Conference Report

Children, families and well-being: Researching the future

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Introduction

Professor Gillian Parker, Director, Social Policy Research Unit

In September 2008, the Social Policy Research Unit hosted a conference at the University of York on Researching the Future for Children, Families and Well-being. The conference aimed to bring together some of the most influential and knowledgeable individuals and organisations involved in carrying out, funding and using research about children made vulnerable by disability, long-term health conditions, poverty or family crisis, abuse and neglect.

The reason for hosting the event was that we thought it timely, as shifts in policy responsibility for children were bedded in, to examine the impact of those shifts on research. There is a growing view that there has been some loss of focus and impetus in relation to children's research as a result of the policy shifts, and that it is time for us reinvigorate the agenda.

The long-term programmes of research over the past 30 years, mainly commissioned by the Department of Health and its predecessor department, have provided a bedrock of knowledge about children whose special circumstances bring them into more than usual contact with the State, whether through health services, social care services, special forms of education or the social security system. Current initiatives to produce change in practice for children depend crucially on the knowledge that was generated 'upstream' from these programmes.

We feel that now is the time to be thinking about **today's** upstream research and the knowledge we need to generate in order to inform policy and practice for the future. Research agendas dominated by short-term evaluations run the risk of leaving policy-makers and practitioners of the future, and the children who will depend on good quality, evidence-based intervention, with a bare cupboard. We also feel there is a need to think about what kind of funding environment would enable us to do the types of longer-run research that are required.

The conference was opened by The Right Hon. Baroness Morris of Yardley, Estelle Morris who outlined the political and social context for the day. She was followed by Tricia Sloper, Jonathan Bradshaw and Nina Biehal who gave brief reviews of the current state of play in relation to three areas of children's research – disabled children and those with long-term conditions; children and well-being; and children in and on the edges of the care system. The three presenters reviewed where current knowledge in these areas stood and identified the gaps in knowledge that needed to be filled over the coming years.

After the presentations, participants broke into groups to discuss where research on children's and young people's health, care and well-being needed to go over the next ten years. Each of the five groups focussed its discussion around one of the *Every Child Matters* outcomes – Be Healthy, Stay Safe, Enjoy and Achieve, Make a Positive Contribution, and Achieve Economic Well-Being. The discussion groups brought their main conclusions back to a panel for discussion in the final session of the day. The panel members were Kate Billingham (Department of Health), Julie Jones (SCIE), Jane Lewis (National Children's Bureau) and Carolyn Davies (Institute of Education). At the end of day, Hilary Graham (Department of Health Sciences, University of York) provided an excellent summing up of the day's discussions and provided pointers for the way forward.

The conference was exciting, thought-provoking and challenging in about equal measure. We all agreed that our day's work was only the start of what needed to be a nation-wide conversation. I hope that this report of the presentations, discussion and summing up might serve as a trigger to that wider debate.

Thanks go to

- All those who attended the event, for their time and for helping to get the debate going.
- All the speakers, panel members, facilitators and rapporteurs.
- The administrative team in the Social Policy Research Unit, in particular Rachel Pitman for her work on the information side and displays, and Rachel Peña, for organisation of the conference.

The Right Hon. Baroness Morris of Yardley, Estelle Morris

Welcome to the conference. I am sure this will be a good conference. When you look through the list of participants, you often look to see if you know anyone and then to see the different backgrounds. I had thought that it might just be University people, but it is not. This shows that this is an area of research that depends more than any other on making real life positive links with the delivery agencies and organisations that work together on the children's agenda.

For those of us involved in education it is easy to make the mistake of thinking that what you are doing at any moment in time is the most important area and that it is what everybody else is talking about as well. So when you describe your job or your area of interest to your friends and they have not heard about it, you are amazed and you think that they must be the odd one out.

There is something that is very new about what you do and I do believe that the wider society, let alone the education sector, is now focussed on these concerns. So we need to seize the chance to advance this agenda. If we fail the opportunity may not come around again for a generation.

The reason that now is the time when progress can be made is to some extent the political and social context. Things come together.

One is the bringing together of education and care. Now that might sound silly because we all know about education and we all know about care. The education agenda, certainly politically, between 1997 and 2001 kept education and care separate. Well-being had in previous decades been used as an excuse for lower standards in school. A poor background became a reason for academic failure and some teachers almost became social workers.

There is now a new political narrative. It believes that the principal of high expectations for all children has been established. The language of high achievement and high expectation is sufficiently entrenched to allow other agendas to be addressed. In parallel, there is a belief that the standards agenda itself cannot progress further unless we remove the barriers for children's achievement that come from outside the school. We cannot expect schools to solve all the problems. The bringing together of education, care and well-being in the Every Child Matters Agenda, and well-being, is a seismic shift.

The second pairing is the State and families. This has always been a sensitive relationship. We do not want the State interfering in our family. We seem though to be more at ease with expecting the State to intervene in families where it is thought to be necessary.

The third thing that has come together is a greater understanding that if we do have a society where only some children achieve, we are all disadvantaged. We have been a deeply class ridden society with an education system which, as recently as the 1960s, only set out to educate 20 per cent to the highest levels. I think society now better understands that we need a more highly skilled population both economically and in terms of social cohesion.

I concentrate a bit on this wider context because I think it provides us with a new political, social and economic narrative with which to work. Importantly, the research that is the focus of this conference is in the delivery of services. Every citizen has a view of what the political policies should be in these areas and a comment about how they should be implemented!

You do not need to be a researcher to describe the consequences of policies for children and families. Everybody has their own stories of how the needs of children and families are or are not met and the effectiveness of interventions. The substance of the research we are talking about today is also the content of conversations in the pub or at the bus stop. Of course what the research offers all of us is an explanation as to what is happening. I think we have seen a shift from anecdotal conversations, to an understanding that some schools do not give children as good a deal as others or that some families need support to fulfil their obligations. People now are beginning to analyse what is causing the things that concern them. That is one consequence of the long term research, across the political spectrum and in the wider society: there is an acceptance that there is a link between poverty and under achievement at school, between poverty and ill health, and between ill health and underachievement in school. There is greater awareness the State is a very bad parent in terms of children in care.

So we moved from saying something is wrong to a better understanding that the social structures in which people live and work can make things difficult for individuals and families. That is what research has given us. It gives us a platform as a society to talk about family structure and child well-being.

It is time to look at the forward agenda. There is an awful lot of money being invested at the moment; from SureStart through to community nurseries and the Every Child Agenda, the changes to prison education, the reorganisation of the children's workforce. One might think that the judge of whether that money is well spent, will be the subject of your research but the judges are also the man and woman in the street. That is the importance of this area of work.

Government needs an evaluation framework that gives them the confidence to stick with policies as they are being developed and not ditch them if they do not show immediate success. Those in a position of political power are also the guardians of public money and the temptation to drop things that do not have an immediate effect is great.

Of course, you do not want research to lie but somehow we need a language for research that speaks not just to the policymaker, but remembers that the real client is the wider public. Research should enable us all to discuss the progress of policies that are being implemented around us.

If I was still in Government the things I would want evidence on are whether the funding streams are right; whether the rules surrounding the expenditure of money are onerous or not and what the end user actually thinks of how the money is being spent.

Secondly, I would want evidence of partnerships and what makes an effective partnership. I very much welcome the growing involvement of the voluntary sector and I would really want evidence as to where that works and what more the State needs to do to enable the voluntary sector to be both rigorously accountable but flexible. It is also important to have evidence about the public perception of change, because that would be important in securing further resources from the Treasury and developing the confidence across government to keep faith with the policy. I would also want some quick things that enabled me to take the public with me.

So, you have to stay true to the evidence of the research but I do think the best researchers have huge influence on the public as well. This is not to say that researchers are spin doctors – that would be a complete betrayal – but I think there is an obligation to make sure that the public as well as policy makers can interpret your findings especially in an area like this that is of such public interest. I think the day is going to be really good and I hope you enjoy it.

What do we Know Now?

Research on disabled children and their families: developments and gaps in knowledge

Professor Patricia Sloper, Research Director, Children and Families, Social Policy Research Unit

I will start off by talking about research relating to disabled children and their families, and carry on from what Estelle has said about ‘flavour of the month’ and ‘now is the time’. I think disabled children have, for a long time, been the poor relations of policy, but they are not anymore. From the National Service Framework, Improving the Life Chances of Disabled People, Aiming High for Disabled Children, they are central to policy suddenly and it is our moment to try and get these messages over. There are some things we think that we have been saying for 20 years, but now it is in policy. And so the next bit is, is it in practice? That is where research can help to say, well yes, this is how it can be done.

So, my remit is to talk a little bit about where are we now, what developments have there been, and where are the gaps? There have been lots of developments in research around disabled children and their families in the last ten to 20 years, and I am going to choose just three, as I have got only 20 minutes. So I am going to talk about developments in researching disabled children’s own views because that has been a big gap; research that is around positive outcomes for families – research that is not always looking for the negative; and research around co-ordinated services, which are absolutely key to providing a service to disabled children.

The gaps I will talk about are around knowing about the outcomes of services – if we do not know about the outcomes, we cannot know about cost effectiveness; about transition to adult services; and about reducing social exclusion for disabled children and their families.

I want to start off talking about researching disabled children’s views and to highlight this quote from a young disabled person.

> We’re used to people saying we can’t communicate, but of course, they’re wrong. In fact, we have powerful and effective ways of communicating and we usually have many ways to let you know what it is we have in mind. Yes, we have communication difficulties and some of those are linked with our impairments, but by far the greater part of our difficulty is caused by speaking people not having the experience, time or commitment to try to understand us or to include us in everyday life.
>
> (SCOPE, 2002)

And that, in the past, has described research. We have not made that effort to communicate with disabled children, but this is something that has changed. I think researchers have taken on that challenge and, in fact, having just tried to do a review of this area, it is an issue that has been taken on particularly in the UK; I think we could say that the UK is a world leader in this sort of research at the moment.

So there has been work to develop methods whereby disabled children, including those who do not use speech, can contribute their views to research. I am not going to describe those methods to you in detail – there is some material outside in the foyer that can show you a bit more about some of them – I am just going to highlight a few things. The methods have built on visual methods and from participatory approaches to research, including those that have been developed for younger non-disabled children, and one of those is the Mosaic Approach. It was developed by the Thomas Coram Research Unit and Coram Family, and was originally developed to consult preschool children about their lives and about their experiences of preschool. It uses a range of methods, including observation, photography, mapping, drawing and activities with children, to get their views, and that sort of approach has now transferred into research for disabled children.

Talking mats and symbol-based communication have also been used with disabled children who have severe communication impairments or who do not use speech at all. These use pictures and symbols, and simple statements from which the child can select those which are most like themselves or their views, and the researcher can then build up a picture of the child's views. We have used these in a project that looked at outcomes that children want to achieve from services, and in another ongoing project, which is exploring how children make choices for services for themselves.

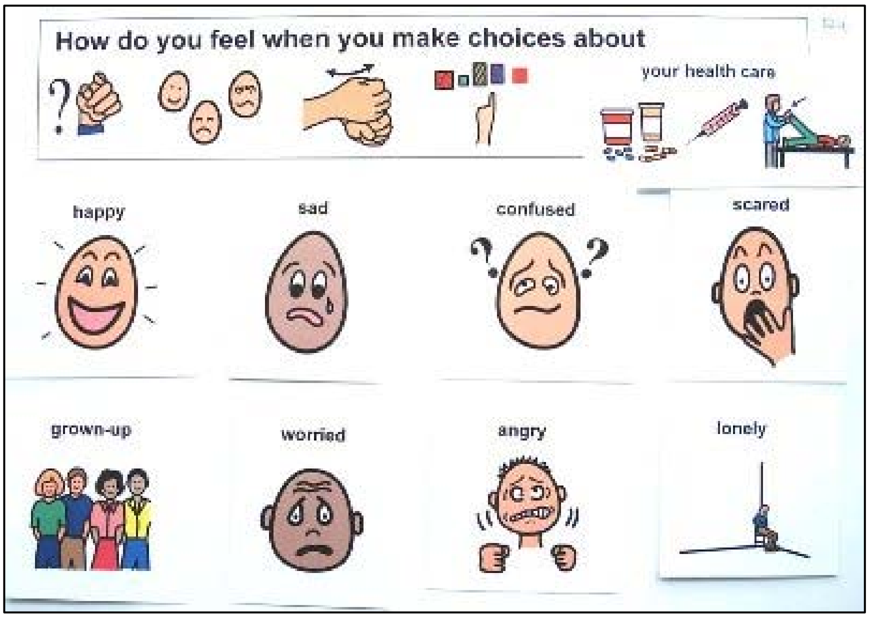
Similarly, a recent project carried out in the Social Policy Research Unit evaluating specialist mental health services for deaf children clearly needed to evaluate these from the children's point of view, and used British Sign Language interviews to talk to the children.

Those methods have given us a lot more opportunities to find out about children's experiences and views, but there are limitations. We cannot do everything through these sorts of methods. For children with severe cognitive impairments, understanding of abstract concepts is problematic, for example in research which attempts to explore future ideas like aspirations, and often it is only realistic to stick to more concrete experiences and immediate likes and dislikes for some groups of children.

In addition, when developing methods where the researchers are providing statements to which the children respond, it is important that those statements are developed with children themselves and the researchers are not biasing them in driving the agenda.

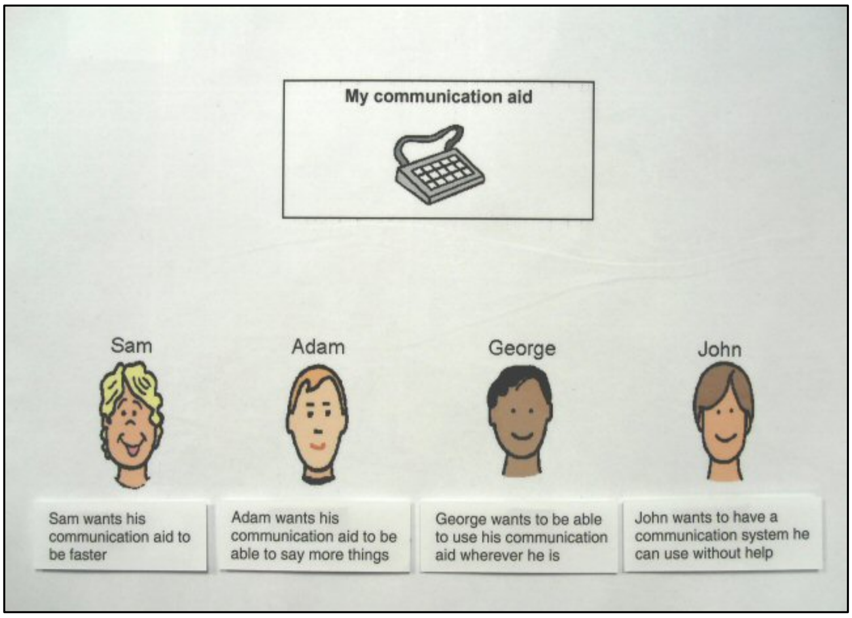
Figures 1 and 2 show a couple of examples of a talking mat. The first is one from our Choice and Change project, where the interviewer is asking children how they feel when they make choices about a specific aspect of their life such as healthcare, and they can pick these off the mat and put them on their own mat to build up this picture.

Figure 1 Example of a talking mat



Similarly, our Outcomes project talked to children who use communication aids and one of the questions was what they wanted from their communication aids. Again, the statements were built up from earlier interviews with children who do have some speech and from interviews with the parents of the children; here children can select any of the statements.

Figure 2 Example of a talking mat



Sam wants his communication aid to be faster

Adam wants his communication aid to be able to say more things

George wants to be able to use his communication aid wherever he is

John wants to have a communication system he can use without help

So that is one aspect of research, which I think has developed tremendously over recent years.

Now to give a brief flavour of the findings from a couple of projects that we have carried out in the past. One was consulting with groups of disabled young people to find out what they valued in the services they received and what they thought made a quality service from their point of view. It found that the most important things for the children were:

- the staff – relationships with the staff, the staff's attitudes, the staff's approaches;
- services that provided opportunities for relationships with others and for making friends;
- providing opportunities to develop independence in whatever way was appropriate for a particular child;
- and being able to go outside into the community and do things that other children do in the community with the support from a service.

Later on, the Outcomes project looked at what children would want to achieve from services, and there are similarities here. The study found that, like other children, disabled children want to be healthy, and for some children that means being comfortable and not in pain – a very basic issue in their lives. They want to have friends and interests. to be part of the local community, and to acquire social and self-care skills and future independence. They wanted people who have regular contact with them, including family, peers, teachers and hospital staff, to have the knowledge and skills to understand their means of communication. They wanted to feel confident and respected by others. They wanted to have opportunities to make choices, and they wanted to experience success and achievement at whatever level was appropriate to their abilities and for such achievements to be recognised and valued. There is a lot of emphasis in society on valuing certain sorts of achievements – the GCSEs, the A Levels – that some of these children are not going to achieve, but we should equally value the things that they can achieve.

To go onto family strengths, as I said earlier, in the past researchers tended to concentrate on assuming that family stress is inevitable if there is a disabled child, and looked for malfunctioning. But in the past 20 years that has really changed and there has been a move to look at what characterises families for whom outcomes are positive. So research here and elsewhere in the UK, and internationally, has tried to look at that. It has been informed by theoretical models of stress and of coping, which emphasise the importance of individuals' appraisal of situations that could be potentially stressful, the resources they have available to deal with the situation – both personal resources and social resources, the support they get from services and any coping strategies they are able to use. That has contributed considerably to our understanding of what is going on and, particularly in some areas, to using that understanding in services to look at how they can better support families. There is a particular strand of work in Canada, working very closely with services using this sort of approach.

Factors found to be important include positive appraisals of disability and of the disabled child, and it is important for families that staff in services also reflect back to them a positive appraisal. Services are too often about finding out what the child cannot do, what is wrong, rather than celebrating what the child can do. Small intense networks of different types of support from extended family and friends are important, as are strong marital relationships and good communication within the family. Socio-economic resources are very important, especially financial resources, employment, adequate housing, car ownership – yet the families of disabled children are one of the poorest groups in society. Being a two parent family is important – single parents are most likely to lack support. Developing high self-esteem and a sense of control are also important. Again, the sense of control often relates to relationships with services – if families feel they are always struggling to get appropriate services, that they are battling with services to try and get them to see what their life is like, what they need, then it is very hard to have a sense of control. Using problem-focused coping strategies and having lower levels of unmet need for services are other factors relating to positive outcomes.

So, knowing about and getting access to appropriate services is an important part of helping families to build up resilience. However, too often information about services is gained in an ad hoc way, eligibility criteria for services are obscure, and repeated assessments are common where parents feel that they have to emphasise what their child cannot do rather than the child’s strengths in order to get a service. Bureaucracy and rejections make families frustrated and under stress.

From the parents’ point of view, good practice is:

- holistic support, which facilitates families’ strengths
- effective communication
- and provision of consistent and regular follow-up and co-ordination of services – knowing that someone knows what is going on, is co-ordinating the services for you, is taking your point of view and moving things forward.

It is also clear that whilst children and their families need specialist support to achieve some of the outcomes they desire, they also need better access to mainstream services in their own communities. That is partly about mainstream services seeing disabled children as part of their clientele, thinking about the support disabled children need, but it is also about us developing a more inclusive society, which views disability as part of society, something that should be naturally included in society. I think there have been steps on that, but we have still got a long way to go.

Service co-ordination is really crucial. Children's and families' needs cannot be met by just one agency and so there has to be a multi-agency approach. Research, over more years than even I can remember, has highlighted the need for co-ordinated services, delivered through a single point of contact such as a key worker. We know from research from a long time ago that families receiving such services are likely to have lower levels of unmet need and lower stress. SPRU has played a large part in research on key workers, from its earliest days. Our development project on Key Worker Services which was funded by the Joseph Rowntree Foundation in the 1990s contributed to the setting up of Care Co-ordination Network UK, which is the charity that helps services to develop these sorts of key-worker, co-ordinated services. More recently, there has been our research on what are effective models of multi-agency key worker services and what needs to be in place to get them. This fed into the Care Co-ordination Network Standards for Key Worker Services. That research, and also much other research on multi-agency working, has contributed to considerable growth in knowledge about what makes for effective multi-agency working. I am just going to quickly go through some of the things that are important.

Some of these seem like common sense and it always surprises me that they do not happen.

First, is the need for are clear and realistic shared aims and objectives – you have got to know what this service is about. Clearly defined roles and responsibilities are needed, so everyone knows what is expected of them, and of others, and clear lines of responsibility and accountability. If staff are being asked to take on a new role, as a lead professional or a key worker, they need to know what that role comprises, what it is that they are supposed to be doing and what it does not cover, and surprisingly, many do not seem to know these things.

Secondly, it obviously needs the commitment of senior and frontline staff to make it work: strong leadership and multi-agency management of a service, being realistic about getting it going, about implementing the service and giving time for change to happen, and good systems of communication. Adequate resources, protected time to undertake joint working, recruitment of staff with the right experience, knowledge and approach, of staff who are open to thinking in different ways and working with different agencies, joint training and teambuilding are all key. Multi-agency co-ordination does require different ways of working and greater understanding of the roles of other agencies and professionals, so joint training is crucial in that.

Thirdly, studies have also highlighted that professional agency cultures can facilitate joint working, so understanding and respecting and valuing the roles of other professionals is important. Appropriate support and supervision for staff in their multi-agency role, not just supervision as a one agency person, is important and, of course, monitoring and evaluation can help to review how things are going, what is going well and what needs looking at.

So in my last few minutes, to go on to what do we **not** know, what are the gaps in evidence?

There is still a lack of evidence on outcomes for the children and their families of service interventions – what works, how it works, for whom, and in what circumstances. For instance, evidence on therapies; on models of intervention that can be implemented in everyday practice to help parents deal with children’s behaviour; on interventions to reduce parental stress; on different sorts of short breaks and their impact on the children and their families; and on services that enable parents to work, and that facilitate inclusion in community life. It is a long list of what we do not know. And research is also needed to develop appropriate outcome measures that include children’s and parents’ perspectives.

Given the lack of research on outcomes and effectiveness, it is not surprising that there is no research on cost effectiveness because you need the measure effectiveness before you can determine cost effectiveness. There is also only a small amount of reliable research on the costs of services for disabled children.

More research is also needed on the outcomes of different ways of promoting children’s participation in decisions about their own care and treatment, and in decisions about service planning. There is a large agenda generally about children’s participation, but disabled children are one of the groups with the lowest level of participation; one of the problems of researching outcomes of disabled children’s participation, is, in reality, that such participation is still very limited. There are small numbers of disabled children participating in any way and these are mostly teenagers, and there is very little involvement of disabled children with complex needs or communication impairments.

There is an issue about the culture of what participation **is**, and some research has indicated that that needs to change if we are really going to get disabled children participating. Many people’s views of participation are about the ‘ladders’ of participation (like Arnstein’s Ladder, highlighted in many academic papers) and that you have to aim for the top, with children running the show, but that is unrealistic. Participation has to be at the level that the child is able to participate at, and participation for disabled children may be very simple. It may be making simple choices, but at least it is giving them the option to be **able** to make choices.

Transition to adult services we know is a problem. There is a lot of research that points to the problems. There is less that points to where those problems might be addressed. We have, at the moment, growth of a population of young people with very complex needs who, in the past, have not survived into adulthood. The challenge now is to provide evidence to help children’s and adults’ services, both in health and social care, to create transition support services for those children, that are able to consistently deliver good practice and are sustainable. That is quite a challenge!

Finally, research tells us that poverty, inadequate housing, and lack of access to leisure facilities in their communities, are key factors restricting the lives of disabled children and their families. Those are cross-Government issues which need to be addressed if disabled children and families are to achieve quality of life and positive outcomes. We cannot ignore these issues and expect single services to change things in one small part of children's lives.

As I said at the beginning, disabled children are up on top of the policy agenda at the moment. Hopefully things are changing, hopefully things are getting better, but we actually need to know what differences those policies are making in practice to children and families' lives.

Questions to Professor Patricia Sloper

- **Professor Ann Buchanan,** *Social Policy and Social Work, University of Oxford*

  I am here representing the ESRC and also the University of Oxford. One thing I have been involved in is looking at the needs of disabled parents, particularly learning disabled. Do we need to know more about disabled parents?

  Professor Patricia Sloper

  I think we need to know more about how the needs of disabled parents can be supported in a way that also includes their children. There is a gap in adult services that support disabled people or people with mental health problems with a quite individualistic approach to it that does not take account of the fact that actually, this adult is a parent, this is a family, there are children. I think we need to know much more about how that can be done.

- **Professor Kirsten Stalker,** *Applied Educational Research Centre, University of Strathclyde*

  I have a point about disabled parents. We are about to start a study looking at disabled parents' participation in their children's education […] but I wanted to thank you for your talk and to say that I think there is a need for more longitudinal research around disabled children. It seems, from some of the research we have done in Scotland, that children of a young age seem to be quite positive about their lives, quite active in schools, have friendships, have the same sort of aspirations as other children, but as they go into their early and mid teenage years, things seem to change, and I do not know whether perhaps it is the realisation that their life trajectory may be different, that they realise that they are having a more direct experience of discrimination, and so on. I think something happens round about there. I think longitudinal studies are important. I also think we need more research that looks at the services and qualities across Britain because in Scotland – and I do not know if there are many people here from Scotland – things are changing much more now in terms of what is happening across the four jurisdictions. So I think comparisons between different parts of Britain are really timely.

Professor Patricia Sloper

Yes, I really agree about longitudinal studies and I think also, longitudinal studies across the transition to adulthood as things change again then as well. So it is almost like it is going from the early, primary years and then things start to tail off.

- **Professor Jane Noyes,** *Centre for Health-Related Research, University of Bangor*

You alluded to the change in epidemiology for childhood disability and clearly, they are a group that is getting larger and their needs are much more complex, and we are now facing this quite unusual theme that we have children who are too disabled for disabled children services and all the workforce issues that go with that, and the fact that we do not have a workforce with the sufficient skills to provide the care and services for these children. We do not know how to train people or maintain them in the workforce because it is incredibly stressful, and until we sort the workforce issues out, then we will not be able to find the appropriate support for children and their families.

Leading on from that, because the workforce is so important, and a lot of these children need care from people, and people are the most expensive resource, it always occurs to me how we look at things that go to NICE. We have these huge great cost effectiveness studies on drugs that cost about £20,000 a year and then they are refused, but we are providing some children with care packages of three quarters of a million pounds a year each and yet, they are not getting the effectiveness, the outcomes that they want, and how on earth do we address that? It must lead back to the skills of the people and the training and the workforce that is available.

Professor Patricia Sloper

Yes, I agree, and it is looking at the gaps in the workforce, and the gaps in services because this is a new group of children and for many of them, the services are not there. I think it is beginning to come through in children's services, but then what about adult services? They are just not thinking about it and it is hitting them. And yes, for some children, for instance, in health, there has been a children's service for, say, muscular dystrophy, and suddenly they are adults and there is no service. So I very much agree with that.

- **Caroline Bryson,** *The Nuffield Foundation*

  I have a point of information on the issue about the longitudinal studies. I am sure that you will be aware that ODI recently commissioned a longitudinal study of disabled people and the original plan for that was that they would also involve a longitudinal study of disabled children. Now, if you are talking about future research needs, anecdotally, I had heard that there was now far less impetus for the children's part of that study because there seemed to be a lack of information need for that. So if you looked at it perhaps in the future, then maybe a conversation with those people who are planning to fund that might be an interesting exercise.

  Professor Patricia Sloper

  Yes I had heard that as well. It is deeply worrying.

- **Paul Dornan,** *Child Poverty Action Group*

  I have two quick points. The first is picking up on the disabled parent point – one thing that struck me is how many disabled parents live with disabled children. Frankly, it is a much larger group than I was expecting and knowing more about the circumstances of those families who face that potential double disadvantage I think would be particularly useful.

  Secondly, we have also alluded to what has been changing in the nature of disability faced by children scattered about the population, and I think understanding what is happening and why it has happened is important. Certainly the indications of pre-birth factors on that would also be very useful in terms of trying to see the links between this policy area and other policy areas. I am thinking about poverty, disadvantaged living conditions, the broader sweep and knowing more about that could also help.

  Professor Patricia Sloper

  There are a whole set of factors. Some are about survival at birth and it is where those things come into count, but others are just the treatment of certain conditions has improved so much that children are living into adulthood when they did not think they could.

Child poverty and child well-being: state of play

Professor Jonathan Bradshaw, Associate Director, Social Policy Research Unit

I was originally asked to do a review of child poverty and child well-being and I decided to drop the word ‘review’ because I thought it was too arrogant for what I could attempt in 20 minutes, and therefore used a cricketing analogy – state of play – and it is very much a personal review of the state of play on child poverty and child well-being that I am going to be covering.

So what I am going to do is to say a bit about the state of play on child poverty, and then a bit about the state of play on child well-being, and then I am going to try and say what I understand to be the state of play on the links between poverty and well-being. Then I am going to raise some rather different questions about research on subjective well-being and whether we need to take it more seriously in the research agenda.

Our work on child poverty

Just to give you some background and where we come from on this, over the last ten years we have done a lot of work on child poverty and child well-being in SPRU.

- We did a review for the ESRC 5 to 16 Research Programme, which was published by the Family Policy Studies Centre (much lamented) and when we concluded that review, we suggested that there really ought to be a review regularly carried out of the state of children’s well-being in Britain, and we suggested to the Office of National Statistics that we should do the work. They said, “Over our dead bodies,” and Save the Children came to us and said, “Well why don’t you do it?” and so we did.
- With colleagues here in the Department, we did two reviews, which were published by Save the Children, of the State of Well-being in the UK, and we have also done some research reviews on the drivers of poverty for the Social Exclusion Unit and on routes out of poverty for the Joseph Rowntree Foundation.
- We have done research on child poverty in large families and contributed to the Joseph Rowntree Review of child poverty.

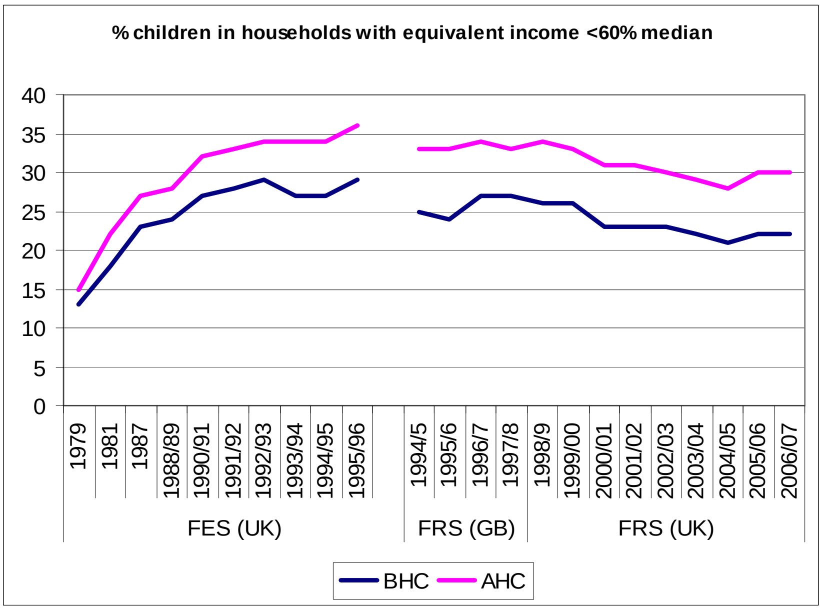
More recently, we have begun to do comparative research on international comparisons of child well-being. Initially, we did one on the European Union and then when UNICEF found out we were doing that they suggested we do one on the OECD and we did, and that was the one that published in 2007 to outrage. We have just completed one on the CEE/CIS countries, the former Soviet Republics, which has just been accepted for publication, and we have just finished updating the EU Review, and I am going to be presenting some results from that.

More recently, we have done some work on the spatial analysis of child well-being at small area level in England, which has not yet been published, and a lot of work, over the years, using the British Household Panel Survey and the Millennium Cohort Survey to look at child poverty.

Child poverty

We were motivated by the trebling of child poverty in Britain under the auspices of Mrs Thatcher shown in Figure 3. Child poverty fluctuated up and down in the 1990s, and there is some evidence that it began to fall after 1998, but in the last two years, child poverty has been increasing.

Figure 3   Motivated by this: child poverty rates 1979-2006/7



We were also inspired by the Prime Minister's pledge to eradicate child poverty in a generation. My reading of the current state on child income poverty is that the policies that have been put into place following that wonderful declaration are the right ones, a combination of cash transfers and investment in services, but the dose has been inadequate so far.

Some resources have been misdirected, to unnecessary cuts in the standard rate of income tax, increases in the threshold of inheritance tax, too much money going to pensioners in free bus passes and not children and so on. So there has been some misdirection of resources and as a result the Government missed its five year target to reduce child poverty by a quarter. I am afraid it is going to miss its ten year target to reduce child poverty by a half by 2010, and the strategy has been far too reliant on achieving it by employment.

We now know that employment is not a guarantee of getting out of poverty and, anyway, the employment targets that were set as part of the strategy are just impossible to achieve. Child poverty is still double the rate it was in 1979, and our situation is still comparatively dire. The next few figures illustrate those points with some evidence.

Figure 4 shows that 55 per cent of children living in poverty have a parent in work; work is not a guarantee out of poverty.

Figure 4 Household composition of child poverty 2006/7

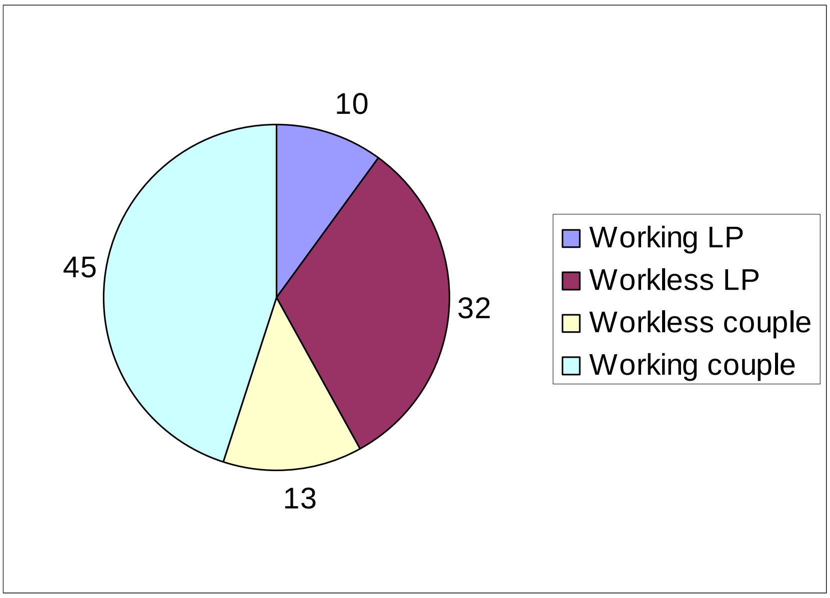


Figure 5 shows what a couple with two children get in net disposable resources on the vertical axis by supplying hours of work at the minimum wage. You see that even a parent working over 44 hours a week does not get positively above the red line, which is the poverty threshold for that family, and that there is a big gap for those families who are out of the labour market, working no hours.

It also shows how flat the distribution is with our system of tax credits and housing benefits, and also what a huge contribution is being made by the State now to the net disposable incomes of families with children, in child benefits, child tax credits, working tax credit, housing benefit and council tax benefit.

Figure 5 Tax benefit model situation after April 2008

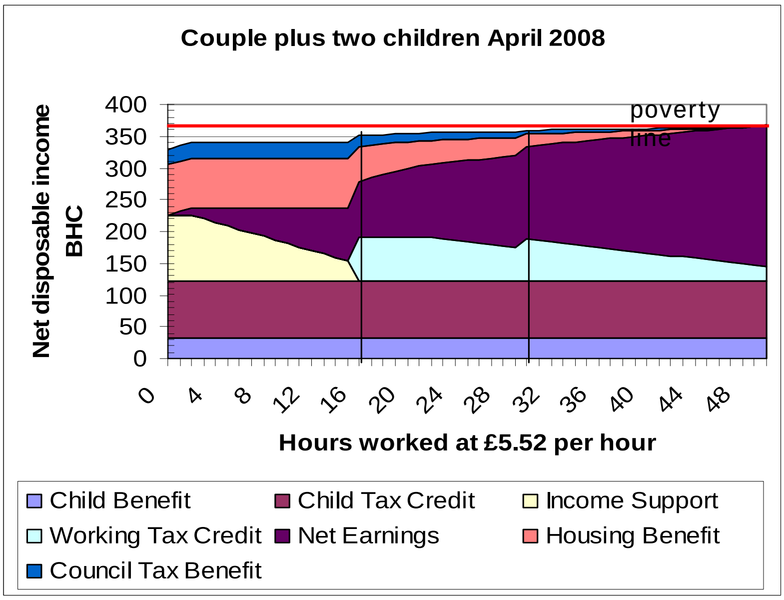


Figure 6 shows what has been happening to lone parent employment. It has been going up, is now at 57 per cent, but it is flat lining and there is no chance of it reaching the 70 per cent threshold by 2010.

Figure 6 Lone parent employment

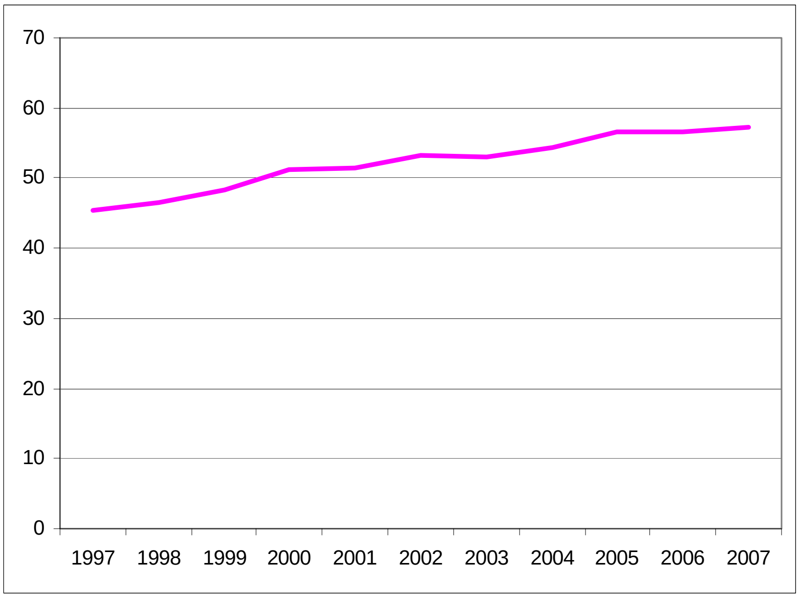
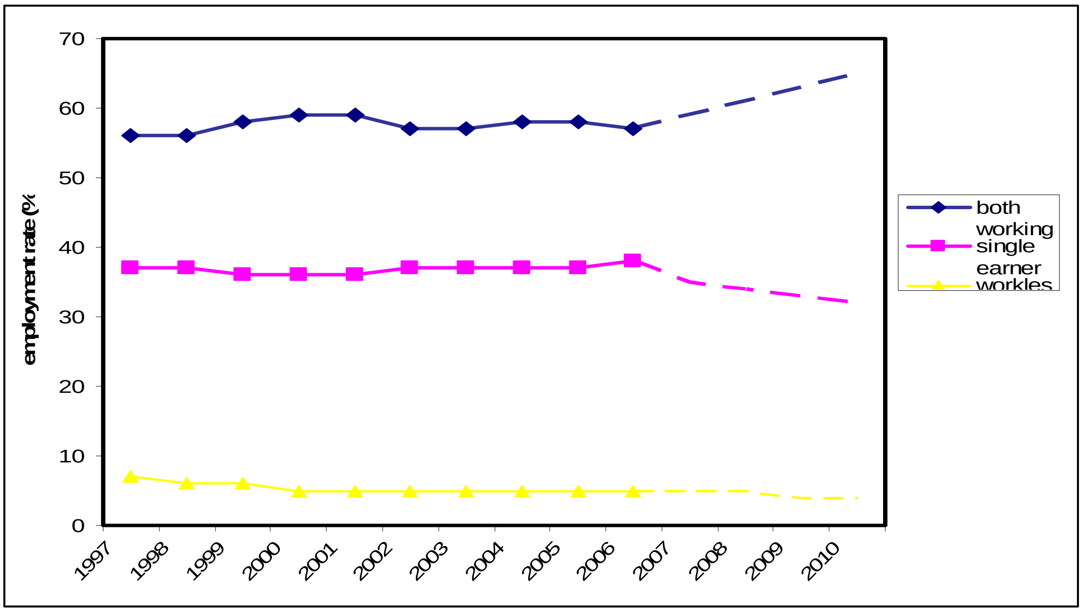


Figure 7 shows what is happening to couple employment rates. They need to follow the dotted line in order to reach the 2010 target set for them and they are running on the solid line; there is no chance of us reaching the employment targets for couples.

Figure 7 **Changes in employment rates for couples with children required to meet the 2010 child poverty target**



And Figure 8 shows the proportion of children living in workless households in the UK, also flat lining, not going down nearly rapidly enough, despite the fact that we have got record employment and record low unemployment. We are just not tackling that problem of worklessness.

Figure 8 **Children in workless households**

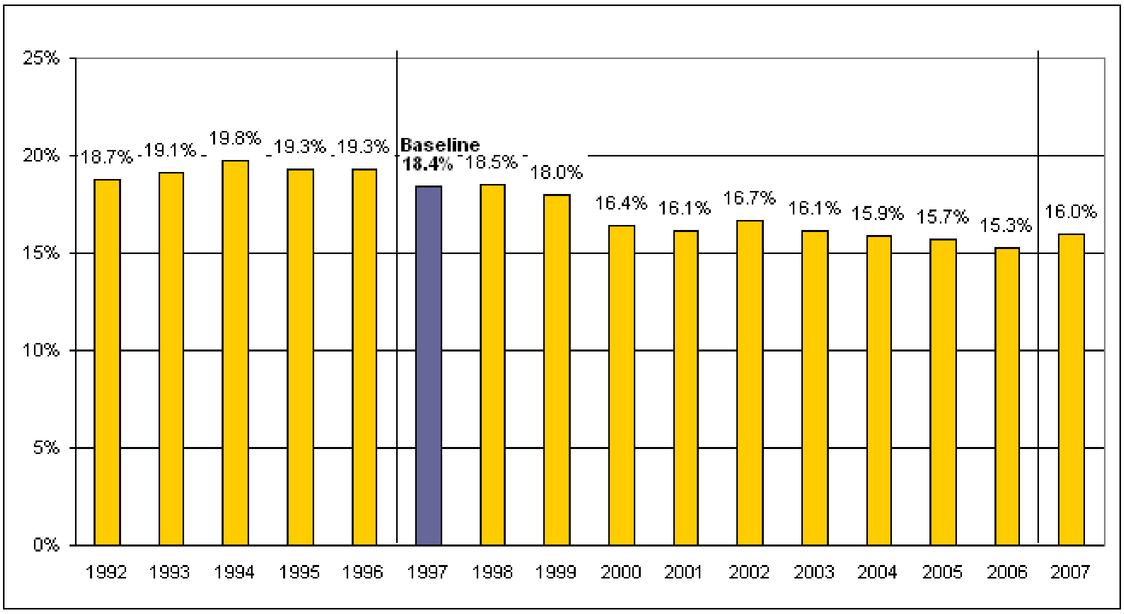


Figure 9 shows how we compare in the European Union. Here we are, the UK, quite recently, with the highest proportion of children living in workless families of all the 27 EU countries.

Figure 9 Percentage of children 0-17 living in workless households (Eurostat 2007)

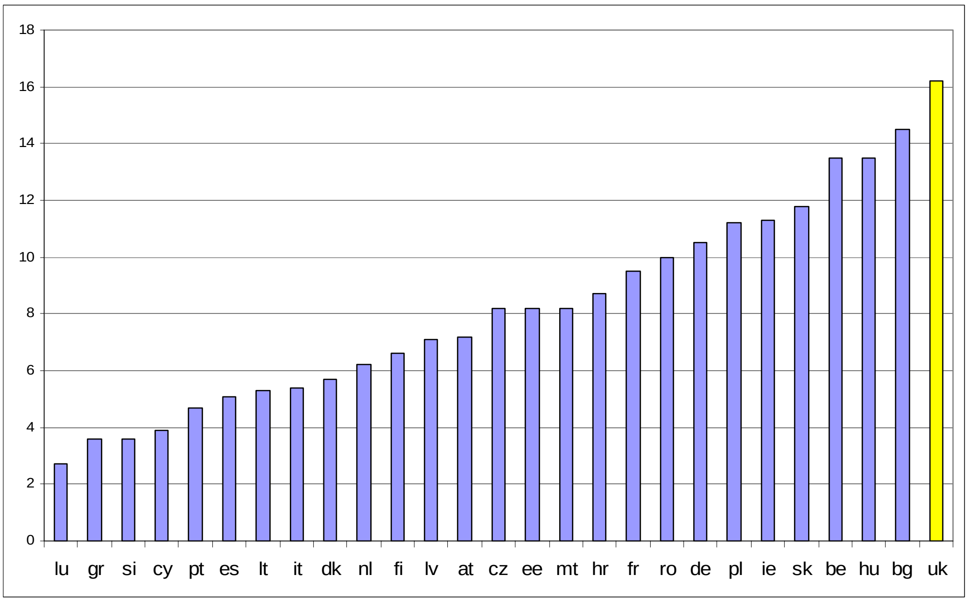
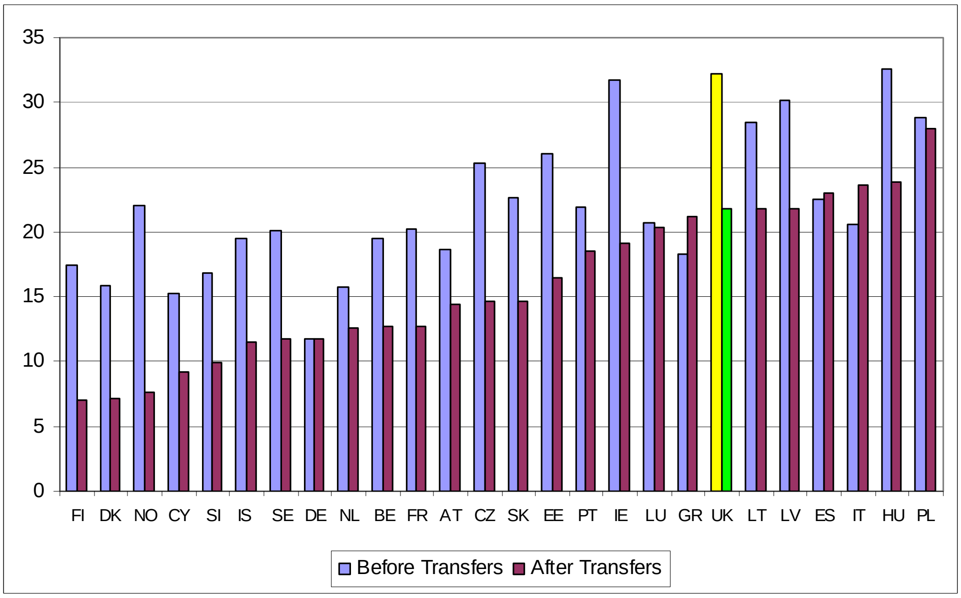


Figure 10 shows the latest child poverty data with the UK highlighted.

Figure 10 Child poverty before and after cash benefits 2006



The UK is lower than Lithuania, Latvia, Spain, Italy, Hungary and Poland, but a long way away from our Nordic Northern European partners. What this overhead also illustrates is that we are still not making enough effort. The lilac line is the pre-transfer poverty rate compared with the post-transfer poverty rate in purple, and you will see that Finland, Denmark and Norway reduced their pre-transfer poverty rates by 80 per cent. We are reducing ours by I think 40 per cent. We have still got a long way to go to tackle our market driven poverty rates. We are not yet making enough effort.

Child well-being

Well that is the review of child poverty, now child well-being. Well, you know that the UK came bottom of the OECD UNICEF comparisons and it was bottom on all the domains of child well-being except health, and the only reason we did not come bottom on health was because we have got a very low child accident rate. The anxiety is that we have got a low child accident rate because we lock our children into their homes and do not let them out so they do not get knocked down by middleclass mothers driving the children to school in Range Rovers!

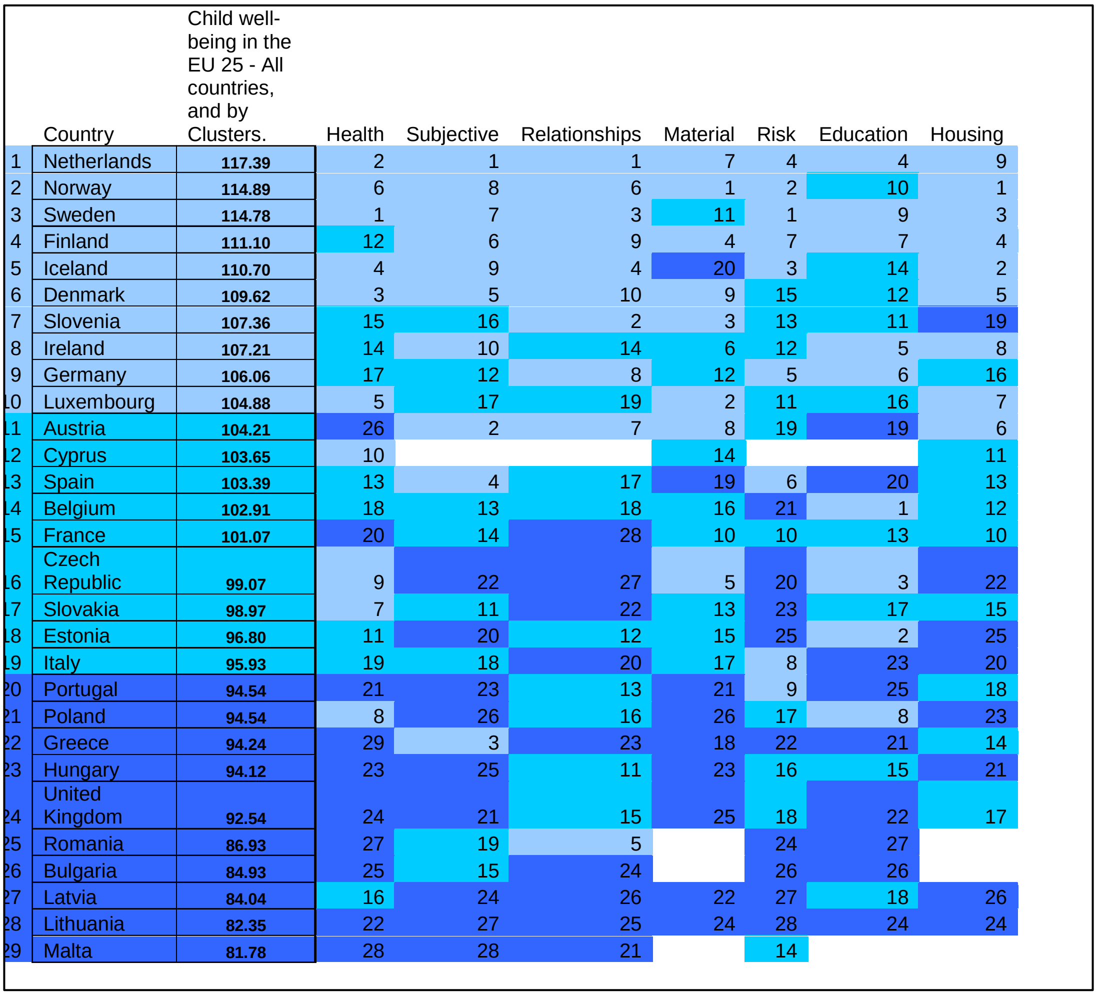
The Government response to our report was highly defensive, quite unnecessarily highly defensive. It said the data were out of date, that we were combining chalk and cheese; the Government has systematically ignored the UNICEF Report, since it was produced. None of the State documents on children that have been produced since have referred to it in any way whatsoever, though the Ditchley Declaration was an important result of the UNICEF Report.

Well we have responded to the criticisms of it being out of date. We have just updated the EU Index we produced with the most recent data from the OECD PISA Survey, the very interesting new results of the Health Behaviour of School Children Survey, the latest evidence from the Survey of Income and Living Conditions and more recent administrative data, and this is the result in Figure 11.

The United Kingdom is above Malta, Lithuania, Latvia, Bulgaria, and Romania but below Hungary, Greece, Poland, Portugal, Estonia, Slovakia, and the Czech Republic – countries that are much poorer than ours – and consistently bad, in the bottom third, except for relationships. We are not doing so badly on risk, and our housing is an asset to families with children, a comparative asset. But the results are awful on the other domains and it is, I think, a terribly depressing picture.

If you look at the 19 elements of the index, we are in the bottom third on health at birth – infant mortality and low birth weights; our immunisation rates are awful; children’s self-defined health is bad. We do not do well on family relationships; of course we are bad on poverty and worklessness, as I have already shown. We are not doing well on risk behaviour – that is early sex, drinking, and smoking – our educational participation rates are still comparatively very low, as are our children’s aspirations , and we do not do well on fear of crime, in the environment domain. In fact, we are top on only two of the elements of the index: health behaviour, which might surprise you (we do very well on exercise and eating fruit and vegetables), and child deaths again, as we are more or less an international leader on the proportion of children killed in accidents.

Figure 11 Child well-being in the EU circa 2006



	Country	Child well-being in the EU 25 - All countries, and by Clusters.	Health	Subjective	Relationships	Material	Risk	Education	Housing
1	Netherlands	**117.39**	2	1	1	7	4	4	9
2	Norway	**114.89**	6	8	6	1	2	10	1
3	Sweden	**114.78**	1	7	3	11	1	9	3
4	Finland	**111.10**	12	6	9	4	7	7	4
5	Iceland	**110.70**	4	9	4	20	3	14	2
6	Denmark	**109.62**	3	5	10	9	15	12	5
7	Slovenia	**107.36**	15	16	2	3	13	11	19
8	Ireland	**107.21**	14	10	14	6	12	5	8
9	Germany	**106.06**	17	12	8	12	5	6	16
10	Luxembourg	**104.88**	5	17	19	2	11	16	7
11	Austria	**104.21**	26	2	7	8	19	19	6
12	Cyprus	**103.65**	10			14			11
13	Spain	**103.39**	13	4	17	19	6	20	13
14	Belgium	**102.91**	18	13	18	16	21	1	12
15	France	**101.07**	20	14	28	10	10	13	10
16	Czech Republic	**99.07**	9	22	27	5	20	3	22
17	Slovakia	**98.97**	7	11	22	13	23	17	15
18	Estonia	**96.80**	11	20	12	15	25	2	25
19	Italy	**95.93**	19	18	20	17	8	23	20
20	Portugal	**94.54**	21	23	13	21	9	25	18
21	Poland	**94.54**	8	26	16	26	17	8	23
22	Greece	**94.24**	29	3	23	18	22	21	14
23	Hungary	**94.12**	23	25	11	23	16	15	21
24	United Kingdom	**92.54**	24	21	15	25	18	22	17
25	Romania	**86.93**	27	19	5		24	27	
26	Bulgaria	**84.93**	25	15	24		26	26	
27	Latvia	**84.04**	16	24	26	22	27	18	26
28	Lithuania	**82.35**	22	27	25	24	28	24	24
29	Malta	**81.78**	28	28	21		14		

Linking child poverty and child well-being

Now, turning to the links between child poverty and child well-being, we are blessed in Britain with a number of excellent cohort studies: the National Child Development Study, British Childhood Study, the ALSPAC Bristol Study, and the Millennium Cohort Study, the most recent of these. But these sources of data have been used mainly for looking at the relationship between poverty and well-becoming, rather than well-being. They do not include many questions about children's lives now, and particularly what they feel about their lives now. The respondent is generally a parent and the surveys are not being used to ask children questions about their lives.

The British Household Panel Survey has a youth questionnaire associated with it, which covers 11 to 15 year olds, and that has been quite a useful resource for finding out about that age group, but the only decent study we have at the moment of what children say about their lives is the Health Behaviour of School Children Survey. This is an international study carried out every four years by a group of educational psychologists mainly, however it is not accessible to outside users and has very limited socioeconomic data, so it is not really very useful for looking at the relationship between child poverty and child well-being.

With the Children's Society, we have recently been doing a survey of child well-being of about 10,000 children in England and that may help to fill the gap in the data that is available. And I know that the Department of Children, Schools and Families is letting a contract for the TellUs Survey, which, at the moment, is not a very helpful set of data, but could become better if it had more well-being oriented questions in it.

So, what we have been doing in the absence of a decent survey of children, is to explore the relationship by doing spatial analysis and comparative analysis, and I have two correlation matrices which confirm really the relationship between poverty and well-being.

Figure 12 Correlations of England LLSOA ranks on child well-being domains

	Material	*Education*	*Health*	*Environment*	*Crime*	*Housing*	*Overall excl. ind. dom.*
Material	1.00	0.80	0.56	0.07	0.55	0.63	0.85
Education		1.00	0.57	0.03	0.53	0.48	0.76
Health			1.00	0.05	0.36	0.31	0.55
Environment				1.00	-0.02	0.16	0.08
Crime					1.00	0.35	0.51
Housing						1.00	0.58
Overall excl. ind dom.							1.00

Figure 12 is the work we have done for the Department of Communities and Local Government in which we have collected administrative data, covering these domains at the super output area level. These are population groups of 1,500 – very small areas – and we have measured the child's material well-being, education, health and so on in those areas, and these are the correlations between their performance on the different domains. You will see the material well-being domain, which is receipt of means tested benefits in those areas, is strongly correlated with educational attainment, less strongly with health, crime and housing, and not at all with environment quality. Actually it contributes most to the overall well-being index that is derived from all those domains, even excluding the material well-being itself. So it is a very important determinant of overall well-being at area level.

We have done the same kind of analysis with our European Union countries. Figure 13 gives the domains again, and here the material well-being domain is a combination of the poverty rate, the deprivation rate, and the worklessness rate. You will see that there is a strong correlation at the international level between material well-being and overall well-being, and that material well-being is associated with education, health, subjective well-being, not with family relationships interestingly, and with risk behaviour and with housing. Actually, housing has a stronger relationship with overall well-being than poverty does, but poverty is still an important determining factor in overall well-being.

Figure 13   Correlations of EU country ranks on child well-being domains

	Material	*Education*	*Health*	*Subjective*	*Relationships*	*Risk*	*Housing*	*Overall*
Material	1.00	0.55	0.52	0.50	0.26	0.49	0.56	0.79
Education		1.00	0.41	0.10	0.19	0.11	0.14	0.49
Health			1.00	0.34	0.35	0.49	0.43	0.70
Subjective				1.00	0.42	0.43	0.78	0.74
Relationships					1.00	0.48	0.49	0.62
Risk						1.00	0.65	0.70
Housing							1.00	0.82
Overall								1.00

Subjective well-being

Now, turning to my final question, should we be more concerned than we are with variations in children's subjective well-being? There are two schools of thought. One argues that subjective well-being is soft stuff, subjective and therefore unreliable. Then there is the argument that we cannot do anything about it – it is not a matter for public policy, it is a matter for children's relationships with their family and friends, and the State cannot do anything about it so we should not worry about it. The OECD is producing an index of child well-being at this very moment in which they have dropped all the subjective well-being questions that we used, with this argument at the back of it.

And then there is the evidence from the British Household Panel Survey (BHPS) youth questionnaire. When you try to explain variations in subjective well-being, it is very difficult to find any relationship between it and other things. In fact, in the work we did on subjective well-being in the BHPS, we found that the only factors that explained any of the variations in subjective well-being of teenagers were their age (it got worse as they got older) and their gender (girls were less happy than boys). After that, we could not find any relationship with poverty, employment of parents – nothing seemed to contribute.

So, the argument flows from that, is it merely a genetic predisposition? If it is, then the State cannot really do very much about it. Well, I do not think if it is a genetic predisposition you can really explain the big variations we see internationally in subjective well-being, and I will show you in a moment how big they are.

Then there are the ‘pro’ arguments that actually, subjective well-being, what children say about their lives, is the most important aspect of well-being, it is the essence of it. We are enjoined by the UN Charter on the Rights of a Child to take into account what children say about their lives. We know, from the evidence I have just presented and from other work, that it is associated with material well-being and overall well-being. Parents are concerned at the findings that children in Britain are unhappier than children in other countries, and we probably can do something about it directly in social and emotional education, in anti-bullying strategies, in mentoring and befriending schemes and rights-respecting schools, and all sorts of other direct actions to improve children’s lives. And the evidence suggests that we can do something about it indirectly as well, by improving children’s overall well-being.

Figure 14 Overall child well-being by life satisfaction

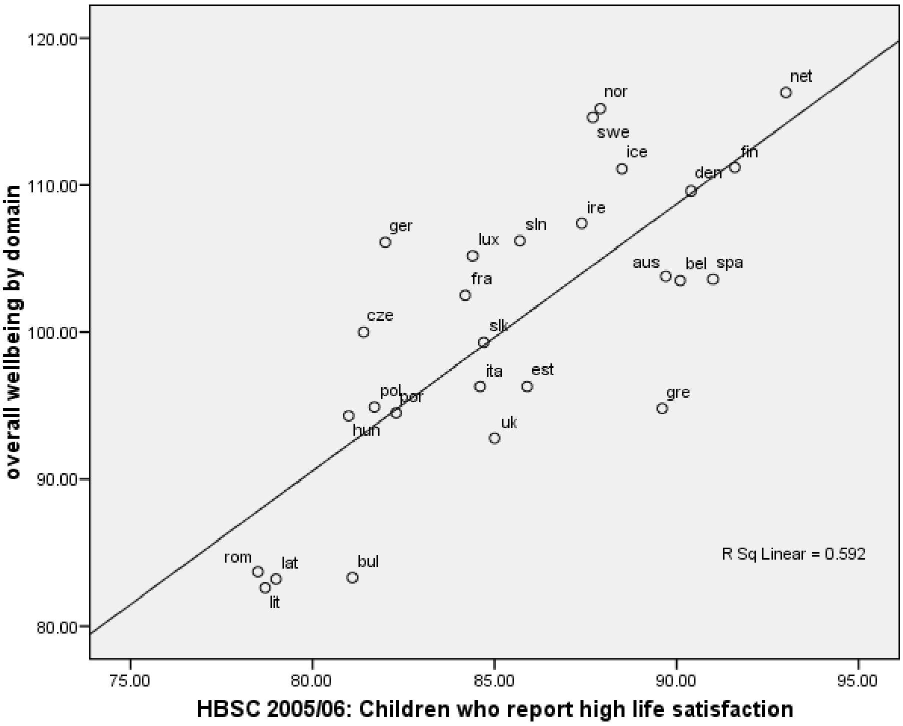
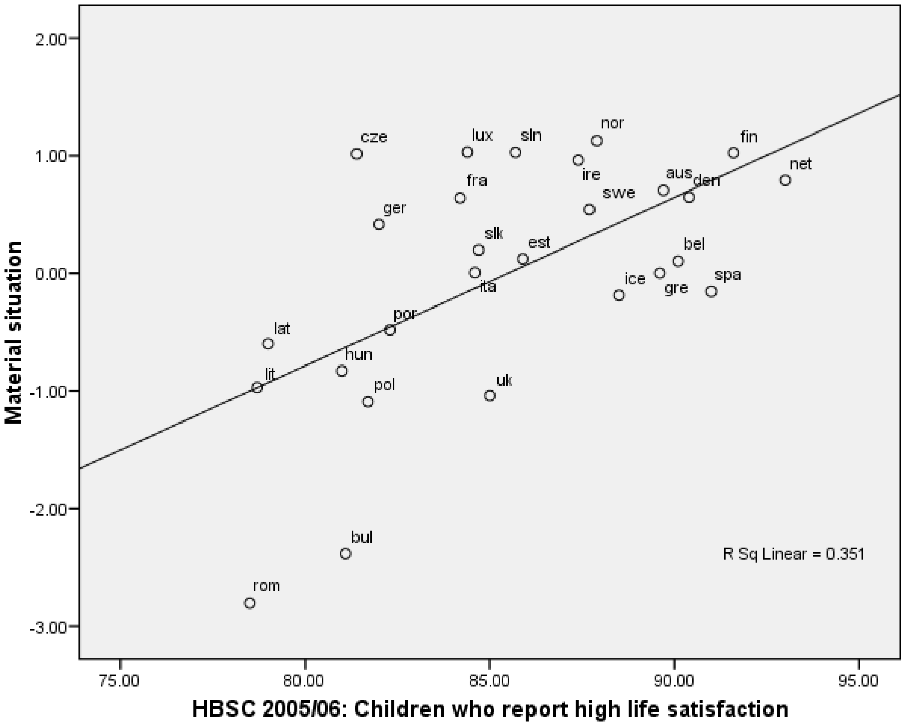


Figure 14 shows the relationship internationally between the overall well-being of children and the proportion who report higher satisfaction on Cantril’s Ladder, and you will see there is a very strong relationship between these two indicators at international level. Figure 15 shows the relationship between the material well-being domain, poverty, and the proportion of children who report high life satisfaction; this is a less strong relationship, but nevertheless a significant one.

Figure 15 Material situation by life satisfaction



Conclusion

So, in conclusion, child poverty is still dire in Britain and it needs a great deal more effort to meet the challenge set by the Prime Minister in 1999. Poverty is associated with the general well-being of children. One of the reasons why we come towards the bottom of these league tables is because of our levels of child poverty. I think we need to learn much more than we know at the moment about what determines the subjective well-being of children, and how we can influence it, and I do not think that the existing data sources we have are good enough, and that is why I think we need a national survey of children that regularly asks children about their lives. It is extraordinary that we do not have it. We have so many very good sources of data on households and adults, and we still do not have a decent representative sample survey of children. I think we should do more work on why we are doing so badly in these international league tables. Why are we at the bottom? Why are we so unlike the Netherlands who come top of the league table overall, are in the top third on every single domain and are just over the sea from Hull? What is it that they are doing that we are not to achieve their results?

Questions to Professor Jonathan Bradshaw

- **Paul Dornan,** *Child Poverty Action Group*

  Jonathan that was, as always, very wide ranging and fascinating. I have a couple of quick points. I agree with your analysis of the reaction to the UNICEF Report, but I do hear it referred to from time to time, and by the Government, as well as by other politicians, so I think it has set a debate which continues. I am sure that emphasising Britain's position within other European countries is a very effective way of trying to explore the differences between what we do and what we can do, and it helps to build a powerful argument for why perhaps things should be done differently.

  There are three bits of the research that I would emphasise. First, what you were just saying about things that you can do, things that are poor and things that are bad, getting at those causative links is very powerful and useful evidence.

  Secondly, on the child poverty agenda, why we have done less well than it was predicted, modelled and expected that we would have done with the suite of policies that we have had? I feel that we do not fully understand why things like Tax Credits have not worked in the way that they were anticipated – that they have had an effect, but the effect has been lower.

  Finally, I am just going back to something that Estelle Morris said initially, which is the long term implications of some of these policies, particularly over the SureStart Agenda. Getting that analysis of being reasonably sure if an impact is being had, so that those long term policies are not swept up by rather shorter term political horizons – and I think this sort of evidence is also very useful.

  Professor Jonathan Bradshaw

  Well, in order to have a long term view of what is happening to children, we actually need to ask the question and that reinforces my opinion that we need a decent representative sample survey that enables us to monitor children, other than the Health Behaviour of School Children Survey.

- **Professor Gillian Parker,** *Social Policy Research Unit*

  Jonathan, I wonder if I can ask a question about the extent to which all the countries that you have data for collect data on all the children that they are responsible for. I have just come back from Italy and I feel fairly sure that Roma children will be under-represented in any of the Italian statistics and they are, clearly, the most deprived group of children in Italy. So I just wondered to what extent we were, in a sense, being disadvantaged by the fact that we are quite good at collecting the data?

Professor Jonathan Bradshaw

Yes. Well actually, Roy Carr-Hill makes an even stronger point along those lines and he says that our surveys are much better than other countries' surveys, not just that there are minority groups that are not incorporated. Well, I do not think that can be said of all the data. A great variety of datasets are used in this index and quite a lot of administrative data as well, so it is not just survey data, but it is a problem that we cannot get a handle on minority groups of children who are particularly deprived in this international comparative study as we are always using population averages. And so, we do not have any data on how handicapped children are faring across countries and we do not have any data on how unaccompanied asylum seekers are, and we do not even have data on how minority children are faring because in these big national surveys, there are just too few of them to do separate analysis on.

The latest report of the Health Behaviour of School Children Survey has actually focused on variation within countries and if you have not seen the report, it is well worth looking at because it actually tries to analyse variation in well-being by family affluence by gender and by age, and that is the first time they have attempted to do that. So we can get a handle on variation within countries and between countries using that data.

- **Zoltan Bozoky,** *Policy Research Programme, Department of Health*

  As an extension of that, looking at regions as well, because I think there probably is a very interesting question looking at regional differences within countries, between countries, and particularly looking at relationship between urban areas. It is interesting that policymakers can be described at one particular level of national thinking but, of course, there are levels of policymakers and potentially different constituent groups, and maybe the local City Council level may be as influential as at the national level as well.

Professor Jonathan Bradshaw

Yes, two responses to that. The Public Health Observatory based in York, which is responsible for children, has done a good review of child health across Europe and which has some regional breakdowns. I am sure you know about it, and it certainly shows a very considerable variation within countries as well as between countries in the key health indicators.

We hope that our index of child well-being at super output area level will provide some of this data. When it is published by the Department of Communities, it will have the small area level index results, which Local Authorities can use to identify which neighbourhoods in their geographies have the highest and lowest well-being on all the different domains, but we are also producing it at a Local Authority level, so Local Authorities will be able to compare themselves with other Local Authorities.

Research on children in and on the edge of care: where have we been, where are we going?

Professor Nina Biehal, Research Director, Children and Young People’s Social Work, Social Policy Research Unit

I lead the Children and Young People’s Social Work Team (formerly known as SWRDU) in SPRU. For over 15 years our research has focused on vulnerable children and young people in a range of circumstances – looked after children, children on the edge of care, leaving care, adopted, in the Youth Justice System, and children who are vulnerable in other respects, such as young runaways, neglected adolescents and unaccompanied asylum seeking children. So I am going to be dealing broadly with this wide area of research and will be asking: Where have we been? What do we know now? And what do we need to know?

So, first of all, where have we been? I think a very useful snapshot of where we have been is provided by the *Messages from Research* series of publications which have been published by Government over the years since 1985. And I’m pleased to say that not only have publications by members of our team been included in almost all of these publications, but that two of them have been written by my colleague here in SPRU, Ian Sinclair.

1985	Social Work Decisions in Child Care
1991	Patterns and Outcomes in Child Placement
1995	Child Protection: Messages from Research
1996	Focus on Teenagers
1998	Caring for Children Away from Home
1999	Adoption Now
2001	The Children Act Now
2004	Supporting Parents
2005	Fostering Now
2007	Costs and Outcomes in Children’s Social Care

Most, though not all, of the studies reported in these research overviews were funded under Government research initiatives, which have been a major source of research funding in our field since the mid-1980s. Of course, these publications do not provide a comprehensive account of all the research undertaken in this period. Nevertheless, looking through them provides us with a useful series of snapshots of research in our field at a number of points in time since the mid-1980s. This valuable series of publications has been hugely influential with policy-makers and also with local managers and practitioners. They are also useful for our purposes today, as they can help us understand how research has changed over the last 25 years or so.

One thing that has not changed very much is the tradition, in UK research on social work with children, of seeking the views of children and of parents themselves. This is evident in studies conducted throughout the period we are considering here and is clearly something that we should continue to do in future studies. However, in other respects there have been important shifts in focus. In the studies reported in the earlier volumes of *Messages from Research* the focus is principally on process, rather than on the effects of services. The earlier collections mainly comprised exploratory or descriptive analytic studies, which were often quite small studies of needs and process, although there was nevertheless some attention to outcomes.

More recently, however, an increasing number of evaluative studies have been included. As its name suggests, in the latest volume published to date on *Costs and Outcomes in Children's Social Care,* the focus is on the outcomes of service provision. So, if we are thinking about where we should be going next in research on children's social care, I would argue that we should not only continue to undertake the kinds of exploratory and descriptive studies that have been so influential in our field in the past, but also broaden both our areas of interest and our repertoire of research designs in the years ahead.

So, what do we know now? And what do we need to know? I have selected five areas that I am going to touch on very briefly, given the limited time available today. I am going to look at research on:

1. risk and resilience
2. children on the edge of care and young people with anti-social behaviour
3. the needs and experiences of looked after children
4. outcomes for looked after children
5. the impact of policy at national and local level.

So, let us start with the issues of risk and resilience. We now know quite a lot about risk factors for vulnerable children; we also know quite a lot about which factors may be protective. But we still do not know nearly enough about the mechanisms whereby these risk and protective factors interact to produce either better or worse outcomes for vulnerable children. Neither do we fully understand why some children show resilience in the face of adversity when others do not. Nor do we understand enough about the very important question of how interventions can help to bolster resilience in children, and we need to know a lot more about which interventions can do this most effectively, for which children, and in which circumstances.

Turning now to children and young people on the edge of care, we certainly have some very good descriptive studies of the needs of children on the edge of care and we have some good descriptive studies of services as well. For example, there have been a number of descriptive studies of family centres. There have also been evaluative studies of various parenting interventions, but most of these have been conducted in the United States and there have been very few studies of the effectiveness of family support interventions in this country. Also, most evaluations of family support services have focused principally on how parents perceive change. They do not very often include standardised measures to give a more comprehensive view. The views of service users are, of course, very important, but I do not think they are enough in themselves if we are seriously interested in understanding the impact of interventions.

So what do we need to know in relation to children on the edge of care? Well, we do already know that family support interventions often help parents feel more competent, and that that if they feel more skilled and more confident this may help to bring about positive changes for children. But do these interventions change what parents and children actually do in the longer term, beyond a six month follow-up period? And family support itself is a fuzzy concept, covering a wide range of activity so we need to develop a range of outcome measures capable of detecting any change in child well-being and in parenting skills. These measures need to vary, depending on the kinds of intervention studied and the ages and other characteristics of the children concerned.

Of course, if we are interested in outcomes for these children, we need something to compare to the outcomes for those receiving family support interventions. Yet there have been relatively few controlled studies of family support interventions in the UK, so there is a real need for more quasi-experimental studies and possibly for randomised controlled trials too. At the same time, we need to understand, as always and throughout everything we do, how children and families view the interventions, and their experience of them. What is it they want out of them? Do they think the interventions have helped – and how do they feel they have helped, or failed to help?

Moving on now to research on the needs and experiences of looked after children, we now know a lot about children's pre-care difficulties. We know that most of them have experienced abuse or neglect, that many may have experienced domestic violence, instability and possibly parental mental health or substance abuse problems, and often school failure, **before** they enter the care system. These things are well known. We also have good evidence on the prevalence of emotional and behavioural difficulties amongst these children. We know that this is higher than for looked after children than for the general population. We know that a lot of children bring attachment difficulties with them into care, which have a huge impact on their experience of care, making it potentially more difficult for them to bond with carers, or for carers to bond with them, and that these difficulties may have an impact on stability in the longer term. However, we do not really understand enough about how these factors interact in practice and what we can do about them.

So, we need to know more about the impact of these difficulties on outcomes for children. A key question is: how far does being looked after compensate for the difficulties that children bring with them into care, and how far does experience of being looked after compound these difficulties? We need to understand this much better if we wish to ensure that the care system provides better compensatory experiences for children, ensures better outcomes for them and does not compound the difficulties they bring with them into care. Equally, for children who are looked after long-term, we really need to think a lot harder about how we can improve placement stability and provide them with emotional and legal security. And in this respect, as always, it is really important to understand children's views about this. What are their perceptions of permanence? How do they understand it and what is their experience of long-term care or, indeed, of adoption?

Turning now to research on outcomes for looked after children – what do we know? Well, it is well known that many looked after children have poor educational outcomes. We know that they are more likely to experience difficulties with housing or employment when they leave care. We have a greater awareness these days that the care system includes some high risk groups with particularly complex needs. We know from our own work here at York that outcomes tend to be more positive for those who enter care earlier and have greater placement stability. We also know that the quality of substitute care, the care environment itself, can be a key predictor of intermediate outcomes during the time that they are being looked after, in terms of measures of their well-being. And we know about the crucial importance of the relationships they develop with the carers who look after children in foster care.

As I mentioned earlier, much of the research on the care system in the 1980s and 1990s focused on questions of needs and process. Some of the existing research on looked after children listens to children, parents and carers. A relatively small part looks for effects, and relatively few studies have combined these approaches. A particularly problematic issue is that much of the available data on outcomes comes from studies of leaving care (and I am proud to say that colleagues in our team have led the field in research on leaving care). But studies of leaving care have inevitably sampled by outcome, in including only those who have been obliged to remain in the care system until the age of 16 years or over, due to their own difficulties or those of their families. Few studies have been able to measure change and chart the progress of children from the point at which they enter care. So there is certainly a need for longitudinal studies, including some prospective studies.

Finally, what do we know about the impact of policy on children's lives? Well, we know something about the impact of changes in national policy on the nature of care careers. We have seen the number of children entering the care system rise and fall as policies have changed. For example, as a result of the Children and Young Persons Act 1969, many young offenders in Home Office Approved Schools were absorbed into the care system. Twenty years later the Children Act 1989 ended the making of Care Orders in criminal proceedings (a practice that had in any case declined significantly since the 1969 Act) and encouraged the development of family support services, both of which contributed to the subsequent decline in the number of children entering care. Similarly, the Prime Minister's Review of Adoption (2000) and the Adoption and Children Act 2002 led initially to a slight rise in the number of children adopted from care. At local level, we also have some evidence on local variations in patterns of entry both to care and the youth justice systems, and on local variation in the likelihood that looked after children will be returned to their parents.

So we already know something about the ways in which both national and local policy can affect the decisions made about individual children. What do we still need to know? We certainly need to understand more about why there is so much local variation in policy and practice and how this operates. For example, why do some local authorities take children into care earlier and others later, why are some are more likely than others to return them home to parents than others, and above all, what is the impact of these policy decisions on the wellbeing of children?

So, taking together research on children in and on the edge of care, what do we need to do next, as researchers? As I mentioned earlier, we have perhaps relied too much on outcomes measured at an end point. We need to identify and possibly develop more sensitive measures of progress, and to measure progress prospectively over time. We need to identify or develop a range of sensitive measures that could be easily administered, including measures of progress in education, social relationships, general social functioning and wellbeing. Also, at the moment we do not appear to have agreed measures of attachment that could be used across studies and so facilitate comparison.

Furthermore, we need to understand how pre-care and in-care factors (including local policy and practice) interact to produce particular outcomes for particular children. We also need to investigate the complex mechanisms whereby interventions for children in and on the edge of care achieve their effects. And we need to continue talking to children, parents, carers, and professionals about their perceptions and their experiences, to help us understand how, why and in what circumstances interventions may promote the wellbeing of children.

So, what next? We will always need studies that are exploratory, studies that can map new or complex issues, such as the studies we have undertaken here on unaccompanied asylum-seeking children or young runaways. Also, we certainly need more studies which are evaluative, that look at which interventions are effective and with whom, such as our studies of leaving care, family support and treatment foster care. I am including in this the evaluation of local as well as national policies, for example, looking at the impact of taking children into care sooner rather than later, or providing family support early in the life of a problem rather than when families reach crisis point and so on. To do this we are certainly going to need more controlled studies than our field has seen in the past, although there have been more of these in recent years.

Longitudinal studies will also be important. If we are going to study outcomes effectively, and if we are interested in understanding mechanisms of change. These would need sufficient funding to recruit samples that are large enough to allow for attrition over time, but typically, samples have been small for many studies in our field. And if we are interested in understanding outcomes for looked after children, we will need some prospective studies which can assess children's functioning at the point of entry to care and then measure wellbeing and progress over time.

In relation to specific interventions, we certainly need to improve our UK evidence base. A lot of evidence-based interventions that are of interest to children's services have been tested in the United States, where both the policy context and the service context are very different. So we need to evaluate these interventions ourselves, in a UK context. Having said that, we nevertheless need international collaboration, to share ideas and develop methods.

So what would help us do this? Well with representatives of funding bodies here today, I cannot resist mentioning that if we are doing evaluative or longitudinal studies, then we need realistic funding because these kinds of studies are costly to do. I would also argue that broad funding streams, rather than the piecemeal funding of evaluations of discrete services, are likely to make a more useful contribution to the development of knowledge, policy and practice.

So I am going to end by returning to the *Messages from Research* overviews, which I think have been immensely valuable in our field. At this point in time, it is not at all clear whether the kind of broad research initiatives that underpinned the publication of these overviews are going to continue, yet they had many advantages. These research initiatives co-ordinated the investigation of key issues. Bringing together a number of related studies in this way can result in a creative synergy as researchers collaborate on the investigation of shared themes. As well as funding studies that may be valuable in themselves, funding a broad group of related studies under a research initiative can result in the publication of the kinds of influential research overviews I mentioned at the beginning of this talk, which can have a real impact on policy and practice.

Questions to Professor Nina Biehal

- **David Holmes**, *BAAF Adoption and Fostering*

  I just wanted to focus on your slide which was on the impact of policy and resources. I could not agree more that we need to know more about the extent to which variation between Local Authorities in service planning and provision actually impacts on outcomes for children. We know that the position a Local Authority will find itself in, in terms of service provision, is not necessarily the result of an immediate choice, but the result of maybe years of policy and practice and political leadership and indeed, the key managers that have existed in those key positions over the years. I would like to know more about whether variation in service provision between different Local Authorities impacts on outcomes for children, but I would also like to know about a concerted and managed change, for example, from a high looked after population to the greater provision of family support in a lower looked after population, not only how it was achieved, but did that managed change result in improved outcomes for children? So I think it is variation between Local Authorities, but also when new policies are brought in, do they actually work?

Professor Nina Biehal

Yes, I think that is important to look at. And we know also, from Ian Sinclair’s recent work, that it is not just at the level of the Local Authority that local variation can have a huge impact on children, but he also found that the level of the individual team has a huge impact on what happens. And certainly, in the study I am writing up at the moment comparing outcomes of long-term foster care and adoption, it is very clear that looking at it statistically you can see one particular Authority has a very poor record on placement stability, and then reading the qualitative interviews from that Authority, you pick up an awful lot about an Authority that is rescuing and not planning for children and reactive and the impact on those children. It is very interesting and I think we need to look at that a lot more.

- **Celia Atherton**, *Research in Practice*

  I thought you covered enormous territory in a really short period of time, so I am slightly embarrassed to want to add something to the basket, but I will, which is, I think there has been a longstanding concern about what is done to enable children to return to their families when they went into care. So we know how important family is to children, whether they live with their families or not, and we know that there is a national aspiration for children who cannot live at home with their families for a period of time to be able to return home, and yet, research study after research study shows that there is a terrible lack of preparation for everybody, and it really seems to me that we need to tackle this by looking at where we see success. What it is in practice and policy and other provisions that are beyond the normal gaze of welfare research, that need to be in place to really enable children to return back when things have been wrong, and to stay there.

Professor Nina Biehal

There has been much too little attention on assessing who should go home and how you are going to support that and support it after they have returned and follow that up and see what happens.

- **The Right Hon. Baroness Morris of Yardley, Estelle Morris**

  How much are you liaising with the large datasets which are being developed now, including the British Household Panel Study and, of course, Millennium Cohort, so that you can have the questions in there which are actually going to be important for answering some of the things that you want to know in the future? It possibly is important for people like yourself to actually be involved in making sure that the data is there in the future. It is always so frustrating, having worked […] with children in care, that you never quite had the data there to warrant it.

  Professor Nina Biehal

  Well I think you are absolutely right, and it is something we have not done and we ought to think about for the future.

- **Dr Carolyn Gaskell**, *Kids Company*

  I just wanted to say that I was so excited to see attachment up on your slide because I think it is absolutely crucial, and finding a way of integrating a sophisticated understanding of attachment into this kind of research is crucial, and in my experience of young people at Kids Company who are at the extreme end and have certainly had horrific experiences of care and the care system, every one of the young people that I have spoken to who has been in care will say, ‘No, everyone is terrible, everyone is terrible.’ And if you say, ‘What everybody?’, they say ‘Oh no, there was one,’ and there is always one person. I am fascinated by that and how we can facilitate children to identify that one person and to stick with that one person as well, rather than having instability and ripping them away from that one person.

  Professor Nina Biehal

  I think that is absolutely right. One of the things that I have been exploring in my own work is thinking about evaluating interventions, and you look at what comes from the intervention, what belongs to the intervention, but also what belongs to that relationship between a particular person – a particular carer, or particular worker – and a particular child. That alliance has been termed elsewhere therapeutic alliance. That actually is the key to make all the difference, to make the intervention work at all, and it might work for that child because of that relationship, and it might not work for another child because that does not happen for other reasons. I think those are interesting areas to explore and we do not know nearly enough.

Dr Carolyn Gaskell

Yes, and certainly every time a young person or a child is sent from one placement to another, to another, to another, that is just reinforcing the attachment pattern that they have come into care with.

- **Kate Billingham**, *Department of Health*

  To what extent is your research agenda being influenced by emerging knowledge around neurological development and people like Michael Rutter's work on genetics and behaviour and relating back to that question about attachment and the need to look at pregnancy as a time which children's outcomes are increasingly being influenced? And as somebody who is actually funding an RCT on a programme around a similar client group to the children that you are talking about, I am very interested in how the research has now come together to look at what it means for the outcomes of very vulnerable children in terms of the way of science now that is emerging?

Professor Nina Biehal

Well, we have not drawn on that, and we are well aware of it and we know that is not our area of expertise, and that is one of the reasons that I would argue that we need to take a multidisciplinary approach. We need to work with colleagues in that area because we cannot look at that ourselves, we do not have that medical expertise, but I would be very interested in the kind of things that Rutter has written about there and trying to work out what is the relative impact of those genetic factors.

Professor Gillian Parker

We have a colleague here at York, Kate Pickett, who has been doing some work on that, looking at large datasets and looking at pregnancy, and the experience of mothers and the impact of that on longer term outcomes, but unfortunately Kate is not here today.

Morning’s Concluding Comments

Professor Gillian Parker, Director, Social Policy Research Unit

There are a couple of things that have struck me as we have been talking this morning. One is the business of change management and how we effect change. And the other is about intervention research, and I want to link those together by saying that, inevitably in any research field, there is always a danger of being in your own silo. I think it is really important that we try and learn from the increasing sophistication of thinking in health services research about these issues, and ask whether there is anything we can take from that, in terms of developments in the things we have been talking about this morning.

I think our understanding of how to effect change and how to sustain change has taken at least a step forward, over the last few years, in health services research. A massive review of the evidence on how to spread and sustain change has been carried out by Tricia Greenhalgh and colleagues. It covered the whole of the change literature, everything from agricultural economics right through to sophisticated service delivery research. It identified some very important messages about how to effect and maintain change in services and organisations and it would be a pity if we missed out on learning from that.

The other issue is about interventions. I am increasingly struck by the extent to which we leap fully formed into evaluation in many of the areas we have been talking about this morning, rather than being able – and I do stress that I do not think we **are** currently able – to do the equivalent of the preclinical and the phase I trials that are done in health services research. So we do not even start with the ‘proof of principle’ question, ‘Does this thing work at all?’. We never do that, and we certainly do not then do a feasibility study that asks, ‘If this thing works at all, is it possible to research its effectiveness in a real life setting?’ Rather, we tend to leap straight into the equivalent of phase II and phase III trials, and then, surprise, surprise, we do not find any effect and everybody says, ‘Well, nothing works.’ And that is really to do with the funding of research in these areas. Many millions have been dedicated to biomedical research through the last Comprehensive Spending Review and we will be very lucky if we get even a tiny proportion of that to dedicate to the sorts of research we have been talking about here today.

I think we could do those sorts of things, but they require money, and they require a research culture in service settings. Because you cannot do that proof of concept, proof of principle work in academic settings, it has to be done in service settings, and it has to come from the ideas of service developers and deliverers.

So these are just a couple of things I wanted to throw into the pot that have come into my mind, as we have been talking this morning.

Panel Discussion

Chaired by Professor Roy Sainsbury, Research Director, Welfare and Employment, Social Policy Research Unit

The aim of the panel session was to hear from the groups and to respond to the points raised in the groups and then to open up the floor for a more general discussion. Each rapporteur was asked to bring to the floor two headline points which the panel responded to.

Reports from discussion groups based around the *Every Child Matters* outcomes

Be Healthy

Professor Jane Noyes, *Centre for Health-Related Research, Bangor University*

The first question that that our group would like to put forward is that there is a need for a child public health strategy for research that includes maternal health and pregnancy, right through to transition to adulthood, and that a child public health research agenda should include a knowledge exchange, and a knowledge translation and utilisation dimension that will require explicit funding.

Our second area is around Children's Trusts and we would like to pose the question to the panel: is health the poor relation and the new mother of integrated children's services and will children's health outcomes get worse?

Stay Safe

Bryony Beresford, *Social Policy Research Unit*

We identified some groups that are missing in terms of staying safe research and understanding of issues for these groups. These were teenagers, disabled children and young people, and children and young people in black and minority ethnic groups. The feeling was that we do not really understand their experiences of safety and staying safe and their experiences of the services system, and also, in terms of practice and the delivery of services to keep those groups safe. So that was our first area, missing groups really.

The second one was really more of a challenge for us as researchers. This was to look wider in terms of the evidence or the data we access for research; for example, within safeguarding there is a lot of evidence and data collected by Local Authorities for the Joint Area Reviews, and the Serious Case Reviews that really could be very powerful sources of data that would enable us to answer research questions quickly because the data is already collected in a sense. We must look to utilise those sorts of data sources more so that as a research community, we can be seen by practitioners and policymakers to be able to respond quickly when we can and that might make them more amenable to fund longer term pieces of research that also need doing to get a complete evidence base.

Enjoy and Achieve

Toni Menezes, *CHASE Hospice Care for Children*

We had questions about policy, in terms of the whole focus of this outcome being on education and the need to explore the roles of other agencies and help other agencies to value their roles in achieving this outcome.

We talked about lots of things, but funding issues came up, so we have brought that to the panel, and particularly, the funding issues for special groups like children from minority ethnic groups, or children who are carers or children with very complex needs, say ventilated children. We also talked about funding in terms of leisure opportunities, as well as the occupation and academic focus.

Make a Positive Contribution

Professor Nick Frost, *Faculty of Health, Leeds Metropolitan University*

We have two questions. We felt there was an institutionalised focus on the negative and on social problems and was it possible for us to evolve a new research agenda or a stronger research agenda around the positive, around fun and enjoyment, positive contributions, that has got an institutionalised and intellectual point to it.

Secondly, we felt it was key to see children and young people as active agents in terms of research, policy, forms of practice, and so on. But we had a very complex discussion, saying that this is not unproblematic and some of the group feeling that that while it had become the new model to get children to participate, sometimes it was very problematic and maybe not always desirable.

Achieve Economic Well-being

Dr Harriet Clarke, *Institute of Applied Social Studies, University of Birmingham*

The first point from our group was around needing a complex understanding of what economic well-being is, focusing on economic security and defining economic security and well-being, beyond and including family resources. It is also around access to good quality community resources and environment, so part of our discussion there included transport for children.

In terms of what we need to know about children's economic well-being, we felt that there was insufficient knowledge around children's perceptions of well-being per se, and that we needed qualitative and longitudinal work around children's perceptions of well-being, and we also needed the development of work with children through larger scale surveys.

Responses from the panel

Kate Billingham, *Department of Health*

I just have reflections that have bubbled up listening to people. This sense about moving away from seeing children as problems to be fixed and focusing on negative things around vulnerable children was one that really hit home to me – how do we move from a vision of children who have problems to be fixed, to one of people with potential to be realised, and the services role as being about enabling people to realise their potential? I think that is a whole zeitgeist movement in a way, that there is probably a door that is opening that people are changing their view about.

I think there is something around the NHS, as being a slightly different context in terms of public expectation and public demand. People see the NHS as an institution that is more important than the Queen, and therefore people feel they own it and they have a right to expect things, whether it is Herceptin for breast cancer or the latest renal cancer treatment. How do we frame this research agenda in terms of […] being struck by the family nurse partnership programme when 87 per cent of vulnerable young first time parents, when offered it, enrolled because they were told that, 'In America we know the kids do better at school, do you want to try this programme?'. How many of our services do we actually offer to families and parents in that way?

This is a ten year plan because anything to do with children is a long game and we all have to be in it for a long game, not a one year contracting commissioning plan or even a three year plan, but this is at least a ten year, if not a 20 year plan.

My final point really – because actually, I am more interested in doing than researching, which why I am not a professional researcher – is that I am thinking about where we go next with this child public health agenda and thinking that we could go away and bring together some key people from today and the Faculty of Public Health and Department of Health and DCSF and begin to think about a child public health agenda, and probably, initially, focusing that around the new Child Health Promotion Programme as a universal public health programme and just see where that goes really. I think maybe now is the time to do some thinking around that, so that was an action I thought that we could take away from today.

Dr Julie Jones, *Chief Executive, Social Care Institute for Excellence*

Some of what Kate said resonates very strongly, but to pick up on the idea that children are a long game; life goes very quickly for children and we have to be able to contribute in the short, medium and long term, and we struggled a bit in our group thinking about staying safe on that. But it does seem to me that the research community will earn the right to do the longer term work and the medium term work by becoming a bit more agile, using what we know as we develop our learning and being more responsive and a little bit less precious about that. Because whether we like it or not, for people who are in positions where they make decisions about what to do next, if good research is available they will use it, if it is not they will make the decision anyway.

So it really is a question of how helpful can you be, rather than being too anxious about we have not finished yet, sorry, we cannot talk to you. There is this balance all the time for the research community about the short, medium and long term and how you fuse the three together so that each feeds the other. I think that is particularly powerful in children’s work where their lives do pass by quite quickly. So, I suppose that bothers me.

The other point – to respond to what Kate said too – is around health, public health, and working across agencies. I was a DCS (Director of Children’s Services) until this time last year, and I think the question about whether health is the poor relation in the developing Children’s Trust model is a jury out question at the moment, and the answer is that it depends where you are. Because the notion of a Children’s Trust is still very ill-defined and people have been encouraged to develop Children’s Trust arrangements in their local areas that fit their aspirations for the children who live there. Where the relationships and the partnerships between the agencies are very strong, health have been in there from before the beginning and it is a very powerful model.

So, if the research community’s view is that health is not part of the developing Children’s Trust arrangements in local areas, then I think that you are not capturing current evidence. So how can that current evidence and emerging evidence about how to do that well – and there are lots of examples of how that is working quite well – be evidenced based? What can the research community do to help the fact that there is this question around health not engaging in Children’s Trusts?

Dr Carolyn Davies, *Thomas Coram Research Unit*

Well I have some thoughts, and I think there was the comment about a bias in funding towards negativity and I agreed with the idea that the vision of children with potential to be realised is a very much better way of thinking of things. I think there is another bias in terms of reporting research, which is that it tends to focus on what we do not know and I think I find this, as someone who works with policymakers, quite problematic and I think it is for practitioners as well. I think what we need to do is to extract from whatever evidence we have what we do know and put that across, and then have what we do not know, as further questions, as it were, to be explored. So I think I would like to make that observation.

In terms of children as active agents and researchers, I think in the children's field, we have tended to fall a little bit behind other areas in social care, for example, in drawing on the views and perspectives of children. I think it is quite problematic, there are difficulties in doing it. There is also the fact that sometimes research can be a means by which children's views are expressed and I do not think we should actually lose that as being one of the roles that research can perform. But getting children's perspectives is clearly extremely important and a direction I think in which things are moving.

I think on the issue about Children's Trusts and whether health is a poor relation, I have got a slightly different take on this, and this is where I am concerned about changes at the top level finding their way down to the frontline level. There is certainly some research on safeguarding that I have been involved in which would not give grounds for complacency about how well GPs, people in health and people in social care work together and for the notion that there is a continuing lack of trust. So, I think there is a long way to go there and it is not something that is going to be cured overnight by putting people in the same organisational framework.

Jane Lewis, *Research Evidence and Evaluation, National Children's Bureau*

I want to pick up on a couple of things. First of all, the idea of a more positive research agenda, I think is really important. When I talk to people at Young NCB, which is the Youth Membership of the National Children's Bureau, about the research that we are doing, they are absolutely horrified about what they think that says about what our construction of childhood is. Because it is all about problems, it is all about gaps, it is all about need, it is all about disadvantage, and many of the children are children who come from those sorts of backgrounds themselves and work very hard to present themselves to other people in positive terms. They really are quite shaken by what they think we are reflecting back to them about what we think childhood is all about. So, I do think it is really important and I think there are two particular types of research there that I think are important.

One is that, particularly in the area of resilience, but more generally as well, I think we need to look more at what it is that helps children to survive, and to do good research studies with children who are beating the odds and who are surviving. One of the most recent pieces of research that we did at NatCen, when I was there, was a piece of work going back to a Crime and Justice Study carried out with children. It was looking at children who were in risk categories for using drugs, but who actually had said in the survey that they were not using drugs and we did a lovely piece of research talking to them about why they did not use drugs. I think that is a research question that we ought to be asking ourselves a lot more and I think that is something that can apply across the whole range of different policy areas.

The other type of research I think that is important here, and we talked about this in the ‘Be Healthy’ group, is research with **all** children. I think that is important, anyway, but I think that also has a real relevance to children who are facing more problems because a lot of the people that they spend their lives with are other children. The more we understand other children, and the more we are thinking about the sorts of services and needs that they have, and the more we are equipping them to be positive participants in society, the more I think that will diffuse to the more disadvantaged, to the more troubled children that they are spending their lives with.

So, that is really the first set of issues I wanted to pick up on and the second set is, I have been struck all the way through the course of the day really by an issue about how we balance research on outcomes, which is obviously critically important, with research on mechanisms which I think quite a lot of what we have been hearing about today emphasises the need for as well. I started thinking about this when Estelle was saying that the window of opportunity is open right now, but you have got to start delivering some good, interesting research because otherwise the window will shut. Of course, at one level, you cannot say much about mechanisms until you have measured outcomes, because that is what you are trying to explain. But I think there are some quicker wins that we can have here, particularly by using the theory of change approach to research and by identifying what are the mechanisms by which we think something is going to impact on outcomes. Then, what can we do to explore now whether there is evidence that those mechanisms are a) being put in place, and b) are working well from the point of view of the people delivering them and the people at the immediate receiving end of them? And if we can do good research around that, then I think we can keep people waiting for a bit longer for the third bit, which is, can we prove that they are working through into positive outcomes for children? And so I would like to see us paying a bit more attention to doing really good, elegant, research around that and seeing it contributing to a better understanding of outcomes.

Responses from the floor

Professor Mary Dixon-Woods, *Health Sciences, University of Leicester*

I really like this emphasis on the positive in how we can [research?] helping children […] to make positive contributions. But really, what I want to emphasise is that actually, there is an awful lot we can learn from evidence that is already available, and that probably the piece that has not been done enough is to synthesise research that already expands and then to take that forward into Children's Services and the way we approach issues around children. Just to give a very simple example, there is some really fantastic work on conversational analysis about how, within British culture, we deal with invitations and within British culture it is not normal to just say, 'No'. So when you are asked, 'Would you like to come round for dinner on Saturday night?' nobody just says 'No'.

It is not very good then if we teach young people to just say, 'No' when they are offered drugs or offered sex that they do not want. You are actually doing them damage because it is not the way we deal with an invitation that we want to refuse. So it is better if you teach them how you can get out of a situation in a way that is much more normal to the British culture. So if somebody asks you, 'Do you fancy a shag?' and you do not, you teach them a strategy for getting out of it that does not involve just saying, 'No'. So that is an example where we know that there is some really good evidence that we can bring forward into helping people much more positively deal with difficult situations in ways that are normative for the culture that they are in.

Dr Julie Jones, *Chief Executive, Social Care Institute for Excellence*

This notion of synthesising and creating ways to make what we know already easier for people to use is absolutely at the heart of it for me at SCIE, in terms of everything we do around what I call knowledge transfer and what Celia [Atherton] calls knowledge exchange. And it is really fundamental, if the research community is going to make the impact that it must make to improve services. One of the things that the new Centre for Excellence [and Outcomes in Children and Young People's Services] is going to try to do is just that, around those things that we have been asked to work on, and it is a whole group of organisations come together around some particular themes commissioned by Government to do that, capture the knowledge, synthesise it, and turn it into forms that are useful.

So I do think that that is at the heart of getting better, but over the next ten years if the research community does not get better at that, a lot of what we do will be lost and then will sit on that shelf and that is very frustrating both for the researchers, but also for the people who have given their time to be part of the research activity, so I feel really very strongly about that.

Carolyn Davies, *Thomas Coram Research Unit*

Well, I think there have been a lot of advances in that area in the last ten years, both in health and social care and I think that we have got a lot better at synthesising findings, not only drawing on different sources of knowledge and evidence, and actually presenting it better. ,But also I feel that we need good quality evidence. I think if I have a concern, it is that in the desire to get stuff out there, we might lose the importance of testing out findings and making sure they are robust. I think we need to be very careful not to lose that essence that we would not, for example, want to introduce a new treatment for cancer without being absolutely sure it worked. I am not saying that is ever going to happen because it is never going to be that clear cut in delivering children's services, but we do seem to be not so rigorous in our desire to really check out what works best. So I continue to wish for that to take place and to wish for an evidence base to develop which is cumulative and based on reviewing what is already known, but also taking it forward.

Professor Marjorie Smith, *Thomas Coram Research Unit*

Can I just pick up on that point and take it, I think, one step further and say that I think we need to move from statistical risk factors to understanding mechanisms, in fact to the causes and the causal chains that intervene between risks and outcomes, or interventions and outcomes. Because at the moment, in terms of our evidence, we are too much beguiled by the statistical risk factors, which do not necessarily offer explanations nor the focus for interventions to improve things.

Professor Kathleen Kiernan, *University of York*

Can I just follow on from that because we are thinking about the next ten years and I have been reflecting on what Tricia [Sloper] and Nina [Biehal] said about the need for longitudinal studies. That has come up time and time again today, and in some senses, what you said Kate, about the enrolment on [family nurse partnership?], they would not have had that information if they had not followed up those children. This country has been unique in having these, what I would call, omnibus cohort studies and I think the time now is where we need small-scale intensive, in-depth studies complementing the larger scale cohort studies if we are to move on in terms of what Marjorie brought up in terms of trying to understand processes. So we need the longitudinal element, but with a multi method built in perhaps to the smaller scale, where you perhaps have 100 or 200, but you actually then do more intensive home observation, or service observation on a subgroup of them but you know where they sit in that sample frame. So, I think that thinking about the methodologies is very important.

David Holmes, *BAAF*

My comment is quite a general one, but I would be interested to see if anybody has got any comment on it. It is in the context of, if we are thinking about a ten-year forward strategy for research, I think it is really important at the very beginning of thinking about that strategy to be really clear in our minds who the research is for. I think often we think of research in terms of influencing policymakers, and I would question whether actually, they are the target audience. They are certainly, for me, not the only target audience, and I think it would be quite interesting to frame research proposals in terms of influencing frontline practitioners, influencing Local Authorities, influencing NHS Trusts, just influencing the whole range of partners who themselves can have an impact on children, influencing parents. It would be quite interesting to think about that at the very beginning of the ten-year strategy, rather than relating to dissemination strategies for individual projects within that. And as part of thinking that through, to pick up again on the point that Carolyn [Davies] was making about the importance of extracting what we know already and thinking about that within the context of the strategy too. I think it would lead to a very rich strategy, which was very clear at the beginning about where it was heading.

Professor Jeni Beecham, *PSSRU, University of Kent*

I just want to pick up on a point that Tricia [Sloper] made this morning and some of the things Carolyn was saying. One of the things that is, perhaps, for me, quite worrying about research in children's services, particularly in children's social care, is information about cost of services and about cost effectiveness. […].

We do not know much about the cost of services for children, whether they be disabled children, children in care, children living next door, children in deprived environments, children who spend a lot of time in after school care services or in after school clubs. There are whole areas of childcare where we just know nothing about costs and know very little about cost effectiveness. There was an initiative in the early part of this decade that in one area took all the costs and cost effectiveness studies, and it is quite difficult to see where that is going now, except in bits of working done here and there, for example, some of the work I do. There is not very much of it, but somehow we need to make sure that it is all pulled together so we really begin to learn from it and pick up evidence so that SCIE can incorporate it into their reviews, but also take that knowledge forward an awful lot further. We just really need some kind of long term input to get that research base much more solid.

Dr Julie Jones, *Chief Executive, Social Care Institute for Excellence*

I think that is a very powerful point you have just made and it seems to me it has been lacking in social care research, not just children's social care research, for too long. And what that means is, if you are the recipient of this plethora, this blizzard of evidence and advice and knowledge, you cannot answer the question, 'Should I do this because it is going to give better outcomes for my customers or is it going to help me control my costs?' Those are the two questions you always have to ask about every decision, and we do not embed that thinking in the way we frame the research questions, which means that part of your audience, part of your customer base will not be able to make any use of it or as much use of it as they might. So I do think that is very powerful, and we are working together on some approach to economic evaluation that we hope will grow the mindset and the culture that asks the question, even if we cannot always answer it as well as we might.

Toni Menezes, *CHASE Hospice Care for Children*

I think the research you are talking about is really important, but until there are about 50 times as many people like you [to Jeni] and like Martin and like Jane and other good health economists, then we just are not going to get there. It is incredibly difficult to find a health economist who is not so incredibly busy that they are going to be able to work with you on something. I think that is a research discipline that we desperately need to build up.

Kate Billingham, *Department of Health*

The thing about who it is for I think is really important, because when I think back, as a health visitor, the things that influenced me in my practice were never things that came out of policy, they were things like the books Hilary [Graham] used to write about women's health, those were the things that changed my practice. So, I think who it is for is crucial and I think parents, in terms of making choices, are a key audience for doing it. My other bit was thinking was about this economic analysis and around commissioners. In our group on health, we had a discussion about the problem of commissioners who are making important decisions about services and what they pay for, and the lack of knowledge and understanding of research, and whether there is a role in terms of packaging research funding so that people can actually use them at that level who are making everyday decisions on that. Coming back to the question about health being a poor relation, I think it depends whether you are talking about health services or health, they are very different, but that sense that children's issues in health services, unless they can come under that robust, economic evaluation and use language of QALYs and so on, are not going to get into Health Service Commissioners' way of thinking. Quite a lot of children's services are seen as not fitting in the health mindset when decisions are being made. I think, probably, the answer is somewhere in the middle between the two really.

Professor Roy Sainsbury, *Social Policy Research Unit*

I was very intrigued by your question, David, about who is the research for, but I do not think in any of the responses we have come up with the answer of 'children'. You mentioned Local Authorities, agencies, NHS, and I think parents were mentioned, but – and I am just tying that up with Mary's comment about having an impact on how children behave – who are they going to listen to? It is not going to be a Secretary of State. I do not know the answer, but I think we need to pursue the question so that we do know how we can help children adjust to their very difficult lives as they change very rapidly from young child into adolescence and so on. So, I just thought that was quite interesting and we have not actually said who is research for and come up with the answer, 'children'.

We have a few more minutes left. I am aware that we have not covered every point, but I am going to give a chance to the rapporteurs to raise a point that they think has not been addressed yet which they would really like addressing.

Professor Jane Noyes, *Centre for Health-Related Research, Bangor University*

We wanted to put together a research programme about the economics of disability, but we also wanted it to be called the Disability of Economics because the tools and so on are very difficult to apply sometimes to children and they are not robust enough to answer some of the questions that you want. And although we heard this morning that we have made great progress in doing research with the children rather than on children, we are not there yet. So there is a lot more that we could do in methodological programmes, but it needs to be expanded and made more robust than what we do.

Professor Nick Frost, *Faculty of Health, Leeds Metropolitan University*

We want to have lots of funding to do a comparative study of the Netherlands and England. I am thinking about taking up Jonathan's invitation! And the other thing was, nearly everywhere you go these days, quite understandably, everything is designed around the five outcomes and five streams or five workshops, but we do not want to lose the holistic essence of Every Child Matters.

Toni Menezes, *CHASE Hospices for Children*

Your question about who the research is for made me think – that is a very useful point, but what other priorities that children and young people have in terms of research. Is it our place to set the whole agenda or could they feed into some of that?

Kate Billingham, *Department of Health*

I would just make an observation about who funds research and, certainly, Government is a very big funder of research, and if Government funds research on the whole looking at its research for policymakers, that is how it defines its rationale for funding. It would be very nice if we had a more diverse funding base, and I also think it would be very nice if service providers were a bit more inclined to look at funding research. I feel that that potential does exist, but has never really found a way of expressing itself.

Summing Up and Conclusion

Professor Hilary Graham, Department of Health Sciences, University of York

Today we have had an extraordinarily rich meeting, covering a wide and important canvas. My summary cannot do justice to our discussions so, instead, I will note just some of the insights I have gained.

Gillian Parker began the meeting by signalling her concern that research on children had lost its way, setting us the task of setting out a new direction, a new agenda.

Estelle Morris elaborated this point by noting the powerful influence that research with and for children has had over the last decade, both on public consciousness and on policy and practice. She argued that public debates and policy developments have been informed by research, giving as examples the widespread appreciation that the early years of life are critical to children's futures and that services need to work in partnership if they are to deliver services which meet children's needs. She suggested that the research agenda of the last ten years is now embedded in public and policy debate – and set us the challenge of thinking beyond the current research agenda to map, and then deliver, new and forward-looking research programmes. The deepening economic recession makes it all the more urgent that the research community thinks forward to the research needed to inform future policies for children.

So, with these challenges in mind, I have tried to organise some of the many issues that have been discussed today. We have ranged over a wide variety of research approaches, and strong pleas have been made for greater investment in each of them. We have discussed the importance of exploratory research, etiological research around mechanisms, evaluative research, methodological research, and translational research. Taken together, I think what we are arguing for is a set of research programmes that include all these different forms of research. Perhaps I can give some examples to capture the flavour of our discussions.

Looking at **exploratory research**, Gillian Parker mentioned the need to increase the opportunities for proof of concept studies, that is, for sources of funding through which exploratory ideas can be tested and pilot studies can be developed quickly. In other words, there needs to be a facility to provide rapid access to seed-corn funding. In the group I was in, examples were given of research ideas informed directly by professional experience, which could be quickly taken forward through seed-corn funding.

Participants have also emphasised the importance of **methodological research**. One example is how to measure outcomes. What does a good outcome look like for children? How should we measure subjective well-being? Another example we discussed today is how to capture children's perspectives. How do we develop the methods and measures that can capture how children think and feel about their lives and about the outcomes that matter to them? How can children's views be incorporated into a measure like a QALY **(**Quality Adjusted Life Year), a measure which, through NICE (National Institute for Health and Clinical Excellence), has a powerful influence on decision-making and resource allocation in health and social care.

With respect to **etiological research**, there are again a number of examples. We have discussed the importance of getting child-focused questions into existing longitudinal studies (in contrast to questions asked about them of their parents and teachers using measures designed by researchers). There has also been considerable discussion about the case for qualitative longitudinal research around children and their experiences of growing up.

Evaluative research has been the primary focus of our discussion today.

To flag up some of the issues, a participant in the morning's discussion argued for more evaluative research on 'policy failures': on why policies and interventions have not worked, particularly on why policies and interventions that other research suggests should have worked have proved ineffective. Our discussions have noted that one of the reasons for apparent policy failures may be that we are looking for short-term 'wins' when the processes that the policies are addressing have longer-term outcomes. In public health research, we use the term 'sleeper effects' for exposures – including exposures to an intervention – which have little measurable effect in the short-term because there is a time-lag before effects are evident. Potentially positive effects of interventions may also be conditional on other events or experiences (for example, on family incomes remaining stable or on other preventive services remaining in place). If an intervention has a lagged effect, we risk dismissing it as ineffective if we measure it before this effect is evident. This issue may be particularly important if the political and economic climate becomes less conducive to new interventions, and governments seek to cut back on the range of innovative services put in place over the last decade. It is important that we do not forget to measure the long-term effects of these interventions.

Again, under the broad heading of evaluative research, we have discussed the importance of including measures of intermediate outcomes. We should not only be concerned with measuring the stated outcomes; we should also think of indicators, of mechanisms and mediators that lie along the pathway to that outcome.

As a further example of the developments that we would like to see in evaluative research, we have discussed how the research and policy community needs to be sensitive to the fact that, and the processes through which, services can compound the difficulties they are designed to solve. We need more evaluative research on the role of policy and interventions as causes rather than solutions to the difficulties that some children experience. Linked to this, we discussed the importance of capturing variations in services at local level: local patterns of service delivery and local service organisations may be very important in mediating the effects of a national policy, for example. We also talked about the insights to be gained by looking across the four jurisdictions of the UK, as well as from cross-national research, when evaluating policies and interventions.

As a final example under the broad heading of evaluative research, our discussions have noted the need to see children's lives over time and as they move through and across service settings. Tricia Sloper emphasised the need for studies that track children from pre-care environment, through the in-care environment and onto the post-care environment: I do think some of our evaluations take a snap-shot of only part of this process.

The final research area that has been a focus of debate today is **translational research**. One of the key insights that I have gained is the importance not only of distilling 'messages from research' for policy and practice but also of finding routes for disseminating 'messages from practice'. It would be innovative to have a series that parallels the 'messages from research' coming from programmes of research which communicates insights from frontline staff so that we genuinely get a knowledge exchange across the research/practice interface.

We have discussed these different forms of research – exploratory, methodological, etiological, evaluative, translational – against the backdrop of a shared appreciation that the population of children is changing rapidly. We have mentioned, at various points, increasing socio-economic inequalities among children, increasing ethnic diversity, and the increasing variety of family forms and household arrangements. We have talked about how, when we are thinking about disabled children, there is a growing subgroup with multiple and complex disabilities of a form which, at population level, we have not seen before. We also have Jonathan Bradshaw's chilling picture – which chills us all every time it is presented – that we still have 30 per cent of our childhood population in poverty. This high prevalence is now long-standing, which means that there are many poor children today whose parents also grew up in poverty. Because of the way poverty tracks across generations, we may be yet to pick up the full intergenerational effects of poverty on children. This makes the challenge outlined by Jonathan around improving children's well-being even more challenging.

In the final set of discussions of the day, the panel discussed the importance of research that is more genuinely informed by stakeholder perspectives. We agreed that we need mechanisms and networks that enable children to influence the research agenda and research process, and enable those who commission and provide services to be part of this, as well as the national policy community and the research community. I would hazard that we are better at getting the policy community and the research community round the table than we are the other groups. If this is correct, then the future challenge is to get other constituencies (other stakeholders) to feel that they are also shaping what and how research is done.

My final observation is that we are advocating a very ambitious research agenda for children. None of it will be achieved without research capacity – without committed and skilled researchers. So my final comment is that, to deliver research for children, we need to think beyond research programmes – the ‘what’ of research for children – to research careers – the ‘how’ of research for children. We need to think about the researchers who are going to do research for the future, and the kinds of training, support and career structures that are needed to attract and retain high-calibre researchers. We also need to think about our data infrastructure, and the UK is currently world-famous for its longitudinal studies and for its rich array of cross-sectional studies. But these will need protecting and enhancing to underwrite the quality of future research.

Research capacity and data infrastructures are the foundation stones – the preconditions – for effective research programmes for children. UK research funders – research councils, charities and government – are currently investing over £60 million in a study (called UK Biobank) of health among those aged 40 to 69 years. It is a very important and well-executed study. I mention it because, if the agenda for future research for children that we have discussed today comes with a hefty price tag, it is important to remember that the UK is already making a major investment in research on adult wellbeing. Children – who are also the adults of the future – deserve similar investment.

Appendix A Notes from Discussion Groups

Notes from break-out session: 'Be Healthy'

Chair: **Suzanne Mukherjee, Social Policy Research Unit**
Rapporteur: **Jane Noyes, Bangor University**

The following issues were discussed and considered worthy of linking with the research agenda:

- Resilience, coping and change are vital factors in relation to drug use, weight loss and so on and willingness to change is vital for any intervention to work.
- Impact of emerging knowledge from genetics and neuro-developmental research and pregnancy.
- But – people cannot change genes – so other interventions are required to alleviate genetic consequences and these two perspectives need to be considered together.
- Multi-disciplinary research teams were considered vital.
- As was the need to set the research agenda alongside society's view on willingness to pay.
- The health economic tool box is very limited in terms of encompassing children's viewpoints as they are not taxpayers.
- The opposing view was that the child should be the starting point and not economic considerations and what tax payers were willing to pay for.
- Pregnancy and maternal health should be included in a child health research agenda – including maternal and child mental health and wellbeing.
- Questions were raised as to how health was delivered alongside other interventions – such as children's centres – and was 'health' the poor relation as a consequence?
- Knowledge transfer and utilisation (KTU) strategies and processes were seen as a missing link in commissioned research, policy development and service delivery and organisation.
- Need to fund KTU and knowledge exchange.
- Basic indicators of health are all improving for children – but emotional and physical health getting worse (for example mental health and obesity).
- There are known factors that contribute to obesity – but no effective interventions.
- Therefore need to think of a child public health strategy – to extend the forthcoming child health strategy.

- Need to consider children and families and communities – not just children as isolated beings.
- Are there things we need to know more about at a societal level – and what forces drive it – for example education inequalities?
- What does success look like from various perspectives?
- Policy evaluations have not been well planned or robust.

Three most important questions/issues from this debate:

1. There is a need for a child public health strategy incorporating maternal health and transition to adulthood.
2. There is a need for a knowledge translation utilisation and exchange dimension to research and policy that will require explicit funding.
3. Is health the poor relation in the new model of integrated children's services and will health outcomes for children get worse?

Notes from break-out session: Stay safe

Chair: **Jim Wade, Social Policy Research Unit**
Rapporteur: **Bryony Beresford, Social Policy Research Unit**

Issues around staying safe

- Around young people's own culture.
    - Needing to understand/know about 'unsafe' culture and what types – for example, knife culture, cyber-bullying.
- What we mean by 'what **we** know'?
    - Information collecting from safeguarding boards – untapped.
        - What are they doing? How are they working across the various areas, how are they affecting things?
        - Enormous amount of evidence.
    - Another rich source of evidence is OFSTED.
        - Joint Area Reviews – outcomes on safeguarding is poor.
        - The data is confidential, would need to negotiate access – precedent set by research on serious case reviews.
- Such a broad group of things – what is safeguarding? So far beyond 'child protection' – what is it now?
- Disabled children – dearth of research around child protection and disabled children. Kirsten Walker is just starting a small project on this.

Safeguarding agenda and specific issues for researchers

- Children's Society have done a review on safeguarding of teenagers – underexplored.
- Young people and teenagers – biggest issues regarding getting services.
- 13 to 16 age group – vulnerable, not troublesome.

Teenagers and safeguarding

The agenda – feel sure very little known

- Need to know almost everything.
- Willingness to look at issues.
- Young people's views – antisocial behaviour debate – adult views on this rather than young people's experience of this.
- The need for multi-disciplinary research which includes chronological perspectives and social work issues.
- Maybe a bringing together of seemingly disparate knowledge-bases that all come under this notion of safeguarding.
- Idea: call to Local Authorities – do you have a strategy for teenagers?
  - Compare Local Authorities which are/are not creating a strategy and why are not doing this.
  - Adolescents on the edge of care study.
- Status of older children – younger ones seen as more vulnerable.

Risk for today's research – answering yesterday's question because locked into yesterday's data

- Need to get alongside operational activities so can access current data
- Need to get smarter in logging into new data sources
- Making use of data collected for other purposes – problematic
- The need to refresh what we have done and make it relevant for today – a lot of work should be reviewed or refreshed
- Need to 'future proof' our research

Research activities

- Good quality, long term research.
- Quicker pieces of work – which can feed into policy and practice more quickly.
- Drawing on the ideas below.

Disabled children

- US research – child protection and disabled children 3.4 times higher, especially neglect and emotional abuse.

  - Context – family, carers.
  - Issues start at an earlier age.
  - Boys more highly represented in those experiencing emotional abuse.
- Large child protection programme but not including any projects on disabled children.
- Doing a policy review – UK/UN.
- Piloting ways of talking to disabled children about their experiences of child protection services.

Issues

- Children and young people's plans – if doing a policy review would look and see if disadvantaged children are mentioned – are they described under staying safe work?
- Sample sizes of generic studies does not allow specific/smaller scale analysis of sub groups.
- BME/diversity dimension – cultural issues/BME issues confuse safeguarding – need to get beyond diversity issues in a safe way.
  - Fear to intervene.
  - Stop staff getting in.
  - Decision not to respond.
  - Issue re delivering.
  - Can look in children and young people's plan at how responding to faith communities.
  - Can/do cultural issues get in the way of child protection?
  - Cultural competence among the workforce – essential due to rapidly changing population mix.
  - Workforce makes assumption re culture and appropriate responses.
  - More general issue re defining ethnicity – new migrants, first generation, mixed race groups.
- Need to draw on other academic research – sociology and psychology – culture, youth culture.
- Contradiction between rhetoric on consultation/participation and research.
- Service providers funding research – model – a bunch of services each contributed to a project – phone call or a conference.
- Hundreds and thousands of children not getting a service because social work staff too scared (justifiably) to enter families' homes.

Issues re funding

- Pressures within DCSF and DH to scale down the amount spent on individual projects.
- Why we as a country do not want to invest in the same way in developing and testing interventions (aside from evaluation of government initiatives) – also denies evaluations of ordinary services.
- Has taken the research agenda up to the government programme level and away from a core services perspective.
- Messages from practice – getting practitioners around the table in terms of directing the research agenda.
- Slow lane/middle lane/fast lane research – learn and deliver as we go.
    - Not enough fast lane research to justify the middle lane research.
- Missing groups – teenagers, disabled children, BME – experiences, knowledge and practice.
- Fast, middle and slow – evidence, researchers' use of existing data and collection.

Notes from break-out session: 'Enjoy and achieve'

Chair: **Wendy Mitchell, Social Policy Research Unit**
Rapporteur: **Toni Menezes, Children's Hospices UK**

Children with more complex needs – 'health input in schools'

- Does 'the nurse' make a difference? Is it different if the school has access to a nurse rather than a resident nurse?
- Who should pay?
- What happens beyond school – young person with complex needs and university and then university ends?
- Are mainstream schools different to special needs?
- Does it have to be a nurse – access to MDT?
- What if the child dies?
- Look at training for teaching assistants rather than 'a nurse' – if the person did not need to be a nurse.

Enjoy and achieve needs a policy shift – not just an education/school strand

- Missing leisure/social life.
- Not just about academic achievement – positive.
- About life and not just academically.

- Funding for e.g. nurse – arguments about who funds what.

After school

- Transport issues – who pays?
- Inclusion versus specialist facilities of special schools – tension.
- Impact of inclusion on schools.
- Reverse integration policy – example given.
- Same site schools – shared facilities.

Ready for school

- Thinking early years are where the best is done.
- What are the experiences of children from other cultures? (Different languages).
- Children needing speech and language therapy – what works?
- Young carers and education.
- Noticed late – when do the indicators appear?
- Not all children start as equal – language, responsibilities.
- Start thinking about particular needs as soon as possible.
- Problems only come to light later in the child's education – how could we understand earlier?

Policy move for parents to have a greater role in child's education

- Highlighted problems where parent is e.g. disabled.
- Ask can the parent engage in the child's education?
- What do schools ask about the wider family?

Leisure

- Some children, for example with behavioural issues or additional needs do not have the same access to leisure.
- Leisure through transition.
- Evaluation of initiatives – does it change anything?
- What do children want/need – parents keeping children indoors – can they say?
- Child care in holidays – are disabled children included?

Aiming high for young people – does the policy do what it sets out to do?

- Costs
- Resources

  - o Even at schools, leisure costs – for example, funding for minibus training as just increased a lot – minibus as a means of days out for instance at hospices – who pays?

Risk assessments – perceptions of child, parent, professional?
Whose risk is it?

- Focus has moved to organisation in some cases from impact on child
- Multi-agency – whose responsibility?

Standards

- Does there need to be a look at assessment within education?
  - o Impact on child?
  - o Impact on family?
- Are we undermining the confidence of children?

* **Tension between enjoy and achieve**

- Levels of ability – grouping – messages to children?
- Labelling – by education, parents/other parents.
- Skills being assessed once/twice = labelling.

Policy

- ‘Education focus’ needing to explore the role of other agencies and getting other agencies to value their roles.

Funding

- Roles, responsibilities.
- Impact on children, families, professionals, especially in relation to specific children, for example children with complex care needs, for example ventilation/life-limiting illness; children from other cultures with different languages.

Notes from break-out group: ‘Make a positive contribution’

Chair: Jo Dixon, Social Policy Research Unit
Rapporteur: Nick Frost, Leeds Metropolitan University

Jo set the scene with what we mean by a ‘positive contribution’. Focus on positives.

- Positives of childhood and parenting.

- Strengths-based approach.
- Children as active agents – in policy, research, law.
- Debate about individualisation (computer games) versus participation.
- Need to focus on ‘sub-sets’ – no such thing as universal child (for example, digital divide).
- Facebook/Bebo – as new forms of community.
- Link agency with resilience with positive contribution.
- Challenge of researching the positive; holistic approach in ECM – different from focus on disadvantage.
- For example, children who are very ill – wisdom and strength.
- Research and policy agenda – driven by negative, for example of young people being empowered to challenge official decision-making?

Debate

- Making the difference – example of young person involved in research.
- Need for more research on ‘risk’ and ‘drawbacks’.
- When is it the ‘right’ or ‘wrong’ thing to do.
- When is it the right thing, should be based in research.
- Issue of children and young people’s involvement in diverse decisions.
- Individualised model of ‘choice’?
- Netherlands vs UK.
- Connect with inequalities.

Where to go?

- Universalist.
- Remove focus on negative.
- ‘mindset’ – China, Bangladesh.
- Institutionalised negativity.
- ‘Can do’ – for example, Paralympics.
- Focus on joy, happiness across all five outcomes.

Notes from break-out session: ‘Achieve economic well-being’

Chair: **Jacqueline Davidson, Social Policy Research Unit**
Rapporteur: **Harriet Clarke, Institute of Applied Social Sciences, University of Birmingham**

Main points raised by participants for which research is needed:

1. Implications for lone parents and parents of disabled children from the increase in conditionality in social security benefits.
2. Children’s perceptions of parental employment. For example, what parental employment patterns would they prefer?
3. Children’s definitions and perceptions concerning ‘economic wellbeing’ and security.
4. Research should be broadened to take account of ‘well becoming’ and transitions rather than focusing primarily on ‘well being’.
5. Given the growth in child services (such as after school clubs) more research needs to be done on children’s experience and perceptions of these.
6. Children and public spaces: what are children’s perceptions of their neighbourhoods in terms of safety?
7. What are disabled children’s employment aspirations?
8. What are the transport needs of children?

In addition the group identified the following methodological points:

1. There is a lack of a representative survey of children.
2. There is a need for more longitudinal qualitative work.

Discussion between panel members and break-out group rapporteurs

Professor Nick Frost

Right, we were the ’Making a positive contribution’ group and our two main points would be that we felt there was an institutionalised focus on negativity and misery on social problems and could we shift towards a more positive upbeat research agenda. And the second one was core to that, we are seeing children and young people as active agencies both in terms of participation and in research, as researchers, as contributing to policy, but we had a very involved debate about that; we don’t think it is unproblematic. For example, if children want adults to make decisions on their behalf.

Jane Noyes

We were the Health Group and we had two consolidated points here in terms of the Research Agenda. There is a need for a Child Public Health Strategy for research that includes maternal health and pregnancy, right through to transition of children to adulthood that includes a knowledge exchange and a knowledge translation and utilisation dimension to the funding.

And the second thing was around children's trusts, a huge tranche of new Government policy. Is health the poor relation in the new model of integrated children's services and will health outcomes for children get worse as a result?

Harriet Clarke

We were looking at achieving economic well-being and what are the issues around developing new complex understanding of economic security, which includes family resources, but is also about community resources and access to community environment. Economic well-being has to be about resources within and outside the home.

And the other more methods and research based points that were being made were around needing greater understanding research into children's perceptions of well-being through qualitative longitudinal work and inclusion of questions for children within voluntary health surveys.

Toni Menezes

We were the Enjoy and Achieve Group. Overall, we thought the two things were policy and this particular area having an educational focus and needing to explore the roles and responsibilities of other agencies and, helping other agencies such as children's hospices, other respite centres, to value their own role within this area. Undoubtedly, there is lots achieved out there, but given that children who have disabilities or complex needs or chronic illnesses are in and out of education, meeting those needs or understanding those needs better through research is important.

And then the second point was funding. There was a long discussion about funding not just for educational type achievement, but leisure and those things, where that comes from, roles and responsibilities, and then the impact on the child, the family, professionals of those, disagreements like that.

There we thought about children with specifically complex care needs and different funding issues there and who takes responsibility? How it impacts upon and how it is negotiated and how also, these things need to be discussed and not swept under the carpet, and that was one of the key things.

Toni Menezes

And we talked about other minorities – like children from other cultures who have different languages, but also children who are carers.

Bryony Beresford

We were the Stay Safe Group, so across our discussions, we identified some groups who we do not really know enough about, I suppose, in terms of staying safe and those are teenagers, disabled young people and young people and children in black and minority ethnic groups, and that was about their experiences of issues around being safe, and also in terms of delivery of practice and safeguarding these groups. Then we had quite a good discussion about how these researchers can respond and provide quick evidence, but also do the other work that is necessary to have a complete knowledge and understanding of these issues and that there is a lot of data out there that we as researchers do not try to get access to like data collected from JARs during their reviews, or where there has been a serious case review. So lots of information gathered for these and then we do not ever think to negotiate access to them, but actually, they would hold a lot of data for this research. This is about enabling the researchers to respond to the need to provide evidence and answers quickly sometimes and in order to justify our existence and our need to have more slow research. So we had the idea of fast lane, middle lane, and slow lane research, and we need to do more fast lane, justifying our slow lane research, and also to release funding for middle lane research.

Professor Roy Sainsbury

I am just going to ask the panel if they are happy with that and think they can make it work and just to remind us all that the whole focus of the day is really looking forwards, the time horizon, we are looking ten years ahead, and what we need to start doing now to start reforming policy and practice for the next ten years where we may see a change of Government, for example, and obviously it is highly relevant thinking about that. Not to devalue at all using existing and ongoing work to inform policy in practice in the short and medium term, but we are trying to establish a research agenda for the next ten years.

Appendix B List of Attendees and Invitees

Attendees

Jake Abbas	University of York
Dr Jan Aldridge	Children’s Hospices UK
Elizabeth Andrews	Early Support Programme (DCSF)
Celia Atherton	Research in Practice
Katy Barton	Care Co-ordination Network UK
Professor Jeni Beecham	University of Kent
Dr Bryony Beresford	Social Policy Research Unit
Professor Nina Biehal	Social Policy Research Unit
Kate Billingham	Department of Health
Zoltan Bozoky	Department of Health
Professor Jonathan Bradshaw	Social Policy Research Unit
Dr Ann Bridgwood	Big Lottery Fund
Julie Bruce	Social Policy Research Unit
Caroline Bryson	Nuffield Foundation
Professor Ann Buchanan	University of Oxford
Bette Chambers	Institute for Effective Education
Dr Harriet Churchill	University of Sheffield
Harriet Clarke	University of Birmingham
Karen Clarke	University of Manchester
Isabella Craig	Department for Children, Schools and Families
Jacqueline Davidson	Social Policy Research Unit
Dr Carolyn Davies	Thomas Coram Research Unit, Institute of Education
Jo Dixon	Social Policy Research Unit
Mary Dixon-Woods	University of Leicester
Paul Dornan	Child Poverty Action Group
Nick Frost	Leeds Metropolitan University
Carolyn Gaskell	Kids Company
Dr Adam Glaser	Leeds Teaching Hospitals NHS Trust
Professor Caroline Glendinning	Social Policy Research Unit
Professor Hilary Graham	University of York
David Holmes	British Association for Adoption and Fostering

Julie Jones	Social Care Institute for Excellence
Professor Kathleen Kiernan	University of York
Kay Kinder	National Foundation for Educational Research
Jane Lewis	National Children’s Bureau
Pippa Lord	National Foundation for Educational Research
Danni Manzi	The Princess Royal Trust for Carers
Toni Menezes	CHASE Hospice Care for Children
Jane Millar	University of Bath
Dr Wendy Mitchell	Social Policy Research Unit
Rt Hon Baroness Morris of Yardley, Estelle Morris	Institute for Effective Education
Dr Suzanne Mukherjee	Social Policy Research Unit
Kate Mulley	NCH
Jane Noyes	Bangor University
Sheila O’Leary	Martin House Children’s Hospice
Professor Gillian Parker	Social Policy Research Unit
Imelda Redmond	Carers UK
Gwyther Rees	The Children’s Society
Enrico Reuter	Social Policy Research Unit
Andrew Richards	Social Policy Research Unit
Professor Roy Sainsbury	Social Policy Research Unit
Raina Sheridan	The Fostering Network
John Simmonds	British Association for Adoption and Fostering
Bob Slavin	Institute for Effective Education
Professor Tricia Sloper	Social Policy Research Unit
Marjorie Smith	Thomas Coram Research Unit, Institute of Education
Kirsten Stalker	University of Strathclyde
Professor Mike Stein	Social Policy Research Unit
Paul Treloar	Disability Alliance
Jim Wade	Social Policy Research Unit
Susan Wood	Family Fund
Dr Barry Wright	North Yorkshire and York Primary Care Trust

Invitees

David Abbott	Norah Fry Research Centre
Caroline Abrahams	Local Government Association
Dr Maggie Atkinson	University of Manchester
Sir Al Aynsley-Green	Children’s Commissioner for England
Julie Barlow	Coventry University
Dr Colin Barnes	Centre for Disability Studies
Richard Bartholomew	Department for Children, Schools and Families
Francine Bates OBE	Department for Children, Schools and Families
Camilla Batmanghelidjh	Kids Company
Professor Saul Becker	University of Nottingham
Hardip Begol	Department for Children, Schools and Families
Professor David Berridge	University of Bristol
Dr Tania Burchardt	London School of Economics
Baroness Jane Campbell DBE	London School of Economics
Lesley Campbell	Mencap
Richard Campbell	Department of Health
Lizzie Chambers	Association for Children’s Palliative Care (ACT)
Andrew Cozens CBE	Improvement and Development Agency
Christine Davies CBE	Local Government Association
Professor Hilton Davies	Kings College London
Dr Crispin Day	Munro Centre
Sheila Dent	The Princess Royal Trust for Carers
Ian Diamond	Economic and Social Research Council
Ros Edwards	London South Bank University
Naomi Eisenstadt	Social Exclusion Task Force
Professor Christine Eiser	University of Sheffield
Paul Ennals	National Children’s Bureau
Professor Brian Ferguson	Yorkshire and Humber Public Health Observatory
Barbara Gelb	Children’s Hospices UK
Norman Glass	National Centre for Social Research
Pilar Gonzales-Grey	CLIC Sargent
Kate Green	Child Poverty Action Group
Rupert Hambro	British Association for Adoption and Fostering
Jill Harrison	Contact a Family
Anne Harrop	Joseph Rowntree Foundation

Frances Hasler	Commission for Social Care Inspection
Sarah Healey	Department for Children, Schools and Families
Axel Heitmueller	Cabinet Office/Prime Minister’s Strategy Unit
Ross Hendry	NCH
Rt Hon Beverley Hughes MP	Minister of State for Children, Young People and Families
Anne Jackson	Department for Children, Schools and Families
Tom Jeffrey	Department for Children, Schools and Families
Brian Lamb	Royal National Institute for Deaf People (RNID)
Professor Catherine Law	UCL Institute of Child Health
Zoe Lawrence	Department of Health
Christine Lenehan	Council for Disabled Children
Dr Simon Lenton	Royal College of Paediatrics and Child Health
Professor Stuart Logan	Peninsula Medical School
Marion Lowe	Family Fund
Dr Carol Lupton	Department of Health
Professor Nancy Madden	Institute for Effective Education
Julia Mansfield	After Adoption
Dame Mary Marsh	NSPCC
Tony Martin	Department for Work and Pensions
Helen McConachie	Newcastle University
Roger Morgan	Ofsted
Dr Jenny Morris	Office for Disability Issues
Jan Morrison	Barnardos
Martin Narey	Barnardos
Pat Nicholls	Department of Health
Alexandra Norrish	Department of Health
Nisha Patel	Youth Justice Board
Jan Pahl	University of Kent
Professor David Quinton	School for Policy Studies
Bob Reitemeier	Church of England Children’s Society
Sheila Riddell	University of Edinburgh
Tess Ridge	University of Bath
Helen Roberts	Institute of Education
Julia Ross	Care Services Improvement Partnership
Dr Philippa Russell	National Children’s Bureau
Hilary Samson-Berry	Department of Health

Sheila Scales	Department for Children, Schools and Families
Professor Gillian Schofield	Centre for Research on the Child and Family
Srabani Sen	Contact a Family
Dr Sheila Shribman	Department of Health
Professor Carol Smart	University of Manchester
Professor Maggie Snowling	University of York
Professor June Statham	Thomas Coram Research Unit, Institute of Education
Roger Steele	INVOLVE
Robert Tapsfield	Fostering Network
Dr Caroline Thomas	Department for Children, Schools and Families
Nigel Thompson	Commission for Social Care Inspection
Ruth Townsley	Norah Fry Research Centre, University of Bristol
Julia Unwin	Joseph Rowntree Foundation
Michele Waites	
Anna Walker	Healthcare Commission
Professor Harriet Ward	Centre for Child and Family Research
Professor Fiona Williams	University of Leeds
Dame Jo Williams	Mencap
Professor Kate Wilson	University of Nottingham
Sharon Witherspoon	Nuffield Foundation
Daphne White	Department for Work and Pensions