

Understanding Children's Needs and Outcomes

Introduction

The previous chapters of this book have focussed on the development of a research methodology, how that can be conceptualised and the calculation of unit costs of both support and services. As outlined in Chapter 1, a key element of the approach is to better understand the relationship between the costs of services, the needs of children and the outcomes that can be achieved. Furthermore, how that information can then be used to plan future service provision and improve outcomes for vulnerable children. This chapter outlines the policy context in England of understanding, measuring and recording children's needs and their outcomes. Examples are used from the research to cost services for all children in need to illustrate how children's journeys can be better understood when it is possible to link costs, with needs and outcomes.

Background

Children's social care in England is predicated on a cycle of assessment, provision and review. Children's needs are identified through systematic assessments; services are provided in order to meet those needs and the services are regularly reviewed in order to establish whether they are meeting the needs identified in the assessment and achieving the desired outcomes (Department of Health, Department

of Education and Employment and the Home Office 2000; Rowlands 2011). This cycle is applied throughout all components of children's social care working with children and families either looked after, or identified as being in need. The Common Assessment Framework seeks to replicate that cycle with vulnerable children and families (Holmes, McDermid and Soper 2011; Children's Workforce Development Council 2009). The Common Assessment Framework is a tool to assess whether a child or their family has additional needs and a team of practitioners, across a range of agencies - the 'Team around the Child' (referred to as the Team around the Family in some authorities) group are brought together to both deliver the services in order to meet the needs identified in the assessment and review the outcomes achieved by the delivery of those services (Holmes, McDermid and Soper 2011).

The 1989 Children Act emphasises the identification of children's needs as central to service delivery. Rowlands (2011) observes that 'the 1989 legislation uses the concept of need as the arbiter for the provision of services' (p2) whereby all children and families are provided with services that are most suitable to meet those needs. Child centred approaches have been adopted, whereby the child is placed at the centre of service provision and a number of agencies work together in order to use their various expertise to most effectively meet the child's needs (Department for Education and Skills 2004).

the quality of service provision.

In recent years the policy emphasis has shifted towards outcomes and the need to measure whether the services provided to children and families are meeting their needs. This shift was consolidated with the publication of *Every Child Matters* (Department for Education and Skills 2004) which emphasised the need for all services working with vulnerable children and families to work towards an agreed set of outcomes structured around five key areas: *Being healthy, staying safe, enjoying and achieving, making a positive contribution and achieving economic wellbeing*. While Every Child Matters has been reviewed by the Conservative-Liberal Democrat coalition government since election in 2010 and no longer reflects current government policy, the paradigm of outcomes focussed working remains part of the lexicon of the children's workforce.

The election of the New Labour government in 1997 bought with it the need for government bodies to be held accountable for their spending (Felton 2005; Burton and van der Broek 2008; Rowlands 2011). Public money was expected to achieve measurable improvements for citizens, which required goals to be objectively articulated and measured (Rowlands 2011). Performance indicators (calculated using routinely collected data that all local authorities in England are required to provide to central government) are used to routinely assess the functioning of children's services departments. The success of welfare spending in achieving its goals became of increased importance after the election of the Coalition government, and the substantive public spending cuts introduced in 2010. The Spending Review statement in October 2010 noted that the UK had, at £109bn, the largest structural budget deficit in Europe (HM Treasury 2010). The statement went on to explain that the implication of this for local government was 'an unavoidably challenging settlement' with 'overall savings in funding to councils of 7.1% a year for four years'. At a time of substantive public spending cuts, it is essential to assess whether public spending on services to support children and families are meeting the needs of those families, achieving positive outcomes, and providing cost effectiveness. The efficacy and outcomes achieved by services became a salient point as local authorities have had to make difficult decisions about how best to distribute diminishing resources, without substantially impacting

Measuring children's needs

The aforementioned study to calculate the costs of placing children in care found it was possible to identify the specific needs and characteristics of children for whom a greater cost was incurred. The original study identified 11 needs groups, ranging from children with no evidence of additional needs, to children with a combination of needs, for example emotional or behavioural difficulties as well as offending behaviour (Ward, Holmes and Soper, 2008). Policy programmes such as Quality Protects (Department of Health 2000) stress the importance of local authorities assessing the specific needs of the children in need population in their area prior to planning and commissioning appropriate services. Policy imperatives towards providing child centred approaches to service delivery require a clear and accurate understanding of the needs of children receiving those services (Department for Children, Schools and Families 2007). However, evidence suggests that the understanding of those children's needs across policy and practice is less robust (Janzon and Sinclair 2002; Preston-Shoot and Wigley 2005; Axford *et al.* 2009).

Local authorities' management information systems (MIS) record the events and activities associated with providing support and services for children in need. Much of this information is routinely collected and processed as part of the Children in Need (Cin) Census (Department for Children, Schools and Families 2009), and other national statistical returns, and can be electronically extracted relatively easily. MIS are also used as electronic case records and hold additional information about to the day to day management of cases, such as diary notes, and any related documentation, such as assessments, plans and the minutes of meetings. The Children in Need Census identifies eight specific categories of need: abuse or neglect, child's disability or illness, parental disability or illness, family in acute distress, family dysfunction, socially unacceptable behaviour, low income, absent parenting (Department for Children, Schools and Families 2009).

At the commencement of the child level data collection for the study to explore the costs of children in need, the research team anticipated that categories of need would be identifiable from

routinely collected data held on management information systems and submitted to central government as part of the Children in Need Census. However, the indications from the study suggest that defining and recording the range of needs presented by this population of children is a complex task. The research carried out by CCFR suggests that the categories used by management information systems do not necessarily accurately reflect practitioner's conceptualisations of need (Holmes *et al.* 2010), which may be less well defined, may be categorised using multiple Cin Census categories, may change over time for a single case, and may be more closely linked with assessments of severity of need rather than type of need.

Percy-Smith, (1992) highlights the importance for practitioners and service users to be involved in the process of defining needs categories. Therefore participants in the focus groups as part of the study to explore the costs of supporting children in need were consulted on the types of cases which may require higher or lower levels of activity, and consequently costs. When asked this question, focus group participants made reference to children who had 'complex' or 'high' levels of need, although the specific type of need remained ambiguous. 'Complex' need was used as a 'catch all' term which could refer to either children with a high severity of need, such as severe learning difficulties, or children with multiple needs, such as learning difficulties alongside behavioural difficulties. Other categories of need identified by practitioners included: sibling groups; children with emotional or behavioural difficulties; children with a large number of professionals or agencies involved in their case; families with low levels of engagement in services; and children who move in and out of care. Focus group participants also observed that, as noted in Chapter 1, greater demand for services and higher thresholds had resulted in higher levels of need across case loads. Many social workers made comments similar those of a worker who observed that *'all of our cases are complex. If they didn't have additional needs, we would not be providing a service'*.

Respondents providing information from either or both focus groups and verification questionnaires/online surveys found it difficult to identify specific amounts of time for specific groups of children. As part of the questionnaires/online survey respondents

were also asked to record any additional time spent on children with additional needs based on the Children in Need Census categories. Few respondents completed this section of the questionnaire and there were insufficient data for analysis. The lack of data may reflect the complexity of defining needs.

The majority of focus group participants reported that identifying specific need types was difficult. Reference to categorise children, in part, reflected the social workers' view that each case should be assessed and supported individually. Similarly, the study to explore the impact of Action for Children short break services for disabled children, demonstrated the complexity of categorising children's needs and the tendency to view children individually (McDermaid *et al.* 2011). Data were gathered for a sample of disabled children accessing short break services about the needs and impairments identified for each child. A categorisation of different impairments (some listed as mild, moderate or severe) was given to workers who were asked to state whether the child had any of the impairments listed. A complex picture emerged, with the majority of the children in the sample identified as having more than one impairment. A seemingly infinite number of different possible combinations were identified making analysis of outcomes by need extremely complicated. The study demonstrated the complexity in accurately reflecting the convoluted and multifaceted nature of children's needs. This complexity suggests that service provision should be built around each individual child, and as such a 'one size fits all' approach to needs categorisation is not always possible.

This was particularly apparent in examining the emotional or behavioural difficulties (EBD) of the sample of children in need. There are identifiers for EBD in the CiN Census: the primary need code 'socially unacceptable behaviour' and the disability sub-categorisation of behavioural difficulties (Department for Children, Schools and Families 2009). However, discussions with front line workers and examinations of case files showed that these categorisations did not accurately reflect the myriad of needs that might be considered 'EBD', many of which were not reflected in the electronically extracted data. Therefore, it was necessary for the research team to gather information about the emotional or behavioural difficulties (EBD) of

children in the sample from the individual child case records. In the absence of a single, defining data item to distinguish children with emotional or behavioural difficulties, the following criteria were used to determine evidence of EBD:

- Type of disability recorded as BEH (behaviour)
- Primary need code recorded as N6 (socially unacceptable behaviour)
- Permanent exclusion from school
- Statement of special educational needs in response to emotional or behavioural difficulties
- Attendance at a special school for BESD (behavioural, emotional and social difficulty)
- In receipt of (or refusal of) mental health support (for example, from CAMHS)
- A recorded history of self-harming or eating disorder
- Diagnosis of EBD by a health professional or recording by social worker of behaviour (such as fire setting) consistent with EBD

Workers participating in the focus groups to calculate the costs of supporting children in need noted that a number of factors could affect the level of intervention in a case, such as the personalities or resilience of the child or family. For example, some parents of disabled children needed more emotional support than others (Flynn, Dudding and Barber 2006). Moreover, the levels of intervention required are continually in flux, and events and circumstances can change the level of support that is needed. For instance, children can experience periods of changing behaviour (for example, the onset of tantrums) which may require more intervention, or events such as moving from primary to secondary school can increase the level of support that is needed.

Workers also highlighted that activity undertaken was affected more by the severity of the need than by the type of need itself. For instance, the impact of a child's impairment or disability on their quality of life may be wide ranging (McDermaid *et al.* 2011; Holmes,

McDermaid and Sempik 2011). Impairments identified by McDermaid *et al.* (2011) ranged from extremely limiting, requiring 24 hour support and specialist supervision and equipment, to very low (see also Holmes *et al.* 2010; Holmes, McDermaid and Sempik 2010). While the disability types were recorded on the management information system, the type of disability alone may not accurately reflect the impact of the disability on quality of life. The degree of need may be a better indicator of need than the category of need itself.

At present only the need type is routinely recorded on social care management information systems. Axford *et al.* (2009) note that attempts to capture the severity of children's needs through the application of objective measures, such as a measure of actual or likely impairment to health or development, could assist in a better understanding of costs and resource allocation, as well as improving the recording of outcomes. The categories identified in the focus groups are not routinely collected or recorded on social care management information systems. Focus group participants argued that the needs types included in management information systems did not accurately reflect the complexity of children's changing needs. Difficulties with the design of social care management information systems have been highlighted on numerous occasions (Scott, Moore and Ward 2005; Bell *et al.* 2007; Button and van der Broek 2008; McDermaid 2008; Broadhurst *et al.* 2009; Holmes *et al.* 2009). There are difficulties in implementing a management information system that marries the dual purposes of the management of individual cases for practice, which requires detailed information to be gathered building up a narrative and reflective the complexity of need, and routinely conducting other kinds of analyses for monitoring and planning purposes, which requires consistency and comparability. While the MIS exemplars/templates attempt to introduce some consistency in the recording of needs, the anecdotal evidence from the costs and outcomes research programme, suggests that these exemplars highlight this tension precisely because they do not allow practitioners to record additional information that may be vital to an individual case. As data collection pressures increase on children's services departments greater consideration may be required when planning data management procurement, in how the data may be

most effectively utilised for both the recording of individual cases, and wider analysis for planning and commissioning without imposing an increasing burden on front line workers responsible for entering that data (McDermaid 2008).

Costs and needs

Previous studies in the costs and outcomes programme have shown that variations in costs correlate to variations in children's needs (Holmes, Westlake and Ward 2008; Ward, Holmes and Soper 2008; Holmes, McDermaid and Sempik 2010). The increased cost may be a result of either variation in the *additional services* provided or in *case management activities* undertaken with the child. These studies demonstrate that those children with the highest levels of need often require the most costly services. Ward, Holmes and Soper (2008) found that looked after children with the highest levels of needs, such as disability, emotional or behavioural difficulties, or offending behaviour were most likely to be placed in the most costly placements. For instance, children with higher levels of need may be placed with specialist foster carers or in residential units who are able to cater for their higher levels of need. Subsequent studies have also identified that children who are supported in their families (once identified as a child in need) with the greatest levels of need are also more likely to receive more costly *additional services* (Holmes *et al.* 2010; McDermaid *et al.* 2011). For instance, due to the high levels of training, specialist equipment or intensive levels of intervention required for children with complex health needs, these services were often the most costly of those provided by children's services departments (Ward, Holmes and Soper 2008; Holmes, McDermaid and Sempik 2010). In contrast, children with lower levels of needs may achieve good outcomes upon receiving lower cost, but nonetheless, essential services, such as those provided as part of early intervention strategies (Allen 2011a; Ward *et al.* 2008). The previous chapter demonstrates that the costs of one service may vary according to the needs of the children accessing that service. For instance, the costs per night per child of residential overnight short break services may be increased by the need to provide an additional worker for a child with the most complex

needs. In addition, these children often require the most intensive and time consuming support from social workers.

Needs and social care activity

The study to calculate the costs of placing children in care found that the needs of a child may affect both the type of case management process undertaken, and the time required to complete a case management process. This section of the chapter will explore how children's needs can impact case management processes, using case study examples introduced in Chapter 2. Jack's story, in Chapter 2, outlined the social care activity undertaken for a 'standard' case for a child with no identified additional needs. Chloe's story below shows the activity undertaken for a child and their family with more complex needs, or whose circumstances have become more complex.

FIGURE 5.1 Timeline for Chloe

Box 5.1: Chloe's story

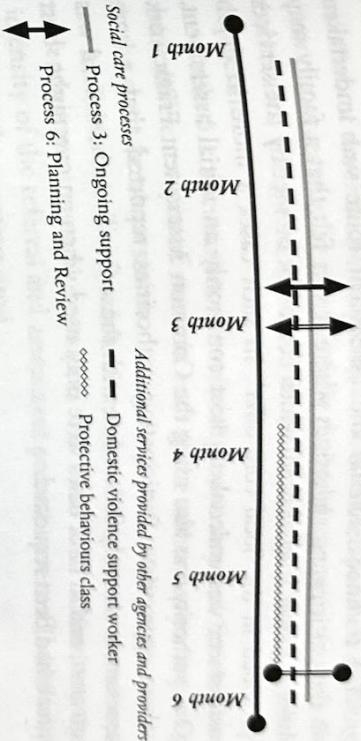
Chloe's family had been known to social care since July 2007 when Chloe and her three siblings became subject to a Child in Need Plan amid concerns about poor access to health care, parental arguments and domestic violence. It was recorded that the parents had an extremely volatile relationship, with frequent arguments, father's anti-social and violent behaviour, along with several separations and reunifications.

A routine review was held in December 2008. As a result of additional concerns about Chloe's father's escalating negative behaviours, a Section 47 Enquiry was initiated. Chloe was deemed to be at the risk of physical harm and became subject to a Child Protection Plan. Chloe's mother was referred to a protective behaviours class.

Amid concerns that Chloe's parents' behaviours were not improving a Public Law outline was initiated in February 2009.

As the example shows, in some cases, additional processes and therefore, more activity is necessary over a given time period to support children with more complex needs or whose circumstances have become increasingly complex. The additional concerns about Chloe's family necessitated an additional section 47 assessment (Process 7) to be undertaken and a Public Law Outline (Process 8) to be initiated.

In addition to the variations within different types of processes, children's needs may affect which processes are undertaken. The study to costs short break provision for disabled children calculated the cost of different types of referral and assessment processes by which families access the short break provision. The study found that each of the participating authorities had developed, or were in the process of developing, a 'tiered' referral process, whereby the assessment undertaken with families was determined by both the presenting needs and the intensity of service likely to be required. Short break services could be accessed via a 'local core offer' route for families with lower levels of need, and the traditional referral and assessment route for those with higher need.



The traditional referral and assessment route was undertaken in the participating authorities where it was felt that a family may in the participating authorities where it was felt that a family may need which could not be met by the services

have a greater level of need, provided in the 'local core offer'. In such cases a more in depth assessment was undertaken, most commonly an initial assessment. One authority was also using the Common Assessment Framework where appropriate. Participating authorities reported that a core assessment was only undertaken with those families whose need was greatest, and in most cases were only used when an overnight short break had been requested.

TABLE 5.1: Referral and assessment processes for short break by need

LEVEL OF SOCIAL CARE NEED IDENTIFIED	AUTHORITY A	AUTHORITY B	AUTHORITY C
Local core offer:	Referral and assessment route identified	Referral and assessment route identified	Referral and assessment route identified
Low Need	Panel discussion	No assessment needed	No assessment needed
Medium need	Initial Assessment Panel discussion	Initial Assessment: CAF assessment OR Initial Assessment	Initial Assessment: CAF assessment OR Initial Assessment
	Total Cost	Total Cost	Total Cost
High need	Initial Assessment Core Assessment Panel discussion	Initial Assessment Panel discussion Core Assessment	Initial Assessment Panel discussion Core Assessment
	Total Cost	Total Cost	Total Cost
	Total Cost	OR	
		Initial Assessment Core Assessment Panel discussion	
			Total Cost

Two of the three participating authorities used panels in deciding how resources may be most usefully deployed to support families. In both cases, the panels consisted of senior managers from a number of agencies.

Table 5.1 summarises the referral process required for children with different types of needs in each of the authorities participating in the short breaks research.

As Table 5.1 shows, while there were differences in the referral and assessment procedures across the three local authorities, the intensity of the referral and assessment process increased in line with the level of presenting need.

However, as the previous chapter describes, research undertaken by CCFR has also shown that variations in the needs of children can affect the amount of activity time required to carry out the social care processes. Variations in the 'time use activity data' for children with different needs have been identified. For instance, the study to explore the costs of short breaks found that more intensive, and therefore more costly, assessment and referral processes are carried out with disabled children with higher levels of social care need. Furthermore, the times gathered for the Planning and Review process for children in need differed according to whether the child was subject to a Child in Need Plan or a Child Protection Plan. Subsequently, the cost of case management processes for children with different levels of need vary.

The following section of this chapter explores the variations in costs for children with differing needs, and how these needs can cost or case management processes for children of need vary.

be identified and linked with data on unit costs. As with the two previous chapters, this is illustrated using a detailed, worked example from the study to cost the services provided to all children in need. The example draws together the 'time use activity data' and unit costs presented in Chapter 3 with child level data that was gathered for the study.

Variations in costs according to needs:

Worked example for children in need

As part of the research to extend the original methodology for all children in need, child level data was collected for a sample of 60 children across four local authorities (total sample size 240) for a six-month time frame to align with the 2008-09 CiN Census between 1 October 2008 and 31 March 2009. Supplementary data were gathered manually by the research team from individual case files (paper and electronic).

Children categorised as having a need code of 'Abuse and Neglect'

Given the difficulties identifying need outlined earlier in this chapter, the child level data collection was utilised to explore variations in case management activity, primarily that related to Process 3: Ongoing support between different types of Children in Need cases. As part of the manual data collection, for the sample children, it was possible to assess the level on ongoing activities based on a count of the number of data entries, telephone calls, meetings and visits recorded on the MIS for the six-month timeframe. Average times for each of these types of activities have been calculated using the 'time use activity data' from the event record data outlined in Chapter 3. Using these data, ongoing support (as minutes per month) could be calculated for the sample children¹. This represents the sum of time

spent per child on data entry, telephone calls, visits and meetings. Comparisons were then made between children with different needs². One approach to explore the influence of needs on ongoing support activity was to examine the association between activity and the CiN Census primary need code of children in the sample. This analysis identified some variations in the levels of activity associated with Process 3: Ongoing support. There were very few sample cases of 'parental disability' ($n = 2$) and 'socially unacceptable behaviour' ($n = 5$) so results for these two categories were treated with caution. However, the socially unacceptable behaviour' needs group was associated with the greatest level of ongoing support with around twice the number of visits (19) and meetings (4) as the overall sample mean (8 and 2 respectively). Whilst the results suggest that socially unacceptable behaviour may lead to a high level of activity, although further analysis with data for a larger sample of children is necessary to reach a reliable conclusion.

Children categorised as having a need code of 'Abuse and Neglect' ($n=75$) also received a high level of activity with a mean monthly activity of 6 hours and 55 minutes. Children within this group received more visits (10) than the average (8) and visits (i.e. direct activity) accounted for 62% of the total activity. High values were evident for 'Family in Acute Stress' and those with 'Family Dysfunction', compared to the levels of activity associated with 'Absent Parenting' and 'Child's Disability' which were around half of that of the overall sample. It is possible that the low level of activity for disabled children could be accounted for by the involvement of other agencies (for example, health and education) that are also likely to be providing ongoing support and services.

However, as introduced earlier in this chapter, focus groups with workers suggested that the complexity and variety of cases, the severity of needs, and the resilience of different families to cope with a range of difficulties had a greater impact on the levels of ongoing

¹ The mean level of ongoing support for all the children in the sample ($n=180$) was 5 hours and 30 minutes. This time represents activity by social workers and does not include that of team managers or administrators. The value is directly comparable to that obtained using event records. Using either event record data or data from MIS, identical results were obtained i.e. that social workers spend five and a half hours per month, on average, providing ongoing support for each child. The close agreement of findings from the two different methods supports the validity of this result.

² Statistical analysis was carried out using SPSS (v 17.0) and consisted of descriptive statistics detailing the demographics of the sample; the services received; cross-tabulations of ongoing support recorded according to needs groups and circumstances (e.g. the presence of a Child Protection Plan); and tests of significance between groups using non-parametric tests (Chi Squared and Man-Whitney U).

activity. Both focus group and questionnaire data suggested that, while the CiN Census categories were sufficient for the recording of cases, workers did not identify with the CiN Census need types as a way of understanding or measuring the severity of or complexity of need associated with additional activity. Furthermore, workers suggested that the needs of children and their families, and the level of ongoing activity required to meet those needs change over time. Furthermore, workers highlighted that the CiN Census categories for identifying the needs of children (including the Primary needs code, type of disability and Child Protection Plan Indicator) were not mutually exclusive categories. The manual data collection supported the view expressed by front line staff that the primary need code did not reflect multiple needs. Furthermore, the sample was not of sufficient size to examine all the possible combinations of needs based on the CiN Census need categories.

A number of other factors were found to be associated with increased levels of ongoing support activity: the child being subject to a Child Protection Plan (CPP); being aged under six; having emotional or behavioural difficulties (EBD); or a combination of these factors. The variations in the levels of activity according to these factors, either singularly, or combined, are outlined in the following paragraphs and are summarised in Table 5.1. Children with no identified additional needs were used as a reference group. The mean level of support for these children, with no identified additional needs, was identified to be 2 hours and 35 minutes of ongoing support per month ($n=85$).

Ten children in the sample had a Child Protection Plan (CPP) in place during the data collection period but no other additional identified needs. The mean level of ongoing support for children with a CPP (8 hours and 15 minutes per month) was over three times as high as that for those with no additional identified needs. This finding is consistent with results from other studies carried out by CCFR (see Ward *et al.* forthcoming). Children subject to a CPP had approximately twice the number of data entries, i.e. case recording entries and a threefold increase in the number of visits made to the child and their family. Visits accounted for 68% of the total activity time.

Nineteen children in the sample had evidence of EBD but no other additional needs. The level of ongoing support for these children (5 hours and 55 minutes per month) was almost twice as that for children with no additional needs. Analysis of the individual components of support (data entries, telephone calls, visits and meetings) showed a statistically significant difference ($p<0.01$) compared with children with no additional needs.

Analysis of the level of ongoing support indicated that workers carried out a higher level of activity for younger children. This reiterates the finding of Cleaver, Walker and Meadows (2004). For analysis, the children were separated into five age groups. Children under two received the highest level of ongoing support. Those aged two to five years also received more support than older children. Both of these age groups had significantly more ongoing support than those children aged six or older. Therefore, the two younger age groups were combined and compared with the children in the sample with no additional needs.

The total ongoing support (5 hours and 40 minutes per month) for children aged under six (but no CPP or EBD) was more than twice that of the group of children with no additional needs (2 hours and 35 minutes). Direct contact (visits) accounted for 62% of the activity time. Children in the oldest age group (16+) received less ongoing support and fewer visits than any of the other children in the sample. The total time for these children (2 hours and 15 minutes per month) was 59% less than that for the younger children.

The effect of combined factors on ongoing support was also analysed. A combination of being aged under six and being subject to a CPP resulted in total ongoing support activity time of 13 hours and 30 minutes per month, which was over five times greater than that for children with no additional needs. Those children received an average of around 20 visits per month compared with only three to four for children with no additional needs. Visits (direct contact) accounted for 63% of the total ongoing support time.

There were five children in the sample who were aged under six and had evidence of EBD but only three who had EBD and also had a CPP. Therefore, these groups were combined to investigate the effect of EBD in association with any other need on ongoing support

(n=6). The mean level of ongoing support of this subgroup was 16 hours and 40 minutes per month.

The mean levels of ongoing support are summarised in Table 5.2. The differences associated with additional needs were calculated as percent changes in activity relative to that observed for children with no additional needs i.e. no CPP, aged six or older and no evidence of EBD.

TABLE 5.2: Factors affecting level of ongoing support (Process 3) provided to children in need

N	MEAN TOTAL SERVICE ACTIVITY	DIFFERENCE IN ACTIVITY COMPARED WITH CHILDREN WITH NO ADDITIONAL NEEDS	PERCENT (%) DIFFERENCE IN ACTIVITY
85	2 hours 35 minutes		
Children with no additional needs			
Under six (but no additional needs)	43	5 hours and 40 minutes	117.2
CPP (but no additional needs)	10	8 hours and 15 minutes	215.2
EBD (but no additional needs)	19	5 hours and 55 minutes	126.6
Under six + CPP (no EBD)	17	13 hours and 30 minutes	415.8
EBD + any additional need (CPP or under six)	6	16 hours and 40 minutes	538.9

Children who were under six and had a CPP or had EBD all had higher levels of ongoing support than children without these factors. A CPP was associated with an increased level of activity of 215%; a combination of CPP and young age showed an increase of 416%. The presence of EBD resulted in a 127% increase in activity, whilst EBD in combination with another need factor (aged under six or a CPP) was associated with the highest level of ongoing support, over five times greater than that for children with no additional needs (539%).

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Contribution of different elements to the level of total ongoing support

Chapter 3 introduced the concept of being able to explore the 'time use activity data' to better understand the proportion of time spent on different types of activities, for example direct contact with children and their families. It is possible to carry out the same analysis of the activity data entries from the manual data collection. Exploration (visits) accounted for the greatest proportion of the total activity time (approximately 60%-70%) to provide ongoing support (Process 3) to children in need. Generally, as total activity increased in line with additional needs, all of the activity types (data entries, telephone calls, etc.) increased approximately by the same proportion. These data are shown in Table 5.3.

In general, children with additional needs or combinations of needs received more direct contact from a social worker than those with no additional needs. However, less time was spent in direct contact (visits) with children with EBD than with children in the other needs categories. For these children a higher proportion of time (18%) was spent liaising with other professionals. Hence, the constituent pattern of activity may be altered by additional needs as well as the total activity time.

Validating time use activity data for children with different needs

Using the approach of validating and verifying the 'time use activity data' introduced in Chapter 3 (Scenario 1), it has been possible to examine whether the activity times for Process 3 to support children with different types of needs are feasible. To reiterate the verification procedure makes use of average caseload data along with overall process activity times to explore whether it would be possible for social care practitioners to undertake all the specified *case management activities* in an average working week. Scenario 2 in Box 5.2 below demonstrates how the 'time use activity data' from the data entries has been validated.

TABLE 5.3: Percentage of time spent on different ongoing support activities

TYPE OF ACTIVITY	TIME SPENT ON ACTIVITIES ASSOCIATED WITH PROCESS 3: ONGOING SUPPORT BY CHILD NEED IN HOURS AND MINUTES (ROUNDED TO THE NEAREST 5 MINUTES)						
	All Children	No Additional Needs	Children under six	Children on a CPP	Children on a CPP + under six	Children with EBD	Children with EBD + one other factor
Direct contact (including travel)	3 hrs 25 mins	1 hr 30 mins	3 hrs 30 mins	5 hrs 35 mins	8 hrs 30 mins	3 hrs 20 mins	12 hrs
percentage of total	62.0%	57.1%	62.4%	68.2%	63.0%	56.2%	71.9%
Case recording	50 mins	30 mins	50 mins	60 mins	2 hrs	1 hr	2 hrs 20 mins
percentage of total	15.5%	17.9%	15.4%	11.6%	14.6%	17.2%	13.8%
Liaising with other professionals	50 mins	30 mins	50 mins	60 mins	2 hrs	1 hr 5 mins	1 hr 5 mins
percentage of total	14.5%	17.2%	14.0%	11.5%	15.0%	18.2%	6.4%
Attendance at meetings	25 mins	10 mins	25 mins	40 mins	60 mins	30 mins	1 hr 15 mins
percentage of total	7.5%	6.6%	7.6%	8.3%	7.3%	7.9%	7.7%
Other	< 5 mins	< 5 mins	< 5 mins	< 5 mins	< 5 mins	< 5 mins	< 5 mins
percentage of total	0.5%	1.13	0.5%	0.4%	0.2%	0.5%	0.2%
Total (hours and minutes)	5 hrs 30 mins	2 hrs 35 mins	5 hrs 40 mins	8 hrs 15 mins	13 hrs 30 mins	5 hrs 55 mins	16 hrs 40 mins

Box 5.2: Scenario 2: Validating variations in activity times for children with different needs

A full time social worker is contracted to work 37 ½ hours per week. Using the Personal Social Services Research Unit schema (Curtis, 2010) a social worker works 42 weeks a year, to allow for training, annual leave, sickness and statutory leave days, this amounts to 131 ¼ hours per month.

The average case load (for children in need cases), based on focus group data is 14 cases per full time worker. Holmes and colleagues (2010) gathered child level data on a sample of 240 children based on the Children in Need Census (Department for Children, Schools and Families, 2008). Using this data it is possible to estimate how an average case load might be composed of children with different types of needs. This assumes that the number of different types of children in the child level data sample is distributed equally across caseloads. A number of factors may determine the distribution of needs across different case loads, including the experience of the worker. Based on this distribution, an 'average' case load may be composed of:

Children in Need with no identified additional needs = 7 children

Six years and under = 3 children

Children on a Child Protection Plan = 2 children

Children with emotional or behavioural difficulties = 2 children

We can use this information, the activity times, and the variations in activity time for Process 3: Ongoing support according to need, to estimate how much time a social worker might spend on this process per month. This can be estimated as follows:

CHILD NEED	ESTIMATED NUMBER OF CHILDREN ON CASE LOAD	MONTHLY P3 ACTIVITY PER CHILD (HOURS)	TOTAL (HOURS)
Children in Need with no identified additional needs	7	2 hours 35 minutes	18 hours
6 years and younger	3	5 hours 40 minutes	17 hours
Children on a child protection Plan	2	8 ¼ hours	16 ½ hours
Children with emotional behavioural difficulties	2	5 hours 55 mins	11 hours 50 minutes
Total			63 hours and 20 minutes

Therefore, it can be estimated that on average a social worker might spend 63 hours and 20 minutes per month on Process 3: Ongoing support.

It may also be possible to include the activity for planning and review. If each case is reviewed every six months, then it can be estimated that a social worker undertake two CiN reviews and 0.33 CP reviews.

The monthly time spent on reviews can be calculated as:

Two Child in need Planning and Review meetings per month = 3 hours
0.33 Child Protection Case Conference Reviews per month = 15 $\frac{1}{4}$ hours

Total monthly time on reviews = 18 $\frac{1}{4}$ hours per month.

Additional regular activities can also be taken into consideration. Based on information from the focus groups, social workers reported that on average they spend 1 hour per month in supervision and 8 hours per month attending team meetings (based on a weekly meeting of 2 hours). Each of these activities can be added together to estimate the time spent on regular activities per month:

ACTIVITY	MONTHLY ACTIVITY TIME
Process 3: Ongoing Support	63 hours and 20 minutes
Process 6: Planning and Review	18 $\frac{1}{4}$ hours
Supervision	1 hour
Team meetings	8 hours
Total	90 hours and 35 minutes

This leaves a full time social worker with 40 hours and 40 mins per month to carry out irregular monthly activities such as undertaking assessments, the Public Law Outline, closing cases, and undertaking other activities.

Applying variations to cost calculations

As outlined in the earlier sections of this chapter, both the CiN Census primary needs code and additional needs (being aged under six, subject to a CPP, EBD or a combination of these) were associated with differences in the level of activity for Process 3: Ongoing support. Differences between levels of activity for children with these additional needs and those without were all found to be statistically significant. Furthermore, such needs were some of those identified by social workers in the focus groups as being related to variations in activity time (more so than the CiN Census needs codes). Hence, these additional factors appear to represent more reliably the variations in

activity and unit costs have been calculated as shown below. They have also been applied to the cost calculations detailed in Chapter 6.

Unit costs of Process 3: Ongoing support

The calculated times for ongoing support were used in conjunction with the average social care salary costs and unit costs per hour (shown in Chapter 3 - Table 3.2) to calculate the unit costs of ongoing support for children in need. These are shown in Table 5.4 and represent the monthly unit cost per worker for each type of child with the different additional needs (and cost variations) described in this chapter. Both unit costs for 'London' and 'out of London' are shown. Costs of the team manager were calculated from activity times determined through the focus groups and questionnaires. There is no evidence to suggest that these management costs were different for children with additional needs and therefore the same management unit costs were used for all of the categories.

TABLE 5.4: Unit costs of Process 3: Ongoing support according to child need¹

CHILD NEED TYPE		UNIT COSTS PER WORKER (£)		TOTAL COST TO SOCIAL CARE (£)
		Social Worker	Team Manager	
Overall average cost (all children)	Out of London	158.04	34.67	192.71
No additional needs	London	189.37	41.54	230.91
Under six	Out of London	75.08	34.67	109.75
Child Protection Plan (CPP)	London	89.96	41.54	131.50
Emotional or behavioural difficulties (EBD)	Out of London	163.05	34.67	197.72
EBD + one other factor	London	195.39	41.54	236.92
Under six + CPP	Out of London	387.24	34.67	421.91
	London	464.02	41.54	505.56
	Out of London	170.15	34.67	204.82
	London	203.88	41.54	245.42
	Out of London	479.61	34.67	514.28
	London	574.72	41.54	616.25

¹ Costs for financial year 2010-11

As noted above, variations were identified in the type of referral route for short breaks according to need. Again, making use of the unit costs outlined in Chapter 3, Table 5.5 shows how the costs of these different processes also varied.

Table 5.5 shows that the access routes by which families accessed short breaks in the participating authorities, on the whole, became more intensive as the level of presenting need increased. As such, the costs of the different process for accessing short breaks, while varying between authorities, generally increase as the needs of the child and their family become more complex.

Linking costs with data on outcomes

Outcomes can be defined as a measure of how well a child is faring on a range of components relating to his or her wellbeing or development. These components include: health, education, behaviour, self care skills, and social and family relationships (Ward and Jackson 1991). All children should have equal opportunity to achieve positive outcomes (Children Act 2004). Outcomes can be used to ascertain the overall wellbeing of a child, or may refer to specific outcomes identified through an assessment such as the Common Assessment Framework, an Initial Assessment or Core Assessment.

As noted earlier in this chapter, it is essential for policy makers and practitioners to routinely assess whether the support and services provided to children and families are meeting their needs and achieving positive outcomes (Scott, Moore and Ward 2005). Local authorities' commissioning strategies need to be clear that they are procuring the best possible services with their limited resources, and that families are able to access the best possible services to meet their needs. In order to achieve this, it is necessary to know what works, for whom and under what circumstances (Felton 2005). However, the measurement of outcomes can be a complex process.

Local authorities in England routinely collect data on the children to whom they are providing services. These data are submitted to government in the form of various national returns, such as the Child in Need Census (Department for Children, Schools and Families 2009), or the SSDA 903 statistical return for looked after children

TABLE 5.5: Unit costs of short break referral routes, by level of need¹

LEVEL OF SOCIAL CARE NEED IDENTIFIED	AUTHORITY A		AUTHORITY B		AUTHORITY C	
	Referral and assessment route identified	Cost (£)	Referral and assessment route identified	Cost (£) ²	Referral and assessment route identified	Cost (£) ²
Local core offer: Low Need	Panel discussion:	12.36	No assessment needed.	Nominal cost.	No assessment needed	Nominal cost.
Medium need	Initial Assessment	315.89	Initial Assessment:	279.39	CAF assessment	191.27
	Panel discussion	53.56			OR	
	Total Cost	369.45			Initial Assessment	410.12
High need	Initial Assessment	315.89	Initial Assessment	279.39	Initial Assessment	410.12
	Core Assessment	729.83	Panel discussion	98.20	Core Assessment	584.75
	Panel discussion	53.56				
			Total Cost	377.59	Total Cost	994.87
	Total Cost	1,099.28	OR			
					Initial Assessment	279.39
					Core Assessment	729.83
					Panel discussion	98.20
					Total Cost	1,107.42

¹ Costs for financial year 2010-11

² Variations in practice were identified between the two out of London authorities, resulting in variations in the unit cost of a number of the case management processes

(Department for Education 2010b). These returns provide data on some key outcomes and provide a systematically collected national data set on all children and families receiving support from social care services. These data make a comprehensive longitudinal data set available which can be used to examine local and national trends. Recent research suggests that the national data in England is exemplary when exploring international comparisons (Munro *et al.* 2011a).

Much of the data gathered for the completion of the statistical returns are recorded by front line practitioners on electronic management information systems and then aggregated by managers for the returns submitted to central government. Concerns have been raised about the time required for front line staff to record the information included in national returns, reducing the time available for direct work with families (Munro 2004; Seneviratna 2007; Holmes *et al.* 2009; Munro 2010; Munro 2011a). Furthermore, concerns have been raised that in some instances, front line work with families have been driven by performance indicators, creating a 'tick box' culture (Munro 2011a 2010), reducing professional autonomy and skills (Burton and van der Broek 2008) and as a result having a negative impact on, rather than improving outcomes. For instance Skuse and Ward (2003) note that in some instances a small number of looked after children in England remain in placements that do not suit their needs to ensure that placement stability targets have been met. While aggregated data outlined in the national statistical returns provides an invaluable resource to inform the evidence and knowledge base there is evidence to suggest that the best use is not made of the data at a local level. While a vast quantity of data are often collected and collated by local authorities, some social care departments lack the resources, expertise and culture to support analysis and learning from the data for it to inform local changes and improvements (Scott, Moore and Ward 2005).

Furthermore, while the data on outcomes is gathered at the child level, a great deal is presented in its aggregate form. Understanding the different types of needs of vulnerable children and families, the services provided to meet those needs and subsequent outcomes is necessary to explore the effectiveness of interventions provided for different groups of children (UN General Assembly 2009; UNICEF 2009;

Wade 2010 *et al.*). As noted above, there is evidence to highlight that children's needs vary significantly, the needs and outcomes of individual children and families are also likely to change over time. Focus group participants in the study to explore the costs of services to children in need noted that external factors, such as periods of transition, for example changes of school can affect the needs of families and the outcomes that they are likely to achieve. Thus, child level data enables analysis of outcomes for children with different types of needs, receiving different types of services and can facilitate the measurement of changes in outcomes over time, making a significant contribution to the knowledge base on outcomes for children with different characteristics or needs receiving different types of services.

However, research has demonstrated that the measurement of outcomes at an individual as well as aggregate level in a way that is methodologically rigorous (Robertson *et al.* 2010), that best reflects the experience of individual children and families (Felton 2005), but does not place unreasonable burden on front line practitioners (Munro 2011; Munro 2010, Scott, Moore and Ward 2005) is a difficult task. A review of the literature about the impact of short breaks on disabled children and their families demonstrates that while studies exploring carers' own perspectives on the impact of the short break are predominantly positive, much of the literature using 'objective' measures is problematic due to methodological problems (Robertson *et al.* 2010). Such studies are indicative of outcome research which experiences difficulties due to lack of control on external factors, such as the provision of other types of services, the absence of a control group and insufficient sample sizes (Robertson *et al.* 2010).

Measuring the efficacy of individual services can also be problematic. It has already been noted in this chapter that children and their families vary enormously (Munro, 2011a; Munro 2011b). Service provision has attempted to address this in recent years by encouraging multi-agency response to services provision. A great number of children and families may receive a package of services, some of which may be provided to the child, some of which may be provided to parents or siblings (Holmes, McDermid and Sempik, 2010; Department for Education, 2011c). Consequently, where a

number of services are provided it may be difficult to isolate the outcomes achieved by one particular intervention or service.

Furthermore, outcomes may differ in how outcomes are defined. For instance, in a study to explore the impact of short break services from one particular service provider, differences were apparent between practitioners to achieve. Practitioners the outcomes that they sought the principal aim and outcome from referring agencies defined that the principal aim and outcome of the short break was to offer primary carers a break from their caring responsibilities. In contrast staff from the short break services felt that the principal aim was to work with the disabled child to develop key areas and skills (McDermid *et al.* 2011). Developing an accurate measure of outcomes requires those outcomes to be agreed across all stakeholders.

Some difficulties have also been noted when measuring outcomes for children with the most complex needs. This chapter has already explored how costs can vary according to children with different types of needs. Those children with the highest levels of need often access the most costly case management processes and *additional services*. However, in some instances those children with the most complex needs appear to have the least positive outcomes (Ward, Holmes and Soper 2008). However, research undertaken by CCFR suggests that in some instances, the apparent poor outcomes for children with the highest levels of needs may be a result of the types of measures used for outcomes and difficulties in capturing the progress made by the most vulnerable children. For example, children with severe disabilities are some of the most vulnerable receiving services, with some of the highest levels of complex health, social and learning needs. For many of these children performing elementary tasks such as dressing, washing and eating are difficult. Progress may be small and slow compared to non-disabled children. However, given the levels of needs, vulnerability and disadvantage experienced by families with disabled children, the impact of small improvements may well be magnified. A great deal of support (and cost) may be required to achieve a small improvement in one of these areas, such as learning to use a spoon to eat. Achieving this outcome may have a significant impact on the child, their parents

and siblings. In such cases, the amount of improvement made since the provision of a service or 'distance travelled' may be a more accurate form of measurement (Holmes, McDermid and Soper 2010; Dewson *et al.* 2000). Such an approach requires comprehensive baseline data to be gathered.

Felton (2005) argues that the impact of outcomes on quality of life should be taken into consideration and services' users involved in defining how outcomes should be measured. A recent report published by Ofsted states that too much focus is placed on checking that pupils are getting *additional services*, and too little on how much this support is actually helping children progress (Ofsted 2010). Outcomes need to be measurable, such as attaining qualifications or gaining employment. However, Dewson *et al.* (2000) argue that for those children with the highest levels of need 'soft outcomes' such as developing interpersonal skills or confidence may be more appropriate goals, although it is harder to measure them. However, the introduction of outcomes measures that are too varied makes local and national comparisons problematic.

Despite the difficulties identified in relation to the measurement of outcomes, it is imperative that costs are not understood in isolation and are always accounted for in relation to the outcomes they achieve for vulnerable children and families. The 'bottom up' methodology is designed to introduce transparency into cost calculations. This ensures that reasonable comparisons can be made about costs, needs and outcomes. For instance, the research that has focussed on short break services for disabled children has demonstrated that the unit costs of different types of services were greater for those services which provide a higher worker to child ratio. Ratios may be higher to meet the needs of a particular child attending a service, some of whom may require constant supervision or one to one support. A higher ratio may also be provided in order to achieve better outcomes for children, through more one to one time with workers. Thus transparency aids in the understanding of data: 'to understand outcomes data one needs to understand how the measure is constructed in order to derive its meaning' (Scott, Moore and Ward 2005:267). If data on needs, outcomes and costs are transparent and understood, they can be bought together to inform policy, practice and commissioning.

The limitations of routine national data collections have been outlined above, despite these limitations the outcomes data can be utilised alongside the unit costs presented in Chapter 3. As already indicated the original study made use of the SSDA 903 statistical return for looked after children, as such it was possible to identify differences in the outcomes for children with different needs and in different placement types (Ward, Holmes and Soper 2008). In recent years there have been modifications to the outcomes indicators included in the return and as such the resultant analysis has improved. These modifications include the introduction of the Strengths and Difficulties questionnaire (Goodman 1997) and improved indicator of the educational outcomes of care leavers (Department for Education 2010b). It is anticipated that as the SSDA 903 continues in the future and if the Cln Census is also continued that the quality of outcomes indicators will improve. With subsequent data collections it will also be possible to measure changes in outcomes over time thereby facilitating a more comprehensive analysis of the relationship between needs, costs and outcomes.

It is also possible to use the methodology outlined in this book to model various future cost implications of the outcomes of unmet need. As noted in Chapter 1, recent policy emphasis has been placed on the importance of early intervention on both costs and outcomes. There is some evidence to suggest that the development of more cost effective preventative services, which minimise the likelihood of needs and difficulties from escalating, reduce the need for more intensive and costly services, such as intensive interventions or specialist residential care, for some children at a later stage (Beresford 1994; Chan and Sigafoos 2001; Farrington and Welsh 2004; Axford and Little 2006; Ward, Holmes and Soper 2008; Allen 2011a). It is also possible to use the methodology to compare different service packages, or configurations of services for children with similar needs, such as comparing the cost of preventative services with the types of more intensive services that may be required for the same children if their needs remained unmet. Statham and Smith (2010) however, state that money have been popular among policy makers and practitioners, attempts to demonstrate this through empirical research have proved

challenging. They further note that measuring the possibilities of saving involve a number of assumptions including the capability to identify those who would otherwise go on to develop poor outcomes and those who may receive a earlier intervention service who would otherwise achieve good outcomes if left unsupported (Statham and Smith, 2010). The study concludes that better data is required if reliable costs and effectiveness evaluations of early intervention strategies are to be undertaken.

It is also necessary to understand how a change in one area may impact on the outcomes within another. For instance, high rates of reunification can lead to high re-entry rates if children and young people are returned home prematurely (Scott, Moore and Ward 2005). Research to explore the costs of placing children in care has demonstrated that children, for whom finding an appropriate placement has been delayed, are likely to have higher levels of need and require the most costly placements. Furthermore, research has also demonstrated that the costs of *case management activities* to find suitable placements for children who have experienced several placement changes or have been moved in and out of care are likely to be higher when compared to children who remain in stable placements (Holmes *et al.* 2010; Ward, Holmes and Soper 2008). Bringing together the different types of data, on needs, and costs and outcomes helps to provide an evidence base that can be used by social care practitioners and team managers to inform their everyday decision making and practice, along with commissioners and service managers, to inform the planning of services and distribution of resources within children's services departments. The evidence can also be used by other agencies providing services and support to vulnerable children and their families. In doing so children's services providers can develop a better understanding of the extent of need among children and families and the range of services required by them, the cost of those *additional services* and *case management activities* provided to them, and the effectiveness of those interventions, thus, safeguarding and promoting their wellbeing.

Chapter 5: Summary

- The chapter highlights the complexities of recording and measuring children's needs and outcomes.
- Variations in costs have been identified according to the needs and circumstances of children. For children in need variations were identified according to the child's age, type of plan (either a child in need plan or child protection plan), whether the child has emotional or behavioural difficulties, or for a combination of these factors.
- Use can be made of routinely collected national statistical data sets to facilitate the analysis of the impact of needs on costs and outcomes.
- Bringing together the different types of data, on needs, and costs and outcomes helps to provide an evidence base that can be used for policy and practice.