socially acceptable for everyone to recognise they are able to learn*” (Siraj-Blatchford et al 2010b)

# Vulnerable children (Looked After Children)

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“ C4EO’s feedback from [looked after] children emphasised strongly the overlap between improving their emotional and behavioural health and improving their educational prospects. ”

Knowledge review: Improving educational outcomes

## Key messages

- Communication between health professionals and health services needs to be smoother so that services are ‘joined up’.

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- All elements of ‘care’ interact with each other and successful outcomes in one area depend on achieving improvements across all areas.

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- Ensuring the participation of young people in the design and delivery of services makes those services more likely to be effective.

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- There is increasing recognition of the particular educational, emotional and behavioural needs of certain groups of looked after young people.

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Children and young people looked after by local authorities have some of the greatest emotional, educational and behavioural needs: although they make up a relatively small minority of the population of children and young people - around 65,000 as of March 2010 – for example, they disproportionately experience exclusion from school and few go on to higher or further education.

C4EO set out to review the best available evidence on improving the life chances of looked after children and young people which was a priority for the previous government.

C4EO's vulnerable children theme focuses on three areas for improving the lives of vulnerable (looked after) children and young people:

- improving educational outcomes
- improving emotional and behavioural health
- increasing the number of care leavers settling in safe and stable accommodation.

C4EO produced three reviews which, taken together, demonstrate that all the component elements of care for looked after children and young people interact with each other. The research also underscores the need to appreciate the individuality of looked after children and young people and the need to focus on helping them achieve their individual potential.

Health professionals provide emotional help and support particularly through Child and Adolescent Mental Health Services (CAMHS). Key people are mental health workers and psychiatrists. Speedy and easy referral and access to these services are crucial to improving the wellbeing of looked after children and young people. The other essential factor is continuity of care and support by health professionals.

The research also looked at education and found that a number of recent initiatives are having a positive effect. One innovation has been the introduction of virtual school heads, who track every child under a local authority's care and ensure that the right provision is in place, including tutoring where appropriate. Similarly, personal education plans (PEPs) can now respond to children's individual learning needs as can having designated teachers within a school who can advocate for each looked after child and monitor their progress at a day-to-day level.

The ultimate measure of success in educational outcomes is looked after children achieving comparable educational outcomes to their peer group. Other successes in this area are evidence of looked after children being encouraged to have high expectations of themselves.

Emotional and behavioural health was also examined by the research. It identified placement stability, being able to stay on in care until young adulthood, and then being able to move on to safe and settled accommodation as keys to creating emotional and behavioural health among looked after children.

In addition, for children and young people with complex needs and challenging behaviour (including offending), interventions such as multi-systemic therapy in which a child's entire social framework is addressed, enhanced foster care and mentoring, are also being evaluated. Traditionally, looked after children may have been considered as a homogeneous group, but with the new emphasis on looking at each child's individual needs, the more complex nature of many individual children's needs, including special educational, emotional and behavioural needs are now being identified.

The third area of focus in improving the life chances of vulnerable young people is the importance of moving on to safe and stable accommodation once they leave care. Evidence shows young people who experience more gradual and planned transitions, including remaining in a placement until they are ready to leave, the more likely he or she will achieve academically and 'move on' successfully.

But young people who leave care with persistent emotional and behavioural difficulties, mental health problems and offending or substance-misuse problems, along with young disabled people, are most likely to have the poorest housing and other outcomes. These groups benefit from intense sustained support.

*“ Young people who successfully “move on” from care are likely to have had stability and continuity in their lives, including a secure attachment relationship; made sense of their family relationships so they could psychologically move on from them and achieved some educational success before leaving care. ”*

**Knowledge review: Increasing the number of care leavers in 'settled, safe accommodation'**

## **Validated Local Practice:** Holding families, Bury

The Holding Families service was developed to address and reduce the wide and varied impact of substance misuse on parents, children and families. Partner agencies knew that their services, whilst individually effective, did not address the multiple and complex impacts of substance misuse on family life and children, and so missed the opportunity to help improve outcomes for the whole family.

Holding Families combines the services of substance misuse services, CAMHS, adult care, the NHS trust, and children's services and aims to reduce the harm or negative impact of parenting capacity arising from substance misuse by parents. The partnership worked to develop a shared, in-depth understanding of each service and its protocols, targets, priorities and funding.

The family is at the heart of the service, with a range of professionals focused on and co-ordinated in supporting the individuals within the family. They work with the Holding Families staff team throughout a 16-week programme involving both one-to-one and group sessions for both parents and children.

Outcomes include some parents now clean, some children have gone back to their families from care and generally children happier with the increased availability of their parents.

# Schools and communities

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“ An estimated 20 to 30 per cent of children and young people have additional needs at some point in their lives. This could be for a limited period, or on a longer-term basis. It is this group for whom targeted support within universal settings will be most appropriate ”

Children's Workforce Development Council, Progress towards integrated working 2007/2008 evaluation

## Key messages

- Children need to be considered in relation to their needs and circumstances – as the centre of a set of circles, surrounded by family, by their school and community and finally by the overarching culture.

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- Schools are clearly best placed to be able to identify the needs and provide the right support for children from the early years right up to adulthood.

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- Schools need to work with a wide range of organisations and agencies – including health and mental health services – if they are to reach out to all families and identify and support those experiencing difficulties.

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Schools are at the centre of most children's lives, and are the places most families can access and through which most can be contacted – so it makes sense that support for children and families is mainly offered through schools.

C4EO has undertaken reviews of the available evidence for four priorities under the theme of Schools and Communities. The reviews set out to answer what works in:

- closing the gap in educational achievement and improving emotional resilience for children and young people with additional needs
- ensuring children and young people make sustained progress and remain fully engaged through all transitions between key stages
- strengthening family wellbeing and community cohesion through the role of schools and extended services
- effective classroom strategies for closing the gap in educational achievement for children and young people living in poverty, including white working-class boys.

The evidence from the reviews is clear that schools need to draw in other expertise and work in partnership with the whole range of children's services. This will help them identify children with additional needs, ensure those at risk make successful transitions between key stages, and can support schools to contribute to community cohesion and the wellbeing of families.

The evidence also shows that the level of parental involvement in school, and their aspirations for their children, are some of the most important factors associated with educational achievement.

It is important that health practitioners understand the full role schools play in the lives of children. They need to understand how they can work with schools to improve identification and assessment of children with additional needs, and provide the services that will really make a difference to children's outcomes.

Working in multi-agency environments, building good relationships with parents and communities, ensuring staff are well trained and supported and tailoring approaches to local needs are all vital. Using these measures helps in identifying children's needs and enabling the early intervention that is so beneficial in tackling problems before they begin to threaten children's wellbeing and ability to achieve.

Partnership working is crucial, though there is no single model of how schools and other services should work together and collaborations may involve a range of activities in addition to direct interventions with children and young people.

The features of effective partnership working include having clear aims that are understood by all; clearly identified roles and responsibilities; commitment from both senior management and frontline staff; strong leadership; good systems of communication and information sharing; and structures for joint planning.

The reviews show positive outcomes for children and families from interventions that include a range of professionals into one team. These include providing Behavioural and Educational Support Teams, full service extended schools, Targeted Youth Support and CAMHS. Sharing expertise between team members is one of the benefits of this type of multi-service team – for instance health practitioners will usually be more skilled at assessment and by contributing their knowledge and expertise will provide opportunities for schools to develop their understanding of additional needs.

Promising interventions have been found to address several goals simultaneously and work at multiple levels (child or young person, family, school and community). They may be group or individual approaches that focus on early intervention, and they involve early identification and assessment of needs, supported by tools such as the Common Assessment Framework (CAF).

### **Promising Local Practice:** Health Hut

The Health Hut, situated on school sites in the borough of Hackney, aims to offer young people a safe, informative environment to access health services, at school but separate from school.

The Hut is a young-person centred space for 11-16 year olds, where students can find universal and targeted services that cover all areas of health: physical activity, healthy eating, substance misuse, sexual health, and mental and physical health.

Promoted through assemblies and via Healthy Living Mentors, the students book scheduled appointments which they are able to attend during the school day.

The Hut has proved to be highly used by students with additional needs: of 214 referrals in 2008/9, 57 per cent were registered SEN students and 60 per cent were on free school meals. Did not attend rates were just 17 per cent of those who made appointments.

Evaluations show the key to the success of the Health Hut is a well-trained receptionist who can communicate well with children and is also able to promote the service to staff and students.

“ Emotional resilience is about having the resilience, self-awareness, social skills and empathy required to form relationships, enjoy one’s own company and deal with the setbacks that everyone faces from time to time. ”

“ Child and Adolescent Mental Health Services, Children and young people in mind. ”

Final report of the National CAMHS review (2008)

# Youth

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“A beneficial change in young people’s relationships with other adults through their participation in positive activities can be transferred to academic learning and may lead to better outcomes.”

Knowledge review: Increasing the engagement of young people in positive activities so as to achieve the ECM outcomes

## Key messages

- Young people’s participation in positive activities helps in their development of personal, social and emotional skills, such as self-esteem, confidence, socialising and teamwork.
- Improving family relationships and targeted support can reduce problem drinking.
- Specialist frontline professionals are important in identifying vulnerable young people – successful work with young people involves good staff training and ongoing workforce support.

C4EO has conducted a number of broad-based reviews of research concerning young people aged nine to 19, and up to 24 in the case of those who are vulnerable.

C4EO identified three areas of priority where resources should be concentrated in order to improve the outcomes of young people:

- Increasing the engagement of young people in positive activities
- Delivering better outcomes for young people by increasing the impact of targeted youth support and development
- Reducing alcohol consumption by young people and so improve their health, safety and wellbeing.

The evidence shows that out of school, or extra curricular activities, also referred to as 'positive activities', have assumed an important function in Britain in fulfilling the goals of health, safety, achieving and contributing.

The review shows that it is now widely accepted that participating in positive activities helps children's motivation, builds their self-esteem and resilience and improves their relationships with adults in the community as well as enhancing their life chances.

In addition, being engaged in positive activities, especially on Friday and Saturday evenings, can act as a powerful disincentive to more risky behaviour including drinking.

Around three-quarters of all young people participate in some form of positive activities, but this proportion is much smaller among lower income families and those living in rural areas, with costs and logistical problems of getting to and from activities being the major barriers to young people participating. Most activities are sports-based, the research found, although drama and other creative arts also attract young people.

The research also identified that it was important for provision to be 'universal' - not just set up for specific interest groups such as young offenders at one end of the spectrum, or elite athletes at the other. Similarly, those activities that run on a continuing recruitment basis are most likely to succeed in attracting and retaining young people's participation. Young people needing extra support identified their preference to be involved in activities which were not just for targeted young people as this brings the risk of being stigmatised.

In addition to universal provision, targeted youth support (TYS), aimed at vulnerable and hard-to-reach young people had shown success in reducing teenage pregnancies and emotional and behavioural problems, including delinquency and offending, school exclusion and truancy.

The second review describes a variety of programmes that YYS uses to reduce risk for teenagers and young adults.

A main aim is to ensure that vulnerable young people's needs are picked up early and are addressed by professionals working together to make the services attractive and relevant, personalised to their needs and offered in universal settings.

Overcoming the problem of identifying the right children who need and will benefit from targeted youth support is very important. Specialist frontline professionals are crucial in identifying vulnerable young people as well as in implementing the interventions.

As has been found generally in delivering services to vulnerable children, effective communication between professionals was the key to ensuring all children get the help they need. The evidence showed that strong relationships between specialists and other agencies are important for identifying hard-to-reach young people.

The third research review found that while consumption has fallen slightly among young people, those who do drink are consuming more – especially 11-13 year olds. Those causing some of the greatest concern are the ‘binge drinkers’.

But improving the quality of family relationships, teaching emotional literacy, managing emotions and pro-social behaviour can act as a buffer. Also, one randomised controlled trial of a ‘personality-targeted intervention’ (Sully and Conrod, 2006) that challenged personality specific cognitive distortions that lead to problem behaviours was found to decrease the risk of alcohol-related problems in 13 and 14-year-olds.

In addition, life skills training and programmes that discuss how to resist peer pressure as well as restricting young people’s access to alcohol and engaging them in positive activities together constituted a multi-faceted approach that improved the chances of success.

*“Evidence shows that targeted youth support can reduce teenage pregnancies and reduce emotional and behavioural problems, including delinquency, school exclusion and truancy.”*

**Knowledge review: Spreading and deepening the impact of targeted youth support and development**

**Validated Local Practice**

**UProject** – a multi-agency project to engage young people most at risk of becoming ‘NEET’ – Not in Employment, Education or Training

A five-stage programme run in Cambridgeshire since 2003, in which workers build a relationship of trust with young people referred because of truancy, school exclusion, anti-social or offending behaviour, family or mental health problems, deprivation or rural isolation.

Programme participants attend a three-day residential water sports course where they learn interpersonal, team-working and leadership skills.

The course ends with them planning and attending a celebration event. Later, project workers follow them up and help connect them with other education employment and training courses.

One hundred per cent of places are filled and 90 per cent of participants go on to education, employment or training. This has allowed Cambridgeshire to bring its ‘NEET’ rate down to under five per cent, or around half the national average of nine per cent.

# Families, parents and carers

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“Parents are sometimes reluctant to seek help because they are ashamed of the fact that, despite having been a parent for so long, they are still encountering problems with their children...services aimed at parents with teenagers should be non-stigmatising”

Asmussen et al, 2009

## Key messages

- Children's safety, wellbeing and achievements are closely linked to the quality of the relationship with their parents and carers. This relationship can be affected when parents or carers are experiencing health issues or relationship difficulties.
  - Health practitioners have a key role to play in meeting the needs of children and parents at times of difficulty and are in the position of gatekeepers to many of the services available to support families, parents and carers
  - Health professionals emerge as trusted figures that parents will turn to in times of need, and should be trained to identify and refer parents and families to relevant services.
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It is now accepted that supporting parents in their parental role can help enhance outcomes for their children. This support is particularly crucial when families are under pressure due to physical or mental ill-health, relationship problems, domestic violence and other risk factors.

C4EO has undertaken reviews of the available evidence for three priorities under the theme of Families, Parents and Carers. The reviews set out to answer what works to improve:

- supporting parental physical and mental health
- reducing family conflict and addressing domestic violence
- the impact of parenting and family support strategies on children's and young people's outcomes.

Taken together, the research shows that supporting parents and carers in order to improve outcomes for children is a complex area of work which crosses the boundaries between health and social care as well as between adult and children's services. It is made more difficult by the fact that when adults present to services with mental or physical problems, services have historically not considered them in their role as parents.

The aim over recent years, with the advent of the previous government's Think Family policy and multi-agency services, has been to break down the barriers between services, leading providers and practitioners in both health and social care to look at how they support adults facing challenges in a way that takes their parenting role into account.

The research shows there are large numbers of children in the UK who live in families in which parents or carers have mental or physical health issues. Estimates suggest that about 1.7 million parents have a disability, 150,000 children care for parents with a physical or mental health issue, and up to 3.3 million children live in families where one or more parents are regular drug or alcohol misusers.

Three million children in Britain will see their parents separate during their childhood, and by the age of 16 about a quarter of children will have spent time in a single parent family. It is thought that 750,000 children witness domestic violence each year.

The evidence suggests that children living in families affected by mental or physical ill-health are less likely – though not in every case – to have good outcomes in life, in terms of their safety, health and wellbeing. Separation can have a potentially negative effect on children's long-term wellbeing, though where there is domestic violence the risk of behavioural and emotional problems, and mental health difficulties in adult life, is much higher.

Identifying which families and which children are at risk remains a challenge for service providers and practitioners. Health practitioners are often the first to see the first signs of problems ahead, as parents will often turn first to their GP, health visitor or midwife for advice. Stressful life events – particularly the birth of a child – can also be the catalyst for problems within relationships and in families who are otherwise managing, and again health professionals are often the first to be involved.

Good training is crucial to ensure health professionals are able to identify potential problems in at-risk families and to be able to signpost them to the right services for

their level of need. The evidence is clear that intervening early leads to better outcomes, but that intervention at any time is better than none.

What works when offering services to parents are non-stigmatising services that are easy for parents to access and additionally, services that make an effort to attract fathers. This is particularly important for black and minority ethnic (BME) parents who are traditionally low users of such services.

Parenting skills programmes that use practical and theoretical interventions simultaneously have been shown to be effective, as are multi-agency services such as Think Family Pathfinders, Family Improvement Projects, which are able to break down barriers between adult and children's services, and between other relevant services, so that complex problems in families can be addressed.

### **Validated Local Practice**

Family Action's Building Bridges programme helps families with severe mental health problems. It aims to intervene early to stop adult mental health issues worsening, and to improve outcomes for children.

Family support workers go into people's homes and offer practical as well as emotional support – they can help parents with children's behaviour and help children understand their parents' mental health problems.

In families which have been supported through the Building Bridges programme, there has been a reduction in the number of parents experiencing mental health problems and the number of children at risk. Parents report increased satisfaction with family relationship and there is an improvement in the levels of depression in children under 11.

# Conclusions

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The work of C4EO on improving outcomes for children, young people and families covers a very wide canvas. In addition to the five themes summarised here, other work has been undertaken on early years, disability, child poverty and safeguarding. These themes are summarised in [Getting better Part One](#). It is clear that the nine themes are inter-related, and the findings need to be understood in that way.

Working with children, young people and families has implications for many different professions and practitioners. Strategic leaders and commissioners in the health service will 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 understand and 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. They should take into consideration the complex interactions between health and other aspects of a child's environment such as their family circumstances, social relationships, education and inclusion, all of which can impact positively or negatively on a child's life outcomes/experiences.

This document highlights the findings 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 care. 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

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**Challenging behaviour** behaviour which is challenging to carers and services.

**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.

**Complex needs** these may include severe disability, including sensory impairments, epilepsy, autistic spectrum disorder and challenging behaviour.

**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.'

**Intervention** the involvement of professionals to react to or prevent a crisis.

**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.

**Placement** refers to the placement of where looked after children are cared for.

**Transition** moving from children's to adults' social services, or leaving care.

**Vulnerable children** refers to children who are in care, or 'looked after'. Looked after children and young people often have high levels of emotional and behavioural health needs. This can lead to poorer outcomes in all areas of their lives – including their educational outcomes and their transition to adulthood.

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