Mapping the journey: outcome-focused practice and the role of interim outcomes in family support services

Jane Tunstill and James Blewett

Social Care Workforce Research Unit, King's College, London, UK

Correspondence:
Jane Tunstill,
Social Care Workforce Research
Unit, King's College,
The Strand,
London WC2R 2LS,
UK
E-mail: jane@tunstill.plus.com

ABSTRACT

Longitudinal costly evaluations will always be important in order to understand the factors that impact on child, family and community well-being over the long and medium term. However, in a policy era that accords major importance to the achievement of outcomes, e.g. payment by results, 'outcome theology' can pose threats to service access and professional morale in family support. It is essential therefore, to ascertain the short-term outcomes of services in order to capture the trajectory of progress by families under stress. This paper critiques the concept of 'the outcome'. It traces the development of this trend in policy and describes an alternative but complementary approach, which is based on capturing interim outcomes in family support services.

INTRODUCTION

Longitudinal and expensive evaluations will always be important in order to understand the factors that impact on child, family and community well-being over the long and medium term. However, in the 'real world', practitioners, as well as managers, need to be able to ascertain the short-term outcomes of the services they are delivering, in a way that can complement longer term, and more traditional research approaches. This imperative is even greater in the context of the current extensive cuts in public sector spending, and it forms the background to this paper. The measurement of outcomes has been an increasingly powerful driver of policy development in child welfare over the last two decades. Its importance has been underlined by high profile and costly major national evaluations such as the National Evaluation of Sure Start, commissioned by the Government, which was concluded after 12 years of outcome measurement (Glass 2006; Belsky *et al*. 2007; Lewis 2011). However, its 'postponed' ability to draw conclusions from input ironically serves to emphasize the importance of understanding 'what services are doing now working for today's children and families . . . and how can providers change as they go' (Cash *et al*. 2012).

The paper explores, in the context of the family support services delivered by children's centres, a number of current associated challenges for practi-tioners in children's services. These arise, both for those who deliver and use services, from the current dominance of an outcome-focussed approach to service delivery (Friedman 2005). In the current policy and practice culture, the term '*outcome theology*' may not appear too far-fetched a term, given that the *Collins Online English Dictionary 2013* defines theology as 'the systematic study of the existence and nature of the divine and its relationship to and influence upon other beings' (http://www.collinsdictionary.com/dictionary/english/theology).

In real life, considerable barriers obstruct any 'straightforward' measurement of the outcomes delivered for children and families by a range of services. Crucially, these comprise poverty, deprivation and poor quality/complete absence of housing, all frequent characteristics of a family's circumstances when they encounter practitioners. Frequently abbreviated and arguably artificial time frames can act as a further constraint. For example, the recent Payment by Results Pilots in Children's Centres had a series of measurement points at 12 weeks (DfE 2013).

Such faith in the outcome mantra can at worst result in the families who cannot be seen to 'hit the outcome' within the relevant period being further stigmatized or labelled. At the same time, those practitioners, who cannot be seen to have waved a magic wand in the requisite time scale, will be seen as incompetent or unsuccessful. Indeed, ultimately aggregate blame

can often be attached to a whole department, with the deployment of 'failing borough/special measures' terminology.

Each of these hazards is exacerbated by the current context of public service delivery, in which two very different sets of values have inadvertently become intertwined. The two respective value positions have their roots in very different belief systems, which lead to potentially contradictory policy priorities, although the trap this can set for practitioners is well camouflaged. One value set has its roots in overall public policy. Over the last two decades or so, this has evolved to reflect the impact of the new managerialism in public welfare, including a concern with capturing auditable outcomes (Cutler & Waine 2000). The other value strand, articulated by practitioners in children's services, reflects the practitioner commitment, often enshrined in codes of practice, to achieving improved life chances for the individuals and families with whom they work and for whom they deliver services (Blewett *et al*. 2008).

The superficial compatibility that exists between those values, which underpin the new public management and those which inform the day-to-day work of many front line practitioners, have had a number of perverse and unforeseen consequences for the latter. For example, a preoccupation with overemphasizing measurable outcomes can easily reduce the range of services on offer to the community; and, if and where outcomes are not quantified, or indeed quantifiable, this can easily confer blame or at least infer incompetence on the part of individual practitioners, perhaps more a case of *shoot the messenger* rather than *blame the victim?*

Quinton (2004) raised the danger of a potential conflict between *effectiveness* and *entitlement*, risking a scenario where service range is exclusively 'methodologically' restricted, being offered inflexibly on the basis that its effect can be measured, not flexibly in response to moral or social right. Eight years on this caveat remains all too relevant.

Part One of the paper identifies some of the tensions for policy and practice that can be generated by an uncritical adherence to the concept of outcome measurement.

Part Two of the paper highlights the potential of the 'interim' outcome for overcoming some of these challenges. It explores, against the backdrop of these political and methodological hazards, a set of practical strategies that can be and are being adopted by policymakers and practitioners. These seek to understand the 'child level journeys,' which ultimately need to be demonstrated in the language of *outcomes achieved*. All stakeholders are likely to start out from the assumption that any involvement in their life by children's services, should lead to an increased level of a child's welfare, and that such progress equates with arrival at a desired goal or 'destination'. Whilst agreement on such desired goals may be relatively uncontentious, there is a journey to be undertaken before it can be shown that agreed goals have been reached (Gredig & Marsh 2010). Inevitably, the main challenges arise in identifying and recording progress on the way – in other words, locating the staging posts to the point where each of the participants (i.e. children, young people, parents, carers, practitioners, managers and commissioners) can acknowledge and agree that a desired point has been reached.

PART ONE: CONTEXTS FOR EXPLORING OUTCOMES

A theoretical model for understanding outcomes

If it were possible to apply a 'SATNAV' approach to exploring the direction of child and family services in the last 10 years, it could be argued that the word *outcome* might well provide the policy equivalent of a post code, and indeed would potentially fit easily into both the 'starting point' and the 'destination' boxes. Far-sighted academic navigation, as exemplified by Roy Parker, showed he had anticipated this phenomenon as far back as 1998. His published reflections (Parker 1998) on the meanings attached to the term are reflected across the underpinning ideologies and organization of services across two governments – Labour and Coalition – and help signpost our understanding of where we have arrived, not to mention the nature of the journey.

Parker highlighted the complexity of determining what constitutes an outcome by suggesting there are five different types:

- Public outcomes
- Service outcomes
- Professional outcomes
- Family outcomes
- Child outcomes (Parker 1998)

The term 'public outcome' highlights the fact that child care interventions are largely publicly financed, organized and made within a framework determined by public statute. Public bodies are held accountable for what happens so there is a range of public expectations about what should be achieved or forestalled and these may conflict and also change over time. The term

'service outcome' is another way of asking: outcomes for whom? They may differ according to, for example, the perspectives taken by managers in social care as opposed to early years, not to mention differences between managers and elected members or voluntary sector management boards. The term 'professional outcome' reflects professional activity, both successful and unsuccessful, with the focus on the means and manner of the change coming about as well as on the child's changed situation. The term 'family outcome' is also complex (Farmer & Lutman 2012). It cannot even be assumed that there are common interests on the part of all family members. For example, keeping a family intact may be at the cost of the ill treatment of a victimized child. Conversely, keeping a behaviourally challenging child at home may be at the cost of all the other members of the family. Outcomes for children are no less complex. Which kinds of outcome can be agreed as most important for the well-being of children? How are emotional needs to be balanced against identity needs? There is a constant danger that children's perceptions of their needs will be overshadowed by adult or professional interpretations of the outcomes that are viewed as having special importance.

Parker discusses the implications of the timing of outcome measurement and assessment, a key question in the area of family support. It is not only a matter of giving sufficient time for an intervention to have an impact, but to also allow for the fact that there may be temporary improvement or deterioration along the way.

The policy context in which outcomes are set

As Parker indicates, any process of selecting desired outcomes takes place within a wider specific political and policy contexts, with party political and other tensions. In 1992, Wilding had identified the following policy characteristics, and 20 years on it would be very hard to attach a best-by date to any of them! Wilding's characteristics were

- Disenchantment with collectivism
- Centralization
- Managerialism
- A reduced role for the local authority
- An emphasis on enabling as opposed to service-delivery role
- Increased concern with the true cost of services
- Cutting expenditure

Twenty years later, as Blewett *et al.* (2011) comment, those earlier value positions are echoed in

the policy choices made since 2010 by the Coalition government, and which are clearly visible in the debates currently in process around children's services (Levitas 2012). They embrace

- Selectivity vs. universality in respect of location/ service eligibility
- Meeting locally expressed need vs. centrally determined need
- Prioritizing the needs and rights of children and/or the needs and rights of parents
- Evidence-based vs. entitlement-based services
- Balancing outreach and centre-based activity
- The prioritization of some outcomes (e.g. health and education) over others (e.g. youth justice)
- As commissioners, understanding the distinction to be made between the meeting of operational targets and short/medium/longer term outcomes.

Political commentators such as Holden *et al.* (2011) have concluded

. . . there is much continuity with previous New Labour policy, . . . there are important differences and the scale of change envisaged is substantial. Public expenditure across the board is being drastically reduced and the welfare system re-shaped. (Holden *et al.* 2011, p. 1)

Furthermore, Nunn (2012) underlines the tendency to continuity in the realm of political attitudes to social mobility (perhaps particularly relevant to the topic of this paper):

Under New Labour the apparent commitment to social mobility was in fact subsumed beneath the pursuit of neo-liberal competitiveness, albeit imperfectly realised in policy (Nunn 2012, p. 86).

In the specific domain of children's services, a similar underlying continuity can be identified. Whilst the exact language around culture and policy goals may have evolved, many of the building blocks of an outcome-driven system remain firmly in place. Indeed, it can be argued that two policy strands have become even more irrevocably intertwined over the course of the last 10 years under both Labour and Coalition governments. The ideology of the new managerialism has retained and indeed extended its grip on public welfare design and delivery across party politics. In this colonization process, one theme shared by politicians and practitioners has been the (uncontestably virtuous) concern with capturing outcomes. Children's services proved an enduring test bed for both, built as they are on the twin foundations of public accountability and professional competence.

THE JOURNEY TO AN OUTCOME-DOMINATED WORLD

Perhaps the apogee of the 'outcome culture' was reached in 2003 under the previous Labour government in the form of the *Every Child Matters* Green Paper (Department for Education 2003), which incorporated the five outcomes of being healthy, staying safe, enjoying and achieving, making a positive contribution and achieving economic well-being. This approach continues to dominate much of the policy and evaluation literature on children's services. Even though a new government is in charge of policy, and the Department for Children, Schools and Families has become the Department for Education (DfE), the wider conceptual influence of outcomes remains (Allen 2011). The organizational and intellectual credibility, which attaches to what may be seen as the 'game of outcome achievement' means its supporters include practitioners, economists and policy-makers across the political continuum. Furthermore, they are cross-disciplinary in nature, with economists rivalling early years enthusiasts to occupy the front line (Beecham & Sinclair 2006; Aked 2009; Meadows *et al.* 2011; Marmot 2010). The concept is both pervasive and persuasive, no more so than when applied to the realm of community-/centre-based services for children and families, and in particular to Sure Start Children's Centres.

Services such as these may be thought to be especially permeable to the influence of outcome theology, given their specific location on the continuum between universal and selective services. In an earlier political era, they provided an obvious base for the delivery of universal, and extended, early years provision (Penn 2011; Tickell 2011). However, in a period dominated by residual notions of welfare, their service access and range of services are easily reshaped along conditional and targeted lines. Moreover, the increasing tendency of politicians to elide early years provision with the concept of early intervention exacerbates (in a period of public spending cuts) the oversimplification of value for money issues.

Universal and selective services for children and their families in 2012 reflect the historic interplay between a number of policy drivers, all of which continue to be discernible for the foreseeable future, and all of which exert an influence on our understanding of outcomes:
1. The discovery of evidence-based practice
2. The fiscal trade-off between early and late intervention

3. A stress on inter-agency and cross-sector provision for children

The discovery of evidence-based practice

This topic first came to prominence in the 1990s and as Trinder & Reynolds (2000) argue, 'in the space of ten years had a significant impact . . . in the UK there are centres amongst others, for evidence based medicine, evidence based child services and mental health services' (p. 1). They associate its prominence with the wider policy context, in particular the preoccupation with risk and its management, (Beck 1992) and the rise of managerialism and the audit society, in which, as Power (1999, p. 67) argues, 'the solution has been to lessen reliance on experts and instead to transfer trust into audit systems'. As Wiggins *et al.* (2012) argue, citing the Allen (2011) and Munro (2011) reports 'across the government in England there is an increasing trend towards promoting programmes that have been rigorously evaluated and have a strong evidence base.'

One result of the changes is that professionals experience reduced levels of political trust and, in order to conform with this culture, are often required to adopt a range of ostensibly scientific and positivist recording mechanisms (Boaz & Blewett 2010). Ironically, these developments may impede the ability of subsequent research to accurately appraise the effectiveness of different initiatives (Tunstill & Blewett 2009). At the level of day-to-day practice, as Munro (2011) has highlighted, there is an unhelpful new tension between risk management and social work practice. This means that electronic based recording systems in particular can reduce the complex systemic dynamic of strengths and vulnerabilities in families to a linear descriptive process, which 'hobbles rather than promotes professional expertise' (Munro 2010, p. 47). In the same theoretical context, White *et al.* (2000) refers to the 'descriptive tyranny' of the Common Assessment Framework.

The relationship between service range and its implications for public spending

There is a complex relationship between the society-wide and personal level costs of child maltreatment, which occur in the very long term, and the immediate costs of interventions, which are incurred in the very short term (Meadows *et al.* 2011). The current emphasis on the potential financial benefits of funding early intervention can be traced back to work in the

USA as well as in the UK (Beecham & Sinclair 2006; New Economics Foundation and Action for Children 2009; Holmes & McDermid 2011). Top of the list of factors, which complicate an otherwise simplistically attractive argument for 'more prevention', is the question of the timescale within which outcomes can be understood. Taking a conventional approach to cost-effectiveness, where savings to the public purse are looked for over a relatively short timescale, it is unlikely that many interventions will pass conventional cost-effectiveness tests. But that does not mean that they represent poor value for money. Rather, it indicates that the time horizon over which costs and benefits are considered needs to be decades rather than months. Further, it must be recognized that it is the victims of maltreatment who largely have to live with the consequences. The prevention of maltreatment needs to be viewed as an investment in the human capital of children, where the major returns will come over a lifetime, not in the immediate future (Meadows *et al.* 2011).

A stress on inter-agency and cross-sector early intervention provision for children

Policy development over the last two governments has incorporated an increasing emphasis on outsourcing service delivery to the third sector, the private sector and crucially, on cross-agency provision (Davies & Ward 2011). The interpretation of child need, from the 1989 Children Act onwards, has highlighted the holistic nature of need, and the associated requirement for input from health, education and housing (Children's Society 2012). On the assumption that input is provided by a number of professions and agencies, two sets of implications arise for the understanding of outcomes achieved. The most obvious one is associated with attribution. In this context, it will be important to link outcome to contributor, in order to ensure both appropriate service configuration, as well as to develop the professional abilities and role descriptors of the various staff involved. This will have important implications for initiatives around payment by results, where funding could be linked to such attribution. An additional methodological challenge is raised by the difference in research traditions between disciplines. There are differences between health and social care. Health for example, has tended to place reliance on positivist research methods, including randomized control trials, and capturing the voice of the patient can be viewed as a relatively recent research imperative for intervention and service development in health. Social care has a longer tradition of eclectic methodology and a commitment to capturing the perspectives of people who use services through qualitative means (Shaw & Gould 2001; Coote *et al.* 2004).

Finally, in addition to *disciplinary* variations, there are cross-sector factors at play, which further highlight the potential influence as well as the complexity of the *outcome role*. Where services are commissioned from private and third sector agencies, accountability for the optimum use of public funding is likely to require that the delivery – or not – of outcomes will be taken into account in subsequent contracting decisions.

PART TWO: THE ROLE OF THE INTERIM OUTCOME IN EVALUATING SERVICE ACTIVITY IN CHILDREN'S CENTRES

Children's centres provide an appropriate agency setting in which to explore the policy, practice and research issues identified in Part One. In particular, they provide a stage for observing the evolution as well as evaluation of family support services.

The literature on children's centres is extensive, and the transition from Sure Start Local Programmes to the current national network of centres arguably highlights the politicized nature of policy and practice in the area children's services (Lewis 2011; Eisenstadt 2012). The service edifice of this type of provision for children is supported by a framework for inspection, and constitutes a key focus for OFSTED requirements. The judgements and grade descriptors for children's centres are set out by the Office for Standards in Education, Children's Services and Skills (OFSTED; see http://www.ofsted.gov.uk/publications/100005). OFSTED reports directly to the Parliament but is intended to be independent and impartial. It inspects and regulates services that care for children and young people, and those providing education and skills for learners of all ages. In 2006, the Labour government had charged OFSTED with the responsibility to assess annually the quality of children's services for each local authority, and whilst in May 2010, the Coalition government changed much of the machinery, they retained OFSTED's statutory duty to provide a children's services assessment:

'It has a duty to inspect services, and in the case of children's centres for example, must address the centre's contribution to:
- facilitating access to early childhood services by parents, prospective parents and young children
- maximising the benefit of those services to parents, prospective parents and young children

- improving the well-being of young children'. (DfE 2012, p. 2)

Interestingly, in the specific context of OFSTED's responsibility for children's centres, in the 2010 guidance, there is an important emphasis on *self-evaluation*. OFSTED stressed a desire to

> Encourage centres to evaluate their performance in line with the centre's own review process, including the system for performance monitoring by the local authority. Local authorities may prescribe the format in which they expect centres to report on their performance, including completion of a particular self-evaluation or performance monitoring form. Ofsted will accept any evaluation completed as part of this process as the basis of the centre's self-evaluation. (OFSTED 2010, p. 9)

Most recently, the Government has re-emphasized the role of outcome evaluation for children's centres in the context of its vision for more targeted service access. The 2012 *Core Purpose of Children's Centres,* co-produced by the DfE, local authorities and early years professionals reiterates a number of policy and practice issues for stakeholders (DfE 2012). It includes the need to decide where Children's Centres should focus their efforts to improve the early years for children, and reduce inequalities in health and other outcomes. It raises the question as to what are essential outcomes and how can they be improved. The guidance articulated a vision for Children's Centres whereby they would

> Improve outcomes for young children and their families, with a particular focus on the most disadvantaged families, in order to reduce inequalities in child development and school readiness supported by improved parenting aspirations, self-esteem and parenting skills and child and family health and life chances. (DfE 2012, p. 6)

In other words, the *riddle of the outcome* looks likely to continue to pose challenges to practitioners, policymakers and evaluators, whether in the context of an expanding or a contracting service system. Therefore, whilst the political values and the funding scale may vary, the following questions still need to be addressed by all stakeholders:
- How do practitioners avoid being marginalized by the new outcome culture?
- How do they integrate outcome feedback into their own day-to-day practice?
- How do they ensure that the overall outcome-focussed data they collect is compatible with the statutory requirements for data collection required by child protection duties, e.g. risk assessment?

- How can managers ensure that outcome data for specific interventions/initiatives is compatible with existing local authority data sets?

Understanding the steps along the way: towards a practice-focussed model

At face value, these questions may appear daunting if not overwhelming to the individual practitioner in a child and family service setting. However, it would be a mistake to assume that they are insurmountable. In this section, there follows a brief outline of one evaluation approach developed by the authors, which demonstrates there is a way forward. The model described has been developed on the basis of recent work associated with the Children's Centre Payment by Results Pilot. It focusses on the task of constructing an evaluation framework, which is of relevance to both the policy priorities of managers and the realities of front line practice.

In particular, this framework has emerged from insights generated across three other recent studies undertaken by the authors. The agencies in which the studies were undertaken included statutory and voluntary provision. In addition, they spanned the axis between high and moderate levels of need in family support services, meaning that, at the upper reaches of need, there was an overlap with safeguarding concerns. The studies comprise
- An evaluation for Community Service Volunteers of the role of volunteers in delivering family support to families where a child was subject to a child protection plan (Tunstill and Malin 2012)
- A national evaluation for Action for Children of intensive family support services (Tunstill *et al.* 2009)
- A further national study for Action for Children that focused on health outcomes in children centres (Blewett *et al.* 2011).

In the light of the policy and technical challenges outlined in Part One, it is clear that the concept of the *interim outcome* (developed and applied in the three studies cited above) can provide a sound starting point. This concept was used to inform the development of a mechanism for capturing the 'steps along the way' in terms of improvements in child and family well-being. For example, where school attendance is concerned, whilst full attendance may be desirable, an improvement from 35% to 75% is still significant.

The causal link between parental difficulties and child level outcomes is still not fully understood (Blewett *et al.* 2011), which is perhaps surprising

in light of the extensive literature on risk assessment (Calder 2009; Calder *et al.* 2012). Certainly, the association between parental mental health, domestic violence problematic substance misuse and poor outcomes for children is clear (Brandon *et al.* 2012). However, the complexity of vulnerable families' lives and the number of variables means that simple mechanical conclusions cannot be made, although the concepts of child and family resilience (Gilligan 2005) and protective factors (Ghate *et al.* 2008) remain pertinent. *The Parenting Daily Hassles Scale* (DH 2001) has been shown to be a relevant and effective tool on which to draw in order to explore the impact of services in a limited time frame (Tunstill and Malin 2012). This scale was endorsed by the Government, and included in the tools that followed the *Framework for the Assessment of Children in Need and their Families* (Department of Health, Department of Education and Employment, Home Office 2000). It has been widely recognized as an effective measure of parental stress. In light of the conceptual challenges of understanding and measuring child and family level outcomes, the phenomenon of parental stress can be seen as a useful component of understanding interim outcomes.

In light of these strong *associations*, the task of identifying any increases or decreases in parental stress can be seen as illuminating wider questions about the welfare of children, and sensitively calculated, can potentially be considered as a proxy for child level outcomes.

Can the measurement of interim outcomes inform services in the context of payment by results formulae?

As most of the research literature suggests, there are no silver bullets to be fired in the course of evaluation activity, as indeed there are rarely silver bullets to be identified in the context of intervention packages. However, the potential of more modest approaches often runs the risk of remaining unrecognized and unacknowledged. It is noticeable that in all of the discussion around the adoption of an outcome-based approach to service provision, the concept of the interim outcome (a crucial component in this task) has tended to receive little attention. This is the case, even though it is widely acknowledged by stakeholders that some service outcomes will be more amenable to short term measurement than others. Family support activities probably pose the greatest challenge, when it comes to measuring outcomes. At the same time,

paradoxically, successful family support input can maximize the benefit for child outcomes of a range of other services, which depend on parent engagement. Breastfeeding and nutritional advice; take-up of breastfeeding; finding employment; and undertaking training (to take three examples which are less challenging to measure) are often underpinned by close links with family support input. In family support and preventive services by contrast, the problems (and the solutions) are often complex and overlapping, and simple demonstrably linear solutions are rare. In addition it is intrinsically difficult to evidence 'something that you have prevented'.

Especially in more complex cases, it can be reasonably assumed that a short period of targeted family support is unlikely to dramatically turn around an individual family situation (and there may well be issues such as low income and housing difficulties involved). However, that is not to say that the small but important improvements taking place in the family are not crucial to the entire journey being made by the child and her/his family. We know from an extensive body of research that prevention works, albeit not always in a short period of time (Meadows *et al.* 2011). Achievement of these interim outcomes is vital to ensuring healthy child well-being and development, and represents important steps along the way to ultimate goals. At the same time it can make transparent the important process of 'stopping something worse happening'.

The authors designed and recently implemented, in a London borough, a method to measure interim family support outcomes in the context of the DfE pilot on payment by results in children's centres. It is based on the approach that we have successfully used in other studies. The package developed comprises five components, all of which have been designed to be worker-friendly; to be compatible with existing agency monitoring arrangements; to be capable of informing good practice at the local level; and, crucially, to meet the requirements of central government for the demonstrable measurement of outcomes from family support and preventive input. The package consists of

- A scoring tool for recording the level of family need at allocation
- A scoring tool for measuring outcome at a specified period
- An adapted version of the Parenting Daily Hassles Schedule
- A customized service evaluation form
- Manager/practitioner-friendly guides to use

This approach has been adopted over the last 12 months by managers in a London borough in the context of the targeted family support services delivered by their children's centres. It is too early to provide a final estimate of its value and it remains 'work in progress'. Final results will be reported in due course, as well as a full account of the implementation process from the perspective of all the stakeholders: children's centre practitioners; social work practitioners; children services managers; and service users. Data will incorporate views of staff in all the relevant agencies, including health, education and the police. Given the coincidental roll out of the Troubled Families pilot, it will be essential to explore the relationship between these different agencies and the degree of access to supportive services offered to families.

However, there are grounds for early cautious optimism. In particular, staff have commented that they find these tools provide a picture of the progress they feel they are making with families, whose relatively (objectively) modest achievements are not always picked up by the other evaluation mechanisms in use in the borough. In particular, they find that it provides a picture of success in family engagement, through quantifying the increasing willingness of parents/carers to access services. In addition, family support workers have been surprised and simultaneously reassured that their own subjective views of the level of need/risk at which they are working have been recognized by the tools. This does not, as far as can be seen, serve to increase or embed risk-averse practice, but does increase their confidence levels in managing risk appropriately.

At the same time, it has had implications for the nature and quality of partnership work between family support workers and children's social care. The data generated by the tools has the capacity to enhance or undermine the respective views each group holds of the other. For example, social workers sometimes wrongly assume that children centre family support staff are engaged in the lower levels of need or activities, which are peripheral to managing risk. Conversely, family support workers perhaps quite understandably perceive social workers as only providing potentially punitive responses to families under pressure. Neither of these stereotypes is helpful on a day-to-day basis to meet the needs of children and their families and mitigate against a holistic approach to measuring outcomes. This dimension will be fully explored in future publications.

CONCLUSION: THE WAY FORWARD

These initial reflections should not be used to pre-empt judgement as to the efficacy of the model we have been trialling, but they identify a number of themes. These will need to be addressed by the future interrogation of data to be undertaken at the end of the trial period. However, without pre-empting these results, a number of issues have already begun to emerge.

Firstly, a potential complication of the payment by results model is a preoccupation with the identity of the agency/individuals whose activity is, at face value, most closely associated with the achievement of positive results. This is a particularly sensitive area given the link between service input and subsequent remuneration for those who deliver it. The concept of an interim outcome could enable a more inclusive and nuanced approach, which has the capacity to recognize the value of diverse and complementary professional activity. The fact that interim outcomes are sensitive to timescales means they can avoid the danger of only focusing on staff engaged in service delivery at the final point of evaluation. This characteristic is particularly important given what we know about the importance of early engagement to ultimate outcome.

Closely associated with this temporal consideration, interim outcomes underscore the dangers of expecting that dramatic savings can be made in a short time frame. Whilst a rebalancing of preventive and reactive budgets can be made, as the literature shows, it is unrealistic to expect this can/should happen in the short term. However, ultimate success is built on incremental progress, which can be captured in the form of interim outcomes. Indeed, it is important not to minimize the significant improvement these 'steps along the way' represent in children's lives.

Last but not least, early indications from the evaluation approach outlined in this paper suggest it can help maximize professional morale in a challenging policy period. Given the fiscal and organizational constraints, which currently impact on the delivery of services to children and their families, the maintenance of professional morale is under serious threat. All too often, individual practitioners are identified when blame is being allocated for failure. It is rare that they receive the same level of visibility when children and families are making progress and practitioners' achievements often go unrecognized. This is why research and evaluation must be capable of capturing the complexity of family need and the distinctive, respective, frequently interrelated activity of those who work successfully with children and families.

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