

BUILDING BETTER OUTCOMES FOR CHILDREN THROUGH EVIDENCE BASED PRACTICE

AN EVALUATION OF THE EVIDENCE2SUCCESS PROJECT IN PERTH & KINROSS

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

Key points

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

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1. Evidence2Success: its origins and rationale

This report provides a process evaluation of the pilot Evidence2Success (E2S) project in Perth & Kinross from its inception in the summer of 2012 until February 2015. As will be seen, E2S is an ambitious programme whose aim is to improve the welfare and wellbeing of children and young people. It seeks to equip local agencies and communities with a systematic process for planning and implementing preventive support services. Specifically, it aims to improve ten outcomes identified from international research as being indicative of how far children's development is proceeding on a normal, healthy trajectory or at risk of being impaired. Derived from longitudinal studies tracking children's development from birth, these "Key Developmental Outcomes" (KDOs) are characterised as:

- A healthy gestation and birth
- School readiness (from age 4 months to 5 years)
- Early childhood behaviour (from age 3 to 8 years)
- Emotional regulation (from age 9 to 11 years)
- Early academic performance (from age 9 to 12 years)
- Early initiation of substance misuse (from age 9 to 14 years)
- Mental health difficulties (from age 11 to 15 years)
- Risky sexual behaviour (from age 14 to 16 years)
- Antisocial or delinquent behaviour (from 14 to 16 years)
- Chronic health impairments

The E2S approach makes two fundamental assertions about these outcomes. Firstly, that they are *measurable* through surveys and other data sources to assess their local prevalence and discover where remedial action is most needed. Secondly, that they are *malleable* based on knowledge about interventions that have proved effective in improving particular outcomes, or in reducing major risk factors with which they are associated. On that basis, E2S offers a toolkit to agencies and communities, intended to help them to target local priorities for improving children's welfare and to invest in effective services for improving developmental outcomes.

Origins

The E2S model was devised by a team of American and British researchers brought together in the United States by the Annie E. Casey Foundation. It is largely the result of combining two existing approaches for planning preventive services:

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

Both are examples in their own right of structured tools for planning preventive children's services. To borrow an analogy with information technology, they provide 'operating systems' for strategic planning and implementation, where individual, evidence-based interventions are cast in the role of 'apps'. In differing ways they respond to increased knowledge about ways to prevent emerging health, education and social problems in children's lives. This branch of 'prevention science' owes its existence to the insights provided by international longitudinal research into factors that distinguish children whose healthy development and life chances risks being compromised. It also draws upon a growing fund of evidence from intervention programmes that demonstrate how children's exposure to risk factors can be reduced and their developmental outcomes improved.

Communities That Care

Much of the early research literature regarding developmental risk factors emerged in the fields of psychology and criminology, with a focus on preventing psychosocial problems in general (e.g. Mrazek & Haggerty, 1994¹; Rutter & Smith, 1995²) and behavioural problems in particular (e.g. West & Farrington, 1973³; Rutter & Giller, 1983⁴). Researchers in child and adolescent psychology and psychiatry were prominent among the developers and evaluators of parenting and family support programmes. Some of the most influential evidence also came from early years education (Lazar & Darlington, 1982⁵).

Communities That Care (CTC) was devised as a preventive response to substance misuse, including tobacco as well as alcohol and illegal drugs. But its originators (Hawkins & Catalano, 1992⁶) recognised that CTC's underpinning theory, known as the Social Development Strategy (SDS), applied to prevention of other problems in adolescence, including school underachievement, teenage pregnancy and crime. The risk factors targeted by CTC relate to individuals (e.g. attitudes condoning antisocial behaviour), their families (e.g. poor parental supervision and discipline), their schools (e.g. low achievement from an early age) and the community (e.g. living in a neglected neighbourhood with high population turnover).

The SDS pays particular attention to the part played by protective (or 'promotive') factors in the lives of children who achieve good developmental progress despite exposure to multiple risk factors. Examples of protective factors include strong bonds of attachment with parents, other adults and schools. Such bonds have been shown to encourage healthy behaviour and promote a sense of belonging, based on clear behavioural standards and expectations. CTC argues that successful preventive strategies will enhance protective factors, while reducing children's exposure to risk. This is comparable to the case made by public health practitioners for preventing heart disease. Known risk factors (such as smoking, a fatty diet, or a family history of heart disease) will not necessarily cause individuals to have a heart attack, but community-based campaigns encouraging individuals to reduce their exposure to risk can be expected to reduce premature death rates (Hawkins et al., 2010⁷).

CTC, as its name implies, emphasises ways that communities (whether small towns or big cities) can 'mobilise' to understand the circumstances in which local children are placed at risk. This distinctive feature – also embedded in E2S – draws evidential support from public health researchers who have concluded that community-wide action can help change a whole spectrum of expectations, behavioural 'norms', values and policies (Bracht, 1990⁸). CTC envisages a coming together of communities at all levels, from the 'key leaders' who control resources to individuals who reside and work locally. A resulting 'community board' undergoes training on collecting relevant data. 'Archival' data is collected from local and national agencies, but the prime data collection tool is a confidential survey of school students (Beinart and others, 2002⁹). Having analysed the assembled information, CTC communities identify up to five priority risk factors to be targeted through action plans. They examine existing local services with a view to reinforcing those most relevant to reducing the selected risk factors. But they also plan effective new interventions to fill any gaps. CTC provides guidance about the most effective evidence-based programmes available.

CTC in Britain

The CTC approach is widely used in the United States, and has been applied in Australia and a number of European countries. In Britain, it was adapted and piloted with funding from the Joseph Rowntree Foundation (JRF). An evaluation of the first 'demonstration' projects in three urban neighbourhoods showed that one succeeded in implementing most of its CTC action plan. It benefitted from good project management, an active partnership within the community and foresight in securing necessary funding. In a second, less cohesive, community, local authority professionals dominated the process and its action plan was only partially implemented. The third project, despite early enthusiasm within the community, failed to implement its action plan having failed to obtain funding for the evidence-based programmes it selected. (Crow and others, 2004¹⁰) Issues highlighted by the evaluation included a need to pre-assess 'community readiness' for partnership working and the importance of retaining 'key leader' involvement. The school's survey was commended as "a potentially powerful tool identifying local levels of risk and protection." (Crow and others, 2004).

CtC UK (the organisation established to provide technical support) subsequently worked with more than 40 projects. In Scotland, these included South Edinburgh, Cranhill and Ruchazie in Glasgow, Hamilton and North Blantyre. Part-funding came from the (then) Scottish Executive, which commissioned a process evaluation from the University of Glasgow. This found strong support among professionals and service providers for the CTC approach. The CTC process had challenged preconceptions about the communities and uncovered hidden problems facing children and young people. Implementation issues included a lack of consistent attendance at community meetings and relatively low levels of involvement among local residents, especially young people. Progress was also slowed by methodological and interpretation problems relating to the schools survey and other data collection. (Bannister & Dillane, 2005¹¹) CtC UK's response included a streamlined format for reporting risk audit results. It also surveyed a representative sample of school students across England, Scotland and

Wales using the CTC questionnaire to provide a set of national comparators for local survey results (Beinart and others, 2002).

CTC projects in the UK have currently ceased operation, although some resulting preventive interventions have remained in place¹. The strongest research evidence supporting the model's effectiveness did not appear until 2009 when findings were published from a study of 24 US towns, randomly allocated to take part in CTC or be part of a control group. The CTC communities implemented significantly more evidence-based interventions than the control areas. Young people in the CTC areas were significantly less involved in drug use, offending and violence than those in the control areas (Hawkins and others, 2009¹²) Repeated use of the schools survey showed continuing, significant differences six years after the CTC projects had started (Hawkins and others, 2011¹³).

Common Language

Common Language describes a collection of planning, data collection, training and other tools provided by the Social Research Unit at Dartington (DSRU) to help service providers achieve better health and development outcomes for children. The name reflects the intention to create a framework where different disciplines, professions and agencies can share a common understanding of how to improve children's lives. Conceived as a logic model, it invites service leaders to determine which outcomes they wish to prioritise, the activities needed to achieve change, the level of investment required and the ways that success will be measured (Axford & Morpeth, 2012¹⁴).

Birmingham Brighter Futures

The biggest single application of *Common Language* to date has been in Birmingham where it was used between 2007 and 2010 to inform a £42m commissioning strategy for children's services known as *Brighter Futures*. The city's multi-agency Children and Young People's Board identified priority outcomes by conducting a needs assessment across services, while gathering a wide range of epidemiological data about children, young people and families. The latter included results from a school student survey of 7 to 18 year-olds and a survey of parents of younger children, collectively known as *ChildrenCount* (Axford and others, 2012¹⁵). Both surveys made use of questionnaires and constructs that had previously been assessed as valid, reliable ways to measure different aspects of children's health and wellbeing. For example, versions of the Strengths Difficulties Questionnaire (SDQ) for children and parents were used to assess behavioural and emotional traits (Goodman, 1997¹⁶). Alcohol and drug use were measured using constructs from the CTC schools survey (Hobbs and others, 2010¹⁷).

The process in Birmingham included six strategy development days facilitated by DSRU staff. The resulting action plan aimed to prevent not only criminal and antisocial behaviour, but also child abuse. It included the implementation of four interventions whose effectiveness was supported by results from randomized controlled trials (RCTs). These were: *Family Nurse Partnership*

¹ As a result of charity mergers, the current licensed provider of CTC technical support in the UK is the crime prevention charity Catch-22.

(Olds and others, 1997¹⁸), providing home visiting for vulnerable first-time mothers; the *Incredible Years* BASIC parenting programme for parents of 3 and 4-years olds (Webster-Stratton, 1998¹⁹); the *Triple P* (Level 4) parenting programme for parents of 4 to 9 year olds with behavioural or emotional problems (Sanders and others, 2003²⁰), and; PATHS, a social and emotional curriculum for children in primary school (Greenberg & Kusche, 2002²¹).

RCTs in Birmingham carried out by the DSRU found that behaviour improved among children whose parents participated in the *Incredible Years* compared with a control group of non-participants. The *Triple P* programme resulted in no significant improvements. Positive results from PATHS after two years were restricted to a sub-group of children who had originally exhibited signs of depression and anxiety (Little and others, 2012²²). Described by DSRU researchers as “a brave experiment” (Little and others, 2012), the *Brighter Futures* strategy was not evaluated in its entirety. It was terminated by Birmingham City Council after a change of political administration and altered spending priorities following a “preventable child death” inquiry.

Renfrewshire

In Scotland, the DSRU collaborated from 2010 with Renfrewshire Council and partner agencies to apply a more strongly conceptualized version of its *Common Language* approach. At its heart was the concept of Key Developmental Outcomes (see above) and the theory that children and young people who do not reach them risk negative outcomes as adults. In Renfrewshire, the main assessment tool used to prioritise outcomes was, again, the *ChildrenCount* survey. It was completed by more than 10,000 school students aged 9 to 18, in primary and secondary schools, and by a sample of 500 parents of children aged 0 to 8. The DSRU’s researchers used the unique Scottish Candidate Number given to every school student² to link the survey findings concerning children’s support needs to information about the (much smaller) number of children receiving local authority children’s services. This innovative approach elaborated further in the E2S methodology for Perth & Kinross (see Chapters 4 and 6).

There have been no published evaluations of the *Common Language* project in Renfrewshire, but the process has led its Children’s Services Partnership (which includes the local authority and NHS Greater Glasgow & Clyde), to prioritise the implementation two evidence-based parenting programmes: *Incredible Years* and *Triple P* (Level 4) with a third intervention, *Functional Family Therapy* (FFT) whose aim is to improve the behaviour of older children with serious conduct problems (Sexton & Alexander, 2003²³).

Evidence2Success

Communities That Care and *Common Language* are supported by clearly articulated rationales or ‘theories of change’. CTC contends that the use of evidence-based intervention to enhance known protective factors and reduce

² Confidentiality was maintained by protocols ensuring that only the SRU researchers had access to the ‘raw’ data identifying individuals. The resulting database was anonymised by removing all the Scottish Candidate Number tags before analysis took place.

risk in children's lives will lead to better outcomes. *Common Language* focuses on children's progress in reaching a wider range of developmental outcomes. Both assert the importance of implementing programmes whose effectiveness has been accredited by research. The two approaches are, in many respects, complementary and compatible. So it is easy to see why managers at the Annie E. Casey Foundation (AECF), a leading funder of initiatives to help disadvantaged children in the United States, became interested in efforts to combine them. As stated on the AECF website:

*"Decades of work in public health show that engaging whole communities in understanding and addressing health concerns and their underlying causes can promote changes in behavior that lead to better health."*²⁴

The motivation for developing Evidence2Success was pragmatic, as well as theoretical. CTC's strengths were judged to include its data collection tools and capacity to mobilise communities behind a plan of action to improve children's lives. *Common Language* had been applied predominantly through local government, the NHS and other service providers and maintained a strong 'public systems' focus that includes financial mapping.

Blueprints

Alongside the originators of *CTC* and *Common Language*, the designers of E2S included University of Colorado researchers responsible for publications identifying evidenced interventions known as *Blueprints for Violence Prevention*. With AECF funding, the *Blueprints* database was broadened to include programmes for improving children's health, educations, relationships, emotional wellbeing as well as behaviour. Re-named *Blueprints for Problem Behavior and Healthy Youth Development*, it was adopted as the E2S database of evidence-based programmes. The DSRU established a European office for *Blueprints* (Axford and others, 2012²⁵).

The standards of evidence required for prevention programmes to be designated 'promising' by *Blueprints* are demanding. They must have been evaluated in at least one rigorously conducted randomised controlled trial (where participants were randomly assigned to either take part in the programme or a non-participating control group), or two quasi-experimental studies (where programme participants were compared with a separately recruited group of similar non-participants). They need to have demonstrated a positive, measured impact on a relevant outcome for children, young people and families without evidence of harmful effects. There must be an explicit theory of change ('how' and 'why' the programme should work), including specification of the outcomes being targeted and the groups of children expected to benefit. In addition, *Blueprint* programmes must be ready for replication 'to scale' in communities. This includes the availability of a manual, training resources and information about staffing and costs.

To achieve higher, 'model' *Blueprint* status, interventions must be supported by with two RCTs with positive results or one RCT and one quasi-experimental evaluation. In addition, there must be evidence that the

programme's impact was sustained for at least a year after it ended³. As an indication of how high this sets the bar, more than a thousand programmes were reviewed for the E2S database, but only 22 were designated as 'promising' and 11 as 'model' (Axford and others, 2012).

The E2S rationale

Initially known as the *Casey Integrated Model*, E2S was developed over three years. Mainspring Consulting, an organisation specialising children's services planning in the US, led work on funding and finance. The underpinning rationale for the model that emerged was subsequently described by the DSRU as a method for getting:

*"...public systems and local communities to share accountability for child outcomes, and public expenditure to achieve those outcomes."*²⁶

It characterised E2S as:

*"...a 'place-based' approach, combining a local authority or health authority or school cluster area with a focus on highly disadvantaged neighbourhoods."*²⁷

It was theorised that the governance structure for E2S would achieve a systematic shift in local investment, moving towards evidence-based prevention and early intervention "at scale". This would produce immediate changes in the pattern of local services, followed by a reduction in risk factors and an increase in protective factors for children's wellbeing within a two-year period. Better child development outcomes would, it was argued, emerge within a five-year period.

The merger of 'community' and 'public systems' approaches is apparent in the "core principle" specified for E2S: that public systems should share accountability for children's outcomes with local people and the resources needed to improve them. Two main governance structures are proposed:

- An **Area Wide Partnership** to agree strategy and be accountable for delivering agreed outcomes and system funds. Its members will normally include the local authority chief executive, lead policymakers and the budget holders for health, education, social care and youth justice.
- A **Community Partnership** in a "highly deprived community" accountable to the Area Wide Partnership for local outcomes and funds allocated to achieve them. Its members will typically include "local systems leaders", voluntary sector representatives, parents and children living in the locality²⁸.

³ For a detailed description of the Blueprints criteria and discussion of selection issues, see Axford and others (2012). See also <http://www.colorado.edu/cspv/blueprints/> (accessed 28/5/14)

Pilot programmes

Although the prototype E2S programme was largely complete by 2011, plans to pilot the initiative were delayed – partly due to the economic recession. In the United States, an aspiration to test the model in six cities was reduced to one initiative in Providence, Rhode Island, launched in the summer of 2012. In Britain, the Joseph Rowntree Foundation agreed a DSRU proposal to further adapt the E2S model for use in the UK and to monitor its impact in a pilot location. More than a year later, Perth & Kinross Council and other members of the area’s Community Planning Partnership agreed to host a pilot initiative.

The local authority in Perth & Kinross enjoyed a positive reputation in Scotland for its forward-looking approach to children’s services and the quality of its management. Hopes were high that it would provide a committed, competent and otherwise appropriate test-bed for the new programme. As one of the DSRU’s co-directors told an early planning meeting in Perth:

“A lot of expertise has gone into this and we hope that by now we have got something that really can fly.”

2. ‘Roadmap’ and evaluation plan

Before exploring how Evidence2Success was piloted in Perth & Kinross, it is important to describe the model as it was presented to leaders and senior managers of the local authority, NHS Tayside, the police and other local partners. This was the programme they signed up for ‘on paper’ and were intending to implement. The arrangements agreed for monitoring progress were based on this initial account of the E2S process, so this chapter also describes the evaluation plan and methods.

The Perth & Kinross proposal

A proposal for the Perth & Kinross pilot, drafted by the Dartington Social Research Unit (DSRU) emphasised its relevance to service planning at a time of severe constraint on public spending:

“The model is both innovative and highly relevant to emerging challenges in the UK: a need for more efficient use of existing resources to target disadvantaged children most in need; better connections between local communities and systems; greater local accountability for outcomes; a growing shift towards evidence-based activities to improve the lives of children and families demonstrably; and a shift of a proportion of resources towards prevention and early intervention.”²⁹

E2S was characterised as suitable for implementation in communities with a population of 10,000 to 15,000. In addition to the creation of ‘system’ and ‘community’ boards, it looked forward to the collection of high quality data on the wellbeing of local children and young people from birth to 18. This would come from across “the city as a whole”, within “targeted disadvantaged communities” and from “children in contact with the system”. Post-survey technical support was promised including access to “a comprehensive database of ‘what works’, linked to local data on the needs of children” as well as assistance in planning, financing and implementing evidence-based interventions.

The overall aims of the project were to:

- introduce a new and innovative operating system to Perth & Kinross
- create shared accountability between systems and communities, enabling limited resources to be effectively invested to improve outcomes for disadvantaged children
- understand whether this operating system is suitable for the wider UK context.

The local authority contracted for the DSRU to provide orientations, survey administration, data analysis and other technical support over a 23-month

period. It was anticipated that further costs would accrue in staff time.

A 'Roadmap to Results'

These points were reiterated in DSRU presentations to elected councillors and senior managers during the second half of 2012 before a formal decision to proceed with the project. Local leaders were shown a 'Roadmap to Results' summarising the E2S approach on one side of A4 paper. Perth & Kinross managers and DSRU staff subsequently referred to this key document when progress with the pilot was discussed. It envisaged a five-phase process:

Phase 1: Picture the future

- Engage a core group of civic leaders – the Chief Executive and representatives from public agencies, schools and communities – committed to supporting child well-being and designate a citywide coordinator
- Engage one community and identify people to support the effort
- Develop a clear picture of authority-wide funding for children's services, and agree the investment to sustain *Evidence2Success*.

Phase 2: Build capacity and partnerships

- Establish a citywide partnership and partnership in one community to provide leadership and oversight for *Evidence2Success*
- Provide an in-depth orientation on *Evidence2Success* for all partners and hold meetings to engage public agency and school staff and the community
- Build all partners' capacity to achieve better results by using data to make decisions, selecting and financing programmes and working together in new ways
- Conduct well-being surveys in the community and in schools
- Pinpoint opportunities to shift funding to proven programmes, resources, and investments at the city level and in the selected community.

Phase 3: Know the facts and set priorities

- Foster a common understanding of how children and youth are doing by producing a snapshot of child well-being and the root causes that influence children's health and development
- Create a shared vision that sets priorities for helping children grow up healthy and successful, and share it with the community
- Identify opportunities to transform how programmes and services are delivered based on needs and identified through surveys of children and families and a clear understanding of policy and funding limitations
- Establish a timeline and capacity-building plan to help public agencies, schools and communities transition from higher-cost or less-effective programmes to proven programmes shown to benefit children and youth.

Phase 4: Select and plan for proven programmes

- Select proven programmes that address the vision and priorities of Evidence2Success communities
- Develop and share short and long-term action plans that guide communities, schools and public agencies to work together, finance and deliver proven programmes, and sustain change
- Identify agencies and service providers to offer the selected programmes to children and families.

Phase 5: Take action, learn and adapt

- Enlist support from public agencies, schools and communities to engage their networks in putting the plan into action
- Follow programme guidelines to ensure that children achieve the maximum benefit from selected proven programmes
- Modify the action plan to reflect changes in the needs and opportunities of children and families, and in the resources and organisational infrastructure available to fund and sustain selected programmes
- Celebrate and share successes leading to and resulting in improved child well-being
- Track changes in children's health and development by repeating the child well-being survey.

The roadmap in Perth & Kinross was adapted from the Annie E. Casey Foundation (AECF) document for local leaders and service managers in the United States. Most of changes made by the DSRU were adaptations from American to UK English. However, the Scottish document referred to establishing only one community partnership within the area covered by a "citywide" partnership, where the original American version specified two.

Timelines

The E2S roadmap for Perth & Kinross did not include timelines, but once the project was agreed, the DSRU's project manager prepared a detailed plan that listed detailed tasks against overlapping timescales⁴.

Phases 1 & 2

It was estimated that Phase 1 would be completed between August and November 2012, together with a significant number of Phase 2 activities. The former included presentations to civic leaders, agreeing a contract for the project, briefing core members of the intended area partnership and designating a project coordinator. After a suitable community within Perth & Kinross had been identified for particular attention, a local coordinator would be appointed and a partnership identified with "appropriate community representation". Under Phase 2, it was intended to agree terms of reference for both the area and community partnerships and complete in-depth briefings for members of both about the E2S objectives and process. Preparatory work would take place for the surveys of school students and parents of children

⁴ The full plan can be viewed in the website appendices

aged 8 and under. This would include orientations for head teachers, adaptation of the surveys for use in Scotland and submission of the revised questionnaires to the DSRU's ethical committee for approval.

Phases 2 & 3

With a similar overlap, Phases 2 and 3, were to be completed between December 2012 and June 2013. Parental consent for the schools survey was to be obtained by the final week of January, with a view to administering the questionnaire in the following three weeks. Data collection for the door-to-door survey of parents in the community was scheduled between mid-January and mid-February. Analysis of the data collected would be completed so results could be presented to the area partnership at the end of April. Work would proceed on a "complete area-wide and community readiness assessment". This would address issues that included the legislative and policy context for the project, its communication and funding. A financing workgroup was proposed to oversee a 'fund mapping' exercise to gather information about the current spending on children's services by Perth & Kinross Council and its partners. The results were to be presented to the strategy development meeting in April. A map of resources provided for the target E2S community would be prepared over the same period.

Phases 3 & 4

The timeline for Phase 3 of the process included two strategy development days in April. These were expected to agree on priority developmental outcomes as the basis for the Perth and Kinross's E2S implementation plan. Both the area and community partnerships would reflect on these during the following month with a view to agreeing "interdependent strategies" by the end of May. The summer of 2013 would be spent developing plans for training and technical assistance to prepare for a shift of resources towards evidence-based programmes. However, agreement on which programmes would be implemented was not scheduled until mid-August at the start of Phase 4. Decisions on a strategic financing plan for the project would follow the same timescale. The implementation plan would be agreed by both E2S partnerships and, following further consultation, be formally adopted by the end of October.

Phases 4 & 5

The plan stopped short of proposing completion dates for the final Phase 4 task: to identify suitable agencies to provide the programmes included in the implementation plan. Nor did it elaborate upon any the tasks included in the roadmap for Phase 5.

Monitoring and evaluation

Perth & Kinross Council contracted to pay the DSRU £225,000 for its technical support in implementing E2S. The JRF provided £95,289 to fund adaptation of the programme to the Scottish context and for independent monitoring and evaluation. An evaluation plan was drawn up based largely on the documentation described in this chapter.

Eventually, the E2S pilot was expected to generate its own *quantitative* evaluation data by repeating the student and community surveys after two or

more years and comparing the results with baseline measurements collected near the start. However, the evaluation whose findings are described in this report was only intended to provide a *qualitative* assessment of the project's progress. The evaluation plan⁵ was agreed in the autumn of 2012, by which time the Perth City North ward had been selected as the community partnership area for the E2S pilot (see Chapter 3).

The main questions to be answered by the evaluation were specified as:

1. To what extent did the *Evidence2Success* (E2S) model enable the community in Perth City North (comprising the areas known as Fairfield, Hillyland, Letham and Tulloch) to collaborate with key leaders and agencies in Perth and Kinross to construct and implement an evidence-based plan for improving children's health and development?
2. Did the project lead to any reallocation of resources for children's services in Perth City North, or more widely in Perth and Kinross?
3. What lessons can be drawn from this pilot about the transferability of *Evidence2Success* to a Scottish context and for its future development in Scotland and elsewhere in the UK?

For reasons that will become apparent later in this report the first question was subsequently sub-divided, by agreement, as follows:

1. To what extent did the Evidence2Success (E2S) model enable key leaders and agencies in Perth and Kinross to construct and implement an evidence-based plan for improving children's health and development?
2. To what extent did the Evidence2Success (E2S) model enable the community in Perth City North (comprising Fairfield, Hillyland, Letham and Tulloch) to collaborate with Perth and Kinross Council and other agencies to construct an evidence-based plan for improving children's health and development in their locality?

The evaluation plan listed detailed subsidiary questions regarding each phase of the project and different aspects of the process. These were categorised as:

- Views and understanding of the process
- Community capacity and partnership working
- Budgets and service provision
- The E2S materials, data gathering and technical support

⁵ The full evaluation plan is available on request from the author

- Transferability of the model

Methods

The evaluation used mixed qualitative methods:

- direct observation of partnership and other meetings, orientation sessions and other relevant events during site visits to Perth
- semi-structured interviews with key leaders in the area and community partnerships, including interviews at different stages in the project with the area coordinator and other 'key informants' at area and community level. Some interviews were conducted face-to-face and others by telephone. Staffing changes meant not all key informants were retained throughout the evaluation period and some were recruited as the project progressed
- monitoring interviews with members of the DSRU delivery team, including the lead co-director, the project manager and others overseeing data collection, training and technical support
- semi-structured telephone interviews with parents of children (under 9 at the time of first interview) residing in Perth City North. The parents were recruited from participants in the E2S community survey. Interviews took place in the spring of 2013 and in early 2015⁶.
- Group interview / focus group discussions with young people from Perth City North attending a local secondary school. These took place in February 2013 and in October 2014.

The intention was to 'triangulate' information from these different perspectives concerning milestone events, the different phases of the E2S process, and its overall progress. It was also planned to compare views expressed by parents and young people living in Perth City North near the start of the project with those obtained at a time when the implementation of selected strategies was expected to be under way.

Although essentially qualitative, the evaluation made use of the quantitative data gathered for the E2S project through the school and community surveys and from administrative and epidemiological sources. One aim was to consider the data's quality and fitness for the purpose of devising an implementation plan, and to examine how far it influenced the strategy pursued. It was initially hoped that the evaluation would keep abreast of progress with the pilot implementation of E2S in the United States in Providence, Rhode Island, allowing useful comparisons could be made. For reasons to be described, this did not prove possible.

⁶ It was originally planned to involve parents in group interviews / focus groups in the same way as young people. However, an opportunity subsequently arose to recruit parents via the community survey to take part in telephone interviews. This was seemed likely to access a greater range and depth of views.

All the data gathered for evaluation, whether from observation, interviews or focus groups, was collected and thematically coded using NVIVO 10 qualitative analysis software. Reports, background documents and other materials generated by the E2S project were entered into the database for analysis, together with relevant research literature.

Ethical approval and consent procedures

The evaluation plan was considered and approved by the DSRU's ethics committee. The research plan for the group interviews / focus group discussions with school students were submitted separately to the ethics committee and approved. Parents of the Perth City North students who took part in the group discussions provided written consent to the school after receiving a letter from the evaluator explaining that the groups would be conducted in confidence. Participating students were asked to treat the discussions as confidential. All other evaluation interviews, including those with parents, were conducted in confidence with a commitment that nothing said would be attributed to them personally in reports, unless by subsequent agreement.

Evaluation period and data collected

Data was collected for the evaluation between August 2012 and April 2015. The original proposal was that monitoring should end in July 2014, but this was extended following adjustments to the implementation timeline for the project itself. Data were collected from:

- Attendance/observation at 18 meetings including orientations, area partnership meetings strategy days and conferences
- 23 semi-structured interviews with participants in the E2S area partnership, including leaders and senior managers from Perth & Kinross Council and NHS Tayside
- Attendance/observation at four Perth City North community partnership meetings
- Seven semi-structured interviews with Perth City North community partnership members
- 30 semi-structured interviews with Perth City North parents
- Four focus/discussion groups involving 29 secondary school students from Perth City North
- Two semi-structured interviews with Scottish Government officials
- Update conversations and formal interviews with the E2S project co-ordinator (P&K Council), the E2S project manager (DSRU) and with other senior DSRU staff.

3. Setting-up the project

This chapter explains how Perth & Kinross came to host the E2S project, and describes the wider context of local and Scottish Government policies. It considers the arrangements made for an area partnership and the choice of Perth City North as location for the community partnership within the project. Initial steps taken to implement the E2S roadmap are described, together with the views of local leaders about what they hoped would be achieved.

Why Perth & Kinross?

Geographically, Perth & Kinross is diverse, extending from rural, lowland areas around Kinross and Crieff in the south to Loch Rannoch, Pitlochry and the Highlands to the north. While the fifth largest Scottish local authority by area, it is only 13th (out of 32) in terms of population. Census-based data shows that around a third of its 149,500 inhabitants live in the City of Perth³⁰. Perth & Kinross Council has a minority administration which is led by the Scottish National Party, the largest political group. Health services are provided by NHS Tayside, which also covers the neighbouring local authority areas of Angus and Dundee. Tayside Police became part of the national force, Police Scotland, from April 2013.

Scottish Neighbourhood Statistics (SNS) on social disadvantage show that Perth & Kinross has a lower proportion of residents classified as “income deprived” (9 per cent) than Scotland as a whole (13 per cent). This varies at ward level from just 5 per cent in the agricultural Carse of Gowrie to the east to 16 per cent in Perth City North³¹. The Scottish Index of Multiple Deprivation (SIMD) identifies 11 small ‘datazone’ areas within the local authority that are among the 20 per cent most deprived in Scotland, nine of which are located in Perth and two further north-east in Blairgowrie³².

The demographic snapshot of Perth & Kinross as an area where natural beauty and relative affluence mask localities experiencing household deprivation was cited by local leaders as a positive reason for locating the E2S pilot there. As a Scottish Government official later observed:

“It’s not typical of Scotland, but it has a lot of the issues that more deprived communities would have, but that are, perhaps, better hidden. So if something like E2S is designed to flush them out that is a good reason for doing it.”

Local priorities

Further reasons for regarding Perth & Kinross as “a good fit” for E2S were cited by the DSRU in presentations during August 2012 to council leaders and two multi-agency committees: the Early Years Project Board and the executive officer group of the local Community Planning Partnership (CPP). These included its existing commitments to early intervention and to engaging local communities in decision-making about resources. Collaboration between the Scottish Government, the local authority and the community through the CPP was also cited.

By general agreement it was the Chief Executive, with a professional background in education and public sector management, who first became interested in Renfrewshire's use of the DSRU's *Common Language* programme (see Chapter 2). A meeting with a DSRU's co-director led to the suggestion that Perth & Kinross should pilot *Evidence2Success*. Other factors identified by the Chief Executive and her senior managers as persuasive were:

- A perceived opportunity to take services and practice with children, and families to “the next level” by gaining a more detailed and reliable understanding of local needs
- An expectation that the E2S data combined with evidence-based programmes would lead to better targeted and more effective children's services
- A desire to build on the work of its existing partnership in planning early years services
- A wish to make the most of available resources at a time of economic recession and public spending reductions.

The Chief Executive spoke enthusiastically to the council's elected leaders and her staff about its potential to deliver “transformational change” in service planning, provision and outcomes for children. In August 2012 councillors across all parties endorsed an investment and involvement in E2S. A formal proposal looked forward to a “step change” in the way services were planned, resourced and implemented³³. The council's leader predicted that the project would enhance the reputation of Perth & Kinross as a leading, forward-thinking contributor to children's services in Scotland.

Understandings of the most important reason for undertaking E2S varied somewhat between departments and disciplines within the partnership. Financial planners highlighted its potential in making best use of limited resources and “intelligent” cuts, if necessary. Managers in education, health and social work emphasised the scope for obtaining rich data to plan more effective prevention services. In the words of one:

“I suppose what's appealing is the really... solid data base that we are going to be able to establish and that fact that we'll be able to access information and advice about interventions and programmes that are already well-evidenced in terms of success.”

Area governance

The council's Education and Children's Services Department was given lead administrative responsibility for the project, overseen by its Depute Director. The area coordinator for E2S, appointed from September 2012, was a middle manager from the department. Multi-agency scrutiny for the project was provided by the Children and Young People's Strategic Partnership for Perth

& Kinross and the Early Years Project Board. The latter was re-named the Early Years and Early Intervention Programme Board to recognise the wider scope of E2S. Elected councillors oversaw the project through the local authority's Lifelong Learning Committee.

National policies

The written proposal to take Evidence2Success forward emphasised the part the project would play in response to delivering national policy initiatives. It also looked ahead to expected legislation on community empowerment, placing local Community Planning Partnerships on a statutory footing³⁴. The acknowledged policy context soon expanded to include the National Parenting Strategy and the Early Years Collaborative (see below) that were launched in October 2012. The latter ran in parallel with E2S, and was managed by the same coordinator. In addition, the Scottish Government established an Early Years Change Fund, which became a partial source of implementation funding for the first year of implementation of some of the evidence-based programmes.

Community Planning

E2S was launched in a context of established partnership working. Community planning provisions in the Local Government in Scotland Act 2003 encouraged local authorities to maintain a Community Planning Partnership (CPP) whose core members include health services, the police, fire services, local enterprise networks and regional transport partnerships. CPPs have since been characterised as “the key over-arching partnership framework helping to co-ordinate other initiatives and partnerships”³⁵. They are charged with ensuring effective engagement and consultation with communities, whether geographic or “communities of interest”. They are also responsible for reaching agreement with the Scottish Government on Single Outcome Agreements (SOAs) that specify how they will collaborate to understand local priorities and achieve better outcomes for residents.

The language used to describe the role of SOAs and the E2S process is strikingly similar. Both accord priority to improving outcomes or end results. Guidance on SOAs issued by the Confederation of Scottish Local Authorities (COSLA) and the Scottish Government also stipulates “...an evidence-based approach, underpinned by disaggregated data to drive improvement”. It highlights a need to “identify priorities for interventions and include plans for prevention, integration and improvement to promote better partnership working and more effective use of resources.”³⁶ Among six current national priorities for SOAs, three – early years, community safety and reducing health inequalities – are of immediate relevance to E2S.

Getting it right for Every Child (GIRFEC)

Scottish local authorities, working as part of a Children and Young People's Strategic Partnership, are required to produce an Integrated Children's Plan for their area⁷. Here, too, national guidance is imbued with the language of achieving better outcomes. Since 2008, the Scottish Government's approach

⁷ In Perth & Kinross, the Children and Young People's Strategic Partnership is characterised as a “core outcome delivery group” of the CPP.

known as *Getting it Right for Every Child* (GIRFEC) has given priority to “a focus on improving outcomes for children, young people and their families based on a shared understanding of wellbeing”. While placing a particular emphasis on child protection, GIRFEC highlights a need for data sharing and a co-ordinated multi-agency approach for assessing needs, agreeing actions and outcomes and:

“Maximising the skilled workforce within universal services to address needs and risks as early as possible.”³⁷

GIRFEC also specifies ten underpinning values and principles. Those that resonate strongly with the E2S approach are:

- *Promoting the wellbeing of individual children and young people:* “...based on understanding how children and young people develop in their families and communities, and addressing their needs at the earliest possible time.”
- *Putting the child at the centre:* “Children and young people should have their views listened to and they should be involved in decisions that affect them.”
- *Taking a whole child approach:* “Recognising that what is going on in one part of a child or young person’s life can affect many other areas of his or her life.”
- *Building on strengths and promoting resilience:* “Using a child or young person’s existing networks and support where possible.”³⁸

Perth & Kinross Council anticipated that E2S would play a major part in shaping services across health, the third sector and the local authority, thereby helping to deliver the GIRFEC approach³⁹.

The Early Years Collaborative

The Early Years Collaborative (EYC) builds on recommendations from a multi-agency Early Years Taskforce charged with converting principles for improving early years outcomes and reducing inequalities into a programme of practical action⁴⁰. Supported over three years by the £18m Early Years Change Fund, the EYC seeks to:

“Put Scotland squarely on course to shifting the balance of public services towards early intervention and prevention by 2016.”⁴¹

National Parenting Strategy

Less an initiative than a drawing together of policy strands, the Scottish Government’s National Parenting Strategy lists a range of policy commitments ranging from the Early Years Change Fund to a £20m fund (over two years) for the third sector to provide prevention and early intervention work with children, young people and families. The Strategy also anticipates proposals included in Scotland’s Children and Young People Act 2014 to increase the entitlement of 3 and 4-year olds to pre-school education (from 475 hours a

year to 600). Perth & Kinross Council's own Parenting Strategy in the summer of 2014 subsequently drew on data gathered during the E2S process, while parents involved in the Perth City North community partnership were consulted about the draft text (Chapter 9).

Why Perth City North?

Perth & Kinross Council's leaders decided that the community partnership element of E2S should be delivered in the Perth City North ward. Their immediate choice was one neighbourhood within that area, Letham. This was partly because Letham is a distinct community that was recognisable to local residents; in 2012 it also had three datazones that fell within the 20 per cent most deprived areas in Scotland, with particular problems identified in relation to health, education and income. While local unemployment was only slightly higher than for Perth & Kinross as a whole, low pay was a significant issue. A community worker from the area was in no doubt about this:

“People live on basic wages and need a lot of hours. There are guys working, say, as security guards in B&Q or Tesco's who ten years ago would have been in manufacturing and better-paid sort of jobs. Some people are working terrible hours.”

A profile of Letham by council statisticians drew attention to a small-scale street survey of residents highlighting concerns about drug and alcohol problems and a need for more youth activities⁴². According to the council's social work database, there were 275 active social work cases for children in Letham in October 2011, accounting for one in four cases across the whole district.

The decision to expand the community partnership to the whole of Perth City North ward was taken because Letham's population (around 7,000) was considered too small to be ideal. Taking in the entire ward raised the target population above 16,000 and brought in the surrounding neighbourhoods of Fairfield, Tulloch and Hillyland. The ward's boundaries also embraced a council-provided gypsy / traveller site, on an isolated industrial estate at Double Dykes to the north.

Overwhelmingly residential, the ward's housing consists predominantly of flats (48 per cent) and terraced houses (24 per cent). It has the highest concentration of council and other social housing in the area. The inclusion of Fairfield, Hillyland and Tulloch raised the number of datazones in the most deprived 20 per cent to six out of nine located in the city⁴³. A demographic profile showed 19 per cent of the ward's population as “income deprived” compared with 11 per cent across Perth & Kinross as a whole. Around 20 per cent of residents were children under 16, compared with 17 per cent for the district, while 64 per cent were of working age (16 to 65) compared with 60 per cent for Perth & Kinross⁴⁴. A Criminal Justice Services analysis of current supervision orders imposed on residents in Perth & Kinross showed that a disproportionate one in five lived in Letham, Hillyland or Tulloch⁴⁵.

An obvious choice?

Managers across the area partnership agreed that Perth City North was the

right choice for the community partnership. One council manager described it as:

“... a good choice because it gives you a balance between some deprived areas and some average areas and even some more affluent areas.”

E2S partnership members were confident that lessons learned through the project could be generalised to other parts of Scotland. According to one NHS manager:

“When you go into the housing and the estate and the schools in Letham and the other areas then the learning from what you see there will be totally transferable. Parenting, substance misuse, broken homes, prisoners’ families. It’s there.”

Yet the area was clearly not disadvantaged on the pervasive scale found in parts of Glasgow, Edinburgh, or nearby Dundee. A straw poll by community development workers of 78 residents shopping in Letham had suggested that people generally liked living there⁴⁶. Housing data suggested no lack of demand for properties in the area, whether for rent or owner-occupation. Hence, while welcoming the E2S initiative at an introductory meeting with DSRU researchers, the ward councillors (two SNP, two Labour) insisted it was by no means a hopeless or run-down area. In a similar spirit, the Depute Director of Education and Children’s Services hoped E2S would build on community strengths:

“The existing service data covering Perth City North follows a deficit, model, but when we’ve actually been out...and spoken to the residents they agree with the elected members that it isn’t as bad as people make out..”

In Letham itself, a community worker with experience working on Glasgow’s impoverished outer estates jokingly suggested that:

“If you got someone from Easterhouse to Letham they’d think they’d died and gone to heaven!”

Some doubts were also raised regarding whether the ward could be considered a coherent community, with a shared identity or interests. One service manager described the proposed area as “a squashing together of communities”:

“There’s a sort of territorialism but it doesn’t manifest itself too badly...We’re not talking about fighting between gangs, but the kids from Letham wouldn’t go to Tulloch for a youth club or the other way round.”

During the course of the evaluation plan young people from Perth City North and the parents of younger children were asked for views about their neighbourhoods as a place for children to grow up. Providing further valuable

background to the area's perceived strengths and weaknesses, they were reported separately, in an interim report passed to the E2S area partnership in 2013, and can be found in Appendix A.

Existing services

Another factor in the choice of Perth City North was the level of engagement between local schools and the community. Although catchment areas do not follow ward boundaries, local children mainly attend Perth Academy, Perth Grammar School and St John's (Catholic) School at secondary level and the Goodlyburn, Letham, Tulloch and Our Lady's (Catholic) primary schools. Goodlyburn School, located in Fairfield also provides a base for council family liaison workers.

As might be expected, a range of community development initiatives were already in place, including adult literacy services provided by a community learning and development team based in Letham. However, the ward was not considered "over-programmed" to the extent that residents might be reluctant to participate in the E2S pilot. A distinctive feature was the lack of any NHS health centre or GP surgeries. However, community health services were provided locally including a weight loss programme, "Keep Well" health checks, smoking cessation and a "Take a Break" group for parents with young children. Crime prevention cover for the area included a dedicated community police team, a community safety officer and council community wardens patrolling Hillyland, Letham and Tulloch.

Activities for young people in the area included activities provided by the council's youth services department, and clubs for the under-12s run by a voluntary group, the Kids of Letham Association (KOLA). In Letham, the Church of Scotland (St Marks) employed a youth worker. An ecumenical Christian group, 'Tulloch.net' also provided some support services, including a drop-in for young people. Youth sports teams were run under the umbrella of Letham Community Sports Club. However, the council profile of Letham noted a lack of affordable facilities for youth clubs. Unruly "youth gathering" on the streets and in parks was one of the most common call outs received by the community warden team.

An agency worker in the area voiced hopes that E2S would help coordinate local services:

"There's a huge amount of money been spent in this area from all areas – the NHS, the police and that. Is there a better way of spending that money and a better way of delivering it, looking at resources? It's about using our resources better for improving outcomes for children and young people."

Delays establishing the community partnership

In Perth City North, the Senior Community Capacity Building worker employed by the council in Letham was initially assigned a role coordinating the E2S community partnership. Her intention was to recruit local parents and other residents to the partnership as well as representatives from relevant agencies. She aimed to engage existing groups, including mothers attending "Take a

Break”, as a starting point for recruitment.

In December 2012, a meeting was organised to brief potential members of the community partnership. However, attendance was disappointing, consisting of 10 local authority staff, headteachers and others working in Perth City North, but only two residents. Holding the meeting in the city centre, rather than a community location was acknowledged as a probable reason for poor attendance. Council managers and the DSRU project manager had hoped that residents engaged by the partnership would assist preparations for the survey of parents in the community. However, it was now decided that it might be easier to raise local interest in the partnership if the survey findings were already available. As will be seen, this seemingly reasonable decision held unintended consequences for the speed with which the E2S process in Perth City North was able to progress.

4. The school survey

Two purpose-designed surveys provide the principal means of equipping Evidence2Success partnerships with relevant data about the health and wellbeing of children and young people in their area. A *school survey* is completed by students aged 9 to 15 years, and a *community survey* is conducted with parents of children aged 8 and under. The community survey and its implementation are considered in the next chapter. This chapter looks at the questionnaire for the school survey, the information it was intended to elicit and the way it was implemented. It also describes how the process of administering the survey impacted on the way that the E2S project progressed. Discussion of the survey results and the use made of them can be found in later chapters.

Survey aims

The E2S schools survey is designed to gather relevant planning data from children and young people across seven of the programme's ten focal 'key developmental outcomes':

- Emotional regulation (age 9-11 years)
- Early academic performance (age 9-12 years)
- Early initiation of substance misuse (age 9-14 years)
- Mental health difficulties (age 11-15 years)
- Risky sexual behaviour (age 14-16 years)
- Antisocial or delinquent behaviour (age 14-16 years)
- Chronic health impairments

It also aims to assess the incidence of risk and protective (or 'promotive') factors affecting children's health and development:

- **Individual and peer:** *risk factors* include rebelliousness, sensation seeking, attitudes favouring antisocial behaviour and substance misuse; *protective factors* include social skills and high standards of healthy, pro-social behaviour.
- **Family life:** *risk factors* include parental conflict and a family history of antisocial behaviour or substance misuse; *protective factors* include strong family bonds and opportunities for children to learn social and practical skills, with due recognition and praise for their contribution.
- **School:** *risk factors* include a lack of commitment and underachievement in school; *protective factors* include opportunities to gain and practise skills with due recognition and praise.
- **Community:** *risk factors* include community disorganisation and the perceived availability of weapons and illegal drugs; *protective factors*

include opportunities to gain and practise skills with due recognition.

Children and young people normally complete the questionnaire online at school using a personal computer. Audio-assisted Personal Interviewing (AAPI) is also made available for questions to be read out to participants who have difficulty reading them. In Perth & Kinross, the aim was to survey as high a percentage of children aged 9 to 15 as possible. Pupils were surveyed in years P5 to P7 in all of the area's 75 primary schools and S1 to S4 in its six secondary schools and from P5 to S4 in four "all-through" schools.

The questionnaire

The student questionnaire consisted of previously tried and tested questions, grouped in measurement constructs whose reliability and validity (see below) had been established through research. The version used in Perth & Kinross was designed to take around 30 minutes to complete and included 150 core questions. This compared with 280 questions in the original American version, which DSRU researchers had shortened, believing it was too long – especially for primary school children. Table 1 provides a summary of measurements that were included.

Some constructs and questions were considered unsuitable for younger students and only included in the questionnaire for those aged 14 and over. They concerned:

- abusive boy/girlfriend relationships (e.g. "Have any of your partners ever used private information to make you do something?")
- sexual relationships (e.g. "During the past year how many people have you had sexual intercourse with? (*By sexual intercourse we mean vaginal or anal sex*)")
- parental neglect (e.g. "Have any of these things happened to you in the past year: Felt that there was never anyone looking after you, supporting you, or helping you when you most needed it?")
- community safety (e.g. "How much do each of the following statements describe your local area: Crime and/or drug selling?" [*Answer choice: NO!, no, yes, or YES!*]).

The questionnaire shown to children aged 9 to 13 (P5 to S2) included all the remaining constructs, including questions about experiences of smoking tobacco, alcohol, illegal drug use and criminal behaviour. They were also asked about emotional problems, including questions about feelings of failure and sometimes thinking "that life is not worth it."

Although the E2S survey contained many of questions and constructs previously used for the *ChildrenCount* survey in Renfrewshire (see Chapter 1), the questionnaires were not identical. The Renfrewshire survey did not, for example, include questions about sexual behaviour or depressive symptoms. The differences became an issue when the schools survey encountered objections from a number of parents of a kind that had not been raised in Renfrewshire (see below). The fact that differences existed had been mentioned at an early meeting between DSRU staff and the Early Years

Programme Board, but some senior Perth & Kinross managers did not feel they had been adequately explained.

Reliability and validity

The constructs in the student survey had been previously tested elsewhere for their validity as accurate measurements of the developmental outcomes and risk and protective factors being targeted. Their reliability in providing consistent results had also been assessed. The American origins of E2S were reflected in the way that most of the constructs used in Perth & Kinross had been devised and tested in the United States. Prominent among them were measurements developed as part of the *Communities That Care* (CTC) programme (see Chapter 1). However, the CTC survey was not new to Scotland or other parts of the UK having previously been used in more than 40 locations, and also with a UK representative sample of secondary school students, when its reliability and validity was confirmed (Beinart and others, 2002⁴⁷).

A commonly-raised concern among adults about surveys where children and young people are asked about difficult emotional problems, sexual behaviour or involvement in antisocial and criminal activities is that they may not tell the truth. Research literature on the validity of 'self-report' surveys suggests that young people – when assured about confidentiality – generally provide dependable answers⁴⁸. Even so, the E2S student survey included questions about a fictitious (plausible-sounding) drug as a way to weed out unreliable respondents. Children and young people were also asked directly at the end of the questionnaire: "...how honest were you in filling out this survey?" These, and more subtle statistical techniques were applied to ensure that questionnaires containing potentially dishonest, exaggerated or otherwise unreliable answers were excluded from the analysed results. In Perth & Kinross, 103 responses, including questionnaires found to be insufficiently complete, were excluded from the final analysis.

Table 1: E2S Schools Survey: topics and measurement constructs

Topic	Question areas	Measurement constructs used	References
Demographic information	Age, sex, school year, ethnic background, living situation, other family members.		
Experiences at school	Performance compared to classmates, exclusion from schools, absences, attitudes to school and school work.	Communities That Care Youth Survey (CTC).	Arthur et al. (2002) ⁴⁹ .
Personal relationships	<i>*Verbal/physical/cyber abuse by a boy or girlfriend, trusted friends, friends who behave pro or antisocially, friends who use substances/carry weapons/ commit theft / have been arrested, friends who like school.</i>	NSPCC survey on Partner exploitation and violence in teenage intimate relationships. CTC. Seattle Social Development Project – The Intergenerational Project (SSDP-TIP).	Barter et al (2009) ⁵⁰ (as above) Bailey et al. (2009) ⁵¹
Behaviour	Personal experience of: being bullied, carrying weapons, drug dealing, motor theft, arrest, assaulting someone else, being drunk or 'high' at school, committing theft, vandalism, shoplifting.	<i>Steps to Respect</i> anti-bullying programme. CTC .	Brown et al, (2005) ⁵² (as above)
Smoking, alcohol and illegal drugs	Use/frequency of smoking, alcohol cannabis, other illegal drugs, 'legal highs', prescription drugs,	CTC (adapted).	(as above)
<i>*Sexual behaviour</i>	<i>*Experience of intercourse, *number of partners, *use of contraception, *diagnosed with an STD, *conceived or got someone pregnant, *given birth to or fathered children.</i>	Youth Risk Behavior Surveillance System. CTC. Los Angeles Family & Neighborhood Survey (LA FANS).	Brener et al, (2013) ⁵³ Haggerty et al (2006) ⁵⁴ Sastry et al (2006) ⁵⁵
Mental health (emotions, concentration and social behaviour)	Empathy, sharing, restlessness, temper, sociability, anxieties, sadness and depression, aggression, good friends/popularity, concentration, confidence, kindness towards others, being bullied. Severity, duration and impact of difficulties, sense of self-control/ worthlessness/ failure, access to (non-parent) adult help.	Strength & Difficulties Questionnaire (SDQ). International Youth Development Study (IYDS). CTC.	Goodman & Goodman (2009) ⁵⁶ McKenzie et al. (2011) ⁵⁷ Prior et al (2000) ⁵⁸ (as above)
Physical health	Specific conditions (asthma, diabetes, ADHD), quality of health, weight and height.	National Comorbidity Survey (NCS). CTC.	Kessler (2011) ⁵⁹ (as above)
Parents and family	Closeness to mother/father, shared family activities, parental attitudes to homework/substance use/weapon carrying/other criminal or antisocial behaviour, parental supervision and discipline, family rules about alcohol and drugs, arguments.	CTC. Seattle Social Development Project (SSDP). Conflict Tactics Scale (CTS) (adapted).	(as above) Hawkins et al (2008) ⁶⁰ Straus (1979) ⁶¹
<i>*Neglect</i>	<i>*Experience of going hungry, *inadequate clothing, *lack of adult care and support (including when sick).</i>	ISPAN Child Abuse Screening Tool (ICAST).	Zolotor et al. (2009) ⁶²
<i>*Community safety</i>	<i>*Perceptions of crime/drug selling/fights/derelict buildings/graffiti/racial or religious intolerance/personal safety, *support from neighbours and willingness to intervene, *levels of trust.</i>	CTC. Making Connections Survey.	(as above) Sampson et al, 1997 ⁶³ Coulton et al., 2009 ⁶⁴
Family circumstances	Number of adults and children at home, number in paid work, pocket money, perceptions of family income, housing, parents' experience of unemployment, changes of home/school.	CTC.	(as above)

* These topics and questions were only included in questionnaires for students aged 14+

Data linking and confidentiality

An aspect of the E2S student survey that increased its appeal to the Perth & Kinross partners was the potential to link self-report data from individual students to administrative data held by the council about those using children's services. As noted in Chapter 1, a unique Scottish Candidate Number (SCN), given to every school child, created the potential to compare

levels of need for support services with the numbers actually receiving them. A sophisticated linking process was devised to maintain the anonymity of individuals by which the DSRU's analysts alone would have access to the survey data, including SCNs. Once the survey results had been linked to the records provided by the local authority, the SCNs would be deleted and destroyed. These detailed arrangements were not, however, described in the consent letter sent to parents before the school survey took place (see below). Nor did they appear on the consent form given to school students at the start of the online survey. Parents were simply assured that: "Your child's survey response will remain entirely confidential". Children and young people were told: "The survey is confidential. You will complete the survey on your own. No one at your home or the school will see your answers."

Consent arrangements

Consent arrangements for the survey consisted of a letter mailed to parents/carers and an on-line letter addressed to students themselves. The former sought 'passive' consent by asking parents who did not wish their child to take part to notify the E2S project co-ordinator by phone or email. The latter was shown to students at the start of the survey, seeking 'active' consent by asking them to tick either a "YES, I want to take part" or "NO, I don't want to take part" box. Both parents and children were advised that the survey's purpose was to find out what children and young people in Perth & Kinross need to grow up "healthy, ready to learn and prepared for success in life". They were told this would help the council, the NHS and community leaders to "better plan important programmes and services for young people in Perth and Kinross using evidence of what works to tackle the problems identified". As an exception to promised confidentiality, parents were advised that if their child disclosed they were "in serious danger" contact details would be passed to the relevant agencies. However, there was no expectation in practice (see below) that the questionnaire would give rise to child protection issues.

Children and young people, but not parents, were given examples of the questions and statements (with which they could agree or disagree) included in the survey:

- *I am easily distracted. I find it hard to concentrate*
- *How many friends do you have who you can talk to about your problems?*
- *My parents (or caregivers) ask if I've got my homework done.*

Before being invited to make their decision, parents and students were assured that the survey was voluntary. Children and young people were told they did not have to take part if they did not want to, could skip any question they did not wish to answer or could stop taking the survey at any time.

Ethical and other reviews

The school questionnaires were reviewed by members of the ethical committee of the DSRU's companion organisation, the Centre for Social Policy. This consisted of a former DSRU Director who was also a Professor of Child Welfare Research at Bristol University and a former Director of England's Children and Family Court Advisory and Support Service

(CAFCASS). They concluded that although the E2S instrument was not identical to student surveys previously approved for the *Common Purpose* projects in Renfrewshire and Birmingham, the broad ethical issues were the same. Approval was granted and the committee pronounced itself satisfied that:

“...the research in Perth and Kinross does not raise new concerns and that satisfactory arrangements...are in place, along with additional clarification about mandatory reporting on responses that indicate risks of harm to children.”⁶⁵

The survey was also considered in detail by the E2S area partnership in Perth & Kinross. Teams working in education, social work and community health services were asked for comments, before the proposal was passed to the Early Years and Early Intervention Programme Board for approval. Extensive discussion appears to have taken place within departments on what questions should be asked and whether an option to include up to 25 additional questions should be pursued. The questions to students aged 14+ about neglect were included by request. A question about suicidal thoughts was deleted.

In November 2012, one of the council’s regular development sessions for head teachers was used to brief schools about the E2S project. Heads were asked to designate a member of staff who would liaise with the DSRU researchers about protocols and procedures⁸. Written instructions for class teachers were provided. Heads were promised a report on the survey results from their own schools – a proposition that was generally welcomed. Concerns raised at this stage focused on the questionnaire’s suitability for children and young people with learning disabilities. The DSRU team advised that the survey had been tested with children with mild to moderate difficulties, but was unsuitable for those with more severe impairments. A decision was subsequently taken not to include Perth & Kinross’s specialist school for children with learning disabilities in the survey. All other state-funded schools were included, with a target of securing completed questionnaires from 75 per cent of students.

A second concern expressed was whether the survey might result in children making disclosures about experiences of abuse or neglect. Could confidentiality be preserved if it became necessary to follow child protection procedures? The DSRU, in consultation with its ethics committee, insisted that no part of the survey invited answers that would trigger child protection action. However, it was agreed that the questionnaire should end with a ‘feedback’ box in which children and young people were invited to record “anything else you would like to share with us, or if you have any comments...” A small number of the children who took part used the box to describe issues that affected them, but none related to parental abuse or neglect. These concerns were followed up by a relevant teacher (who was unaware of any information the student had provided in the questionnaire).

⁸ As a practical contribution to implementation, the authority offered a sum towards the costs of any replacement supply teaching needed.

Further points raised by the Perth & Kinross partnership included the practicalities of giving children access to an online survey in small, rural primary schools with less reliable internet connections, and whether winter weather might impede the survey arrangements in highland areas. A number of managers in Perth and Kinross also raised the possibility of negative feedback from teachers and parents about the survey questions concerning sexual behaviour and other sensitive issues – and the potential for negative media interest. A high rate of survey completion and lack of complaints in Renfrewshire was considered reassuring.

Survey response rate

Following formal approval by the Children and Young People's Partnership in December, the student survey was conducted between 28th January and 15th February 2013. No technical problems were reported and by the end of the designated period, 8,562 (88 per cent) of students in the relevant age-range had completed questionnaires. This comfortably exceeded the target 75 per cent response rate and also the 86 per cent response rate achieved by the American E2S pilot in Providence, Rhode Island. After they received the council's consent letter, 42 parents asked for their children to be withdrawn from the survey. In addition, 81 students declined to take part after reading the consent form at the start of the survey. Overall, the proportion of students who did not take part because consent was refused was below 2 per cent.

Objections from parents

Given that almost nine out of ten students in the relevant age range completed the E2S questionnaire, it may seem surprising that the survey became a matter of public controversy. Yet the objections raised by a small, vociferous group of parents – using both 'social' and traditional media to publicise their concerns – delayed the E2S project's progress, and resulted in unplanned work for those responsible for its implementation. Thus on 16th February, the regional *Dundee Courier* newspaper reported that:

"A survey in which children were asked about sex, knives and drugs has been slammed by parents."

This reported objections from an anonymous parent of a 9-year old child who told the paper that the questions had been "totally inappropriate":

"...she came home full of questions about drugs, knives and other things – notions which I just didn't want her having in her head at that age. There were references to specific drugs – some of which I hadn't even heard of – and she was asking about them. What was I supposed to say?"⁶⁶

A Member of the Scottish Parliament was also quoted as saying parents were right to be concerned "most especially when inappropriate references are being made to sexual⁹ and drug-related conduct among children as young as

⁹ Questions concerning sexual behaviour were, in fact, only included in the survey for young people aged 14 and over.

nine”.

Three days later, the paper reported incorrect claims that children had been “forced” to take part in the survey amid concerns that their anonymity had been undermined by the use of Scottish Candidate numbers. It quoted comments left by three parents of primary age children on its website and Facebook page complaining that children had been asked “about being a complete failure.” One mother was quoted as saying:

“You ask a question like that of a child with such thoughts and you are confirming it in their head. It’s a form of psychological abuse.”

The paper reported the views of another mother who welcomed the purpose behind survey and insisted her son had not been disturbed by it:

“...he knows very little about drugs or alcohol but they had the option to say don’t know. We all got a letter and had the option to opt out, I really don’t see the problem.”⁶⁷

Less than a week later, a mother who became prominent among the objectors made a formal complaint to the Information Commissioner’s Office, alleging that the E2S survey committed “serious breaches” of the Data Protection Act. The objections she listed were that:

- Children were given insufficient detail about the meaning of consent and, in the case of nine-year olds, were too young to understand their rights
- Information gathered on date of birth, age, sex, ethnicity, type of school and year on school could have been used to identify individual students
- Some parents had not received Perth & Kinross’s opt-out consent letter
- Parents were not told about the explicit nature of some questions
- Parents were not offered any opportunity to give their explicit consent.

National newspapers picked up the story, including *The Sun’s* Scotland website which exaggeratedly maintained that: “Mums and dads have bombarded education chiefs with complaints after their kids took part in the £225,000 project.”⁶⁸

The partnership’s response

Perth & Kinross Council responded to these allegations with statements to the newspapers and a posting on its Facebook page defending the survey and the E2S project. The main points made were that:

- All answers to the questionnaire were confidential.
- Children were allowed to opt out of completing the questionnaire or to skip questions at any time
- The survey was approved by an ethics committee of social policy experts

- The data being gathered was needed to plan services more effectively.

The Deputy Chief Executive of NHS Tayside made similar points, assuring local media that:

“...the project has been conducted with due care and attention to all stakeholders and implemented the correct procedures and processes.”

The Scottish Government also issued a statement describing E2S as a good example of a local authority engaging with young people and the community:

“Neither the Scottish Government nor Perth and Kinross Council recognise the claims being made about this piece of work.”

Although the number of parents voicing objections (including those maintaining anonymity) was thought to be fewer than ten, the concerns raised about communication were taken seriously by Perth and Kinross Council and NHS Tayside. While insisting that the survey was ethically and scientifically robust, the council offered parents a time-limited opportunity to ask for their children’s questionnaire responses to be deleted from the analysis. Twenty such requests were received and acted upon, raising the number of students for whom parental consent had been refused to 62. However, when a parent asked to view their child’s completed questionnaire, their request was refused on grounds that it would breach the confidentiality promised to pupils.

More detailed information about the school survey was posted on the council’s Facebook page and a page was added to the council’s website access to the consent letters sent to parents. By mid-April 2013, links had been added to school and community surveys in full. The council also organised meetings with the staff, statutory parent council members and other parents at the three rural schools attended by children of almost all the parents known to have registered objections. A further opportunity to discuss concerns was provided at a routine meeting involving representatives from parent councils across Perth & Kinross – although only a quarter sent representatives.

The DSRU’s response

Managers at the DSRU also found themselves targeted by the objectors through Twitter, e-mail and other media. Part of their response to potentially damaging claims about the ethics of the schools survey was to seek an independent opinion. This was provided by Dr Ron Iphofen, FAcSS, author of a respected guide to making ethical decisions in social research (2011⁶⁹) and an adviser on research ethics to the European Commission. His review, which was kept private while the Information Commissioner’s Office was conducting its own investigation, concluded that the school survey work complied with the 1998 Data Protection Act. In particular, he noted that protocols were in place to ensure that Perth & Kinross Council did not receive any “personal sensitive data” from the survey. Given the procedures for deleting Scottish Candidate

Numbers, it would not be possible to identify individual children from the anonymised, aggregate data. Dr Iphofen also said he could see nothing inappropriate within the provisions of the Data Protection Act with the procedures for obtaining consent from children and parents. However, in a reference to 'grey' areas for decision-making and best practice, he suggested that there would have been little justification for parental grievance after the event if parental opt-in had been the procedure adopted in Perth & Kinross. He also noted some personal concerns about the sensitive and challenging nature of some questions, but concluded that the DSRU had conducted the project with due care and attention to the needs of all stakeholders:

“They have demonstrated knowledge of good practice and implemented correct procedures and processes. Most importantly the data management principles they have put in place should be adequate to protect the interests of the children, their parents, the schools and the Council.”

The self-recommending lessons he identified for avoiding similar problems in future were that:

- Parents should be given more comprehensive information about the specific content of questions to be asked
- Advance contact should be sought with the press to describe the purpose of the survey and help parents decide on its value (something Perth & Kinross Council had done, producing an initially positive response)
- Better explanation should be provided about the reliability and validity of the questionnaire and the location and effectiveness of its previous use.
- Researchers should attend schools when students are completing the questionnaire to ensure there is no undue pressure from school staff or peers to take part.

Young people's views

As part of the E2S evaluation, a number of students attending a secondary in Perth City North school were asked for their view of the survey a few days after they had taken part. Group interview and focus group methods were used to talk to 12 young people in two age groups, according to which version of the questionnaire they had completed. Their opinions cannot be considered representative, but the young people highlighted further issues:

- Although some young people thought the survey was linked to efforts to improve life in their area, they were mostly unclear about its purpose. (“*Yeah. I didn't really get what the survey was for. No one told us did they?*” 15-year old male)
- Young people agreed that the survey had been confidential and that there was no obligation to answer any of the questions. But there were
 - lingering doubts about why they had been asked for their

Scottish Candidate Numbers. (*“Your candidate number indicates a certain person, and then they know your name as well, and your age.”* 14-year old male).

- Older students were concerned that the layout of the IT suite where they completed the survey made it possible to lean back and see their neighbours’ answers. (*“You didn’t really know what to do because there could have been someone looking at your call.”* 15-year old male.)
- Some implied that their replies to personally sensitive questions had been guarded because of doubts about confidentiality and the personal nature of some questions. (*“I was a bit scared to answer them. Because I thought it was a bit personal...”* 13-year old male. *“Like, it’s going to get personal, but I think that’s a bit far.”* 15-year old male.)
- One student thought the survey had been “weird”, but others thought it “boring”. It did not appear to have been a major talking point afterwards. (*“Some of my friends told me they really didn’t like it because it made them feel uncomfortable. But after that we kind of just forgot about it.”* 13-year old female)

A report summarising the students’ views was shared with the DSRU and the Perth & Kinross area partnership in September 2013 to assist discussions about how the school survey and its administration could be improved.

The Information Commissioner’s Office

The Information Commissioner’s Office, having reviewed the official complaint from a parent, concluded in May 2013 that there was “no strong indication” that Perth and Kinross Council had failed to comply with data protection obligations. It also observed that since the survey had been fully anonymised, it could not identify any one individual.

Impact on the E2S pilot

Following the ruling, Perth & Kinross Council’s Lifelong Learning Committee declared its continuing support for the E2S project. Support from councillors, irrespective of party, was undoubtedly one reason why the project’s future was never called into question despite the negative publicity. The council and NHS Tayside also ensured that responses to the various claims being made did not differ. To quote one manager:

“You couldn’t have put a cigarette paper between us.”

Nevertheless, a combination of parental objections, requests to view documents and emails about the project under the Freedom of Information Act, the complaint to the Information Commissioner and media pressure all

served to delay implementation of the E2S project. The area co-ordinator estimated that six or more weeks of her time were allocated to “fire-fighting”. The DSRU’s project manager and research staff also diverted time to respond to queries and complaints. The agreed deadline for reporting results from the school and community surveys to the partnership at the end of April was prioritised, in the short-term, over other activities on the E2S roadmap. Other tasks – most notably the creation of a community partnership in Perth City North – were delayed.

5. The community survey

Alongside the school survey, the E2S process required the completion of a community survey of parents of children aged 8 and under, including parents-to-be. Designated 'The Child Well-Being Survey', it was carried out in Perth & Kinross during January and February 2013, when parents were interviewed in their homes. They were contacted through door-to-door calling by fieldworkers employed by BMG Research, a social research company contracted by the Social Research Unit at Dartington (DSRU). Although it broached some sensitive topics, including parental depression and child ill treatment, the survey did not prove controversial. However, there were some problems with its administration that contributed to delays in implementing the roadmap for E2S.

The survey

The parent survey is designed to measure four of the ten key development outcomes targeted by E2S:

- A healthy gestation and birth
- School readiness (age 4 months to 5 years)
- Early childhood behaviour (age 3-8 years)
- Chronic health impairments

It also assesses contributing risk and protective factors relating to the individual child and the wider community. However, the main focus is on factors in the family domain. The *risk factors* measured include family poverty, parental conflict, parental discipline (including physical abuse) and any family history of antisocial behaviour or substance misuse. The *protective factors* assessed include the existence of strong family bonds, whether children have opportunities to learn and apply good social and practical skills, and whether they receive due recognition and praise for their contribution.

Interviewers administering the questionnaire in Perth & Kinross were equipped with tablet computers, which they passed to the interviewee at different stages. Known as Computer Assisted Personal Interviewing (CAPI), this allowed parents to read about the survey for themselves before giving or withholding their consent to take part. For privacy's sake, they were encouraged to use the tablet themselves to record their answers after either reading a question on the screen, or having a question read to them by the interviewer.

The questionnaire

Like the school survey, the parent survey was grouped in measurement constructs whose reliability and validity had been previously established. Table 2 provides a summary of the measurements and their origins.

Table 2: E2S parent questionnaire: topics and measurement constructs

Topic	Question areas	Measurement constructs used	References
Demographic information	Gender, age, sex & ethnic background of parent or caregiver, <i>whether pregnant</i> , relationship to focus child aged 0-8 (e.g. biological mother/father, step-mother/father, foster-mother/father), language most used at home, other adult family members, living situation, employment, education, qualifications & employment status, partner's education, qualifications & employment status; gender, age, sex & ethnic background of focus child, background, siblings, pre-school attendance, experience of foster care.		
Pregnancy, birth and infancy	Prematurity, birth weight, <i>*age when first pregnant, use of contraception, health preparation before/during pregnancy, reaction to pregnancy, biological father's view of pregnancy, use made of antenatal care, smoking, alcohol and drug use during pregnancy, breastfeeding, weaning.</i>	National Survey of Children's Health (NSCH). Los Angeles Family & Neighborhood Survey (LA FANS) Fragile Families Study. Demographics and Health Surveys Methodology (DHS6) – women's questions London Measure of Unplanned Pregnancy (LMUP). National Pregnancy and Health Survey (NPHS) 1993-6 National Maternity Survey Infant Feeding Survey (2010)	Blumberg et al. (2012) ⁷⁰ Sastry et al (2006) ⁷¹ . Reichman et al. (2001) ⁷² ICF International (2012) ⁷³ . Barrett et al. (2004) ⁷⁴ U.S. Dept. of Health/NIDA (2000) ⁷⁵ . Redshaw et al, (2007) ⁷⁶ .
Child's physical health	Specific conditions (e.g. asthma, diabetes, hearing problems, sight problems, learning difficulties, autism, ADHD, brain injuries), time off school or nursery due to illness, use of special education services	NSCH. Communities That Care Youth Survey (CTC).	(as above) Arthur et al. (2002) ⁷⁷
Child's behaviour and mental health	<i>Restlessness, behaviour towards adults / other children, friendships, hyperactivity, inattention, temper, aggression, honesty, self-regulation, anxiety and depression.</i>	International Youth Development Study (IYDS). Strengths & Difficulties Questionnaire (SDQ) NSCH	McKenzie et al. (2011) ⁷⁸ , Prior et al, 2008. Goodman & Goodman (2009) ⁷⁹ . (as above).
School readiness	Parent's concerns about child's speech, understanding, motor skills, behaviour, sociability, pre-school learning	Parents' Evaluation of School Readiness (PESRS – survey)	Glascoe (1999) ⁸⁰
Parent's involvement in child's learning	Reading stories, teaching letter / numbers, songs, crafts, involving child in household tasks and errands, library visits, homework checks, school involvement	National Household Education Survey (NHES). LA-FANS.	Hagedorn et al. (2009) ⁸¹ (as above)
Family relationships	<i>*Relationship status at time of pregnancy, current relationship with other biological parent, family arguments</i>	Social Development Research Group (SDRG) Early Childhood Longitudinal Survey – Birth Cohort (ECLS-B).	U.S. Dept. of Education / Nat. Center for Education Stats. (2009) ⁸²
Parenting style and parent-child relationship	Routines, setting rules, non-physical discipline, <i>*physical discipline</i> , aggravation and coping, warmth & affection, praise.	ECLS-B. ISPAN Child Abuse Screening Tool (ICAST-P) . NSCH. Alabama Parenting Questionnaire (APQ9).	(as above) Zolotor et al. (2009) ⁸³ (as above) Elgar et al. (2007) ⁸⁴
Parent's mental health	Anxiety & depression,	Mental Health Inventory (MHI-5).	Berwick et al. (1991) ⁸⁵
Parent / family substance use & antisocial behaviour	Tobacco, alcohol & drug use, problems associated with substance use, difficulties controlling substance use, household member with severe alcohol or drug problems / in prison.	Alcohol, Smoking and Substance Involvement Screening Test (ASSIST).	WHO ASSIST Working Group (2002) ⁸⁶
Family poverty	Ability to afford items/ activities that most families have or do	Breadline Britain Survey	Mack & Lansley (1985) ⁸⁷
Family support	Availability of family and friends to offer emotional / emergency / financial support	NSCH. LA-FANS.	(as above) (as above)
Community safety	Perceptions of crime/drug selling/fights/delict buildings/graffiti/racial or religious intolerance/personal safety, support from neighbours and willingness to intervene, levels of trust.	CTC. Making Connections Survey.	(as above) Sampson et al, 1997 ⁸⁸ , Coulton et al., 2009 ⁸⁹

*Questions put to mothers only

*Questions subject to an 'exception to confidentiality' warning

*Questions/scales that varied according to child's age

As with the school survey, many of the questions and constructs were developed and tested in the United States. Some constructs were the same as those in the student survey or similar, included in a parent/age-appropriate

version.

Sampling and fieldwork arrangements

Unlike the schools survey, which was conducted like a census, the parent survey targeted a representative sample of Perth & Kinross families with children aged 8 and under. To facilitate a more detailed analysis of data from the community partnership area, it was also planned to 'oversample' parents living in Perth City North. However, plans to conduct the parent survey across the whole district were ruled out on grounds of cost. Instead, it was agreed that fieldwork should take place in the City of Perth itself, plus Blairgowrie (and surrounding glens), Kinross-shire, Pitlochry (Highland) and Strathearn. The target was to complete 795 parent interviews, including 250 interviews for the community 'oversample'.

To encourage parents to take part in the fieldwork, the council printed posters advising that "representatives" would be calling at homes between the end of January and end of March in which E2S was described as:

"... a pioneering project to find out what more can be done in Perth and Kinross to help our children and young people grow up healthy, ready to learn and prepared for success in life."

The DSRU provided materials and training for the BMG Research interviewers.

Consent and confidentiality

The script for fieldworkers required them to show their identification badges and council authorisation on the doorstep, before ascertaining whether the household included a family with children in the target age range. The consent information that parents were shown on the tablet computer, advised that it would take about 45 minutes and included an assurance that their participation was voluntary, including an option to skip questions or stop at any time. Five examples of questions were provided:

- *During your pregnancy did your midwife discuss infant feeding with you?*
- *Is there someone that you can turn to for day-to-day emotional help with parenting?*
- *If a group of children in the local area were skipping school and hanging out on a street corner, how likely is it that your neighbours would do something about it?*
- *When your child misbehaves, have you ever hit him/her on the head with a knuckle or back of the hand?*
- *Have you ever used cannabis (marijuana, pot, grass, hash etc.)?*

While assured that most responses would be treated as confidential, parents were warned that any indication their child was "at risk of significant harm" would be treated as an exception:

"If this is the case, your contact details may be passed on to child protection services who may act on this information."

Before finally being asked for their consent, parents were told that information collected through the survey would be used “to improve services for children and families in Perth and Kinross”. As a participation incentive they were offered the chance to enter a random draw for two prizes of £100 shopping vouchers.

Ethical and other approvals

The parent survey was reviewed by the Centre for Social Policy, as part of the same ethical approval procedure described in Chapter 4. It was studied by members of the E2S area partnership, before being signed off by the Early Years and Early Intervention Programme Board and the Children and Young People’s Strategic Partnership. Concerns raised at this stage included the risk that a door-to-door survey might annoy some residents and that individual parents might prove unwilling, even confidentially, to divulge personal information. Some senior managers proposed that parents should be contacted through clinics, nurseries and schools, rather than door knocking. The DSRU rejected this on grounds that it might not yield a representative sample of families. There was also discussion about whether questions relating to parental neglect and abuse should remain part of the survey. It was agreed that they should, with the warning to parents described above about potential child protection action.

Survey response

The survey led to 804 interviews being completed; slightly more than the target, including an ‘oversample’ of 269 in Perth City North. However, the research company starting fieldwork earlier than agreed with the council, before the explanatory leaflets had been delivered. This resulted in a number of complaints being made to police. The council received calls from parents, including its own staff, seeking confirmation that the interviewers were legitimate. Negative comments and queries were posted on the council’s Facebook page. The council responded by posting a statement on Facebook about the survey’s official and legitimate purpose.

Parents’ responses

Subsequently, in May and June 2013, a sample of Perth City North parents who had taken part in the survey were interviewed for the evaluation about their recollections of the community survey and the way it was conducted. All said they would be willing, if asked, to take part in another survey like it again. (However, since the sample had been obtained by asking participants in the parent survey whether they were willing to be contacted by the evaluator, it was possible that those interviewed were predisposed to take a positive view.) With one exception, parents thought the BMG Research interviewers had been courteous and scrupulous about explaining the purpose of the survey and the confidentiality arrangements. Two parents reported seeing postings on Facebook that suggested the door-to-door interviewers might not be genuine, but both said they had found the council’s reply reassuring.

Two to three months after completing the survey, only a minority of the parents remembered (even when prompted) that a caveat relating to child protection had been included in the confidentiality information they were given.

While acknowledging the personal nature of some questions, none said they felt uncomfortable answering them. Some said the use of CAPI interviewing had given them an increased sense of security (although two parents with new babies had asked to have questions read to them by the interviewer).

“Yes, there was nothing that I wouldn’t have answered. It didn’t feel uncomfortable at all. The questions were personal, but not too personal.” (Mother, Letham)

“I felt comfortable because he [the interviewer] just gave me the i-Pad to do and just sat there.” (Mother, Hillyland)

Two of the youngest parents interviewed, who were caring for young children, thought the questionnaire was too long, but few other criticisms were expressed.

Impact on the E2S process

Data collection through the parent survey met its target and was, for the most part, successful. Nevertheless, the difficulties with interviewers calling on parents prematurely added to pressures on council staff responding to the controversy over the student survey and contributed to an impression that the E2S surveys were proving unexpectedly problematic. While managers did not question the value of data obtained through the community questionnaire, those who disliked the plan for a door-to-door survey in principle were inclined to feel vindicated. They continued to insist that the use of council nurseries to recruit parents would have been preferable.

6. Fund mapping

Funding mapping – the analysis of how much money is being spent on support services for children and families – is a distinguishing feature of the *Evidence2Success* planning process. The intention is to assemble information on existing expenditure at the same time as survey and other data are gathered about children’s developmental outcomes. This is designed to ensure that planning decisions take place in the context of available resources and the scope for shifting them towards evidence-based intervention. Involving those with responsibility for financial planning in the project from its start is also intended to speed and smooth the process of implementation. The DSRU’s presentations about E2S for the area partnership in Perth & Kinross talked about “redirecting resources to upstream investment”. Local leaders were advised that by shifting just 1 per cent of its existing expenditure on children’s services, a local authority of their size could expect to make a significant investment in evidence-based programmes.

A fund mapping ‘tool’ provided by the DSRU suggested the exercise would differ from conventional budgeting by bringing together information across agencies and departments to shed light on the efficiency and effectiveness with which money was being invested, as well as the amounts. It could show:

- How current investments aligned with key child development outcomes
- What extent investments were supporting evidence-based programmes
- Whether there were opportunities to better coordinate programmes and services
- Whether there were opportunities to improve contracting processes – including the development of contracts with accountability and incentives for achieving clear outcomes
- How much funding was currently invested in prevention and which existing services held the greatest potential to support early intervention activity.

A further aim “if possible” would be to determine:

- How much key categories of services were costing per participant and how those costs compared to known evidence-based alternatives.⁹⁰

It was proposed that fund maps be produced for the whole of Perth & Kinross and for the Perth City North community partnership area. These exercises were originally intended to proceed in tandem and be completed during the first two stages of the E2S project. But it has already been seen how, in practice, there were delays setting up the community partnership. Energies were focused on producing survey and funding information at area level, so that strategy planning days scheduled for the third week of April could go ahead as planned. Community fund mapping was limited and the Perth City North partnership – when it came together from June 2013 – did not have access to the kind of in-depth financial information that had originally been

envisaged.

The fund mapping exercise at area level was pursued with vigour. Those responsible for children's service budgets within Perth & Kinross Council and NHS Tayside succeeded, within the schedule, in arriving at a 'high level' estimate of overall spending on children's services. In the view of the DSRU's project manager the data – although it fell short of initial hopes and expectations – was better than anything assembled in Renfrewshire or other, previous projects. That said, it was, apparent from an early stage that differences in budgeting and accounting procedures would impede the production of a more detailed fund map for Perth & Kinross. *Systemic* differences overlapped with *practical* and *cultural* issues:

- A crucial systemic difficulty arose from differences between the budgeting regimes for Scottish local authorities and the NHS. Councils must legally balance their budgets from year to year and specify how any new services or savings will be funded. A more flexible approach within the NHS enables health authorities to set strategic targets for their spending without specifying so much detail.
- Practical problems related to difficulties attributing spending data to the particular categories proposed by the mapping tool. For example, Police Scotland could not realistically provide more than a ballpark estimate for the proportion of their budget spent in Perth & Kinross on engagement with under-18s. Within the NHS, there was a comparable difficulty ascribing general treatment costs (such as family doctor or accident and emergency visits) to services for children and young people.
- Local authority budgets for services used by children and families were, in most cases, distinct. Yet even here, ascribing costs to particular age groups, to early intervention, or to developmental outcomes proved difficult. There were no existing systems for allocating costs to those headings – not least the staffing that accounted for 80 per cent of all spending.
- Culturally, it was apparent that finance managers who worked hard to assemble as much requested information as they could, were uncertain about its value so early in the E2S process. The approach ran counter to normal expectations that a strategic view about investment or savings should be taken, based on high-level data, before trying to unpick specific funding decisions. Concerns were voiced that E2S was trying to collect too much financial data, too soon.

Despite the guidance provided by DSRU, service managers were not altogether confident they were collecting the 'right' data, or that they understood what information the partnership board would find most useful. As one stated:

"The data I have got covers £160 million of spending and you could

probably spend a full year pulling together the stats on this.”

During the mapping exercise, schools and care service departments were asked to reach a judgement about the proportion of their budgets being spent on prevention and treatment services, and to allocate spending according to whichever developmental outcomes they were seeking to influence. To help with this, the DSRU project manager and the council’s finance team developed a spreadsheet for completion by each cost centre. This was accompanied by information about their current budget and a glossary of terms such as “universal services”, “evidence-based programmes” and “emotional well-being”. The project manager, who had experience of leading a somewhat similar exercise with an English local authority as well as the *Common Language* project in Renfrewshire (see Chapter 1), insisted that although it might look complicated, managers were only being asked to reach a judgement based on their experience:

“They can only do this intuitively because services are not designed in a way that enable you to quantify precisely.”

A senior Perth & Kinross manager, even so, characterised the mapping process as “incredibly challenging”. At NHS Tayside it was also suggested that different budgeting systems, the sheer diversity of health services and their organisation at regional rather than a district level were creating systemic barriers. As one manager said:

“There’s probably no one in Health who knows everything about all of it. For example, I know about services, but I don’t know about the financial element because I don’t manage it.”

When a meeting of Perth & Kinross primary school head teachers was shown the cost allocation spreadsheet there were immediate objections. In addition to doubts about the subjective nature of the information being sought, many maintained that they would not have the time or resources to assemble the information being sought.

Strategic planning

Strategy Days to initiate action planning for the E2S project at area level took place in Perth, as planned, on April 24th and 25th 2013. The survey information that was presented and the initial planning process that followed are described in Chapter 7. However, this chapter concludes with an account of the financial information that was presented to the area partnership.

The headline annual figure for spending on children and education services provided for 30,000 children aged 0-18 and their families across Perth & Kinross was put at £171.3m. This comprised:

- Education £116.7m
- Children’s services (social work) £15m
- Other education and children’s services £18.3m
- Health £16.9m

- Police £4.3m

Excluded from the total was a further £1.6m of adult social care expenditure related to family support. The council was also assessed as spending £15.7m on cultural and community services, an undefined proportion of which would be benefiting children and families.

Fund mapping produced a further estimate that £33.4m annually was spent on targeted services for around 5,000 children with specific support needs. This figure included:

- Educational support: £12.1m (£2,300 per child)
- Residential school places: £2.6m (£96,700 per child)
- Foster care (in area placements): £1.2m (£7,500 per child)
- Foster care (out of area placements) £0.8m (£19,200 per child)

NHS costs in Perth & Kinross were summarised separately, using examples of targeted, specialist services for children and families. Unit costs were expressed in a number of different ways depending on the nature of the service:

Mental health in-patient care	£0.2m (£18,000 per patient episode)
Child & Adolescent Mental Health Services	£0.16m (£165 per visit/patient contact)
Speech and language therapy	£0.26m (£28 per appointment)
The <i>Family Nurse Partnership</i> programme	£0.19m (£2,400 per family)

The fund map additionally estimated that the partner agencies, together, were spending at least £4m on prevention and early intervention services. Included under this heading were NHS figures for speech and language therapy, occupational therapy and physiotherapy (£1.73m) as well as the local authority's expenditure on work with young offenders (£0.28m), nurturing support in primary school (£0.62m) and an *Active Schools* health and fitness programme (£0.51m).

Spending on three existing "evidence-based" preventive interventions was also specified. These were: £92,000 a year training teachers to use *Co-operative Learning*⁹¹ methods¹⁰, £23,446 on the *Roots of Empathy*⁹² programme in primary schools and £192,000 being spent in the district by NHS Tayside on the *Family Nurse Partnership*⁹³. (More information about the last two of these can be found in Chapter 9.) Attention was also drawn to £0.54m a year spent on 34 small-scale, unaccredited projects which the DSRU presentation team characterised as "noise". They suggested that these might provide an obvious starting point for the task of reallocating resources to evidence-based interventions.

¹⁰ Although cited on this occasion, the local authority's continued investment in training teachers to use *Co-operative Learning* techniques did not feature in subsequent discussions about interventions.

After allowing for core administrative costs, the DSRU advisers estimated “frontline” annual spending on children and family services in Perth & Kinross at £153m. Taking that figure they suggested that around £1.5m of current spending would need to be moved into evidence-based prevention services for a 1 per cent budgetary shift to be achieved – or £3m if a 2 per cent shift was sought. The recommendation from one of DSRU’s co-directors was that a £3m shift should be targeted because:

“Our estimate is that around 2 per cent of expenditure shifting is enough to achieve population-level change.”

Clearly the fund mapping exercise conducted in Perth & Kinross did not provide detailed data about spending in relation to developmental outcomes in the way that had been envisaged. It did, however, deliver plausible “high level” indications of the scale and cost of child and family support services. These made it possible to quantify the implications of shifting a proportion of total spending into evidence-based prevention. The next chapter examines how that financial information was combined with the E2S survey data to begin devising a plan of action for the project.

7. Strategy planning

Preparations

Area-level strategy planning for E2S began with a two-day meeting towards the end of April 2013. However, its progress was assisted by a series of preparatory meetings, including orientations from the autumn onwards about the E2S model and its methods. In particular, the co-directors of the Dartington Social Research Unit led a “Strategy Development Workshop” in January 2013. Those who took part included the Chief Executive of Perth & Kinross Council, the Director and Depute Director of Education and Children’s Services, the Commissioner of Children’s Services for NHS Tayside and the General Manager of Perth & Kinross Community Health. An attendance list of 25 also included the Scottish Government’s Support Location Director for Perth & Kinross, the Police Scotland Inspector responsible for community policing and the Manager of Voluntary Action Perthshire, as well as departmental heads and team leaders from the local authority and NHS. The head teacher of Perth Academy attended, as did the deputy heads of Perth High School and Tulloch Primary School. But there were no other community representatives from Perth City North.

Participants were introduced to the concept of “evidence-based programmes and practices” and invited to identify existing examples in Perth & Kinross¹¹. It was recommended that the E2S planning process should result in the selection of five or six interventions that evaluation had convincingly shown to be “safe bets”:

“Things where if you put money in them you get a nice financial return. So why would you not do them?”

The DSRU directors also anticipated that the E2S process would eventually lead to “a very hard conversation” about decommissioning programmes lacking a strong evidential base, in favour of more effective services.

Introducing the strategy days

The strategy days on 24th and 25th April 2013 in Perth were the largest single event held during the E2S planning process. They brought together around 40 stakeholders in the partnership from senior to middle management. Those attending from Perth & Kinross Council included the chair of its Lifelong Learning Committee, other councillors, the Chief Executive, the Executive Director and Depute Director of Education and Children’s Services and the Executive Director of Housing and Community Care. The Chief Inspector in charge of policing for Perth & Kinross was present throughout. Health Service representatives included the Children’s Services Commissioner for Tayside and the General Manager of Perth & Kinross Community Health Partnership.

¹¹ Those mentioned included the *Nurse Family Partnership* home visiting programme, *The Incredible Years* and *Triple P* parenting programmes and, in schools, *Roots of Empathy* and the application of *Co-operative Learning* principles in schools – for references, see previous chapter

Although the headteachers of Perth Academy and Perth High School were present as was the deputy head of Tulloch Primary School, the Perth City North community partnership – still in the process of being convened – was not otherwise represented. A briefing session was held at the end of both days to update senior managers who could not otherwise take part, including the Deputy Chief Executive of NHS Tayside and the Police Scotland commander for Tayside.

A preparatory briefing note suggested that the meeting would “produce a high quality strategic statement that shapes the agenda for children’s services for the next five years.” Six key questions to be considered were listed as:

- What do we know about the needs of children in Perth & Kinross?
- What is the well-being of children currently using services?
- What outcomes do you want to achieve for children?
- What activities will improve the selected outcomes?
- What resources are spent on children?
- How could prevention and early intervention be financed?

Participants were asked to treat the survey and financial information presented as confidential until the council and its partners had been given more time to digest it and “go public”. They were also warned that some findings would tell a different story about Perth & Kinross to ways they were used to hearing it portrayed. DSRU staff, who provided facilitation, stressed from the outset that it was for the partnership, not them, to reach decisions about an implementation plan. Participants were advised to apply their own knowledge and experience to interpret the survey results, and determine priorities:

“It’s data, not ‘the truth!’”

The facilitators also placed the exercise firmly in the context of Scottish Government policy, notably Getting it Right for Every Child (GIRFEC)¹². At one point E2S was jokingly characterised as “GIRFEC on steroids”.

Data interpretation

DSRU staff characterised the data obtained from the school and community surveys as “world class” and “second to none”. Presentations of the key findings were prefaced by a description of the methods and samples used, including reasons why particular constructs had been selected as valid ways to measure developmental outcomes. They acknowledged there was scope for interpretive difficulties as a consequence of Perth & Kinross being one of only two pilot E2S projects in the world (the other being Providence, Rhode Island). In particular, this meant an unavoidable shortage of helpful comparative data from other areas of Scotland. Since these were baseline measurement there could also be no information yet on trends. It would, consequently, be difficult to know whether particular statistics emerging from the surveys were unusually low or high by national standards or whether what

¹² For further information on GIRFEC see Chapter 3.

appeared to be problems were growing better or worse over time.

There was little the DSRU research team could do about the lack of trend data. However, they did enable the strategy planners to compare the local data with equivalent results from a number of other locations. These comparators came chiefly from the *ChildrenCount* survey conducted in Renfrewshire (see Chapter 1) and the American E2S surveys completed in Rhode Island¹³. But they also drew on data from *Communities That Care* and other surveys in the United States where the same measurement constructs had been used. This reflected the extensive use of validated questions and constructs originating in America (see Chapters 4 and 5). Although some of the same instruments – including measures of substance use and criminal/antisocial behaviour – had previously been used in Scottish and UK surveys by *Communities That Care* (CTC), the DSRU were not able to access the data¹⁴.

The limited range of available comparators gave rise to a degree of caution about how to interpret some of the data they were shown. Uncertainties were also expressed about what exactly was being measured by some of the survey constructs. This most often happened when results being presented ran contrary to expectations. A notable example (see below) concerned scores derived from parents' assessments of how much regular exercise their children aged 8 and under were getting. Another was information on students' views about attending school and their own attainment, which gave a less positive impression than pupil surveys previously conducted by the Scottish schools inspectorate.

One area that was free of such concerns was data relating to the first key developmental outcome: healthy gestation and birth. Here, it had previously become apparent that NHS Tayside held more comprehensive and reliable data on babies born to Perth & Kinross mothers than the E2S community survey could provide. Collated annually in a standard format across the whole of Scotland, the figures also showed trends over time. Not surprisingly, it was decided to present this, superior information at the E2S strategy days.

Key developmental outcomes

The presentation of information from the surveys began with findings related to the ten key developmental outcomes (KDOs) highlighted by E2S.

Figure 1 reproduces the summary slide shown to the planning meeting. This applied the survey results (and other data) to estimate the proportion of children in Perth & Kinross that were not meeting particular KDOs. It may be seen that:

- NHS data showed that just under 10 per cent of infants had experienced an **unhealthy gestation and birth** (low birth weight). This

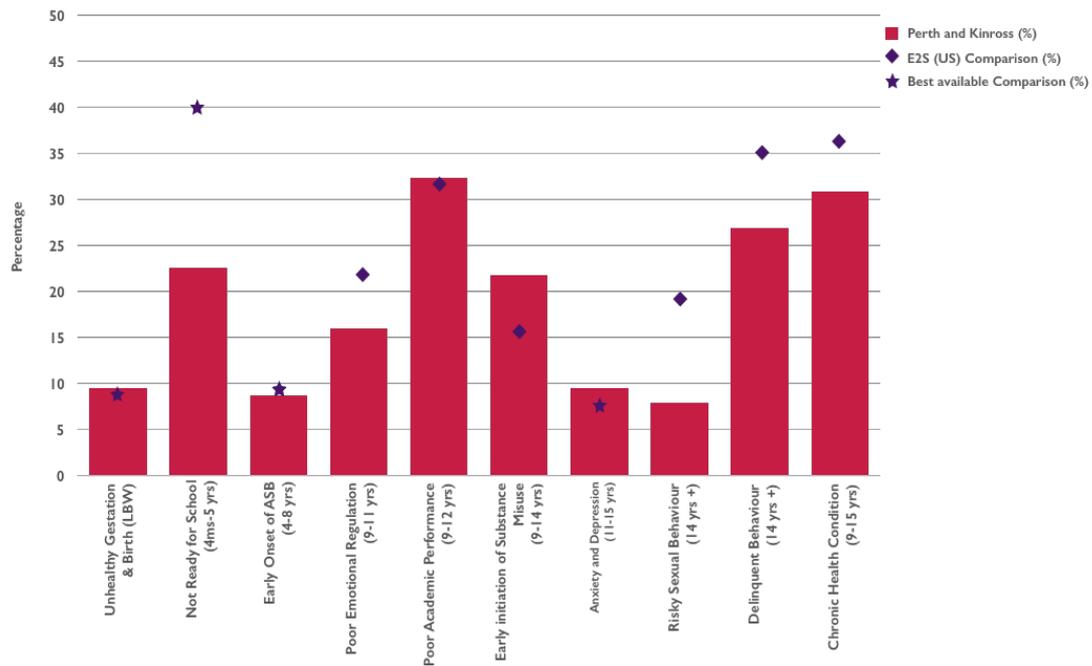
¹³ The equivalent data had been collected in Providence, but the partnership there had not held its strategy planning meeting.

¹⁴ The CTC UK data included results from a survey of 14,600 school students in England, Scotland and Wales undertaken twelve years earlier expressly to provide nationally representative comparators for local initiatives (Beinart and others, 2002¹⁴)

was close to average for Scotland, and showed little change from a decade earlier.

- The proportion of children aged 4 months to 5 years assessed as **not ready for school** was put at 22 per cent, well below data from across the United States, used as the “best available comparison”.
- The 8 per cent of children aged 4 to 8 exhibiting symptoms of **early onset antisocial behaviour** was very similar to the proportion recorded in Renfrewshire.
- Some 16 per cent of school pupils aged 9 to 11 showed signs of **poor emotional regulation**, compared with 22 per cent in Providence, RI.
- **Poor academic performance**, shown as affecting 32 per cent of all pupils aged 9 to 12, was at a similar level to that recorded in Providence.
- **Early initiation of substance misuse** (smoking, alcohol, other drugs) was found to be higher in Perth & Kinross (21 per cent) than in Providence (15 per cent).
- The level of **anxiety and depression** symptoms among 11 to 15 year olds, calculated from their survey responses, was somewhat higher (9.5 per cent) than in Renfrewshire (7.8 per cent).
- **Risky sexual behaviour** among young people aged 14+ was markedly less prevalent (7.5 per cent) than in Providence.
- Teenagers aged 14+ reported lower involvement in **delinquent behaviour** (just over 25 per cent) than peers in Providence (35 per cent). Although not shown on the slide, the strategy meeting was told that the results for Perth & Kinross and Renfrewshire were similar.
- There were just over 30 per cent of students aged 9 to 15 with **chronic health conditions** (such as asthma) compared with 36 per cent in Providence.

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



Source: DSRU presentation

Participants were also shown a more detailed breakdown of results for each KDO that included definitions of the contributing survey constructs. For example, the slides for “healthy gestation and birth” (Figures 2 and 3) displayed statistics on low birthweight, premature birth and substance misuse during pregnancy.

Figure 2: Low birthweight and premature births

Definition:

Low birthweight is defined as a birth weight of less 2,500grams.

Premature when the baby is born more than three weeks before the due date, or before week 37

Prevalence of unhealthy birth:

Scotland (2011): Premature birth: 7%
NHS Tayside (2011): Premature birth: approx. 7%

Scotland (2011): Low birth weight: 9.9%
NHS Tayside (2011): Low birth weight: approx. 10%

Associated risk factors:

Never breastfed: 27.8% (P&KR); 26% (Scotland)



Scotland (2011)
NHS Tayside (2011)
Measure: Scottish Perinatal and Infant Mortality and Morbidity Report (2011, published 2013), Births in Scottish Hospitals, year ending 31 March 2011.
Unicef (2010)

Key Developmental Outcome:
Healthy Gestation and Birth

Source: DSRU presentation

Figure 3: Substance misuse during pregnancy

Definition:

Substance misuse during pregnancy is defined as use of cigarettes, alcohol, cannabis or any other illegal drugs in the last six months of pregnancy.

Example items:

...did you use cannabis (e.g. weed or grass)?
...did you use any other illegal drugs, such as cocaine, heroin or LSD?



Perth and Kinross 0-8 years n = 529
Measure: National Pregnancy and Health Survey: Drug Use Among Women Delivering Live Births (1992). 3,386
Neonatal discharges 2006/07-2008/09, NHS Scotland (2011)

Prevalence of maternal substance misuse during pregnancy: Perth and Kinross: **31.9%**

Cigarette use during pregnancy
Perth and Kinross: 25%
US (1992): 24% (indirect)

Alcohol use during pregnancy
Perth and Kinross: 10%

Cannabis use during pregnancy
Perth and Kinross: 1.7%

Other contextual data:

In Scotland, stillbirth, neonatal death and post-neonatal death is 9.1% and NHS Tayside it is 9.1%

In Perth and Kinross, drug use was recoded for 0.7% maternities (pregnancy resulting in live or still birth)
In Scotland, drug use was recoded for 1% maternities.

Risk Factor:

Mother Substance Misuse During Pregnancy

Source: DSRU presentation

Equivalent slides for 'school readiness' included data on parental concerns about their child's development in expressive language, receptive language, gross motor skills, fine motor skills, and social skills or self-help.

Examples of the questions included in each measurement construct were also displayed. Thus, a slide on the "anxiety and depression" KDO (Figure 4) showed that school students were asked to agree or disagree with the statements: "I worry a lot", "I am often unhappy, down-hearted or tearful" and "I have many fears, I am easily scared"¹⁵. In this instance, the presenters were able to highlight a significant gender difference in the response. While as many as 15.4 per cent of girls aged 11 to 15 were scored as falling within a clinically recognised range for symptoms of anxiety and depression, the same was true of only 3.9 per cent of boys.

¹⁵ Taken from the emotions sub-scale of the Strengths and Difficulties Questionnaire (SDQ) See Chapter 4.

Figure 4: Anxiety and depression (11 to 15 years)

Definition:

Anxiety and Depression - Feelings of worry, unhappiness and psychosomatic complaints.

Example items:

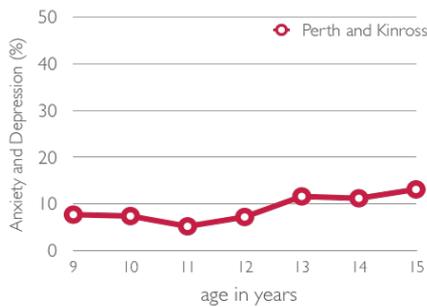
I worry a lot.
I am often unhappy, down-hearted or tearful.
I have many fears, I am easily scared.

Prevalence of anxiety and depression:

Perth and Kinross (11-15 years): 9.5%
Renfrewshire (11-15 years): 7.8%
Britain (11-15 years): 7.7%

Gender breakdown (PKR 11-15 years):

Anxiety and depression
Males: 3.9%
Females: 15.4%



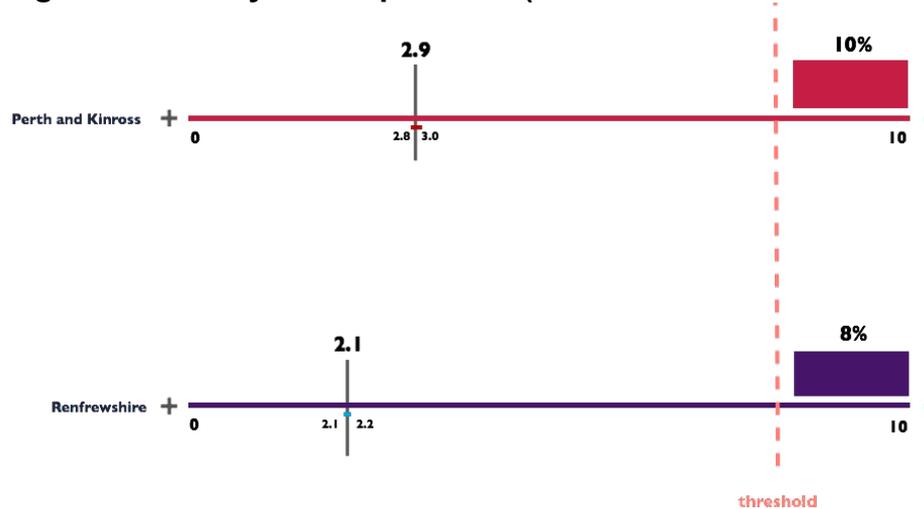
Perth and Kinross 11-15 years n = 6,046
Renfrewshire 11-15 years n = 7,713
Measures: Strengths and Difficulties Questionnaire; emotions sub-scale

Key Developmental Outcome:
Anxiety and Depression

Source: DSRU presentation

Another chart on anxiety and depression (Figure 5) compared the average scores in Perth & Kinross with those from Renfrewshire, and showed the proportion of students whose scores would give rise to medical ('clinical') concern.

Figure 5: Anxiety and depression (Perth & Kinross v. Renfrewshire)



PKR n = 6,046
Renfrewshire n = 7,717
SDQ (child)

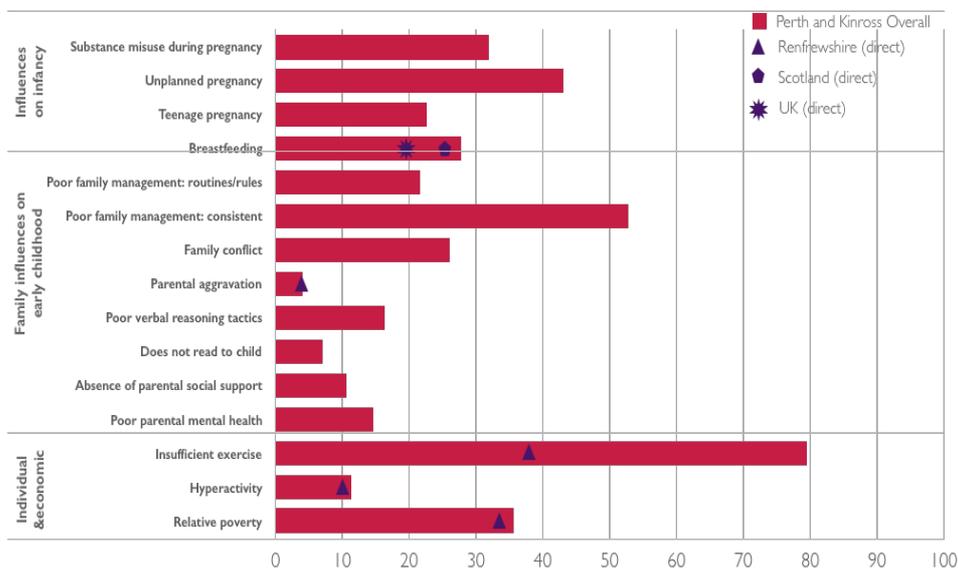
Anxiety/Depression 11-15 yrs

Source: DSRU presentation

Risk and protective factors

Results concerning risk and protective factors were summarised in two slides: one for children aged 0 to 8 (from the community survey) and one for 9 to 16-year olds (from the school survey). The chart reporting on the younger age group (Figure 6) grouped the relevant factors into three domains: “Influences on family”, “Family influences on early childhood” and “Individual and economic”. Comparators were only provided for five of the 15 factors measured. This was partly because equivalent data collected in Providence was not yet available.

Figure 6: Risk and protective factors in Perth & Kinross 0-8 years
Risk/Protective Profile for Perth and Kinross: 0-8 years

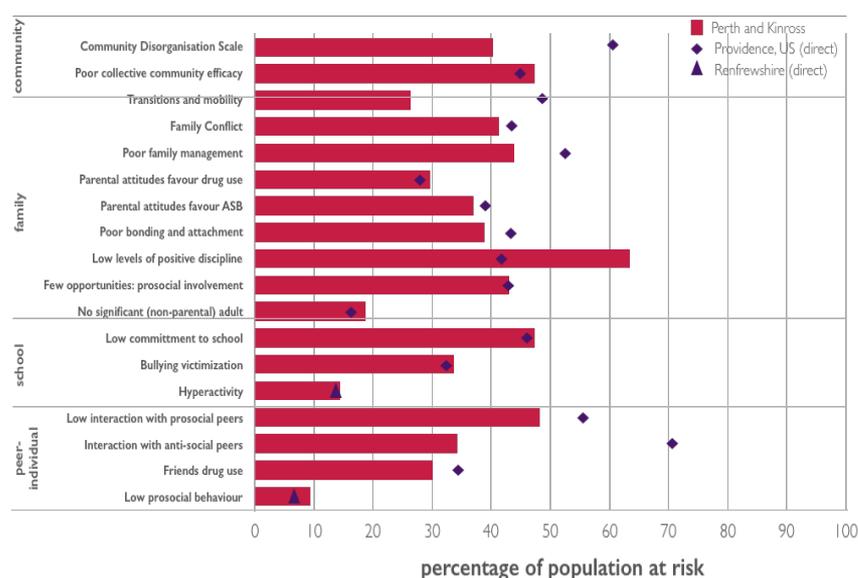


Source: DSRU presentation

The chart for children and young people aged 9 to 16 (Figure 7) showed results for 18 risk factors, grouped into four domains: “community”, “family”, “school” and “peer-individual”. Comparators from Providence were provided for 16 of these, and from Renfrewshire for the remaining two.

Figure 6: Risk and protective factors in Perth & Kinross 9-16 years

Risk/Protective Profile for Perth and Kinross: 9-16 years



Source: DSRU presentation

The DSRU presentation did not attempt to exhibit detailed data for all 31 measurements referred to in the summary charts. However, the results for nine factors that the facilitators considered especially interesting were shown in greater depth; including definitions, sample questions and responses to some individual survey questions. For example, the data reported under the “Poor Family Management” risk factor included the findings that 22 per cent of parents of children aged 3 to 8 reported a lack of rules and routines, while 53 per cent reported inconsistent implementation of rules, including inconsistent consequences for misbehaviour (39 per cent). No comparators were provided, but a breakdown by gender was shown.

Similarly, the presentation of data from school students relating to “Poor Family Management” gave examples of the questions asked (for example, whether they agreed or disagreed with the statement: “When I am not at home, one of my parents (or caregivers) knows where I am and who I am with”). The data here showed that: 8.8 per cent of Perth & Kinross students reported ineffective parental monitoring of homework (compared with 11.1 per cent among their US counterparts in Providence); 11.1 per cent indicated a lack of clear family rules about drugs and alcohol (13.2 per cent in Providence); 21.5 per cent thought their parents would not notice if they carried a weapon (33.3 per cent in Providence); and 13.4 per cent said their parents would not notice if they skipped school (39 per cent in Providence).

First reactions

The parent and student surveys together created a very substantial database that required considerable pre-digestion and summarisation by the facilitators at the two-day meeting. Nevertheless, no concerns were raised at the time or later that any material facts had been neglected or overlooked. Participants in

retrospect were enthusiastic about the quality of the presentation:

“The team from DSRU absolutely know their stuff and when we came together for the strategy days and consultation events they were always able to explain things in a very clear way and answer questions.” (NHS manager)

“The two-day get together was really powerful and our councillors thought it was the best thing they had seen at for a long, long time.” (Senior Perth & Kinross Council manager)

The remainder of this chapter only focuses on findings that were explored in detail, as the meeting progressed towards identifying priorities for an action plan. Reactions to the data were necessarily cautious, with a number of participants emphasising the need to avoid hasty judgements. There was immediate interest in the data concerning **pregnancy, birth and early development** (see above), but the participants also homed-in on:

- **Poor academic performance (age 9 to 12).** A third (32 per cent) of students in the relevant age range agreed their marks were less good than for “most other students” in their class. Discussion ensued on whether this provided a meaningful proxy measure for ‘poor performance’ in school. Further findings on the risk factor of ‘poor academic engagement’ prompted enquiries about how to interpret the survey construct, which was made up of questions like: “How important do you think the things you are learning in school are going to be for your later life?” “How often do you enjoy being in school?” The DSRU’s analysis placed 47.4 per cent of students in Perth & Kinross in a ‘risk’ category (compared with 42.1 per cent in Providence), including 51.1 per cent of boys and 43.6 per cent of girls. Additionally, 7.4 per cent said they had skipped school in the past month, 15 per cent said that schoolwork was “boring”, and 19.3 per cent said they hated school.
- **Delinquent behaviour (age 14+)** was defined as “at least one instance of delinquent and offending behaviour in the past year”. Although 9 percentage points lower than the equivalent proportion among students in Providence, the figure of 26.8 per cent for Perth & Kinross appeared high to some of those present. It included 14.7 per cent who reported having stolen something from a shop without paying, 5.5 per cent who had carried a weapon and 7.5 per cent who said they had attacked someone intending to injure them seriously. Others noted that 14 was around the ‘peak’ age for self-reported involvement in crime or antisocial behaviour and that the survey findings were likely to be typical rather than particularly alarming.
- **Substance misuse (age 9-15)** was defined as “any smoking, alcohol or other drug use in the past month”. The results showed that 26.8 per cent of young people in Perth & Kinross reported using alcohol in the past month compared with 18 per cent in Renfrewshire. By contrast only 1.4 per cent said they had used cannabis (9 per cent in

Renfrewshire) and 4.3 per cent smoked cigarettes (7 per cent Renfrewshire). Other figures put the prevalence of alcohol use at 26.8 per cent compared with 18.4 per cent for American youth surveyed in Providence. However, reported levels of involvement in binge drinking (five or more alcoholic drinks in a row during the past fortnight) were similar at 7 per cent in Perth & Kinross and 7.6 per cent in Providence. Participants were especially concerned to learn that 9 per cent of nine-year olds and 10 per cent of ten-year olds said they had drunk alcohol in the preceding month.

- **Chronic ill health** was defined as the presence of either asthma or diabetes, or having missed four or more days schooling due to illness in the past month. Participants from the NHS placed the seemingly high survey figures for childhood asthma (20 per cent in Perth & Kinross; 29 per cent in Providence) in the context of a recent international increase in diagnosed cases.
- **Insufficient exercise** was defined as 5 to 8-year olds not participating in physical activity for at least 20 minutes a day. Attention focused this risk factor following a prevalence finding of 79.5 per cent in Perth & Kinross (among 200 surveyed parents with children in the specified age range) compared with 38.3 per cent in Renfrewshire. Without any obvious explanation for the double score, participants focused on the question that had been asked: namely; “During the past week how many days did your child exercise, play a sport or participate in physical activity for at least 20 minutes that made them sweat and breathe hard?” Concerns were raised that the wording could have led parents to overestimate the level of exercise being suggested, or that parents were simply unaware of how much exercise their children were getting at school.

All this was indicative of the care with which the strategic planning task was pursued. For example, the findings on children’s exercise continued to be debated for months after the strategy days. But while they were subsequently referenced in a policy document extending the council’s *Active Schools* initiative in Perth City North, ‘insufficient exercise’ was not prioritised as risk factor by the E2S programme.

Existing services and needs

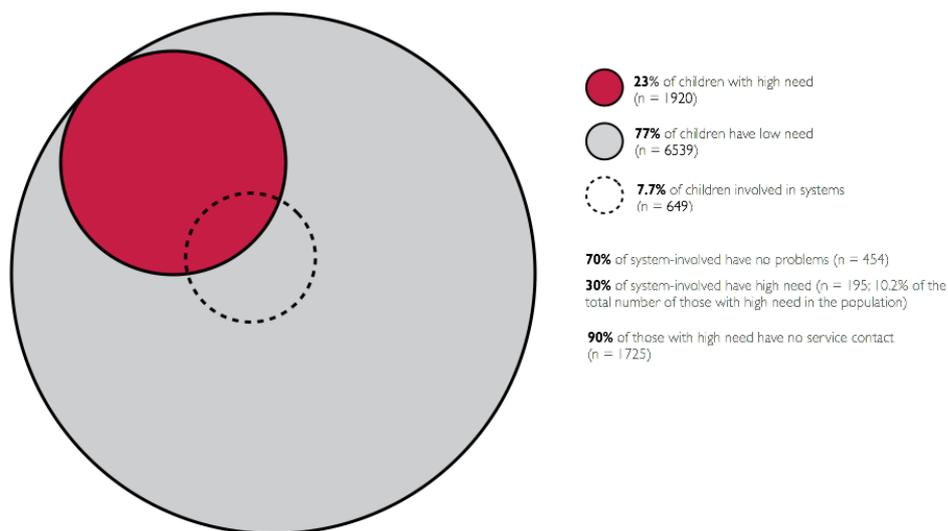
A distinctive feature of the E2S student survey was the way results were linked at aggregate level (preserving confidentiality) to Perth & Kinross Council records concerning children and young people receiving social work services, youth justice supervision or support with additional educational needs. The resulting data, which was presented towards the end of the first strategy day, made a particularly powerful impact on those attending. Revealed in its component stages, the chart below (Figure 7) showed the proportion of school students experiencing six or more developmental problems measured by the survey¹⁶. Applying this threshold, 77 per cent of

¹⁶ This was likely to be an underestimate given that there were some problems that the schools survey did not investigate. For example: cognitive impairments such as dyslexia,

children and young people were categorised as ‘low need’ (represented by the large grey circle) and 23 per cent as ‘high need’ (the smaller, red circle). Superimposed on this was a third, smaller circle representing the 7.7 per cent of 9 to 15-year olds actually receiving social work or additional educational services through the council.

Figure 7: Children’s needs and the reach of services, Perth & Kinross

Total 9-15 sample of Perth and Kinross: n =8,459



Reach of Systems: Any social work or addition education support services (9-15 yrs):All Outcomes and Risk Factors

Source: DSRU presentation

From this diagram it became obvious that the overwhelming majority (90 per cent) of children and young people defined as “high need” using the survey findings were not receiving support services. At the same time, most of those who were in contact with services (70 per cent) fell below the “high need” threshold. This, the DSRU presenters explained, was similar to the pattern of “unmet needs” previously identified in Renfrewshire. They acknowledged that the threshold they had set for “high need” was somewhat arbitrary. Yet a higher or lower threshold would not have altered the essential point – that a striking mismatch existed between children’s needs and the reach of social services. Some plausible reasons why so many of the children that were receiving formal support were classified as “low need” were also provided. These included the possibility that their contact with services related to a parental problem rather than any impairment of their own, or else to issues not covered by in the student survey¹⁷. In addition, many children who had been placed in foster care from an early age might now be making good enough developmental progress to fall below the “high need” threshold.

These undoubtedly striking figures were largely accepted by those present as

learning difficulties and autism; sight and hearing disabilities; abuse or neglect; parental drug and alcohol misuse; poor parental mental health.

¹⁷ See footnote 6, above.

a compelling statistical illustration of the gap between the needs of children and families and funded – or fundable – services. Managers readily agreed with the facilitators’ argument that the chart reinforced the case for greater investment in preventive services with the aim of progressively reducing unmet needs. As a senior NHS executive put it:

“You have taken a complicated idea and turned it into ‘shrink the circle’. The information is really good and its derived from what young people actually said.”

The initial strategy proposal

To assist debate on the second day, the DSRU’s facilitators presented a possible outline strategy, based on survey findings and the previous day’s discussions. They highlighted four KDOs that might reasonably be prioritised on the evidence available:

- Healthy gestation and birth
- School readiness (4 months to 5 years)
- Early initiation of substance misuse (9 to 14 years)
- Anxiety and depression (11 to 15 years)

Further aims suggested for a Perth & Kinross E2S plan of action were:

- Reducing risk and improving protective factors through parenting support and better parent-school collaboration
- Targeting improvements for children on average as well as the ‘tail’ that were experiencing acute problems
- Eliminating existing small investments in early intervention and concentrating on bigger, more effective approaches
- Promoting culture change among the workforce required to implement evidence-based approaches
- Making up for lost time in establishing a community partnership in Perth City North.

The facilitators described their ideas as a “straw man” that could be knocked down in debate, but there was little dissent from their suggestions. Members of the area partnership showed more interest in adding to the list rather than taking anything away. Among the additional priorities suggested were early onset antisocial behaviour (3-8 years) and delinquent behaviour (14+). But a successful counter-argument was made that if school readiness and early onset substance misuse were prioritised, the project would, in any case, be helping to reduce antisocial behaviour.

Resources

On the second day results of the E2S fund mapping process were fed into the discussion. The figures, including the headline estimate of £171.1m for the annual cost of services for children aged 0 to 18 and their families (see Chapter 6), were not contested. Nor was an accompanying estimate of numbers of existing staff who might play a part in implementing an E2S action plan:

- 660 teachers in nursery and primary schools
- 300 additional needs auxiliaries, care assistants, and classroom assistants
- 190 children and family support staff
- 65 health visitors, school nurses and other nurses (not full-time equivalent)
- 10 educational psychologists (not full-time equivalent)

Managers accepted that some existing budgets would need to be reallocated and that some staff would require re-training. A few specific suggestions were made about areas within current schools spending that might be re-directed. Participants also acknowledged that culture change was necessary and that explaining the E2S strategy to staff should be given priority. Councillors present spoke of a comparable need to convince other elected members of the need for resource changes.

The DSRU facilitators were, however, challenged when they appeared to raise their previous estimate of a 1 to 2 per cent budgetary shift needed to fund a viable plan. Their outline strategy referred to a 2 to 3 per cent shift, with one of the DSRU's co-directors also referring to a cumulative investment of £20m to £24m being needed over five years. The facilitators responded that their figures were only illustrative. Whatever share of the children's service budget was eventually re-directed towards prevention, it would need to be invested in taking "gilt-edged interventions" to a scale where developmental outcomes could be demonstrably improved.

Further reaction

The planning days did not set the seal on an area-level strategy for Perth & Kinross, and were never meant to do so. The DSRU facilitators were nevertheless pleased by the progress made. Senior managers in the room were also happy with the presentations and discussion, although they were also clear that no final decisions would be reached before the survey data had been shared with colleagues and examined in greater depth.

It indicates the intensity of these initial planning discussions that the second day also included sessions on the task of matching priorities to relevant evidence-based interventions and provided an overview of the data collected in Perth City North. For narrative simplicity, these two topics are considered separately in the following two chapters. It only remains to be noted here that the strategy days were widely regarded as a success and one of the high points of the E2S project during its first two years. Some felt the discussion had been moved along too quickly for comfort, but there was approval for the way that complex data had been presented. One local authority manager said later:

"We felt the day flowed really well...there was a bit of a feeling that we were moving too fast, but everyone did a good job."

Another manager from education and children's services described the two-day meeting as:

“...like an onion in all its layers; [they] peeled off a bit and then another bit... we came to things bit by bit and it was well-structured.”

To which she added:

“I have certainly been encouraging my team to question critically what they are hearing rather than just accept that it is factually accurate... Which is not to say that we won't ultimately accept it all.”

The meeting ended on an, upbeat note provided by the local authority's Chief Executive. She suggested the discussions might come to be seen as a crossroads in the way Perth & Kinross planned and provided its children's services. The real challenge, she argued, was not finding money to pay for evidence-based interventions, but convincing colleagues of the need for change:

“Not many people get the opportunity we have got to influence our organisation, our colleagues and the lives of families and children.”

8. Priority outcomes and evidence-based programmes

This chapter describes how the Perth & Kinross area partnership finalised its choice of developmental outcomes to be targeted for improvement and decided which evidence-based interventions were best suited to achieving its goals. It also considers funding and other immediate implementation issues.

Priority outcomes

The strategy days organised by the E2S area partnership ended with provisional agreement that four developmental outcomes should be targeted. These were:

- **Healthy gestation and birth**
- **School readiness (age 4 months to 5 years)**
- **Early initiation of substance misuse (age 9 to 14 years)**
- **Anxiety and depression (age 11 to 15 years).**

It was also agreed that the partners should take the data away to consult within their own organisations to see if a consensus was maintained. These meetings included presentations to elected councillors as well as teams in education, health and social work. Following meetings between the council's leaders and chief officers, it was decided that a fifth developmental outcome should be included:

- **Early academic engagement (age 9 to 12)**

The Perth & Kinross partnership deliberately altered the terminology for this outcome from 'Early Academic Performance' specified in the E2S programme materials. 'Early academic engagement' was considered a more accurate description of the issues it intended to target, based on results from the survey. Doubts had been expressed during the strategy days about how to interpret a proxy measure for poor performance included in the schools survey. This asked young people if their marks were below those of most other students in their class. The fact that one in three students answered 'yes' persuaded education managers that the findings could not be ignored. But the responses children and young people about their engagement with school gave rise to yet greater concern, since the results were assessed as placing almost half (47 per cent) in an 'at risk' category. As the council's chief executive later explained:

"It was just such a significant issue for me that I didn't think we should let that go."

The decision about a fifth priority was announced at a half-day meeting convened in mid-June for the area partnership to start considering which evidence-based programmes would be best suited to improving targeted

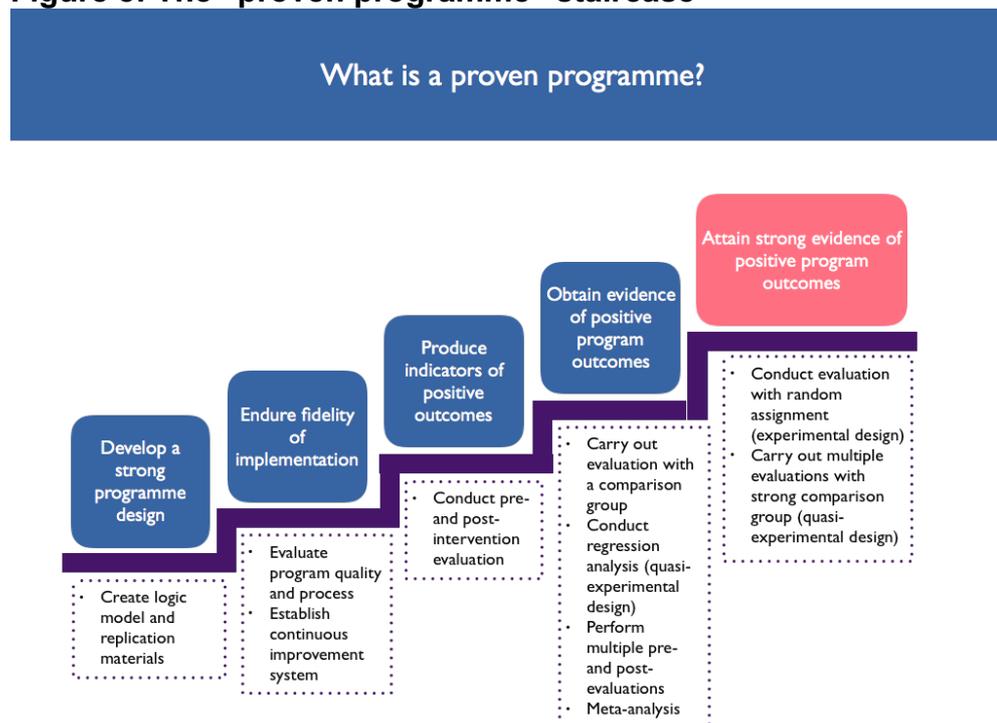
outcomes. On the one hand, this demonstrated the extent to which the local authority and its partners had taken ownership of the E2S data and explored its implications in greater depth following the strategy days. On the other, the announcement dominated the early part of the meeting and took some of those present by surprise, including the DSRU facilitators. This explained why a list of potential interventions they had brought to the meeting related only to the first four priority outcomes that the partnership had chosen.

Standards of evidence

Attendance at the meeting, although lower than for the strategy days, allowed a similar range of interests to be represented. The DSRU researchers began by emphasising a need to place ‘well-evidenced’ ‘effective’ and ‘proven’ programmes at the heart of action to improve developmental outcomes for children. As noted in Chapter 1, the thresholds that E2S sets for commending an intervention as ‘promising’ or ‘model’ is high and governed by criteria for the *Blueprints for Healthy Youth Development* initiative. Programmes must have achieved a positive impact on child-well-being in at least one well-designed randomized controlled trial or two quasi-experimental evaluations. There must be evidence of a continuing positive impact at least a year after the programme concluded and no evidence of negative effects. In addition, the programme must have a clear focus, seeking to alter specific risk and protection factors. It must be ready for replication with suitable training materials available as well as information about the financial and staff resources required for implementation.

The Perth & Kinross planning meeting was shown a “staircase” (Figure 8) illustrating five steps towards the desired threshold of evaluation and evidence.

Figure 8: The “proven programme” staircase



Source: DSRU presentation

Other slides emphasised the need for evidence-based programmes to be implemented with fidelity to the evaluated model so that the positive impact could be replicated.

The 'big list'

The DSRU presented a list of 32 accredited interventions that were deemed relevant to improving one or more of the four key developmental outcomes (KDOs) originally targeted. This compared favourably with the number of interventions that *Communities That Care*, for example, had been able to recommend in the UK fifteen years earlier (Utting, 1998⁹⁴). Of the 32 programmes listed and outlined, more than half (17) were characterised as suitable for tackling two of the KDOs prioritised in Perth & Kinross. One was listed as relevant to improving three of them. However, the “big list” presented by the DSRU was not uniformly extensive or strong:

- As many as 18 programmes were shown as relevant to improving ‘school readiness’ (4 months to 9 years), 14 to tackling ‘anxiety and depression’ (11 to 15 years) and 17 to reducing ‘substance misuse’ (9 to 14 years). Only one intervention– the *Family Nurse Partnership* (Olds and others, 1997⁹⁵) – was listed in relation to ‘healthy gestation and birth’.
- Most of the interventions originated in the United States, with only half described as “UK available”. While this appeared to restrict the range of choices available, the DSRU maintained that partnerships should have the option to consider bringing new approaches to the UK.
- Cost-benefit data – although subsequently provided – was not included in the list.

The discussion that took place on evidence-based programmes was subsequently judged by some of those taking part as less focused or productive than other meetings. They felt it would have been helpful to see the list of evidence-based programmes in advance. However, those attending were assured that no decisions were being sought at this stage. This proved sensible since several participants commented on the difficulty of absorbing the information in the limited time available. Among the themes that emerged during discussion were the value of investigating programmes already being implemented in Scotland. Also noted was the “two birds with one stone” potential for choosing interventions relevant to more than one developmental outcome. A conversation ensued about the potential for achieving “quick wins” through early investment in parenting support programmes, given their capacity to target multiple risk and protective factors as well as outcomes. Senior council managers, meanwhile, proposed that the information about evidence-based programmes should be passed to a smaller “Implementation Group” for in-depth assessment, including funding and staffing implications.

Selecting interventions

The detailed task of selecting evidence-based programmes passed to an implementation group convened by the E2S project co-ordinator. When this

met at the end of July, there was agreement among senior managers – reflecting the earlier discussion about “quick wins” – that the initial focus should be on parenting support. Further information was duly assembled about the developmental outcomes achieved by parenting interventions. However, there was still some criticism of level of detail available, described by one manager as:

“... a bit loose. It's tended to be what you can take from the Blueprints website and that's not information that you can do an options paper off of...”

The DSRU subsequently provided implementation, cost and other detailed information about a short-list of nine parenting programmes. Of these, two were selected for early implementation:

- **The Incredible Years (IY).** Originating in the United States (Webster-Stratton, 1998⁹⁶) this programme for groups of parents has been positively evaluated on both sides of the Atlantic, including England (Scott and others, 2010⁹⁷) and Wales (Hutchings and others, 2007⁹⁸), supported by accredited trainers at the University of Bangor. *Incredible Years* is rated a ‘promising’ programme in the *Blueprints for Healthy Youth Development* series⁹⁹. It also received a “strong” 4-star rating from the UK’s National Academy for Parenting Research (NAPR) in a 2012 toolkit for service commissioners¹⁸. The IY BASIC programme is designed for parents of children aged 3 to 12, who attend between 12 and 14 weekly sessions of between 2 and 2½ hours. The approach uses video “vignettes” of interactions between parents and children to stimulate discussion about handling everyday situations. Parents are helped to acquire and practise skills that promote children’s social competence and reduce behaviour problems, including non-violent ways of responding to negative behaviour. Topics covered include ‘how to play with your child’, ‘helping your child to learn’, ‘how to motivate your children’, ‘effective praise’ and ‘problem solving’.
- Some researchers (including NAPR) consider *Incredible Years* best suited for targeting families where there are evident problems with the parent-child relationship. Others, including the DSRU, categorise the programme as suitable for use with the general population (‘universal’) and relevant to improving the target outcomes of school readiness (4 months- 9 years) and anxiety and depression (11-15 years). The range of outcomes where the programme has demonstrated positive results includes reductions in aggressive, antisocial behaviour (including diagnosed chronic conduct disorders) and child maltreatment by parents. Risk factors that have been successfully reduced include early initiation of antisocial behaviour and poor family management. Protective factors shown to be enhanced by IY include parental attachment, opportunities for pro-social involvement and parents’

¹⁸ “Strong” evaluation evidence of effectiveness, theoretical framework, programme content, enrolment procedures and readiness for replication. www.education.gov.uk/commissioning-toolkit/Programme/Detail/4

involvement in their children's education.

- **Strengthening Families 10-14 (SF).** Originating and evaluated in the US (Spath and others, 2000; 2001¹⁰⁰), SF 10-14 works with parents and young people through a combination of separate group sessions and supervised family activities. It is rated 'promising' by the *Blueprints*¹⁰¹ series of assessments and received a 3-star rating in the UK from the NAPR¹⁹. The main programme is delivered over seven weeks in 2-hour sessions. The first sessions for parents (in groups of 8 to 12) cover topics such as 'setting limits', 'making house rules', 'encouraging good behaviour', using 'consequences for bad behaviour' and 'protecting children against substance misuse'. The topics for the young people's groups include 'goals and dreams', 'appreciating parents', 'dealing with stress', 'following rules', 'handling peer pressure' and 'communicating with other people'. The second-hour sessions, when parents and children are together, cover similar topics from a family perspective, including the use of family meetings, understanding family values and building family communication. After six months to a year, participants return for four booster sessions. Topics for parents include handling stress and communicating when you disagree; those for young people include making friends and handling conflict. The family sessions focus on mutual understanding, listening and understanding and putting family strengths to good use.
- The DSRU's list identified SF 10-14 as a universal programme relevant to the target outcomes of reducing substance misuse (9-14 years) and anxiety and depression (11-15 years). The specific target outcomes highlighted besides internalising behaviour were lower use of alcohol, tobacco and illegal drugs. Relevant risk factors included early initiation of drug use, poor family management, parental attitudes favouring drug and alcohol use and family conflict. No protective factors were listed as being promoted by the programme although they undoubtedly exist (for example, social bonding).
- The third evidence-based intervention included in the first phase of the Perth & Kinross action plan was not new to the area, but involved the expansion of an existing programme provided by NHS Tayside with Scottish Government funding. Although included in the E2S implementation plan, it might well have achieved what managers referred to as its "small-scale permanence" without the project's support:
- **The Family Nurse Partnership (FNP).** Devised in America (Olds and others, 1997¹⁰²) and evaluated over time in different locations, the programme (known in the US as the Nurse-Family Partnership)

¹⁹ "Promising" evaluation evidence of effectiveness, as well as a "strong" theoretical framework, programme content, enrolment procedures and readiness for replication. www.education.gov.uk/commissioning-toolkit/Programme/Detail/27

provides home visiting support for young first-time mothers during pregnancy, childbirth and their child's first two years. It is endorsed as a 'model' Blueprints programme¹⁰³ and rated by the NAPR as a "strong" 4-star intervention. In the UK, FNP has been provided for mothers under-20, with public funding, in 18 trial and other locations in England. Test areas in Scotland from 2011 have included Tayside, where around 150 young mothers living in Perth & Kinross were referred to the service over two years. During visits of between 60 to 90 minutes, the purpose-trained family nurses provide guidance concerning personal and child health and development, environmental health, motherhood and parenting and help creating supportive networks among family, friends and community services. Aims range from keeping antenatal appointments and smoking cessation during pregnancy, to creating a safe, nurturing home environment for children and helping young mothers to gain qualifications and find employment. FNP seeks to involve fathers in active childcare and support. Three randomised controlled trials in the US found that mothers receiving regular visits experienced better health during and after pregnancy and were less likely to abuse and neglect their children. They had fewer subsequent pregnancies and were more likely to find employment. Their children, by the time they were teenagers, were less likely to be depressed or anxious, use cigarettes or alcohol, or to be arrested or convicted for criminal offences²⁰.

- The DSRU listed the FNP as a targeted intervention relevant to the KDOs of school readiness (4 months- 9 years) and healthy gestation and birth. It noted the programme's evaluated effects on reducing child maltreatment and increasing employment, as well as improving children's early cognitive development and mental health and reducing delinquency and criminal behaviour. Surprisingly, the FNP's proven relevance to the priority KDOs of substance misuse (age 9-11) and anxiety and depression (age 11 to 15) was not otherwise highlighted. Relevant risk factors addressed through the programme were listed as antenatal exposure to cigarettes, alcohol and drugs, mother's age at first live birth, poor family management, parental attitudes favouring drug use and family conflict. No protective factors were referred to, although these clearly include positive parent-child bonding and healthy attitudes concerning child development.
- Alongside these three interventions, the Implementation Group was tasked with investigating three existing programmes in Perth & Kinross

²⁰ First results from a randomised controlled trial of FNP in nine pilot sites in England were published in autumn 2015 after this report went to press. They suggested there had been little advantage from adding FNP to existing NHS provision up to children's second birthday, but that evidence concerning health and development outcomes would mainly emerge from longer-term continued, monitoring and evaluation (See: Robling, M. et al (2015) Effectiveness of a nurse-led intensive home-visitation programme for first-time teenage mothers (Building Blocks): a pragmatic randomised controlled trial. *The Lancet*. [http://dx.doi.org/10.1016/S0140-6736\(15\)00392-X](http://dx.doi.org/10.1016/S0140-6736(15)00392-X)).

that did not satisfy the E2S criteria for evidence-based interventions. These were:

- **Mellow Parenting:** a group parenting intervention devised by UK practitioners that targets parents of pre-school children where parent-child relations are under severe stress, including child protection issues. A distinctive feature of the 14-week programme is the use of video to record participants interacting with their children at home, from which examples (positive and negative) are selected for discussion by the group. Weekly sessions include time when parents and children are together. There is an emphasis on parents exploring their own childhood experiences. On the basis of an evaluation (Puckering and others, 1994¹⁰⁴) with mothers in Alloa the NAPR rated *Mellow Parenting* as showing “preliminary evidence of effectiveness”²¹. In Perth & Kinross, some staff were already trained to deliver the programme as part of the local authority’s Early Years Strategy (2010¹⁰⁵). It was seen as potentially suitable for improving school readiness – especially for parents under pressure who were ineligible or unsuited for *Incredible Years* or *Family Nurse Partnership*. In the absence of better evidence, it was agreed that a small test programme should be launched in 2014.
- **Roots of Empathy (ROE):** developed in Canada, is a universal programme that seeks to reduce aggression among school children and increase their social and emotional skills and awareness, including empathy. A volunteer parent and infant visit local school every three weeks for sessions where a trained instructor explains the baby’s development to pupils, including its needs. Using the baby as their “tiny teacher”, children are encouraged to discuss their own feelings and those of friends and peers. The instructor holds additional meetings with the children to reinforce messages about self-regulation, collaborative behaviour and how to challenge bullying. Although not published in peer-reviewed journals, evaluations of ROE suggest it is effective in reducing aggression and increasing empathetic behaviour among primary-age children²². Since the late 1990s, it has spread to the United States, New Zealand, England, Ireland, Northern Ireland and Scotland. Its use with 6 and 7-years old pupils (P3) in 13 Perth & Kinross primary schools pre-dated the E2S programme. A potential expansion of the programme was envisaged in E2S Implementation Plan as part of efforts to improve the emotional wellbeing of 11 to 15 years. However, there is currently no published evidence concerning ROE’s effectiveness in secondary schools.
- **Bounce Back:** a universal programme for children aged 3 to 8

²¹ The NAPR also rated Mellow Parenting as having an “inadequately specified” target population, and only prepared for “limited dissemination” despite having a “promising” theoretical framework. <http://www.education.gov.uk/commissioning-toolkit/Content/PDF/Mellow%20Parenting.pdf>

²² Results from a randomised controlled trial of ROE in Northern Ireland primary schools are expected in 2016.

provided through schools, which aims to improve children's emotional resilience and confidence. Topics taught by class teachers in nine curriculum units include developing pro-social values, optimistic thinking, building friendships, skills for being successful, managing negative emotions, coping strategies (including humour) and how to counter bullying. The programme originated in Australia and is based on educational and psychological theory. It was being used in 17 Perth & Kinross primary schools when E2S started, and has been piloted in one secondary school. An evaluation of *Bounce Back* based on data from pupils attending 12 primary schools suggested some overall improvement in measures of 'resilience' and 'connectedness' following the programme¹⁰⁶. But the research methods did not meet the evidential standards set by E2S. As with *Roots of Empathy*, the E2S Implementation Plan envisaged a possible extension of the programme, subject to further review.

The Implementation Group also considered the possibility of eventually introducing **Functional Family Therapy (FFT)**, a strongly evidenced programme that featured on the E2S list. One of the evidence-based approaches adopted in Renfrewshire (Chapter 1), FFT is a targeted intervention designed for young people aged 10 to 18 whose persistent antisocial behaviour includes substance misuse and offending. Trained therapists work with the young person and their families in weekly two-hour sessions for up to six months. The aim is to 'reframe' parents and children's behaviour to give them greater understanding of each other's motivations. New strategies and skills for positive communication, setting boundaries, recognising risky situations and shared problem solving are proposed. The programme originated in the United States, but has been used by practitioners in the UK. Evaluations, (including eight randomised controlled trials) have found FFT to be cost-effective, leading to reduced use of illegal drugs and substantial reductions in reoffending¹⁰⁷.

Cost-effectiveness

Information on the cost-effectiveness of interventions was provided by the DSRU and drawn from *Investing in Children*²³, its own website database offering "free and independent advice on the costs and benefits of competing investment options in children's services." It applies an economic model developed in the United States by the Washington State Institute for Public Policy (WSIPP) which has led the field in this type of analysis for over 20 years. Its calculations aim to be consistent across policy areas and are deliberately cautious in their estimates while providing figures that will make sense to financial managers and service commissioners (Lee and others, 2015¹⁰⁸). The methodology depends on being able to calculate 'effect sizes'. These assess the degree to which results achieved by a trial programme improved on the results recorded for a non-participating control group. They provide an indication of the extent of positive change that a replicating programme might be expected to achieve. 'Discounts' are applied to take account of weaknesses or potential bias in the findings for particular outcomes.

²³ <http://investinginchildren.eu/cost-benefit-0>

For *Investing in Children*, the DSRU has adopted the Washington State calculations of effect sizes and 'discounts' (although subject to review). But the figures thereafter are based on delivery costs in Britain, with prices adjusted for UK rates of inflation. The net costs per child are compared to the estimated net benefits of the intervention for taxpayers, programme participants and other people. These add up to a net total benefit (or loss) that is used to assess a cost-benefit ratio. A 'risk' indicator is also calculated to reflect the range of uncertainty in each estimate. This is expressed as the percentage of times that an investment in the programme might cost more than the outcomes it achieved. Cost-benefit data for more than 100 interventions are currently available on the *Investing in Children* website:

- Calculations for the *Incredible Years* parenting programme put costs at £1,211 per child compared with total benefits of £1,654 (£1,064 to taxpayers, £554 to participants £36 to others). The cost-benefit ratio is, estimated to be £1.37 for every £1 invested. The risk of loss is calculated to be a relatively low 33 per cent.
- Costs of the *Family Nurse Partnership* are estimated at a much higher £7,562 per child, but the total benefits are put at £14,694 (£4,825 to taxpayers, £9,281 to participants and £588 to others). The cost-benefit ratio is calculated to be £1.94 for every £1 invested and the risk of loss as 29 per cent.
- Equivalent figures for *Strengthening Families 10-14* were subject to revision at the time of writing, following the incorporation of new evaluation data into the WSIPP calculation. On the basis of earlier results, the programme's positive outcomes appeared cost-effective in the context of US service provision, but not the UK. The latest evidence has raised the programme's average effect size with a consequent improvement in cost-benefits.

Implementation and funding decisions

During the second half of 2013, the Implementation Group gathered detailed information about the staffing, training and other practical implications of the favoured interventions. Discussions took place with managers in West Lothian where *Incredible Years* had been running for four years. There were also conversations with voluntary organisations – notably Barnardo's, with experience of implementing *Incredible Years* in and *Strengthening Families* (the latter in partnership with NHS Tayside in Dundee). A finance sub-group was established to look at costs and budgeting.

Proposals were brought forward for a two-stage Evidence2Success Improvement Plan that received formal approval in March 2014 (see chapter 10). Within Stage 1, it was determined that the IY programme, and then SF 10-14, would be phased-in.

- For *Incredible Years*, it was agreed that six staff should be trained to deliver six groups during the first year (2014/15). The number of trained

staff would expand to 12 to 14 the following year and 18 to 20 in 2016/17. The number of groups would grow to 15 in 2015/16 and 21 in 2016/17. It was hoped to reach the parents of 72 children in Year 1, 180 in Year 2 and 252 in Year 3. Funding of £84,168 for the first year was allocated from joint local authority and Scottish Government money in the Early Years Change Fund (see Chapter 3). This had been earmarked from the start as a source of money to get the E2S action plan off the ground quickly. It was also seen as a way of buying time while more strategic decisions about children's services were reached. Councillors agreed in February 2014 to fund the estimated costs of the next two years (£212,544 and £302,400 respectively) from the council's reserves fund.

- With *Strengthening Families* 10-14, it was planned to target 10-year old children and their parents by providing groups in primary schools. But it was not expected that implementation would begin before the start of the 2014/15 school year. The intention was to run 21 groups with 21 trained staff in 2014/15 with 42 more in 2016/17, including 10 accredited 'trainers of trainers'. The number of children who could be reached was estimated at 189 in the first year, 315 in 2015/16 and 378 in 2016/7. Starter funding of £127,060 for 2014/15 was provided from mainstream resources allocated to Education and Children's Services. Second and third-year funding was allocated (in February 2014) from the council's reserves fund. In the second year, it was proposed to run 35 groups, plus 21 booster groups for the original, first-year participants, taking estimated cost to £178,813. The 42 groups and 35 booster groups were costed at £263,102.
- Tayside NHS's decision to 'transition' the *Family Nurse Partnership* to a permanent programme was taken in December 2013. The service was expected to cost £1.2m in 2014/15 and 1.7m in 2019/20. It was anticipated that 80 young mothers in Perth & Kinross would be referred to the service each year and that 65 would, on average, take part. Although FNP was implemented by the NHS (with government funding) it was intended that the local authority would provide support, as would local police²⁴.

A little more than a year after it started, the area partnership in Perth & Kinross had reached (or was close to reaching) many of the major planning milestones identified for it on its E2S 'roadmap' (see Chapter 2). It might have come even closer to meeting its intended timetable had the plans been submitted to councillors in October 2013 as planned. However, a meeting of the Children and Young People's Partnership concluded that more information was needed about the planned interventions and the resources needed for implementation. Chapter 10 picks up the story of how progress continued to be made at area level. However, the next chapter returns to the task of

²⁴ The programme was also expected to contribute to 'stretch' aims of the Early Years Collaborative to ensure more women experience positive pregnancies and cut perinatal mortality rates by 15 per cent.

establishing a community partnership in Perth City North – part of the project that was running several months behind schedule.

9. The community partnership

E2S is conceptualised as a “place-based” approach where work across a local authority area is combined with a focus on “highly disadvantaged neighbourhoods”. The creation of a community partnership in the Perth City North ward was, therefore, an essential of the ‘roadmap’ for the Perth & Kinross project described in Chapter 2. It was selected because it included more datazones than other Perth & Kinross wards placed in the lowest 20 per cent by the Scottish Index of Multiple Deprivation. Yet those living and working in Perth City North tended to agree that its problems, which included low-paid ‘working poverty’ and adult antisocial behaviour, were not of a scale or intensity found in Dundee, Edinburgh or Glasgow (Chapter 3 and Appendix A). Plans to bring together a community partnership during the first two phases of the E2S project were postponed. This was primarily because the time and energies of the area coordinator and colleagues were side tracked during early 2013 by a need to respond to the controversy aroused by the schools survey (Chapter 4).

Convening the partnership

The first official meeting of the community partnership was delayed until June 2013. This took place at Goodlyburn Primary School in Perth City North and brought together a group of 24 that included parent council members from local primary schools as well as six other parents who had been recruited through the community co-ordinator. The head or depute head teachers of Perth Academy and four primary schools were present, as were representatives from Perth & Kinross Community Health Partnership, the police, and staff with local responsibilities from council departments – notably children’s services, housing and safer communities (community wardens). Two of the four ward councillors attended.

The Council’s Depute Education and Children’s Services Director was emphatic in welcoming remarks that the E2S project in Perth City North would be about collective action to improve children’s outcomes, rather than “parachuting” experts in (and out) of the community:

“I know I speak for council colleagues in saying that this is a long-term commitment.”

The main presentation was made by a co-director of the Dartington Social Research Unit (DSRU), who characterised the community partnership as:

“A way of ensuring the genuine voice of the community is heard and enabled to influence and shape decisions about how money is spent to improve children’s lives.”

Participants were told that they would be invited to attend meetings, briefings and trainings, serve as representatives for their neighbourhoods and share information and decisions with others in the community. They might also be invited to participate in work groups on specific issues. Their role would be to:

- Develop a joint vision for child wellbeing in Perth City North
- Inform decisions about activities to improve child wellbeing taking into account the responsibilities of public services
- Understand and make use of the E2S survey results
- Select and support the implementation of proven programmes
- Monitor the impact of the programmes.

Participants were also told that resulting action would not necessarily be led by the local authority or the NHS:

“It could be about you helping yourselves, not just about asking us to help you.”

Initial responses at the meeting were generally favourable. The idea of evidence-based action that “does what it says on the tin” received explicit support. But there were immediate concerns from some parents that their voices might not be treated as equal to those of professionals in the partnership. “Taster” data for the ward from the E2S surveys was presented to give participants some sense of the task ahead, and to increase interest in attending the next meeting. Results relating to ‘poor family management’ and ‘alcohol consumption’, not least a finding that one in ten local nine-year olds reported having drunk alcohol in the previous month prompted lively discussion. Parents, in particular, expressed shock:

“You can understand the 15-year olds, but nine!”

“If my son...did that I’d lock him up and never let him out again!”

The survey results

A meeting for the full presentation of survey data took place at the Fairfield Community Centre in August 2013 with a slightly lower attendance of 20. This included four mothers who were local residents, but only two who had attended the first meeting. Parent council members from three primary schools were present, as were two headteachers and two ward councillors. Police and a local housing association were represented, as were the council’s community services, housing and education and children’s services departments. On this occasion there was no representative from the NHS.

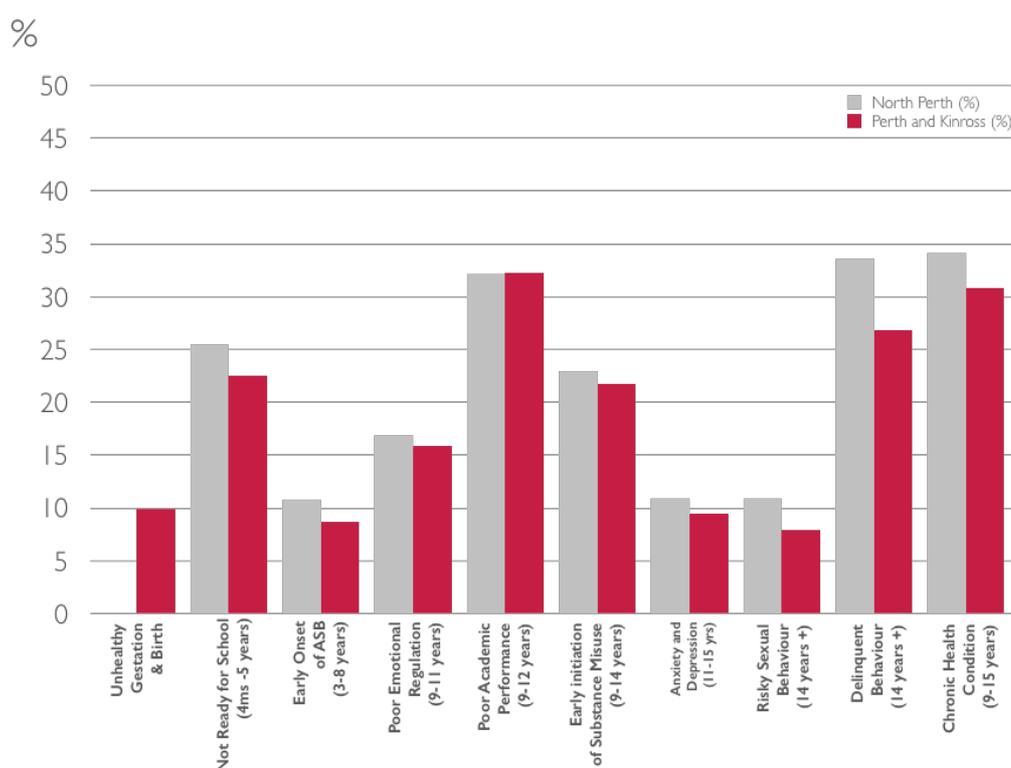
Participants were advised by the DSRU’s co-director that their objective was to find out whether agreement was possible on priorities for action in Perth City North as part of the overall E2S Implementation Plan for Perth & Kinross. By way of introduction to Key Development Outcomes (KDOs), they were asked to consider what outcomes they would want for their own children. The theory of risk and protective factors was briefly explained before turning to the

local results from the school and community surveys²⁵.

Figure 9 shows how the data presented compared KDO measurements²⁶ for Perth City North with those for Perth & Kinross. From this it was immediately apparent that on most outcomes, Perth City North's results – although somewhat less positive – did not differ vastly to the district as a whole. The closest thing to an exception was delinquent behaviour (14 years+) where 34 per cent for young people in Perth City North were scored below the specified measure compared with 26 per cent for the area as a whole.

Figure 9: Children not meeting Key Developmental Outcomes, Perth City North v. Perth & Kinross

Prevalence of children not meeting **Key Developmental Outcomes:**
Perth and Kinross Council



Source: DSRU presentation

Smaller differences were visible across the remaining factors, with the exception of 'poor academic performance (9-12 years) where children living in the ward were slightly below the area average

The previous chapter described how the area data for Perth & Kinross led the area partnership to prioritise healthy gestation and birth, school readiness (4 months to 5 years), early academic performance (9 to 12 years), early initiation of substance misuse (9 to 14 years) and anxiety and depression (11

²⁵ Both surveys included 'oversampling' in North Perth to ensure results for the area that were statistically robust (see Chapters 4 and 5)

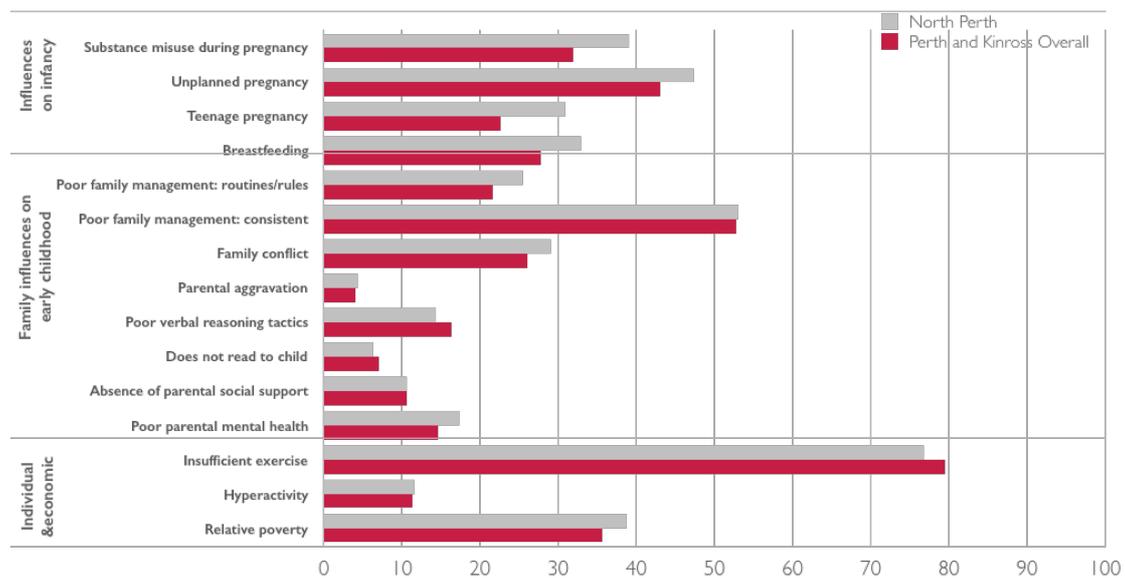
²⁶ With the exception of Healthy Gestation and Birth, where NHS data was used, these were based on constructs in the two E2S surveys (see chapter X)

to 15 years). The presentation to the community partnership drew attention to the way in which the Perth City North statistics for these outcomes were similar or a rather less positive.

Ward data on risk and protective factors (Figures 10 and 11), meanwhile, reinforced the impression that the level of local problems was somewhat, but not greatly elevated compared with the averages for Perth & Kinross.

Figure 10: Risk and protective factors among children aged 0-8: Perth City North v Perth & Kinross

Risk/Protective Profile for Perth and Kinross: 0-8 years

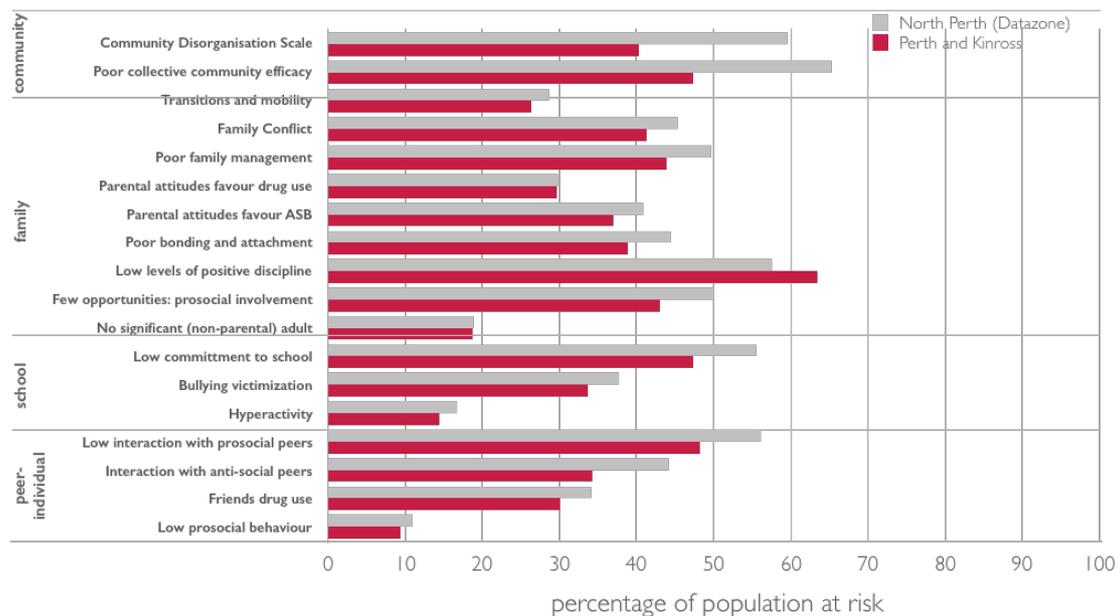


Source: DSRU presentation

Figure 11: Risk and protective factors among children aged 9-16: Perth

City North v Perth & Kinross

Risk/Protective Profile for Perth and Kinross: 9-16 years



Source: DSRU presentation

There were, however some obvious differences relating to pregnancy. These included higher percentages in Perth City North for unplanned pregnancies, maternal smoking and teenage births as well as a lower proportion of mothers who breastfed their babies. Relative poverty was also more prevalent. Other risk factors that stood out as noticeably worse than average were ‘community disorganisation’ and ‘poor collective efficacy’. For example, three out of four young people in Perth City North said that if they saw a fight or criminal damage in their community, they did not expect an adult would necessarily intervene.

Before they were shown the findings, parents taking part had voiced hopes that the data would counter prejudices in other parts of Perth & Kinross about Letham, Tulloch and the rest of the ward.

“I would be surprised if there was a difference because I don’t think the area is that different.”

This view was repeated in early reactions to the data. For example, participants homed in on a figure showing the proportion of parents who did not read to their children was 6 per cent in Perth City North compared with 7 per cent across Perth & Kinross. Likewise on figures suggesting most local parents did not hit their children. ‘Insufficient exercise’ among children in their first years at primary school was another risk factor where the results for Perth City North appeared better than average – although there was further puzzlement at the high level suggested by the parent survey overall (see Chapter 7.)

A defensive tone was also apparent initially when discussion turned to data about smoking and alcohol and youth crime.

“If you are saying one third are involved in antisocial behaviour, that means you have got two-thirds who aren’t.”

“Could local kids be more honest than those in rural areas?”

But as the meeting progressed there was acknowledgement that children and young people locally might have seen alcohol and drug misuse taking place more often than in other localities, and that real problems existed with antisocial behaviour. When shown the five outcomes being prioritised by the E2S area partnership, there was no view expressed either that they applied particularly strongly in Perth City North, or that there was local data pointing to a different set of priorities. As with the area partnership, four months earlier, it was proposed that a smaller group be convened to examine the data in more detail.

Next steps

The inconclusive nature of the initial discussions appeared to reflect difficulties that members of the community partnership were experiencing in absorbing so much factual information and knowing what sense to make of it. By September, when the partnership next met, this had crystallised into explicit concerns that participants were being asked to digest too much information, too quickly. No parent council members from local schools were present and only one other parent attended. One of the parents who stayed away did, however, write a letter expressing unease in trying to make her voice heard alongside council, police and other officials. As well as finding the data presentation hard to follow, she had felt the professionals present were not interested in her views. The E2S co-ordinator and her colleagues took this seriously, questioning whether either the residents or professionals had been adequately prepared for the role of working together in partnership:

“Originally I had this anxiety that people would get bored with the process if we didn’t keep it moving, but possibly this only reflected our approach as managers who are used to working with change...but maybe we haven’t taken into account that people from the community come with different expectations.”

Complaints were also raised that some professionals appeared more concerned with how the survey findings reflected on the performance of their particular agency than the collective task of identifying priority outcomes for the ward. All this contributed to a view that it would be better for the community and agency representatives to work separately for a while before re-assembling to agree a plan of action.

Another dimension to these early criticisms of the community partnership concerned governance. A background document provided for the first meeting promised participants “a clear place in the overall arrangements for the delivery of Evidence2Success” and:

“...a two way line of communication with the Children and Young People’s Strategic Partnership of the Community Planning Partnership”.

But questions were raised about whether the partnership could claim to speak for the local community and whether a focus on involving parents made it unrepresentative of residents overall. A local councillor also felt the group’s standing required clarification in relation to the community’s elected representatives. He suggested that the process would have worked better, and with more obvious legitimacy, if council members and officers had been able to pre-consider the Perth City North survey findings and present their ideas to the community partnership:

“The whole thing should have been more formalised and rationalised before it was presented to the public. If we had made it a lot more digestible for the community and easier to understand then we would have ended up with a more honest reflection of what needs to be done.”

However, there were other participants who felt the survey data had been clearly presented and explained to the group. According to one professional working in the ward:

“It develops community ownership and gives people a voice. I just think it’s a really good idea.”

She added:

“I think we might have been a bit further ahead, but we are aiming for real ownership of everything where we involve people with different perspectives – and everyone has their own agenda.”

Priorities, plans and programmes

In late 2013, just before the decision to convene community and agency members in separate meetings, agreement was reached that two priorities were to be targeted in Perth City North. These were:

- **Ensuring a good start in life for children in the area (targeting the under-5s)**
- **Addressing antisocial behaviour by all ages (with a focus on: “supporting children and young people to be respectful” and “encouraging others in the community to respect them”).)**

In November, a community meeting attended by 16 people (including three local councillors, but only one parent representative) decided that the partnership should obtain police and community warden data about antisocial behaviour and seek more detailed data from the E2S surveys. Sub-groups were established to investigate how the E2S survey data could best be shared with children and young people and to find new ways of engaging

parents in local services and activities.

The focus this placed on small-scale, community action may tend to give the impression that the implementation of E2S in Perth City North was drifting away from the flagship role for evidence-based intervention that had originally been envisaged (see Chapter 3). However, it should not be forgotten that the ward was chosen by the area partnership as one of the first sites where its selected evidence-based programmes would be implemented: notably the *Incredible Years* parenting programme for parents of children aged 3 to 6 and the *Strengthening Families* programme for children aged 10 and their families. Given the evidence concerning healthy gestation and birth outcomes in the ward, there was also reason to expect that teenage mothers in the ward would benefit from enhanced availability of the Family Nurse Partnership (see Chapter 8). In other words, Perth City North was set to provide a focus for Stage 1 of the E2S Implementation Plan, even though its community partnership had not yet contributed significantly to strategic decisions.

The balance of contributions between the area and community partnerships might, of course, have been different had the project progressed along the original timeline. However, the E2S project had always been intended to provide a planning tool for children's services across of Perth & Kinross, as a whole. By highlighting similarities as well as differences between Perth City North and other communities, the survey data reinforced the expectation among senior managers that their investment in evidence-based intervention would need to reach other parts of the local authority where children and families were in demonstrable need. Moreover, by the time the community partnership divided for six months of separate meetings for 'community members' and 'professionals' it already appeared to be moving closer to a community self-help and development role.

Efforts to build a more constructive and cohesive community partnership were maintained, including the appointment of a part-time community learning assistant to encourage greater participation by parents. Apart from their desire to engage more parents, council managers were intent on establishing a model that could be replicated in other parts of Perth & Kinross – even though it did not fulfil the exact role envisaged by the E2S roadmap. During the first half of 2014, the 'Take a Break' group of young mothers were encouraged to re-engage. They were encouraged to think about projects that would benefit the area or that they could play a part in implementing themselves. The ideas generated included a "parent to parent" support group (see below), a campaign to give Letham its own, purpose-built community centre and proposals for a Perth City North parents' conference. It was also decided that the group of parents should act as a sounding board for the council's draft Parenting Strategy, including development of a "parent friendly" version. The parents subsequently expressed interest in conducting their own research into community needs. One mother, as a direct result of her involvement with E2S, joined the committee of Letham Residents Association.

Also in early 2014, primary school headteachers in Perth City North arranged for pupils from their School Councils to meet and hear about findings from the E2S survey, in which they had taken part. Six children from three schools

(Goodlyburn, Our Lady's and Tulloch) attended. The findings that produced the strongest reactions were on behaviour and liking (or not liking) school. In discussions, the children said they felt safe in their immediate neighbourhood, but were worried about intimidation by older children, litter (including drug-users' needles) and rowdy behaviour by adults at night.

The community partnership 'professionals' also met during this period to examine the E2S survey findings in more detail and discuss local implementation of the evidence-based programmes agreed by the area partnership and the potential contribution their services could make. They considered plans for local initiatives ranging from additional support for children's speech, language and motor skills development and to a project promoting emotional health in secondary schools (see below).

The decision to have had the two groups working separately appeared vindicated when they met together again in June 2014. An attendance list of 25 included nine parents and parent council members. Feedback and progress reports on E2S activities included:

- The first *Incredible Years* parenting groups.
- The *Strengthening Families* programme, awaiting its launch in primary schools towards the end of the year.
- The motor-skills screening programme in local primary schools
- A speech and language intervention ("High 5") to improve comprehension in primary schools
- Increased provision of health visitors in Perth
- Possible NHS investment in an additional early years worker for Perth City North
- Parents' involvement in shaping the Perth & Kinross Parenting Strategy
- Plans for a parent-to parent support programme (*Discoverin' Bairns*)
- A pilot family literacy project at Our Lady's primary school
- Proposals for community research activities by parents
- A six-week "Junior Wardens" Scheme for older primary school children to promote safe and socially responsible behaviour
- A summer "tea in the park" to engage more parents in the partnership
- A Perth City North Gala Day bringing together residents from Fairfield, Hillyland, Letham and Tulloch.

The meeting also heard that the local Perth Academy had been awarded a £900 grant for staff training in "mental health first aid" and possible a peer research project on emotional health to be led by senior pupils in the school during Stage 2 of the E2S Implementation Plan.

Views within the community partnership continued to vary as to how far it had fulfilled the role envisaged in the E2S roadmap. There were also differences of opinion about how far, in the longer-term, this would matter. Some participants still felt the partnership lacked focus and was too much of a "talking shop". Others, including council managers, pointed to better community engagement and a growing list of activities as indications that the Perth City North project was on track. They also anticipated that other

communities in Perth & Kinross would benefit from what had been learned locally about community engagement and involvement.

10: Implementation issues

Completing a description of progress by the E2S project to the end of the evaluation period, this chapter returns to the work of the area partnership as it put its Implementation Plan into effect. The E2S Implementation Plan, approved by Perth & Kinross Council's Lifelong Learning Committee in March 2014 was organised in two stages. Stage 1 focused on action to improve three of the five Key Development Outcomes prioritised by the area partnership:

- **Healthy gestation and birth:** targeting young, pregnant women under 20 as a “particularly vulnerable group” through the *Family Nurse Partnership*.
- **School readiness** (4 months to 5 years): where there would be a phased introduction of the *Incredible Years* programme for parents wanting help to “enable their child to meet the developmental milestones that will ensure they are ready for school”. The less well-evidenced *Mellow Parenting* programme would be tested locally on a small scale.
- **Substance misuse** (9 to 14 years): the *Strengthening Families* approach would be phased into primary schools for 10-year olds and their parents/carers to strengthen family relationships and “support the young people to make positive choices regarding substance misuse as they get older”.

In a second, overlapping, stage from April 2015, it was additionally planned to target the two other prioritised outcomes:

- **School engagement** (9 to 11 years): alongside existing activities to engage children and their parents in school life, primary schools and parent councils would be asked to contribute to an action plan by investigating why the proportion of pupils who said they enjoyed school and felt engaged with learning was not higher.
- **Emotional wellbeing** (11 to 15 years): existing mental health promotion in secondary schools would be complemented by a mix of preventive activity and targeted intervention. Options would include implementing *Functional Family Therapy* (FFT), a strongly-evidenced programme for young people with behavioural and emotional difficulties and their families. The role of two other programmes, *Roots of Empathy* and *Bounceback*, already used in many Perth & Kinross schools, would also be considered.

Additional activities included in the Implementation Plan were:

- *Workforce development:* including efforts to make all staff working with

children, young people and families aware of the E2S model for improving child development outcomes.

- *Cultural change*: activities such as data gathering and analysis, evidence and community insights, shared service delivery and workforce development, and measurement and evaluation would contribute to a cycle of continuous improvement.
- *Development of community assets through community engagement*: the community partnership work in Perth City North (Chapter 9) would provide “a model to test arrangements for joint planning and delivery with communities”.
- *Communication and engagement*: “comprehensive communications activities” would support the implementation of evidence-based programmes, ranging from staff newsletters for staff to publicity in the community about parenting courses and other activity. Children and young people would receive feedback and “engage in further activities to inform the planning of improvement activities”.

School improvement

Another notable proposal in the Implementation Plan was that head teachers and other managers should use the E2S survey data “to inform the activity and targets in Improvement Plans in schools and other services on an on-going basis.” Schools and their parent councils were not only asked to look carefully the data which had been gathered from their pupils, but also highlight significant issues in their annual school improvement plans and proposed action. This was a ‘home-grown’ ingredient in the E2S plan which demonstrated that Perth & Kinross managers were prepared to think creatively about using existing levers to reinforce their objectives.

After controversy when the school survey was administered (Chapter 4), it was predictable that the results would also attract media attention and critical interest. When published in September 2013, a Perth & Kinross Council summary of findings from the school and parent surveys accentuated the positive by stating, for example, that:

“Over eight in ten parents (77%) of children aged 4 months – 5 years had no concerns about their child being ready for school.”

“Just over half of children (53%) have good engagement with school.”

“Over three-quarters of children (77%) report no substance misuse in the past month.”

“Over nine in ten children (92%) aged 14 or 15 years reported no risk sexual behaviour.”

The *Dundee Courier* duly reported that the results had revealed “Shocking teenage kicks” and that:

“A controversial survey has revealed that hundreds of children across Perth and Kinross are engaging in risky sexual behaviour and abusing alcohol.”¹⁰⁹

The newspaper’s assertion that parents would be “appalled” by the findings was unproven. But further debate did take place as schools began to consider the implications of their own survey data. Having been criticised earlier for not providing parents and children with enough information about the school survey, the council decided that the reports summarising the results from individual schools should be published on its website. Written to a standard format by the DSRU, these presented the data with the same “positive” emphasis as the area-level summary. They also provided information comparing each school’s results with the average for local clusters of schools and for Perth & Kinross as a whole. As earlier noted, education managers wanted schools should use ‘their’ data to plan improvements. But the comparisons prompted further protests from a parent who had been prominent among the original objectors. She voiced disbelief to the *Dundee Courier* that the score for children’s engagement with school at her child’s primary school was significantly lower than the average for other local schools or the district.

This further publicity drew attention to an undeniable difference in the results for the primary school concerned compared with its neighbours. It also highlighted a downside to publishing the results from individual schools, at a time when the interpretation of some survey constructs – including school engagement – was still being debated (see Chapter 7). An additional difficulty for primary schools with small pupil rolls in rural areas was the greater likelihood that their results, expressed in percentage terms, would be sensitive to whether particular children had completed the survey, or not taken part.

As noted above, the E2S Implementation Plan included an action research project led by educational psychologists in four pilot schools²⁷. Its aim was to help schools investigate apparently disappointing results on school engagement and to develop proposals for improvement. The project was intended to produce a model that other schools could follow.

Improving Children’s Outcomes (ICO)

Although its influence on the implementation of E2S in Perth & Kinross was indirect, reference must be made to a further context in which the school survey attracted negative publicity. This was the national Improving Children’s Outcomes (ICO) initiative through which the Joint Improvement Team (formed by the Scottish Government and COSLA, the Confederation of Scottish Local Authorities) funded the Community Planning Partnerships in Angus, Dundee and North Ayrshire to carry out the E2S surveys. Provided by the DSRU and branded, in this context, as *ChildrenCount* (see Chapter 1) the ICO project’s aim was to help authorities identify priority developmental outcomes. There was, however, no funded provision for installing evidence-based programmes

²⁷ Coupar Angus to the east of the district, the village of Luncarty outside Perth, St Madoes in the Carse of Gowrie and Tulloch in North Perth

or for community engagement. However, the Scottish Government decision to fund further use of the surveys attracted the attention of campaigners in Perth & Kinross and further publicity. The initiative also prompted the Scottish Government's Education Analytical Services Division (EAS) to conduct its own review of the surveys. This included the consent arrangements as well as the content and its use with children in different age groups. Among the conclusions reached were that:

- Asking parents and carers for passive 'opt out' consent for their children would be adequate provided parents were given enough notice to review information about the survey and to discuss it with their child.
- While it was good practice to gain opt-in consent for sharing and linking of data held by different agencies, the Electronic Data and Research Innovation Service (EDRIS) might consider opt-out consent was acceptable provided the linkage proposals were "transparent" to parents (and children were asked for 'opt in' consent).
- Parents should be given access to a website providing a full range of information about the survey.
- Schools should be given full information about the survey, to be read to pupils at least a week before it was administered. The front page of the online survey should provide written information about its purpose. If pupils expressed a desire to participate against their parent's wishes, the parent's decision would take precedence.
- The survey should be administered in conditions similar to an exam to minimise the risk that children would be able to view each other's answers.
- Questions concerning smoking, alcohol and other substance use would only be put to secondary school pupils. Questions on antisocial behaviour and gang involvement would also be removed from the questionnaires for primary school pupils.
- Routing through the questionnaire should ensure children were only asked a minimum number of questions (for example, if they reported never smoking, questions about incidence would be automatically skipped).
- Questions about risky sexual behaviour should be removed from the questionnaire pending a review by the DSRU and the EAS.
- The 'free text' box at the end of the survey in Perth & Kinross (see Chapter 4) would be removed so there was no possibility that the ICO surveys could give rise to child protection concerns. Pupils would be given a box to tick if they wished to talk confidentially to someone at school about issues raised by the survey.
- While individual schools would be given reports on data gathered from their pupils, local authorities should give careful consideration to whether these were made publicly available.

Scottish Government officials were clear that the changes they initiated applied only to the ICO districts, not Perth & Kinross. But while the review supported the validity and ethical conduct of the E2S survey work in Perth & Kinross, it implied criticisms of the way the initial communication with parents

it had been administered. Made public in April 2014 through a civil servant's letter to the parent who led objections to the E2S survey, the review resulted in a further round of publicity and discussion in Scotland's national and local press.

Acceptance by the Perth & Kinross area partnership that the arrangements for communicating with parents before the survey could have been handled better, was tempered by surprise at some of the changes proposed, including the decision not to ask primary age children about cigarettes and alcohol. It, meanwhile, became apparent that continuing publicity about the survey might have a negative impact on quantitative efforts to evaluate the impact of the E2S project. The expectation, built in to the approach, was that the way to measure whether progress was made in improving outcomes for children would be to repeat the surveys at regular intervals. Yet controversy over the survey had made senior managers understandably cautious about indicating when a second survey might take place.

One positive consequence of the EAS intervention was that it prompted the Scottish Government and others to reflect on appropriate procedures (ethical, administrative and scientific) for surveying children and young people. This included discussion of the implications that very large school surveys, such as that required by E2S, for the administration of national sample surveys, such as the biennial Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) and the four-yearly Scottish Health Behaviour in School-aged Children (HBSC) Study.

Evidence-based programmes

The implementation of evidence-based programmes sits at the heart of the Evidence2Success model, providing the theorised route through which partner organisations will seek to improve developmental outcomes for children. At the time of writing, an existing programme that was included in the Perth & Kinross implementation plan – the *Family Nurse Partnership* – had become available on a somewhat augmented scale with 'small-scale permanence' funding from NHS Tayside and the Scottish Government. Another, the *Incredible Years* parenting programme, was in its second year of phased implementation. A third, *Strengthening Families 10 to 14*, had recently begun to be phased in for 10-year old primary school pupils and their parents or carers.

Family Nurse Partnership

In early 2015, the pilot phase of the Tayside programme (which pre-dated the E2S initiative) was approaching completion. The last mothers in a cohort recruited in 2011-12 were preparing to "graduate" as their children reached the age of 2. By that time 156 young women residing in Perth & Kinross had been referred to the service, of whom 80 per cent agreed to take part. With help from the local authority, a new FNP 'hub' was established at a family centre in Perth.

No evaluation data was yet available, but the decision to move to a model where all eligible teenage women were offered the programme was based on monitoring data. This suggests that FNP was – apart from some recruitment

delays – being faithfully replicated. In addition to meeting the training and supervision requirements set by the programme’s American originators, the Tayside programme had achieved some promising short-term outcomes. These included reductions in the number of clients who smoked during pregnancy, increases in the numbers choosing to breastfeed (compared to their pre-programme intentions) and 100 per cent take up of NHS child immunisations. Almost all two-year olds had reached the developmental milestones set for them, including communication, motor skills and problem solving (NHS Tayside Family Nurse Partnership (2015)¹¹⁰.

Incredible Years

The E2S area partnership planned for the *Incredible Years* (IY) programme to be phased in (Chapter 8), starting with six groups in 2014/15, and rising to 21 in 2016/17. Parents attending the first two groups, at Fairfield Community Centre in North Perth and Crieff, completed their courses in June 2014. Further groups were held during the second half of the year at Blairgowrie and Rattray, South Perth, Crieff and St Mark’s Church in Letham.

Despite the programme being well-established in the UK, council managers were disappointed that it took longer than originally hoped to organise staff recruitment, training and support arrangements such as crèche facilities. As the area co-ordinator explained late in 2013:

“...I think I didn’t fully understand what was being said about the scale and support implications. I had a big, big idea – and it wasn’t big enough!”

The first IY facilitators for Perth & Kinross were trained by an accredited ‘Mentor’ at the Centre for Evidence-based Early Intervention in Bangor, Wales. Training for the expanding number of group leaders required for 2015 took place as part of a Psychology of Parenting Programme (PoPP) funded by the Scottish Government and led by Scotland’s only IY ‘Mentor’.

Before and after taking part in IY courses, parents are asked to complete a version of the Strengths and Difficulties behavioural screening questionnaire (SDQ) (Goodman, 1997¹¹¹). No data collected in Perth & Kinross had been published at the time of writing. However, figures published for Scottish IY programmes assisted by PoPP suggest that 80 per cent of SDQ scores have improved for the children of participating parents. Behaviour assessment scores for six out of ten children move out of a ‘high risk’ range, while more than 40 per cent improve from a ‘high risk’ range to a ‘normal’ range.

In Perth & Kinross, eight parents completed more than 75 per cent of the first two IY courses. Most referrals were from school-based nurseries. The recruitment of parents for the groups in early 2014 generally went better than for those that started later in September. This was ascribed to difficulties obtaining summer referrals before nursery staff had the opportunity to assess their new intake of 3-year olds. Three of the groups during this second phase were smaller than the 8 to 10 parents that would have been preferred. The availability from 2015 onwards of two full-time trainers was expected to help with parent recruitment and engagement. Indications from eight IY groups

running in the early months of 2015 (three in Perth City North and one each in South Perth, Auchterarder, Coupar Angus, Errol and Kinross) were that expectations of increased enrolment were slowly being realised²⁸.

Two parents who took part in the first two IY courses in Perth City North were interviewed in depth for the evaluation (one by prior arrangement). A mother who had been referred by social services, said she had found the course ‘brilliant’ and been pleasantly surprised by how friendly and non-judgemental it had been:

“It would have been handy to have done this before my social worker got involved because now I really think I can manage...I have definitely changed the way I do some things.”

The other parent, who had only recently started her course highlighted its practical approach to parenting:

“It’s through Perth & Kinross Council and it’s for anything to do with your relationship with your children and their behaviour...It seems to be OK. I don’t normally do things like that, but I will finish it.”

Strengthening Families

Following training for 16 members of staff recruited or re-assigned to deliver *Strengthening Families 10 to 14*, the first course ran in Perth City North, from October to December 2014. Two further groups were launched at the start of 2015, enrolling seven parents each, in North Perth and Breadalbane to the west of the district. A third group planned for Pitlochry in highland Perth was cancelled due to a lack of applicants. Further work with schools and family support services was planned to increase the number of referrals. The next phase was expected to comprise 6 or 7 groups.

Other activities

Another significant development was a decision not to proceed with the *Mellow Parenting* programme. This had been identified prior to the local authority’s involvement with Evidence2Success as a parenting programme that might usefully be introduced and was provided on a test basis during Stage 1 of the Implementation Plan. Although enjoyed by the parents who attended, the programme was judged to require too much parent and staff time to implement, while evidence of improvements in parenting capacity appeared ‘very limited’¹¹². Instead, the partnership decided to a pilot introduction the *Incredible Years Parents and Babies Programme* – an intervention applying the same video-modelling approach as the BASIC parenting programme, but with the aim of increasing parent-infant attachment while encouraging early physical and language development. The programme is new to the IY ‘suite’ of interventions and no evaluations have, to date, been

²⁸ Out of 93 families referred to IY programmes, 59 enrolled in the programme and 42 had – by the fourth week – attended at least three sessions. SDQ scores for children assessed at the start of the programmes placed 44 per cent in the ‘high risk’ category and 35 per cent within a ‘normal’ range (Report to Perth & Kinross Council’s Executive Officer Team, 31/3/15).

published. Thus, while the decision not to continue with *Mellow Parenting* established a precedent for less effective approaches being de-commissioned as part of the E2S process, it cannot yet be cited as a shift of resources towards strongly evidenced interventions.

No further development action had taken place, at the time of writing, in relation to *Roots of Empathy* (ROE) or the less well-evidenced *Bounce Back* programme included in the Implementation Plan as potential contributors to improving young people's emotional wellbeing, during Stage 2 (Chapter 8). Action research led by educational psychologists was, however, taking place in secondary schools as part of efforts to increase the social and emotional wellbeing of students. There was interest, at the time of writing, in the possibility of introducing peer mentoring schemes.

Although it was not included in the E2S Improvement Plan, the area partnership also accepted an opportunity through NHS Tayside for five early-years staff to be trained in using the *Solihull Approach*, a method for one-to-one work with parents to improve the emotional relationship with their children. From its original focus on support for parents of children with sleep difficulties, the intervention has expanded to cover other aspects of early years support. The originators of the *Solihull Approach* have also developed group parenting programmes, but these – like the original programme – have yet to be evaluated through controlled trials¹¹³.

Monitoring performance

Alongside the activities listed above, the area partnership were awaiting delivery by the DSRU of a “performance dashboard” that could be used to monitor progress across all the evidence-based programmes being implemented. It was intended to assemble standardised information not only about the reach and quality of the evidence-based programmes, but also their immediate impact on children, young people and families.

Financial planning

As reported in Chapter 8, NHS Tayside agreed ‘permanent’ funding for the extension of the *Family Nurse Partnership*, while Perth & Kinross earmarked expenditure for *Incredible Years* and *Strengthening Families 10 to 14* to the spring of 2017. But senior managers acknowledged at the time that if the availability of evidence-based programmes was to be scaled-up across the district for the longer-term, “sustainable funding solutions” would need to be found (Perth & Kinross Council, 2014b¹¹⁴). The E2S Finance and Resourcing Group, bringing together finance managers for NHS Tayside and Perth & Kinross Council was continuing to meet in late 2014 with a remit was to find ways of incorporating the E2S programmes into mainstream provision supported by commensurate savings.

This accorded with the E2S ‘roadmap’ objective of diverting a discernible proportion of total spending on children (2 per cent was suggested by the DSRU) into evidence-based early intervention and prevention programmes. By the start of 2015, however, views still varied on ‘whether’ and ‘when’ that goal was likely to be achieved. More optimistic managers insisted that it would become possible to look back and see that a significant resourcing shift had

taken place. This view was partly based on what was described as a “light bulb moment” realisation that the shift could be achieved through re-deployment of staff within the partnership, as well as cash:

“Once you start seeing it in those terms then I think you could – not more easily, but much more realistically – think about meeting those targets.”

Another senior manager said the implementation of IY and SF 10 to 14 had given him confidence that a measurable shift would be achievable:

“And I wouldn’t have said that a year ago. With one or two evidence-based programmes going you can see that it’s manageable.”

The consensus viewpoint was, unsurprisingly, that, it was too soon to be sure what would happen. To quote the local authority chief executive:

“We are shifting how the organisation thinks about early intervention and prevention and it is informing the investment decisions that we are making. But you don’t turn the tap on and off on these things and it doesn’t happen overnight.”

11: Conclusions

Evidence2Success proposes a method for re-shaping local services in ways designed to improve the health and development of children and young people. It translates academic theory and research evidence concerning 'what works' into a programme for setting priorities and investing in effective, evidence-based intervention. In a Scottish and UK context, it promotes collaboration between local government, the NHS and other agencies. It also seeks to engage communities in partnership, intending that they will come to 'own' shared responsibility for improving children's welfare. Reaching these radical objectives is to be achieved by following a step-by-step 'roadmap' over a number of years.

Any summary of E2S, such as the above, serves to underline how ambitious the project undertaken in Perth & Kinross has been. Although the model drew heavily on two existing approaches that had previously been applied in Scotland, it was undertaken as just one of two pilot initiatives worldwide (the other being in Providence, Rhode Island). There has been national and international interest in its progress. The process evaluation described in this report took place between August 2012 and February 2015 and was never expected to provide a quantitative assessment of the project's progress (Chapter 2). It was too soon to look for measurable changes at population level in children's developmental outcomes or exposure to risk factors. Even so, the evaluation has amassed a store of qualitative data that casts light on the practical viability of E2S and its implementation in Perth & Kinross.

Strengths and weaknesses

As the prelude to more detailed discussion, it is worth summarising what emerged as the main strengths and weakness of the project in its first three years. Above all, the area partnership in Perth & Kinross succeeded in negotiating a demanding planning process that resulted in a coherent plan of action. Data was collected that yielded unprecedented insights into the extent of children and young people's developmental needs and their match with current service provision. Priorities were identified, and necessary funding agreed to allow the introduction or greater availability of relevant, research-accredited interventions. At the time of writing, the implementation of three evidence-based programmes in the E2S action plan was under way, with reason to expect that others would follow. The completion of a complex, previously untried process and the implementation of well-evidenced interventions at increasing 'scale', are considerable achievements of which local leaders and managers can be justifiably proud.

Among aspects of the E2S pilot that did not progress so well were the consequences of objections to the schools survey raised by a small, but vociferous and media-savvy group of parents. The area partnership remained unwavering in its support for the project. But the controversy not only raised a number of issues about the survey and its conduct, but also impacted on the pilot project's progress. In particular, efforts to convene a viable community partnership for E2S in the Perth City North ward were postponed. Further

delays, once the partnership met, were the result of difficulties in recruiting, involving and retaining the interest of parents and other residents. Remedial steps were taken to enable more parents to work comfortably alongside agency professionals (Chapter 9), but the community partnership was the element of E2S that veered furthest from its theoretical roadmap (Chapter 2).

At the time of writing, those most closely involved with the project appeared to be in agreement about its more, and less, successful elements. There was a common view that the survey element of E2S – notwithstanding its troubled inception – had yielded exceptionally rich data about children, young people and their developmental support needs that brought a welcome new dimension to service planning.

“The E2S information really focussed our attention on providing that level of support and on earlier intervention to be more successful, because once children are in school it’s too late.” (Head teacher)

“...in some instances it was affirming things that we knew or suspected might be the case, but in other areas it challenged the assumptions we were making. For me that’s been the most important, positive part of it.” (Senior council manager)

“... the ability to have really robust information that goes across all young people. It was huge coverage of young people over a wide area of questioning and really valuable for determining strategy.” (Senior manager, NHS Tayside)

A second area of perceived success was the emphasis that E2S placed on evidence – both the survey data used to inform priorities and messages from research about accredited, cost-effective interventions.

“The process has been really helpful in terms of an overall cultural shift to evidence-based practice as we move into a world of making very hard decisions about how we allocate resources to improve outcomes for children. It gives us a framework for making these decisions much more based on intelligence rather than history or political expediency. I think that’s been the cultural shift that we’ve tried to develop across the organisation.” (Senior council manager)

This view was echoed by one of the council’s elected leaders:

“Having some evidence to work with is the real strength because in terms of evidence-based budgeting we can apply resources where we know they’re required – not just where we think they’re required. That’s the crucial element for me in all of this.”

Although one participant in the community partnership in Perth City North–condemned the slower than planned progress as “lamentable”, there were other participants who believed that a corner had been turned during 2014 in terms of community engagement:

“After a pretty slow start the community engagement element of it is now working much better and that’s a good model for us going forward in applying it elsewhere.” (Council manager)

“We still find it can feel a bit ‘them and us’ when we get to the meetings. The last meeting we did a dress-down and removed the tables to make it a bit more friendly and relaxing. That was actually quite good.” (Parent)

“It’s opened up greater awareness of everyone’s responsibilities – parents and us as a school – and it’s deepened the links with parents.” (Head teacher)

There was a sense of optimism among many – though not all – involved in planning the E2S project that after 30 months it was heading in the right direction. Their attitude, itself, suggested that the agreed implementation plan would continue to be pursued with enthusiasm.

Detailed lessons

Specific conclusions from the evaluation are presented here using the same, broadly chronological, approach in preceding chapters.

Theory and design

Chapter 1 described how the Evidence2Success approach was devised in the United States under the auspices of the Annie E. Casey Foundation. The major contributors to its design were the American originators of the *Communities That Care* programme and researchers from the Dartington Social Research Unit (DSRU) in Britain, responsible for the approach known as *Common Language*. Arrangements for the Perth & Kinross pilot project were negotiated by the DSRU, including a technical support contract that provided explanatory materials and orientations, as well as administration and analysis of the surveys. It was not within the remit for this evaluation to assess the early development work that took place. However, it is worth noting the view expressed by some of those involved that generous inputs of time and expertise had an unintended downside in permitting some elements – notably the survey instruments – to become unwieldy. The surveys completed by school students and parents in Perth & Kinross were deliberately shortened by the DSRU to lengths that they considered more manageable.

Other components of the prototype for E2S were under-specified for the Scottish context. For example, the financial mapping tool, which was an innovative aspect, designed to remedy problems that had arisen with the implementation of both *Communities That Care* and *Common Language* (Chapter 1). Its design received close attention in America, but it was not conceived with the differing budgetary procedures of Scottish local government and the NHS in mind. The DSRU was obliged to devise its own, bespoke mapping materials for Perth & Kinross. As reported in Chapter 6, this exercise was successful to the extent that a headline figure was identified for spending on local authority children and education services. But efforts to break down ‘high level’ spending figures beyond conventional service areas were not progressed. Nor was it practicable to produce an integrated fund

map that included local spending on children by the some sections of NHS and Police Scotland.

The other key area in which the E2S approach would have benefitted from stronger conceptualisation was the community partnership, not least the fundamental purpose of enabling community engagement. This is somewhat surprising, given that *Communities That Care* (CTC) is driven by a theory of change that emphasises the part that community involvement and ownership of outcomes can play in planning sustainable action. E2S sought to improve on that model by creating a parallel partnership of area managers and leaders with the power to re-allocate resources. Yet this implied a less decisive role for the community. The partnership in Perth City North would have benefited from greater clarity on its purpose and how much 'say' its members could expect in the emerging strategy.

As the project progressed, events edged the area partnership towards greater prominence, while the community partnership's role grew less significant than originally expected. Delays establishing the community partnership meant it did not meet until June 2013 when the area partnership was already discussing its choice of evidence-based interventions. Another factor affecting the relationship between the two partnerships was the way the E2S surveys highlighted issues that were clearly a priority in other neighbourhoods besides Perth City North. In many ways this was a welcome development. It encouraged the area partnership, quite reasonably, to recognise needs among children and families in Blairgowrie, Crieff and other areas besides Perth City North. Conversely, councillors and residents in Perth City North felt vindicated in their view that, although economically less advantaged, their community was not hugely different to other parts of the local authority area. This situation is unlikely to be unique to Perth & Kinross, and underlines the need for clarity about the different roles of the area and community partnerships, and the relationship between the two.

Project set-up

Early stages of the E2S project were, by common consent, handled well. Strong 'buy-in' from local leaders and senior officials was apparent from the start. The Leader of Perth & Kinross Council secured and maintained cross-party support for an initiative whose progress was driven by continuing commitment and enthusiasm from the chief executive. The latter was also instrumental in engaging top-level support from NHS Tayside. Staff time was made available in both organisations to make relevant managers (including head teachers) aware of the project and to plan for its three main data collection exercises: the schools survey, the parents survey and fund mapping. A project co-ordinator was appointed early on, at a sufficiently senior level to facilitate communication across the partnership and with elected councillors and council directors. Her administrative skills, growing confidence in managing the programme and continuation in post made an important contribution to the project's success. Sustained involvement and oversight from the local authority's Depute Director of Education and Children's Services was another important factor from the outset.

Councillors, departmental directors and managers were impressed by the

content and clarity of meetings where DSRU staff introduced them to the E2S programme:

“It’s generated a lot of discussion and a lot of excitement and that’s quite genuine. People are up for it.” (Education manager)

“It was thought-provoking material and I could see why they were suggesting what they were suggesting.” (Early years manager)

“The overall approach what it as about what we were trying to do was very positive. I think that was very important to the elected members...” (Senior council manager)

Areas for improvement, with hindsight, relate to the preparations for some elements of the student and parent surveys (see below). It also became apparent that some stakeholders who should have been at the table from the start were missing. The early involvement of public health administrators within NHS Tayside could have been especially beneficial, including the senior manager responsible for data protection – known in Scotland as the ‘Caldicott Guardian’.

The E2S surveys

The controversy that enveloped the student and parent surveys, especially the former, surprised those involved in the area partnership and – as seen in Chapter 4 – impacted on the progress of some areas of the project over several weeks.

Schools survey

Media reporting exaggerated the scale of opposition from parents. An impressive 88 per cent of eligible students completed the survey, having given their prior, active consent without any objection from their parents. Routine sickness and other absence from school accounted for most of the non-participants. Fewer than a hundred parents asked beforehand for their child to be excluded from the survey or afterwards when the opportunity was offered. But while some claims about the survey visited the wilder shores of misinformation and conspiracy theory, the outcry prompted a worthwhile review of issues relating to the content and administration of surveys for completion by children and young people.

- The ethics of surveying children aged nine and above with their own ‘active’ consent, but with ‘passive’ consent from parents/carers were re-examined and judged acceptable. Expert opinion obtained by the DSRU found nothing unethical in this approach.
- The Information Commissioner’s Office concluded that the survey was confidential and that the arrangements for administration and data analysis did not breach data protection regulations. However, those involved in the project recognised that better information should have been provided about the confidentiality arrangements, including the procedure for deleting Scottish Candidate Numbers after survey data had been linked to official records about children’s use of services.

- Parents should have been given more information about the questionnaire in consent letters about the survey. It should have provided a wider indication of topic areas and included an online link where the questionnaire could be viewed. Perth & Kinross Council took retrospective action, making the questionnaires available, but better information beforehand would have helped prevent the problems that ensued.

In addition:

- Since measurement constructs in the survey mostly originated in America, it would have been helpful to verify beforehand that the survey questions made sense to the youngest participants in primary schools and were appropriate. ('Cognitive testing' subsequently took place when the survey was adopted for the Scottish Government's Improving Children's Outcomes initiative (Chapter 10)).
- Focus groups with Perth City North students as part of the evaluation, suggested that some participants were uncertain about the purpose of the survey, as well as harbouring doubts about its anonymity. Clearer initial information through teachers and the start-screen on the computer might have helped prevent this.

Community survey

Administration of the Child Well-Being Survey for parents of children aged 8 could have benefited from a wider information campaign to raise awareness of the E2S project. However, a premature start to data collection by the fieldwork company meant the impact of such publicity as had been planned was weakened (Chapter 5). Less easily resolved were differences of opinion between the DSRU and Perth & Kinross Council over the suitability of a door-to-door survey. Scientific orthodoxy supported the DSRU view that a random sample would deliver the most representative results. However, the survey proved expensive to implement, to a point where it was downsized to cover the City of Perth and selected rural towns. Consequently, there were (mainly countryside) areas where the comprehensive schools survey yielded interesting results, but no community survey data was collected.

Action planning

Action planning was another of the more successful phases of the E2S pilot. The area partnership was introduced to the data, assessed it through collective consultation and used it to set five priorities that plausibly reflected its findings. The DSRU's analyses and presentations (Chapter 7) were judged to make a crucial contribution, not least the way that survey data was linked to the council's records concerning the same children's use of its support services. Diagrams comparing the extent of children's 'needs' revealed by the surveys, with the much smaller numbers receiving services provided a 'light bulb' moment during the initial two-day planning meeting. Moreover, despite a barely-disguised steer from DSRU advisers, the area partnership did not simply accept the four priorities initially proposed. Discussions led to the targeting of a fifth priority. In this way, the area partnership came to 'own' its

data more closely. Another positive aspect of the process was the way that planners – despite understandable fascination with so much information about the wellbeing of local children – did not allow themselves to be overwhelmed. ‘Analysis paralysis’ was avoided, allowing decisions to be reached about priorities and appropriate interventions.

Some survey results did, nevertheless, raise pertinent questions about what exactly had been measured. The task of interpreting the results was also hampered by the limited range of comparison data available. This was largely unavoidable for a pilot project; others in Scotland, were they to adopt the E2S process, would not face quite the same difficulty. However, if the approach is to be repeated elsewhere, it might prove worthwhile to survey representative samples of school students and parents across Scotland or the UK to provide a set of national comparators²⁹.

For reasons discussed (Chapter 6), the ‘fund mapping’ exercise was unable to progress beyond the assessment of ‘high level’ expenditure on children’s services. Plans to relate expenditure on children, young people and families across the partnership to achieving particular developmental outcomes were not taken forward. In addition, when the area partnership began to explore evidence-based interventions relevant to improving its prioritised outcomes, there was criticism that potential programmes were presented on an unhelpfully long “big list” (Chapter 8). Even so, thanks to sub-group work on the costs and practicalities of different options, the area partnership made good progress to produce its two-stage implementation plan. Setting aside particular trials and tribulations the E2S ‘roadmap’ provided a ‘do-able’ process at area level in Perth & Kinross that resulted in a coherent and credible plan of action.

The community partnership

Implementation of the community partnership E2S in Perth City North was slower than planned and veered further from the intended path than any other part of the implementation process (Chapter 9). These problems partly reflected a need for the group’s role to be more clearly defined (see above). But the DSRU was also less well equipped to provide ‘in-flight’ support than at area partnership level. The particular expertise it had contributed to the design of E2S concerned ways of working through executive ‘systems’, rather than community engagement. A further difficulty in establishing a cohesive partnership was the restricted availability, due to illness, of an experienced community worker who had been intended to co-ordinate it. However, a decision to enable parents to work separately from professionals in early 2014 on priorities and proposals helped place the partnership on a surer footing. The lesson here – as with preceding *Communities That Care* projects in Scotland and the UK³⁰ – is that skilled capacity building is a pre-requisite for the kind of community coalition-building attempted in Perth City North. E2S managers overseeing plans to engage other communities in Perth & Kinross,

²⁹ This solution was usefully adopted by the UK *Communities that Care* programme 15 years earlier, with JRF funding.

³⁰ See, for example, evaluations of demonstration *Communities That Care* projects in the England, Wales (Crow and others, 2005) and Scotland (Bannister & Dillane, 2005)

will have taken note.

The increasingly active role of the Perth City North partnership would be further improved if its focus on planning and implementing small-scale, development initiatives was more overtly linked to the strategic aims of E2S. Not unexpectedly, interviews with parents during the final stages of the evaluation did not reveal any widespread awareness of the initiative. No firm views were expressed that neighbourhoods within the ward had changed much for the better or worse in two years. Yet even among a small, unrepresentative sample³¹, one parent had recently joined an *Incredible Years* course, another knew someone else that had taken part, and others were aware of family-oriented activities in primary schools and newsletters. This suggested there is scope for giving the local initiative and community partnership more momentum through publicity.

Awareness of E2S among young people from Perth City North (who took part in a second round of focus groups at a local secondary school) was limited to their recollections of the 2013 student survey. Apart from the installation of an all-weather playing surface at a local park, they did not mention any improvements to their neighbourhoods. A further recommendation from the evaluation is that the community partnership should increase its efforts to engage with children and young people. As the focus groups (Appendix A) demonstrated, young people in the community hold valuable insights into what would make their neighbourhoods better places for children to grow up. The community partnership should aim to become their advocate for change as well as that of their parents.

The decision by Perth & Kinross Council to assign a part-time community learning assistant to the Perth City North partnership made a significant contribution getting local implementation back on track. Credit, meanwhile, goes to all those parents, school parent council members, local councillors, head teachers and locally-based agency staff who – with the area co-ordinator's support – helped the community partnership to advance beyond its shaky start.

Implementation issues

The E2S Implementation Plan for Perth & Kinross (Chapter 10) was set to run from 2014 to 2017 in two stages. Only the first of these had been completed during the lifetime of the evaluation. It was, nevertheless, clear that real progress was being made in relation to the five, prioritised developmental outcomes:

- **Healthy gestation and birth:** *Family Nurse Partnership*, a strongly evidenced home visiting intervention that targets teenage parents, received NHS funding on Tayside to make it available to all eligible mothers-to-be. While this might well have happened without E2S in Perth & Kinross, the project provided compelling evidence for a 'permanent' programme across the region. Monitoring suggested the

³¹ The interviews were divided between small samples of parents previously questioned in early 2013 and others who had not taken part before.

Tayside programme was being faithfully implemented.

- **School readiness** (4 months to 5 years): *Incredible Years*, a strongly evidenced parenting programme, was being made available across Perth & Kinross with council funding to increasing scale. Eight active groups at the start of 2015 were due to expand to 11 in the autumn. The target number of IY groups for 2016/17 was 21.
- **Early initiation of substance misuse** (9 to 14 years): Introduction of *Strengthening Families 10-14* – an evidence-based programme provided for 10-year olds and their parents – began in October 2014, rather later than planned. There were initial difficulties (as with IY) in getting parents to participate, especially in rural areas. Although publicity and word-of-mouth promotion was expected to increase demand, the intention to run 42 groups in 2016/17 looked ambitious.

The three interventions specified in Stage 1 of the Implementation Plan were both relevant to the developmental outcomes prioritised for Perth & Kinross, and met the stringent 'Blueprints' criteria set for E2S. They included multi-purpose interventions that were relevant to improving more than one developmental outcome while reducing risk factors and enhancing protective factors. As suggested in Chapter 8, the Perth & Kinross planners could make more of this point, which reinforces their choice of programmes.

Stage 2 of the plan had just begun at the time of writing. In relation to:

- **School engagement** (9 to 11 years): no evidence-based programmes on the 'Blueprints' list had yet been specified. The local authority was pursuing a 'home-grown' approach requiring schools to respond to their own, local survey data in annual School Improvement Plans. The council's educational psychologists had launched an 'action research' project in primary schools to investigate ways of increasing pupil and parent engagement. The project was attracting interest from Glasgow University researchers working with Education Scotland, the body supporting curriculum improvement).
- **Emotional wellbeing** (11 to 15 years): the introduction of a strongly evidenced programme, *Functional Family Therapy* was being considered as a targeted intervention for young people with chronic behavioural as well as emotional problems and their families. The continued use in schools of two less well-evidenced programmes – *Roots of Empathy* and *Bounce Back* – was still being assessed (Chapter 10). NHS Tayside was examining the possibility of locating a Child and Adolescent Mental Health team in Perth & Kinross.

It was too soon to be sure what programmes would eventually be implemented. So, although imaginative and potentially effective, the plans relating to these priority outcomes could not yet be said to accord unequivocally with the E2S emphasis on installing evidence-based interventions. One interesting development, however, was the decision not to proceed with the *Mellow Parenting* targeted intervention as a means to

improve school readiness, despite having trained staff in post. The Perth & Kinross area partnership, thus, took a first step towards the de-commissioning less effective interventions envisaged by the E2S process (Chapter 10).

The de-commissioning issue remained part of a wider, unresolved question of whether the E2S project would lead to 2 per cent or more of the budget for children's services being shifted towards investment in evidence-based intervention. Optimists within the area partnership were confident that a measureable shift in resources – staff combined with financial investment – would be observable by 2017. But structural barriers appeared to hinder any move towards a budget pooling relationship between the E2S partners. The difficulties aligning their financial planning and accounting procedures that emerged during the E2S fund mapping exercise (Chapter 6) became more obvious in the Implementation Plan where Tayside NHS provided funding for the *Family Nurse Partnership*, while Perth & Kinross Council funded *Incredible Years* and *Strengthening Families 10 to 14*.

Regardless of whether a closer budgetary relationship can be achieved, the longer-term survival of the E2S programme will depend on whether the local authority can develop a sustainable funding strategy for delivering its evidence-based programmes at scale. One of the key questions set for this evaluation was: “Did the project lead to any reallocation of resources for children's services?” The answer could yet prove positive, but it was too soon to answer with a certain “yes”.

Transferable?

Another key evaluation question, set three years ago (Chapter 2), was whether lessons could be drawn about the transferability and future development of *Evidence2Success* in Scotland and elsewhere. In one sense, the E2S method evidently did prove to be transferable, given the way that major elements were being replicated, with technical support from the DSRU, even while the Perth & Kinross pilot project was getting into its stride:

- The *Investing in Children's Outcomes* (ICO) initiative carried out by the Community Planning Partnerships in Angus, Dundee and North Ayrshire received Scottish Government funding to use modified versions of the E2S surveys.
- A “refined version” of the E2S methodology – called *Better Evidence for a Better Start* – used the community survey and was made available for English localities bidding for a share of the Big Lottery Fund's £215m *A Better Start* project. This aimed to improve pregnancy and early years services. Five sites subsequently received full project funding

There was also a parallel E2S pilot taking place in Providence, Rhode Island in the United States. Unfortunately, the American project's relatively slow progress meant there was little communication between the two sites and – beyond data comparisons – no shared learning to end of the evaluation period. Local leaders and managers in Perth & Kinross were confident that the approach they had taken with E2S could be replicated elsewhere in

Scotland and that they would recommend it to other local authorities. Yet both replications of E2S methods seen in the UK so far have been 'lite' compared to the Perth & Kinross project. One made use of the survey component without other elements of the programme (ICO), while the other implemented a stripped-down methodology to focus on sub-group of children (Big Lottery).

A more definitive view of whether E2S is replicable will depend on knowing what impact, if any, the Perth & Kinross project had on children's outcomes. However, it may be noted that there were aspects of Scottish policy and governance that facilitated the implementation of E2S (Chapter 2) that would not be present south of the border in England. These include the Getting It Right for Every Child (GIRFEC) agenda for improving children's welfare and wellbeing, the emphasis on partnership working in children's services and continuing local authority control of schools. The latter is a practical concern, given potential administrative difficulties implementing E2S in the English system, where most secondary schools hold independent, academy status.

Transformational?

The most important question concerning the E2S project in Perth & Kinross is unfortunately one that it is certainly too soon to answer: "Did it work?" Devising a controlled evaluation to E2S's own high standards that was capable of determining whether the programme improved children's outcomes would have demanded resources far beyond the scope of this process evaluation¹¹⁵. However, finding out whether there has been any change in outcomes (or risk and protective factors) among children and young people in Perth & Kinross need not, in time, prove nearly so complicated. What it requires is a repetition of the E2S surveys so the measurements taken can be compared with the baseline data from 2013. Provided the Perth & Kinross partnership pursue their intention to repeat the surveys, after it plans have had time to take effect, the project should yield further, valuable learning.

A culture shift is already discernible, however, within the area partnership. It is apparent in terms of the respect accorded to evidential data and the emphasis placed on evidence in planning and commissioning services. It is also fair to conclude that E2S has led to the implementation of some evidenced interventions on a scale that will make it increasingly probable that children and young people's wellbeing is influenced for the better. The partnership at area level remains strong, led by managers who show continued enthusiasm and commitment. The "transformation" desired by the local authority's chief executive has yet to be achieved, but the E2S project has taken important steps in the desired direction, overcoming considerable obstacles along the way.

Appendix A

Views of secondary school students and parents of younger children about their area, gathered during the planning phase of the Evidence2Success project in Perth and Kinross³².

Introduction

This report summarises the perspectives of school students and parents living in northern Perth about their neighbourhoods as places to live and grow up or raise children. They were gathered in the first half of 2013 using qualitative methods as part of a process evaluation of the Evidence2Success (E2S) project in Perth and Kinross during its planning phases. Their purpose within the evaluation was to provide background information about the way children and young people viewed their area after it was chosen to pilot community engagement and partnership arrangements as a focal part of the project.

Methods

The research was qualitative and had two elements:

- Two hour-long discussions with students from the Perth City North focus area using a mixture of group interview and focus group methods (conducted on Thursday 14th February). Group 1 was made up of six students (3 female, 3 male) aged 12-14 and Group 2 of six students (1 female, 5 male) aged 14-15. The students were recruited through their secondary school and all resided in either Letham or the Western Edge.
- Telephone interviews with 18 parents (13 mothers, 5 fathers) living in Perth City North who had previously taken part in the E2S Child Wellbeing Survey. The interviews took place in May/June 2013 using a semi-structured questionnaire that allowed prompting for respondents to elaborate on their replies.

School students

To trigger discussion among each group, the school students were shown a series of statements about their neighbourhoods and asked if they considered them 'true', 'not true' or 'a bit true'. These covered leisure activities, crime, drugs and safety and the friendliness of their area, as well as whether it had changed (for better or worse) in recent years. They were also asked individually to say what they thought the 'best' and 'worst' things were about living and growing up in their neighbourhood.

³² This is an edited version of a report from the evaluation originally presented to the Perth & Kinross E2S area partnership

Parents

The parents of children under 8 were interviewed for the evaluation because they had previously agreed to be contacted after taking part in the E2S Child Wellbeing Survey. Using postcodes as a guide they were contacted to ensure that parents in Fairfield, Letham, Tulloch, Hillyland, and the Western Edge were all represented. However, half the sample identified their neighbourhood as Letham. No parents staying in Double Dykes were interviewed, and it appears that none were included in the Child Well-Being Survey.

Demographic data compiled by Perth and Kinross Council suggests that many Perth City North residents work in low-paid jobs, both full and part-time. This aspect of the communities in Perth City North was amply reflected in the sample of parents. Only two (fathers, working full-time) gave their annualised income as £20,000 – £24,000. Three others put themselves in a £14,000 to £20,000 bracket, while seven specified £13,000 a year or less. The remaining parents included one mother on maternity leave and two other non-working mothers caring for pre-school children (including one child recently assessed with autism). One father and one mother were on long-term sick leave. Five parents (all mothers) were working part-time and several referred to ‘juggling’ work commitments with an employed partner to maintain childcare cover at home. Two mothers and one father said they worked evening or night shifts for this reason.

Most parents gave their ethnic identity as ‘White, Scottish’, but the interviewees included individuals who described themselves as ‘African’, ‘Chinese’, ‘White, English’, ‘White, Irish’ and ‘White European’.

The questions asked were comparable with those put to the school students. As well as being asked to identify the ‘best’ and ‘worst’ things about raising a child in their area, parents were asked for their views about: local childcare/school facilities; health services; family support; activities for children and families; community safety (including crime, drug and alcohol-related problems); friends and neighbours and changes over time. In addition, they were asked how they thought residents in other parts of Perth and Kinross might regard their neighbourhood.

The findings do not come from representative samples of either young people or parents of younger children living in Perth City North and the views expressed were not necessarily typical of other school students or parents.

Findings

Local identity

Although the focus area for the Evidence2Success community partnership is termed ‘Perth City North’ this is not a name that any of the young people or parents (with one possible exception) would use to describe where they live to an outsider. They identified with neighbourhoods: Fairfield, Hillyland, Letham, Tulloch and Western Edge.

- Among school students, overall views of living in Letham varied from “really nice” (14-year old girl) to “rubbish” (14-year old boy). A more general view was voiced by three of the older group:

M(15): Overall, Letham is not a bad place.

M(14): It's not unfriendly.

M2(15): But it's not the best.

A boy who said he lived in the Western Edge was laughingly described by his friend as “a Wedgie” and “posh boy”.

- Parents’ assessments also varied and – in a number of cases – were based on distinctions between neighbourhoods.

F(41): I don't really want to call it 'Tulloch' because Tulloch is more the council estate and we're in the new-build.

F(32): Generally when I'm ever asked where I stay, I say 'the Western Edge'. Not 'Letham' because Letham hasn't got a good name because of the drink and drugs problem.

F(24): If you were talking to someone from, like, Scone, then they probably think Letham is a real dive.

Longer-term residents in and around Fairfield referred to it having undergone regeneration since a time when it was known as Hunter Crescent or ‘Hunters’:

F(28): It has got a bad reputation from when it was called 'Hunters'. A lot of people moved out, but people can still be a bit funny when you say that's where you are from.

As with the school students, assessments of neighbourhoods varied. In the case of Letham they ranged from “a total dive of a place” to “friendly” and “not too bad.” The least contented resident was a Tulloch woman living in private housing (“I hate it here”), but her unhappiness related specifically to a disagreement with neighbours. The most positive view came from a father living in the Western Edge (“It’s a lovely place to stay”).

Responses to questions about crime, drugs and other antisocial behaviour (see below) reinforced initial indications that people’s negative views of neighbourhoods often related to their proximity to particular streets or places with known or perceived problems.

Sense of community

With some notable exceptions, both young people and parents were positive about immediate friends and neighbours, even when their good opinion did not extend to the neighbourhood as a whole.

- No one in either group school students (predominantly from Letham) agreed with a statement that their area was ‘really unfriendly and no one gets on with anybody else much’. The younger group concluded it was at least ‘a bit true’ that young people get on well together in their area. They also agreed it was ‘alright if you’ve got friends and you stick with them’. Older students were more cautious, suggesting that neighbourhood ‘friendliness’ depended on where you went, and that even friends could be a mixed blessing:

M1(15): It depends. ‘Cos like sometimes...well it depends what your friends are like. Like say if your friends like do drugs and that sort of things, like, sometimes they ask you if you...

M2(15): Want to.

M1(15): If you want to. Like if you say ‘no’ they could keep asking you now.

M3(15): Like peer pressure.

- Two parents of younger children referred to specific disputes with neighbours (one relating to their own child’s special needs). The majority, however, referred to good relationships with neighbours.

M(28): I don’t know all the neighbours, but it’s pretty friendly up here; and the other things is there’s children in this area, so it just seems like it’s family-oriented (Tulloch).

Several also referred to the presence of older people in their street or block of flats as a positive factor and focus for neighbourly activity:

F(41): There are quite a few pensioners and people make sure they are alright, especially with the snow recently. (Hillyland)

F(22): We’ve got a couple of pensioners and the kids love them. The block I live in is really nice and the rest of the people are very nice. (Letham)

Some parents agreed without qualification that they lived in a friendly neighbourhood, but others disagreed, describing their area as less friendly than in the past, or suggesting that “people just mind their own business”. Several made a distinction between the friendliness their own (or surrounding) streets and their view of the neighbourhood as a whole:

F(32): It’s a very friendly street but if you go outside my street, no, it’s not friendly at all (Letham).

M(39): We’ve got a couple of friends in the area, but I wouldn’t say it’s friendly (Letham).

Community safety

Few of those who took part in the research described their area as a wholly

safe place for children and young people to grow up. Many regarded their own street or immediate vicinity as safe, but voiced concerns about other parts of their neighbourhood. Others still had direct experience of antisocial behaviour, crime and individuals misusing alcohol and drugs near their homes.

- Older secondary school students, as might be expected were more aware of problems than the younger age group. Neither group thought their neighbourhoods were unsafe all the time, but the 14 and 15-year olds laughed out loud at a prompting suggestion that Letham could be considered a safe place 'where you never see or hear about any crime or drugs'. Potentially unsafe locations, times of day and circumstances were mentioned (for example, named streets and parks by day and outside shops at night) when they would be afraid of encounters with heavy drinkers, drug users and other loiterers.

M3(15): Some places are safe.

M2(14): It mainly is safe. But there's just parts you probably wouldn't probably go to.

M2(15): Yeah, like, you wouldn't want to go on your own.

F(14): I feel...it's just at night I don't go out alone. But during the day I think it's fine.

Direct experience of antisocial behaviour among the younger respondents related to bullying, chasing and other intimidation by older youths.

M(12): Yeah, like you're playing in the park or something and the older ones come in and they think they can kick you off the pitch.

F2(13): The older ones take your ball away.

One boy also described how he and his mother had noticed drug dealing taking place:

M(13): ...It's like where the little kids play and there was two guys dealing there and I was waiting for the bus to go down town with my Mum. And we seen it.

Older students appeared more knowledgeable about drug dealing activity in parks and other areas:

[Facilitator: What's going on there?] (laughter)

M2(15): Basically, just drugs and stuff.

[Facilitator: Ah. Booze?]

M3(15): Yeah.

M2(15): But you wouldn't want it.

One 14-year old boy described finding used needles from drug users in a small wooded area, close to his home. A 15-year old boy said

intimidation by groups of young people on the streets at night was the 'worst' thing about living in Letham. There was near general agreement among the older group that drunken behaviour by adults in the streets at weekends was one of the worst things about the area.

M1(15) Best probably is on Monday to Thursday there's not a lot of people out so you can, like, walk about freely. And the worst thing is, like, on a Friday or Saturday night when everybody's going about all drunk and smashing everything.

M2(15): ... Like what [he] says ... when it comes to Friday you have older people coming home from the pubs and that shouting, trying to sing and everything... There's, like, smashed bottles and that as well.

Under-age drinking was also acknowledged. According to the younger students:

M(13): Lots of people always are drunk down at the park. 'Cos like they go to the shop to buy drink and then drink at the park. [Facilitator: Is that sort of school aged people? Or is this older?]

M(13): It's mixed I'd say.

M(14): Some, like, 18-year olds go and buy drink for 13-year olds and give them it at the park and just sit and drink at the park.

M(12): Not 13-year olds.

M(14): Well, there will be.

M(12): No way.

Some older students claimed a reduction in this type of behaviour was one way that Letham had improved (although they were talking about how their own peers had behaved when younger).

M1(15) Like, a couple of years ago ...all the people that were there were, like, young neds (laughter). So they'd be swiggin' in the streets thinking they're all hard. But they don't do it any more.

M3(15): Like, when folk were like 12 and they were like thinking...

M2(15) Thinking they were the hardest person there...

M1(15): They were thinking they were all cool and that and hard, 'cos they were sitting and they had, like a bottle of vodka; but they were actually just going in the gap and putting their thumb in the bottle and not actually drinking.

M1(15): Maybe it needn't even be vodka. There'd just be water!

- Half of the parents interviewed cited alcohol and drug misuse, crime and other antisocial behaviour as the 'worst' things about their neighbourhood. Their knowledge and views were clearly influenced by location and personal experiences.

F(23) You see junkies walking about and needles left. We've had people get stabbed and stuff. Someone got stabbed at the shops. Round my old flat there was a lot of needles. We used to see junkie people hanging about in the bin cellar collecting used foil and even sleeping in the bin cellar (Letham)

F(24) There's always something going on. There's a few dealers that stay just around the corner from me, anyway. (Letham)

M(39) Aye, a street away there's about five or ten flats and all the ones down the bottom are where all the junkies stay. So, yeah, we hear a lot about drugs. (Letham)

M(33) Junkies and jakies – alcoholics and drinking in the street and taking drugs in the street. You see them drinking a lot and I've heard a lot about taking drugs in the street, though I don't leave the house as much as I used. (Fairfield).

One mother in Letham described drug users calling at her flat in the night and early hours having mistaken their block for neighbouring flats that housed a dealer. There had been no recent disturbance since the installation of a secure entry system at the entrance to their block.

Thinking about their children's safety, many parents said there were places or streets they would avoid or tell their children to avoid when they were older. Possible encounters with alcoholics and drug users was the most commonly cited reason:

M(39): There's places that no way in hell would I take my kids because they're full of junkies. (Letham)

M(33): Places where they drink, which is outside my sister's – and if they're there drinking the kids can't go to my sisters...At night, before the shop shuts ...in the week any time between 8 and 10, I wouldn't go anywhere near it myself and I've been here all my days. (Fairfield)

F(23): There are no places I wouldn't go; but when my daughter's older I won't let her go to the shops by herself...They drink alcohol down at the shops. (Letham)

Busy roads and road safety were raised as significant concerns by two parents. Reference was also made to fears of bullying of younger children by older ones and of visits to parks spoiled by intimidating dogs.

M(49): There's a worrying element of older kids 'doing' young kids in parks and that. If we as parents weren't there I think there would be trouble...(Letham)

Two parents of pre-school children, living in flats, expressed concerns

about letting their children play unsupervised in the shared gardens. By contrast, other – usually older – parents insisted their area was safe given sensible precautions:

M(49): There's no area of Perth that you really think of as 'bad'. It just that being a family man I wouldn't want my kids to be out anywhere at night. (Letham)

F(34): I'd probably not leave them in the street on their own. But they'd always be with me and it's probably not as bad as that. (Tulloch)

F(42): I think my son...knows which bits to avoid where these other kids hang out. Sometimes it's at the shops on my next road, so he comes home a different way. But if they were with me I wouldn't stop them going to places. (Letham)

It was apparent that Fairfields continues to suffer from perceptions that it is unsafe, even though some acknowledged that it had changed for the better.

F(41):...it's gone through a lot of regeneration but I still wouldn't want my child to go through that area. I think it's an historic thing. I'm sure the majority of people are genuine there, but if you're a parent like me you want to make sure your children are safe all the time. (Hillyland)

The Community Warden service was mentioned by a few parents in Tulloch, Hillyland and Letham as a potentially reassuring presence, although one parent suggested they should be more visible on the streets. A father in Fairfield commented on not having the warden service in his neighbourhood.

Activities for children, young people and families

Assessments of whether there are interesting things for children, young people and families to do in their leisure time varied. Among the school students, especially girls, friendships and living near to friends were often the 'best' thing about their area. There was a general consensus that in terms of external activities, the area was "a bit boring". Parents (whose children were all aged 8 or younger) tended to be unenthusiastic about the range of activities available – and the cost, in bus fares and admission, of accessing what there was. A few parents with pre-school children had joined networks that provided information about weekly activities that they found useful.

- The younger discussion group of secondary school students agreed with the statement: 'There are some good things for young people to do, but it's a bit boring'. One boy was enthusiastic about his Friday-evening football games:

M2(13): The park on Friday nights. I get hyper!

But others expressed regret that a football session run by community wardens had ended:

M(13): People used to go there on a Thursday night nine o'clock or eight o'clock and they'd play the football in there. The community wardens would put it on. But they suddenly stopped it.

M(12): It was, like, every so often for a couple of nights.

M2(13): It was, like, they did that in the summer.

M(13): But even in the winter, they should still do it. Because people, sometimes get bored through just sitting or walking in the park.

Suggestions for activities that might prove popular included a regular street basketball session, or a regular club for young people in the Letham sports centre. Girls in the group insisted there should be more activities than football:

F2(13): Yeah, because if girls go out... if you were to go out with the boys and the boys can play football and you're sometimes, like, just stuck on the edge and it's quite boring sometimes.

The young people were, however, prepared to give credit to Perth & Kinross Council for recent improvements to Letham Park and a playpark near Letham Primary School:

M(13): ...it was metal frames and that to climb on, and they've torn that up now, and it's really good now. And the football pitch especially 'cos people can just go there and there's lights there as well.

The older students appeared less impressed:

M3(14): There's only some things. There's a couple of parks and that, but they're all full of, like, morons.

M3(15): Clubs and that. There's, like, football....

M2(15): Yeah but...

M3(15): Majorettes.

M2(15): Yeah but that's not going to be every day...

M(15): Something you can do every day...

M3(15): You can go to the gym at Letham.

M2(15): Yeah, but not everyone can go to the gym.

M(15): You wouldn't fit everyone from Letham into that one small, tiny gym. (laughter)

F(14): I wasn't enthralled by majorettes.

Boys in the group referred with seeming nostalgia to sports activities

(KOLA Club) that had taken place on Friday evenings when they were younger and to a 'drop-in' centre that had been available. One 15-year old claimed to be "bored out of my mind" during the summer break, while another highlighted the cost of bus fares to visit friends in Scone and other outlying areas. He added:

M3(15): ...best thing is that... you have mates around that you can go out with. The worst thing is that sometimes... you don't really do anything.

- Parents of pre-school children frequently mentioned the Noah's Ark soft play park as a place to take small children and meet other parents in the café. Perth Leisure Pool was mentioned by parents as a good place for families – although one mother with five children pointed out that a single visit cost her approaching £30. A number of parents suggested that apart from these two venues, the parks and the Active Kids adventure park outside Perth, there was not much for children or families to do locally:

M(28): There's a handful of places: we take them to Noah's Ark and maybe the swimming pool or one of the parks round here. Active Kids. But besides that you are kind of stuck. (Tulloch)

F(23): There's nothing; hardly anything around here. There's Rainbows and that's about it. Noah's Ark, but there's nothing very much else for them to do. (Letham)

Other parents referred to activities ranging from walks in parks and the countryside to children's sports clubs (such as *Wee Springers* gymnastics). Parents appeared better informed about activities if they received community newsletters or were part of a network:

F(28): There's a community centre and there's always stuff on there so if you're looking for something for the kids to do there always something going on, like youth clubs and stuff; and things through the summer holidays. I don't use them much, but I get the newsletter. (Fairfield)

F(42): The two girls are quite easy to entertain because there's things for their age group, whether it's something at the museum and going to the family club that's run by Community Connection Things like that: we're quite involved with that. (Letham).

Given the views expressed about community safety, it was not surprising some parents were unwilling to visit particular parks frequented by drinkers ("broken glass"). But others identified public parks as a significant benefit of living in Perth. There were, however, complaints about damaged equipment in play-parks. One parent was also worried that his children had to cross busy roads to reach the nearest play-park.

While some parents felt the needs of pre-school children were neglected, others with older children as well as under-8s tended to agree with the school students that there was too little for young people to do:

F(39): ... there isn't very much for the kids to do: youth groups or clubs or anything like that. A lot of the kids hang out in an empty building that used to be a children's home... They play football, but they're not really meant to be in there. (Hillyland)

F (42) The older ones: there's not really a lot for them to do because I think they're at an age where they think they're too old for things like youth club and there's not a lot else. (Letham).

Childcare and schools

When parents were asked whether children were well provided with childcare and schools, most responses were positive. Four parents described their local primary school as the 'best' thing about raising children in their area. However, several parents were using childcare, nurseries or schools outside their immediate neighbourhood. In some cases this related to the ease of taking their children somewhere close to their place of work. One parent, said they would have used their local school if after-school care had been available.

For the most part parents spoke highly of their child's primary school:

F (39): It's really close to a good school. (Hillyland)

F (23): They have a good educational curriculum. They have very friendly teachers and they're supportive and understanding. (Letham)

F (33): School seems fine... I was aware of a wee bit of bullying at one point, but that's been resolved. The staff are very helpful. (Fairfield)

Parents of children under five were using a range of childcare facilities, including private nurseries, playgroups and primary school nurseries. All appeared satisfied with their choice. However, one mother said she and her partner (both working full-time) relied on childcare help from her father, because they could not afford a childminder. Another mother, working out-of-hours shifts, voiced concern that there was no alternative childcare available at weekends. The only mother using a playgroup suggested there was a lack of choice in her neighbourhood:

F(35): I'm a stay-at-home mum. I'm taking my son to playgroup and I couldn't do that if I didn't have a car because it would be a good way away. There's nothing here and it's a good playgroup we go to with a good reputation. (Tulloch).

Health services

Parents were invited to say what they thought of the health services they and their children received. They were, typically, happy with services they had used, whether talking about GPs, Health Visitors or hospital services (including maternity care).

F(32): Health services have been fantastic. No quibbles there. We have a great doctor's surgery. Maternity services were fantastic. (Letham)

M(30): The doctors are always very busy. However, if it's an emergency appointment that's needed they're always very helpful, especially with the young children, which is fine. So we really have no complaints. (Western Edge)

M(39): We get a good service. We've been with our doctors for 30 odd years, that is the practice, and as far as the hospital goes, same again. (Letham)

F(22): Health is really good... If they [GP surgery] haven't heard from us for a while you get a letter asking if everything's alright; a letter or a phone call. They've been more than helpful, including the Health Visitor and I'm more than happy. (Letham)

Although parents acknowledged the lack of GP surgeries in Perth City North, none raised the need to travel to central Perth or elsewhere as an issue. There were, however, concerns over limitations to the services provided at the Perth Royal Infirmary and having to travel 20 miles to Ninewells Hospital, Dundee on occasion. This included the transfer of all but low-intervention birth services to Dundee, as well as night-time emergencies.

F(34): They were both born at Ninewells, but this time it wasn't so bad because it was planned. But...it can be quite nerve-wracking, not knowing how you are going to get down there, because they won't give you an ambulance and there's such a lot of disorders that you hear of with childbirth. (Tulloch)

M(49):...they've more or less closed the maternity wing in Perth and you have to go to Dundee to have children – and we had slight complications, so I wasn't too pleased. (Letham)

Family support

Parents were asked if they had made use of any other local services that help families and – if so – what they thought of them. Fewer than half the parents could think of anything – and most referred to Health Visitors. One relatively young mother also mentioned the ante-natal support group she had attended before her daughter was born. Another mother whose son had been assessed as being on the autistic spectrum welcomed the support she received:

F(34): We are getting [help from] different people. Think the support we are getting is excellent. We've had great support from the Health Visitor as well. (Hillyland)

Two parents whose children exhibited behavioural problems appeared less content:

F(23): My daughter had some behaviour problems and I asked the Council children's department for some help. They were alright, but they referred me back to the school. (Letham).

F(42):...there seems to be a lack of help and resources for him. ... My son seemed to just slip through the cracks, whereas my daughter's been getting help since she went to nursery. (Letham).

Changes

There was disagreement about whether neighbourhoods had improved, grown worse or stayed the same in recent years.

- Some young people cited improvements to local parks as change for the better – and no one in the older group thought their area had grown worse. However, others insisted that things were much the same compared with a couple of years earlier. Girls were less convinced that their neighbourhood had changed for the better than boys.
- Parents' views tended to reflect their concerns about alcohol, drugs, crime and antisocial behaviour. According to one young parent who had lived in Letham for two years:

F(21): I don't hear as much noise at the weekends and there used to be a lot, and they have recently put in security doors and everything. So, yeah, hopefully [it's changed] for the better. (Letham)

But parents who thought there had been no change or only change for the worse were in a majority:

F(24): It's gotten worse. Letham used to be a quiet place, but it's like everywhere else really. (Letham)

F(42): I think if anything it would be for the worse. But it's more a case of the people that have moved into the area causing trouble. It just depends what flats are available or houses. (Letham)

M(33): The area's changed a lot, for the worse. But actually the people that run the place probably think it's better because they don't stay here. (Fairfield).

Conclusions

This element of the E2S Perth evaluation encouraged children, young people and parents to speak for themselves. In many respects the answers they gave – offering perspectives on growing up and raising children in Perth City North – are also self-explanatory. They raised issues that appear highly relevant to the task of those involved in drawing up a community action plan as part of the E2S initiative in Perth & Kinross. These can be summarised as:

- Hardly anyone living in ‘North Perth’ identified with that name, or the larger area. The communities they identified with were generally smaller neighbourhoods (Fairfield, Hillyand, Letham, Tulloch, Western Edge).
- Some residents made social judgments about other neighbourhoods (or parts of their own neighbourhood) that influenced their activities and their choice of local services, including childcare and schools.
- Although Perth City North unemployment is not much higher than in other parts of the district, the impact of a low-wage economy was apparent in the way parents talked about issues like working hours, childcare arrangements, and the cost of family activities.
- Concerns about alcohol and drug misuse, crime and other antisocial behaviour were widespread, though most strongly expressed by residents living in the vicinity of particular roads, parks and shops.
- Rowdy, drunken behaviour by adults at the weekend was a concern among children and young people as well as parents. It was considered one of the ‘worst’ aspects of living in Perth City North.
- Other notable concerns were broken bottles, discarded needles from intravenous drug-use and intimidating behaviour in public places. Some parents were also worried about road safety.
- Young people’s perspectives supported findings from the E2S schools survey that under-age ‘binge’ drinking takes place – although some students thought it was less common than a few years ago.
- There were places where some children and young people felt unsafe and avoided, especially at night, and that parents would not go with smaller children.
- Although there were some sports and leisure activities in the area for children and young people they may not be consistently available. Young people often described the area as “a bit boring”.
- Parents tended to complain about a lack of affordable activities for families – although those who were part of community networks appeared better informed about the options available.

- Childcare facilities, nurseries and, especially, schools were regarded by some as the 'best' aspect of living in Perth City North, although childcare costs and locations were an issue for some parents.
- Parents often spoke positively about local health services, although some voiced concerns about the time and transport costs accessing services only available at Ninewells Hospital, Dundee.
- People living in Perth City North tended to assume their neighbourhoods were viewed negatively in other parts of the district. But while accepting they are not 'the best', many residents said their neighbours were friendly and that it was "not a bad place to stay".

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About the project

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

About the author

David Utting is a writer, researcher and consultant specialising in issues concerning children, young people and families. He was Secretary to the Independent Commission on Youth Crime from 2008 to 2011 and previously Deputy Director of the Policy Research Bureau and Associate Director (Public Affairs) of the Joseph Rowntree Foundation. A former political and home affairs journalist, his many publications include reports for leading UK charities and government departments. He led work introducing the *Communities That Care* programme to Britain and was a seconded member of the unit that planned England's *Sure Start* early years initiative.
