Research Report DCSF-RR143

Budget Holding Lead Professional Pilots in Multi-Agency Children's Services in England

National Evaluation

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Foreword

The Research Task

In 2006, pilots were established in a variety of locations in England to allow lead professionals (LPs) working with children and young people with additional needs to hold budgets and commission services tailored to each child's needs. A multidisciplinary team of researchers at Newcastle University was selected to undertake the national evaluation of the budget-holding lead professional (BHLP) pilots between 2006 and 2008. The main objective was to examine the cost-effectiveness of a radical shift in professional practice. Ideally, we would have wanted to design a randomised control trial to rigorously test the effectiveness of lead professionals holding budgets - comparing BHLPs with LPs who did not hold budgets - and to calculate the costs associated with this new way of working. This was not possible, for a variety of reasons, and so we endeavoured to undertake a detailed comparative study, examining the work of BHLPs and LPs and the outcomes for the children and young people with whom they engaged.

We faced a number of critical challenges throughout the evaluation, as did the pilots tasked with implementing BHLPs in their local area. As this final evaluation report indicates, most pilots struggled to realise the very ambitious vision of budget holding set out by the Government, and only a relatively few practitioners in a small number of pilot areas took on a distinctly different role as BHLPs and adopted a new approach to working with children and young people and their families. As a result, the evaluation was severely compromised and we were unable to fully test the cost-effectiveness of budget holding. Nevertheless, we believe that the evaluation findings provide important evidence about the steps that need to be taken if the Government's ambition is to be fully realised and tested, and indicate the potential benefits for children and young people if lead professionals can make the transition to becoming competent BHLPs.

Throughout the evaluation we worked closely with the policy and research leads in the Department for Children, Schools and Families (DCSF) to ensure regular exchanges about the study and about the policy and practice implications of the ways in which pilots were interpreting the policy intent and implementing BHLP practice. We held monthly teleconferences and presented regular written reports relating to emerging issues and findings. The feedback from the evaluation enabled the DCSF to refocus some of the pilots during 2007 and to re-emphasise the policy intent. Together, we agreed modifications to the research approach and an extension to the period for data collection.

It is fair to say that most pilots had not fully understood the extent to which practitioners were expected to take responsibility for significant budgets and work in partnership with families to secure the provision of the best possible services, personalised to the needs of each child. For the most part, LPs did not hold significant budgets but were allowed to access additional funding, in the form of a BHLP budget established by the pilots from pump-priming funds provided by the DCSF. Practitioners used this as a top-up fund to provide goods and services that would otherwise not have been available. Both the national and the local evaluations sought to assess the benefits associated with budget accessing, and in the national evaluation we attempted a limited study of budget holding towards the end of the pilots.

The BHLP pilots were established during a period of considerable change in the organisation and delivery of children's services. The findings from the evaluation, therefore, must be considered in the context of widespread upheaval, as local authorities endeavoured to meet the priorities set by Government in the *Every Child Matters: Change for Children* agenda. The BHLP pilots were the most recent in a long line of initiatives introduced to eradicate child poverty, raise standards of education, and ensure that every child and young person has the

best possible start in life and is able to achieve his or her full potential. With the benefit of hindsight, some pilot managers acknowledged that the BHLP pilots had at that particular time constituted a step too far. Nevertheless, the local authorities involved had embarked on a significant journey of change and reform, and the BHLP pilots provided the impetus to make strides in the introduction of the common assessment framework and the implementation of the team-around-the-child to support multi-agency co-operation. Much was achieved by the pilots in the two years during which we were collecting data, but most still had some way to go in realising the vision for BHLPs when the pilots ended. The recommendations that flow from the national evaluation inevitably reflect the changing context within which the pilots operated and indicate the steps that are necessary to embrace a radically new approach to LP practice.

The Research Team

The evaluation was both multi-faceted and complex. The team included economists, statisticians, policy experts, psychologists, geographers and sociologists, and was led by Professors Janet Walker and Cam Donaldson in the Institute of Health and Society (IHS). One member of the team, Dr Christine Thompson, retired from the University as the data collection drew to a close. She conducted many of the qualitative interviews with children, young people, parent/carers and practitioners. We are greatly indebted to her for her expertise in securing fascinating interview data and for her insights during the analysis of the data. Towards the end of the analyses, Professor Mike Coombes assisted in the interpretation of the socio-demographic data and the application of socio-economic characteristics, thereby adding to our understanding of the social context in each pilot area. We are grateful to both these valued colleagues for their contribution to the study.

Throughout the evaluation, we were ably assisted by two members of the secretarial staff in IHS: Janette Pounder was the administrator in the team until she left IHS in September 2008. Since then, Jane Tilbrook has taken over Janette's role and has painstakingly prepared successive drafts of this final evaluation report and the Executive Summary. Both have played a central role in the evaluation, for which we are enormously grateful. Michael Ayton, our copy-editor, has ensured that our outputs are both accessible and meaningful. We are indebted to him for his careful and thorough attention to detail in the text.

Acknowledgements

In order to conduct an evaluation of this kind, researchers need the co-operation, help and support of many people outside the research team and a number of acknowledgements are essential. First, we need to thank officials in the DCSF for their help throughout the study. They were supportive and appreciative at all times, even when we were conveying serious concerns about the challenges we and the pilots were facing. We would like to thank Stephanie Morgan, Angela Windle and Helene Stewart for listening to our concerns and for taking action to ensure that the pilots could stay focused and that we could conduct an evaluation that was as robust as possible. Their unswerving commitment to the BHLP pilots and to the evaluation meant that a great deal was achieved in a relatively short period of time. Our special thanks go, also, to members of the research division in DCSF. Richard White's ability to spot specific issues and to understand the implications of the research conundrums has been very helpful at all times, while Jude Belsham has been a tower of strength throughout the study, finding sensible and workable solutions to seemingly intractable research dilemmas. We are indebted to both of them for their wisdom and their very valuable research expertise.

Second, an evaluation of this kind reflects the experience of those managing and delivering the initiative under study and those receiving it. It would have been impossible to derive the depth of understanding that we achieved without the co-operation of pilot managers, the practitioners who became BHLPs and the families with whom they worked. We made demands of managers and practitioners throughout the study - demands which, initially, pilot staff thought would be relatively straightforward to meet, but which proved to be difficult because of the detailed nature of the case-level data needed to conduct a cost-effectiveness evaluation. We are well aware that some pilot staff expended considerable effort and energy collecting data, organising them and reporting back to us in an attempt to provide the information we had requested.

Practitioners were also asked to provide detailed case-level data, and not all were able to do so. Those who primarily accessed the BHLP budget and did not take responsibility as BHLPs did not necessarily have access to the information about multi-agency intervention that we required. Nevertheless, some practitioners made valiant efforts and all those in our case study areas were willing to talk to us and share their views about their work and about the impact of the BHLP pilot on them and on the children and young people with whom they had worked.

To all the pilot staff who helped with the evaluation we offer our heartfelt thanks. It is not always easy to manage the requirements of a national evaluation in parallel with implementing a new initiative and contributing to local evaluations, and we recognise the tensions that can arise as a result of competing pressures. We are particularly grateful to pilot staff in Hertfordshire who facilitated our in-depth study of the impact of BHLP practice on NEET (not in education, employment or training) outcomes. Without their help we could not have undertaken what proved to be one of the most robust elements in the evaluation as a whole.

Throughout the study, we faced the difficulty of establishing a viable comparator sample, without which it is simply impossible to conduct a cost-effectiveness evaluation of any kind. We are grateful, therefore, to local authority staff in Swindon and Shropshire for collecting case-level data relating to children and young people whose LPs did not have access to or hold budgets. While, as non-pilot areas, they had little investment in the evaluation, they nevertheless delivered high-quality data to assist the study.

We firmly believe that evaluations of new programmes should take account of the views of those receiving them. In this case, we wanted to talk to children (aged 8 and over), young people and their parents/carers about their experience of having a lead practitioner who could access or who held a budget from which to purchase specific goods and services. The BHLPs were asked to introduce the research to families (via targeted leaflets) and we are very appreciative of the time given to us by families, many of whom were coping with a range of problems and differing circumstances. The voices of family members are evident in this report and their experiences add colour to other aspects of the study. Families welcomed us into their homes and were prepared to share their anxieties and their hopes for the future. To all of them we offer our sincere thanks.

At all times we have endeavoured to reflect the views of pilot staff and family members faithfully through their own words without distorting or compromising the information they gave us. We quote research participants verbatim wherever possible to illustrate the key themes that emerged during our data analyses. We have used pseudonyms to protect the confidentiality of family members.

Finally, we record our thanks to the OPM and key members of the Government Office in each region. The OPM team provided the support and challenge function to the pilots, while the Government Offices acted as a key link between the pilots and the DCSF and provided local support to the pilot managers. The tasks of both groups were distinctly different from ours but they recognised the importance of the national evaluation and encouraged pilots to meet our demands wherever possible. The OPM team accompanied pilots on their journey towards putting in place the building blocks which underpin budget-holding practice while we observed the journey from a more neutral position. While our understanding of the progress that had been made sometimes differed, we established a mutual respect which enabled us to discuss issues openly and robustly from our respective positions.

This Report

Once an extension to the data collection period had been agreed in order to capture the experiences of those BHLPs who moved their practice closer to policy intent towards the end of the pilots, it was inevitable that our final evaluation report would be somewhat delayed. In order to assist policy colleagues in DCSF, we produced a summary of the emerging findings in October 2008. Subsequently, in December 2008 we submitted a draft of the first nine chapters of the final report to DCSF. We are grateful for the helpful comments received on that draft. The full report has since been through a number of iterations and we have carefully reviewed all the comments and suggestions received since last December and have made changes to the report where we considered this to be necessary and appropriate. Prior to completing the copy-editing and proofing, we sent the full report to each of the BHLP pilots and to the OPM.

This report is written primarily for policymakers and practitioners who are interested in the minutiae of the evaluation. However, we have endeavoured to ensure that it is accessible to a wider audience. The report contains eleven chapters and the more technical detail is contained in Annexes 1 and 2. Pen portraits of the children and young people interviewed are contained in Annexe 3. An Executive Summary is also available.

The report presents the views of the research team, which are not necessarily those of the DCSF. We approached the evaluation and the preparation of our numerous reports as independent researchers with no vested interest in the findings. We took the policy intent of budget holding as our starting point and developed a theoretical model and empirical framework to guide our research methods, our understanding of the pilots and our analyses of the quantitative and qualitative datasets. Our conclusions and recommendations in Chapter 11 reflect a common understanding in the team of the issues inherent in implementing BHLP practice, and of the challenges for the future.

Professor Janet Walker and Professor Cam Donaldson
Institute of Health & Society
Newcastle University

Highlighted summary of findings

The Budget Holding Lead Professional (BHLP) Pilots

Sixteen BHLP pilots were established across England in 2006, to allow lead professionals (LPs) working with children and young people with additional needs to hold budgets and commission services tailored to each child's needs. The national evaluation, including a cost-effectiveness study, was conducted between 2006 and 2008 by Newcastle University.

Pilots received start-up funding from DCSF to pump-prime the pooling of core budgets, develop appropriate infrastructures, train practitioners to be BHLPs and provide them with additional administrative support, and, where necessary, provide a time-limited fund which BHLPs could use to access more responsive services. However, the vision for BHLPs proved to be extremely ambitious and only a few practitioners fully embraced a budget-holding role, towards the end of the pilots. The national evaluation revealed that:

- the model of BHLP practice adopted by the pilots in the first year did not conform closely to policy intent, and most pilots were not well-prepared to promote a radical shift in practice, primarily because essential building blocks such as LP working, the common assessment framework and the team-around-the-child were not always in place

- budget holding was not implemented as an alternative way of purchasing, co-ordinating and delivering a tailored package of support, but, rather, pilots mostly used the pump-priming funding to establish a top-up fund, which practitioners could access for the purchase of additional goods and services for their clients

- practitioners received very little training for a new role and were largely unaware of the policy intent

- the designated BHLPs were rarely given the personal authority or discretion to hold and use a budget in consultation with the family - to a large extent they were budget-accessing lead professionals

- practitioners mostly targeted poor families living in deprived neighbourhoods and used the BHLP fund to purchase household goods and services, such as childcare and leisure activities, and to pay utility and other bills

- families themselves were largely unaware of the changed responsibilities associated with BHLP practice and simply knew that some extra funding might be made available to them

- little progress was being made in most pilots to pool core budgets, primarily because this presents very real challenges

In summer 2007, the DCSF encouraged pilots to refocus their activities to move closer to the policy intent, whereby BHLPs would hold significant budgets and design and commission the full package of services needed by each child. A small number of practitioners in seven pilots took on this task and were known as established BHLPs (EBHLPs). They had just six months to demonstrate a shift in practice.

Key Findings from the National Evaluation

Assessing the cost-effectiveness of BHLP and EBHLP practice was challenging and the findings from the national (and local) evaluations must be read with considerable caution. Nevertheless, the evidence from the national evaluation indicates that:

- BHLP and EBHLP practice were neither any more nor any less cost-effective than LP practice
- EBHLP practice was no more effective than LP practice in improving poor school attendance
- reductions in NEET (not in education, employment or training) status were wholly explained by national trends and could not be attributed to BHLP practice
- purchases of goods from the BHLP fund may well have served to alleviate poverty in some families and increase young people's access to leisure and study facilities
- EBHLPs saw some improvements in family functioning and positive changes in children's behaviour
- children/young people and parents were positive about the goods and services purchased for them and could point to small but meaningful shifts in children's behaviour, but there was no evidence that these would be sustainable
- in what was already a complex and changing environment in the delivery of children's services, BHLP practice was simply absorbed into existing multi-agency practice and rarely enhanced it
- the journey from traditional practice to LP to BHLP to EBHLP practice was hard and took time, and most pilots were still grappling with the expectations and vision for BHLPs at the end of the pilot

The evaluation has drawn attention to the complexity of the changes that are needed in order to implement BHLPs effectively, including a series of system-wide reforms in the delivery of children's and adults' services, education and health services, the most challenging of which is that of reforming the workplace. The EBHLPs who had managed to achieve a step-change in their practice had begun to realise that being a budget holder opened up the possibility of providing better, speedier services once they had begun to 'think outside the box'.

Key Recommendations

1. When establishing pilots the policy intent needs to be clearly articulated and understood, roles need to be defined, training needs to be provided and sufficient time needs to be given to setting up new procedures and robust evaluations.

2. In order to promote BHLP practice, all the essential building blocks, such as CAFs, TACs, and commissioning and budget-pooling arrangements, need to be in place; the target populations need to be defined; and the desired outcomes and ways of measuring them should be specified at the start.

3. Radical cultural and organisational changes in social care need to be implemented incrementally if the policy intent is to promote *personalisation* and user-empowerment.

4. By challenging mainstream services to be needs-led and breaking down the traditional barriers between practitioners in different sectors, BHLPs would have the potential to challenge existing thresholds for social care and preventative services, and adopt more innovative professional relationships between themselves and with families, which allow children and families to personalise and shape their own support package and prioritise budget expenditure accordingly.

Chapter 1 Policy Context - Every Child Matters

The last decade has seen an unprecedented policy interest in England and Wales in improving the life chances of children and young people. A plethora of initiatives, pilots, pathfinders and new programmes have been designed to address the needs of children and families in order to ensure that 'every child matters'. In 2006, pilots in a variety of locations in England were established to allow lead professionals working with children and young people with additional needs to hold budgets and commission services tailored to each child's needs.[1] The national evaluation of the establishment of budget-holding lead professionals (BHLPs) within multi-agency children's services was conducted between 2006 and 2008 by a multidisciplinary research team in Newcastle University. This report describes the methods used and the research challenges faced, presents the findings from the multi-faceted study, and discusses the implications of these for future policy and practice.

The report is divided into eleven chapters. In this first chapter, we outline the policy content within which the pilots were operating and set out the Government's expectations of the newly-established BHLPs and of the pilots themselves.

New Policy Objectives

In 1998, the Government announced in a range of policy documents its intention to eradicate child poverty, raise standards of education, and ensure that every child and young person has the best possible start in life, is consulted, listened to and heard, is supported through to adulthood, and is given every opportunity to achieve his or her full potential.[2] The Government acknowledged that all parents, at some stage, need support with their child's health, education and welfare and that many want advice and guidance about how to bring up children. The priority has been to provide better support for parents in parallel with providing better support for children and young people, so that parents themselves are then better able to provide support for their own children. A range of policy initiatives have been launched to meet these objectives, contributing to a strategy which promotes early, preventative cross-cutting interventions, holistic support, and integrated services which are family-oriented, inclusive, empowering, coherent and evidence-based. Some services have universal application and others are targeted at those children and families perceived to be the most vulnerable.

In 2004, in *Every Child Matters: Change for Children*[3] the Government set out the terms by which integrated services were to be achieved and key priority outcomes promoted. Five key outcomes were identified as being essential for all children. They should: be healthy; stay safe; enjoy and achieve; make a positive contribution; and achieve economic well-being. Everyone with a responsibility for delivering services for children and families is expected to play a role in meeting these outcomes, which now provide the framework for the far-reaching 'change for children' agenda.

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[1] The pilots were located in: Blackpool, Bournemouth, Brighton & Hove, Derbyshire, Devon, Gateshead, Gloucestershire, Hertfordshire, Knowsley, Leeds, Poole, Redbridge, Telford & Wrekin, Tower Hamlets, Trafford and West Sussex.

[2] DfES (1998) *Supporting Families: A consultation document*, The Stationery Office; CYPU (2001) *Building a Strategy for Children and Young People: Consultation document*, CYPU, Crown Copyright; DfES (2002) *Interdepartmental Child Care Review: Delivering for children and families*, DfES; DfES (2002) *Local Preventative Strategy: Guidance for local authorities and other local agencies (statutory and non-statutory) providing services to children and young people*, DfES; DfES (2003) *Every Child Matters*, DfES; DfES (2005) *Youth Matters: Next steps, something to do, somewhere to go, someone to talk to*, DfES.

[3] DfES (2004) *Every Child Matters: Change for children*, Crown Copyright.

In the first few years of the twenty-first century, most of the new initiatives focused on improving services for young children, but, in 2005, the outcomes were applied to older children and young people, specifically teenagers, heralding further transformations in health, social care and youth justice services.[4] In addition to the *Every Child Matters* (ECM) outcomes identified above, the overriding theme for young people is that they should be actively involved in their communities and able to influence decision-making. Specifically, young people should be:

- empowered, having things to do and places to go
- active citizens, able to make a contribution to their communities
- supported in making choices through information, guidance and advice
- able to achieve through targeted support

Recognising that families play a critical role in the healthy development of children and young people, the Government placed emphasis not only on reshaping services for children and young people but also on providing better support for parents - ensuring that parents are able to take responsibility for their children's health, well-being and development. The emphasis is on the co-ordination and provision of multi-agency approaches which can tackle a wide range of risk factors in a child or young person's life. This strategy is located in the firm belief that if the quality of life of all children can be improved, particularly for those who are the most vulnerable and disadvantaged and those with additional needs, this will lead to a reduction in child poverty and, also, in crime and antisocial behaviour involving children and young people, thereby creating a safer society. The Government estimated that as many as 20-30 per cent of children could be defined as having additional needs,[5] which require support over and above that provided by universal services. The additional needs may include disruptive or antisocial behaviour, parental conflict, risk of offending, difficulties with school and education, poor nutrition and ill health, housing issues, teenage pregnancy, and substance misuse.

The Government has recognised that children and families may experience a range of needs at different times in their lives. In view of this, a continuum of needs (Figure 1.1) has been identified to demonstrate the move from universal to targeted support for children with additional needs.[6] The windscreen model illustrates the processes and tools needed to support children and families on this continuum and indicates the transition points at which interventions need to be co-ordinated and integrated (Figure 1.2).[7]

[4] DfES (2005) *Youth Matters: Next Steps, something to do, somewhere to go, someone to talk to*, DfES.
[5] DfES (2005) *Lead Professional Good Practice: Guidance for children with additional needs*, document summary, INTEC.
[6] CWDC (2007) *The Lead Professional: Practitioners' guide*, CWDC.
[7] ibid.

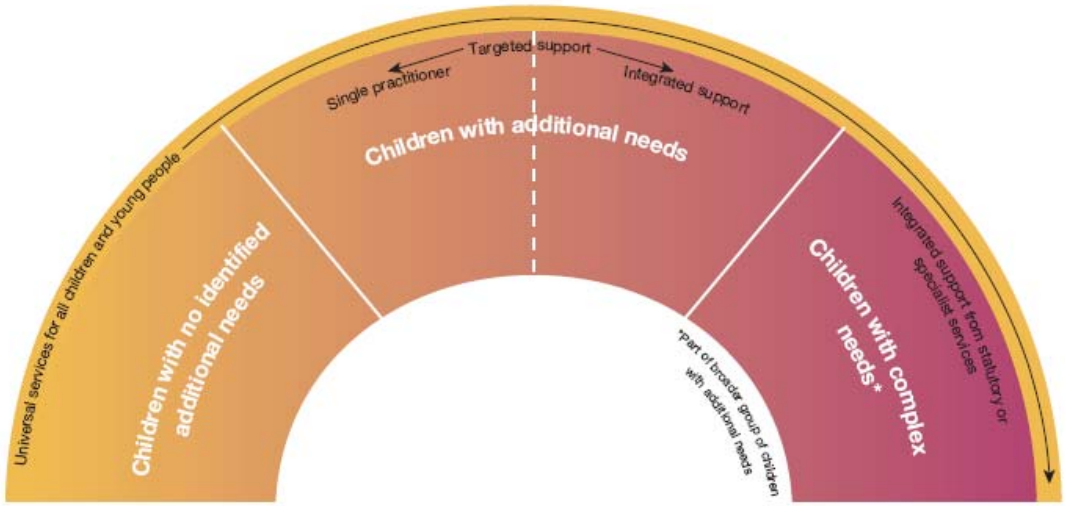

Figure 1.1 Continuum of needs and services

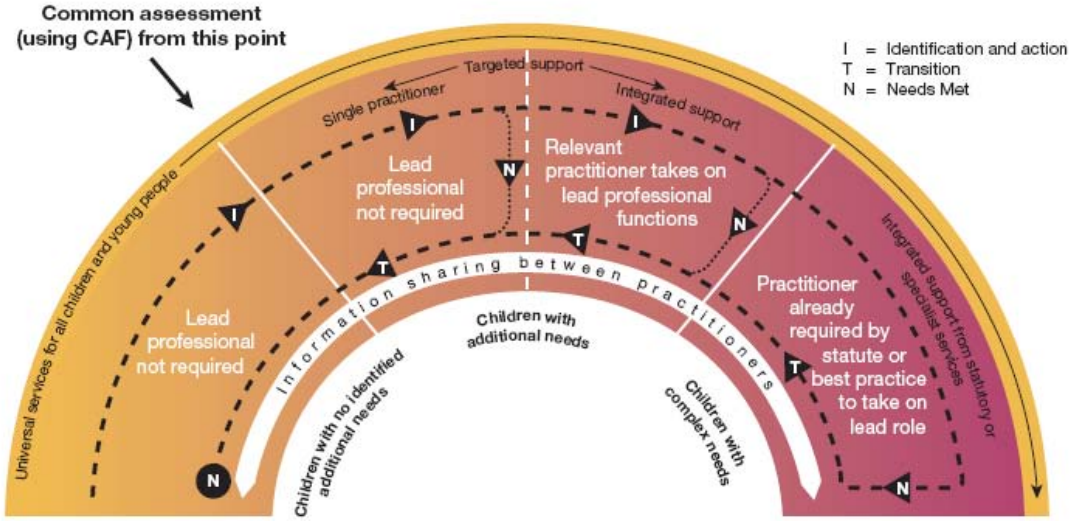

Figure 1.2 Processes and tools to support children and families

The Change Agenda - Essential Building Blocks

In order to facilitate co-ordination and integration, the programme for change included the development of a common assessment framework (CAF) and partnerships of multi-disciplinary and multi-agency teams of professionals, who would share information and make joint decisions to meet each child's needs. The declared aim is to put the needs of the child rather than each agency's needs at the centre of all activities.[8] Reducing the number of separate assessments, often using a variety of tools, undertaken in respect of each child creates an expectation that the CAF will provide earlier intervention where additional needs are observed, reduce the duration of the assessment process, and improve the quality and consistency of referrals between agencies. The development of a common language around children's services should enable information to follow the child.

[8] Gilligan, P. and Manby, M. (2008) 'The Common Assessment Framework: does the reality match the rhetoric?', *Child and Family Social Work*, 13, pp. 177-87.

The Common Assessment Framework

The CAF[9] is considered to be the key to assessing the needs of children and young people. It consists of a pre-assessment checklist and a standard form, which can be used from before birth to age 18, and which covers three core domains: the child's development, parents and carers, and the family and environment. It is a voluntary tool, requiring the consent of parents and children, and is designed to be used by practitioners from a range of backgrounds. All local authorities (LAs) were expected to implement the CAF, along with the lead professional role, between April 2006 and March 2008.[10] To ensure common standards and facilitate information sharing, the national e-CAF is currently being developed.[11]

Lead Professionals

Modernised public services are regarded as essential to improving children's life chances, and investments in education and mental health services have increased the importance of securing integration between them. In this respect, the roles of keyworker and lead professional (LP) have emerged as key. In order to provide a seamless service for children and young people with additional needs, who require support from more than one practitioner/agency, a lead professional/practitioner should be appointed to ensure that the services are co-ordinated and coherent, and that they contribute to the achievement of agreed outcomes. Where children have no additional needs or where their needs require a response from a single practitioner or agency, an LP is not needed. By contrast, when an assessment identifies a range of additional needs that can best be addressed through a multi-agency response, one of the relevant practitioners should be nominated as the LP for that child or young person. The DfES[12] described the LP role as follows:

> *The lead professional role is designed to help children and young people whose individual needs are classed as low level and under the thresholds for statutory services, but which cannot be met by universal services and are significant in combination.*[13]

In other words, a child with additional needs might be under the threshold set by specific statutory services, but when the child's needs are aggregated they require co-ordinated interventions. The LP is tasked with carrying out a minimum set of core functions in order to deliver an integrated response to these children. These are to:

- act as a single point of contact for children and families, building trust with them, engaging them with the process and ensuring that they are well-informed and central to decision-making

- ensure that appropriate interventions are delivered, following comprehensive assessment and an agreed 'solution-focused package' of support in which the child and family are involved

- reduce overlaps and inconsistency of services by liaising with the child, family and practitioners, monitoring progress and ensuring a smooth hand-over to another LP where necessary

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[9] *Common Assessment Framework for Children and Young People: Practitioners' guide* (2005), DfES.
[10] *DCSF Common Assessment Framework*, http://www.everychildmatters.gov.uk/deliveringservices/caf/, accessed 02/03/2009.
[11] *The E-Enablement of CAF: Every Child Matters,* http://www.everychildmatters.gov.uk/ deliveringservices/caf/e-caf/
[12] The DfES was renamed the Department for Children, Schools and Families in July 2007.
[13] DfES (2005) *Lead Professional Good Practice, op cit*.

A range of professionals across the health, education and social care sectors have become LPs. The role is defined by the work that needs to be done with a child or family rather than by professional background,[14] and a number of key skills and attributes have been identified. These include: strong communication skills; the ability to empower and build trust; an understanding of the assessment of risk and protective factors; an ability to work effectively with a range of practitioners and to convene meetings; having a knowledge of local and regional services; and having an understanding of the boundaries of one's own skills and knowledge.[15] The focus is on greater personalisation of services to achieve greater responsiveness to individual need.[16] We have examined this shift in a number of recent initiatives relating to divorcing families and children at risk of antisocial behaviour and offending, and have found that personally tailored services are widely appreciated by families, as is the support provided by keyworkers and LPs.[17]

Early Evidence

The roles played by LPs and the CAF are relatively new developments in social care. Evaluations of these new approaches have suggested that they pose many challenges despite there being considerable enthusiasm among practitioners for the concepts.[18] They each require different skills, substantive culture change and new ways of thinking. The LP role carries a high level of responsibility, which can be daunting, and there has been a perceived lack of clarity about the key tasks. Both CAF and LP working are most effective, it seems, when practitioners are well-trained, supported, and part of a well-functioning multi-agency team, when a good IT system is in place, and when there is a clear strategy for implementation. An increasing workload for practitioners and concerns about skills gaps have been identified as recurring themes which need to be addressed. Nevertheless, there were early indications from the evaluation of CAF and LP implementation that children and families benefit, although no direct evidence was sought from users. Gilligan and Manby[19] concluded from their study of CAF assessments, however, that there was little immediate likelihood that the CAF would be available for use with all children with additional needs.

In December 2005, the Office for Public Management (OPM) was commissioned by the DfES to investigate the implementation of the lead professional role through action research, in order to contribute to further good practice guidance. The objective was to explore the barriers being experienced in implementing the lead professional function and to develop practical solutions. While the OPM identified many strengths in local LP systems, it also identified many barriers which were impeding implementation.[20] These included the following:

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[14] DfES (2005) *Making It Happen: Working together for children, young people and families*, DfES.
[15] OPM (2006) *Implementation of the Lead Professional Role: Key deliverables and materials*, final report to DfES, OPM.
[16] HM Treasury and DfES (2005) *Support for Parents: The best start for children*, HM Treasury and DfES.
[17] Walker, J. (2001) *Information Meetings and Associated Provisions within the Family Law Act 1996: Final Evaluation Report*, Lord Chancellor's Department; Walker, J., McCarthy, P., Stark, C. and Laing, K. (2004) *Picking Up the Pieces: Marriage and divorce two years after information provision*, Department for Constitutional Affairs; Walker, J., Thompson, C., Laing, K., Raybould, S., Coombes, M., Procter, S. and Wren, C. (2007) *Youth Inclusion and Support Panels: Preventing crime and antisocial behaviour?*, Department for Children, Schools and Families, www.dcsf.gov.uk/research
[18] Brandon, M., Howe, A., Dagley, V., Salter, C., Warren, C. and Black, J. (2006) *Evaluating the Common Assessment Framework and Lead Professional Guidance and Implementation in 2005-6*, DfES Research Report RR740; Pithouse, A. (2006) 'A Common Assessment Framework for children in need? Mixed messages from a pilot study in Wales', *Child Care in Practice*, 12, pp. 199-217.
[19] Gilligan and Manby (2008), *op. cit.*
[20] OPM (2006) *Implementation of the Lead Professional Role: Report for DfES*, OPM.

- insufficient understanding of the LP role
- a lack of formal agreement among agencies about how they would collectively deploy the LP functions
- difficulties in involving busy practitioners in a Team-Around-the-Child (TAC) and during periods of unprecedented change in both the health and social care sectors
- concerns about balancing the role of voluntary and community agencies as service providers and as independent advocates for children and young people, indicating a need for clear processes for involving voluntary and community sector agencies in LP work
- difficulties inherent in sharing information and gaining the consent to do so
- resistance to moving to the CAF and abandoning other forms of assessment
- anxieties about increased workloads, developing the essential skills, and ensuring appropriate support and supervision for LPs
- challenges in co-ordinating the complexities associated with whole systems change across a variety of agencies
- challenges for practitioners because the additional needs of children and young people are highly variable and present complex challenges for practitioners
- variations in perceptions of what constitutes 'additional needs' between professionals from different backgrounds, who lack a common understanding of risk and protective factors
- concerns that because multi-agency panel working was already well-established in many areas, further change to implement TACs would involve further disruptions in practice
- the lack of a shared 'language' and terminology between professional groups
- concerns about protecting the confidentiality of children and young people

While the OPM suggested solutions to the identified barriers, its research indicated that both the LP role and CAF frameworks were still in the process of being developed at the time the Government sought to introduce the additional aspect of budget-holding. Nevertheless, local authorities were invited to tender to participate as a BHLP pilot in 2006, following public consultation by the Number Ten policy team.[21]

Budget Holding Lead Professionals

Having established and promoted the LP approach to service co-ordination, the Government sought to build on the LP role in 2006 through the allocation of budgets to the lead practitioner. Budget-holding seeks to enhance the lead professional role by giving control over some or all of the budgets required to deliver publicly funded services to families with children identified as having additional needs.[22] The Government believed that

[21] DfES (2006) *Budget Holding Lead Professionals: TEN Policy Briefing*, TEN, LGiU and DI-N.
[22] See www.everychildmatters.gov.uk/deliveringservices/leadprofessional/ww.dfes.gov.uk/consultations, accessed 5.5.2006.

LPs' capacity to deliver better-integrated packages of services would be enhanced by enabling them to commission services directly from providers in the statutory, private and voluntary sectors. In addition, BHLPs should be able to identify gaps in services and contribute to the wider commissioning process, thereby tackling the wide variation in expenditure on services between different geographical areas that, in the past, has been unrelated to need. Budget-holding is based on two underlying propositions:

1. Budget-holding creates the right incentives for professionals to maximise quality of service provision while controlling costs.

2. Greater integration of demands for services in one professional managing one budget for commissioning will lead to improved multi-agency working.[23]

There is a substantial literature on each of these propositions, but little evidence is available specifically in the context of policy for children with additional needs. There are parallels with other publicly funded areas of activity, however, such as general practice in health care.

In 1991, the Government attempted to mitigate problems of over-referral and 'irrational' drug prescribing by implementing a system of budgets for general practitioners from which payments could be made for diagnostic tests, surgery and maternity care provided in hospitals (general practitioner fund-holding). Current financial arrangements in the NHS have, through practice-based commissioning, been returning to this model of financing. Akin to a lead professional, the general practitioner acts as the gateway to the rest of the NHS and, through being 'closer' to the patients, is a more effective purchaser than a health authority manager, achieving greater fiscal responsibility and improvements in quality (or being better able to meet needs).

General practice fund-holding, however, suffered from the lack of a planned and rigorous overall evaluation, and the existing evidence is plagued by a series of problems which adversely affect the ability to draw firm conclusions.[24] Nevertheless, there is some consensus that fund-holders were able to curb the rise in prescription costs, at least initially. The most rigorous evidence on referral patterns showed that, after the fact that fund-holding was voluntary was accounted for, budget-holding led to waiting time reductions of 5–8 per cent.[25] It is imperative that the evidence relating to resource implications for budget holding in both the health and the social service sectors should be balanced with evidence regarding the quality of care, in order to make inferences about efficiency. Results for general practitioner fund-holding have tended to show that costs savings are achieved without compromises in service quality.[26]

Apart from the evaluations of GP fund-holding, however, there has been little research comparing the costs and benefits of various models of commissioning public services. Despite the policy shift towards partnership/whole systems approaches, it is widely

[23] ibid.
[24] Donaldson, C. and Gerard, K. (2005) *Economics of Health Care Financing: The visible hand*, Palgrave Macmillan.
[25] Dusheiko, M., Gravelle, H. and Jacobs, R. (2003) *The Effect of Practice Budgets on Patient Waiting Times: Allowing for Selection Bias*. Discussion Papers in Economics 2003/15, University of York.
[26] Wyke, S., Mays, N., Street, A., Bevan, G., McLeod, H. and Goodwin, N. (2003) 'Should general practitioners purchase health care for patients? The total purchasing experiment in Britain', *Health Policy*, vol. 65, no. 3, pp. 243–59.

acknowledged that there are many factors promoting and obstacles hindering this process.[27] There is also a growing body of knowledge that examines how these obstacles can be overcome, centring on greater integration of services and involvement of users and caregivers.[28] The National Audit Office[29] found that joint working in a multi-agency approach not only improves delivery of services through one-stop shops, but also improves the cost-effectiveness of public services by removing overlaps and realising economies of scale.

Piloting BHLPs in Children's Services

Having identified a vision for a new approach in which LPs would act as a single account holder in the co-ordination of multi-agency responses for children and young people with additional needs, the Government decided to test it through a series of pilots which would be rigorously evaluated. The new BHLPs were expected to promote the development and delivery of targeted support services in the context of the wider reform of youth services and the Respect Agenda, which would be:

- more responsive to the child's and family's immediate or longer-term needs
- based on assessment of need, and collaboration between users and practitioners
- able to deliver an equitable approach for service delivery and bring decision-making close to the child and the family
- developed as a coherent part of existing systems, organisational structures, accountability frameworks and commissioning processes, which are more responsive to children and families

Moreover, the implementation of BHLPs was expected to promote several other core characteristics of budget-holding through access to and control over individual budgets. These include:

- greater empowerment of practitioners and families
- greater collaboration between users and practitioners
- greater transparency in resource allocation
- greater personalisation of support packages

The expectation, then, was that a number of key elements would be fundamental to the BHLP vision and that there would be a clear model of BHLP practice during the piloting period. The new BHLPs would combine the core functions of lead professional practice with a budget-holding role. As lead professionals, practitioners should act as a single point of contact for children, young people and their families, enabling them to: make choices;

[27] Cameron, A., Lart, R., Harrison, L., MacDonald, G. and Smith, R. (2000) *Factors Promoting and Obstacles Hindering Joint Working: A systematic review*, University of Bristol; Brown, B. (2000) 'Blurred roles and permeable boundaries: the experience of multidisciplinary working in community health', *Health and Social Care in the* Community, vol. 8, no. 6, pp. 425-35.
[28] Leutz, W.N. (1999) 'Five laws for integrating medical and social services: lessons from the US and the UK', *The Milbank Quarterly*, vol. 77, no. 1, Blackwell.
[29] National Audit Office (2001) *Joining Up To Improve Public Services*, HMSO.

ensure children, young people and families receive appropriate multi-agency interventions, when needed, which are co-ordinated, delivered effectively and reviewed regularly; and reduce overlap and inconsistency in service provision.

In addition to these functions, the new BHLPs would be expected to commission services directly from providers in the statutory, voluntary and private sectors, having undertaken a thorough (CAF) assessment. The decision-making around services and support would be brought closer to the child and family through the establishment of a TAC; and budgets would be pooled to enable integrated commissioning arrangements. In this way, BHLP practice would ensure that families receive appropriate services when they need them and the costs of providing them would be reduced.

All the key LP and BHLP elements noted above can be viewed as essential building blocks in the implementation of BHLP practice. Because BHLPs within children's services were so new, not all the building blocks were in place when the pilots were first established, but there was every expectation that they would be set up as quickly as possible. The Department's specification for becoming a BHLP pilot required LAs to have in place:

- well-developed joint commissioning processes and budgets at a strategic level
- integrated processes and systems to support early intervention for children with additional needs
- a range of multi-agency services within or linked to mainstream services to deliver more responsive support
- arrangements to trial direct payments or individual budgets

Moreover, the LAs were expected to be well on the way to implementing the LP role and the CAF, and to develop and deliver additional training in providing BHLP approaches and measures to pool budgets. In other words, it was anticipated that the key elements of LP and BHLP practice identified above would be in place at the time or shortly after pilots were selected. The specification also referred to the start-up funding provided by the Department (£525,000 over two years for each pilot) as potentially being used to pump-prime the pooling of core budgets, to develop appropriate infrastructures, to train and provide additional administrative support for BHLP practitioners, and, 'where necessary', as a time-limited fund for use by BHLPs to access more responsive services.

The DfES acknowledged in its specification for authorities interested in becoming pilot sites that BHLP piloting activity would be extremely complex to deliver, and noted that it was keen to pilot a wide range of approaches in relation to different groups of children and young people, so as to ensure geographical coverage across England and variety in the issues to be addressed. Practitioners selected as BHLPs would require training and support for a new role in which budgets and decision-making would be devolved down to the individual practitioner. Pilots were expected to explore how far BHLPs can promote the development and delivery of targeted support which will achieve the objectives identified. The Government's expectation was that a wide range of professionals would work as BHLPs in the fifteen pilots originally selected by the Department. One pilot began as a shared initiative between two adjacent LAs (Poole and Bournemouth), but in fact, the 'shared' pilot behaved as two separate pilots throughout the study, albeit with shared funding in the first year. For the evaluation we viewed Poole and Bournemouth as separate pilots, and we therefore refer to 16 pilots throughout this report.

Undoubtedly, the BHLP role envisaged by the Government within the context of reformed children's services was extremely ambitious, and was likely to present many challenges for the pilots which began implementation in summer 2006. The vision of LPs taking on new responsibilities was pivotal to the change for children agenda, which heralded widespread workforce reforms in the early years of the new millennium. The pilots were expected to network and opportunities were to be provided for them to share learning with other authorities taking part in the pilots and other interested LAs. Pilots were to be supported in the development of BHLPs by the OPM, which was appointed by the DfES to undertake a support-and-challenge role, alongside the Government Office in each region, and to assist in ensuring that learning would be both continuous and shared. The pilots were also expected to participate in the national evaluation. This they did, and in the next chapter we describe our approach to the national evaluation, the research challenges we faced, and the choices we had to make at various stages in the study.

Chapter 2 - Research Aspirations and Complex Realities

In Chapter 1, we outlined the policy context within which the BHLP initiative was being piloted. It has formed part of a radical programme of reform in the delivery of services for children and young people and has heralded a significant shift in the roles and responsibilities of lead practitioners. We recognised that evaluating a new initiative that was in itself both complex and challenging would require a robust research design which was capable of being flexible, and able to take account of varying interpretations of policy requirements and to adapt to changing circumstances in the pilots as the change for children agenda unfolded. In this chapter we describe the aims and objectives of the national evaluation of BHLPs, and the research design which we believed would capture the kinds of data that would allow a robust study and which would be capable of providing the evidence on which policy decisions could be based. Our design included an initial scoping phase, the findings from which alerted us to a range of research challenges, and led us to modify our methods and our theoretical framework in the light of the progress being made with the implementation of the initiative in the pilot areas.

Aims of the Evaluation

The Government's requirement was that the evaluation should assess the cost-effectiveness of BHLP practice and consider whether the initiative should be rolled out and if so how. We proposed a multi-method approach, combining rigorous micro-level quantitative methods with in-depth qualitative research, capable of addressing multi-layered questions concerning policy implementation and practice experience. We designed an economic evaluation from a multi-disciplinary and multi-agency perspective that would attempt to compare three types of service delivery for children with additional needs. We wanted to study the costs and effectiveness of service delivery via:

- BHLPs
- LPs who do not hold a budget
- the existing model of practice, without either a LP or a BHLP

It quickly became clear from our discussions with pilots and the Department that we would find it difficult to locate a sample of children who received services without there being an identified LP or a BHLP, because LP practice was in the process of being rolled out across all local authorities as the new 'standard' model of service delivery. Our comparison would have to be restricted, therefore, to samples of children allocated to LPs and samples of children allocated to BHLPs, giving us a two-way comparative design. Since LP practice was expected to be the norm in the near future we believed that it would provide a sensible baseline against which to evaluate the new BHLP practice.

Research Objectives

Our overall research objectives were sevenfold:

1. To describe the operation of multi-agency working and the delivery of services within the two models of service delivery - with LPs and with BHLPs.

2. To estimate the costs of establishing BHLP practice.

3. To estimate the impact of BHLPs on resource use/service costs, from a multi-agency perspective.

4. To assess the benefits for children, young people and their families and for professionals of changing to a different mode of service delivery.

5. To conduct a cost-effectiveness analysis of a shift to BHLP practice.

6. To determine whether particular contexts, settings or structures influence the effectiveness of BHLPs.

7. To identify when, where and how effectiveness can be maximised in terms of client groups, budget types and sizes, and service structures - determining the factors promoting successful implementation of BHLP practice.

The general hypothesis which needed to be tested across all aspects of the evaluation was that the capacity of LPs to deliver coherent, integrated packages of services and support is strengthened when they are provided with a budget and able to commission services directly from providers in the statutory, private and voluntary sectors. So, at the broadest level, we needed to examine whether / how budget-holding:

- creates the right incentives for LPs to maximise the quality of service provision while controlling costs
- improves multi-agency working as a result of greater integration of demands for services via one professional managing a single budget for commissioning
- ensures that children and families can access the services they need when they need them
- reduces overlap and inconsistency between practitioners, thereby reducing the costs per episode of intervention

Our understanding of the BHLP role and the Government's policy objectives suggested that six key characteristics should be investigated during the evaluation. These were:

1. The empowerment of practitioners through holding and taking control of individual budgets.

2. The empowerment of families by bringing decision-making closer to the child and family (e.g. through the use of the TAC) and the role played by BHLPs.

3. The assessment of need through the CAF.

4. Transparency in resource allocation.

5. The extent to which BHLP working is embedded within existing structures and management systems, accountability frameworks and commissioning systems.

6. The efficiency and effectiveness of multi-agency working, including information-sharing.

We were aware at the start of the evaluation that the existing evidence on fund-holding was not clear-cut but that it displayed the potential for efficiency improvements to be made. Demonstrating whether any observed improvements had arisen as a result of the implementation of BHLPs was always going to be challenging, however. We were reliant on a mix of quasi-experimental and qualitative research methods in attempting to compare like groups of services and like groups of clients (children with similar additional needs) so as to test whether:

- cost savings could be made without compromising quality
- quality improvements could be made without compromising costs
- both quality improvements and cost savings could be achieved

Our plan was to balance costs against the relative value of BHLP practice from the perspectives of practitioners and families, looking at choice, speed of service delivery, and the integration and co-ordination of support services. We needed to determine: whether budget-holding adds value; the factors which might promote successful implementation and which might act as barriers; training and support requirements; and effective management arrangements.

Action Research

We adopted an action research approach that enabled us to provide regular feedback to the Department and the pilots to allow them to make ongoing modifications to the implementation of BHLPs. We designed our study around a five-tier model of evaluation,[30] which we had used successfully in previous national evaluations of new initiatives. The tiers overlap and complement each other, providing a useful framework for delineating the research tasks which need to be undertaken at different stages of the evaluation. A tiered approach to evaluation is a helpful way of combining different evaluation activities into an overall strategy which is aimed at generating evidence about the effectiveness and efficiency of a programme of intervention.[31] The purpose and methods used vary in each tier, but each informs the one that follows.

In the early stages, formative approaches helped us to define the new initiative (BHLPs) and enabled us to examine whether it was working as intended (Chapter 3). In later stages, quantitative methods assisted in providing the 'hard' evidence, and these were complemented by qualitative methods which captured the 'softer' evidence about processes and outcomes which are not so amenable to measurement. An understanding of what works and of how and why it appears to work helps researchers to assess how far the findings can be generalised and cost-effectiveness established.

The tiers represented a continuum of research objectives, tasks and questions appropriate to each phase, all of which add to the evidence. For each tier in our five-tier model, we developed a number of research objectives, delineated a range of initial tasks, formulated preliminary research questions, and indicated the data sources we expected to use. The detail for each tier was refined during an initial scoping stage and during the evaluation itself, as is appropriate to action research. Our approach underscored the importance of capturing data about processes, outputs and outcomes through *in situ* fieldwork.

Ideally, we would have wanted to consider the option of conducting a randomised control trial (RCT) since this would have provided by far the most robust evidence base.[32] Concerns are often expressed about performing randomised trials - whether randomised at

[30] See e.g. Lecroy & Milligan Associates, Inc. (2001, 2002, 2003) *Family Group Decision Making*, Annual Reports prepared for the Arizona Department of Economic Security.; Jacobs, F., 'The five-tiered approach to evaluation: context and implementation', in H. Weiss and F. Jacobs (eds) *Evaluating Family Programs*, de Gruyter (1988).
[31] Sefton, T., Byford, S., McDard, D., Hills, J. and Knapp, P. (2002) *Making the Most of It: Economic evaluation in the social welfare field*, Joseph Rowntree Foundation.
[32] See e.g. MacDonald, G. (1996) 'Ice-therapy: why we need randomised control trials', in P. Alderson *et al*. (eds) *What Works? Effective social interventions in child welfare*, Barnardo's; Oakley, A. (1996) 'Who's afraid of the randomised controlled trial? The challenge of evaluating the potential of social interventions', in P. Alderson *et al.*, *op. cit.*

the level of an individual or a cluster - in the context of social care.[33] However, in the situation where it is unclear whether one intervention is better than another, it is generally regarded as ethical to conduct an RCT. Because both LP and BHLP working were being introduced variously in each pilot neither was yet firmly established. Moreover, because we expected that the numbers of children and families involved would be limited during a relatively brief and primarily formative evaluation, it was not feasible to consider such an approach. Nevertheless, we were determined to attempt to go beyond mere descriptions of how BHLP practice was being implemented and to embrace a range of methods that could measure outcomes within a comparative research design. Several methods could have been used to construct an appropriate comparison group in this study.

First, a similar number of LAs that did not implement BHLP practice could have been included in the study and asked to collect comparable data on children with additional needs allocated to LPs. Ideally, the LAs should have been assigned at random to implement or not to implement BHLP practice which would have enabled a cluster randomised controlled trial. Such a design would have had a good chance of balancing the characteristics of LAs that did and did not implement BHLP practice: techniques are available to assign clusters at random to the intervention or comparison group while simultaneously balancing demographic characteristics of clusters. If randomisation were not possible, selection of comparison LAs with demographic characteristics similar to the characteristics of those that piloted BHLPs would have been the next best option. Second, the BHLP initiative could have been implemented in restricted geographic areas - ideally chosen at random - within each pilot. This was actually the case in four of the pilots. However, we were unable to collect data in areas not implementing BHLPs and it was evident that the teams delivering BHLP practice did not have the authority to action this. Third, within the pilots, children could have been assigned either to a BHLP or to an LP. Again, the best study design is one in which children are assigned at random, enabling a randomised controlled trial, because this would allow the characteristics of children in the two groups to be similar, on average.

For the current study, option one, involving the assignment of entire LAs to BHLP or LP practice (rather than individual children within pilots), would have been the best design. Assignment at the level of LA would have avoided contamination i.e. the possibility that LP practice might be affected by the delivery of BHLP practice because of proximity to those working with this new model of practice. We eventually adopted a version of option one.

Contextualising the Pilots

During the piloting period we sought to contextualise the piloting activities: by examining each model of BHLP practice in the context of the catchment areas in the 16 pilots we developed an understanding of the specific factors which may have influenced BHLP delivery and effectiveness (Chapter 4). Our previous research had demonstrated the importance of local organisational structures, local needs, and the existence (or lack) of services in shaping the way a new initiative is implemented in each area. Of particular relevance here were variables such as school attendance, educational attainment, teenage pregnancy and child poverty.

[33] Oakley, A., Strange, V., Toroyan, T., Wiggins, M., Roberts, I. and Stephenson, J. (2003) *Using Random Allocation to Evaluate Social Interventions: Three recent UK examples*, Annals of the American Academy of Political and Social Science, 589, 170-89.

Formative Evaluation

Between September and December 2006 we began to explore the ways in which BHLP practice was being operationalised, the models developed, and the challenges faced by pilots. Our aims were threefold:

1. To establish effective working relationships with funders, the pilots, the national implementers and other researchers.

2. To describe initial implementation issues arising during the first six months of the pilot; explore initial structural, organisational and workforce issues; consider indications of progress in setting up BHLP models; and make suggestions for change at the local or national level.

3. To assess the feasibility of applying our research methods, establish and agree data collection processes, and modify our methods if necessary.

During this phase we undertook a range of activities which included: fieldwork visits; reviewing pilots' plans for implementation of BHLPs; ascertaining the kinds of lead professionals involved in service delivery; assessing the initial progress of BHLP implementation; and establishing the baseline data we would need to collect. As the pilots unfolded, we sought to ascertain the factors promoting successful implementation at strategic and operational levels and any barriers (structural, cultural, financial and professional) to successful implementation of BHLPs.

As the evaluation continued, we talked to key staff at various levels as we sought to understand:

- the development, implementation and additional requirements of pooled funding arrangements and devolved modes of joint commissioning
- the development, implementation and additional structures needed to support individual practitioners and their managers
- the effectiveness of change management activities, practitioner readiness and ability to adopt a new role
- the training and support needs of BHLPs

In order to obtain the perspectives of a variety of practitioners and agencies we adopted a range of methods, as follows:

1. We undertook a study of multi-agency working to examine the processes through which any improvement in outcomes might be achieved. Despite multi-agency working being widespread in the public sector, there is little research that provides both a conceptual understanding of its operation and a more practical guide to its management. We drew upon a conceptual framework developed by members of the team[34] for an earlier study, and applied it in two pilot areas. The main method of data generation for this part of the research was semi-structured interviews with key personnel, designed to bring out the richness of and variability in the interviewees' own experience of multi-agency working (Chapter 9).

[34] See Procter, S. (2007) *Multi-Agency Working*, in Walker, J., Thompson, C., Laing, K., Raybould, S., Coombes, M., Procter, S. and Wren, C. (2007) *Youth Inclusion and Support Panels: Preventing crime and antisocial behaviour?*, Department for Children, Schools and Families, DCSF-RW018.

2. Towards the end of the evaluation we conducted an e-survey of managers, supervisors, LPs and BHLPs. This enabled us, *inter alia*, to gain their perspectives on: the implementation of BHLPs in their area; the implications for their own agency and for service delivery; the use of the CAF; the factors facilitating and hindering effective implementation of BHLP practice; and the administrative impacts (Chapter 8).

3. We conducted individual interviews with key practitioners in selected case-study pilots. This approach has allowed us to look at BHLP practice in respect of individual children and young people (Chapters 7 and 8).

Summative Evaluation

An understanding of processes is essential to any evaluation which seeks to assess the outcomes of new initiatives and determine elements of effective practice. At the heart of our research design, however, were research activities designed to collect both quantitative and qualitative data about BHLP and LP practice. Our aim was to select two comparable samples of children with additional needs: those allocated to a BHLP and those allocated to an LP. This proved to be extremely challenging. As we have indicated, we could not use an experimental design and because pilots were rolling out their BHLP approach during the evaluation it became virtually impossible to identify a comparable sample of children allocated to LPs within the pilot areas themselves.

We also needed to establish ways of obtaining quantitative case-level data about children allocated to a BHLP in each pilot. We worked with the pilots to establish what data might be made available to us and to minimise a substantial research burden falling on busy practitioners. We had made a number of initial assumptions about the numbers of children with whom BHLPs and LPs might work. We originally anticipated that there would be a total of up to 900 LP cases and 900 BHLP cases across the sixteen pilots for which we might receive detailed data during our study period. We were of the view, however, that our cost-effectiveness evaluation could proceed with a sample of eighteen cases in each of the two groups of children in each pilot (a total of 576 cases). There were several distinct elements in our summative evaluation, and we refer to each of them in turn.

Examining Costs

Our original plan was to examine the costs of the budget-holding role and the costs of resource impacts associated with changes in service utilisation. The greatest challenge, we believed, would be assessing the costs of implementing BHLPs, and we had expected to ask BHLPs to provide information about time-use on a monthly basis, and to ask managers to provide data about management and administration costs. We had expected to collect the data relating to resource impacts at case level, and to explore data-collection methods during the scoping phase.

Overall, we set out to adopt a relatively straightforward approach to the costs study and were not anticipating the use of sophisticated econometric techniques, mainly because we recognised from the start that the analysis of cost-effectiveness in the provision of help to children with additional needs is fraught with difficulties. We noted that any conclusions which might be drawn from our analyses in terms of the value for money offered by BHLPs would, necessarily, be tentative and subject to a number of assumptions. This aspect of our study has indeed been fraught with difficulties. We had to change our data-collection methods at several stages and needed to expend considerable effort extracting data from hard-copy case documentation. We also faced huge problems as a result of missing data at the case level. We discuss the remedies we devised and the models we designed for the analysis of costs and effectiveness in the next chapter.

Measuring Outcomes

The *Every Child Matters* outcomes tend to provide a useful, but rather general framework for evaluating new initiatives. Operationalising these outcomes and implementing robust measures of change has remained a key challenge, however. They demand that objective measures beyond indicators of satisfaction and subjective perceptions of change are implemented. A significant challenge for the evaluation of a complex intervention of this kind, where the impact on the quality of life for the child and parents is influenced by priorities and needs that vary between individuals, is the selection of appropriate and robust outcome measures. Conventional measures, with standardised questionnaire items and scoring of responses, often include items not of direct concern to individuals or ignore areas that have meaning and relevance in relation to respondents' daily lives. We considered the use of several scales and checked the viability of using them during the scoping stage.

We were particularly interested in exploring the use of the patient-generated index of quality of life,[35] and the CAMHS outcomes measures, including the Strengths and Difficulties questionnaire (SDQ), recommended for service-based outcome evaluation in the Children's National Service Framework. Moreover, the scoping activities in each pilot alerted us to the fact that many children with additional needs experience difficulties with their schooling and we regarded school attendance data and NEET (not in employment, education or training) status as potentially relevant outcome measures. In the event, these were the only robust outcome measures for which data were forthcoming (Chapter 6).

Understanding Effectiveness

We regard qualitative data as essential in enabling an understanding of effectiveness in all its complexity. We planned to select up to three pilots as case-study areas and to select twelve cases (a mix of BHLP- and LP-assisted children) from each. We intended that all the children and young people aged between 8 and 19 who had been allocated to a BHLP or LP and their families should be invited to participate in the research and, to this end, we prepared a variety of information leaflets about the research. Our plan was to sample purposively from those families who agreed to participate. We planned to undertake an in-depth interview with the child, with his or her principal carer, and with the LP or BHLP responsible for the family, approximately four to six months after the child or young person had been allocated to a BHLP or LP. We particularly wanted to explore whether / how children and young people and their parents had been involved in decision-making about the package of support they might be offered, and how those with BHLPs were aware of the costs associated with various interventions and whether this influenced their choices. We also wanted to gauge the impacts of interventions from the perspectives of family members and the practitioners involved.

We expected the qualitative data to provide insights into the trends emerging from the quantitative data and to provide 'softer' indications of the effectiveness of different approaches within professional working. We expected our interviews with LPs and BHLPs to assist our understanding of BHLP practice and its effectiveness (Chapter 7).

[35] Fitzpatrick, R. (1999) 'Assessment of quality of life as an outcome: finding measurements that reflect individuals' priorities', *Quality in Health Care*, 8, pp. 1-2; Ruta, D. A., Garratt, A. M., Leng, M., Russell, I.T. and MacDonald, L. M. (1994) 'A new approach to the measurement of quality of life: the patient-generated index', *Med Care*, vol. 32, no. 11, pp. 1,109-26.

Establishing Impacts

The final tier in our evaluation was designed to focus on impact in order to identify when, where and how best to maximise cost-effectiveness. It involved bringing together all the data collected during the study, in order to assess costs and effectiveness and address future-focused questions about the implications of the evidence obtained for future developments in BHLP practice. During the final stage of the study, we planned to share key messages with practitioners and managers from the pilots in a seminar under Chatham House rules, and to ask them to reflect on the messages and their implications for BHLP policy and practice (Chapters 10 and 11). The Department organised a seminar for this purpose towards the end of 2008.

Recognising Risks

We were well aware of the risks inherent in this kind of multi-layered evaluation of a new and complex initiative. We expected to find considerable variation in implementation and considerable diversity between the pilots. Our major concerns at the outset of the study, however, related to the ability to collect robust cost and outcome data from the pilots and to establish causality with respect to observed outcomes. These concerns continued throughout the evaluation and we endeavoured to be flexible and to modify our methods to suit changing circumstances.

We worked closely with pilots and attended events and conferences organised for them, but were sensitive, nevertheless, to the importance of retaining objectivity and leaving the support and challenge functions to the OPM team, although it was made aware of our concerns. While we had to modify our research design and be realistic about what we could achieve in a relatively short piloting period, we maintained our determination to find ways of meeting our original research objectives and to provide the Department with as robust an evaluation as was possible. Our scoping activities rendered us acutely aware of the potential limitations to what we could achieve, however, and we submitted a detailed report on this phase of the research to the Department in January 2007. The findings were shared with the pilots and the OPM during a two-day residential event co-ordinated by the OPM later that month. We summarise the key learning from the scoping phase here, primarily because it set the scene for the subsequent study of BHLPs and highlighted a number of implementation dilemmas which continued well beyond the scoping phase.

Learning from the Scoping Study

Between September and December 2006 we visited fifteen of the pilots and undertook a detailed phone interview with one pilot. We discovered that the pilots were implementing a range of approaches to BHLP working, much as we had expected. In all the areas, the BHLP pilot had to be integrated into existing complex and changing structures and ways of working, and we found it difficult to distinguish the implementation of a ‘pure’ BHLP model. The pilots were keen to point out that their starting points for the introduction of BHLPs were very different and that these had influenced and would continue to influence the approaches they adopted. There were, however, a number of concerns which alerted us to unexpected challenges for the evaluation.

Readiness for the Pilot

Not all pilots had appointed or trained their BHLPs by the time of our scoping visit, and it became clear that some pilots were not expecting BHLPs to be operational until some time in 2007. Moreover, as the OPM had already noted, while the BHLP initiative had provided a spur to the implementation of LPs, CAFs and TACs, not all pilots had all these building blocks in place and some were appointing BHLPs before any of them had gained experience as LPs. The three most common reasons pilots cited for the slower than

anticipated implementation were: first, that the restructuring of children's services had meant many extensive managerial and structural changes, described by one pilot as 'creating turmoil' while new structures were embedded and staff repositioned; second, that not all the staff needed to manage the BHLP pilot had been appointed; and third, that in some areas the geographical location of the BHLP pilot had shifted, thereby causing delays. Only a minority of pilots had the essential building blocks in place and were well on the way to implementing BHLPs.

The OPM support and challenge work had identified that pilots in which the CAF had been implemented were finding it easier to implement BHLPs than pilots in which the CAF had not become a normal part of everyday practice. Since a rigorous assessment of needs was expected to be at the heart of decision-making about the most appropriate package of support for each child and family, the lack of the CAF appeared to be hindering the development and empowerment of BHLPs. While we detected enthusiasm for the BHLP initiative, we were acutely aware that some staff had been overwhelmed by the extent of the changes taking place in children's services and the considerable demands on them to introduce the CAF alongside new ways of working and a host of other initiatives. These factors undoubtedly caused delays in BHLP implementation and the timetable slippage was to have a significant impact on our evaluation timetable. The enormity of the changes taking place in children's services had impacted on local authorities across England and it is important to recognise that the BHLP pilots were superimposed on an already fragile and shifting environment in the delivery of support for vulnerable children. From our point of view, the lack of trained LPs and the ways in which BHLP practice was being introduced posed further challenges to our research design.

Interpreting Policy Intent

In addition to concerns about the pilots' state of readiness to take on board a national evaluation of BHLPs, we examined other factors which led us to reconsider our evaluation methods. As we have indicated, we had expected to make comparisons in each pilot area between LP practice and BHLP practice. We noted, however, that not all pilots intended to designate specific LPs as BHLPs. Instead, pilots were regarding the start-up funding provided by the Department to support the development of BHLP training and appropriate infrastructure as an additional pot of money which LPs were allowed to access in order to spend extra money on children with additional needs. Rather than using the start-up grant as intended, pilots were referring to it as the BHLP budget, which could be used by the budget-holders or, indeed, by LPs. This lack of distinction between an LP and a BHLP had serious implications for our proposed comparative research methodology.

Moreover, in most pilots, it seemed, LPs would be taking on the title of budget-holder only for selected / specific cases. As we noted above, our field visits suggested that the designation 'budget-holder' would be applied only if a child had additional needs which required an additional budget spend, either because the services needed were not readily available through statutory or other agencies or because specific goods were required. The emphasis, then, appeared to be on BHLPs seeing their role as being to purchase services which were not already available within the multi-agency team. Moreover, in many pilots, it appeared that goods were more likely to be purchased than services.

This emphasis suggested that the BHLP approach might be confined to specific children with specific additional needs. Whether an LP held a budget for a particular case was determined by whether extra cash was needed to purchase goods and services which were not readily available. Furthermore, we were told that most BHLPs were unlikely to be involved in commissioning services directly from providers across a range of sectors. It was difficult to see, therefore, how LPs might be empowered by holding a budget, when, in reality, they seemed only to have access to additional monies (which many had to apply for via some kind of application form).

In terms of the processes being put in place, pilots tended to be using either a multi-agency panel or a TAC to determine the support services which might be delivered, following some kind of assessment (not always a CAF). Multi-agency panels tended to consider several cases at a time, whereas the TACs were case-specific. It seemed that much of the discussion centred on whether the child needed additional services (or goods) that could not be funded from existing provision. If no additional spend was needed, an LP was allocated to the case: if additional spend was required, the case was allocated to a BHLP. The 'route' a child might take through the system, therefore, was determined to a large extent by whether additional monies were required.

Spending from the BHLP Budget

Pilots told us that they expected to spend the new BHLP budget on non-statutory (extra) services and goods. On the whole, pilots were reluctant, it seemed, to compile directories from which BHLPs could select appropriate services because of the fear that this would limit and stifle creativity. The emphasis was on flexibility, creativity and experimentation and pilots were reluctant to be prescriptive. Most pilots pointed to a range of potential services, and most agreed that funds could be spent on goods or one-off payments provided that the goods could not be acquired in other ways. In a few areas, block commissioning was being undertaken (e.g. for counselling and parenting support), but it appeared to be too soon for most pilots to have considered block commissioning. Some pilots specified that funding would be focused on reducing barriers for young people, which could include buying consumables and specialist support services which facilitated involvement in education and employment. We noted that practitioners regarded purchasing goods/consumables as being easier than buying services: goods could be purchased relatively quickly, which made it easier for practitioners to determine positive short-term impacts.

Budget-holding or Budget-accessing

Another important factor related to the size of the budgets BHLPs could access/spend and the processes in place to obtain funding. Most pilots had set limits on the BHLP expenditure, although these varied considerably across the pilots. It was clear from our field visits that not all BHLPs were being given the personal authority or discretion to hold and use funds, in consultation with the family, but had to make a request to a decision-maker of some kind, who determined whether a budget could be used and/or the amount to be drawn on. To some degree this process appeared to be a rubber-stamping exercise, but in a considerable number of pilots the final decision about accessing BHLP money was left to a senior manager, a multi-agency panel or the TAC. In some areas, the TAC decided what the funds could be used for after a manager/decision-maker had decided on the allocation of a budget.

We were concerned that in pilots where the BHLP was not personally responsible for allocating and spending a budget, the role of the BHLP might have been somewhat diluted, and we questioned whether an LP who does not actually hold or manage a budget should be described as a budget-holding lead professional. A more accurate description might be 'budget-accessing lead professional'. The OPM team suggested that the implementation of processes which required cases to be 'referred up the line' when additional resources were sought may have been the result of early implementation nervousness about accountability, and a lack of experience in devolving financial decision-making to the professional who is working with the family. While this may have been the case, we were aware that this kind of managerial authority and supervision would render it difficult to evaluate the effectiveness (and the cost-effectiveness) of front-line LP practitioners actually holding budgets.

Furthermore, we argued that if BHLPs in some areas were not in a position to hold budgets or to be responsible for them, the decision-making about service provision could not be said to be moving closer to the child and the family. Moreover, the more remote the decision-maker, the greater the likelihood that there would be inevitable delays in securing services for families once a need had been identified, and that this might work against the ethos of providing timely services via a budget-holding practitioner. Later in the report we discuss the extent to which children and their families were party to the decision-making process and the time it took for some BHLPs to complete the administrative procedures for accessing the BHLP budget. We realised that it was possible that managerial controls might be lessened as the pilots unfolded, but this shifting level of responsibility for BHLPs might limit what we could say about the added value of budget-holding and the families' experiences of this kind of service provision, particularly in respect of its impact on outcomes. Of specific interest to us was understanding the processes through which individual action plans were drawn up and executed, and the extent to which the BHLPs were pivotal players in securing and commissioning services, which would constitute a significant shift in practice in line with the policy intent.

The model of BHLP practice being implemented - which we have termed the standard model - did not appear to conform closely to the underlying propositions noted earlier in Chapter 1. These indicate that budget-holding should create incentives for LPs to maximise the quality of service provision while controlling costs, and that one professional managing one budget will lead to improved multi-agency working. We argued that if a more limited policy interpretation were to be maintained and remain prevalent across the pilots, holding a budget would essentially involve the accessing of a new budget when additional services or goods were needed rather than heralding a radically new approach to the delivery of services. The standard model of budget-holding involved the provision of top-up funding for certain kinds of children, perhaps because they fell below statutory thresholds. Budget-holding was not being implemented as an alternative way of purchasing, co-ordinating and delivering all the services that a child with additional needs might need. The focus on allowing practitioners to access a specific budget rather than them actually holding and being responsible for individual budgets had serious implications for the evaluation in terms of our ability to compare outcomes between children. While, on the one hand, the fact that the same professional may be an LP in some cases and a BHLP in others could facilitate direct comparisons to be made, on the other, if the cases were so distinctly different any meaningful comparisons between them would be nullified and outcome measures would be far from robust.

Pooling Budgets

We had understood that a key characteristic of the BHLP approach is the ability to increase responsiveness to the child's and family's needs through a better co-ordinated delivery package which reduces overlaps. The pooling of budgets was considered to be an important facilitating factor in enhancing new and innovative multi-agency responses. While a number of pilots pointed to the importance of achieving pooled budgets in their BHLP bids, our scoping visits indicated that very little pooling was taking place and that, where budgets were being pooled, the monies were often ring-fenced for specific interventions or categories of children. It would seem that the budgets available for BHLPs during the pilot were primarily limited to the BHLP start-up funding provided by the Department. Many pilots had not got as far as considering how budgets could be pooled, or how different commissioning models might be developed in order to enhance the sustainability of BHLP working. We recognised, as did the pilots, that pooling budgets across a range of agencies is both innovative and complex, and that the Department's expectations of what could be achieved in the time-frame of the pilots might have been overly optimistic.

Targeting Children and Young People with Additional Needs

At the time pilots wrote their BHLP bids, there was considerable variation in respect of the target populations. In the first few months of operation, this variation had lessened. Most pilots were targeting children and young people within the broad age range of 0-19 inclusive. Only a very few pilots had restricted their BHLP activity to more specific age ranges, although some appeared to have a particular focus either on early years work or on work with teenagers. We noted that there were variations between areas within some pilots. Increasingly, however, all types of families were being regarded as potential subjects for additional needs interventions.

We had hoped, during the scoping, to obtain a clearer picture of the kinds of children and young people who were being referred for allocation to a BHLP and to draw distinctions between pilots. This was not possible. Because so few pilots were advanced enough to have started BHLP working, we had little detail about which children were going to be targeted. Because, in most pilots, a wide range of professionals were likely to be designated as BHLPs we anticipated that the kinds of children and young people targeted would reflect the professional backgrounds of the BHLPs. Not only would the identified additional needs vary, but so, also, would the kinds of goods and services which were identified as being necessary. It was equally difficult to predict the potential number of children and young people who would have a BHLP during the life of the evaluation and several pilots were unable to offer estimates.

Empowering Children, Young People and Families

Another important factor in the BHLP vision relates to the empowerment of children, young people and their families, and some pilots had undertaken local consultation exercises with individuals or groups from their target populations in respect of the BHLP initiative. Here we found far less variation in practice since all the pilots had expressed their commitment to empowering children, young people and families in some way or another. All the BHLP pilots were attempting to involve children and families directly in decision-making processes, although the TAC approach appeared to involve families more easily than multi-agency panels were able to. In some pilots, families would be aware that the BHLP was able to access a budget, but the indication was that most families would not be told how much money was available. We noted, in one pilot, that the child/family may be given funds to buy agreed goods or services, but this appeared to be unusual.

Challenges and Implications

While we learned a good deal about the implementation of the BHLP pilots during the scoping phase, there were many aspects of BHLP working that were still evolving, rendering it impossible for us to know, *inter alia*, the potential population of children and families who would receive interventions from BHLPs, the kinds of additional needs which would be addressed, the range of services/goods offered and purchased, and the potential spend per child/family. Moreover, we could not know how long BHLP interventions would last, although many pilots indicated that interventions were likely to be short-term. We understood that while an LP might be involved with a case for a lengthy period of time, the BHLP aspect of the role (i.e. accessing the BHLP budget) would be relatively short-term. Nevertheless, we were keen to retain a robust research design and to forge ahead with a comparative study despite a number of serious limitations.

The fact that there were variations in BHLP practice across the pilots did not in itself present a significant research challenge. We recognised that different approaches to a new initiative can be helpful in the identification of elements of best practice and provide for a much richer kind of evaluation. Nevertheless, the rather slower implementation of BHLPs and the continually evolving developments in implementing the CAF and the TAC approach

did mean that we had less idea about the kinds of children and families who might be identified and just how the standard BHLP model would be applied, irrespective of practice variations.

Distinguishing between LP and BHLP Working

By far the most difficult challenge we identified was the seemingly unclear distinction between LP and BHLP modes of delivery: the boundary between LP and BHLP working was blurred in the majority of pilots. We had decided that to be able to make robust comparisons between LP and BHLP working we would need to identify policy-on and policy-off areas in the pilots (a policy-on area refers to the location of the BHLP initiative; a policy-off area refers to locations in which BHLP was not being implemented). However, since most pilots were either implementing LPs and/or BHLPs across the whole LA area or planned to roll the initiative out over the following year, identifying policy-off areas in which there were no BHLPs working was not straightforward. Moreover, the extent to which we would be able to match samples of children with additional needs in order to discern differences between those who were allocated to a BHLP and those who were not remained uncertain, particularly since we suspected that their needs profiles would be distinctly different.

As the evaluation progressed, the problem of locating an LP sample in policy-off areas escalated. We discussed this with the Department and, as we have noted earlier, the DCSF agreed to approach some local authorities which were not BHLP pilots to explore the possibility of selecting our comparator sample from outside the BHLP pilot areas. This became our only chance of securing a suitable sample of LP cases, and we were very grateful to Shropshire and Swindon for providing comprehensive data on a small number of LP cases. We discuss the LP samples in more detail in Chapter 3.

Outcome Measures

We were aware that some pilots had indicated that they were routinely administering the Strengths and Difficulties Questionnaire (SDQ), which is a well-validated and very useful tool for assessing positive and negative behaviours and the impact of the difficulties faced by the child and the family. It has been used successfully by practitioners in a range of settings and is also a very helpful research tool. We were keen to encourage pilots to use the SDQ routinely with their families because we believed it would provide a robust measure of change for the evaluation and be of help to practitioners. In the event few did so. It was clear that most of the pilot sites were reluctant to administer any questionnaires / scales beyond their routine assessments and we concluded that there was little value in pursuing a strategy that pilots were unwilling to embrace. Our basic strategy, therefore, was to focus on readily available outcomes collected by authorities themselves, such as education indicators, and to consider how best to obtain these data.

Selection of Case Study Areas

We planned to select two groups of case-study pilots. The first would be the focus of our study on multi-agency working, and the second would be the focus of in-depth interviews with children and families.

Multi-agency working

Given the variations in BHLP practice and the state of readiness for the pilot, we decided, in consultation with the Department, to locate our study of multi-agency working in two contrasting areas: Gateshead and West Sussex. The choice of the areas was based on three considerations. First, they should be engaging in a reasonable amount of BHLP

activity already; second, multi-agency service delivery should be well-advanced; and third, we would be able to undertake some level of cross-case comparison. Our aim was to conduct twelve interviews in each area.

Involving families

In respect of our in-depth study of families, we had decided that we should select different pilots to avoid research overload in Gateshead and West Sussex. We made the decision to focus our efforts primarily on talking to children and families allocated to BHLPs and proposed to select nine BHLP and three LP families in each of three pilots: Gloucestershire, Leeds, and Telford & Wrekin. We set out with the ambition of selecting a mix of case types, children of different ages and a gender mix. We selected these three pilots on the basis of the information given to us during our scoping visits, but recognised that the standard model of BHLP practice might limit the insights we would gain from children and young people.

Gloucestershire was a well-established pilot using a multi-agency panel approach, working primarily with the older end of the 0-19 age range. Procedures for CAF assessments were in place and these included a Strengths and Difficulties assessment. Gloucestershire was keen to implement outcome measures and insisted on all cases being reviewed. The BHLP pilot was taking place in 14 sites around the county, comprising some 140 BHLPs. Although children with all kinds of additional needs were being included, three groups had been identified as of particular interest: children with moderate disabilities, children requiring residential EBD provision, and children leaving care. The BHLPs had almost complete autonomy in respect of spend and there were opportunities for the evaluation to examine the same intervention in different contexts.

Moreover, we were told that funds could be triggered only after the completion of a CAF and consideration by the multi-agency team. Some block commissioning was being undertaken in respect of services such as parenting support groups. Although Gloucestershire was restructuring its children's services, in common with many of the pilots, LPs and the CAF had been fully operational across the county for over a year and a local evaluation had provided the evidence base for the roll-out of BHLPs. The multi-agency teams were well-established and the BHLP initiative was being embedded into these. Some BHLPs were working in areas of high deprivation, areas with a high ethnic mix, and areas presenting specific issues such as being highly rural. There are pockets of deprivation within the county, but various indicators suggested that there are significantly fewer children per thousand with multiple additional needs than the national average (see Chapter 4).

The Leeds BHLP pilot was part of a city-wide initiative to transform preventative services by making sure that all children, young people and families had an entitlement to a 7-day response for tier 2 services. The pilot was located to the west of the city and was being driven by the Early Years Service through Sure Start and Children's Centres. There was a specific focus on children aged 0–5, which provided an opportunity to examine a pilot looking at the additional needs of very young children. The pilot took referrals in respect of children and young people up to the age of 19, however. The TAC made the decision about BHLP support and children were routinely assessed using the CAF. A co-ordinator monitored expenditure and advised the BHLPs. Leeds planned to focus its BHLP support within specific super output areas (SOAs). Leeds has a significant ethnic population with ethnic groups concentrated within a few inner-city wards.

We had some reservations about whether the Leeds pilot was sufficiently advanced to cope with our case-study approach, however. Many policies relating to BHLP had not been developed at the time of our scoping visit, but the LPs were expecting to receive BHLP training in November 2006. Nevertheless, we regarded it as important to study BHLP

implementation in an inner-city area, and the Leeds pilot had interesting features and was focused on short-term needs and interventions. There was an expectation that cases would be closed within six months. The BHLPs were expected to provide an enhanced delivery with faster access to services, and we understood that they had the flexibility to purchase goods and services not usually available. The focus on early intervention was particularly interesting. Leeds had an ambitious vision for children's services and we detected real enthusiasm for working closely with the evaluation team.

Telford & Wrekin was a Children's Trust and had restructured its workforce into multi-agency co-located teams in five areas. In Telford & Wrekin, LP working was well-established across all five localities covering the authority, and BHLP working was available to all LPs. The BHLPs were working across the 0–19 age range and funding could only be obtained after a CAF assessment. The practitioner who conducted the CAF assessment became the BHLP for the child or young person and convened the TAC, which had the authority to make a budget-holding decision with a limit of £250 per child. The BHLP could purchase any practical services and low-cost goods and the Integrated Services Manager for the multi-agency team signed off the BHLP funding. A budget of £10,000 had been allocated to each of the five areas. There appeared to be a strong commitment to multi-agency working and to commissioning of services. We understood that the BHLPs had total discretion in respect of budget-holding and a team of integrated support workers was being employed to cover gaps in services. We noted that RelaTeen counselling services had been block-purchased for use by BHLPs.

Telford & Wrekin includes the towns of Telford (a former New Town) and Newport and a largely rural hinterland. Despite relatively high average levels of educational attainment the area houses significant pockets of deprivation, with a higher proportion of young people aged 16–18 who are not in education, employment or training than the national average. We believed that Telford & Wrekin would give us an opportunity to examine a BHLP initiative in an area which had experience of running an integrated services model in which all professionals in the authority were using CAF assessments. We understood that the five areas had very different demographic characteristics, including high rates of deprivation, unemployment, single-parent households and transport difficulties. We expected that the additional needs identified would vary from area to area within Telford & Wrekin.

The Art of the Possible

Evaluations of this kind require evaluators to seek the art of the possible. We had no doubt that we would be able to address many of the key research questions and provide rich data which could inform policy implementation. We acknowledged in our Scoping Report that we would need to constantly review what we could achieve in respect of all 16 pilots and whether we would be able to include all of them in our study of cost-effectiveness. We indicated that our evaluation might have to adopt a narrower focus at a later stage if data of sufficient quantity and quality were not forthcoming: we needed to be realistic about what the pilots and the evaluation could achieve in a short timescale. Our overall objective, nevertheless, was to stay as close to our original research specification as possible.

We revised our research design at the end of the scoping period and expressed our intention to continue to attempt to make comparisons between BHLPs and LPs in order to ascertain:

- whether there were significant variations between the cases
- the services offered/delivered within each model

- the impacts of different models of practice on children, young people, families and practitioners
- the elements and processes most closely associated with successful engagement of services and families
- a comparison of processes and outcomes
- elements of BHLP best practice

We recognised that we might not be able to include all sixteen pilots in all elements of the cost-effectiveness study, and therefore that we could not make a firm decision about which pilots to include until we determined exactly how BHLP implementation was progressing and the availability of appropriate case-level data, at a later stage in the study. We drew up a list of the data fields that would need to be populated for every BHLP and LP case, discussed these with the pilots and provided a spreadsheet for their use if they did not have their own existing management information system in place. We also agreed to accept hard-copy data in anonymised form. We needed to ensure that pilots were able to collect financial and outcome data, and proposed that we would supply specific data collection forms for this purpose.

At the end of our scoping phase, four areas of risk continued to give us especial cause for concern: first, the relatively slow pace of BHLP implementation; second, the difficulty in defining what BHLP practice is and how it differs from LP practice when it is characterised as giving practitioners access to an additional fund which is not held or controlled at the practitioner level; third, the real possibility that children and young people selected for BHLP intervention would be distinctly different from other children with additional needs, in that the allocation of a BHLP was likely to be dependent on the needs assessed requiring an *additional* spend on services and goods that were not normally available; and fourth, the limited numbers of robust outcome measures embraced by pilots and available for the evaluation. We believed that all these factors would limit the extent to which we would be able to conduct a rigorous quantitative comparative study in all the pilot areas.

Theoretical Framework

An important task in building a rigorous research methodology and understanding research data is that of developing theoretical approaches. The development of budget-holding lead professionals focuses on change: change in assessing need (CAF); changes in the ways children and youth are provided with an individual integrated package of services; changes in the way different services are personalised and integrated in a partnership approach; changes in the commissioning of services; and changes in the level of responsibility and accountability of LPs. We chose to use the theory-of-change logic model, which indicates how day-to-day activities in a programme under study connect to the results or outcomes the programme is trying to achieve.[36] It is a kind of roadmap, which highlights how the programme is expected to work, the processes which should be followed, and how desired outcomes are to be achieved.[37] The process is an interactive one which requires researchers and policymakers to build consensus on the inputs and outcomes of the programme being tested. At its simplest, it provides us with a theory of how and why an initiative works.[38]

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[36] Coftman, J. (1999), *Learning from Logic Models: An example of a family/school partnership program*, Harvard Family Research Project.
[37] Curnan, S.P. and LaCava, L.A. (2001), 'Getting ready for outcome evaluation: developing a logic model', *Community Youth Development Journal*, http://www.cydjournal.org/2000Winter/hughes_S1.html
[38] See Weiss, C.H. (1995) 'Nothing as practical as good theory: exploring theory-based evaluation for comprehensive community initiatives for children and families', in J. Connell (ed.), *New Approaches to Evaluating Community Initiatives: Concepts, methods and contexts*, Aspen Institute.

To build a theory of change we needed to determine the intended outcomes (short-, medium- and long-term) associated with BHLPs, the activities expected to be implemented to achieve these outcomes, and the contextual factors that may have an effect on implementation and the potential to bring about the desired outcomes.[39] We had used this approach successfully in other evaluations and knew that it ensures that the inputs, outputs and outcomes of a programme being evaluated are sharpened and agreed at an early stage so that we can identify what to measure and the methods to use. To make a case for impact, the theory of change seeks to accumulate rigorous tests of links between activities and outcomes, and understanding process is therefore an important component of the research. The theory of change places emphasis on understanding not only *whether* activities/interventions produce effects but *how* and *why*.

We revised our theory-of-change model for BHLPs after the scoping phase and we used it as a guide to understanding how BHLPs were implemented in the pilots. Figure 2.1 presents our revised theory-of-change model. In addition, we placed our evaluation within other theoretical frameworks which inform child and adolescent development, systems and behavioural change, and organisational change. These all acknowledge children, young people and their parents/carers as social actors who respond to interventions in diverse ways and with diverse outcomes, and recognise that changed services influence organisations in different ways.

Summary

In this chapter we have described our research design and the modifications we made during the early months of the evaluation, and discussed the challenges we had identified during a detailed scoping phase. We embarked on the main study in March 2007 and worked closely with the pilots and the Department to monitor progress and consider whether the challenges we had identified would be instrumental in determining the extent to which we could undertake the kind of cost-effectiveness study we had designed, and if so how. We knew that there were a number of potential risks, but we needed to allow the pilots sufficient time to work through some early implementation issues and to check whether they would be able to supply the detailed case-level data we would need. The support and challenge team at the OPM continued to work alongside the pilots, recognising that not only was the implementation of BHLPs to policy intent an ambitious expectation but, also, our evaluation design was equally ambitious given the very limited time available. Much was resting on the pilots and the evaluators to deliver clear evidence about the potential for BHLPs in children's services.

In the next chapter, we consider the progress the pilots were able to make following the presentation of our Scoping Report and discuss the changes in direction some pilots undertook towards the end of 2007 in order to reflect more closely the original policy expectations of BHLPs. We describe the economic models we subsequently devised for the analysis of cost-effectiveness and specify the data we were able to achieve across all the elements in the study. The data available were undoubtedly more limited than we had hoped, and we discuss the implications of these limitations in respect of the findings presented subsequently in Chapters 4 to 9.

[39] Connell, J.P. and Kubisch, A.C. (1999), 'Applying a theory-of-change approach to the evaluation of comprehensive community initiatives: progress, prospects and problems' in J. Connell (ed.) *New Approaches to Evaluating Community Initiatives: Concepts, methods and contexts* (Aspen Institute), *op. cit*.

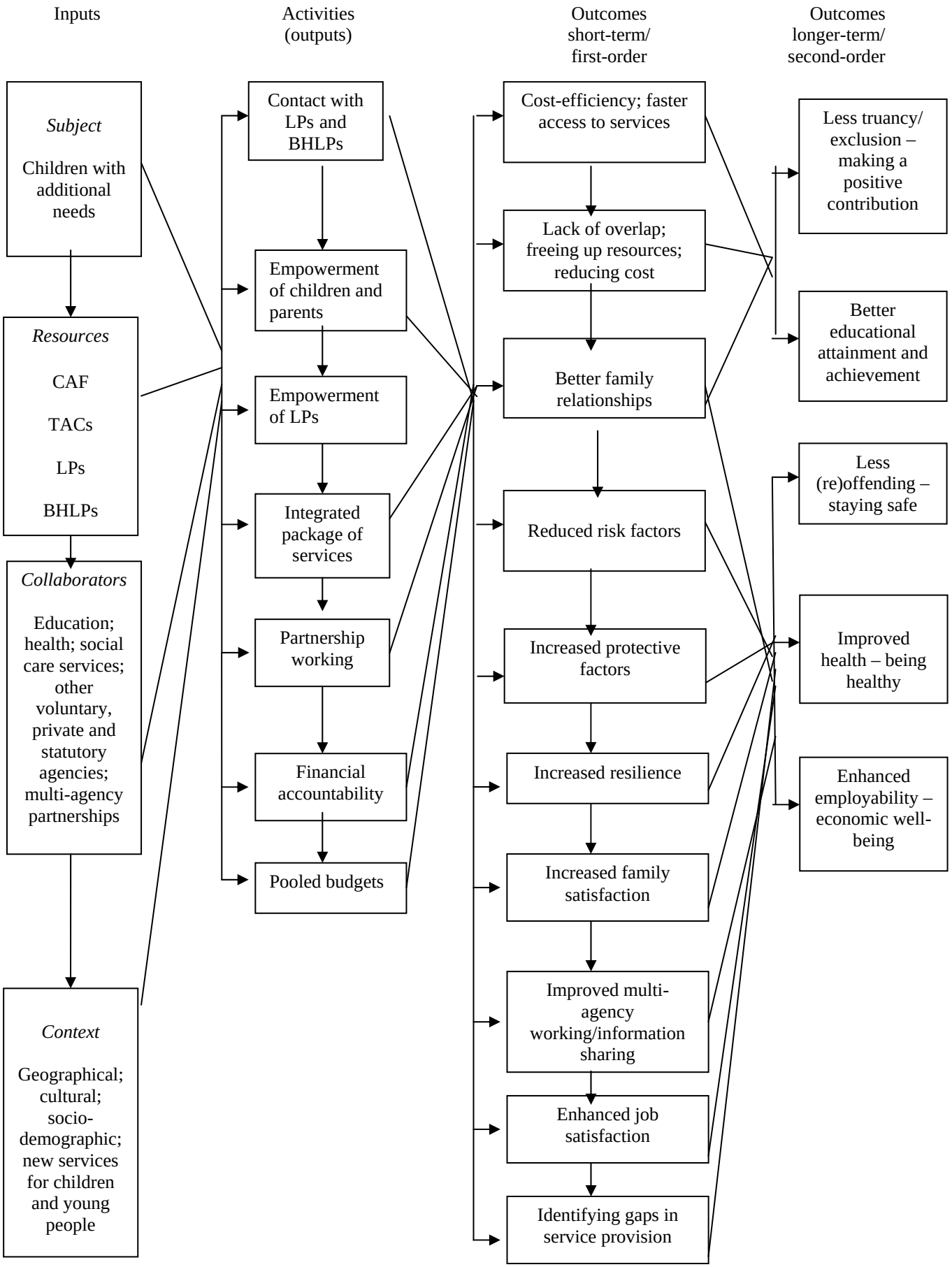

Figure 2.1 - Revised theory-of-change model for BHLPs

Chapter 3 - Refining and Refocusing Budget Holding Practice

In Chapter 2, we described our research design and the challenges facing the national evaluation at the end of the scoping period. These fell into two main categories: those which related to the pilots' interpretation of policy regarding BHLPs, and those which related to our research design for determining cost-effectiveness and were, themselves, influenced by the ways in which BHLP practice was being implemented. Our findings were discussed with the Department and with the OPM Support and Challenge team, and efforts were made to promote BHLP practice that reflected the policy intent more closely. In this chapter we review those efforts, discuss the approaches we intended to take to measure cost-effectiveness, and describe the data we were finally able to collect and the implications for the analyses which we were subsequently able to conduct. It is very important that the findings which are presented in the remainder of this report are seen in the context of the prevailing BHLP practice during the evaluation, the standard model, and that the limitations of the data available to us are fully recognised.

Realising the Potential of BHLPs

It was generally agreed at the end of the scoping study that the BHLP pilots needed to develop further their implementation of BHLPs. In Spring 2007, the OPM produced a discussion paper which looked at the various ways in which BHLP practice could and should be extended.[40] The emphasis was on helping pilots to:

- put more focus on BHLPs as individual-level commissioners of services rather than allowing them simply to access an additional funding stream
- make decisions about the services and support needed by a child in consultation with children and families, using a TAC approach rather than multi-agency panels
- explore how budgets can be devolved to practitioners, rather than being held at a management level

These changes were clearly going to be challenging for pilots. It was recognised by everyone concerned that the realisation of the concept of BHLPs required significant changes in professional practice, the culture of care and financial controls. Integrated working was at an early stage of development in many pilot areas, CAF was not universally implemented, and TACs were not yet commonplace. The pilots had clearly embarked on a journey of change that would have to be staged and would take time to achieve. During the first year of the pilots, most had not enabled BHLPs to hold budgets that would allow them to purchase the full range of services on offer, and most families were largely unaware of the changed responsibilities associated with BHLPs. Moreover, little progress had been made towards the pooling of core budgets, perhaps because the pooling of education, health and social care budgets presents very real challenges. The OPM team were of the view that, if BHLPs were to be given bigger budgets, more progress would have to be made in restructuring budgets at higher levels within children's services authorities.[41]

[40] Miller, C., Smyth, J. and Thompson, H. (2007) *Realising the Full Potential of BHLP To Extend Personalised Budgets*, OPM.
[41] ibid.

Examining Progress

During June and July 2007 we checked on the progress being made in each pilot to develop the implementation of BHLPs and expressed our concerns in a report to the Department about the relatively slow rate of change. In one of our in-depth case study areas, BHLP practice involved just nine families, and in another it was still very difficult to distinguish between LP and BHLP practice. Many pilots were continuing to use the BHLP fund provided by the Department for pump-priming as a source of top-up funding to purchase additional goods and services that would not otherwise be available and had not devolved budget-holding to the BHLPs themselves. So we embarked on a series of activities to investigate more carefully the standard practice model that had been adopted and the implications for the evaluation.

In-depth Interviews with Professionals

Our in-depth interviews with professionals designated as BHLPs indicated that the BHLP initiative was being implemented primarily with very poor families who could benefit from additional cash spend to pay utility bills and buy white goods, such as washing machines. In other words, the BHLP budget was being used as a kind of emergency social fund. We explore this further in Chapter 5. The key themes to emerge from our early in-depth work suggested the following:

1. The BHLP initiative was still being implemented as providing access to an additional pot of money.

2. The pot of money was being spent primarily on goods (laptops, washing machines, cots, beds, school uniform, paint, etc.), although some services (e.g. counselling, parenting work, childcare) were being purchased and some activities (e.g. coach trips, leisure pursuits) paid for.

3. The BHLPs did not regard themselves as having taken on a radically new role and most had not received training for this new role.

4. The CAF was not universally used to assess needs.

5. Multi-agency intervention was not always evident.

Not surprisingly, the practitioners we interviewed were all positive about the BHLP pilot and delighted to have access to a pot of additional money. They could cite numerous benefits for families when it was easy to buy goods quickly. Some BHLPs, however, expressed to us their concerns that word would spread round local neighbourhoods that the BHLP pilot offered ‘a free washing machine service’. Moreover, practitioners were worried that it would be difficult to sustain this level of additional support once the pilot had come to an end. The impression we received was that the purchase of goods had probably prevented referrals having to be made for social care and other services, at least in the short term, and had avoided the practitioners having to search for goods that might normally be available only from local charities.

Analysis of BHLP Case Studies

We had supplemented our analysis of initial in-depth interviews with practitioners with analysis of the monthly conversation reports returned by each pilot to the Department since early in the study. Each of the sixteen pilot areas had been asked to submit two case studies with their monthly reports, in order to demonstrate the work they were doing in their area. During the evaluation, we had observed that the cases they presented appeared to

reinforce our finding that the BHLP project was regarded as providing an additional source of top-up funding rather than as promoting a new approach to working with children and families. It is important to note that the monthly conversation reports were not and were never intended to be a research tool as such. They were important documents, nevertheless, because they were used to record achievements in each pilot and were being seen locally and nationally as 'evidence' of the success of the BHLP project. In that context, it seemed helpful to unpack the evidence presented to the Department thus far and test its robustness. We undertook a detailed review of the reports returned for May, June and July 2007. Over 50 case studies were examined and found to be of varying format, detail and focus. We examined the case studies, looking for evidence of the existence of the key building blocks associated with the BHLP approach. We refer to each of them briefly here since our review was instrumental in the Department asking us to conduct a subsequent survey of all the pilots and then taking action to refocus BHLP activity.

Identifying need and the use of the CAF

The case studies revealed that, some fifteen months into the pilot, there were pilots in which practitioners were still not routinely using the CAF to identify need. Even though pilot staff had identified target populations and thresholds of need, practitioners were identifying need in different ways. Often, practitioners identified a single need that could be met by additional funding. At other times the needs identified had arisen owing to a specific crisis such as a house fire or domestic violence, which had necessitated immediate intervention, often to provide basic items such as food and clothing. Many practitioners identified the need to provide goods and/or activities for children, because parents/carers could not afford to provide them from within their current resources. In essence, most of these kinds of needs appeared to be driven by poverty, in that a family was considered eligible for BHLP intervention simply because it could not afford to pay for items without extra money. Our contextualisation work, which we discuss in the next chapter, provides further evidence that pilots were engaging in some kind of social targeting. Moreover, the additional needs identified were generally short-term needs.

Multi-agency working

Approximately four-fifths of the case studies described the use of a multi-agency approach, and several models of multi-agency working were discernible. Some practitioners seemed to be utilising a multi-agency approach in order to make informed decisions about an assessment and an action plan, and others seemed to be using a model whereby the stated multi-agency involvement was only evident in the delivery of services or goods after the BHLP had conducted the assessment and drawn up an action plan or intervention package and then requested services from other agencies.

In several cases, however, the BHLP was acting as a personal advisor, wearing a range of different hats, but there was no evidence of a multi-agency team approach. Other cases were clearly being dealt with via a panel process, with children referred by a practitioner in order for an action plan to be drawn up or approved. Panels sometimes approved a single intervention (often entailing spend from the BHLP budget), but, at other times, a package of interventions was put into place, necessitating a co-ordination role. Some pilots seemed to have developed a system that utilised a mixture of approaches.

A co-ordinated approach - the LP role

Most case studies emphasised the use of BHLP funding, rather than indicating that a BHLP was co-ordinating a package of care. A key plank of both the LP and BHLP roles is the co-ordination of work around the child and family, which involves more than one agency. We

found evidence in some case studies that some practitioners were taking on this role, but in other cases there was no evidence of co-ordination by an LP (and indeed, no evidence of anything other than a single agency response). Sometimes, input from social services, CAMHS and other agencies was mentioned, but the impression given was that this was occurring alongside the BHLP intervention rather than being co-ordinated by the BHLP. This seemed to be common practice where the BHLP pilot was seen as a fund or a grant-making scheme, and BHLP working referred to budget accessing. Interventions were often mentioned as an aside or as background information, being delivered by others but not as part of the case study presented. While evidence of fully integrated, co-ordinated working by BHLPs was comparatively rare in the case studies presented, where it was in evidence the process was described very positively.

BHLP working - function or fund?

The case studies offered considerable evidence that the BHLP initiative was being interpreted as being a fund or a grant that could provide funding for goods and services that could not be paid for by other means, or which would take too long to obtain. The BHLP provision, in most case studies, incorporated the provision of both goods and services, however. The goods provided fell into two main types. Goods such as carpets, bedding and pushchairs were often provided in order to improve the living standards and comfort of families. In other cases, the goods provided facilitated the use of services that were also provided, for example travel cards, a laptop to access online support services for a disabled parent, and an insurance policy for a work placement. Many of the goods purchased could be categorised as 'co-operation goods'. They tended to be connected to problems the child/family had identified, but the primary purpose of the purchase was to secure the co-operation of the child/family with the action plan. Typical service interventions included the provision of, or support with, transport, schoolwork, counselling, parenting support, gardening, nursery provision and work-related training. Some services had been block-commissioned by the BHLP pilot, and children were allocated a portion of that provision. There were examples where BHLP pilots had provided seed-funding for new posts or services, and then were able to make use of these for the children identified as having additional needs, thereby building capacity locally. The provision of activities, such as family holidays, days out and swimming, was also common. Some of these were funded via vouchers or passes.

Empowering children, young people and their families is seen as a key element in the delivery of BHLP working. The case studies did not specifically ask about parental and child involvement, but many did describe the experiences of family members. It is clear that some practitioners regarded involving families in one way or another as an important element in their BHLP practice.

Describing outcomes and the perceived value of BHLP

The CAF process is designed to encourage practitioners to link needs to specific outcomes. While there was very little mention of formal reviews having taken place in the case studies (perhaps because case studies were often completed early in the intervention process), practitioners were required to describe the outcomes that had been achieved. The outcomes described were of a multitude of types, and many of the practitioners were actually describing outputs rather than outcomes, as the following categorisation demonstrates:

- improving ECM outcomes according to the additional needs previously identified
- improving ECM outcomes according to unmet need previously identified

- avoidance of referral to specialist services
- user satisfaction
- the speed of the response / avoidance of waiting lists
- the receipt of goods or delivery of services
- user compliance and engagement

The final three categories describe outputs rather than outcomes for children and young people, and the ECM outcomes were often not disaggregated or specifically detailed. Although there was some evidence of a connection between outcomes and the identified additional needs, in general outcomes were assessed in terms of the specific problem the intervention was aimed at rather than by reference to the underlying additional needs. Some practitioners clearly had difficulty distinguishing between outputs and outcomes. Looking at the case studies, it was not easy to determine how the spend on goods and services actually contributed to the achievement of the ECM outcomes and how these might be demonstrated. Attribution is notoriously difficult without highly controlled RCT approaches to evaluation, and it is not easy to see how the case studies could really provide robust evidence.

Practitioners deemed several advantages of BHLP practice to be important. They referred to:

- bridging a gap in services
- being able to provide something not previously available
- being able to set up services to meet demand (capacity building)
- undertaking crisis intervention
- improving the flexibility and personalisation of services

The perceived value of BHLP practice appeared to be the provision of a funding source that allowed provision of goods and services that would otherwise be unavailable. In some cases this was enabling a rapid and creative response to clearly defined needs. Having examined a wide range of case studies, we felt that the pilots had not yet managed to look at BHLP practice ‘in the round’ and were in danger of isolating specific spends to demonstrate overall success.

Proximity to Policy Intent

In the light of our initial analyses of the data available to us from interviews and monthly case studies, we expressed our continuing concern to the Department about our ability to test the cost-effectiveness of BHLP practice. We agreed to conduct a telephone survey of the pilots to investigate the extent to which they might be willing and able to move closer to the original policy intent. The survey was undertaken in June and July 2007 and involved all the pilots, with the exception of Knowsley, from which we received no response to our many emails and phone calls. We were particularly keen to understand how each pilot had progressed since preparing its initial bid to become a BHLP pilot. We prepared a report for the DCSF in July 2007, outlining the model of BHLP practice in each of the other 15 pilots and the implications for an evaluation of cost-effectiveness.

Our survey suggested that, in terms of proximity to policy intent, pilots could be placed on a continuum, with some having moved further away from the policy intent as time had progressed. Most of the pilots confirmed their understanding of the BHLP pilot as being about spending a pot of additional money provided by the Department. A vision which included the empowerment of LPs to hold or be accountable for budgets to co-ordinate service delivery was either very weak or non-existent, and the LPs and families had the impression that BHLP practice was about accessing extra cash when services and goods that were required could not be met from other budgets. While some pilots had remained committed to purchasing services rather than goods from this pot of money, many continued to focus primarily on buying goods and leisure activities, often because these were easier to audit, 'results' were instantaneous, families were very grateful, and the pot of money could be spent relatively quickly and could address the needs associated with deprivation. We noted, also, that some pilots were clearly reluctant to give LPs control over budgets and that decision-making continued to reside within management rather than close to the child/family. Some pilots had not yet trained local practitioners as LPs and, in many pilots, BHLPs had received little more than 'awareness training', primarily around procedures for accessing the BHLP pot of money. In some pilots, LPs saw little point in completing a detailed CAF merely to spend cash on something like a washing machine. When the emphasis was on buying goods and leisure activities, there was little real evidence of LPs / BHLPs taking responsibility for co-ordinating multi-agency service delivery.

Having completed our survey, we reviewed a number of policy and practice documents that the pilots had referred to as they implemented the BHLP initiative and were aware that they had been alerted to different models of BHLP practice, some of which included the use of additional funding to purchase targeted support over and above the menu of statutory services that children and young people were already entitled to receive, or to make direct payments to families for services such as childcare. Moreover, the perceived pressure on pilots to spend the pump-priming money received from the Department had reinforced the emphasis on using it as an additional pot of money. It was not surprising, therefore, that the BHLP pilots had not been established in ways which would closely mirror policy intent and that they had adopted the standard model. Indeed, they reported that they had been encouraged, during support and challenge activities, to use the Department's start-up fund as an additional budget for use with children and young people when other funding was unavailable. This interpretation, however, made it virtually impossible to deliver an evaluation which compared LP practice with a radically new and innovative way of working such as had been envisaged when BHLPs had been established.

We suggested that a number of remedial steps might be taken to help pilots move closer to the original policy intent of BHLPs, including that they might be encouraged to select a small number of BHLPs and provide more in-depth training for them to undertake the radically new and highly innovative approach with children with additional needs. This, in turn, would help practitioners to shift their perception of BHLP practice from one of budget accessing to one of co-ordinating, managing and budgeting services for families within a multi-agency framework. We suggested that, if these steps could be taken, there would be some opportunity to seek the evidence for the cost-effectiveness evaluation that we had been commissioned to undertake. We recognised that not all pilots would be able to make these substantive shifts very quickly, but were confident that those which had most of the essential building blocks in place could do so. Without a tightening of the policy focus, we were clear that all we could evaluate is what can be achieved for families in the very short term by spending additional money on goods and services, but such activity may well be unsustainable after the end of the pilot when the pump-priming money is no longer available.

Refocusing the Pilots

During July and August 2007, DCSF officials contacted all the pilots to discuss the potential for them to move closer to a model of BHLP working which matched the policy intent, and re-emphasised the Government's vision for the BHLP initiative. In this vision, it was expected that the BHLPs would:

- think innovatively and creatively about how best to meet the needs of the child/young person rather than about which existing service most closely fits these needs

- understand the services available in the local 'market-place' and the costs associated with providing those services (including existing ones) to children with additional needs

- understand that existing services are not free, or necessarily the only option, and are there to be challenged or bypassed if they do not meet the needs of the child/young person or family

- feel able to influence and reshape local services so as to create a more competitive 'market-place', thereby improving the quality and timeliness of local service provision

- take decisions with practitioners who know the child and their family, working in a TAC, not within a panel structure

The principles underlying this vision were that BHLPs should have a budget for every child with additional needs for whom they were nominated as the lead practitioner, and that this budget would be substantial enough for them to commission the full range of services each child needed. This would include paying (notionally) for existing services from the budget for the child. The Department suggested that if BHLPs were given larger budgets, calculated either as a result of the initial CAF assessment or as a standard amount per child, and training to realise the potential of their role, they would be able to explore more fully with the family and the TAC which services would best meet the child's needs. The Department provided two illustrative process models distinguishing between LP and BHLP practice (Figures 3.1, 3.2), which provided a clear picture of the two models of practice we had expected to compare throughout the evaluation.

The Department's vision implied a substantial shift away from the perception of the pilot as a means of 'topping up' where services did not exist or of meeting current need via the purchase of goods, towards the realisation that BHLPs should be designing the full package of services needed by each child. The BHLP would agree an action plan, preferably via a TAC meeting which involved the child or young person and at least one parent, and would have leverage over a budget in order to procure services and goods which were integral to effective service provision. The BHLPs would also be empowered to improve the quality and choice of the available services, challenging them to be more flexible where necessary.

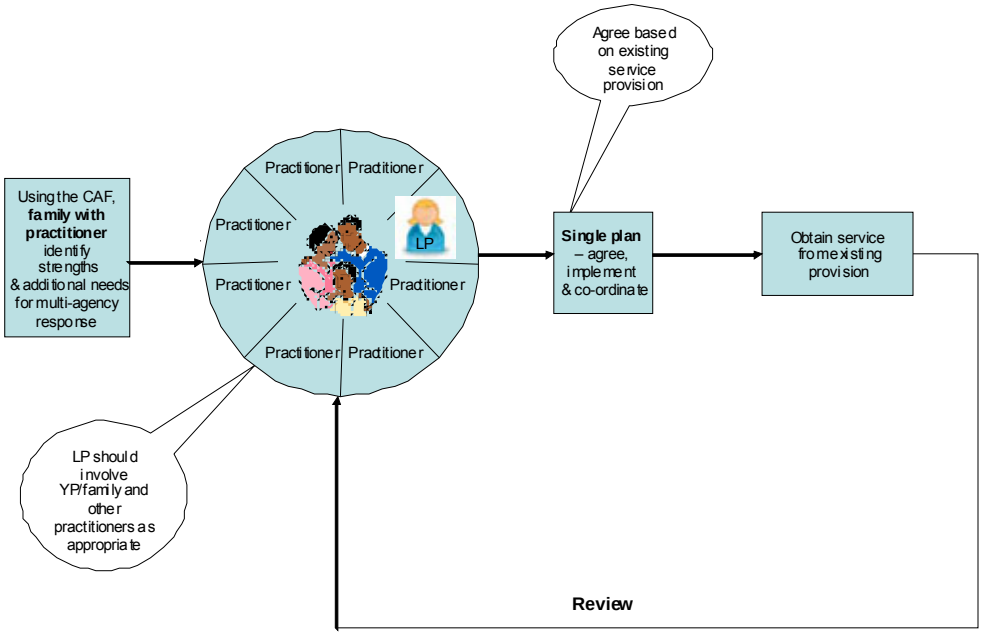

Figure 3.1 - LP process

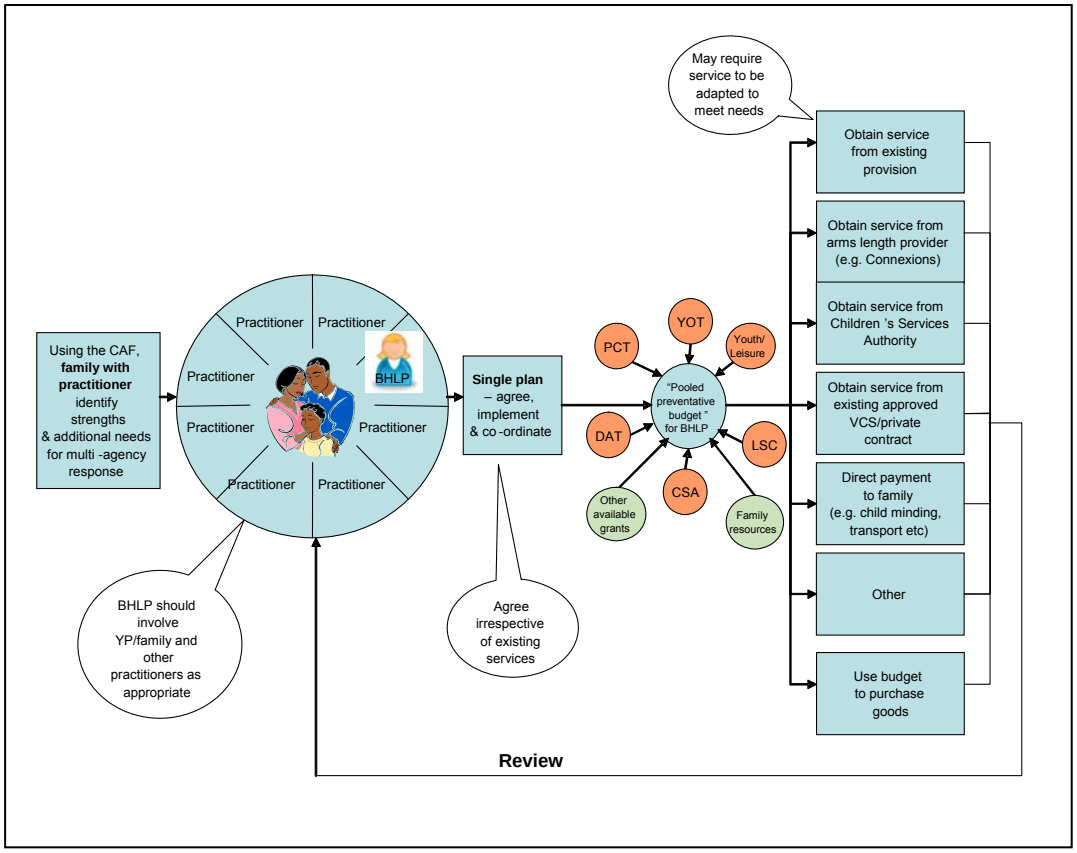

Figure 3.2 - BHLP process vision

If families were given choices about services and asked to prioritise them, it would be possible to ascertain the reasons for their choices, which could then inform future commissioning and the market-place. The Department acknowledged that, in order to undertake this role, practitioners would need:

- specific training
- support from trained managers
- quick and unbureaucratic access to a significant budget

Pilots were asked whether they were able and willing to implement this role, and we were pleased that some pilots were keen to participate. The Department agreed to offer support to these pilots, to include:

- a ready-reckoner of how much statutory services cost
- the development of a generic training package for the enhanced BHLP role, and possibly some professional training
- the provision of extra support via the OPM and the Government Offices to help with project planning
- a mechanism for the pilots to share practice and support each other

We realised that training would take time, as would the acquisition of knowledge about the services available in the market-place. Clearly, the pilots and the national evaluation team both had concerns about just how much could be achieved in the short time left for the pilot project, which was scheduled to finish at the end of March 2008. In reality, the pilots and the evaluation team would have no more than six months to implement and evaluate the work of a group of BHLPs who had moved practice closer to the original policy intent. There were additional concerns in some pilots about the sustainability of the activity beyond the pilot period. The pilots, understandably, were cautious in their prediction of what they could offer in the time available. Most expected to identify and train a small number of BHLP practitioners who had some experience within the standard model of practice, who would act as BHLPs for a relatively small number of children. The reality, however, was that most pilots felt that they would not be ready to implement the enhanced role until towards the end of 2007, leaving very little time for any evaluation of outcomes, given that cases usually remain active for several months. We acknowledged that the evaluation would therefore have to take account of relatively low numbers of cases and the very little time that was available to monitor both processes and outcomes quantitatively and qualitatively. Moreover, pilots warned us that they expected to be winding the pilot down from the beginning of 2008 and that there might be very little activity in the final three months of the pilot.

In order to distinguish the practitioners who would receive training for this new role from existing BHLPs, the pilots that volunteered to move closer to policy intent were referred to as ‘established’ BHLP pilots and the designated practitioners as established budget-holding lead professionals (EBHLPs). In the event, seven pilots participated in the EBHLP work, which we refer to as the refocused model of BHLP practice. These were Devon, Gateshead, Gloucestershire, Knowsley, Trafford, Telford & Wrekin and West Sussex. A small number of practitioners in most, but not all, of these pilots received training from the DCSF for the refocused role. As we subsequently discovered, not all of those selected as

EBHLPs had had any previous experience of being BHLPs and so they came to the refocused model *de novo*. We had advised the DCSF that the new EBHLPs should ideally be selected at random from the existing pool of BHLPs and that the cases earmarked for EBHLP intervention should also be chosen at random. We wanted to be able to eliminate as many potential biases as possible, otherwise it would be virtually impossible to establish the generalisability of the findings of the study. If only the most efficient or experienced BHLPs (or those with no experience at all) were selected to become EBHLPs and their cases were then handpicked, it would be impossible to compare the outcomes for their cases with outcomes for the existing BHLP cases and for the LP cases. While the practitioners who became EBHLPs were not necessarily experienced in the standard model of BHLP practice, it emerged during our fieldwork that many of the EBHLP cases were indeed very carefully selected and were particularly complex. We have therefore had to address the issue of bias.

The proposal to locate and train a small number of EBHLPs created both problems and opportunities for the evaluation. While we welcomed the significant attempts being made to move closer to policy intent, it was very late to be introducing such major changes. We put forward a number of options for completing the evaluation, primarily requesting an extended period both to follow up the EBHLP cases and to continue our fieldwork beyond the March 2008 deadline. The DCSF agreed to allow us to extend the evaluation until summer 2008, but subsequent delays in the provision of data by the pilots, and the need to supplement the data on outcomes, inevitably delayed the submission of this final report still further.

Refining Data Requirements

The appointment of EBHLPs and the decision to refocus the work in seven pilot areas did not change our data requirements at the case level. We needed to collect exactly the same data for EBHLP, BHLP and LP cases if we were going to be able to make a three-way comparison of costs and effectiveness. For the BHLP case data we provided each of the pilots with an Excel template for data collection in early April 2007. This requested data on the assessment and background of the child, which broadly reflected the data captured by the CAF. It also requested data on interventions put in place for the child and outcomes at review. A few of the pilots adapted this spreadsheet, but only one attempted to complete it in its entirety for all children. Most pilots collected electronic data on BHLP cases in some format, but this often amounted to little more than demographics and costs of BHLP interventions from the BHLP budget. Very little formal recording of interventions was put in place for children apart from the expenditure from the BHLP budget. This situation undoubtedly stemmed from the way in which the standard model of BHLP practice was conceptualised and operationalised by the pilots. More alarming was the lack of review data collected on BHLP cases. Frequently pilots appeared to do little more than ensure that the purchased goods and services were actually received.

For the refocused EBHLP cases we pre-specified the data we would collect from each pilot and developed a pro-forma. We requested the same data from both the refocused BHLP pilots and the comparator LAs. We attempted to capture most of these data by designing an Activity and Service Log that requested sufficient detail on services received by the child - both those put in place by the EBHLP or LP and those already in place - to allow us to cost them. It also included questions on NEET status where appropriate and a section to capture the time input of the EBHLP. We also underlined our request for an anonymised copy of the CAF for each child, from which we extracted socio-demographic data, review data, including SDQ at assessment and review, and the relevant school attendance data. When we had explained the data we would need, pilots did not express concerns about collecting them, beyond noting that the completion of Activity Logs inevitably added to the paperwork practitioners were obliged to complete. Only two pilots had undertaken to use

the SDQ and there were large numbers of missing SDQs. Only a few pilots were providing data relating to school attendance and NEET status and these data would not be sufficient for us to undertake a robust quantitative analysis. Furthermore, it appeared that pilots were still not routinely recording information relating to the package of services provided to each child and to other interventions which were in place at the time of allocation of the case to a BHLP. Where CAFs were being completed, several sections remained blank and, often, no details were recorded about the action plan agreed. In a significant number of BHLP cases we found little evidence of multi-agency intervention, and many others were ambiguous with regard to multi-agency provision.

LP Comparator Sample

The introduction of EBHLPs did not solve the problem we faced in identifying comparative LP data. Only five pilots had not rolled BHLP practice out across the whole pilot area. While these pilots could, in principle, provide a LP comparative sample, the BHLP managers did not have the authority to request the collection of data relating to LP practice. We were of the view that drawing within-area comparisons would be much stronger and less open to bias than drawing an LP sample from non-pilot areas. But our preferred approach required a clear definition of policy-on and policy-off areas and the willingness of LPs in the policy-off areas to collect the same detailed case-level data. The primary disadvantage of selecting non-pilot areas as comparators is the need to control for different levels of deprivation and cultural factors, different delivery structures in children's services, and other factors which might influence the outcomes for children with additional needs.

As it became increasingly clear that collecting LP data from policy-off areas in the pilots would be extremely difficult and might yield insufficient data for comparative analyses, we agreed that the DCSF should approach non-pilot areas to request the LP data needed. The Department was prepared to offer support/incentives to the LAs which might be willing to assist with the evaluation. A number of LAs were approached and several seemed willing to help us, but for a variety of reasons some were not able to commit themselves to providing an LP sample for quantitative data collection. In the event, two LAs, Swindon and Shropshire, were able to help. We hoped to collect the same data from the LP comparison group that we had agreed to collect for the EBHLP cases from the pilots. Alongside copies of CAF and local review data this would include SDQ at assessment and review, relevant attendance data, and a completed Activity and Service Log. We sent both LAs detailed descriptions of the data we needed, and visited Shropshire in January 2008 to attend a meeting where the feasibility of the data collection was discussed. Both LAs agreed in principle to collect the data we needed, although Swindon had some reservations about the feasibility of collecting SDQ data. Ultimately, we received data on 21 cases from Shropshire, with a virtually complete set of data for each case. Unfortunately the response from Swindon was more muted, with data on just eight cases received, only four of which had recorded appropriate attendance data.

Having identified two non-pilot LAs willing and able to contribute to the study, we were able to confirm our intention of making a three-way comparison between:

- children and young people with an LP (two areas)
- children and young people with a BHLP (sixteen pilots)
- children and young people with an EBHLP (seven pilots)

Qualitative Case Study Pilots

The decisions to introduce EBHLPs and to look for non-pilot areas for the LP comparator sample had implications for the qualitative in-depth elements in the evaluation. The two pilots selected for an in-depth study of multi-agency working, Gateshead and West Sussex, both opted in to the refocused model. This ensured that we could look at the wider implications for a range of services when BHLPs took on the EBHLP role during the last few months of the pilot. By extending our data collection period we were able to capture these experiences.

Two of our three case-study areas for in-depth work with children and families had indicated that they would not be opting to become EBHLP pilots. Only Gloucestershire had opted in immediately. We had to make a decision, therefore, about whether to shift this element to two new areas even though we had begun fieldwork. We asked pilots which had opted in to the EBHLP initiative if they would be willing to allow us to conduct interviews with the children and parents of EBHLPs. We agreed with the DCSF that there was little to be gained from selecting a sample of families for interview in non-EBHLP pilots if their experience of BHLP practice was confined to having had additional goods and services purchased for them, and that we should endeavour to capture qualitative information from pilots that were moving closer to policy intent.

Both Gateshead and West Sussex agreed to allow us to invite EBHLP families to participate in the research, and so we made the decision not to continue fieldwork in Leeds and Telford & Wrekin. In fact, Telford & Wrekin subsequently decided to become an EBHLP pilot, but we had taken steps by then to shift our fieldwork to Gateshead and West Sussex and decided we should not reverse this decision. Moreover, we agreed that there could be some advantages for the research from conducting our in-depth work with families in the pilots in which the study of multi-agency working was well advanced. We would be in a position to build up a more comprehensive picture of the shift to EBHLP practice, and of the implications for practitioners, a range of agencies, children and young people, and parents.

Our aim was to select a sample of twelve families in each of the three areas with a mix of EBHLP and BHLP cases - the emphasis being on EBHLP cases. We decided that we could not include LP families as this would require non-pilot LAs to introduce the research to families and it was too late in the study to organise this. We provided further information about the research to all three pilots and asked that the EBHLPs should invite all families to participate in the study at the time of making the CAF assessment. We recognised, however, that we might have to compromise on our original plan to interview families several months after the assessment had taken place. Given that the pilots were not necessarily planning to maintain EBHLP practice beyond March 2008, it was likely that we would have to conduct our interviews when we could still be sure that the EBHLPs/BHLPs involved would also be available for interview and had not moved on to new posts.

Managing Expectations

The Department's decision to refocus BHLP activity as far as possible was both welcome and challenging. The EBHLP pilots recognised that they were embarking on further changes to practice, which required a step-change in thinking about the delivery of services, at a very late stage in the initiative. Some pilots described it as 'revolutionary'. At an event attended by the EBHLP pilots, directors of children's services and other senior managers and BHLP staff, considerable excitement was expressed about the possibilities associated with the 'established' BHLP role. A number of questions were posed that participants hoped the evaluation would be able to address. These included the following:

1. How much support does a child need to achieve the five *Every Child Matters* outcomes?

2. What does this support cost?

3. What is the relationship between budgets, service costs and children's needs?

4. Will the market respond to need or will there be unmet need and gaps in service provision?

5. What is the impact of choice on service provision?

6. What will the impact be on different sectors of service provision – statutory, voluntary and private?

7. How will quality control of services be assured and monitored?

8. What are the impacts on workforce development and professional accreditation?

While these are extremely important questions which we would have hoped to answer during the national evaluation, we were faced with the reality of time constraints. We have kept them in mind during our data analyses but were not able to address them directly.

Models for the Study of Cost Effectiveness

During the first six months of 2007, we developed two models which we believed would provide a framework for the quantitative evaluation of BHLPs. Appropriate implementation of an intervention is essential if meaningful evaluation is to be attempted, but evaluators often have little control over the ways in which key elements are developed.[42] However, as we have shown, the BHLP initiative was interpreted variously by the pilots and many of the key building blocks were not in place. The identification of the study population (children with additional needs), an appropriate comparator group, the availability of quantifiable and replicable outcome measures, and comprehensive case-level data all presented serious research challenges.[43] Nevertheless, we pressed ahead with the development of two models for the quantitative analyses: a main model and a policy-on vs policy-off model. The ability to identify a suitable comparator group meant that we could apply the second, more rigorous model which would compare BHLP working with LP working. If we had been unable to locate a comparator sample, we would have been limited to an evaluation which attempted to compare the cost-effectiveness of goods and services provided from the BHLP budget with traditional service interventions. This more limited comparison would treat BHLP practice as restricted to accessing an individual funding stream rather than as an alternative approach to service provision. We describe the technical details of the models and the analysis plans in Annexe 1.

We delineated a number of hypotheses to be tested by each of the models of analysis we would employ. In our more rigorous, comparative model we wanted to test the following hypotheses:

1. BHLP practice is more effective than LP practice, after baseline differences between children have been allowed for - H_1.

[42] Shemilt, I., Harvey, I. *et al*. (2004) 'A national evaluation of school breakfast clubs: evidence from a cluster randomised control trial and an observational analysis', *Child Care, Health and Development*, vol. 30, no. 5, pp. 413-27.
[43] Pennington, M., Gray, J., Dickinson, H., Donaldson, C. and Walker, J. (2007) *Complexity, Context and Control in Evaluating Public Health Interventions: Challenges for economic evaluation*, paper presented to Health Economists Study Group, Brunel University, 5-7 Sept. 2007.

2. BHLP practice is more effective than LP practice, after baseline differences between children and differences in money spent have been allowed for - H_2.

3. BHLP practice is more cost-effective than LP practice, after baseline differences between children have been allowed for - H_3.

4. Services purchased with BHLP funds are delivered more quickly than services arranged via LP practice - H_4.

Ultimately we did not pursue an analysis of Hypotheses 3 and 4 because we judged that there were insufficient data. The results of testing Hypotheses 1 and 2 are presented in Chapter 6. The standard model of BHLP practice, however, would ignore any benefits that might arise through other components of the delivery of services aside from the interventions provided by the use of BHLP as a top-up fund.

We identified a number of difficulties with both the models. The eligible population for BHLP interventions had been vaguely defined. The 'windscreen' model was a useful guide (see Figure 1.1 in Chapter 1), but the position of any child on that spectrum is clearly a matter of judgement, and pilots had operationalised early intervention in a plethora of different ways, depending on local priorities and structures. This, combined with the lack of centralised records, meant that it was impossible to identify a list of children (the total population of children and young people with additional needs) in any given pilot area who could be eligible for BHLP practice. The potential for bias in the selection of children and young people to experience BHLP practice was significant, and would be difficult to quantify in the absence of data on the eligible population.

A further difficulty existed where the BHLP initiative had been operationalised as a top-up fund with little scrutiny of the overall package of intervention. In some pilots it appeared that applications to the 'BHLP fund' were successful even when there was no additional service input. In essence, these cases were 'single agency intervention plus BHLP funding'. The Department's guidelines on lead professional practice are clear: an LP is appointed where a child or family is in receipt of interventions from more than one agency. Hence, these cases may not reflect LP or BHLP practice. The practice of 'single agency plus BHLP funding' seemed to be particularly common where practitioners were responding to poverty-driven needs, with requests for goods such as bedding, prams and stairgates. This practice would inevitably create problems for us in selecting appropriate comparators. If we were to be examining the benefits of BHLP practice for children and young people who would otherwise receive only a single agency intervention, the appropriate comparison group would also have to include children who ought not be assigned an LP. This practice also heightened our concerns about whether additional needs were being assessed holistically and whether BHLP funds were being used as part of a larger package of care.

Nevertheless, our models represented the best we could do in evaluating a complex intervention that had been implemented variously across the pilots. The introduction of EBHLPs was not guaranteed to generate a sufficient sample of cases within the limited time available or a significant move towards policy intent. Nor were we convinced that pilots would be able to provide all the data we needed, particularly robust outcome data at the individual level. Our research during the first fifteen months of the pilot operation had demonstrated just how difficult it is for LAs to implement complex shifts in front-line practice in radical and innovative ways. Pressure to establish new initiatives quickly and provide results in a short time-frame can easily result in policy intent being diluted, despite heroic efforts by managers and practitioners to adopt and adapt to new ideas. There are many important lessons to be learned from the experiences of the implementation of the BHLP

pilots and from the national evaluation, and we discuss these more fully in Chapters 10 and 11.

The Data Available for the National Evaluation

The data we needed were both quantitative and qualitative, as we explained in Chapter 2. Although we had set targets for the numbers of cases to be considered across all the pilots (quantitative data) and in the case-study pilots (qualitative data), we did not achieve our targets in all elements of the evaluation. In the remainder of this chapter we describe the data available to us and discuss the limitations and implications for the evaluation.

Collection of Quantitative Case-level Data

During the final months of the BHLP pilots we needed to put considerable pressure on pilots to deliver the case-level information which we had long requested and which was essential to our evaluation. We monitored progress in the EBHLP pilots closely and attended a number of events organised by the DCSF and OPM to share learning and update on activities in the pilots. Although pilot managers had indicated early in the study that they expected to be able to collate and transmit information to us regularly and expressed no significant concerns with the data demands we had made, in the end the reality proved to be much more troublesome. We became aware of the following:

1. The BHLP pilot staff did not necessarily have access to the information we needed about all the services a child might receive.

2. Because not all pilots had been using CAF assessments, the data we required were frequently kept in a variety of places / agencies, or not kept at all.

3. The individual-level data were kept by a variety of professionals in a variety of agencies, thus rendering their collection problematic and/or time-consuming for pilot managers.

4. Pilots did not have the administrative resources required to collate and transmit data to the research team.

5. The EBHLP pilot managers were reliant on practitioners to complete Activity and Service Logs and return data on their cases for onward transmission to Newcastle University.

6. Pilots with a computerised management information system did not necessarily record details of interventions given to each child or record outcomes for each case.

7. Hard-copy data were kept in a variety of formats, not necessarily conducive to research scrutiny.

As a result, we reviewed the data collection from all 16 pilots and modified our expectations about the number of cases for which we could achieve all the data we needed. Having originally hoped to be able to include all BHLP cases in our analyses, we realised that pilots were simply unlikely to be able to provide this amount of information given the constraints they faced, including, it seems, little if any administrative support to assist with the evaluation requirements. We were acutely aware that staff in some pilots had worked extremely hard and very conscientiously to make sure they collected the data we needed. Others continued to find it very difficult to collate any data. Following discussions with the Department, we decided, therefore, to take a sample of BHLP cases from each pilot: our objective was to achieve 50 cases in each pilot and, in order to avoid bias in the selection

of these, we asked pilots to supply a list of case numbers from which we could select a random sample. In a few of the smaller pilots with limited numbers of BHLP cases, we took either a time-slice of their cases (the first three months' data from Poole) or all of their cases (Leeds and Trafford).

In addition to reducing the numbers of cases for which we would need data, we agreed to extend the deadline for receiving the data. Originally, we had asked for all case data to be provided by 30 March 2008. This deadline was extended, in consultation with the DCSF and the pilots, to 31 May 2008, by which time most pilots would have ceased BHLP working and staff would have been redeployed. In the event, many pilots did not manage to submit all the data by the end of May and we continued to receive data from some pilots until well into August. We are aware that the pressure we had to put on pilot managers was intense during 2008, primarily because there were so many gaps in some data sets that we had no choice but to ask pilots to plug as many of them as possible. We drew a line under data collection from pilots in mid-August 2008. Inevitably, the delays seriously impeded our timetable for cleaning and mounting the data and for the analyses that needed to be conducted once all the data were available. Unfortunately the inability of some pilots to collect and transmit data to Newcastle proved to be a major stumbling block in the final months of the evaluation.

Outcome measures

A further problem emerged in respect of outcome data. We had expected to be able to measure outcomes via SDQs, NEET status (16- to 19-year-olds) and attendance data. Given the wide range of additional needs of the children eligible for BHLP practice, the evaluation team chose the Strengths and Difficulties Questionnaire (SDQ) as a primary outcome measure since it was felt that this would capture outcomes for a large proportion of the population under study. We requested the application of the SDQ at assessment and at review for each BHLP case, but many local authorities were reluctant to use it. Rarely, however, did pilots collect and record outcome data and only in one pilot, Poole, were SDQs routinely used and returned to us. Gloucestershire had indicated that it was using SDQs with the families, but the number of

completed SDQs received from Gloucestershire was very low. Although the EBHLPs were encouraged by the DCSF to use SDQs, hardly anyone did so. With little SDQ data available we have been unable to use changes in SDQ as a key outcome measure.

We initially chose to focus on two secondary outcomes – school attendance and the NEET status of young people who had finished compulsory education. It was also apparent that most pilots had focused on under-sixteens, so NEET status was not relevant for most children. The number of cases with clearly identified NEET status at assessment and review was minimal, except in Hertfordshire where the pilot set out to reduce NEET levels. We have undertaken secondary analysis of NEET trends in each of the ten districts in Hertfordshire and examined the level of BHLP activity to determine the impact of BHLP spending. We had access to figures regarding NEET rates for every LA in England collated nationally on a monthly basis. This allowed us to examine the impact of BHLP practice on NEET status in Hertfordshire in an extremely robust manner. Our findings from this analysis are presented in Chapter 6.

Regrettably, therefore, we were forced to rely on one outcome measure - attendance data. We were fortunate that these data can be collected retrospectively, and we were able to obtain attendance data for the appropriate terms before and after intervention for just under 200 children and young people. We were able to access the National Pupil Database during the last few months of the evaluation. We recognise that school attendance is far from ideal as the only outcome measure in all the pilots. Attendance data may well not

have captured all the impacts of BHLP practice for all children and young people. However, given the very limited SDQ data, we had little choice. There are important lessons to be learned from the evaluation: rarely, it seems, do practitioners attempt to measure and collect robust outcome data. Rather, they tend to rely on far more subjective measures of outcome which rely on self-reported accounts of change and satisfaction with interventions.

Case-level Data Received

In Tables 3.1 and 3.2 we list the case-level data we had received from each pilot by August 2008. Table 3.1 presents the data we received on the sample of fifty BHLP cases we requested from each pilot. We considered either a completed assessment page of the electronic worksheet we provided or a copy of the CAF (or ASSET or ONSET assessment) as adequate assessment data. Brighton & Hove and Tower Hamlets had not embedded CAF and provided their own brief assessment tools. We accepted any records of TAC meetings, case notes or intervention plans, in addition to the CAF, as adequate intervention data, and any evidence at all of a review as review data. Despite this the majority of the data were missing for many pilots. In some cases, TAC meetings may simply not have been recorded, but it seems likely that most cases received only a cursory review, or none at all. The attendance and NEET percentages in Table 3.1 refer to a proportion of children and young people in the sample for whom the outcomes were relevant. Most pilots had fewer than five young people over sixteen in their sample. Consequently, we concentrated our efforts on collecting attendance data. Most pilots made a big effort to collect this data and we are grateful for their efforts.

Table 3.1 - Case-level data received from BHLP pilots

Pilot	BHLP cases known to research team	BHLP cases reported in pilots' final reports	Assessment data (%)	Intervention data (%)	Reviews (%)	Attendance data (%)	NEET status data (%)
Blackpool	112	276	98	86	34	90	n/a
Bournemouth	94	114	100	100	60	0	n/a
Brighton & Hove	418	656	0	98	84	78	100
Derbyshire	131	168	68	22	0	84	92
Devon	238*	433	62	34	36	65	n/a
Gateshead	150	148	100	14	38	50	79
Gloucestershire	366	371	88	2	2	82	0
Hertfordshire	618	882	72	100	0	n/a	98
Knowsley	366	500	54	100	100	93	0
Leeds*	55	61	98	62	47	61	n/a
Poole	77#	279	100	100	98	78	0
Redbridge	216	665	100	8	68	63	n/a
Telford & Wrekin	698	822†	76	63	6	98	75
Tower Hamlets	149	211	22	2	83	3	0
Trafford*	57	59	82	59	50	1	0
West Sussex	371	302†	86	82	4	0	0

* BHLP and LP cases. # First three months' data only. † Reported Jan 2008.

Table 3.2 - Case-level data received from EBHLP pilots

Pilot	EBHLP cases reported to DCSF	Cases received by research team	CAF (%)	Activity Log (%)	Review data (%)	SDQs (%)	Attendance data (%)	NEET status data (%)
Devon	10–12*	6	100	100	33	0	92	100
Gateshead	*c*. 10*	4	50	100	25	0	64	na
Gloucestershire	7	8	100	100	0	50	75	na
Knowsley	2	0	0	0	0	0	0	0
Telford	23	23	96	100	0	13	93	na
Trafford	6	6	100	100	0	0	42	na
West Sussex	17	17	54	100	53	0	0	na
Swindon	8	8	88	100	50	6	38	na
Shropshire	21	21	92	100	100	100	94	na

* These are provisional estimates obtained during the EBHLP pilot.

Table 3.2 presents the EBHLP data we received. All the pilots (with the exception of Knowsley) eventually completed and returned the Activity Logs we sent them, although a few had obviously been completed very hastily. Most pilots were also able to supply a copy of the CAF for each child, but few of the review forms we supplied were completed. Very few SDQs were completed, despite assurances at the commencement of the EBHLP initiative that the data collection would not pose any serious problems. We are not certain whether we received all of the EBHLP cases from Devon and Gateshead. We have struggled to collect attendance data on the EBHLP cases despite the small number of children. The late introduction of EBHLP necessitated data collection long past the point at which most pilots were winding up the BHLP programme and shifting resources elsewhere, and this has undoubtedly impacted on their ability to collect the data collection. Nevertheless the level of commitment to supplying the data for the evaluation of EBHLP has been disappointing. The response of the pilots contrasts sharply with that of one of the LP comparison sites (Shropshire), which was able to provide all of the data we requested for virtually all of its 21 cases.

We have quantified interventions in terms of their stated or estimated costs, and examined the impact of expenditure from the BHLP budget and from traditional sources on the change in school attendance. In effect, each child allocated to a BHLP was eligible for money to be accessed from the BHLP budget and most received goods and/or services purchased from it. Consequently, we are unable to draw conclusions about the benefits of having access to the BHLP budget and any changes in outcomes that may arise from this model of working. We have attempted to assess whether interventions purchased from the BHLP budget were as effective as other services not purchased from the budget. In this respect we are analysing the benefit of BHLP as an additional source of funding. However, we believe that this analysis may well capture most of the benefits of BHLP practice delivered via the standard model.

In order fully to assess budget-holding as an alternative way of working, we needed to have a comparison group. The ability to compare cases across pilots was compromised by the arbitrary case selection procedures in the pilots. Nevertheless, there is evidence to suggest that the cases in our comparator areas were broadly comparable, and hence they allow us to place some weight on the results of our comparator analysis. The advantages that could have been gained had there been a more rigorous procedure for case selection and construction of the comparison group hardly need to be spelled out.

Analysis Undertaken

From the evidence we had it was clear that BHLP practice had been implemented as a fund to provide extra resources for children and families. We modified our analysis to take account of that and, also, the limitations in the availability of data. We examined the impact of expenditure from the BHLP fund and the impact of other services on school attendance at assessment and review. Nearly all the children for whom we had data had received an intervention funded by the BHLP budget and most had received other services as well. We looked first to see if school attendance improved for these children between assessment and review. We then looked to see whether any improvement was correlated with interventions funded from the BHLP budget, or with other interventions provided. In essence, we were attempting to tease out the contribution of BHLP-funded interventions to the observed changes in the outcome measure, and distinguish it from the interventions available to any child with an LP.

We did have data on two small groups of children who had not received any BHLP-funded interventions. Examination of the data from the BHLP sample identified some children who, for one reason or another, had not actually received any goods or services funded by the BHLP budget. The second group comprised the children from Swindon and Shropshire who had been allocated an LP. Both groups provided a comparator sample of children who had not received a BHLP-funded intervention, but the selection of children in this sample was far from ideal because the children might have been rather different from those in the BHLP samples who had received an intervention. The sample from Swindon and Shropshire may be more representative of children allocated an LP, but it was not chosen at random. We compared changes in school attendance for both these groups with the changes observed for children in the BHLP sample.

The refocusing of BHLP practice provided an opportunity to implement a more robust analysis. Again we had to abandon our primary outcome measure (SDQ) owing to a poor response from the pilots. We compared school attendance at assessment and review for children allocated an EBHLP and children allocated an LP (Swindon and Shropshire data). We looked for any significant changes in attendance between assessment and review in both groups of children, and for whether these changes were correlated with the intensity of services these children had received.

The implementation of BHLP practice in Hertfordshire, with significant activity focused on a single outcome (NEET status), presented the possibility of determining if BHLP practice had impacted on this outcome at local authority level. We had access to good-quality data on 16- to 19-year-olds who were NEET, by month for each of the 148 shire/unitary authorities in England. Using these data we were able to model the trend in NEET rates in England over the period April 2005 to April 2008 and determine if the introduction of BHLP practice had impacted on the trend of falling NEET rates in England over that period. A fuller description of the quantitative analyses is presented in Chapter 6 and Annexe 1.

Qualitative Data

Although the quantitative data available to us were seriously limiting for a rigorous evaluation of cost-effectiveness, an important part of the research involved the collection of qualitative data directly from practitioners and local agencies and from children, young people and their parents. The qualitative data allowed us to understand processes and more subtle, subjective outcomes.

Multi-agency Working

The original focus of this element of the evaluation was on considering the operation of different models of multi-agency working and on seeing how any advantages of BHLP practice are obtained. Data were obtained through semi-structured interviews in Gateshead and West Sussex. The interviews were designed to bring out the richness of and variability in the interviewees' own experience of multi-agency working and E/BHLP practice. Each interview lasted somewhere between 45 minutes and an hour and a half. All except one of the interviews took place on a face-to-face basis, usually at the interviewee's own place of work. For reasons of convenience, one of the interviews was undertaken by telephone. A total of fifteen semi-structured interviews were undertaken: seven in Gateshead and eight in West Sussex. A central concern was to capture experiences across a range of agencies and levels of responsibility.

The coverage of the interviews varied according to the responsibilities and background of the interviewees, but structure was provided around the following main headings:

1. The interviewee's career history and current role.

2. The interviewee's experience of multi-agency working.

3. The interviewee's understanding of BHLP practice and where they first came across it.

4. What the interviewee felt their own organisation was trying to achieve through BHLP practice or, in the case of more senior practitioners, what they themselves were trying to achieve.

5. The operation of BHLPs and EBHLPs and the process through which they operated.

6. The interviewee's own role in the process and their relationships with representatives of other agencies.

7. The difference E/BHLP practice has made to the interviewee's work and to their relationships with representatives of other agencies or, in the case of more senior practitioners, the impact of E/BHLPs on inter-agency working.

8. Views on the success of E/BHLP practice and likely future prospects.

In Gateshead, interviews were undertaken with the BHLP project leader, and with three practitioners who had acted as BHLPs (a Connexions personal advisor, and two voluntary sector workers, in a young women's project and a community project respectively). In West Sussex, research interviews were held with the BHLP project leader, the county research officer, three practitioners who had acted as BHLPs, the manager of an integrated services team and a social work manager whose work involved him being in close contact with the BHLP pilot. The three practitioners were a deputy head teacher and inclusion manager, a health visitor and a family support worker.

In line with the project as a whole, the focus of this element shifted as a result of the introduction of EBHLPs. This was achieved, in part, through interviews with those responsible for the introduction and operation of the system. In Gateshead, interviews were undertaken with the Change for Children team manager, the EBHLP project leader and a senior representative of Barnardo's North East. In West Sussex, a telephone interview was carried out with the Integrated Services Delivery Manager. One Gateshead EBHLP, also a Barnardo's worker, was interviewed for this part of the research project, but a major concern was to avoid over-burdening those practitioners participating in the research. Rather than

interview each EBHLP a number of times for different reasons, it was decided that the concerns of multi-agency working could be subsumed into those of the broader qualitative case studies. The analyses of multi-agency working drew on two EBHLP interviews, one with an EWO in Gateshead and one with a teacher in West Sussex. Our findings in respect of the relationship between BHLP practice and multi-agency working are presented in Chapter 9.

Family Perspectives

We relocated our family interviews so as to ensure that we had three case-study areas which were participating in the refocused EBHLP activity. Each pilot expressed confidence that it would not be difficult to secure research consent from nine EBHLP and three BHLP families. Unfortunately, their optimism was not reflected in practice. Although we prepared a range of research leaflets for parents and carers, children and young people, and for practitioners in each of the three areas, we did not manage to secure our target of 36 families, and we could not ascertain how many families were invited to participate. Overall, there were considerably fewer EBHLP cases in the three case-study areas than had been predicted when the pilots refocused their activities, and some EBHLPs deemed their cases to be unsuitable for the evaluation and so did not seek research consent from the families involved. In order to boost our interview samples, we proposed two strategies to the DCSF, both of which were agreed:

1. To approach other EBHLP pilots (primarily Trafford and Knowsley) with a view to obtaining consent from their EBHLP families.

2. To ask the EBHLPs in our case study areas to seek consent from families with whom they had worked as BHLPs prior to becoming EBHLPs. This would have the advantage of enabling us to discern differences between EBHLP and BHLP practice.

However, we learned that most of the EBHLPs in both West Sussex and Gateshead had *not* in fact been working as BHLPs and were new to the BHLP role when selected as EBHLPs. This was contrary to our expectations when DCSF invited pilots to select experienced BHLPs to move into a role which would be closer to policy intent. Moreover, the one EBHLP in Gateshead who was a BHLP previously had actually converted a BHLP case to EBHLP status in her new role as EBHLP, so our strategy was somewhat thwarted.

Once we had received research consent, we conducted in-depth interviews with children and young people aged 8–19, and with their parents whenever possible. In Table 3.3 we indicate the numbers of interviews in each of our three case-study areas. Some children were too young for interview (under 8), but we interviewed their parents. In total, eighteen families allocated to an EBHLP and nine families allocated to a BHLP were interviewed.

Table 3.3 - In-depth family interviews

Pilot	EBHLP Practice			BHLP Practice		
	children	*parents*	*EBHLPs*	*children*	*parents*	*BHLPs*
Gateshead	4	4	4	2	4	4
Gloucestershire	2	4	3	3	4	3
West Sussex	6	7	6	0	0	2
Trafford	0	1	1	0	0	0
Total	12	16	14	5	8	9

In total, we conducted 17 interviews with children and young people and 24 with parents. In addition to the sample of families in each area, we undertook interviews with the BHLPs and EBHLPs for those families, as well as with some practitioners whose families we did not include in the interview sample. Fourteen EBHLPs were willing to be interviewed, and because one had not actually worked as an EBHLP we interviewed 13: 4 in Gateshead, 3 in Gloucestershire and 6 in West Sussex. We also interviewed one EBHLP in Trafford. We interviewed 9 BHLPs: 4 in Gateshead, 3 in Gloucestershire and 2 in West Sussex. In total, therefore, we conducted in-depth individual interviews with 23 practitioners (9 BHLPs and 14 EBHLPs). The practitioners worked in a range of capacities, including learning support, social work, YISPs, educational psychology, educational welfare, social inclusion teams, and youth and family support. We had no choice about the interview sample and included all those willing to be interviewed. We cannot know what the biases might be in this group of families and practitioners, but since EBHLPs had been hand-picked by the pilots we suspect that they were relatively experienced practitioners who were enthusiastic about budget-holding. All the interviews were tape-recorded with the permission of the respondents and then subsequently transcribed. The interviews were analysed thematically using a grounded theory approach.

Survey of BHLPs, EBHLPs and Project Managers

In April 2008, we requested the email addresses of all those who had taken part in the pilots in order to conduct an e-survey to shed further light on how BHLP and EBHLP practice had been experienced within the pilots and to gain the perspectives of managers and practitioners. Thirteen pilots returned the email information we had requested, and we subsequently wrote to everyone for whom we had an email address. Three pilots did not supply any addresses: we received no response from Knowsley despite many reminders from us and from the Department, and so could not include any Knowsley practitioners in our survey. The pilot manager in Redbridge was unable to supply email addresses of BHLPs because the project had been administered as grant funding which all practitioners could apply for, so in essence the only budget-holder was the project manager. She therefore did not regard it as appropriate to include practitioners in the survey who had never acted as BHLPs. The project manager of the Brighton & Hove pilot indicated that he did not have the resources to be able to supply email addresses. Moreover, in some of the other pilots we were not able to include all the BHLPs, particularly in those that had operated BHLPs in practitioner 'clusters', which included Gloucestershire, West Sussex and Devon. These pilots were unable to provide the contact details for all their BHLPs. Indeed, the only contact details we received for the Devon pilot were for BHLPs based in Tiverton: the BHLPs elsewhere in the county could not be contacted.

An electronic survey was distributed to 818 BHLP practitioners in June 2008 (Table 3.4). Some eighty of these emails were returned because the address was no longer in use; we received out-of-office replies from 15 BHLPs who were on long-term leave; two BHLPs declined the invitation to complete an online survey; and several respondents replied to say that they could not complete the survey because they had not, in fact, worked as BHLPs. In addition, we received a number of telephone calls from respondents who said that they had no recollection of the BHLP pilot and could not remember what it was about. We telephoned these respondents and, during telephone discussions, some recalled that they had accessed the BHLP budget at some point but did not consider that they had acted as BHLPs and were of the view that the survey was not relevant to them. We sent reminders to practitioners who did not reply to our initial mailshot.

Table 3.4 - BHLP questionnaires sent and completed

Area	Sent	Completed	% surveys completed
Blackpool	40	18	45
Bournemouth	48	11	23
Derbyshire	107	31	29
Devon	11	4	36
Gateshead	51	8	16
Gloucestershire	32	11	34
Hertfordshire	94	46	49
Leeds	36	13	36
Poole	85	20	24
Telford & Wrekin	186	59	32
Tower Hamlets	8	5	63
Trafford	16	1	6
West Sussex	103	19	18
Total	818	246	30

Table 3.4 indicates the numbers of e-surveys distributed and those completed. It can be seen that the percentage of completed surveys varied between the pilots, with the highest completion rate being in Tower Hamlets where just eight surveys had been distributed, and the lowest completion rate in Trafford where we received just one completed survey from the sixteen that were distributed. The highest number of completed surveys was returned from BHLPs in Telford & Wrekin (59), who also had the highest number of practitioners (186). The overall completion rate was 30 per cent.

An e-survey was sent to 40 EBHLPs in Devon, Gateshead, Gloucestershire, Telford & Wrekin, Trafford and West Sussex. We received completed questionnaires from 19 EBHLPs, although some had not completed all the questions. We also conducted an e-survey with all the pilot managers and project co-ordinators (30) and received 15 completed questionnaires (a response rate of 50%). The findings from all our e-surveys are presented in Chapter 8.

Contextualisation of the Findings

Tier 1 in our research design, which was ongoing throughout the study, involved a number of activities which enabled us to contextualise the findings from the evaluation, and consider the issue of generalisability. We focused on personal and area characteristics, and these are described below.

Personal Characteristics

We extracted detailed personal and socio-demographic data relating to each child and young person in our various samples from a wide variety of sources including CAFs, action plans, reviews, funding application forms, and electronic and hard-copy spreadsheets. This took up significant resources in terms of time and staffing. We numerically coded all the data and mounted them on to SPSS software in order to conduct analyses that could tell us about the children and young people involved in the BHLP pilots, the additional needs that had been identified, the reasons given for BHLP/EBHLP intervention and the outcomes recorded by practitioners. In addition, we considered the professional backgrounds of the practitioners involved. For this work we primarily used the data relating to the sample of 50 cases drawn for the quantitative study of cost-effectiveness.

Area Characteristics

Another major contextualisation activity involved careful analysis of the pilot areas themselves in order to discern their boundaries and socio-demographic characteristics and the kinds of context in which the BHLP pilot was established and conducted. For this element of the study we considered a range of socio-economic indices. We also used the postcodes of the children and young people in the pilots who were allocated to a BHLP or EBHLP to map the geographical distribution, and discern whether they were living in the most deprived areas and the extent to which there had been social targeting, either deliberately or by default. The findings from the contextualisation work are all presented in the next chapter.

Limitations and Caveats

In this chapter, we have described in some detail the ways in which the BHLP pilots were encouraged to focus their activities to move closer to policy intent, the changes we made to our research design, and the methods we employed to meet the challenges we faced and reflect the developments and shifts in practice which unfolded as the pilots progressed. We have also described the quantitative and qualitative data available to us. It has been a journey of discovery for everyone concerned, and at times we doubted whether we would be able to deliver the robust evaluation of cost-effectiveness that we outlined in Chapter 2. Nevertheless, we believe that the findings discussed in this report do provide significant evidence on which policy and practice decisions can be based and that the learning from the evaluation is substantial.

Inevitably, we refer to the limitations inherent in the data and our analyses throughout the report, and urge caution about the generalisability of various findings. In summary, it is important to stress that the lack of a rigorous comparator group of children and young people who were not allocated to a BHLP has severely limited the evaluation. We have indicated in Chapter 2 how a robust comparator study could have been developed had certain conditions relating to the pilots been imposed. Objective measures of outcome were also lacking for the most part. It is critical that pilots understand the importance of identifying specific outcomes that are capable of measurement. Too often, outcomes appear to be vaguely articulated and their measurement left to the subjective perceptions of the practitioners themselves and the families they support. Qualitative measures can never provide the solid evidence on which policy decisions can be made, although they are clearly important in helping us understand and explain findings from quantitative measures.

The data we received were far from complete at the case level, and often we had minimal information about the interventions children and young people had received beyond those purchased from the pump-priming budget. We know also that not all the children and young people supported by BHLPs would have met the criteria for allocation to a lead practitioner, so it is far from clear how these children should be compared to others who did meet the criteria.

The introduction of the refocused model of BHLP practice provided a real window of opportunity for the evaluation, but it came too late in the study to provide a sufficient sample of children who had been supported by EBHLPs for the kinds of analyses we had planned. Nevertheless, we undertook analyses which were as rigorous as they could be under the circumstances. The most robust analysis was that relating to the Hertfordshire pilot and its impact on the NEET status of young people.

In terms of the qualitative analyses, we must note that we were unable to select a sample of families to interview from a larger pool of consents, so we could not attempt to select children/families who were representative of the population as a whole. It is possible that

families whose lives remained chaotic may not have consented to interview, and we know that some E/BHLPs deliberately did not invite some families to participate in the evaluation. As a result, we can take note of the general themes emerging from the interviews, but cannot claim that they reflect the views of all children, young people and their families.

In the following six chapters we describe the various elements in the evaluation and the findings from them. We turn first to our work on contextualisation in respect of the 16 pilots and the children and young people who were allocated to E/BHLPs during the study.

Chapter 4 - The Social Context of BHLP Practice

Services for children and families are not provided in a vacuum, but are subject to a range of influences. Contextualising the pilots has been an important element in the evaluation, which has helped us to develop an understanding of the specific factors which may have influenced the implementation and delivery of BHLP practice. We have been acutely aware that each pilot area introduced BHLP practice during a period of transformation and extensive structural reorganisation and that these changes inevitably shaped the ways in which budget-holding was conceived. We know, also, that the BHLP pilot was one of several new initiatives in children's services that were being tested in the pilot areas and that its implementation will have been shaped by both previous and concurrent new developments. In some areas, it paralleled other initiatives such as Targeted Youth Support and Family Intervention Projects (FIPs), and the target populations frequently overlapped. If we were to endeavour to assess the cost-effectiveness of BHLP practice, we needed to know more about the pilot areas themselves and about the children and young people being targeted.

In this chapter, we examine each pilot area with respect to a consistent set of nine socio-economic indicators. We then map the distribution of BHLP cases and examine the social profile of the neighbourhoods in which the children and young people were living at the time of their involvement with a BHLP. We also describe the two local authority areas which provided comparator LP cases for the quantitative analyses. In the following chapter, we profile the children and young people who were involved in the pilots.

Socio-economic Indicators

The indices used to contextualise the pilot areas were as follows:

1. Population per square kilometre for 2006.[44]

2. Multiple deprivation, based on the Index of Multiple Deprivation (IMI) for 2007.[45]

3. School attendance and attainment, based on the Secondary School Achievement and Attainment Tables 2007. These were used to derive the following:

    (a) the percentage of 11-year-olds not achieving level 4 English in 2007;
    (b) the percentage of 16-year-olds not achieving level NVQ level 1 in 2007;
    (c) GCSE or equivalent points per pupil in 2007;
    (d) the percentage of (un)authorised secondary school half-day absence in 2006/7.[46]

4. Pupils with fixed term exclusions - the percentage of the secondary school population with 1(+) fixed period inclusion in 2006/7.[47]

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[44] *Regional Trends*, 30, Map 3.3: Population density, 2006. Sources: Office for National Statistics and Teenage Pregnancy Unit.
[45] http://www.communities.gove.uk/communities/neighbourhoodsrenewal/deprivation/deprivation07/County Council Summaries ID 2007
[46] Source: http://www.dcsf.gov.uk/performancetables/schools_07.shtml
[47] Table 14: Maintained primary, secondary and all special schools: number of fixed period exclusions and number of pupils with one or more episodes of fixed period exclusion 2006/7. By local authority area, by Government Office region in England. Source: http://www.dcsf.gov.uk/rsgateway/DB/SFR/s000793/SFR14_2008TAbles Additional10Julya.xls.

5. Young people not in education, employment or training (NEETs), as a percentage of the population of 16- to 18-year-olds, in the period November 2006-January 2007.[48]

6. Teenage pregnancy - % of under-18 conceptions in the population of 15- to 17-year-old females in 2006.[49]

All the indicators were selected to highlight aspects of the local community in each pilot area which could be linked to the problems of those children who could be allocated to a BHLP. In reality, there are relatively few local statistics available on children and their needs, and several of those that are available are more indicative of the performance of agencies, such as individual schools, than of the circumstances or outcomes experienced by children themselves. This is not to suggest that the role of agencies is unimportant, of course, but the data sets of most interest here are those that focus more closely on the children themselves. In fact, the importance of institutions is brought to the fore by keeping in mind the difference between authorities that are Unitaries and those which are Shires within a two-tier structure.

In the following descriptions of each pilot, the two pilots which are London Boroughs are examined first, followed by the Metropolitan Boroughs and the other, newer, Unitary Authorities. The pilots which are Shire Counties are described last. Map 4.1 uses this administrative classification as the colouring basis for the pilot areas. It can be seen that the sixteen pilots are broadly distributed across the country. Map 4.1 also shows the two local authorities which provided the comparator data.

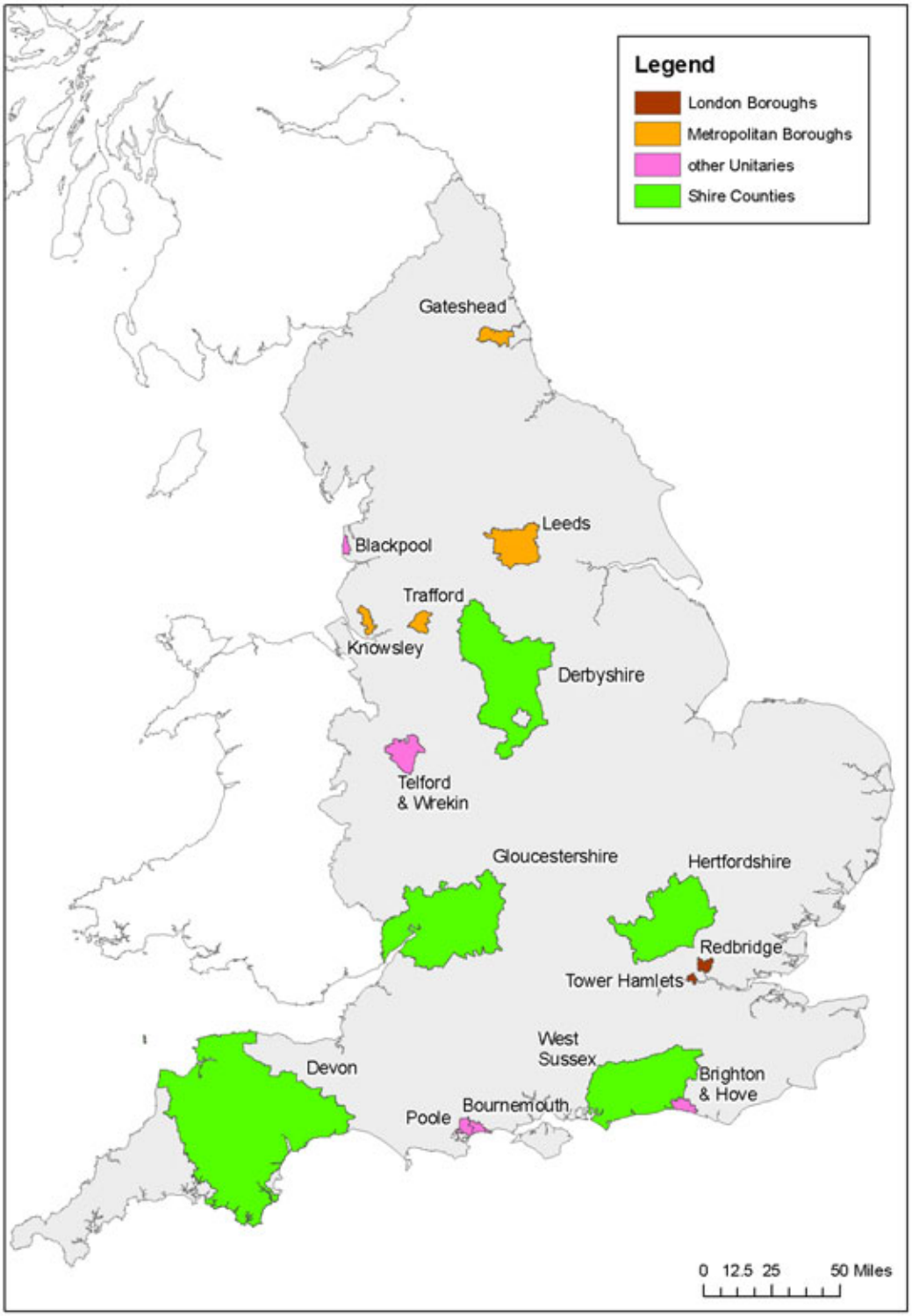
London Boroughs

Two of the pilots, Redbridge and Tower Hamlets, were London Boroughs. We examine each of them in turn.

Redbridge

Table 4.1 illustrates the approach we took in examining the social context in all the pilot areas. We begin first with the London Borough of Redbridge, which is the part of outer London centred on Ilford and which was in the county of Essex prior to becoming part of Greater London in 1965. As part of the London conurbation, it inevitably has a population density many times higher than that of the country as a whole: Table 4.1 shows the pilot area value as a percentage of the England value for each indicator in the right-hand column, so that comparisons such as this can be made in all cases. In the second row of the table is one indicator which is not a 'raw' value but a ranking and, as a result, the value in the right-hand column is of a slightly different nature. The official definition of local levels of deprivation - the IMD, is published with the rankings of the 150 Social Services and Education Authorities in England, which constitute the population from which the pilot authorities are drawn. In this ranking, the area ranked 1 is the most deprived, so the ranking of 89 for Redbridge shows that it is slightly less deprived than the average local authority. Several other indicators in Table 4.1 show Redbridge to be slightly less deprived than the country overall, with the right-hand column showing values of between 70 and 85 per cent of the national average for 11-year-olds not achieving level 4 English, and for secondary school absences and exclusions. The measure of GCSE and equivalent points is the one indicator for which low values are bad, and so the fact that Redbridge has a score slightly higher than the national average is another outcome that conforms to the pattern of an area which is slightly less deprived than the average.

[48] NEET figures for Connexions Partnership Areas: Proportion of 16- to 18-year-olds recorded as NEET in 2007, http://www.dcsf.gov.uk/14-19/index.cfm?go=site.home&sid=42&pid=343&lid=337&ctype=Text&ptype=Single
[49] *Under-18 Conception Statistics 1998–2007*, http://www.everychildmatters.gov.uk/resources/IG00200/



Map 4.1 - Location and administrative status of the pilots and comparator areas

There are three indicators which conform less to this general pattern. Redbridge is doing better than might be expected as regards the key educational outcome measure with respect to limiting the number of school leavers without NVQ level 1 results, following a long-established trend of better-than-average school performance in London, and this is likely to be linked to the low level of post-school youngsters who are classified as NEET. As well as having higher than average levels of educational attainment, Redbridge benefits from being in an area with relatively high demand for employment. Redbridge has been a Pathfinder Children's Trust, the development of which has had the support of all statutory, voluntary and community sector partner agencies. Redbridge is ethnically diverse and over 40 per cent of secondary school students have English as an additional language.

Table 4.1 - Redbridge: Selected socio-economic indicators

Indicator	Redbridge	As % of average for England
Population per square km (2004)	4,466	1145
Rank of IMD (1 = most deprived) (2007)	89	(av. = 75)
% of 11-year-olds not achieving level 4 English (2007)	16.0	80
% of 16-year-olds not achieving NVQ level 1 (2007)	3.8	46
GCSE or equivalent points per pupil (2007)	428	113
% of (un)authorised secondary school half-day absences (2006/7)	6.5	83
% of the secondary school population with 1(+) fixed period exclusion (2006/7)	4.3	72
NEET cases as a % of 16- to 18-year-olds (Nov 2006-Jan 2007)	4.3	64
% of under-18 conceptions in the population of 15- to 17-year-old females (2006)	3.0	75

Tower Hamlets

If we turn now to look at Tower Hamlets, we note that it is an inner London Borough which was part of the pre-1960s London County Council and was then in the Inner London Education Authority before gaining full Unitary Authority status in the 1980s. For most purposes relevant to the BHLP initiative, the relatively new Greater London Authority is not a relevant factor in the division of roles and responsibilities. Table 4.2 shows that Tower Hamlets has an extremely high population density: it is also crucial to know that the area has one of the most ethnically diverse populations in London and, because London is the crucial gateway for international migrants to the UK in general, this means that Tower Hamlets is at the extreme end of the spectrum of diversity across the country as a whole. Although there is no simple correlation between diversity and deprivation, it is also not a coincidence that Tower Hamlets is the third most deprived area in the country. The workings of the housing market in a conurbation like London result in people with few economic resources living in areas in which others choose not to live. So, because many ethnic minorities have high poverty rates, a concentration of these groups is found in areas like Tower Hamlets, whose housing attracts relatively few better-off people as residents.

Table 4.2 shows that, despite its very high level of deprivation, Tower Hamlets has many indicators of education outcomes which are close to the national average. This is all the more remarkable given that the ethnic diversity of the population means that English is a second language for a very high proportion of the children. Indeed, the one education indicator on which the area notably deviates from the national average is that relating to exclusions, where the outcome is better than the average (i.e. it shows a lower rate of

exclusions). A less satisfactory result is found in respect of the NEET indicator: this result is arguably surprising because Tower Hamlets is adjacent to the City of London where the level of job availability has been higher than anywhere else in the country. However, it is generally known that less skilled job-seekers are rarely willing to travel out of their own borough.

Table 4.2 - Tower Hamlets: Selected socio-economic indicators

Indicator	Tower Hamlets	As % of average for England
Population per square km (2004)	10,765	2,760
Rank of IMD (1 = most deprived) (2007)	3	(av. = 75)
% of 11-year-olds not achieving level 4 English (2007)	19.0	95
% of 16-year-olds not achieving NVQ level 1 (2007)	8.9	107
GCSE or equivalent points per pupil (2007)	383	101
% of (un)authorised secondary school half-day absences (2006/7)	7.4	95
% of the secondary school population with 1(+) fixed period exclusion (2006/7)	4.6	78
NEET cases as a % of 16- to 18-year-olds (Nov 2006-Jan 2007)	8.2	122
% of under-18 conceptions in the population of 15- to 17-year-old females (2006)	4.4	109

Given that there has generally been a correlation between levels of deprivation and teenage pregnancy rates, it would not have been a surprise if there had been a high rate of under-18 conceptions in Tower Hamlets, but in fact the rate is not very high. The ethnic diversity, and in particular the large Muslim communities, may well play a protective role, because there are very strong social pressures against pregnancies among unmarried girls in many of the cultural and religious groups living in the area.

Although opportunities for work exist throughout the borough, many local people who are out of work do not have the skills and experience required to access these jobs. In the run-up to the start of BHLP practice there had been a reduction in the number of NEETs, from 10.9 per cent in 2006 to 8.2 per cent in 2007. An important initiative has been ‘Skillsmatch’, which has been helping to bridge this gap by helping those looking for work to improve their skills to gain local employment. It also provides a focused brokering service. Skillsmatch works closely and proactively with local businesses to help source suitable candidates for future employment positions.

Metropolitan Boroughs

All Metropolitan Boroughs have been Unitary Authorities since the Metropolitan County Councils were abolished in the 1980s. Four of the BHLP pilots were Metropolitan Boroughs: Gateshead, Knowsley, Leeds and Trafford. We examine each of them in turn.

Gateshead

Gateshead is part of Tyne & Wear county and is located in the North East region, with its long-standing problems associated with unemployment. Gateshead has a deprivation level that places it in the second-highest quartile of areas in the country. Table 4.3 shows that, despite this challenging socio-economic background, the area has above-average outcomes on most education indicators. The one exception is the above-average proportion of 16-year-olds not getting NVQ level 1 results, although the figure is only 10 per cent

above the national average, which is still a relatively good result for an area with well-above-average deprivation levels. It is probable that this raised level of poorly qualified school leavers contributes to the high proportion of NEET young people, with, of course, the difficult local labour market also playing a major part.

Table 4.3 - Gateshead: Selected socio-economic indicators

Indicator	Gateshead	As % of average for England
Population per square km (2004)	1,338	373
Rank of IMD (1 = most deprived) (2007)	41	(av. = 75)
% of 11-year-olds not achieving level 4 English (2007)	14.0	70
% of 16-year-olds not achieving NVQ level 1 (2007)	9.1	110
GCSE or equivalent points per pupil (2007)	416	110
% of (un)authorised secondary school half-day absences (2006/7)	7.5	96
% of the secondary school population with 1(+) fixed period exclusion (2006/7)	3.3	56
NEET cases as a % of 16- to 18-year-olds (Nov 2006-Jan 2007)	10.4	155
% of under-18 conceptions in the population of 15- to 17-year-old females (2006)	2.9	72

Table 4.3 also shows that Gateshead has a relatively high teenage pregnancy rate and, although there is a less obvious link here with local employment opportunities, data for all areas across the country show a strong correlation between the rate of very young motherhood and that of joblessness. In general, then, Gateshead shows characteristics commonly found among areas of chronically high unemployment, but in several ways - especially on educational indicators such as levels of exclusions - its outcomes for young people are better than might have been expected given its economic ills. Gateshead has transformed its position of performing slightly below the national average against a range of attainment and attendance indicators, to one of performing better than the average for England. In 2004, 41.8 per cent of 15-year-old students gained five or more GCSEs A*-C grades, as against 42.6 per cent across England as a whole. By 2007, Gateshead's performance had surged ahead of the average for England, with 71.3 per cent of 15-year-old students gaining five or more GCSEs A*-C grades, as against 60.9 per cent across England as a whole. Gateshead has made strategic use of area-based regeneration funds to pilot projects aimed at boosting levels of attendance and attainment. Many of these pilot projects have been continued with mainstream funds.

The Gateshead Teenage Pregnancy and Parenting Partnership has specialist workers targeting the vulnerable groups and employs a dedicated sexual health worker for children in care. Following a decline in the rate of teenage pregnancies per annum between 1998 and 2005, the partnership was invited to share its best practice with the rest of the country. Gateshead was one of the first areas in the country to offer home visits to provide contraception for young mothers. Some of the more controversial aspects of the scheme to cut teenage pregnancies have included supplying morning-after pills outside school gates. Between 2005 and 2006 there was a slight reversal of the previous downward trend in conceptions.

Knowsley

Knowsley is located in Merseyside and is made up of several outlying towns on the eastern edge of Liverpool. The village of Knowsley itself lies in the centre of the borough, between its largest town Kirkby - a 'new town' created by partner local authorities in the post-war period - and Huyton and Prescot, which have grown more organically over a longer period. The area also includes some semi-rural areas, and this results in the population density of the area as a whole being only 4.5 times that for the country overall. As an overspill area from a city which experienced very rapid decline in the latter part of the twentieth century, the area has faced severely challenging economic conditions, and the consequences are summarised in its ranking as the fifth most deprived area in the whole country. Table 4.4 shows that, with the exception of its lower than average level of secondary school exclusions, Knowsley's educational outcome indicators are worse than the national average, as its very high level of deprivation would tend to suggest. As was seen with Gateshead (Table 4.3), the area's chronic unemployment problem is probably acting as a disincentive to learn for those young people likely to be on the margin of the labour force. As a result, the proportion of 16-year-olds not qualified to NVQ level 1 is very high, as is the proportion of NEET young people. Nevertheless, Knowsley has a teenage pregnancy rate which is almost identical to the national average, despite its extremely high deprivation rate. The rate of teenage pregnancies has fallen by over a quarter since 1998 (almost twice the fall achieved nationally).

Table 4.4 - Knowsley: Selected socio-economic indicators

Indicator	Knowsley	As % of average for England
Population per square km (2004)	1,750	449
Rank of IMD (1 = most deprived) (2007)	5	(av. = 75)
% of 11-year-olds not achieving level 4 English (2007)	23.0	115
% of 16-year-olds not achieving NVQ level 1 (2007)	17.5	211
GCSE or equivalent points per pupil (2007)	337	89
% of (un)authorised secondary school half-day absences (2006/7)	10.0	128
% of the secondary school population with 1(+) fixed period exclusion (2006/7)	5.0	85
NEET cases as a % of 16- to 18-year-olds (Nov 2006-Jan 2007)	15.0	224
% of under-18 conceptions in the population of 15- to 17-year-old females (2006)	5.1	125

Knowsley has achieved considerable success in increasing the proportion of students achieving five A*-C grades at GCSE. In 2004, just 38.1 per cent of 15-year-olds achieved five A*-C grades, as against 53.7 per cent nationally. By 2007, the proportion achieving five A*-C grades had risen strongly, to just over half (50.8%) for the first time. By contrast, the proportion gaining English and Maths GCSE remains exceptionally low, at 26.5 per cent in 2007.

Leeds

Within the Metropolitan Borough of Leeds several conflicting processes shape the prospects for young people, particularly in respect of the labour market. On the one hand, the period around the turn of the century witnessed economic growth in the city at a faster rate than any seen since its Victorian boom years. On the other, in parts of the city little impact has been made on the stubborn social and economic difficulties which came with

de-industrialisation, which peaked in the 1980s. The net effect of the two processes is a fairly average overall statistical profile, but, to a greater extent than is found in many cities, this masks very wide contrasts between areas of serious poverty and areas of considerable prosperity. This contrast is more pronounced in Leeds than in most cities, in part because Leeds has a broadly defined boundary which includes many affluent outlying areas. The implication for an initiative like BHLP practice is that there may be more opportunities for actively targeting children in deprived circumstances than the overall statistics for the area may suggest.

Table 4.5 presents a set of statistics that broadly conforms with the above summary, with fairly average educational outcomes for total age cohorts (e.g. the SATs results for 11-year-olds and the GCSE results for 16-year-olds), but a notably higher than average level of 16-year-olds not achieving the NVQ level 1 qualifications they will need for almost all jobs. Once again, an above-average proportion of young people without these qualifications is matched by an above-average proportion of NEETs. Although the local economy has seen considerable growth, opportunities have not necessarily gone to young people from deprived parts of the city because there has also been a marked increase in people commuting from neighbouring areas such as Bradford and Dewsbury, whose local economies have been in chronic decline while that of Leeds has been growing. There has been a rise in the rate of teenage pregnancies since 2003 and, between 2006 and 2007, a rise in the proportion of NEETs.

Table 4.5 - Leeds: Selected socio-economic indicators

Indicator	Leeds	As % of average for England
Population per square km (2004)	1,360	349
Rank of IMD (1 = most deprived) (2007)	63	(av. = 75)
% of 11-year-olds not achieving level 4 English (2007)	19.0	95
% of 16-year-olds not achieving NVQ level 1 (2007)	12.0	145
GCSE or equivalent points per pupil (2007)	348	92
% of (un)authorised secondary school half-day absences (2006/7)	9.1	117
% of the secondary school population with 1(+) fixed period exclusion (2006/7)	7.0	119
NEET cases as a % of 16- to 18-year-olds (Nov 2006-Jan 2007)	10.0	149
% of under-18 conceptions in the population of 15- to 17-year-old females (2006)	3.3	81

Trafford

Trafford comprises the south-western parts of Greater Manchester, stretching from Stretford and Sale, near the city itself, to Urmston and Altrincham nearer the conurbation periphery. As a more outlying area, Trafford tends to include fewer neighbourhoods with very high levels of deprivation, although its housing stock is mostly quite old, and this has resulted in a higher population density than in most areas, with deprivation below the national average. Table 4.6 show that on all the six specific educational and social indicators Trafford has outcomes better than the national average, although the result for the proportion of NEET young people is near to the average. The wider economic circumstances of Greater Manchester are similar to those seen in Leeds - with recent growth insufficient to turn around deep-seated neighbourhood concentrations of joblessness - so the moderate NEET levels in a rather advantaged area like Trafford are not outstanding. By contrast, the proportion of school leavers with less than NVQ level 1

qualifications is little more than half the national average and this does demonstrate a strong performance by the local schools. Schools in Trafford have improved more than average and from a slightly higher base level. Several secondary schools, which had relatively low levels of attainment ten years ago, have achieved a strong growth in attainment levels at GCSE.

Table 4.6 - Trafford: Selected socio-economic indicators

Indicator	Trafford	As % of average for England
Population per square km (2004)	1,908	512
Rank of IMD (1 = most deprived) (2007)	103	(av. = 75)
% of 11-year-olds not achieving level 4 English (2007)	14.0	70
% of 16-year-olds not achieving NVQ level 1 (2007)	4.7	57
GCSE or equivalent points per pupil (2007)	424	112
% of (un)authorised secondary school half-day absences (2006/7)	6.4	82
% of the secondary school population with 1(+) fixed period exclusion (2006/7)	5.4	90
NEET cases as a % of 16- to 18-year-olds (Nov 2006-Jan 2007)	6.6	99
% of under-18 conceptions in the population of 15- to 17-year-old females (2006)	3.2	78

Unitary Authorities

Five of the BHLP pilots were in Unitary Authorities which were created in the 1990s: Blackpool, Bournemouth, Brighton & Hove, Poole, and Telford & Wrekin. During the 1990s some Shire Districts were turned from lower-tier authorities within a two-tier structure into Unitary Authorities which, as a result, became responsible for social and educational services which they had not administered since the local government reorganisation of 1974. New Unitary Authorities which had not previously been County Boroughs, such as Telford & Wrekin, took responsibility for these services for the first time.

Blackpool

Blackpool's separation from the rest of Lancashire arguably had the disadvantage of splitting the town from the wider urban area with which it is inextricably linked along the coast, from Cleveleys and Fleetwood in the north to Lytham St Anne's in the south. One consequence is that Blackpool has a high proportion of the inner areas of the conurbation which, as in many large urban areas, include most of the more deprived neighbourhoods, while most of the better-off local people live outside its boundaries. Table 4.7 illustrates a very densely populated area, ranked eleventh in the country in respect of its deprivation level. Despite this very high level of social and economic disadvantage, most of the educational outcomes are not far behind the national average and this must count as a considerable relative success. The raised levels of secondary school absences and exclusions are notable, although it could still be argued that such high levels of deprivation could have led to even greater problems of this nature. The area does not have particularly good employment opportunities and so it is also worthy of note that the proportion of NEET young people is close to the national average.

The same cannot be said for the rate of teenage pregnancies, which is well over half as high again as that for the country as a whole. The rate of teenage pregnancies rose between 1998 and 2003, and has fallen since then but remains slightly above 1998 levels. A particular issue could be the heavy drinking holiday culture associated with Blackpool. Blackpool has over 2,000 licensed premises and more transient populations which, when mixed with a local population with relatively high levels of deprivation, can be expected to contribute to the relatively high levels of teenage pregnancies. Over recent years the issue of relatively high rates of teenage pregnancies in Blackpool has been increasingly recognised locally and nationally, resulting in public health teams targeting schools in areas where conception rates have been relatively high. In line with the national Teenage Pregnancy Strategy, a revised four-tiered model of prevention was introduced in 2007.

Table 4.7 - Blackpool: Selected socio-economic indicators

Indicator	Blackpool	As % of average for England
Population per square km (2004)	4,088	1,048
Rank of IMD (1 = most deprived) (2007)	11	(av. = 75)
% of 11-year-olds not achieving level 4 English (2007)	22.0	110
% of 16-year-olds not achieving NVQ level 1 (2007)	8.6	104
GCSE or equivalent points per pupil (2007)	353	93
% of (un)authorised secondary school half-day absences (2006/7)	9.7	124
% of the secondary school population with 1(+) fixed period exclusion (2006/7)	8.2	137
NEET cases as a % of 16- to 18-year-olds (Nov 2006-Jan 2007)	7.3	109
% of under-18 conceptions in the population of 15- to 17-year-old females (2006)	6.6	163

Because Blackpool has a relatively high proportion of young people who are NEET it has been able to obtain funding from the national Learning and Skills Council to address the problem. The Connexions Service has contributed to a series of initiatives, which have included: enhancing services in schools and colleges for post-16-year-olds; a programme of one-week 'energisers' and bespoke Job Agency work with the unemployed; and efforts to raise the careers awareness of Year 9 pupils by giving them much greater exposure to the choices available at sixteen, which will both assist them to start their career planning early and help them make suitable option choices at fourteen. The number of fixed term exclusions and the proportion of young people with these in Blackpool rose between 2005/6 and 2006/7, possibly because this sanction was used more frequently by this Authority as a means of avoiding the need to use a permanent exclusion. The Springboard Scheme in Blackpool, a pilot project funded until March 2008, brought together a wide range of agencies including police, housing, the Primary Care Trust and social services, working as one team to help the resort's most excluded families.

Bournemouth

Bournemouth exhibits a number of similarities with Blackpool: not only are they both very large seaside resorts, but the two local authorities were both made Unitaries in the 1990s with boundaries which only include parts of wider conurbations, for which the central town functions as just the core area. Part of the wider area for Bournemouth is administered by Poole, which was a separate pilot in this study. Bournemouth has had a number of advantages over Blackpool - not least its more southerly location - and, in consequence, its deprivation level is far lower. In fact, its ranking means it is one of the two most average of

all the 150 major local authorities in this respect. Table 4.8 demonstrates this midway standing on the key underlying issue of deprivation, and shows that on many of the social and educational indicators the results for Bournemouth are not far from the national average. The exceptions relate mainly to low-achieving older children: as was seen in several more northerly areas with a more serious unemployment problem, the proportion of 16-year-olds not getting NVQ level 1 is notably above the national average, and there is a raised level of young people who are NEET, which tends to accompany higher levels of poorly qualified school leavers. Given that the area has relatively good employment trends and few neighbourhoods with acute deprivation, the problems for 16+-year-olds appear more widespread than might have been expected. In June 2007, Connexions Bournemouth redeployed teams and launched new programmes (EXCELER8 and Motiv8) which involve working more intensively with those at risk of becoming NEETs. Young people who were NEET have been involved as motivators. Recent data comparing figures for June 2007 and June 2008 suggest that the number of young people with NEET status within Bournemouth may be falling. The rate of teenage pregnancies has fallen strongly (33.8%) since 1998, from a rate above the national average to one well below.

Table 4.8 - Bournemouth: Selected socio-economic indicators

Indicator	Bournemouth	As % of average for England
Population per square km (2004)	3,490	895
Rank of IMD (1 = most deprived) (2007)	76	(av. = 75)
% of 11-year-olds not achieving level 4 English (2007)	20.0	100
% of 16-year-olds not achieving NVQ level 1 (2007)	10.1	122
GCSE or equivalent points per pupil (2007)	363	96
% of (un)authorised secondary school half-day absences (2006/7)	8.3	106
% of the secondary school population with 1(+) fixed period exclusion (2006/7)	4.9	83
NEET cases as a % of 16- to 18-year-olds (Nov 2006-Jan 2007)	8.4	125
% of under-18 conceptions in the population of 15- to 17-year-old females (2006)	3.4	84

Brighton & Hove

There are considerable geographical similarities between Bournemouth and Brighton & Hove, although the areas have rather different administrative histories. The creation of the latter as a new Unitary Authority in the 1990s was accompanied by the merging of two formerly separate authorities (Brighton and Hove), a process that in many other instances took many years to bed down. Table 4.9 shows that Brighton & Hove has a level of deprivation slightly above the average for major local authorities in England, and that most of the other social and educational indicators examined here reflect this underlying reality, with outcomes which are less favourable than the average in England as a whole. The level of school exclusion is particularly high for an area where deprivation is not so acute and, as was seen in Bournemouth, the proportions of school leavers who have few if any qualifications, and also of those who are NEET, are markedly high for an area which has neither severe deprivation nor a very depressed local labour market. In fact, it could be argued that these poor post-school outcomes are all the more disappointing given that the area is performing above average in terms of its educational outcomes for 11-year-olds.

Almost one in seven young people of secondary school age attend an independent school in Brighton and Hove. The exceptionally high 'loss' of students to the independent sector might be one explanation behind the higher than average proportion of maintained school students not achieving NVQ level 1. A minority of state secondary schools (two, in particular) have experienced steadily falling levels of attainment at GCSE level over recent years. Local instability of school catchment areas may be a factor behind exceptional levels of absences. Another factor behind higher absence rates than would be expected from the attainment figures is that the absence figures only relate to maintained schools whereas the attainment statistics at GCSE relate to both maintained and independent schools.

Table 4.9 - Brighton & Hove: Selected socio-economic indicators

Indicator	Brighton & Hove	As % of average for England
Population per square km (2004)	3,041	780
Rank of IMD (1 = most deprived) (2007)	59	(av. = 75)
% of 11-year-olds not achieving level 4 English (2007)	19.0	95
% of 16-year-olds not achieving NVQ level 1 (2007)	10.4	125
GCSE or equivalent points per pupil (2007)	387	102
% of (un)authorised secondary school half-day absences (2006/7)	8.5	109
% of the secondary school population with 1(+) fixed period exclusion (2006/7)	7.8	132
NEET cases as a % of 16- to 18-year-olds (Nov 2006-Jan 2007)	9.3	139
% of under-18 conceptions in the population of 15- to 17-year-old females (2006)	4.3	106

Poole

Poole is an area lying within the same coastal conurbation as Bournemouth. Despite these two areas sharing a common boundary, which is largely built-up along its length, they function as relatively separate local labour markets, as was confirmed recently by the revisions to the official labour market area boundaries (Travel-to-Work Areas), which reaffirmed the salience of the boundary between them.[50] Poole has a local economy based on engineering and other sectors which tend to offer better wage rates and more job security than those in the hospitality trades, which remain important to Bournemouth. The consequence of this long-established stronger economic base in Poole is a markedly lower level of deprivation than in Bournemouth. Yet on only a few of the social and educational indicators examined here does Poole deliver outcomes which are notably better than the national average (Table 4.10). In the light of what has been said about the relative strength of the Poole labour market, it is notable that two indicators which see Poole performing well are those which are most related to job prospects - the proportion of 16-year-olds with poor qualifications and the proportion of NEETs - with Poole having low levels of both. These proportions are often higher in areas where job prospects are poor. Nevertheless, Poole performs less well than might have been expected in respect of educational outcomes for 11-year-olds and in respect of secondary school absences and exclusions. The level of teenage pregnancies, characteristic of most less deprived areas, is well below the national average. In 1998, however, the rate of teenage pregnancies was closer to the national average.

[50] Coombes, M. and Bond, S. (2008) *Travel-to-Work-Areas: The 2007 review*, Office for National Statistics.

Table 4.10 - Poole: Selected socio-economic indicators

Indicator	Poole	As % of average for England
Population per square km (2004)	2,114	542
Rank of IMD (1 = most deprived) (2007)	118	(av. = 75)
% of 11-year-olds not achieving level 4 English (2007)	21.0	105
% of 16-year-olds not achieving NVQ level 1 (2007)	6.8	82
GCSE or equivalent points per pupil (2007)	398	105
% of (un)authorised secondary school half-day absences (2006/7)	8.4	108
% of the secondary school population with 1(+) fixed period exclusion (2006/7)	5.7	97
NEET cases as a % of 16- to 18-year-olds (Nov 2006-Jan 2007)	5.8	87
% of under-18 conceptions in the population of 15- to 17-year-old females (2006)	3.3	81

Telford & Wrekin

Telford, by contrast, is a conglomeration of older industrial towns and villages – including the Ironbridge area, which has been claimed as the 'cradle' of the industrial revolution – and newer neighbourhoods developed as part of a 'new town' programme, which also provided a new town centre area. The boundary of the Telford & Wrekin unitary local authority includes some outlying rural areas and extends to Newport, which is a more traditional Shropshire market town. After suffering badly owing to de-industrialisation, the local economy recovered, in part through economic activity moving from the older parts of the core West Midlands conurbation (e.g. the Black Country towns of Walsall and West Bromwich) where many of the migrants into the New Town housing in Telford had lived previously. Table 4.11 reveals that the key outcome of these varied processes is that the area is very close to the middle of the ranking of major local authorities in England in terms of deprivation. Most of the other social and educational indicators echo this middling status by demonstrating that the area performs near the national average, although its level of school exclusions is somewhat raised. The two indicators on which the area does less well are those not directly related to education: the proportion of NEET young people and the teenage conception rate. Part of the explanation may lie in the fact that New Towns tend to have a higher than average proportion of young people in the resident population. This demographic bulge can affect the prospects of young people entering the labour market purely owing to the high level of competition they face as a result of the large size of the school leaver cohort.

With respect to the teenage pregnancy rate, Telford & Wrekin remains well above the national average, as it does also in terms of the relatively high rate of young people who are NEET. The Council and its partners have invested in various strategies to reduce teenage pregnancy. Levels of teenage pregnancy have fluctuated annually, but there has been a general downward trend since 1998 (6.4% was the figure for 15- to 17-year-old girls in 1998). Levels of teenage pregnancy, however, remain well above the national average despite the introduction of various strategies such as school-based health clinics, drop-in centres, and appropriate training for everyone who works with children and young people.[51] Three schools within the authority are deemed priority Persistent Absence schools. Extra funding (£88k) through the LSC was provided to tackle the problem of relatively high levels of NEETs in Telford & Wrekin. A multi-agency strategy was produced towards the end of

[51] http://www.telford.gov.uk/Council+democracy/News/2005/October/Teenage+pregnancy+review.htm

2007.[52] A Fair Access Protocol and panel were established, which may have helped in the significant reduction of permanent exclusions. Head teachers across Telford & Wrekin have agreed to exclude pupils on a fixed term rather than a permanent basis, which may have had the effect of increasing the number of fixed term exclusions.

Table 4.11 - Telford & Wrekin: Selected socio-economic indicators

Indicator	Telford & Wrekin	As % of average for England
Population per square km (2004)	558	143
Rank of IMD (1 = most deprived) (2007)	78	(av. = 75)
% of 11-year-olds not achieving level 4 English (2007)	22.0	110
% of 16-year-olds not achieving NVQ level 1 (2007)	7.7	93
GCSE or equivalent points per pupil (2007)	387	102
% of (un)authorised secondary school half-day absences (2006/7)	7.8	100
% of the secondary school population with 1(+) fixed period exclusion (2006/7)	7.3	123
NEET cases as a % of 16- to 18-year-olds (Nov 2006-Jan 2007)	9.7	145
% of under-18 conceptions in the population of 15- to 17-year-old females (2006)	5.5	135

Shire Counties

The remaining five pilots are all Shire Counties: they are the major social service and education authorities for their areas, but they are not unitary in status because within each county area there are several district local authorities, which are responsible for administering a limited range of services. Although few of the services governed at the district level are very relevant to the BHLP initiative, this lower tier can make administration more complicated. It can also mean that partnership working has become more ingrained in service delivery practice in these areas.

Derbyshire

Derbyshire and Devon present slightly more complex cases in respect of their administrative history than the other Shire pilots because both lost part of their counties during the 1990s process of creating some new Unitary Authorities. In Derbyshire, Derby became a separate Unitary Authority and, as a result, Chesterfield is now the largest urban area within the Derbyshire administrative area, although for some time the small town of Matlock has housed the central administrative offices of the county. The lack of a very large urban area might have led to the county having few very deprived neighbourhoods, but the wholesale closure of coal mines has left areas around Bolsover, in the north-east of the county, with a severe shortfall in employment. Table 4.12 reveals that despite the coalfield problems, the overall deprivation level for Derbyshire ranks it among the less deprived half of the major local authorities. In general, Derbyshire's more specific social and educational indicators fit with the broad pattern of areas with slightly lower overall deprivation, it having slightly better outcomes on the issues examined here, although the level of GCSE results is below what would be expected on that basis. What cannot be seen from these results for the county as a whole is the extent of the contrast between coalfield areas and the more affluent areas to the west.

[52] Telford & Wrekin Council Cabinet (2007) *Local Public Service Agreement Round 2 (lpsa2): End of year performance monitoring report 2006/07: report of head of policy, performance & partnership*, 30 July.

Table 4.12 - Derbyshire: Selected socio-economic indicators

Indicator	Derbyshire	As % of average for England
Population per square km (2004)	296	76
Rank of IMD (1 = most deprived) (2007)	95	(av. = 75)
% of 11-year-olds not achieving level 4 English (2007)	18.0	90
% of 16-year-olds not achieving NVQ level 1 (2007)	6.7	81
GCSE or equivalent points per pupil (2007)	367	97
% of (un)authorised secondary school half-day absences (2006/7)	7.3	94
% of the secondary school population with 1(+) fixed period exclusion (2006/7)	4.5	76
NEET cases as a % of 16- to 18-year-olds (Nov 2006-Jan 2007)	6.5	97
% of under-18 conceptions in the population of 15- to 17-year-old females (2006)	3.5	87

Devon

Devon is the other Shire County which lost some of its territory during the creation of new Unitary Authorities in the 1990s. Both Plymouth and Torbay are now separate unitary local authorities, but were districts within Devon between the reorganisation processes in the 1970s and the 1990s. In fact, a process is currently ongoing which will determine whether Exeter will also become a separate Unitary Authority - with the remainder of Devon becoming a Unitary itself - or whether Devon (including Exeter) will become a Unitary Authority, with the result that the existing two-tier structure would cease to exist. It is not known whether this degree of past change and future uncertainty is impacting significantly on service delivery and partnership-working relevant to the BHLP initiative and its implementation.

Table 4.13 - Devon: Selected socio-economic indicators

Indicator	Devon	As % of average for England
Population per square km (2004)	113	29
Rank of IMD (1 = most deprived) (2007)	102	(av. = 75)
% of 11-year-olds not achieving level 4 English (2007)	19.0	95
% of 16-year-olds not achieving NVQ level 1 (2007)	7.7	93
GCSE or equivalent points per pupil (2007)	374	99
% of (un)authorised secondary school half-day absences (2006/7)	7.8	100
% of the secondary school population with 1(+) fixed period exclusion (2006/7)	6.5	109
NEET cases as a % of 16- to 18-year-olds (Nov 2006-Jan 2007)	5.9	88
% of under-18 conceptions in the population of 15- to 17-year-old females (2006)	3.0	74

Within its current boundaries, Devon is very rural, with Exeter as its only substantial urban area. Although the city has seen considerable economic growth recently there remain neighbourhoods with raised levels of deprivation, in the city as well as in some of the less favoured rural areas, particularly in the north. Even so, Devon overall lies below the midway point in the national ranking of major local authorities in terms of deprivation (Table 4.13). On the child-related indicators Devon, like Derbyshire, has a slightly better than average set of social and educational outcomes, which fit with its below-average deprivation level. The slight exceptions are the lower GCSE results than could have been anticipated, together with the higher school exclusion rate.

Gloucestershire

Gloucestershire lies roughly midway between Birmingham and Bristol, but is mostly too far away from both to be strongly affected by the metropolitan influence of either of these large cities. In consequence, the county remains largely self-contained, with the main economic axis formed by the similarly-sized 'twin cities' of Gloucester and Cheltenham. Perhaps surprisingly, given the cathedral city status of Gloucester, Cheltenham is the more economically dynamic of the two. Its economy overall has remained moderately buoyant for some time, and this has resulted in a low level of deprivation which puts it among the least deprived quartile of major local authorities in England. Table 4.14 shows its ranking to be 121 out of 150.

With respect to the more specific social and educational indicators, Gloucestershire is perhaps closer to the average on most than might have been anticipated, with near-average levels of school exclusions and rather modest GCSE results, perhaps providing some evidence of under-performing, given the lack of severe deprivation. That said, the non-school indicators of NEET young people and teenage pregnancies both show the low levels of negative outcomes which low deprivation levels would tend to suggest.

Table 4.14 - Gloucestershire: Selected socio-economic indicators

Indicator	Gloucestershire	As % of average for England
Population per square km (2004)	216	56
Rank of IMD (1 = most deprived) (2007)	121	(av. = 75)
% of 11-year-olds not achieving level 4 English (2007)	16.0	80
% of 16-year-olds not achieving NVQ level 1 (2007)	6.8	82
GCSE or equivalent points per pupil (2007)	383	101
% of (un)authorised secondary school half-day absences (2006/7)	7.1	91
% of the secondary school population with 1(+) fixed period exclusion (2006/7)	5.9	99
NEET cases as a % of 16- to 18-year-olds (Nov 2006-Jan 2007)	4.0	60
% of under-18 conceptions in the population of 15- to 17-year-old females (2006)	2.6	65

Hertfordshire

Hertfordshire lies immediately to the north of Greater London, and might be thought of as the classic example of a Home Counties area dominated by intensive patterns of people commuting to the capital. Although this characterisation is a reasonable portrayal of much of the county, there are also several New Towns, such as Stevenage. These have retained some of the local self-containment of economic and community life which was a key

element of their design brief, although not in the form that was envisaged (with each town a distinct and separate entity) but more in the form of loose networks or clusters of medium-size towns, which together retain a degree of isolation from the pull of the capital to the south. The mix of employment opportunities via the availability of local jobs, and the alternative opportunities available via the many transport links to London, have led to Hertfordshire having one of the lowest levels of deprivation of any major local authority in the country.

Table 4.15 confirms that many social and economic indicators show the effects of this low deprivation level in terms of the low rates of unfavourable outcomes (especially NEET young people and teenage pregnancies). As has been seen with several other areas with relatively little deprivation, however, the achieved levels in GCSE and equivalent examinations are only marginally above the national average, despite the relative lack of social and economic problems among the local population.

Table 4.15 - Hertfordshire: Selected socio-economic indicators

Indicator	Hertfordshire	As % of average for England
Population per square km (2004)	644	165
Rank of IMD (1 = most deprived) (2007)	134	(av. = 75)
% of 11-year-olds not achieving level 4 English (2007)	15.0	75
% of 16-year-olds not achieving NVQ level 1 (2007)	6.3	76
GCSE or equivalent points per pupil (2007)	394	104
% of (un)authorised secondary school half-day absences (2006/7)	7.3	94
% of the secondary school population with 1(+) fixed period exclusion (2006/7)	5.1	86
NEET cases as a % of 16- to 18-year-olds (Nov 2006-Jan 2007)	4.0	60
% of under-18 conceptions in the population of 15- to 17-year-old females (2006)	4.0	99

West Sussex

West Sussex lies immediately to the west and north of Brighton & Hove, and includes a mix of more rural areas, many coastal resorts and retirement towns. In much of the area a sizeable minority of residents commute to London or the Gatwick area, which is near the northern border of the county. The county has become much less dependent on the hospitality sector than some other areas (e.g. Bournemouth) and this, in combination with its proximity to London (as Hertfordshire), has led to it having few deprivation problems. Table 4.16 shows that there are only 20 less deprived major local authorities among the total of 150. Nevertheless, few of the more specific social and economic indicators reported here show a performance all that much better than the average, and in fact, the GCSE results are marginally below the national mark. Once the school-based indicators are set aside, however, the outcomes are distinctly more positive, a pattern we have observed in several other more prosperous pilot areas. Notably, there are lower proportions of NEETs, and the level of teenage pregnancy is well below the national average.

Table 4.16 - West Sussex: Selected socio-economic indicators

Indicator	West Sussex	As % of average for England
Population per square km (2004)	387	99
Rank of IMD (1 = most deprived) (2007)	130	(av. = 75)
% of 11-year-olds not achieving level 4 English (2007)	18.0	90
% of 16-year-olds not achieving NVQ level 1 (2007)	6.8	82
GCSE or equivalent points per pupil (2007)	372	98
% of (un)authorised secondary school half-day absences (2006/7)	7.4	95
% of the secondary school population with 1(+) fixed period exclusion (2006/7)	5.8	99
NEET cases as a % of 16- to 18-year-olds (Nov 2006-Jan 2007)	4.4	66
% of under-18 conceptions in the population of 15- to 17-year-old females (2006)	2.9	71

Comparator Areas

Two local authorities agreed to provide comparator lead professional cases for the quantitative analysis (reported in Chapter 6). Unfortunately, we were not able to influence the selection of these local authorities so as to look for areas which would be comparable on the range of indicators. The Department had contacted several local authorities and Swindon and Shropshire were generous enough to agree to help us. We have profiled these two areas, following the same processes discussed above in respect of the BHLP pilots themselves.

Swindon

Swindon has been a Unitary Authority for around ten years; previously its social and educational services were delivered by Wiltshire County Council. The town benefits greatly in economic terms from its location on the 'M4 corridor', which has seen growth and prosperity extend from Heathrow in west London to Bristol and the intermediate areas. Swindon attracts substantial inward investment, notably in the form of the headquarters of financial services and computer companies. This economic expansion creates relatively high levels of labour demand, resulting in high wage rates and low unemployment. There is also diversity in job opportunities, with the closure of the once-huge railway works that stimulated the town's growth in Victorian times, offset by the development of two car plants (Honda and Mini/BMW), ensuring that manufacturing remains an important part of the local economy. The boundary of the borough extends beyond the town itself to some prosperous rural areas, although the labour catchment area of the town's major employers stretches much further into the adjacent counties.

Table 4.17 shows that, owing to the economic prosperity of Swindon with its high wage rates and job security, the area has an overall level of deprivation that is below the national average. Yet on several of the social and educational indicators examined here Swindon delivers outcomes which are notably below the national average. Education results for those at school-leaving age are clearly below average, with the proportion of 16-year-olds with poor qualifications over 40 per cent above the national average. In fact the strength of the Swindon labour market might almost be seen as a disincentive to learning, because the relatively large tail of poorly qualified school-leavers has not led to the raised proportion of NEET young people that might have been expected. The rate of teenage pregnancies is above the national average and, as with the proportion of school-leavers who have poor qualifications, is at a level which is more usually found in rather deprived areas. It is notable that in 1998 the rate of teenage pregnancy was closer to the national average.

Within the overall picture of relative prosperity there are a few pockets of deprivation, with two neighbourhoods among the 10 per cent most deprived in the country. None of the pockets of relatively high deprivation in the borough - such as Penhill, Walcot East, Pinehurst and Park - has benefited from area-targeted regeneration funding (e.g. the Neighbourhood Renewal Fund or the Single Regeneration Budget).

Table 4.17 - Swindon: Selected socio-economic indicators

Indicator	Swindon	As % of average for England
Population per square km (2004)	811	208
Rank of IMD (1 = most deprived) (2007)	104	(av. = 75)
% of 11-year-olds not achieving level 4 English (2007)	19	95
% of 16-year-olds not achieving NVQ level 1 (2007)	11.8	142
GCSE or equivalent points per pupil (2007)	348	92
% of (un)authorised secondary school half-day absences (2006/7)	7	90
% of the secondary school population with 1(+) fixed period exclusion (2006/7)	6.3	107
NEET cases as a % of 16- to 18-year-olds (Nov 2006-Jan 2007)	6.2	93
% of under-18 conceptions in the population of 15- to 17-year-old females (2006)	46	113

Shropshire

Shropshire is the largest inland county in England and is one of the most rural. Until the 1990s, Telford & Wrekin, now a Unitary Authority and one of our pilot areas, was a district within the administrative Shire county of Shropshire. Shewsbury is the largest town within the current Shire county area; the mainly rural remainder includes market towns that range in size from medium (e.g. Oswestry) to small (e.g. Church Stretton). The overall deprivation level of Shropshire ranks it in the less deprived half of the major local authorities in the country. Table 4.18 shows that all its specific social and educational indicators fit with the general pattern of areas with lower overall deprivation, it having better outcomes on the issues examined here (lower levels of school absence and excluded pupils, higher levels of attainment, and lower rates of teenage pregnancy). The level of GCSE results is particularly strong, given that the deprivation levels are not so far below the average. These levels are potentially boosted to some degree by the relatively high proportion of pupils who attend independent schools.

As is true of any area, the overall picture is an average across neighbourhoods within which there are some contrasts, with the more deprived areas mostly located in parts of the larger towns. Some of the most affluent areas are in the east, where commuting to Telford and the Birmingham conurbation is not uncommon. Although the county itself is not especially dynamic economically, Shrewsbury has seen a steady growth in the service sector as well as the in-migration of better-off people who may commute out of the county or may have gone there to retire. This steady growth in demand for labour combines with the high levels of school-leaver attainment, and the targeted efforts of local partners, to restrain the number of NEET young people. Shropshire has been assessed by central government as not needing Neighbourhood Renewal Fund support and its Single Regeneration Budget funding was minimal (just £3 million).

Table 4.18 - Shropshire: Selected socio-economic indicators

Indicator	Shropshire	As % of average for England
Population per square km (2004)	90	23
Rank of IMD (1 = most deprived) (2007)	105	(av. = 75)
% of 11-year-olds not achieving level 4 English (2007)	18	90
% of 16-year-olds not achieving NVQ level 1 (2007)	4.6	55
GCSE or equivalent points per pupil (2007)	401.6	106
% of (un)authorised secondary school half-day absences (2006/7)	7	90
% of the secondary school population with 1(+) fixed period exclusion (2006/7)	5	85
NEET cases as a % of 16- to 18-year-olds (Nov 2006-Jan 2007)	4.5	67
% of under-18 conceptions in the population of 15- to 17-year-old females (2006)	3.3	80

In terms of the contextual issues taken to be of central importance here - those largely related to levels of deprivation – the two comparator areas are clearly more similar to the pilot areas which are Shires than they are to many of the other pilot areas.

The Distribution of BHLP Cases

Having examined the characteristics of each pilot area and our two comparator areas, we turn now to consider the distribution of children and young people in the BHLP/EBHLP samples in each pilot and the social profile of the neighbourhoods in which they lived. The aim was to identify the extent to which cases were clustered geographically and to determine whether the children and young people were living in the neighbourhoods with higher levels of deprivation. Some pilots, we know, explicitly targeted specific neighbourhoods, while others did not.

Our analyses depended not only on simply mapping the distribution of cases on a wall map, with a pin showing the location of each case, but also on mapping the cases on to statistical data about the neighbourhoods within each pilot. Both these forms of mapping require the postcode for each child and both are data-hungry, in that they can produce rather unreliable results if they are not based on fairly substantial numbers of cases. So we begin our account with a discussion of the availability of postcoded cases, so that the limitations in our distribution mapping can be understood.

The Availability of Data

Some pilots had difficulty collating the data we requested, including the home postcode for each child. Despite their best efforts, not all the pilots were able to supply postcodes, and the data-hungry nature of the mapping analyses meant that we needed a minimum of 50 postcoded cases in each pilot. We used the sample of 50 cases drawn for the quantitative analyses of costs and effectiveness and boosted the numbers of cases by including all other cases known to us in each pilot where a postcode was recorded. Nearly a thousand cases from the boosted sample did not have locatable postcodes: a large proportion of these simply had no postcode information at all, but others had postcodes which were invalid (i.e. they did not conform to one of the correct alpha/numeric patterns of all postcodes), non-existent (perhaps because of a misrecording) or incomplete. For example, the incomplete postcode ‘SW1’ could refer to the neighbourhood that encompasses Buckingham Palace or it could refer to some rather less favoured areas of inner West

London. It is essential, therefore, to have the full postcode for mapping analyses. Table 4.19 lists the cases used for the analyses reported in this chapter. It is important to note that only the postcode was known for each case in the boosted sample. The data were anonymised and we held no other information about the child and young people beyond their home postcode.

Table 4.19 - Availability of postcoded data by pilot

Pilot	Were postcodes supplied for the random sample of 50 cases?	What additional cases if any were used to boost the sample?
Blackpool	Yes	Postcodes for all known cases
Bournemouth	Yes	Postcodes for all known cases
Brighton	Yes	Some additional postcodes
Derbyshire	Yes	Postcodes for all known cases
Devon	Yes	No additional data
Gateshead	Yes	Postcodes for all known cases
Gloucestershire	Yes	Postcodes for all known cases
Hertfordshire	Yes	Postcodes for all known cases
Knowsley	Yes	Some additional postcodes
Leeds	Yes	Postcodes for all known cases
Poole	Yes	Postcodes for all known cases
Redbridge	Yes	Postcodes for all known cases
Telford	Yes	Postcodes for all known cases
Tower Hamlets	No	No postcode data available
Trafford	Yes	No postcode data available
West Sussex	No	No postcode data available

Table 4.20 indicates the numbers of cases we had available in each pilot and the number with valid postcodes. There was wide variation across the pilots, illustrated starkly by the two London Boroughs: Redbridge provided us with the largest number of cases with a valid postcode while Tower Hamlets was one of two pilots that provided no postcodes at all. This level of variation in case numbers was a clear challenge to any hopes we had that the 16 pilots would provide us with a representative sample of areas across the country. For example, Tower Hamlets was the only Inner London borough among the pilots and, without there being any usable cases at all for this part of the analysis, the inner parts of the capital city, with their large and growing distinctive population, were unrepresented in the analyses of the distribution of BHLP cases.

Although the total number of 1,873 valid postcoded cases is a healthy number for most analytical purposes, the remaining problem for us was that the analyses focused on individual pilots, so the requirement that there must be 50 cases in each pilot meant that five of them had to be eliminated from the mapping work. It is fortunate that the five pilots we eliminated were distributed across all types of area - from London to the more rural Shires - although having just two of the Shire-based pilots in the analyses was less than ideal. The number of cases available for our analyses had only fallen slightly, to 1,818, however, because the five pilots eliminated had relatively few mappable cases.

Table 4.20 - Cases per pilot in the boosted sample for postcode-based analyses

	Pilot	Number of cases: boosted sample	Number of cases:validly postcoded
London Boroughs	Redbridge	466	438
	Tower Hamlets	0	0
Metropolitan Boroughs	Gateshead	149	127
	Knowsley	141	120
	Leeds	53	53
	Trafford	53	2
Other Unitaries	Blackpool	76	69
	Bournemouth	94	91
	Brighton & Hove	126	120
	Poole	75	67
	Telford & Wrekin	696	177
Shires	Derbyshire	291	201
	Devon	50	33
	Gloucestershire	143	20
	Hertfordshire	430	355
	West Sussex	0	0
Totals	All pilots	2,843	1,873

Table 4.21 shows the 11 pilots used for the mapping analyses and the percentage share of the total number of mappable cases in each pilot. These values raise the question of whether the number of cases from any pilot should be limited in order to avoid the domination of any one pilot in the overall results: Redbridge contributed nearly a quarter of all the cases. We decided not to impose such limits because these analyses are generally at the scale of the individual pilot and the larger the number of cases in the analyses the more robust they are, and the more likely they are to be representative of the full caseload. The analyses do not focus on providing a national picture based on pooling the 1,818 cases, which from here on are referred to as the mapped cases.

Table 4.21 - Overview of the eleven pilots with mappable cases

	Pilot	Number of cases mapped	% mapped	IMD
London Borough	Redbridge	438	24.1	17.7
Metropolitan Boroughs	Gateshead	127	7.0	33.1
	Knowsley	120	6.6	46.8
	Leeds	53	2.9	27.7
Other Unitaries	Blackpool	69	3.8	34.2
	Bournemouth	91	5.0	23.8
	Brighton & Hove	120	6.6	25.7
	Poole	67	3.7	14.3
	Telford & Wrekin	177	9.7	21.8
Shires	Derbyshire	201	11.1	19.8
	Hertfordshire	355	19.5	10.8
Total	All mapped pilots	1,818	100.0	21.4
	England		100.0	21.7

Table 4.21 also provides some reassurance that the national analyses could be reasonably representative of the country as a whole, even though the mappable cases are from only eleven areas of the country. The key test here is the deprivation level in the areas concerned, established via the Index of Multiple Deprivation (IMD). The pilots with mappable cases have IMD values ranging from almost 50 for Knowsley, with its many deprived neighbourhoods from outer Merseyside, to little over 10 for Hertfordshire, where there are numerous comfortable commuter areas. It should be noted that a low IMD value does not quite equate to affluence but rather the lack of much evident deprivation. The IMD averaged across all the neighbourhoods in the eleven pilots is 21.4 and this is very close to the equivalent analysis of England in total (21.7). To this extent these pilots can be regarded as representative of the country as a whole. Unfortunately, we could not map the LP cases in Swindon and Shropshire because there were insufficient numbers of cases in these areas.

Targeting Children and Young People

The IMD values are available for the Lower-Layer Super Output Areas which were specifically defined as neighbourhoods with small populations of similar size.[53] This makes them ideal as representations of the home context of each BHLP case, and the IMD deprivation indicators were devised with the explicit requirement that they are robust at this fine level of detailed neighbourhood area, but not for any smaller areas. The comparison of all the neighbourhoods in the pilots with all neighbourhoods across England assumes that each pilot had at least one mapped case in each of its neighbourhoods. Since this is not a realistic assumption, a case-weighted analysis was required: the postcode of each mapped BHLP case was used to identify its neighbourhood IMD value, and these values were summed and then divided by the number of cases. The case-weighted value is the average of the values for the neighbourhoods in which there were BHLP cases.

Figure 4.1 reveals that the case-weighted IMD values provide clear evidence that pilots appear to have targeted children in deprived circumstances. In each of the eleven pilots the case-weighted value is higher than the population-weighted value, where the latter is the standard measure derived from calculations in which each neighbourhood in a pilot counts once and once only towards the overall pilot value - regardless of how many cases there were in that neighbourhood. The overall evidence of targeting is shown by the fact that, while the population-weighted IMD value of all mapped pilots is virtually identical to that of England (at around 21, as seen earlier), the case-weighted value for all mapped pilots is around ten points higher. Figure 4.1 indicates the extent of the targeting by the steepness of the gradient of the lines, and, on this basis, the pilots with higher overall (population-weighted) IMD values appear to have targeted more actively. In general, the larger the pilot area population the more diverse it is likely to be, and more diverse populations give the most opportunity for targeting. This suggests that the Shire pilots (shown in green) would have the greatest opportunity to target because they have large populations living in more dispersed settlements that are readily distinguished from each other. Derbyshire appears to have targeted more actively than other pilots overall, as shown by its population-weighted IMD value being below that of all mapped pilots, while its case-weighted value is above that for the total. By contrast, Hertfordshire does not appear to have targeted very actively. In fact, the three pilots (Hertfordshire, Redbridge and Poole) with the lowest IMD values show the least evidence of intensive targeting. Since these three pilots were located in different types of authority, this behaviour is not related to their being either Shires or single-tier authorities.

[53] http://www.communities.gov.uk/communities/neighbourhoodrenewal/deprivation/deprivation07

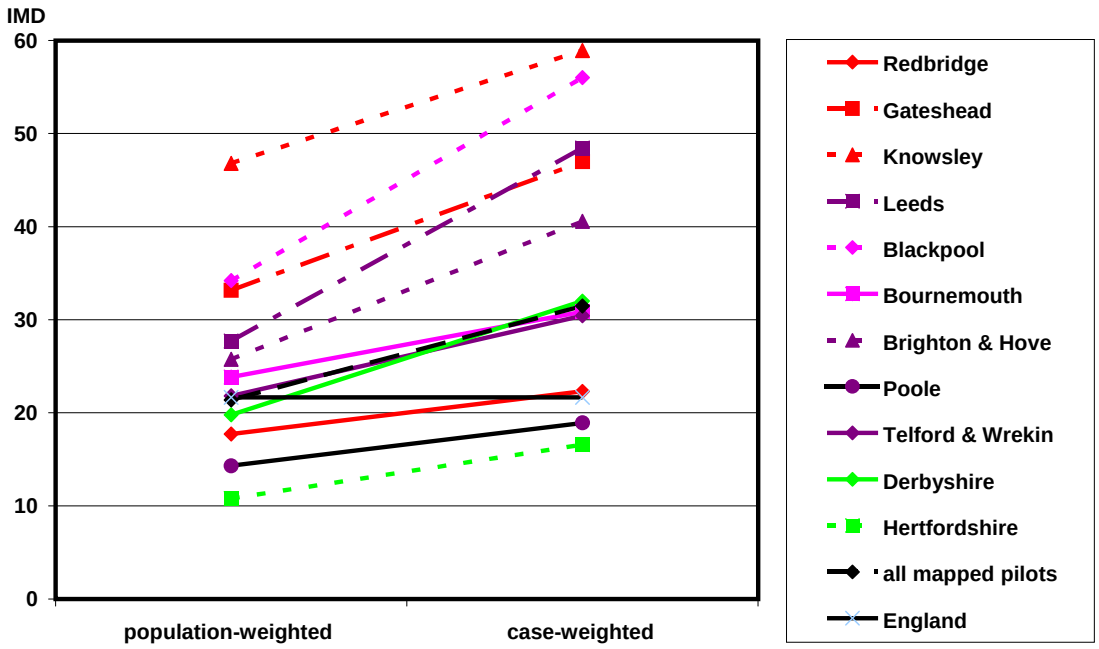


Figure 4.1 - Pilot targeting: Case-weighted and population-weighted IMD values

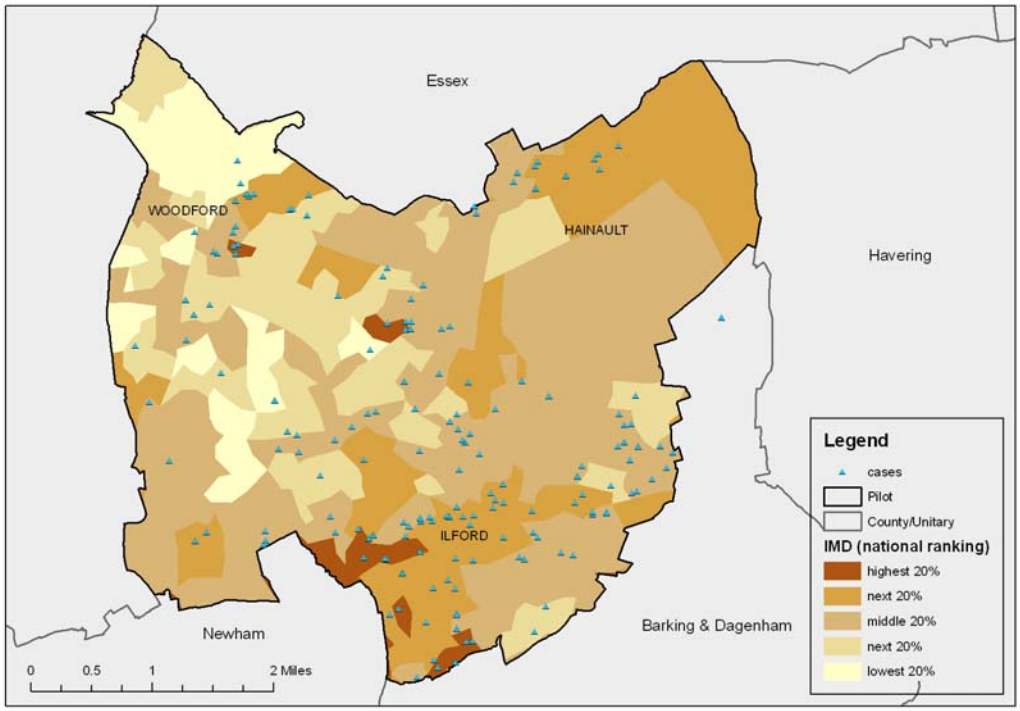
In Figure 4.1 Blackpool and Bournemouth are coloured pink to distinguish them from the other Unitary Authorities, because BHLP implementation in these pilots explicitly involved the targeting of certain neighbourhoods. Given that these neighbourhoods had been selected because of their relatively high levels of deprivation, it would be expected that these pilots would be shown by the analyses here to have particularly high levels of targeting. Of course, this outcome depends on three factors: first, on appropriate neighbourhoods having been selected; second, on most cases coming from those neighbourhoods; and third, on the cases themselves not being 'untypical' of their area. Figure 4.1 suggests that these factors have come together more effectively in Blackpool than in Bournemouth, but this result might be due to some other characteristics of the two areas, or to some difference in their approach to BHLP implementation. Such variations call for a pilot-by-pilot examination of targeting, with detailed mapping of case distributions.

London Borough: Redbridge

Of the two pilots in London only Redbridge had enough mappable cases for the analyses here. The targeting in this pilot was not geographical but related to age, because the strategy was to focus on children aged 8 or under. Map 4.2 shows the distribution of the cases across the area covered by the authority, using an approach which is followed consistently with all the pilots. Each case is represented by a small blue triangle at the approximate home location of the child, allowing clusters to be picked out by eye - very informally - from the pattern. Within the outer boundaries of the pilot area all neighbourhoods are shaded according to the level of IMD: the darkest shade indicates neighbourhoods which are among the 20 per cent of the most deprived areas in England and, with some pilots having relatively few very deprived neighbourhoods, this means that some of the maps have very little dark shading.

Map 4.2 reveals that Redbridge is one of these pilots with little dark shading: the shading categories applied to most of its neighbourhoods indicate that the majority of the area has only moderate levels of deprivation. There is a clear tendency for cases to be concentrated in the south-east of the borough, around Ilford, and, with some of the more deprived areas also being found in this area, this is consistent with a fair degree of social targeting of the

cases. Figure 4.1 had indeed shown that there was such a tendency, with the case-weighted value of IMD for the pilot being higher than the value based on the population as a whole, but the degree of this targeting could also be seen to be among the weakest of any pilot. Map 4.2 also shows that one of the mappable cases lies outside the pilot area, in Barking & Dagenham - all the maps are drawn so that all mappable BHLP cases are shown, whether or not they lie within the pilot boundary.



Map 4.2 - Location of Redbridge cases

Table 4.22 explores the level of social targeting of BHLP cases in further detail and also provides some information on specific educational and social issues in the pilot area generally, and in the neighbourhoods where the BHLP children were living in particular. The form of evidence presented here for Redbridge is used consistently for all the pilots with mappable cases. A measure of the level of social targeting of the pilot cases is provided by the penultimate row of data: the case-weighted IMD value is over 25 per cent higher than the equivalent IMD value for Redbridge, on the basis of the wider population distribution. (Table 4.22 shows the evidence for this statement as the value 125.8 in the middle data column of the penultimate row of figures.) Put another way, if the total population were distributed across Redbridge's neighbourhoods in the same way as the BHLP cases, its IMD value would be about 25 per cent higher: hence, the 103 per cent value in the right-hand column shows that this would lift Redbridge from the lower half of the distribution of areas in terms of deprivation to slightly higher than the national average. All these different ways of looking at this evidence are indicating that the BHLP children and young people tended to live in the more deprived neighbourhoods of the area, although a 25 per cent level of targeting is perhaps relatively modest.

Following this explanation of how the data presented should be interpreted, it is useful to use this approach to examine the more specific variables compiled on this basis (Table 4.22). The last row in the table shows that nearly half of all households with children are categorised by the National Statistics Socio-Economic Classification (NS-SeC) into NS-SeCs 4, 5 or 6, which are roughly equivalent to the more familiar less skilled, non-manual or manual social classes. In this part of London many adults will have fairly low-paid, but mostly stable, basic service-sector jobs. The middle column of data shows that on this

indicator, as on most, the neighbourhoods from which the BHLP cases tended to come are not very different from those in the borough as a whole. The IMD value is the one which shows the greatest divergence from 100 per cent, and so the conclusion might be drawn that BHLP case targeting has located children in poorer circumstances even though other indicators for these neighbourhoods do not support specific targeting. For example, had Redbridge targeted disadvantaged younger children, it might have been expected that they would come from areas where SATs results for 11-year-olds at Key Stage 2 are poor, but the value for this indicator in the areas where the BHLP children live - namely, the case-weighted value – differs by less than 2 per cent from the population-weighted value for Redbridge overall. (Table 4.22 shows this as 98.4% in the middle column of the top row.) In summary, the pilot cases show clear, albeit modest, evidence of children in the more deprived neighbourhoods of Redbridge having been targeted, and this has been achieved despite the fact that educational and social disadvantages are not simply concentrated in the same readily identifiable small areas.

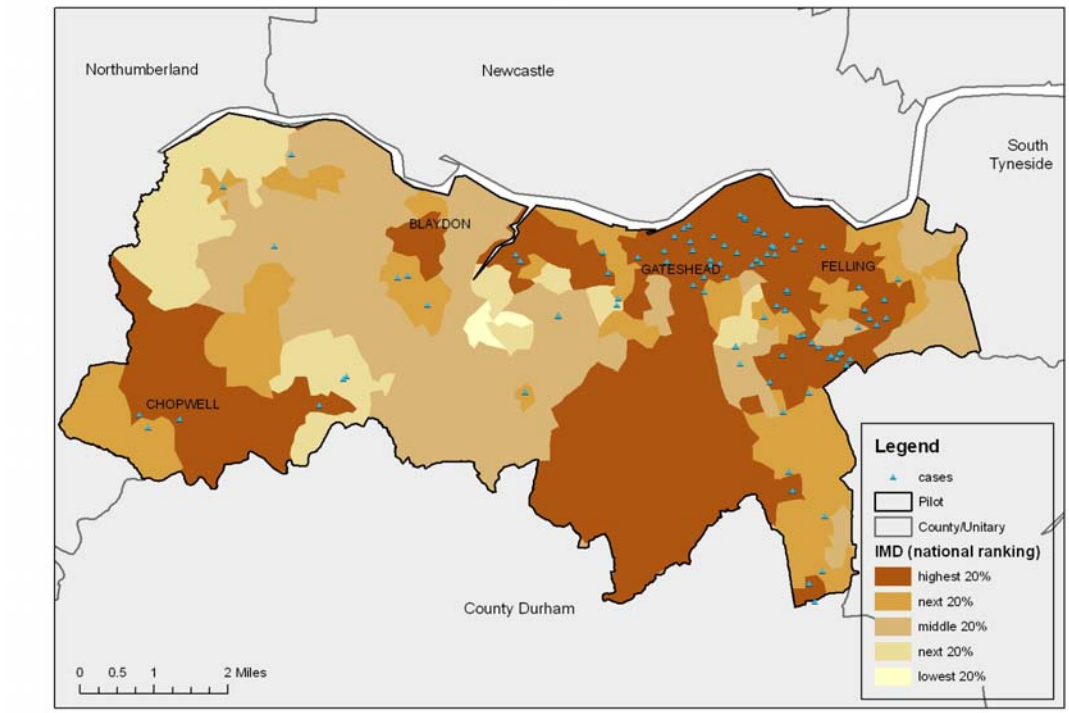
Table 4.22 - Redbridge: Evidence of social targeting of cases

	Case-weighted value	As % population-weighted value	As % all England value
Average KS2 points	45.16	98.4	99.6
Average KS3 points	57.15	98.0	101.3
Average KS4 points	304.22	96.8	107.0
% not staying on post-16	19.40	118.1	70.9
IMD crime rank (inverted so highest crime = 32,482)	18,643	104.2	114.8
IMD (overall)	22.31	125.8	103.0
% households with dependent children where the main wage earner falls into NS-SeC 4, 5 or 6*	43.87	107.4	92.2

* National Statistics Socio-Economic Classifications (NS-SeC) 4, 5 and 6 are roughly equivalent to the more familiar less skilled, non-manual and manual social classes.

Metropolitan Boroughs: Gateshead

Map 4.3 presents the pattern of the 127 mappable cases from the pilot in Gateshead, where there was no explicit targeting by either age or locality. Nevertheless, there is evidence of targeting in areas of higher deprivation. It is worth noting that two of the areas are shown as having high deprivation levels, but few cases are, in fact, rural: one is the former pit village of Chopwell and the other is the large ‘wedge’ south of central Gateshead which is made up partly of a large industrial estate and partly of scattered settlements. Map 4.3 makes it abundantly clear that the vast bulk of BHLP cases were located in central Gateshead and Felling and, within those localities, very few cases lived in the less deprived neighbourhoods.



Map 4.3 - Location of Gateshead cases

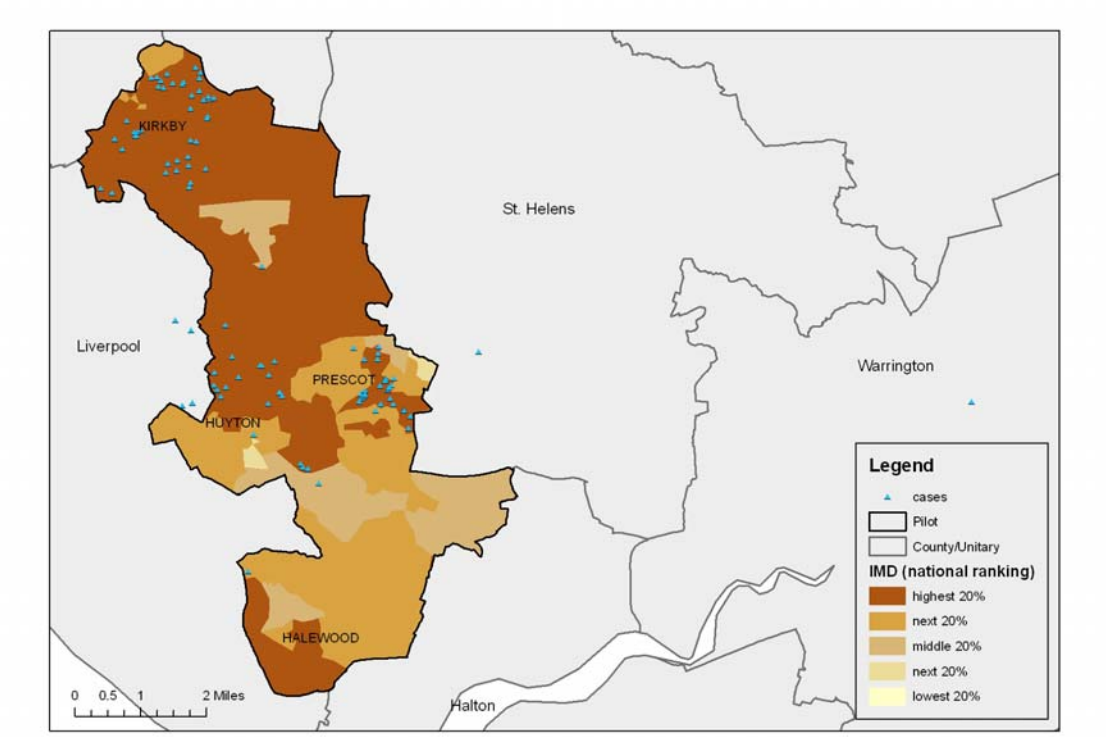
Table 4.23 confirms the superficial evidence of targeting, with the key result that the case-weighted IMD value is over 40 per cent higher than the IMD value for the pilot overall (i.e. the population-weighted value). As was seen in Redbridge, none of the other variables shows as great a difference between the neighbourhoods in the pilot overall and the neighbourhoods where the people lived. The greatest deviations from 100 per cent (Table 4.23, middle data column) indicate that the BHLP children lived in neighbourhoods where there were lower exam results for 16-year-olds (KS4) and higher crime levels. Of course, crimes are committed by people in all age groups, but in numerical terms older teenagers commit a substantial proportion of the detected crimes in most areas. Table 4.23 suggests that the children lived predominantly in parts of the pilot where older children, in particular, are more likely to be experiencing worse outcomes.

Table 4.23 - Gateshead: Evidence of social targeting of cases

	Case-weighted value	As % population-weighted value	As % all England value
Average KS2 points	43.91	96.2	96.9
Average KS3 points	53.60	96.2	95.0
Average KS4 points	253.11	88.4	89.0
% not staying on post-16	33.94	107.1	124.0
IMD crime rank (inverted so highest crime = 32,482)	22,594	116.1	139.1
IMD (overall)	46.98	141.7	216.8
% households with dependent children NS-SeC 4–6	61.08	111.5	128.4

Metropolitan Boroughs: Knowsley

Knowsley did not explicitly target particular areas or particular age groups for BHLP intervention. Map 4.4 shows that a number of the 120 mappable cases related to children who lived outside the borough boundary, with one living far away in Warrington to the east. Cases within the pilot area very largely lived within one of the 20 per cent most deprived neighbourhoods in the whole country. This is not very surprising because Knowsley is the third most deprived major local authority area in England and a high proportion of its neighbourhoods fall into this category. The one exception is the Halewood area in the south of Knowsley, which includes a relatively small share of the borough population and is rather separate from the main populated parts of the borough.



Map 4.4 - Location of Knowsley cases

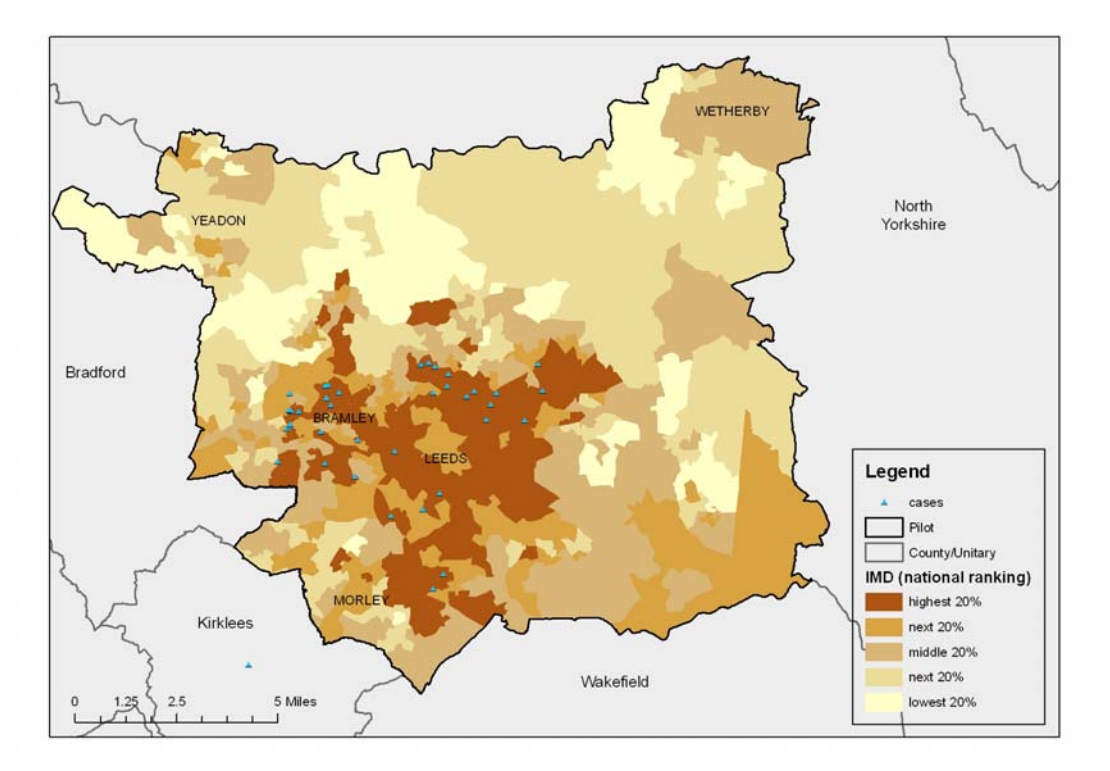
The effective omission of Halewood and, probably more significantly, the relative shortage of non-deprived areas may explain the fact that targeting in Knowsley has been measurable, but no less strong than in some other pilots. Table 4.24 presents a set of case-weighted values which differ only modestly from those of the area as a whole. Once again it is the overall IMD that shows the largest deviation, with the case-weighted value over 25 per cent higher than that of the borough overall, suggesting that the BHLP children lived predominantly in neighbourhoods with a broad range of problems associated with poverty rather than having a more specific problem, such as very poor educational outcomes.

Table 4.24 - Knowsley: Evidence of social targeting of cases

	Case-weighted value	As % population-weighted value	As % all England value
Average KS2 points	43.15	96.8	95.2
Average KS3 points	50.77	94.9	90.0
Average KS4 points	230.36	92.0	81.0
% not staying on post-16	31.96	110.0	116.8
IMD crime rank (inverted so highest crime = 32,482)	22,101	104.9	136.1
IMD (overall)	58.92	125.9	271.9
% households with dependent children that NS-SeC 4to6	61.19	109.2	128.6

Metropolitan Boroughs: Leeds

Leeds initially targeted younger children for BHLP intervention, but any LP could make an application for BHLP top-up funding. Whereas Knowsley is a very largely deprived borough, Leeds has acute contrasts between a number of very prosperous neighbourhoods and some with acute levels of deprivation. This pattern of sharp contrasts creates a very ready opportunity for social targeting.



Map 4.5 - Location of cases in Leeds

Map 4.5 shows clear superficial evidence of 'negative' targeting, with no BHLP cases whatsoever in the more affluent, partially rural areas in the north and east of the area. The two main concentrations are in the old inner area of Bramley and to the north of the city centre, in areas around Chapeltown, which has been one of the least desirable parts of the city for many decades. There are some more deprived neighbourhoods in more outlying parts of the city, including pit villages in the south-east, but there were no BHLP cases from these areas, perhaps owing to the small number in the mappable sample or to such areas

including a small share of the borough population and also being rather separate from the main populated areas of the borough.

Table 4.25 bears out the suggestion that the existence of strong social contrasts within Leeds would create ample opportunities for social targeting: the case-weighted value of IMD is almost 75 per cent higher than that for the area as a whole. This sets the tone for the more specific social and educational indicators, where a rather interesting pattern emerges in relation to the age of BHLP children. While the pilot targeted younger children, it has selected children from areas where the problems for older children, in particular, are worse than for their peers in other neighbourhoods. Table 4.25 shows that the KS1 results in the areas where the BHLP children lived are less than 10 per cent adrift of the city average, but, by the time KS4 is reached, the shortfall is almost 25 per cent, and this poor outcome will be strongly associated with the fact that the proportion who do not stay on in education after sixteen is over 50 per cent higher in the neighbourhoods where BHLP children lived.

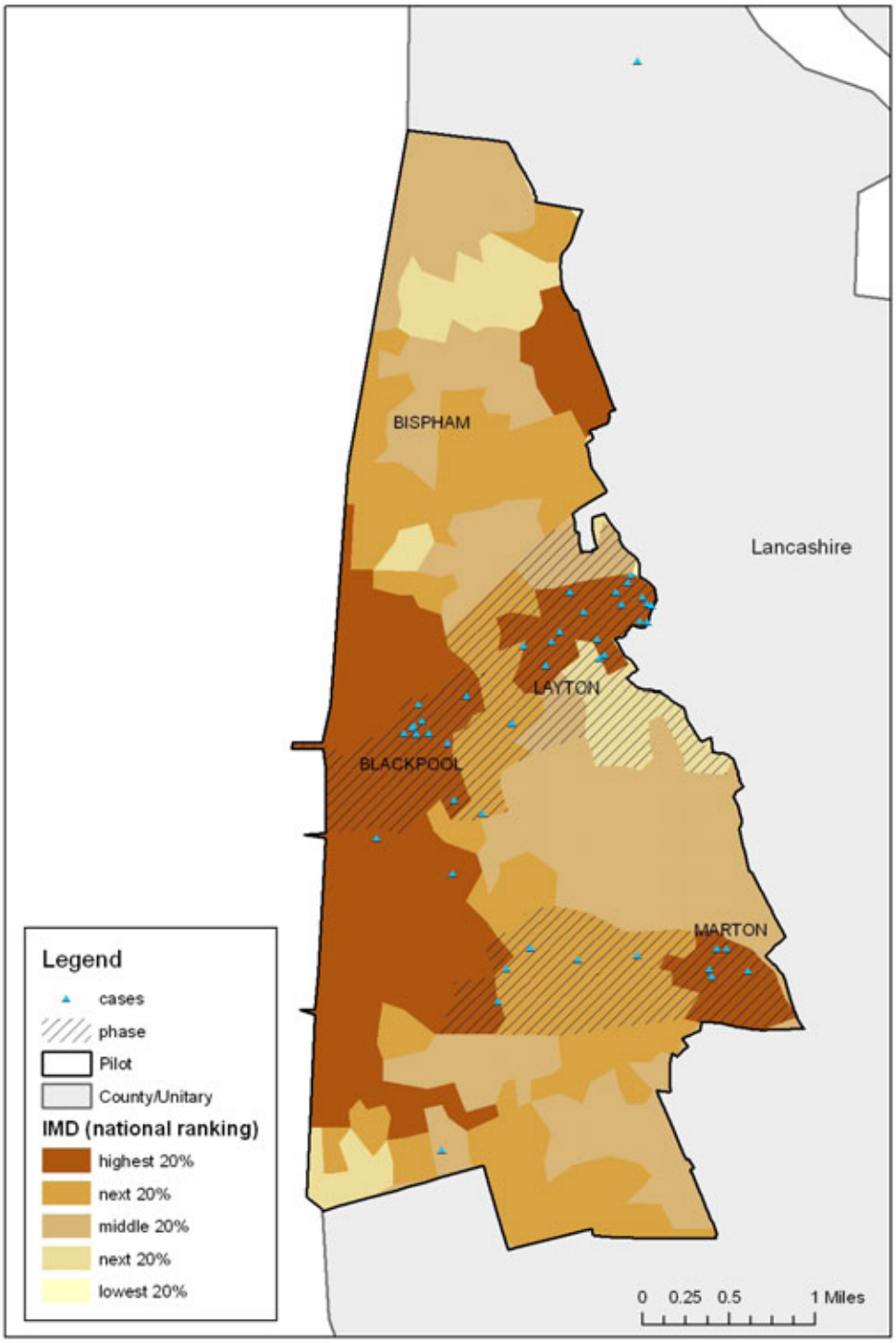
Table 4.25 - Leeds: Evidence of social targeting of cases

	Case-weighted value	As % population-weighted value	As % all England value
Average KS2 points	41.51	91.5	91.6
Average KS3 points	49.37	89.1	87.5
Average KS4 points	202.79	75.3	71.3
% not staying on post-16	49.66	151.9	181.5
IMD crime rank (inverted so highest crime = 32,482)	28,699	119.4	176.7
IMD (overall)	48.44	174.7	223.6
% households with dependent children that NS-SeC 4to6	65.34	133.8	137.3

Unitary Authorities: Blackpool

Blackpool is one of two pilots which explicitly targeted areas within their borough, and this introduces a small extra complexity into the mapping. Map 4.6 has a light hatching over the areas targeted, running to the north-east from the town centre and in one of the more outlying parts to the south-east (around Marton). The visual evidence overwhelmingly confirms the fact that the aim of targeting these areas has succeeded. In addition, most of the 69 mappable cases were children living in the more deprived neighbourhoods in these targeted areas.

The suggestive evidence from the mapping of there having been strong social targeting of the BHLP initiative is confirmed by the statistical analysis. Table 4.26 shows the case-weighted IMD value as being over 60 per cent higher than that for the borough overall, and the other indicators show correspondingly clear deviations between the case-weighted and population-weighted values in each case. Younger children are not so disadvantaged educationally in the areas where the BHLP children mostly lived, but by the KS4 stage there is a notable 'drop-off' in results and, as usual, this is accompanied by significantly more 16-year-olds leaving education. The crime levels in these neighbourhoods are over 45 per cent higher than those for the area as a whole.



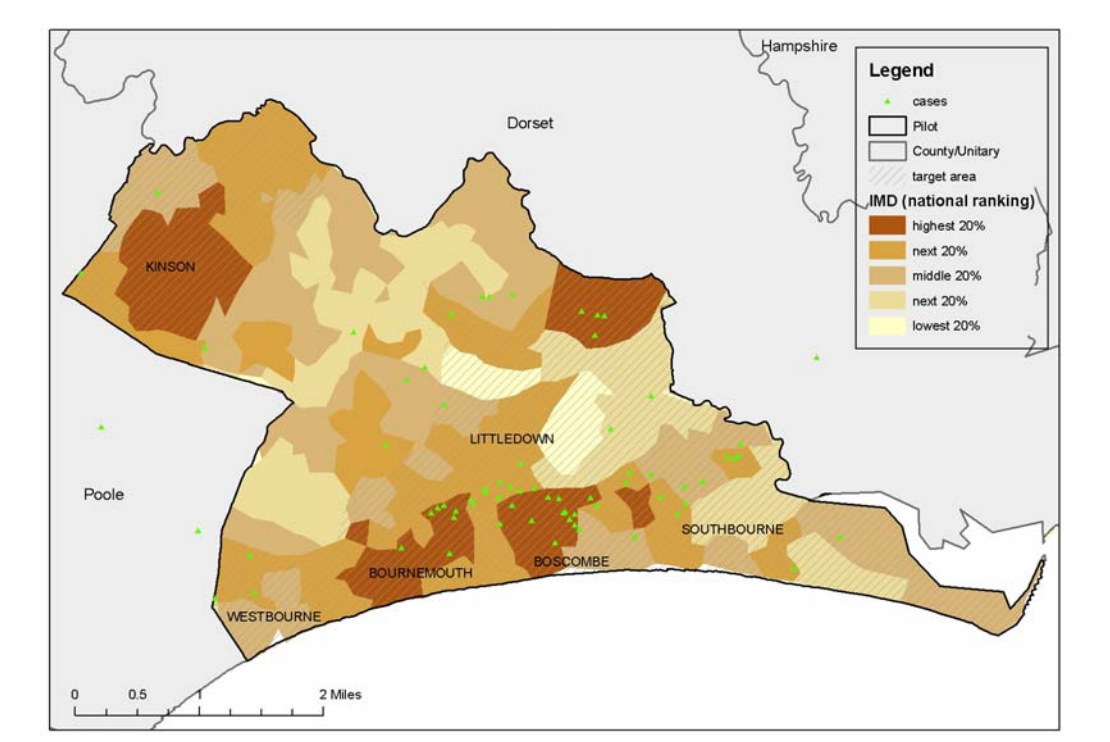
Map 4.6 - Location of cases in Blackpool

Table 4.26 - Blackpool: Evidence of social targeting of cases

	Case-weighted value	As % population-weighted value	As % all England value
Average KS2 points	41.78	93.8	92.2
Average KS3 points	49.55	92.2	87.8
Average KS4 points	191.32	76.5	67.3
% not staying on post-16	46.25	129.6	169.0
IMD crime rank (inverted so highest crime = 32,482)	21,699	145.7	133.6
IMD (overall)	56.02	163.7	258.5
% households with dependent children that NS-SeC 4to6	63.25	112.8	132.9

Unitary Authorities: Bournemouth

Bournemouth is the other pilot which targeted by area. Map 4.7 shows the targeted areas as hatched and, as can be seen, they cover a substantial proportion of the borough. Targeting was 'rolled out' in phases but, as there were only 91 mappable cases, it would not be statistically robust to explore the targeting phase by phase. That said, it is worth noting that the Kinson area in the north-west was among the areas which were targeted later in the pilot, so this partly explains why so few of the mappable cases are located there. Map 4.7 gives the overall impression of there having been a clustering of BHLP cases in the more central areas near to the coast, where the older housing is, and this clustering is as likely to be due to the way the pilot implemented BHLP practice through certain key service locations as it is to it having targeted children living in more deprived areas or within a boundary of targeted neighbourhoods.



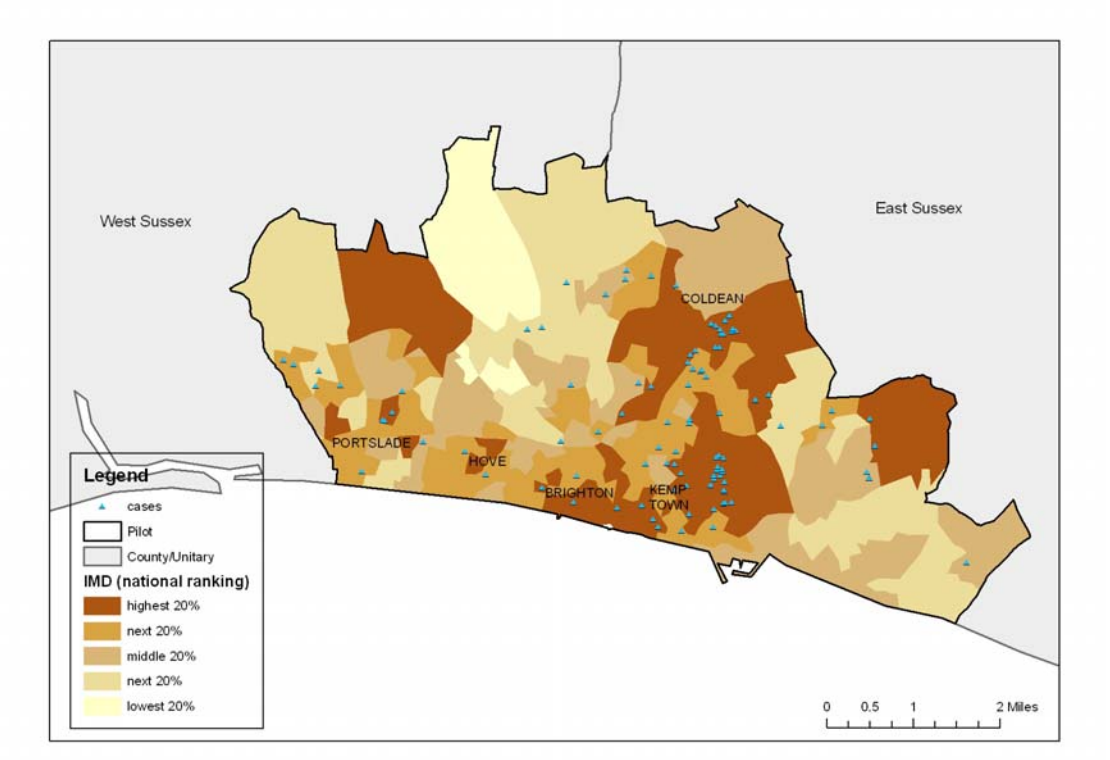
Map 4.7 - Location of cases in Bournemouth

Table 4.27 tends to support the suggestion that social targeting has not been acute in Bournemouth. None of the specific educational and social indicators shows strong variation between the case-weighted value and the equivalent value for the areas as a whole. Once again, the strongest deviation is for the IMD itself, but this is less than 30 per cent above that for the whole borough: thus the pilot selected children who were from areas a little more deprived than the average, but this targeting is one of the least strong among the eleven pilots with mappable cases. The areas in which the BHLP children lived do not have any very marked specific problems. The KS2 results for 11-year-olds in these areas are almost identical to those for Bournemouth overall even though, at least initially, the pilot sought to target younger children.

Table 4.27 - Bournemouth: Evidence of social targeting of cases

	Case-weighted value	As % population-weighted value	As % all England value
Average KS2 points	44.18	97.4	97.5
Average KS3 points	54.76	97.1	97.1
Average KS4 points	249.92	91.1	87.9
% not staying on post-16	26.67	95.2	97.5
IMD crime rank (inverted so highest crime = 32,482)	21,848	112.0	134.5
IMD (overall)	30.85	129.4	142.4
% households with dependent children that NS-SeC 4to6	52.92	109.8	111.2

Unitary Authorities: Brighton & Hove



Map 4.8 - Location of cases in Brighton & Hove

Brighton & Hove comprises a set of neighbourhoods which include some deprived areas and numerous reasonably well-off areas. These contrasts provide fertile ground for active social targeting. Map 4.8 shows that the 120 mappable cases were predominantly located in a 'corridor' running from central Brighton and nearby Kemp Town, north towards Coldean: many of the most deprived neighbourhoods are in this area, but not all of them by any means. In several outlying neighbourhoods (e.g. north of Portslade) there were no BHLP cases, and the reasons for this could include the greater logistical problems involved in identifying children with additional needs in small outlying pockets of deprivation.

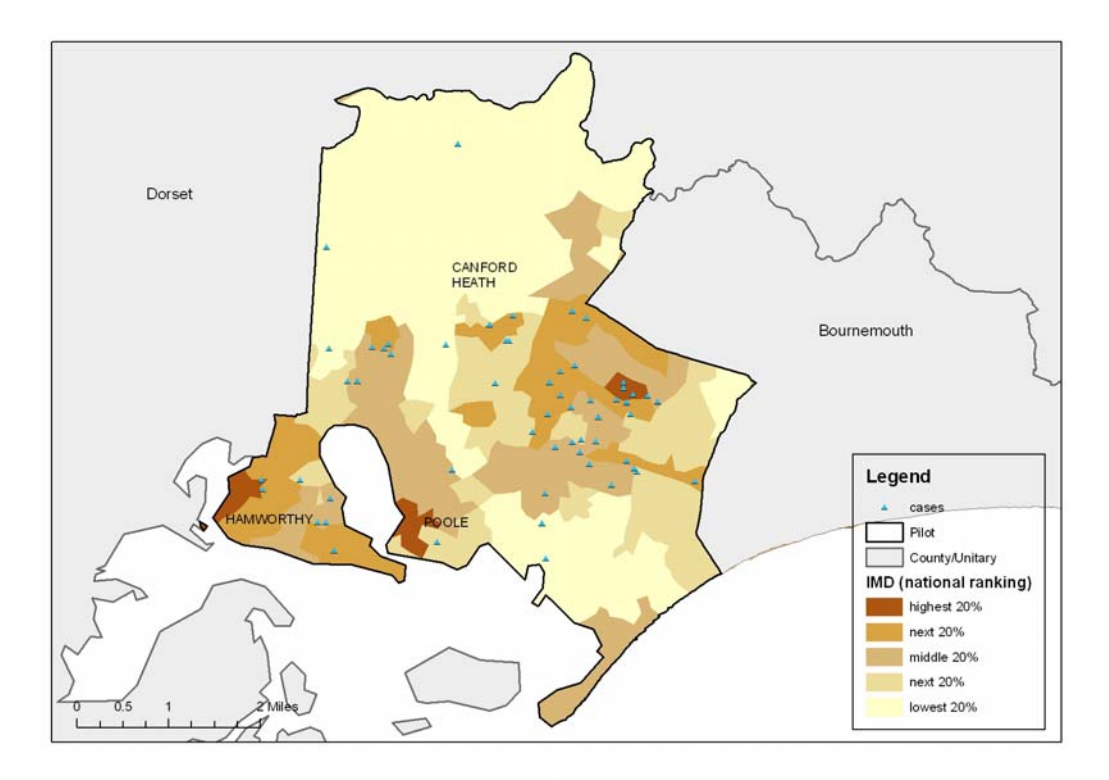
Table 4.28 shows that, despite the lack of cases in outlying deprived areas, the overall level of social targeting in Brighton & Hove was high in a way that could be anticipated from the strong internal social contrasts. The key measure of the case-weighted IMD is over 50 per cent higher than that for the area overall. A very similar differential is seen for the proportion of young people at school-leaving age who do not stay in education. For other specific indicators, the difference between the case-weighted and the overall values are not as great as might have been expected, and this is of note because the ages of BHLP children were very mixed.

Table 4.28 - Brighton & Hove: Evidence of social targeting of cases

	Case-weighted value	As % population-weighted value	As % all England value
Average KS2 points	41.51	91.0	91.6
Average KS3 points	50.23	89.5	89.0
Average KS4 points	228.72	82.2	80.5
% not staying on post-16	36.81	156.9	134.5
IMD crime rank (inverted so highest crime = 32,482)	21,926	118.9	135.0
IMD (overall)	40.58	157.6	187.2
% households with dependent children that NS-SeC 4to6	54.96	131.1	115.5

Unitary Authorities: Poole

Poole did not explicitly target BHLP intervention by neighbourhood or age group. Map 4.9 shows the location of the 67 mappable cases and it is immediately evident that the more deprived neighbourhoods are rather few and far between. The impression given by the mapping is of a 'broad brush' clustering of most of the BHLP cases to the north-east of Poole town centre, although, in fact, this area includes the bulk of the Borough population anyway. As would be expected, there was a distinct lack of cases in the very affluent area to the south-east, on the coast.



Map 4.9 - Location of cases in Poole

The description of the area and the visual evidence from the mapping leads to the possibility that Poole may be one of the pilots with the lowest level of social targeting. Table 4.29 demonstrates that on the key test of the difference between the case-weighted and population-weighted IMD values, Poole appears to have delivered negative social targeting because, if the 67 mappable cases are taken as representative, the case-weighted IMD is over 20 per cent lower (79.8%) than that of the area as a whole. In other words, children tended to come from less deprived areas than a randomly selected sample of children from the local authority area might have done. That said, the neighbourhoods where the BHLP children lived have fewer young people of school leaving age staying in education and a higher crime rate than the area overall.

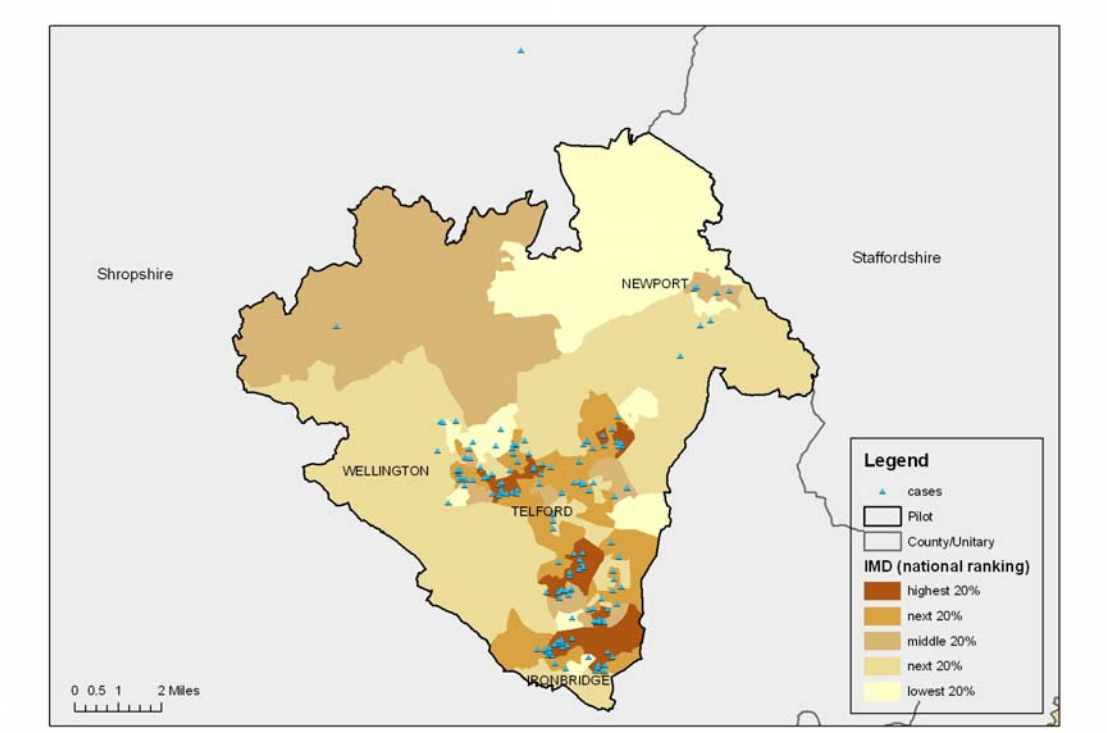
Table 4.29 - Poole: Evidence of social targeting of cases

	Case-weighted value	As % population-weighted value	As % all England value
Average KS2 points	44.96	99.2	99.2
Average KS3 points	54.90	97.3	97.3
Average KS4 points	278.01	101.4	97.8
% not staying on post-16	32.89	117.4	120.2
IMD crime rank (inverted so highest crime = 32,482)	14,489	115.8	89.2
IMD (overall)	18.93	79.4	87.4
% households with dependent children that NS-SeC 4to6	53.49	110.9	112.4

Unitary Authorities: Telford & Wrekin

The area of Telford & Wrekin is one of the most mixed of all the pilots because it not only includes both urban and rural areas but also New Town developments interspersed among

older industrial settlements. One result of this is that the more deprived areas are also somewhat fragmented, although they are all to be found among the wider urban complex of Telford rather than the rural areas to the north and west. Map 4.10 shows that the 177 mappable cases were, unsurprisingly, mostly in the Telford urban area (with its extensions to Wellington and Ironbridge), although there were also a notable number located around Newport in the north, which has no very deprived neighbourhoods. While the largest clusters of BHLP cases centre on the most deprived neighbourhoods such as those north of Ironbridge and nearer Telford centre, these clusters do spill outwards into the less deprived adjacent areas.



Map 4.10 - Location of cases in Telford & Wrekin

Table 4.30 presents statistics which largely conform to the mapping, with social targeting as measured by the IMD at a reasonably high level, but not the enhanced level seen in some other pilots, where the mix of neighbourhoods allows very strong targeting of children from areas with problems. In specific terms, the case-weighted IMD value is almost 40 per cent higher than that for the area as a whole and the evidence is that the BHLP children lived in neighbourhoods where crime levels are notably above the local average.

Table 4.30 - Telford & Wrekin: Evidence of social targeting of cases

	Case-weighted value	As % population-weighted value	As % all England value
Average KS2 points	43.14	96.3	95.2
Average KS3 points	52.42	94.8	92.9
Average KS4 points	255.88	91.5	90.0
% not staying on post-16	35.31	111.7	129.0
IMD crime rank (inverted so highest crime = 32,482)	23,230	124.7	143.0
IMD (overall)	30.44	139.4	140.5
% households with dependent children that NS-SeC 4to6	59.75	114.0	125.6

Shire Counties

Because Shire Counties tended to have readily separable better-off and worse-off neighbourhoods, it was relatively easy to target specific children and young people. We might expect, therefore, that in the Shire Counties the BHLP pilot would be implemented in the more deprived areas, which are easily identifiable among the large tracts of more affluent areas and open countryside. We have seen in other pilots that children living in some of the outlying deprived areas, with small populations, have not been targeted and that there were fewer BHLP cases from such communities than their deprivation level might warrant. In Shire Counties it is even more likely that the sheer size and diversity of the area would limit the reach of the BHLP initiative. So, we might expect to see a distinct pattern emerging in the Shire Counties in which easily identifiable deprived areas were targeted and outlying communities with small populations were not, even though deprivation levels may be significant. We sought to check the evidence of such patterns in the Shire Counties involved in BHLP practice.

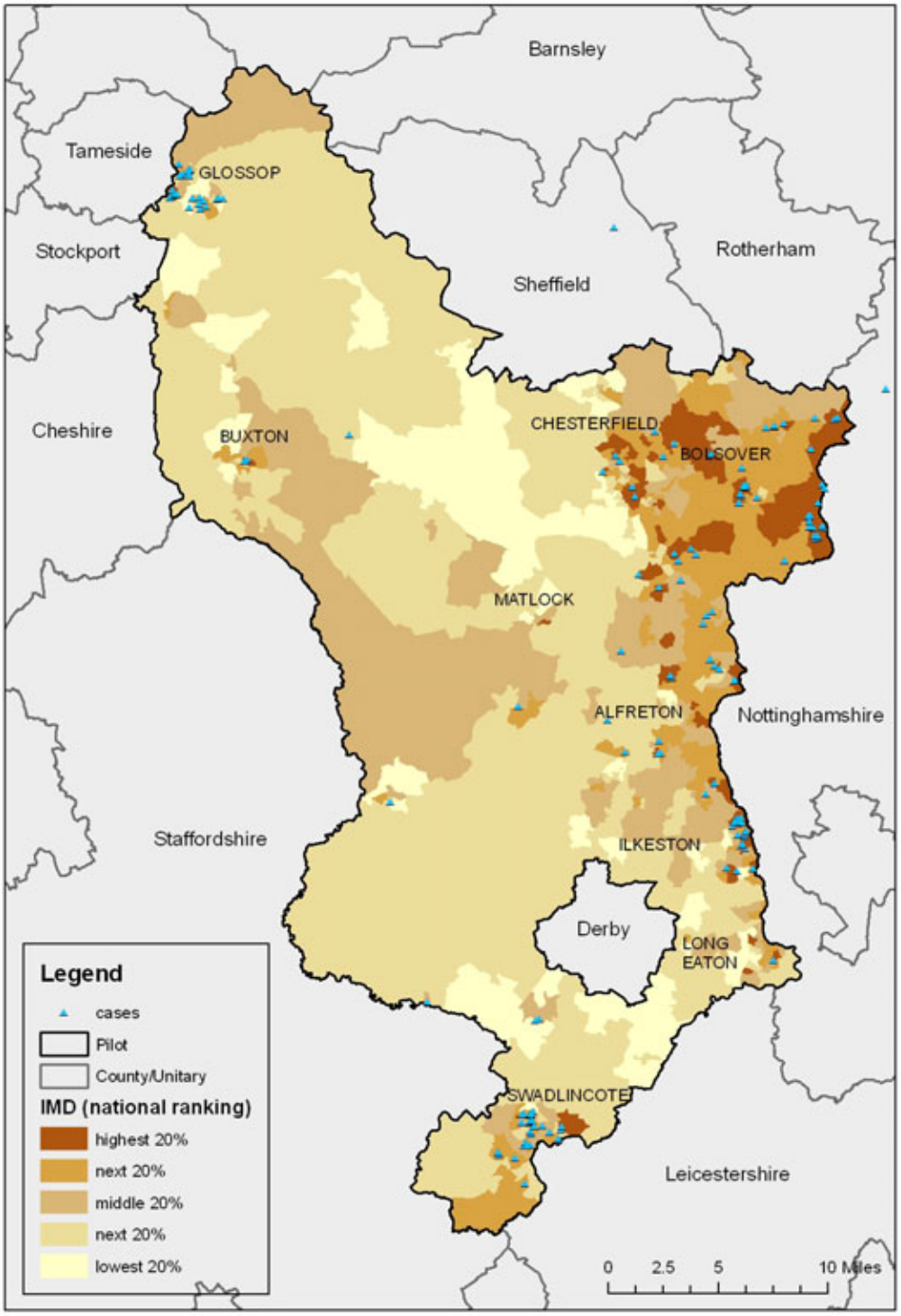
Derbyshire

The evidence provided in Map 4.11, which shows 201 mappable cases, demonstrates a basic pattern in which most of the clusters of cases were in areas where there are more deprived neighbourhoods. Large parts of the more western parts of the county, where there is little deprivation, had no BHLP cases. This suggests that targeting has occurred in deprived areas which are readily identified as distinct localities. In Derbyshire, several former coalfield areas in the north-east of the county (notably near Bolsover) provide immediate opportunities for targeting in this way. We can also discern patterns in the north-west of the county where the towns of Glossop and Buxton, which have similar deprivation levels, have wildly different numbers of cases, perhaps indicating that it was not practical to target children across the whole county.

Table 4.31 confirms the impression gained from the mapped pattern that there was a very high level of social targeting. On the critical test of the case-weighted IMD value versus the population-weighted equivalent value, BHLPs appear to have targeted children and young people from areas which are over 60 per cent more deprived than the county average overall. The education indicators show a now increasingly familiar pattern, with a widening gap, as age increases (from KS2 to KS4), between the results in neighbourhoods where the BHLP children lived and those for the county in general. There is also an echo of another phenomenon seen elsewhere, namely poorer outcomes for older children and their increased likelihood of not staying in education after sixteen, and a raised crime rate.

Table 4.31 - Derbyshire: Evidence of social targeting of cases

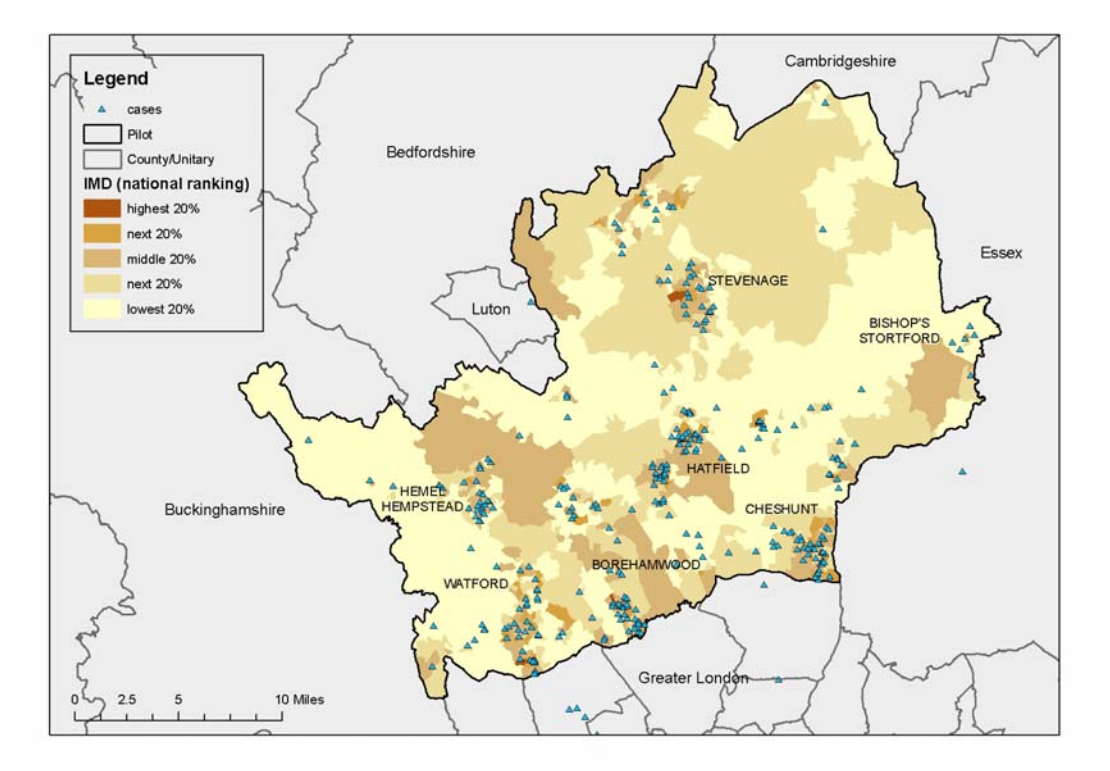
	Case-weighted value	As % population-weighted value	As % all England value
Average KS2 points	43.71	95.4	96.4
Average KS3 points	52.89	92.9	93.8
Average KS4 points	254.64	87.6	89.6
% not staying on post-16	39.80	127.4	145.4
IMD crime rank (inverted so highest crime = 32,482)	20,095	139.0	123.7
IMD (overall)	32.00	161.7	147.7
% households with dependent children that NS-SeC 4to6	62.71	118.0	131.8



Map 4.11 - Location of cases in Derbyshire

Hertfordshire

Hertfordshire BHLP was distinctive because it targeted older children and young people. Map 4.12 shows the 355 mappable cases and, although there are several readily identifiable clusters, by and large these reflect the location of the urban areas scattered across the county, among tracts of more rural areas. A key factor to be borne in mind in examining evidence for social targeting in Hertfordshire is that there are very few neighbourhoods with levels of deprivation which rank at all highly in the national context. There are no broad localities (like the coalfield areas in Derbyshire) where targeting is readily directed. Some care is needed in interpreting the mapping here, because some of the neighbourhoods in the middle-shading categories, which are among the more deprived within the Hertfordshire context, are rural and so have few residents, which is why a lack of BHLP cases is not particularly surprising.



Map 4.12 - Location of cases in Hertfordshire

Table 4.32 provides statistical confirmation of the evidence from the mapping: Hertfordshire achieved the relatively high level of social targeting which might be expected in a Shire County, but not at the sort of level that was seen in Derbyshire, where targeting was even more readily achieved. Given the focus of the pilot on older young people it is notable that it is in respect of the specific indicators most closely linked with this group that the difference between case-weighted and overall area values are most pronounced: results for KS4 children (rather than those for younger children), proportions of school-leavers not staying in education, and crime rates.

Table 4.32 - Hertfordshire: Evidence of social targeting of cases

	Case-weighted value	As % population-weighted value	As % all England value
Average KS2 points	45.17	96.8	99.7
Average KS3 points	55.92	95.1	99.1
Average KS4 points	272.92	91.4	96.0
% not staying on post-16	27.62	121.3	100.9
IMD crime rank (inverted so highest crime = 32,482)	15,141	131.7	93.2
IMD (overall)	16.57	153.5	76.5
% households with dependent children that NS-SeC 4to6	46.28	122.5	97.3

Social Targeting

It has been shown that in almost all pilots the children and young people allocated to BHLPs were more likely than the average of the total resident population of that area to be living in a relatively deprived neighbourhood. On this basis it can be said that there has been social targeting of BHLP cases in practice. How far this was an explicit aim in each pilot, rather than simply a consequence of where the children and young people with additional needs tended to live, can only be answered by detailed examination of the case-handling processes of individual pilots. Blackpool was one of the few pilots that adopted and largely observed a spatially targeted case selection process, and it was relatively deprived neighbourhoods which were targeted. The other information presented here has shown that even though the children and young people in the BHLP samples tended to live in neighbourhoods with higher levels of deprivation, it was less consistently true that these neighbourhoods also had relatively under-performing schools or other specific social problems.

In the next chapter we examine the characteristics of the children and young people themselves and present our analyses of the services that were provided and/or purchased for them by E/BHLPs. The tendency for the children and young people to be living in neighbourhoods with higher levels of deprivation is reflected in the additional needs identified at referral and assessment and in the kinds of support they were subsequently offered. What we are beginning to see is a pattern in terms of the implementation of BHLP practice across most of the pilots, which has inevitably impacted on our study of costs and effectiveness. The contextualisation presented in Chapter 4 helps us to understand better how the pilots unfolded and the ways in which the practitioners responded to the opportunity to access and hold budgets.

Chapter 5 - Targeting Children and Young People with Additional Needs

As we noted in Chapter 1, the Government had estimated that as many as 20–30 per cent of children and young people aged 0-19 could be defined as having additional needs which require support over and above that provided by universal services. These children and young people are unlikely to meet the thresholds for specialist statutory intervention, but when all their needs are combined they are likely to require a multi-agency response if these needs are to be addressed before they escalate. The expectation was that these children and young people would fall towards the middle of a continuum, often presented as a windscreen model (see Figure 1.1 in Chapter 1), indicating that support services should be targeted and integrated by a lead professional. The provision of a personalised package of support is expected to be preventative: stopping the escalation of problems which would move a child or young person with additional needs further along the continuum towards having more complex needs and needing higher-end interventions.

In the previous chapter, we described the characteristics of the pilot areas and mapped the home addresses of children and young people who were allocated to a BHLP in order to consider the extent of social targeting. Not surprisingly, perhaps, we found that the families who had a BHLP were mostly living in areas of multiple deprivation, where socio-economic indicators suggested that lower educational attainment and higher crime rates were the norm. In this chapter, we explore the specific characteristics of the children and young people who were allocated to a BHLP or EBHLP, the additional needs that had been identified, the support services offered and the outcomes that had been expected. All sixteen pilots were asked to provide information about each child and young person allocated to a BHLP or an EBHLP, the needs identified at assessment (usually via a CAF), any interventions supplied, and the outcomes achieved. The pilots found it difficult to collate these data, particularly when the BHLP co-ordinators were at arm's length from the practitioners themselves and case records were held within different agencies. We endeavoured to collate as much data as possible from the various documents we received, but inevitably there was a good deal of missing data, which meant that not all the cases we knew about could be used for all aspects of the study (N = 3,818). In order to ensure a level of consistency and continuity throughout our evaluation, therefore, we examined the samples of cases identified in each pilot for the quantitative analyses (reported in Chapter 6) to identify the characteristics of the children and young people involved. The analyses presented in this chapter were based on 780 BHLP and 62 EBHLP cases.

Characteristics of the Children and Young People

In order to build a picture of the children and young people, we have examined a number of characteristics: age, ethnicity, gender, and special circumstances such as disabilities. We report on each of these in turn.

Age

The BHLPs worked with children and young people aged between 0 and 21. The age of some children in the samples was not given. Some pilots concentrated on particular age groups, while others worked with children across the age range. The majority of children and young people, however, were aged between 2 and 16 (Table 5.1).

Table 5.1 - Age of children and young people (BHLP sample)

Age	Percentage
Pre-birth – 1	2.9
2-4	28.2
5-10	22.9
11-16	34.7
Over 16	11.4
Total (100%)	695

Inevitably, the age profile varied between the areas. Seventy-one per cent of cases in Hertfordshire involved young people over the age of 16, whereas in Bournemouth, for example, 80 per cent of the children were aged under 11. The most prominent age group across the BHLP pilots comprised children and young people aged 11–16 (35%), and only 14 per cent of cases involved children under five, nearly all of which were located in Telford & Wrekin. If we look at the EBHLP sample, which consisted of 58 cases for which age data were available, we see that a higher percentage of the young people were aged 11–16 (Table 5.2).

Table 5.2 - Age of children and young people (EBHLP sample)

Age	Percentage
Pre-birth – 1	0
2-4	15
5-10	19
11-16	62
Over 16	3
Total (100%)	58

Ethnicity

The majority of young people (83%) in the BHLP sample were white, as were the majority of young people in the EBHLP pilots (88%), but the ethnicity profile varied between the pilots, mainly reflecting the differing ethnicity profiles of the geographical areas in which BHLPs were working. As we would expect, the majority of children in the London pilots were from an ethnic background other than white (Redbridge, 64%; Tower Hamlets, 51%), and Leeds also had a high proportion of children from minority ethnic groups (34%). Table 5.3 indicates the variations in the BHLP sample across the pilots. The ethnic profile of the children and young people from each of the areas with a high proportion of minority ethnic cases varied considerably. In Redbridge, minority ethnic children were predominantly of African origin, whereas in Tower Hamlets there was a high proportion of Bangladeshi children. By contrast, in Trafford and Hertfordshire, the minority ethnic young people were usually mixed race, mainly white and black African. Leeds had a diverse range of cases spanning many different ethnicities, including Chinese, Asian and African.

Table 5.3 - Ethnicity of BHLP caseload

Pilot*	White	Non-white	Total number of cases
Blackpool	93.9	6.1	49
Bournemouth	93.6	6.4	47
Derbyshire	97.1	2.9	35
Devon	96.4	3.6	28
Gateshead	96.3	3.7	27
Gloucestershire	97.9	2.1	48
Hertfordshire	81.6	18.4	49
Knowsley	90.0	10.0	20
Leeds	66.0	34.0	53
Poole	95.8	4.2	71
Redbridge	35.6	64.4	45
Telford	92.3	7.7	39
Tower Hamlets	48.8	51.2	41
Trafford	77.3	22.7	44
West Sussex	91.1	8.9	45
Total	83.0	17.0	641

*Brighton & Hove is not included in this table since insufficient data were available on the ethnicity of the BHLP cases.

Gender

There was a fairly equal distribution of boys and girls in the sample of BHLP cases (55% boys, 45% girls), as Table 5.4 indicates. Nevertheless, the gender profile varied by area: Tower Hamlets, West Sussex, and Derbyshire allocated a higher proportion of boys to BHLPs (80%, 79%, and 65% respectively), whereas Leeds and Brighton allocated proportionally more girls to BHLPs (59% and 55% respectively). The children and young people allocated to an EBHLP were more likely to be boys: two-thirds were boys (67%), and a third were girls (33%).

Table 5.4 - Gender of BHLP caseload

Pilot	Male	Female	Total number of cases
Blackpool	54.3	45.7	46
Bournemouth	50.0	50.0	50
Brighton & Hove	44.7	55.3	38
Derbyshire	64.6	35.4	48
Devon	54.3	45.7	35
Gateshead	56.3	43.8	32
Gloucestershire	52.0	48.0	50
Hertfordshire	50.0	50.0	50
Knowsley	43.3	56.7	30
Leeds	41.5	58.5	53
Poole	50.7	49.3	79
Redbridge	54.3	45.7	46
Telford	60.0	40.0	45
Tower Hamlets	80.0	20.0	40
Trafford	51.8	48.2	56
West Sussex	79.2	20.8	48
Total	55.3	44.7	740

Other Characteristics

Fifteen per cent of the BHLP children and young people were recorded as having a disability of some kind, which included autistic spectrum disorders and ADHD, various physical disabilities and other chronic conditions. Children and young people whose ethnicity was not white were significantly more likely than children who were recorded as white to have a disability (27% of children from a non-white background were said to have a disability, as against 13% of white children). Ten per cent of children were reported to have a Statement of Educational Need (SEN), and 7 per cent had some current involvement with social care. However, the rates of SEN and social care involvement reported here are likely to be an underestimate, because not all the pilots collected this information systematically. These characteristics were broadly similar among the EBHLP sample.

In summary, children and young people identified with additional needs spanned a wide age range, although most were in the age range 11–16. There were more boys and, except in pilots with a large minority ethnic population, the majority of children and young people were white.

Reasons for Referral

We undertook a review of the CAFs and electronic management information data to explore the reasons given for referral in order to understand the kinds of additional needs being identified at the start of a case. The most common reasons given for referral and for a subsequent assessment being conducted were:

1. The child and/or other members of the family were considered to be in need of some kind of emotional support.

2. The child was displaying difficult behaviour.

3. There was a problem in respect of family functioning.

4. Relationships within the family were problematic.

The following written comments illustrate these:

> [Boy, aged 14] is suffering from low self-esteem and is disorganised and disruptive in class. He is aggressive to staff and very rude to his mother and has hit her.
>
> [Girl, aged 17] has problems relating to her peers, history of self harming, poor hygiene, overweight.
>
> [Girl, aged 10] is always late for school, she is a young carer for her mum and very anxious about leaving her alone.
>
> [Girl, aged 12] has very low self-esteem, poor self-image and few friends. Recurrent bouts of headlice. Bruising.
>
> [Boy, aged 15] has no functional relationships with adults. Dad can't control him, constant disruption at school.
>
> [Girl, aged 3] mother has a long history of depression and is struggling with the new baby.

Other reasons given for referral related to poor school attendance, housing issues, health issues, and financial problems. Figure 5.1 indicates the prevalence of each of the reasons given.

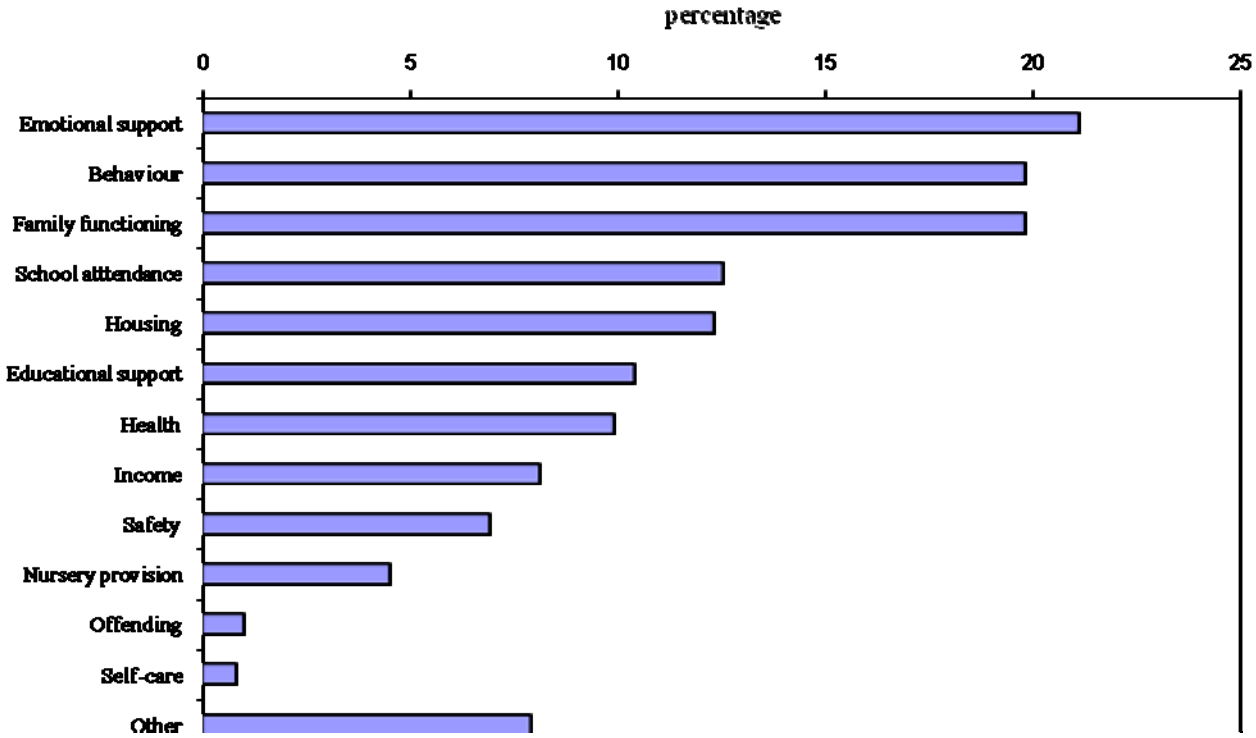


Figure 5.1 - Reasons given for referral (BHLP cases)

Health issues played a larger part in the reasons given for referral in respect of the EBHLP cases, and several of the cases the EBHLPs dealt with involved young people with chronic illnesses where the family was in need of support. Girls were more likely than boys to have been identified because they were in need of emotional support, irrespective of whether they had been allocated to a BHLP or EBHLP.

The gender or ethnicity of the children and young people seemed to have no specific bearing on the reasons for referral and assessment. However, some reasons were given more frequently than others, depending on the age of the child or young person. As might be expected, poor school attendance was predominantly an issue for those in the 11-16 age group, followed by the 5-10 age group. Poor behaviour was significantly more likely to be cited as a reason for referral in respect of the 5- to 16-year-old age group than in respect of other age ranges, and housing and the need for educational support were most likely to be cited as reasons for referral in the case of those aged over 16.

We can see from this analysis that the need for emotional support, poor behaviour, and problems associated with family functioning were more prevalent than other additional needs identified. Overall, while the additional needs might often relate specifically to a child or young person, there is a good deal of evidence here that the problems identified were frequently associated with the whole family - in other words, support was needed not just for the children and young people but for their parents / carers and their siblings. Further evidence of the broad range of additional needs identified at referral emerged when we examined the concerns recorded via assessments, often CAFs.

Concerns Identified at Assessment

We would expect the concerns identified at assessment to be broadly in line with the reasons that had been given for referring a child or young person in the first place. It is possible, however, that the CAF will tease out other concerns, enabling the practitioner to build up a fuller picture of each child's additional needs. By and large, the evidence supports this.

Owing to the nature of the BHLP pilots, the concerns which were identified at assessment varied considerably. Any child with additional needs that could not be met by a single agency response was eligible for BHLP intervention, and the additional needs identified were far-ranging. It is possible to discern some common themes, however. By far the most common concern noted at assessment by both BHLPs and EBHLPs was poor or deteriorating behaviour being exhibited by a child or young person, as Figure 5.2 demonstrates.

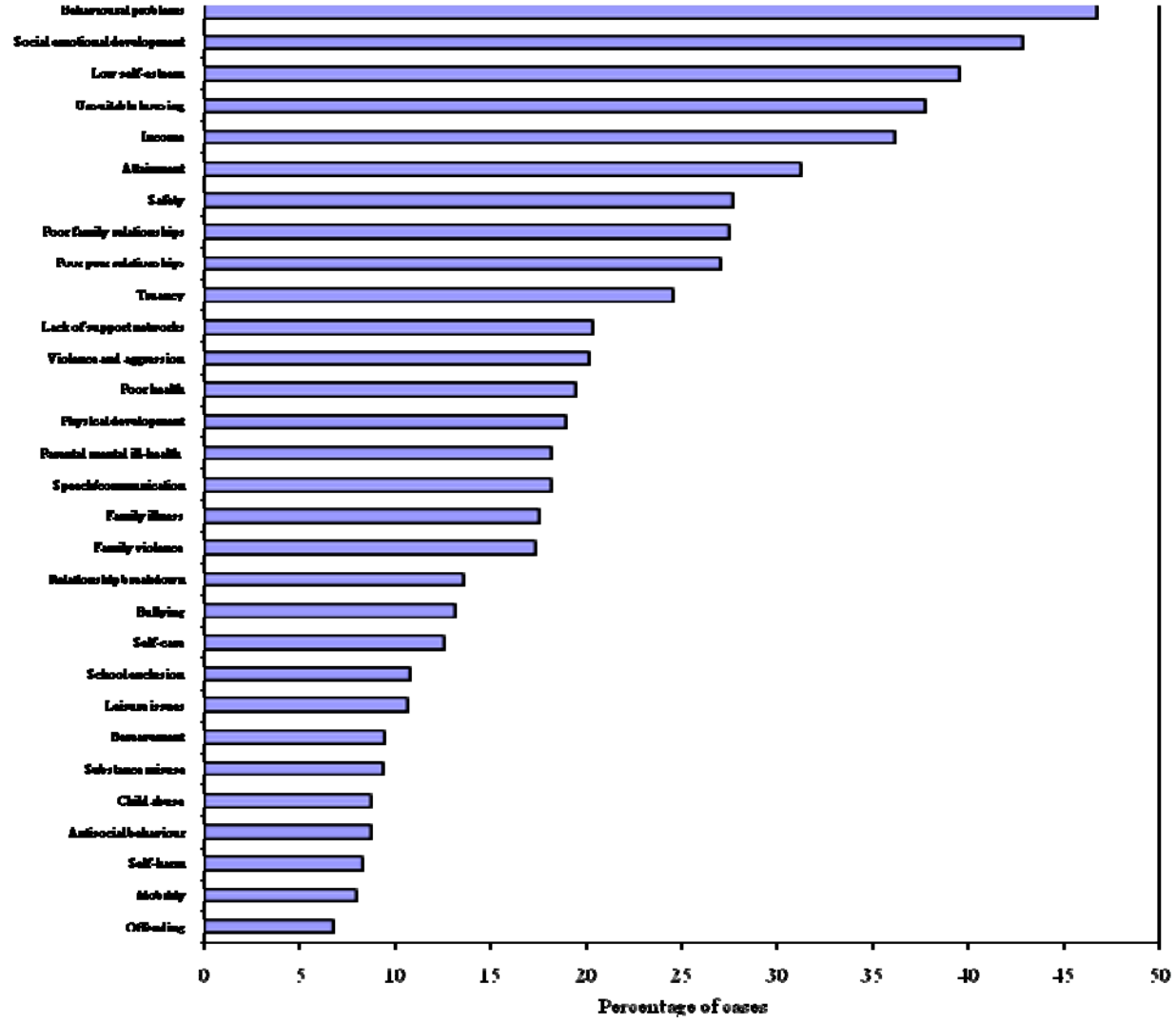


Figure 5.2 - Concerns identified at assessment (BHLP cases)

Boys were more likely than girls to be identified during the CAF assessment as having behavioural problems (58%, as against 31% of girls), or as displaying violent or aggressive behaviour (30%, as against 9% of girls). Other common concerns were those connected with low self-esteem or slow emotional and social development, and poor relationships

within the family or with peers. Worries about school attainment also featured strongly, and the existence of unsuitable housing or an inadequate income were mentioned in many assessments. Given the wide range of concerns identified, it is not at all surprising that the families tended to be living in the poorer, more deprived neighbourhoods in each pilot. The additional needs and concerns listed reflect the multiple deprivations experienced by families living in such areas.

The Background of the BHLPs

We noted, also, that the concerns identified varied between pilots and according to the professional background of the young person's BHLP, almost certainly reflecting the nature of the initial targeting in each area and mirroring the concerns that practitioners usually associate with their own disciplines. For example, it is likely that a teacher would identify concerns relating to school attendance and educational attainment. This was true, for example, in Telford, where the BHLPs tended to work in the education sector. A higher proportion of the children allocated to a BHLP in Telford were assessed as having problems connected with truancy, low attainment or school exclusion than the proportions of such children in other areas. In Hertfordshire, where all the BHLPs were Connexions personal advisors, a large proportion of young people were self-harming, or at risk of self-harming (55%), almost certainly reflecting the older age profile of the young people in the pilot, the majority of whom were NEET. Conversely, in areas where concerns were expressed about family functioning, parental illness or mental ill health, unsuitable housing or inadequate income, the children and young people concerned were significantly more likely than other children to have a health or social care practitioner as their BHLP. Youth justice practitioners were more likely to be BHLPs when concerns about antisocial behaviour or offending had been identified. It may be that, having been designated as BHLPs, the practitioners selected children and young people from their caseload for BHLP practice. It may also be that some were identified as lead practitioners because of the nature of the concerns that had been identified during an assessment.

If we examine the background of BHLPs across the pilots, we find that the largest single group were employed in the education sector (38%). Nineteen per cent were based in the health sector and a further 14 per cent in social care. A small proportion (1%) were based in youth justice, and the remainder came from a variety of backgrounds, including Early Years and Children's Centres, and local voluntary services. The background of the BHLPs varied by area: Bournemouth had a high proportion of health professionals involved in the pilot (48%), whereas in Gloucestershire and Telford the majority of practitioners were based in education (85% and 58% respectively). Knowsley had the highest proportion of practitioners from social care (41%). The professional background of the BHLP seemed to be clearly related to the concerns identified in each case and the outcomes being sought. The vast majority of EBHLP practitioners were from the education (61%) or social care (30%) sectors.

Desired Outcomes

We analysed the assessment data to discover what the practitioners had hoped to achieve by allocating the case to a BHLP or EBHLP. The outcomes identified fell into several main categories, and were often directly linked to the ECM outcomes framework: for example, some BHLPs wanted to engage young people in positive activities. Some interpreted the outcome of promoting economic well-being as being achieved via the provision of goods and services that could relieve the effects of poverty in the home. The outcomes that BHLPs most commonly wanted to achieve, however, were better engagement or attendance at school (35% of cases), increased self-esteem or emotional health (30%), improved living conditions (25%), and improved behaviour (20%). Perhaps reflecting the gender bias identified at assessment, improving behaviour was more likely to be a desired

outcome for boys than for girls. The outcomes that EBHLPs most commonly wanted to achieve were increased self-esteem or emotional health (50% of cases), better engagement or attendance at school (43%), and improved behaviour (27%). As we can see, the desired outcomes were the same, but they were ranked slightly differently by EBHLPs.

In the main, desired outcomes were likely to be directly linked to the reasons for the assessment. When a child had been identified as needing emotional support, the desired outcome (in 68% of cases) was related to improvements in self-esteem or emotional health. Similarly, where poor behaviour was presented as a concern an improvement in behaviour was regarded as the desired outcome (64% of cases). Even in respect of children whose assessments did not specifically identify poor behaviour, improvements in behaviour were sometimes listed as a desired outcome (11% of cases). Moreover, improving behaviour was more likely to be a desired outcome for boys than for girls (28% as against 10%), clearly reflecting the gendered nature of this concern. On the other hand, improving living conditions and financial management were significantly more likely to be regarded as desired outcomes for girls than for boys, especially in respect of teenage mothers.

We had hoped to be able to track all the cases in the samples in order to ascertain the extent to which the desired outcomes had been achieved and the needs identified had been effectively addressed. Unfortunately, this proved to be impossible. Very few pilots supplied us with measurable data about the outcomes which the children and young people had achieved if any. Very few practitioners used assessment tools (such as SDQ) that would have enabled them to measure changes as a result of BHLP or EBHLP practice, so practitioners' assessments of outcomes have tended to be somewhat subjective and based on their own perceptions of improvements.

Interventions Offered

In order to make comparisons between children with BHLPs and EBHLPs and those with LPs in the two comparator areas, we wanted to know how the packages of interventions offered had varied. We needed to discern which services were co-ordinated by the practitioners and how the BHLP fund was spent in the standard model of BHLP practice. In respect of EBHLP practice, we expected a somewhat different pattern of expenditure. We analysed all the data provided by the pilots to consider these issues.

Services Co-ordinated by BHLPs

Not all the children and young people in the samples were 'new' cases. Our ability to discern which services were in place at the time of assessment, and which were subsequently instigated by the BHLP, was limited by the availability of data. We frequently had to rely on brief notes in the CAF action plans to try to determine the services put in place by BHLPs. Nevertheless, we sought to distinguish those services and interventions that were already in place and ongoing (which we termed existing services) from those that were put in place following assessment (which we termed new services). We generally used the date at which the CAF was administered as the assessment date, but the CAF was not always used. In addition, intervention from a BHLP often occurred as part of a lengthy history of service involvement with children with high levels of need. Consequently the boundary between 'existing' and 'new' services was not always clear.

We excluded from the analysis all cases for which we did not have sufficient electronic data, a copy of the CAF or multi-agency meeting notes, leaving 693 cases for analysis. Two things were evident from an analysis of these cases. First, we could not find evidence of the provision of any services (either existing or new) for over one third of the children and young people. This may reflect the utilisation of the BHLP fund primarily to target poverty needs.

Second, BHLPs were generally instigating referrals or signposting clients to services such as CAMHS. Provision of services such as mental health remained firmly under the control of the providers. In pilots where multi-agency working was better established there was some evidence of the co-ordination of services through multi-agency meetings; in other pilots, BHLPs appeared to be unaware of the outcome of referrals to services and we were not provided with any evidence of outcomes.

Figure 5.3 shows service involvement by category, split between existing and new services, as a percentage of the BHLP cases (after those with insufficient data are excluded). Within the 'Housing/financial' category we included housing referrals and housing services along with financial advice. 'Health services' includes school nurses, health visitors and health education; educational services includes both specialist learning provision such as teaching assistants and education welfare. Interventions aimed at tackling substance abuse were included with mental health services. The 'Connexions / vocational' category includes all careers advice, training and work placements. 'Activities and leisure' captures the provision of leisure activities and sports. Family Link workers and other family support were captured in 'Support/social work'; the 'Counselling' category includes specific counselling work by other professionals such as Connexions PAs and school nurses, and the 'Child development' category covers the provision of specialist play therapy for younger children. A number of interventions targeted at emotional/social problems in young people were grouped together under 'Self-esteem behaviour management'.

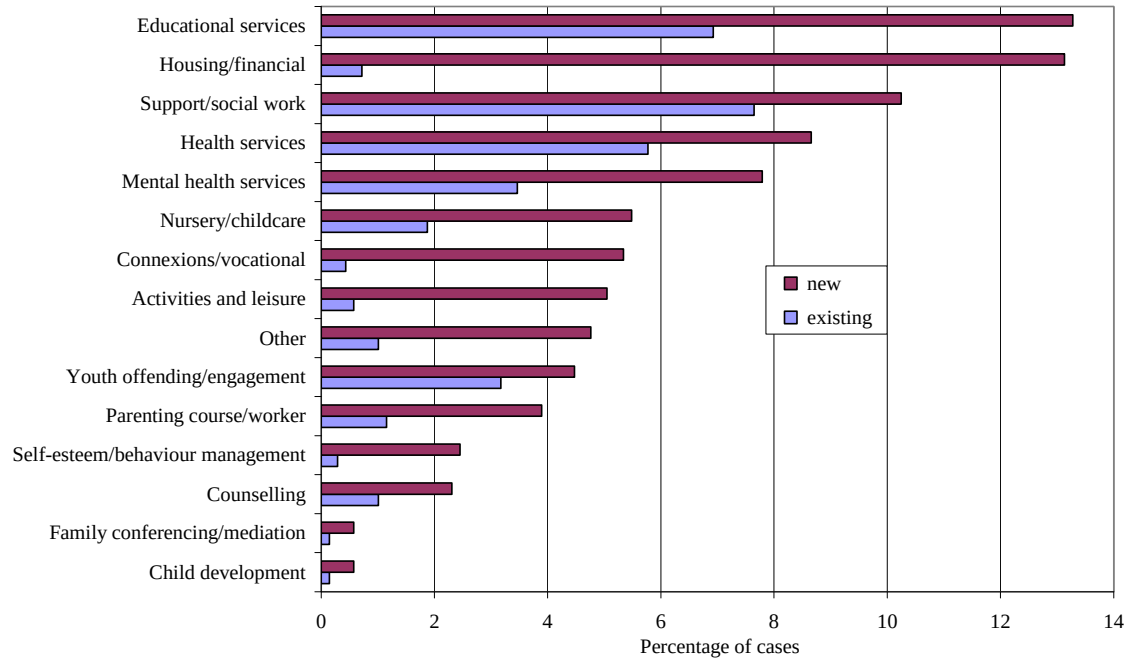


Figure 5.3 - Provision of existing and new services for children allocated to a BHLP (n = 593)

The profile of existing services at assessment shows a predominance of family support work, health services and educational support, with some use of mental health services and youth offending teams. These services also figure prominently in new services, but housing/financial and educational interventions dominate. Most interventions in this category were referrals by BHLPs to housing officers where it was apparent that the family's housing was inappropriate. The BHLPs frequently referred cases to CAMHS, but often we had no information on the progression of this referral. There was some use of parenting interventions, although this may have been limited by the availability of such services. Likewise the number of interventions targeting social and emotional problems and the

provision of counselling for young people is small. Indeed, there appears to have been little provision of these services until problems had escalated and children crossed the threshold for CAMHS intervention, substance abuse services or youth offending services.

Services Co-ordinated by BHLPs after Refocusing

We were limited as regards the time we had available to collect data on the work of EBHLPs; hence, the analysis presented here is based on 63 cases (Figure 5.4). However, the Service and Activity Logs provided a much-improved record of service provision. The contrast between existing service provision in the cases analysed before and after refocusing is striking. Before refocusing, there was little provision of existing services; after refocusing, there was roughly a twofold increase, illustrated by the change in scale of the x-axis in Figures 5.3 and 5.4. This would clearly suggest that the children selected for allocation to EBHLPs had significantly greater needs than those allocated to a BHLP. Refocusing BHLP practice appears to have been used as an opportunity to target children who were particularly difficult to reach. The large number of cases involving educational support services is also notable and may reflect the preponderance of educational professionals in some of the refocused pilots, notably in Telford & Wrekin.

Service use after refocusing reflects a change in the focus of BHLP practice. The category of 'Housing/financial' interventions no longer dominates. Emphasis has shifted to services targeting social and emotional problems in children rather than those addressing poverty and structural / environmental problems. Education services, youth offending and mental health services are all extensively involved. By contrast, few interventions fell into the 'Self-esteem/behaviour management' category, which may reflect the more serious nature of additional needs within this group of children and a lack of suitable provision of services within this area. The predominance of 'Connexions / vocational' may be a result of the selection of Connexions PAs as EBHLPs in West Sussex.

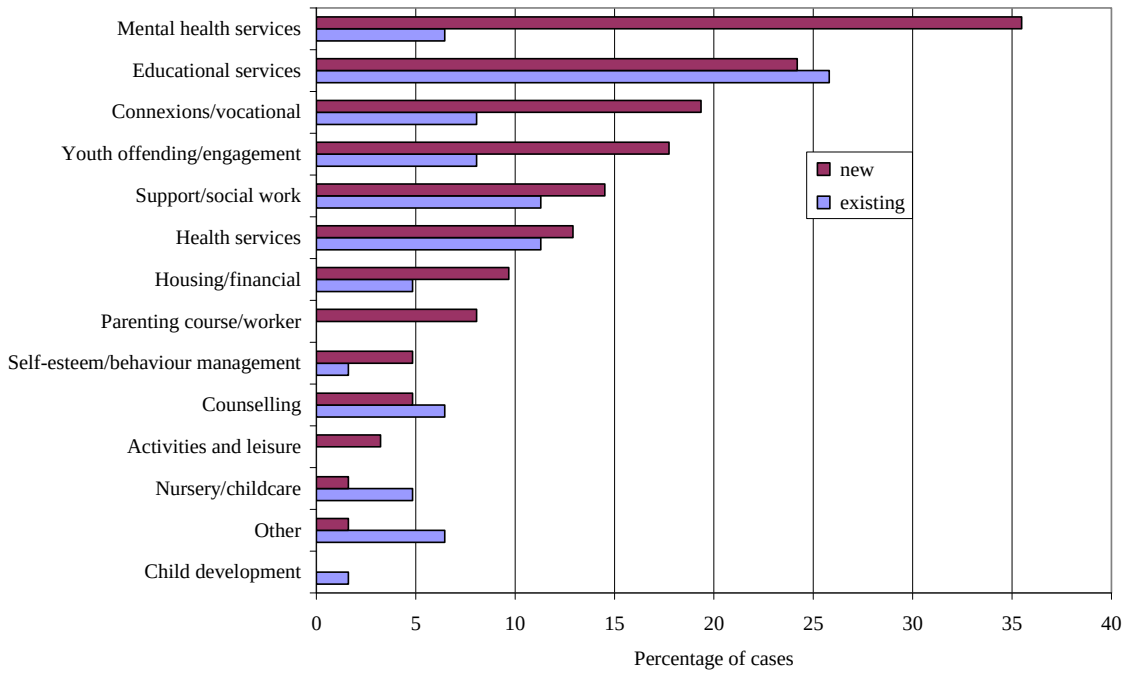


Figure 5.4 - Provision of existing and new services for children allocated to an EBHLP (n = 63)

Comparison with Provision in LP Comparison Areas

Analysis of the provision of services to the very small sample of 29 children that we obtained from Swindon and Shropshire was inevitably limited (Figure 5.5). Nevertheless, it is evident that the provision of existing services was far less extensive than was the case for the children allocated to an EBHLP. Provision of new services, however, was far more extensive. Clearly, LPs were co-ordinating services from a number of agencies in the majority of cases. Mental health services, educational services and youth offending were all extensively used. Provision of parenting interventions and counselling was much higher than in the BHLP pilots, even after refocusing.

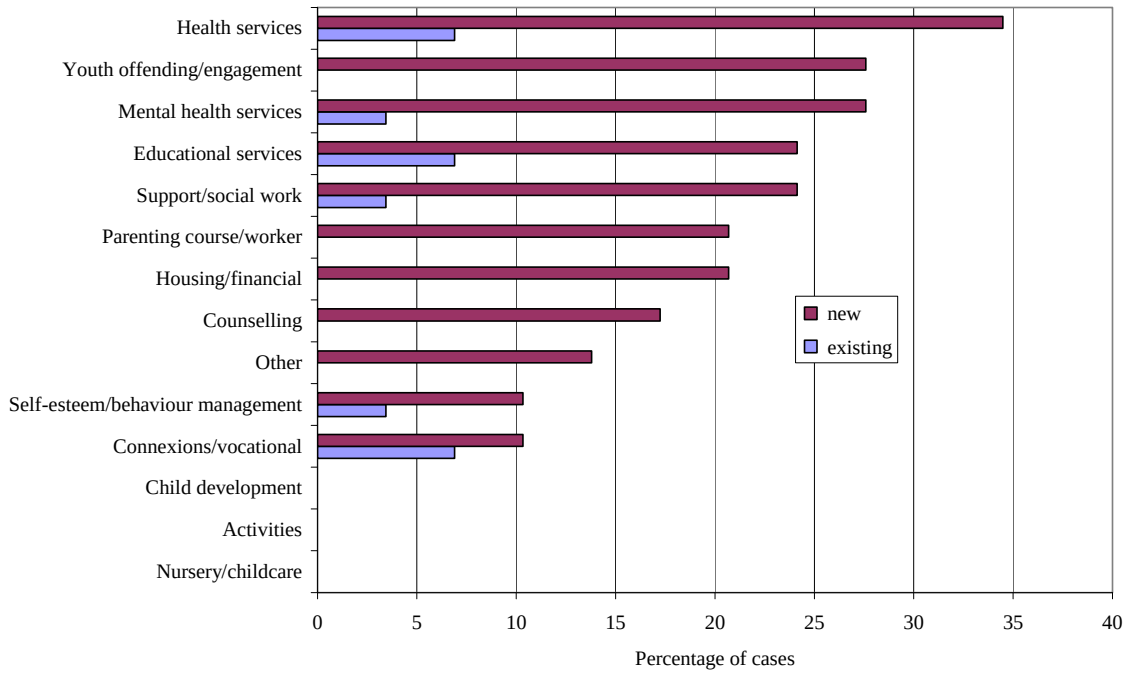


Figure 5.5 - Provision of existing and new services by LPs in Swindon and Shropshire (n = 29)

Analysis of Expenditure from the BHLP Fund

Data on expenditure from the BHLP fund (the pump-priming grant provided by DCSF) was available from all the pilots except Redbridge, which unfortunately did not record these. We categorised 978 separate interventions, totalling just over £300,000, from the remaining 15 pilots (Figure 5.6). A detailed list of the items / services purchased by these pilots is listed in Annexe 2. The major categories of expenditure were household goods, nursery / respite care and education services (47% of the expenditure in total). Around 30 per cent of expenditure was on goods and household services, which were primarily targeted at poverty. The BHLP fund was sometimes used to provide teaching assistance, which can be quite expensive. Some 17 per cent of expenditure fell within 'Counselling' and 'Self-esteem / behaviour management'. These activities would appear to feature far more predominantly here than in the support co-ordinated by BHLPs and not paid for by the BHLP budget, suggesting that BHLPs were purchasing services that were unavailable through traditional routes. However, services such as holidays and leisure, transport and nursery / respite care consumed a significant proportion of expenditure from the BHLP budget. It might be argued that these services were providing a temporary respite from the problems of poverty rather than dealing with the underlying causes of inappropriate behaviours and choices in children and young people. Around 30 per cent of expenditure was on goods and household services which were

primarily targeted at poverty. Again, this is likely to provide a temporary reprieve from the problems associated with multiple deprivation.

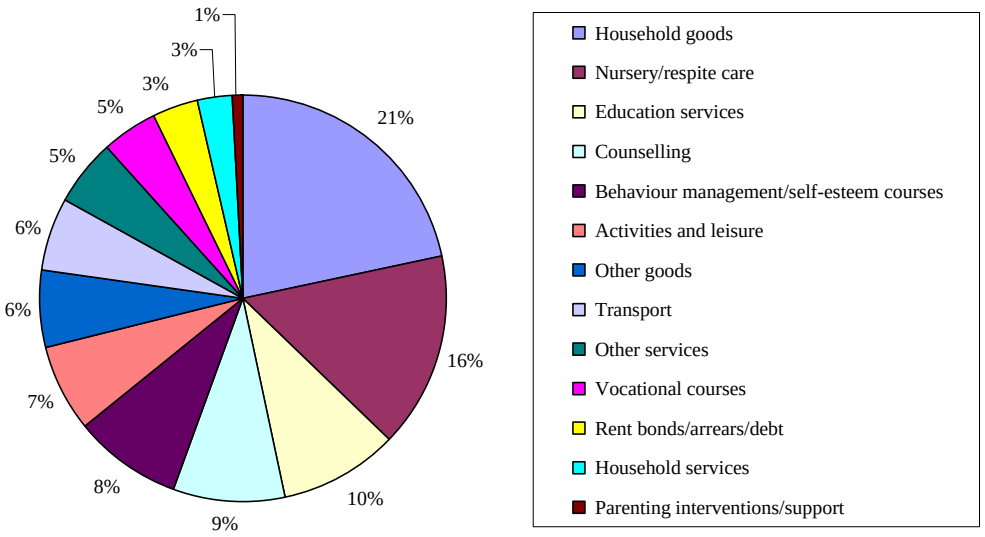


Figure 5.6 - Expenditure from the BHLP budget

Impact on Expenditure from the BHLP Budget after Refocusing

The refocusing of BHLP practice was accompanied by a large increase in the budgets made available to individual EBHLPs, and most received training to improve assessment and the commissioning of services. The EBHLPs, for the most part, still made a distinction between the co-ordination of services which they regarded as being 'free' (i.e. they were already available) and those which had to be purchased from the BHLP budget. We can see a dramatic shift in how they used the BHLP budget, however. There were large reductions in the proportion of expenditure on household goods and on nursery / respite care, which may simply reflect a shift towards professionals dealing with older children and the involvement of fewer health visitors. Expenditure on household services increased, driven largely by a few cases in which considerable sums were spent on renovating dirty and uninhabitable houses. Overall expenditure on goods and household services fell to 18 per cent. The proportion of expenditure on counselling and self-esteem / behaviour management remained constant at 16 per cent. The most dramatic change was the large increase in spending on education services (Figure 5.7). This appears to be driven partly, although not predominantly, by expenditure on teaching assistance.

The change in expenditure after refocusing is clear. Emphasis shifted sharply from the provision of goods to the provision of educational services. This is partly due to the selection of professionals, often from the education sector, dealing with older children. But it does, perhaps, reflect a decision to use increased resources to provide intensive educational support, which is often budget-limited, and to give practitioners more authority to purchase services in order to tailor packages of individual support.

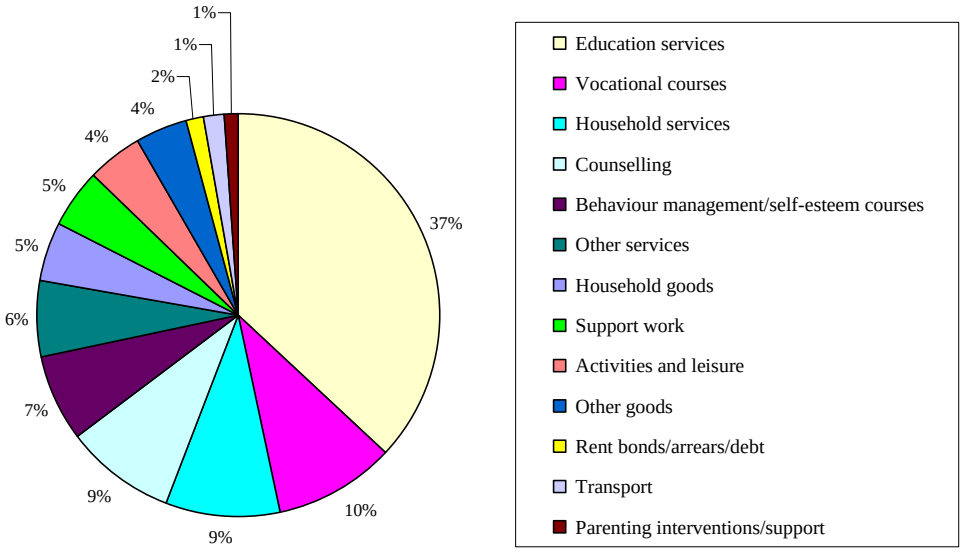


Figure 5.7 - Expenditure from BHLP funds by EBHLPs after refocusing

The Breakdown of BHLP Expenditure across the Pilots

An alternative way of examining expenditure from the BHLP fund is in terms of the number of times a particular service or good was purchased, rather than by using the sum of the cost. This is the framework we used when examining the services co-ordinated by BHLPs. We undertook an analysis of expenditure from the BHLP fund by examining the frequency of different types of purchases (Annexe 2). Household goods and other goods were combined into a category which we labelled 'goods'. We decided to divide service expenditure into two categories. The first included services that were aimed primarily at changing problem behaviours, such as educational services, vocational services, counselling, behaviour management/self-esteem courses and parenting interventions/support, and these we classified as 'Interventions'. The second, which we classified as 'Other services', included nursery/respite care, activities and leisure, transport, rent bonds / arrears / debt, and household services. For ease of analysis, in respect of any single child all expenditure in any particular category was counted as only one purchase. Hence, if beds and bedding and also football boots were purchased for a child, this would appear as one purchase in the goods category. Table 5.5 presents the breakdown of the proportion of purchases which fell into each of our three categories for the sample of children allocated to a BHLP from each pilot.

Table 5.5 presents a large divergence between pilots as regards the proportion of expenditure that went on goods. In Poole and West Sussex the purchase of goods represented less than 10 per cent of all purchases; in Tower Hamlets, Leeds and Brighton & Hove it was over 50 per cent. There were probably two drivers here, both linked to poverty. First, managerial direction and the choice of LPs as BHLPs will have influenced expenditure. Where health visitors were involved they frequently used BHLP funds to address poverty needs. Second, there appears to be a correlation here between the frequency of goods purchased and levels of deprivation.

Table 5.5 - Purchases for children and young people allocated to a BHLP

Pilot (%)	Goods (%)	Interventions (%)	Other services (%)
All	32	24	44
Blackpool	36	12	52
Bournemouth	18	23	59
Brighton & Hove	65	4	31
Derbyshire	26	26	54
Devon	14	33	52
Gateshead	38	13	48
Gloucestershire	19	47	34
Hertfordshire	21	44	35
Knowsley	48	6	46
Leeds	55	4	41
Poole	8	49	43
Telford & Wrekin	31	43	27
Tower Hamlets	55	18	27
Trafford	38	23	39
West Sussex	4	16	80
Refocused BHLP	19	51	30

Not surprisingly, those pilots that provided 'goods' less frequently provided 'interventions' more frequently. Poole, Telford & Wrekin, Gloucestershire and Hertfordshire all exceeded 40 per cent of expenditure on 'interventions', and, in each of these pilots, concerted efforts were made at BHLP management level to commission services that could then be purchased by BHLPs. The frequency of purchases of 'other services' was higher than that of 'goods' in many pilots. It is often difficult to ascertain the specific needs being targeted by the provision of services such as transport and holidays. Clearly, such provision was a response to the perceived inability of the family to meet the cost of these services themselves.

The bottom line of Table 5.5 presents the frequency of purchases for the six pilots after refocusing - there were no data from Knowsley. Prior to refocusing, the aggregate breakdown from these six pilots was similar to the overall pattern of spending across the 15 pilots (not provided). It is evident that after refocusing, both goods and other services are provided less frequently, with the balance made up by interventions. The provision of interventions in the six pilots was just slightly greater than that achieved by BHLPs in Poole.

Understanding BHLP Activity

While we can identify what BHLPs spent the DCFS pump-priming money on, for over one third of the children in the BHLP sample our data provide no evidence of multi-agency provision. Moreover, this is likely to be an underestimate, since we suspect that we were more likely to have received documentation on cases with multi-agency involvement. It is conceivable that multiple-agency involvement was replaced by services bought using the BHLP budget. In practice, the BHLP budget was used to provide goods and services unavailable through traditional routes. In essence, the standard model of BHLP practice was operationalised as a fund to which professionals could apply whether or not they were working as lead professionals (i.e. co-ordinating more than one service). While there is evidence of the use of creative commissioning to provide more responsive services (such as Relateen, Rock School, Brief Therapy), this spending was limited during the piloting period.

Some EBHLPs undertook bespoke service commissioning. Services were commissioned, and then children appear to have been allocated to them if it was felt that they might benefit. Increased budgets available to EBHLPs with discretion over spend clearly facilitated creative commissioning, but it is not clear how well this was individualised to

meet the circumstances of children and young people. We realised that it may be quite impractical for EBHLPs to commission bespoke services at the level of the individual child. Nevertheless, the refocusing of BHLP practice appears to have moved purchasing closer to the original policy intent. We realise that the children and young people allocated to EBHLPs may not be representative of the broad spectrum of children with additional needs.

The EBHLP pilots achieved a similar proportion of intervention provision to that achieved by Poole. Two things were notable from the start in Poole. First, there was a clear intent to direct BHLPs to provide services and not goods. Second, attempts were made to block-commission services which could then be purchased by BHLPs. It is possible that the BHLP pilots may have exposed the limitations of individual commissioning. After refocusing, EBHLPs undertook to provide bespoke services. However, most of these services required more than one child to participate for them to be viable. Where forward-thinking managers had commissioned services, practitioners used them. Perhaps unsurprisingly, where such services were unavailable practitioners bought goods, nursery care and holidays.

Targeting Additional Needs

In this chapter we have described the profiles of the children and young people allocated to practitioners in the BHLP pilots and the nature of the expenditure involved. As we noted in Chapter 4, many of these young people were living in areas with high levels of multiple deprivation, so it is not surprising that much of the BHLP activity focused on meeting basic needs and addressing household poverty. While many families were considered to be in need of goods and household services, there was considerable evidence that family functioning was problematic, relationships were fraught or fragile, and children and young people were displaying difficult behaviour and / or were in need of emotional support.

To some extent, the background of the BHLPs has influenced the choice of cases for BHLP intervention and the nature of the support offered. Educational problems were commonly identified, primarily because many BHLPs were working in education. Practitioners were generally looking for small but important and significant changes as a result of their interventions, which would move children on into more stable everyday lives and improved attitudes towards schooling.

The analyses of the interventions provided demonstrate the expectations underpinning the standard model of BHLP support: budget accessing practitioners were looking to use the BHLP budget to purchase services (and, often, goods) which could not be provided within statutory budgets. The purchases were additional to those being supplied routinely, and the notion of BHLPs holding a significant budget for each child to spend independently was only just beginning to be developed in some areas towards the end of the pilots. Not all the children and young people who benefited from allocation to a BHLP were in receipt of multi-agency intervention, and we seem to have been witnessing a displacement effect as a result of BHLPs having access to an additional fund. We explore this impact more fully in Chapter 9.

The initial interpretation of the policy intent made it very difficult for us to capture data about the cost-effectiveness of lead professionals actually holding budgets so as to promote a more individualised, personalised response to children and young people with additional needs. We simply do not know what support some young people received over and above their lead professionals having access to an additional fund, and we did not see the radical shifts in practice which had been heralded by the BHLP pilots. The quantitative and qualitative findings reported in Chapters 6–9 need to be considered in the light of the approaches to BHLP practice adopted by the pilots, the characteristics of the children and young people supported, and the nature of the goods and services purchased.

In the next chapter, we present the findings from our various analyses of costs and effectiveness, using the quantitative data provided by the pilots. In order to assess cost-effectiveness it is essential to determine outcomes and, as we have seen in this chapter, practitioners were invariably vague about the extent to which desired outcomes had actually been achieved.

Chapter 6 - Assessing Costs and Effectiveness

In Chapter 5, we provided a profile of the children and young people in our samples and discussed the kinds of goods and services that were provided by BHLPs during the pilot. In this chapter we report on our attempts to assess the costs and effectiveness of the various approaches to BHLP practice. We indicated in Chapter 3 that the standard model of BHLP practice was less about lead practitioners holding a budget and working in a radically new way than about them having access to an additional fund, formed as a result of the pump-priming funding provided by the Department. This model presented considerable challenges for the evaluation of the cost-effectiveness of a new role for lead practitioners, as we have already pointed out. The refocused model of EBHLP practice was much more likely to enable a robust quantitative study, but its late implementation severely curtailed the amount of data available and our ability to track outcomes. The other feature of BHLP practice during the pilots which had not been anticipated was the tendency to use the BHLP fund to purchase goods rather than services, particularly during the first year of operation. In essence, this meant that some children with additional needs who were allocated to a BHLP received additional goods and services that otherwise would not have been available.

Defining a Comparator Group

As the analyses presented in Chapter 5 have shown, many of the goods purchased were household items, and we saw a real attempt by BHLPs to address poverty issues as a primary focus of intervention. This in itself presented challenges for the selection of an appropriate comparator group, however. By selecting children and young people allocated to a LP and then comparing them with children and young people allocated to a BHLP we were in danger of comparing the outcomes of a group of children whose practitioners could spend more money on them (from the BHLP budget) with those of children who received no additional goods or services. We would expect that the existence of additional funds might make a difference to the day-to-day living environment and / or increase children's access to leisure facilities, for example, but we would not necessarily be comparing two distinct modes of LP practice. We had designed our study of cost-effectiveness on an understanding of policy intent which involved a very different kind of approach, with the BHLP actually holding a budget so that a more personalised package of support could be tailored to each child's specific needs. In the event, this vision was just being realised at the very end of the evaluation, with the implementation of EBHLP practice.

Before we discuss our attempts to measure cost-effectiveness, we need to acknowledge, therefore, that our analyses have been fraught with challenges, and that the findings in this chapter must therefore be interpreted with due caution. A further challenge that had a significant effect on our planned analyses was the evidence from the case-level BHLP data that many BHLPs did not involve practitioners from other agencies in the service delivery and so were not, in fact, co-ordinating a package of intervention. The children and young people involved may well not have been allocated to a LP in these circumstances had there not been a BHLP pilot, so our comparator sample may well include a different population of children with additional needs. Before presenting our findings in respect of cost-effectiveness we should acknowledge the concerns and limitations which have substantially weakened the analyses we could undertake and the robustness of the study as a whole.

Limitations of the Quantitative Analyses and Their Implications

As we noted in Chapters 2 and 3, a major weakness of the study was the lack of a valid comparison group. Within most pilots, the lead practitioners for children with additional needs had access to the BHLP budget. Only a few pilots implemented BHLP practice in restricted geographic areas for the lifetime of the pilot, and we were unable to identify and collect data from those pilots on children who had not been allocated to a BHLP. Staff in many pilots had

no means of collecting these data, and were not perhaps always aware of their importance. Indeed, our requests to delay the roll-out of BHLP practice in order for us to collect comparison data were met with frustration and confusion. The pilots had been encouraged to progress the roll-out of BHLP practice and to prepare for mainstreaming it before the end of the evaluation. It is impossible to assess whether BHLP practice is more effective than LP practice, however, if the study does not include a robust sample of children who experienced only LP practice. The purpose of a pilot is to undertake an experiment, but experimental conditions are lost if decisions are made to roll out and mainstream a new initiative before the initial evaluation is complete.

When the refocused BHLP pilots were initiated, we attempted to surmount this problem by approaching other LAs with a request that they collect data on a comparator sample of children who were experiencing LP practice. The response was understandably limited, but this did enable a comparison of EBHLP practice with LP practice. However, the analysis we report on here was based on small numbers of children: only 26 children allocated to EBHLPs and 17 in the comparison group (based in Shropshire and Swindon). We do not know whether this sample of children and young people was representative of all children with additional needs. Children were not selected at random for allocation to an EBHLP, and pilots frequently targeted children who had complex needs and who may have been particularly difficult to help. Nor can we actually be sure that we had a representative sample of LP practice in the comparator group, although we have no evidence to suggest otherwise. We did not specify any selection procedures for the choice of children in the comparison LAs, partly to aid co-operation, but also because we had not had any control over the allocation of children to EBHLPs.

The comparison LAs were not matched to the refocused BHLP pilots in any way: hence, any differences (or lack of differences) between outcomes for children who did and did not experience EBHLP practice may be due to socio-demographic differences between the BHLP pilots and comparison LAs. We know from our contextualisation work (Chapter 4) that Gateshead and Trafford contain pockets of high deprivation, and the cost data in Table 6.2 suggest that the children in those pilots had high levels of need. While Telford & Wrekin is clearly more deprived than the LP comparison LAs, it falls into the less deprived half of Shire / Unitary Authorities in England. Devon and Gloucestershire have similar levels of deprivation to Shropshire and Swindon, as may be judged from their Index of Multiple Deprivation scores. In Chapter 2 we discussed the methods that could have been used to construct an appropriate comparator sample. In the event, we have had to use a small and limited comparator group in our analyses.

Despite the problems with suitable comparison data, we attempted a limited evaluation of BHLP practice in ten pilots. We attempted to assess whether children who received more expenditure from BHLP funds responded better than those who received less. The level of expenditure from BHLP funds that a child receives is likely to reflect their level of need, or whether goods/services are unavailable elsewhere. We did not have a measure of the child's level of need and, indeed, such a measure would be extremely difficult to construct. Pilots targeted a very wide range of additional needs, including poverty, complex health problems and poor family functioning, as we saw in Chapter 5. Practitioners were encouraged to seek out children whose needs were not met by current services, and consequently these children formed a very disparate group. We used the level of school attendance at assessment as a surrogate for the child's level of need and adjusted for this in all statistical analysis. While this is clearly a poor indicator of overall need, it may be a satisfactory indicator of need within the domain of education and achievement. It was evident from many case notes that school attendance was an important issue, and in many cases it may have been the main trigger for assessment.

The costing of interventions was inevitably very approximate and is likely to underestimate costs owing to under-reporting of interventions. While recording of BHLP expenditure was generally satisfactory, access to data on other services provided to children was very poor, owing to the lack both of centralised records and of electronic recording of notes from multi-agency meetings. The estimates of costs are based on very sparse recorded data and are likely to be an underestimate. It was also evident that the purchase of goods and services by BHLPs required a great deal of administration time. We have not attempted to cost this as the required data were unavailable. Therefore, our costs for interventions purchased by BHLPs are likely to underestimate the true cost.

We chose to compare attendance in the term prior to assessment with attendance in the term including the review date. These time-points were chosen to facilitate data collection and ensure sufficient time between assessment and review terms. It is possible that attendance during the term in which assessment took place was lower than during the previous term. A successful intervention may have then returned the child's attendance to its levels in the term prior to assessment, a change we would have failed to register. There is, however, no reason to believe that this would introduce bias in a comparison of LP and BHLP practice, since any lack of sensitivity to attendance change would impact on measurement in both groups.

We compared the impact of additional expenditure (from BHLP funds) on school attendance with the impact of statutory/voluntary services without additional expenditure. However, the weakness of this comparison was that the child could receive goods and services purchased from BHLP funds and other statutory / voluntary services, and it is possible that the amount of expenditure from the BHLP budget may have been influenced by the availability or otherwise of statutory/voluntary services - and vice versa. If either of these were the case, it would be impossible to disaggregate the apparent impact of expenditure from the BHLP budget and the impact of statutory / voluntary services. However, expenditure from BHLP budgets and spending on statutory / voluntary services were not correlated ($\rho = 0.04$), suggesting that, in practice, these types of provision did not influence each other. Children who did not receive expenditure from a BHLP fund could also have been assessed as having different needs - probably fewer or less complex needs - from those of children who did. Hence, if the outcomes of children who did and did not receive expenditure from a BHLP fund differ, it is impossible to disentangle whether this is due to these children having access to BHLP funds or to their different needs: needs are likely to be strongly confounded with receipt of expenditure from BHLP funds.

We are aware that an analysis of school attendance may not capture many of the potentially beneficial outcomes of BHLP practice. As we noted in Chapter 3, we had intended attendance to be a secondary outcome measure but were unable to pursue our primary measure (the child's score on the Strengths and Difficulties Questionnaire) owing to the unavailability of data. It is important to note, therefore, that our ability to evaluate the costs and effectiveness of the standard model of BHLP practice was seriously compromised by the lack of a comparison group and the poor quality of the data. However, we attempted nevertheless to conduct analyses which might enable us to provide a quantitative perspective on BHLP practice.

Data Collection and Representativeness of Our Samples

We requested data from pilots on all children who were allocated to a BHLP. In practice, pilots kept records of applications to the BHLP fund. We undertook to check the records we received with the activity that the pilots reported bi-monthly to the DCSF. It seems unlikely that pilots would have under-reported activity to the DCSF. It was apparent that we did not receive identification data for all children allocated to a BHLP, and therefore we cannot be certain that our sample was representative. Even among pilots that did supply data, the

completeness of the data was poor. We did not receive sufficient data to analyse two of the planned outcomes: SDQ score (a measure of the child's mental health)[54] and NEET status (whether a young person aged 16-19 was in employment, education or training). School attendance was the only outcome with sufficient data to justify analysis and even these data were available for only 210 (26%) children from ten pilots: Gateshead, Redbridge, Tower Hamlets, Trafford and West Sussex did not supply adequate data and Hertfordshire deliberately targeted young people above school-leaving age. The paucity of school attendance data was partly due to dates of review being available for only half the children (even after imputation where this was possible) and the lack of a review date prevented identification of a child's school attendance in the term of the review. In the case of other children, school attendance data were missing because dates of birth or postcodes were missing (either in the BHLP data or in the National Pupil Database) so they could not be identified on the NPD, and also because some pilots did not supply attendance data for all children.

The demographic data we needed were almost certainly recorded on the CAF; indeed, we chose it with this in mind. Not all pilots were using the CAF, but most were able to supply us with an anonymised copy for most children in their BHLP sample. Unfortunately, in an effort to protect the anonymity of children, many of the demographic data were also obliterated on the CAFs we received. Hence, the socio-demographic data available in each category were limited (Table A1.2, Annexe 1): age (62%), gender (83%), ethnicity (72%), and whether the child had a disability (45%), or a statement of educational needs (62%). Therefore, the regression models (discussed in Annexe 1) were adjusted only for age, as adjustment for additional demographic factors would have reduced the size of the sample available for analysis. We were unable to ascertain if the children analysed were representative of the children for whom data were requested.

The lack of availability of intervention data may have reflected a 'light-touch' approach to administration by the pilots, although in many cases there was little evidence of any multi-agency meetings. The lack of intervention data was particularly notable in those pilots whose BHLPs were health visitors and who frequently used the BHLP fund to address poverty needs. The paucity of review data was common to all pilots. We took further measures to improve the data collection for the evaluation of refocused BHLP practice, including the provision of Activity and Service Logs to pilots. Despite this, we were unable to analyse the child's SDQ score, because only Poole and one LP comparator area, Shropshire, provided sufficient SDQ data. Likewise, we were unable to analyse NEET status since this was reported for very few children, probably because most children were under sixteen. We received insufficient demographic data and so we were unable to allow statistically for age, ethnicity, and whether the child had a statement of educational needs. The BHLP managers did not appear to have a clear idea of exactly who was acting as an EBHLP or how many children were allocated to them. Clearly some logs were completed retrospectively, which may have resulted in selective reporting of cases and poorer quality of data. Many logs appeared to have been completed hastily, and may have been viewed as just another form to fill in, primarily to access the money.

The lack of data on interventions poses a significant problem for any evaluation. As regards many of the children in the BHLP sample, we simply did not know the full extent of provision of services beyond expenditure from the BHLP budget. It is difficult to evaluate the effectiveness of an intervention forming part of a multi-agency package without knowing the extent of the complementary and existing interventions. We often had only vague references to referrals to a service such as CAMHS in a CAF action plan. Indeed, even when we did

[54] Goodman, R. (1997) 'The Strengths and Difficulties Questionnaire: a research note', *Journal of Child Psychology and Psychiatry*, vol. 38, pp. 581-86, http://www.sdqinfo.com/

have good records of team meetings it was not always clear if an intervention had been delivered. We had to take a very pragmatic approach to ascertaining the level of interventions in place for each child. The costing of interventions was inevitably very approximate and is likely to underestimate costs due to under-reporting of interventions. While this is likely to make our estimates of the impact of the interventions less precise, it seems unlikely that it could result in bias such that the impact of BHLP (or LP practice) is consistently under-estimated or over-estimated.

We present our findings from our analyses in three sections. The first deals with the evaluation of the standard model of BHLP practice originally rolled out in the 16 pilots. The second presents the evaluation of the refocused model of BHLP practice, which involved a comparison of refocused BHLP pilots and local authorities that had no access to BHLP funds. Finally, we present a detailed analysis of the impact of BHLP practice on the NEET status of 16- to 19-year-olds in Hertfordshire, where BHLP practice specifically targeted this age group.

Analysis of the Standard Model of BHLP Practice

Objectives

Our primary objective in analysing the standard model of BHLP practice was to find out whether BHLP practice (budget accessing) is more cost-effective than LP practice in meeting the needs of children and young people identified as having additional needs. The study population consisted entirely of all children and young people, aged between 3 and 19, in the 16 pilots who had been assessed, by a CAF or similar instrument, as having additional needs which required a multi-agency response, and who were consequently assigned a BHLP to deliver a co-ordinated package of support. We had to abandon our primary end-point (the child's score on the Strengths and Difficulties Questionnaire) and focus exclusively on an analysis of school attendance. We return to a discussion of the limited SDQ data later in the chapter.

Data Capture

Data collection for this analysis was based on a random sample of 50 children and young people from each pilot (Leeds and Trafford were not sampled since each processed fewer than 60 cases). Details are given in Annexe 1. Pilots were requested to provide assessment data (CAFs), details of interventions provided such as records of multi-agency meetings, any available review data, and attendance data for the children in the sample.

We attempted to estimate the cost of all interventions for which we had evidence of provision. We generally had accurate records of the costs of interventions purchased from the BHLP fund since these were kept for audit purposes by the pilots. No records of the costs of services provided by the statutory/voluntary sector and regarded by practitioners as 'free' were available. We based our cost estimates for these services on an estimate of the likely contact hours between the professional delivering the service and the recipient. Most professional staff were costed at £80 per hour, on the basis of a study by the OPM of the costs of professional time (assuming that each hour of contact time requires a further hour of administrative work).[55] Where the recorded length of contact was unavailable, it was estimated. Doctors were costed at £120 per hour and non-professional staff at £40. Where interventions were delivered to groups, we assumed a ratio of eight participants to each member of staff.

[55] OPM (2007) *Costing Budget Holding Lead Professional Services, Staged Methodology and Costed Case Studies*, OPM.

Statistical Methods

Expenditure from the BHLP fund was considered separately from any other interventions provided, including charitable spending, and total expenditure was also considered. We report the median and inter-quartile range (IQR) of each type of expenditure by pilot. We used linear regression to relate school attendance in the term including the review to the expenditure on the child (from BHLP, LP, statutory services and charity sources), while stratifying by pilot and allowing for school attendance in the term before the initial assessment and also for the child's age. This model allows assessment of whether children respond better if they have more money spent on them. It adjusts for age, which might influence the outcome. It also adjusts for school attendance prior to assessment since this is likely to influence school attendance at review. Stratification by pilot ensures that children are compared with other children within the same pilot, who are more likely to be similar to them than children in other pilots. This should prevent spurious findings, which might arise if school attendance is systematically different in different areas and if the operationalisation of BHLP practice also varies systematically between pilots.

We also analysed school attendance while allowing simultaneously for both expenditure from the BHLP fund and expenditure on other services: this, we felt, would allow assessment of the effect of different amounts of expenditure from the BHLP fund on children who received similar amounts of other expenditure, and, conversely, of the effect of different amounts of other expenditure on children who received similar amounts of expenditure from the BHLP fund. Two-tailed significance tests were used in all statistical analyses, with a p-value of less than 0.05 being regarded as significant. Stata 10 was used for all statistical analyses.[56]

The Data Available for Analysis

We received data on 810 children: between 47 and 57 children in each of the 16 pilots (Table 6.1).

Table 6.1 - Summary of BHLP data received

Pilot	Assessment data (%)	Intervention data (%)	Review data (%)
Blackpool	98	86	34
Bournemouth	100	100	60
Brighton & Hove	0	98	84
Derbyshire	68	22	0
Devon	62	34	36
Gateshead	100	14	38
Gloucestershire	88	2	2
Hertfordshire	72	100	0
Knowsley	54	100	100
Leeds *	98	62	47
Poole	100	100	98
Redbridge	100	8	68
Telford & Wrekin	76	63	6
Tower Hamlets	22	2	83
Trafford*	82	59	50
West Sussex	86	82	4
Overall	76	55	49

*In these pilots fewer than 60 children received goods or services from BHLP funds, so data was requested on all cases.

56 StataCorp. (2007) *Stata Statistical Software: Release 10*, StataCorp LP.

Assessment data consisted of CAFs, ASSET or ONSET assessments; other local authority assessments are not included. Intervention data include any evidence of team meetings or action plans beyond the brief action plan included in the CAF. Review data include any information we received relating to reviews. Most pilots were able to supply some record of assessment for each child in the sample; indeed, many supplied a paper or electronic copy of a CAF for each child. A few pilots, such as Redbridge, Poole and Knowsley, provided us with data on interventions and review data using the spreadsheet we had provided. Brighton & Hove was able to provide intervention and review data from its own records on most of the children in its sample. Data collection in the remaining pilots was varied. As Table 6.1 shows, we were unable to obtain even basic records of interventions provided or any review data in relation to many children in the sample.

Data on expenditure from the BHLP budget were available for 553 children (68%), in 15 pilots; we did not receive data on the cost of any BHLP interventions from Redbridge (Table 6.2). It is evident that recorded expenditure from the BHLP fund is quite low, as indicated by medians and inter-quartile ranges. With the exception of Knowsley and Derbyshire, median expenditure from the BHLP fund does not exceed £400. Median expenditure and variation in the estimated costs of statutory services are larger. As was noted in Chapter 5, a third of children received no services additional to interventions funded by BHLP. A small number of children received intensive service provision. Children in the BHLP sample represented a range of additional needs, from those receiving no additional services to those receiving intensive help. Across this range of needs children received additional goods and services paid for by BHLP funds, representing a modest cost.

Table 6.2 - Expenditure from the BHLP fund

Pilot	Number of children and young people		Expenditure on each child / young person			
	total (100%)	*number (%) with expenditure data*	*BHLP fund (£)*		*Statutory services (£)*	
			median	*IQR*	*median*	*IQR*
Blackpool	50	48 (*96*)	360	207–618	514	80–1,486
Bournemouth	50	50 (*100*)	212	116–348	514	320–960
Brighton and Hove	50	50 (*100*)	250	159–412	393	0–1,069
Derbyshire	50	20 (*40*)	783	379–1,211	767	359–1,714
Devon	49	24 (*49*)	103	0–263	1014	394–1,840
Gateshead	50	47 (*94*)	250	120–500	737	257–1,137
Gloucestershire	50	42 (*84*)	347	56–683	480	80–1,189
Hertfordshire	51	51 (*100*)	400	200–700	0	0–400
Knowsley	50	50 (*100*)	684	308–1,000	777	343–1,114
Leeds	55	55 (*100*)	183	75–330	954	514–1,633
Poole	53	29 (*5*)	140	100–293	0	0–800
Redbridge	50	0 (*0*)	–	–	–	–
Telford & Wrekin	49	31 (*63*)	300	99–300	600	211–3,280
Tower Hamlets	47	12 (*26*)	93	50–295	2989	1,200–3,404
Trafford	57	1 (*2*)	–	–	–	–
West Sussex	49	43 (*88*)	150	40–250	1543	1,029–2,697
Total	810	553 (*68*)	250	101–515	640	160–1,509

Notes. IQR = Interquartile range; data on BHLP expenditure in Trafford were received too late for incorporation into statistical analysis.

In terms of outcome data, NEET status is relevant only for young people aged 16-19. Of the 500 children whose age was recorded, only 83 (17%) were aged 16-19, and 42 of these were in Hertfordshire (Annexe 1, Table A1.2). The total sample of children was 812, on which the following data were available. SDQ scores at assessment and review were available for only 18 (2%) children from Poole. The date of review was available for only 164 children (20%) and was imputed (on the basis of the median length of time between assessment and review for children in the same pilot) for a further 254 (31%). School attendance data at assessment and review were extracted from the NPD for 63 (8%) and 96 (12%) children respectively. The same data were obtained from pilot records for a further 158 (20%) and 135 (17%) children respectively. Hence, school attendance data at both assessment and review were available for 210 (26%) children.

In Annexe 1 (Table A1.2), we indicate the nature of the demographic data available. Age at assessment was available for only 500 (62%) of the children; the median age of these children was 10 (IQR: 5-15). Data on gender, ethnicity, disability, and whether the children had a SEN were likewise missing for a substantial proportion of the children. The analyses we could undertake were, inevitably, limited, not only by the paucity of outcome data but also by the sparse data on demographic characteristics, which have the potential to explain some of the variability in outcomes.

The Outcomes Observed

We know that many of the children and young people in the sample were having problems related to their education and that a large proportion of BHLPs worked in the education sector, so for our purposes here change in school attendance is a reasonable outcome measure. The analysis we undertook indicates that, in the period between assessment and review, school attendance was just as likely to worsen in respect of children and young people in the BHLP sample as it was to improve. Figure 6.1 shows the distribution of the difference between the percentage of school sessions attended in the term prior to assessment and those attended in the term which included the review. Furthermore, neither expenditure from the BHLP fund nor expenditure on other services showed any obvious association with change in school attendance (Figure 6.2).

We used linear regression to analyse school attendance in relation to expenditure from the BHLP fund for the 192 children whose school attendance both in the term before assessment and in the term including review was known, and for whom data on expenditure from the BHLP fund were also available (Table 6.3). These children were from 10 pilots: Blackpool, Bournemouth, Brighton, Derbyshire, Devon, Gloucester, Knowsley, Leeds, Poole and Telford & Wrekin. All the analyses were adjusted for school attendance in the term before assessment since this was correlated with attendance in the term including review. These analyses showed no significant association between expenditure from the BHLP fund and an improvement in school attendance in the term after review, even after we had additionally adjusted for age and stratified by pilot. Indeed, the results suggest that more expenditure might be associated with worse outcomes. Children's attendance decreased, on average, by 6 percentage points (95%CI: -12 to 0) for every £1,000 spent.

We likewise analysed school attendance in relation to other expenditure (i.e. purchases from statutory and voluntary sector services) and in relation to total expenditure. As regards expenditure from the BHLP fund, after adjustments had been made for attendance before assessment, and for age and for the specific pilot, school attendance in the term after review was not found to be significantly associated with other or with total expenditure. Children's attendance decreased, on average, by 0.7 percentage points (95%CI: -1.4 to 0.0) for every £1,000 spent on statutory and voluntary sector services. Results for total expenditure were similar.

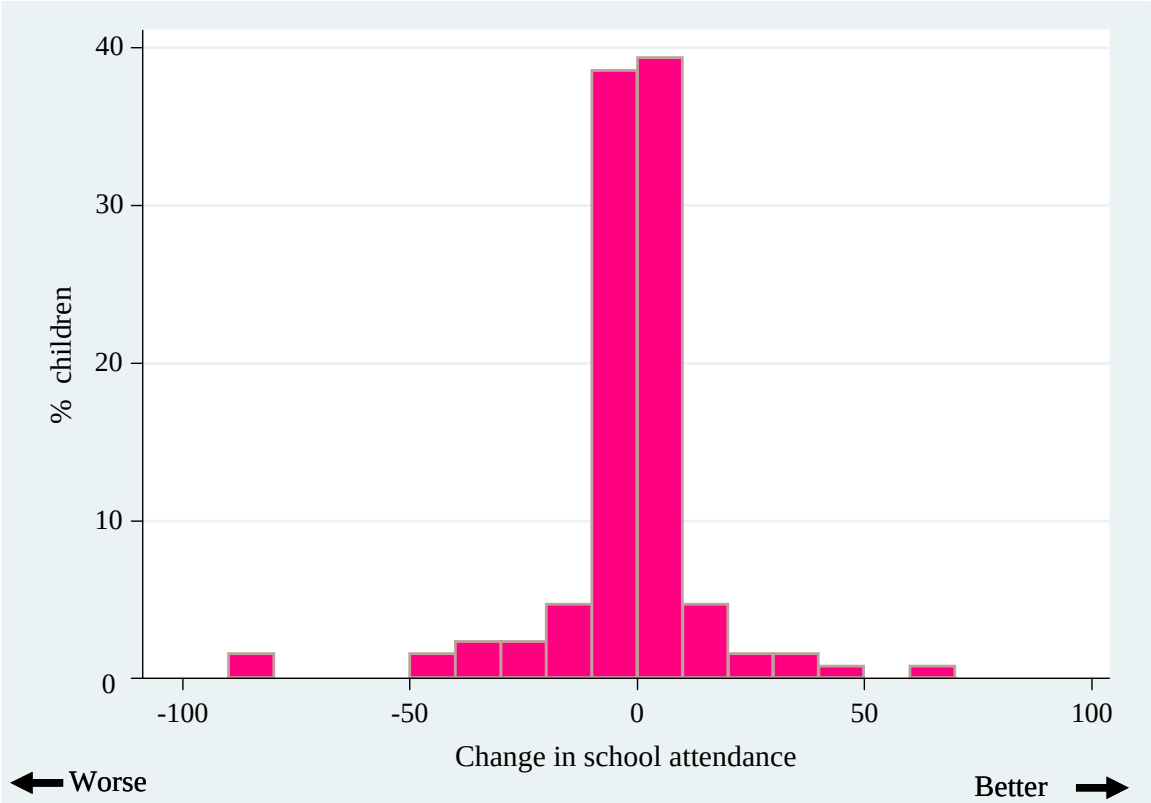


Figure 6.1 - Distribution of change in school attendance in the 16 BHLP pilots

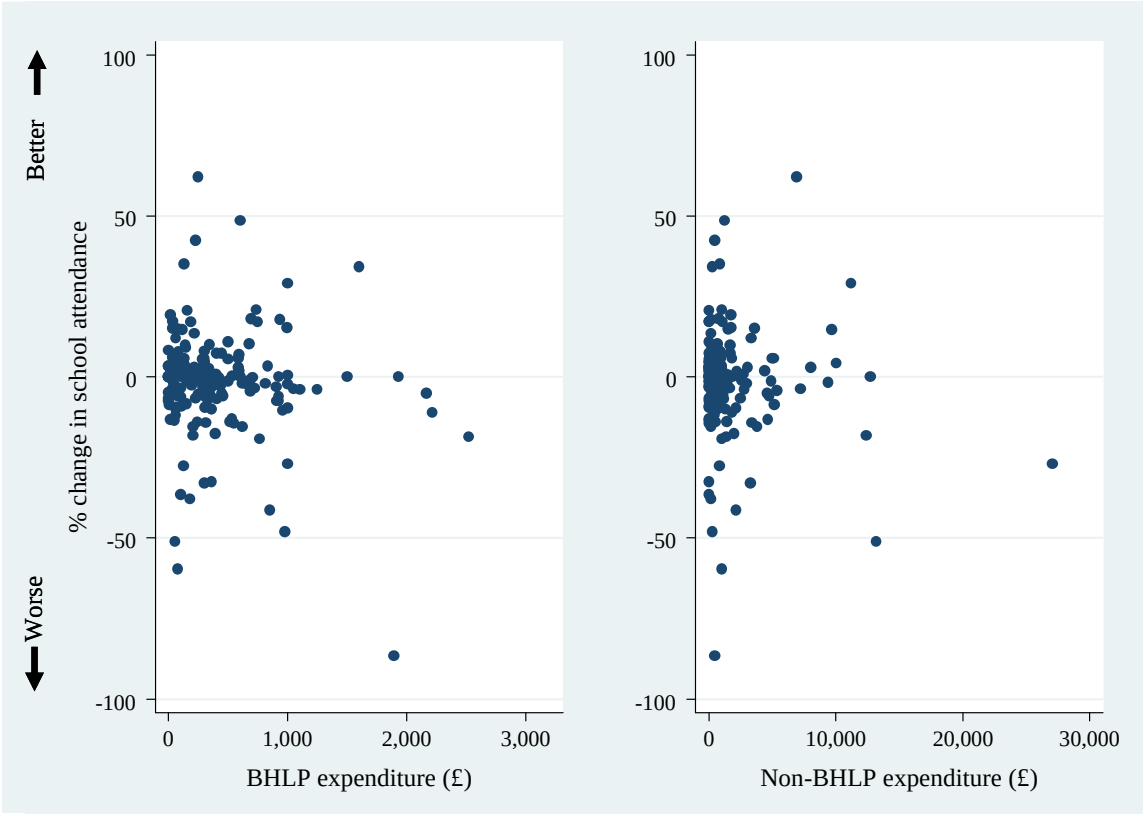


Figure 6.2 - Change in school attendance before and after intervention in relation to expenditure from the BHLP fund and other (statutory and voluntary sector services) expenditure

Table 6.3 - Improvement in school attendance (in percentage points) at review for every £1,000 spent

	N	Mean improvement	Confidence interval (95%)	Sig (p)
Expenditure from the BHLP fund				
Adjusted only for attendance at assessment	192	-5	-10 to 0	0.054
Additionally adjusted for age and pilot	171	-6	-12 to 0	0.047
Additionally adjusted for age, pilot and non-BHLP spend	171	-6	-12 to 0	0.050
Other expenditure (statutory services and charity)				
Adjusted only for attendance at assessment	192	-0.6	-1.3 to 0.1	0.102
Additionally adjusted for age and pilot	171	-0.7	-1.5 to 0	0.053
Additionally adjusted for age, pilot and non-BHLP spend	171	-0.7	-1.4 to 0	0.057
Total expenditure				
Adjusted only for attendance at assessment	192	-0.7	-1.4 to 0	0.045
Additionally adjusted for age and pilot	171	-0.8	-1.5 to -0.1	0.027

Note. Negative values correspond to lower attendance at review for higher spending.

Comparison of Children Who Did and Did Not Receive Expenditure from the BHLP Fund

Thirty children in the BHLP pilots did not actually receive any items purchased from the BHLP pump-priming fund, and school attendance data at assessment and review were available for just twelve of these children. We compared outcomes for these children and young people with those for the 155 children for whom purchases were made from the BHLP fund, and who received a similar level of other expenditure (<£3,200). The BHLPs would all have had access to the BHLP fund, but some chose not to make purchases from it. It may be that the services that the child needed were already available through other means (and were often wrongly regarded by practitioners as free), and we have evidence from practitioners that they often sought funding from the BHLP budget only if they could not purchase necessary goods and services from other funds. So it may be that those who did not access the BHLP budget had managed to purchase what they needed without having had to. Perhaps not surprisingly, therefore, we detected little difference in outcomes between the two groups.

After we had adjusted for school attendance before assessment and made an additional adjustment for age and pilot, we found that school attendance in the term after review was not significantly different in respect of children whose BHLP did and did not access the BHLP fund. School attendance at review in respect of children whose BHLP accessed the fund was, on average, two percentage points lower (95%CI: 12 points lower to 6 points higher) than in respect of children whose BHLP did not access it.

Comparison of Children Allocated to a BHLP with Those Allocated to a LP

Since the main weakness of the analysis was the lack of a comparison group, we compared the children in the BHLP pilots with the 17 children in the two LAs (Swindon and Shropshire) that agreed to provide comparator data for whom school attendance data were available. Figure 6.3 shows the difference between the percentage of school sessions attended in the

term prior to assessment and in the term in which the review took place, in the two comparator areas, Swindon and Shropshire, and this difference may be compared with that for children in the BHLP pilots, shown in Figure 6.1. We can see that, after adjustment had been made for school attendance before assessment, and additional adjustment made for age and LA, school attendance in the term after review was similar in respect of children with and without a BHLP. School attendance at review in respect of children who were allocated to a BHLP was five percentage points lower (95%CI: 14 points lower to 5 points higher) than in respect of children who were allocated to an LP.

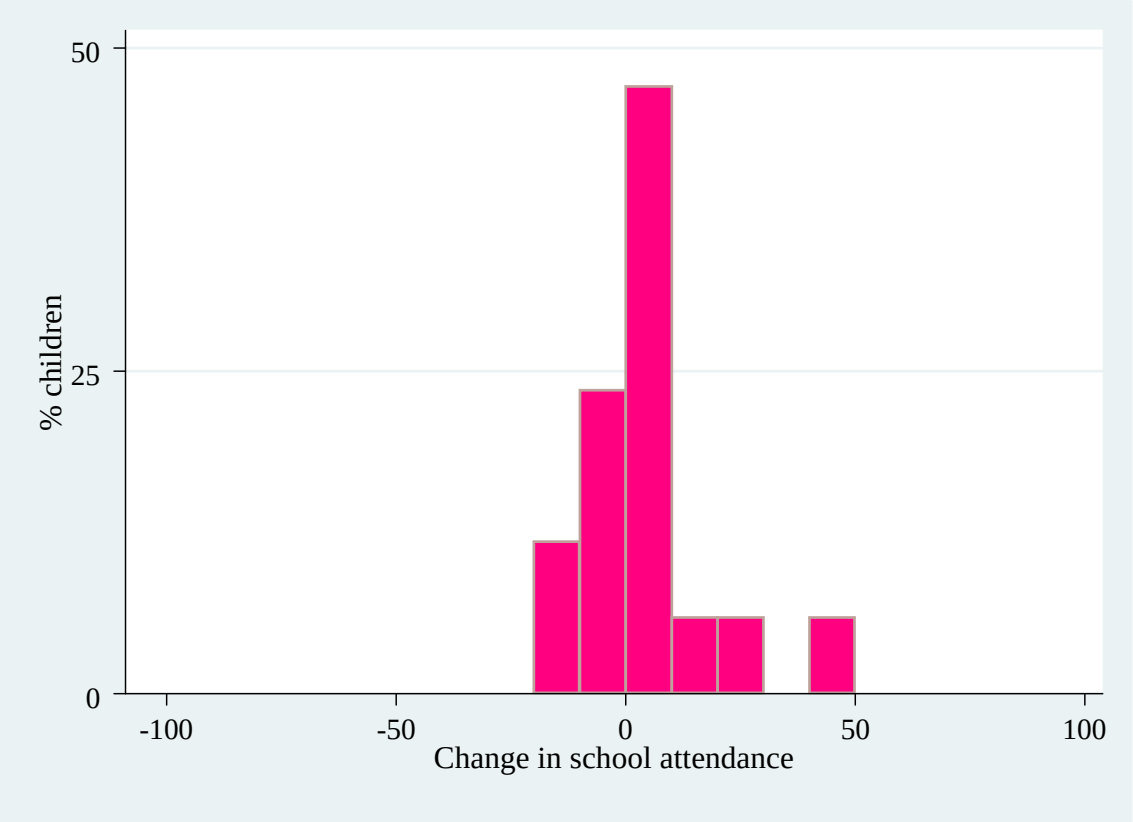


Figure 6.3 - Distribution of change in school attendance for comparator sample (Shropshire and Swindon)

Description of SDQ Data

The Strengths and Difficulties Questionnaire comprises 25 items about psychological attributes, that can be subdivided into five scales: emotional symptoms; conduct problems; hyperactivity/inattention; peer relationship problems; and pro-social behaviour.[57] A total score is generated by summing the scores from the first four scales. The SDQ is frequently used to assess psychological difficulties and social functioning impairment in children and to measure progress in tackling these problems. We had intended to use the total SDQ scores as our main measure of outcome in the quantitative analysis.

Unfortunately, the only pilot to embrace this measure was Poole. It provided data at assessment and review for 18 children. While all the refocused BHLP pilots had agreed to collect SDQ data, we received measures at both assessment and review for only four children. In contrast, Shropshire provided SDQ data at assessment and review for 20 of the 21 cases we received from them. The data we received used both standard and self-report forms from children, parents and lead professionals. The data were insufficient for us to

57 Goodman, *op. cit*.

mount a quantitative analysis, but we present the proportion of children with scores indicating problems at assessment and review (Tables 6.4 and 6.5 respectively). The proportions of borderline and abnormal scores are determined by comparison with the appropriate parent, teacher or self-report scores from a nationally representative survey of the UK population.[58] Borderline scores are typically observed in 10 per cent of the population, with a further 10 per cent in the abnormal range.

Table 6.4 - Distribution of SDQ scores in Shropshire and Poole at assessment

Assessment	Shropshire (LP, n = 20)			Poole (BHLP, n = 20)		
	normal (%)	*borderline (%)*	*abnormal (%)*	*normal (%)*	*borderline (%)*	*abnormal (%)*
Emotional symptoms	85	5	10	72	11	17
Conduct problems	60	5	35	56	6	39
Hyperactivity	50	15	35	56	0	44
Peer problems	70	5	25	72	6	22
Pro-social scale	75	15	10	61	17	22
Total	50	10	40	44	17	39

Table 6.5 - Distribution of SDQ scores in Shropshire and Poole at review

Assessment	Shropshire (LP, n = 20)			Poole (BHLP, n = 18)		
	normal (%)	*borderline (%)*	*abnormal (%)*	*normal (%)*	*borderline (%)*	*abnormal (%)*
Emotional symptoms	60	15	25	72	6	22
Conduct problems	30	0	70	39	0	61
Hyperactivity	35	20	45	33	11	56
Peer problems	55	20	25	72	11	17
Pro-social scale	60	15	25	67	11	22
Total	60	15	25	67	11	22

It is evident that children in both the LP and BHLP groups are presenting with similar scores at assessment. The majority of children display abnormal scores on the conduct problems and hyperactivity scales. A little over half of the children in each group have total scores in the abnormal range. At review, scores in all domains tended to be lower, except for those on the peer problems scale in the BHLP sample. However, there was no change at any significant level, so we cannot draw any conclusions about the impact of BHLP practice from these scores.

Summary of Main Findings from the Analysis of the Standard Model of BHLP Practice

Our evaluation of the BHLP pilots provides no evidence that school attendance improved either after expenditure from the BHLP fund or after statutory/voluntary sector intervention (Table 6.3). Additional expenditure, whatever the source, did not result in better attendance; indeed, the results suggested that higher spending might be associated with worse outcomes. It is perfectly possible that these interventions may have arrested a decline in attendance, but it was impossible to evaluate this since we could not compare the BHLP sample with similar children who received no interventions. The weak association between higher spending and worse outcomes may be a consequence of a correlation between spending and levels of need. From the analyses undertaken here we have no evidence that the standard model of BHLP practice was any more - or any less - cost-effective than LP practice. Comparison of children in the BHLP pilots with children in two LAs who did not have access to BHLP funds revealed very little difference as regards change in school

[58] Meltzer, H., Gatward, R., Goodman, R. and Ford, F. (2000) *Mental Health of Children and Adolescents in Great Britain*, The Stationery Office. http://www.sdqinfo.com/ScoreSheets/el.pdf

attendance: on average, this changed very little subsequent to the intervention in either group.
Because these analyses were based on samples of children and young people who received the standard model of BHLP practice, we need to be cautious about the findings relating to outcomes. These provide no evidence that having access to an additional pot of money affected school attendance.

Evaluation of EBHLP Practice

Objectives

The refocusing of BHLP practice in the summer of 2007 provided us with the opportunity to evaluate a model that had moved closer to the original policy intent. In addition, it allowed us to compare outcomes for children who were allocated to an EBHLP with outcomes for children in different LAs who were allocated to an LP. We attempted to evaluate whether EBHLP practice was more effective than LP practice in meeting the needs of children and young people who needed a multi-agency response. In addition, we sought to compare the cost-effectiveness of EBHLP and LP practice.

Data Capture

The study population consisted of all children in seven pilots (Devon, Gateshead, Gloucestershire, Knowsley, Telford & Wrekin, Trafford and West Sussex) who were allocated to an EBHLP. Most of the EBHLPs had received training for the new role and had been allocated enhanced budgets to bring practice closer to policy intent. The EBHLP children and young people were compared with children and young people who were allocated to an LP in Swindon and Shropshire, who did not have access to BHLP funds.

We provided each authority with Service and Activity Logs to capture all the relevant activities undertaken by the EBHLP/LPs, including service provision. The logs generally provided sufficient information for us to estimate the professional contact time of the interventions provided, although some had minimal detail. Costs of interventions purchased through the BHLP budget were nearly always reported. For other interventions, costs were estimated from the recorded length of contact with a professional, costed at a fixed rate per hour. We used the same procedure we had applied in the BHLP analysis reported above (professional ‘hands-on’ contact time costed at £80 per hour, assuming that each hour of contact time requires a further hour of administrative work). Where the recorded length of contact was unavailable, it was estimated. All staff administration time was costed at £40 per hour using returned timesheet data. Each team-around-the-child (TAC) meeting was assumed to cost £200 (five staff for one hour).

We requested information regarding the number of EBHLP cases in April 2008. Devon and Gateshead could not give accurate numbers and predicted around ten cases. We subsequently received data on four cases from Gateshead, and on six from Devon. The possibility remains that we did not receive data on all the cases undertaken in Devon, and we are aware of at least seven cases in Gateshead. We did not receive any data from Knowsley.

Statistical Methods

Linear regression was used to relate the outcome at review to whether the child or young person was allocated to an EBHLP or to a LP, adjusting for the value of the outcome at assessment and, additionally, for the total amount of expenditure on the child. We had planned to adjust for demographic variables (age, gender, ethnicity and whether the child

had a SEN), but the only demographic variable for which sufficient data were available was gender (Annexe 1).

The Data Available for Analysis

Although Knowsley opted into the refocused BHLP model, with two children allocated to an EBHLP, details of these cases were not returned to us. Despite assurances from the EBHLP pilots that the data collection was reasonable, fewer than half of the cases were returned with the review data we requested and the response for SDQ was even poorer. It is possible that one explanation for the lack of review data was that a review had not yet taken place because the EBHLPs had been selected and trained very late in the evaluation. The response from the LP comparator sites was better. Shropshire provided a virtually complete set of data on 21 children. Swindon provided data on eight children, some of whose records had been completed retrospectively.

We received data on a total of 63 children and young people who had been allocated to 36 EBHLPs. Their experience was compared with that of 29 children and young people allocated to 22 LPs who did not have access to BHLP funds (Tables 6.6, 6.7). The median total spend on each child or young person was £3,595 (IQR: £1,908 to £8,242) for those allocated to an EBHLP, whereas in the comparison group it was £2,358 (IQR: £1,890 to £4,003). Median expenditure was much higher in Gateshead and Trafford than in any of the other EBHLP pilots or the comparator areas. Both of these authorities are urban authorities with pockets of high need and the expenditure data suggest that these pilots targeted children with high needs.

Table 6.6 - Refocused BHLP model: Numbers of EBHLPs and children / young people and expenditure per case

EBHLP pilot	Number		Spend on each child / young person (£)	
	EBHLPs	*children/ YP*	*median*	*IQR*
Devon	6	6	3,107	2,422–3,710
Gateshead	3	4	10,299	5,747–11,932
Gloucester	3	8	5,061	3,417–5,943
Telford & Wrekin	11	23	2,261	978–5,377
Trafford	3	6	11,923	8,242–13,324
West Sussex	10	16	3,525	1,885–7,622
Total	36	63	3,595	1,908–8,242

Note. IQR = inter-quartile range.

Table 6.7 - Numbers of LPs and children / young people and expenditure per case

Comparator area	Number		Spend on each child / young person (£)	
	LPs	*children/ YP*	*median*	*IQR*
Swindon	6	6	1,988	1,633–2,631
Shropshire	16	21	2,590	2,123–4,378
Total	22	29	2,358	1,890–4,003

Note. IQR = inter-quartile range.

The outcome measures we planned to use were SDQ, school attendance and NEET status. In the EBHLP group, for only 4 (6%) children/young people were SDQ data available at both assessment and review and only 3 (5%) had NEET status recorded at assessment and review: we were therefore unable to assess these outcomes (Table 6.8). In the EBHLP group and comparator groups, 26 (41%) and 17 (59%) children and young people respectively had school attendance recorded at both assessment and review. Nevertheless, we assessed this outcome despite the lack of information about a substantial proportion of the children: Trafford and West Sussex were excluded from this analysis because we were unable to obtain sufficient data.

Table 6.8 - Outcome data available

	SDQ		School attendance		NEET	
	N	*%*	*N*	*%*	*N*	*%*
Refocused BHLP pilots						
Devon	0	0	5	83	1	17
Gateshead	0	0	1	25	0	0
Gloucester	4	50	5	63	0	0
Telford & Wrekin	0	0	15	65	0	0
Trafford	0	0	0	0	0	0
West Sussex	0	0	0	0	2	13
Total	4	6	26	41	3	5
Comparator pilots						
Swindon	0	0	2	25	0	0
Shropshire	20	95	15	71	1	5
Total	20	69	17	59	1	3

Gender was available for most of the children in both groups, but other demographic data were not consistently available in both groups (Annexe 1, Table A1.3). Therefore, in the analysis we could adjust only for gender.

Findings from the Analyses

At assessment, the EBHLP group included a higher proportion of children with very poor attendance than did the LP group. At review, the EBHLP group contained a lower proportion of children with good attendance than it did at assessment, whereas the LP group contained a higher proportion of children with good attendance than it did at assessment. Figure 6.4 indicates the percentage of school sessions attended in the EBHLP pilots and the LP comparator areas in the term prior to assessment and in the term in which the review took place. Consideration of the change in school attendance between assessment and review for each child confirmed that the attendance of most children allocated to an EBHLP had changed for the worse. By contrast, that of most children allocated to a LP had changed for the better (Figure 6.5). Regression analysis comparing EBHLP and LP practice showed no significant difference between school attendance at review in the two groups ($p = 0.16$), after we had controlled for school attendance at assessment. Additional adjustment for gender and for the total expenditure on each child made little difference to the results (Table 6.9).

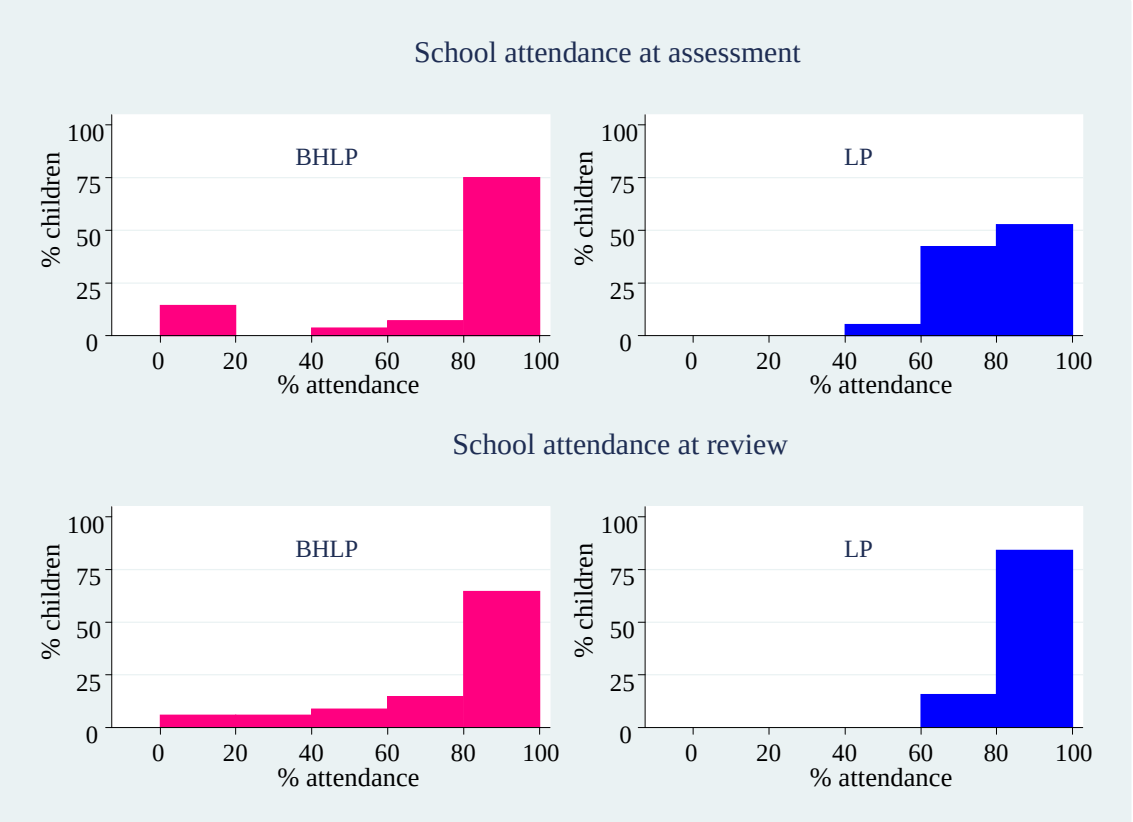


Figure 6.4 - Distribution of school attendance

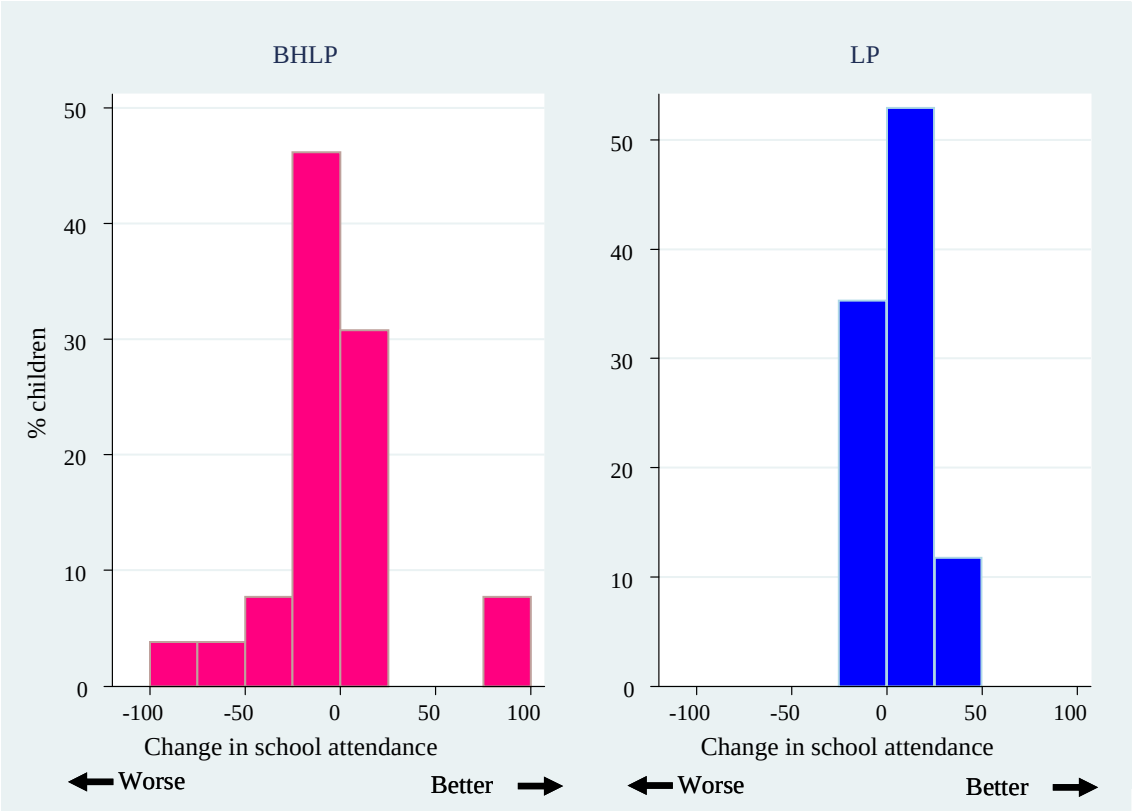


Figure 6.5 - Distribution of change in school attendance between assessment and review

Table 6.9 - Difference between school attendance at review in EBHLP and LP groups

	N	Mean change	Confidence interval (95%)	Sig (p)
Adjusted for:				
School attendance at assessment	43	-10	-24 to 4	0.16
School attendance at assessment, gender	43	-15	-49 to 19	0.39
School attendance at assessment, total spend	43	-11	-25 to 2	0.10

Note. Negative values imply that school attendance at review was worse in the BHLP group.

We assessed whether the children allocated to an EBHLP responded better if expenditure on services was higher. Regression analysis within this group showed significantly worse school attendance at review if expenditure on the child was higher: for every £1,000 spent, the child's attendance at review fell by five percentage points (95%CI: 1 to 9, p = 0.01). However, in sensitivity analysis excluding the most influential case (a child with very poor attendance at both assessment and review who received over £11,000 expenditure), the effect became less marked and non-significant: a fall of four percentage points (95%CI: from a fall of eight percentage points to an increase of 1 point, p = 0.10).

Likewise, we assessed whether children allocated to an LP responded better if expenditure was higher. Regression analysis within this group showed no significant change in school attendance at review if expenditure on the child was higher: for every £1,000 spent, the child's attendance at review fell by 0.3 percentage points (95%CI: from a fall of 2.0 percentage points to an increase of 1.3 points, p = 0.67).

Summary of Main Findings from the Evaluation of EBHLP Practice

We found no evidence that EBHLP practice was more effective than LP practice in improving poor school attendance in children with additional needs. After allowing for school attendance at assessment, we found no significant difference between the school attendance at review of EBHLP children and that of children in the LAs who were allocated an LP and had no access to BHLP funds. We found no robust association between the amount of total expenditure on a child and the child's school attendance at review.

The Impact of BHLP Practice on NEET Status in Hertfordshire

The third strand of our quantitative analyses has examined the data we obtained relating to BHLP practice in Hertfordshire. It was one of the very few pilots that targeted its BHLP initiatives on a discrete age range and client population and established the pilot within a single agency. The clear focus in this pilot enabled us to undertake some detailed analyses of the impact of the standard model of BHLP practice on NEET outcomes.

Hertfordshire chose to pilot BHLP practice through its Connexions agency, and targeted primarily 16- to 19-year-olds who were NEET. Connexions personal advisers provided one-to-one support for young people with additional needs, generally those currently NEET or at risk of becoming so. The BHLP pilot was operationalised in Hertfordshire by enabling personal advisers to access a budget to purchase goods or services to enhance provision for their clients. A Needs Assessment Matrix was developed to quantify the extent of the young person's difficulties and determine access to funding according to a banding system. The BHLP programme in Hertfordshire started in autumn 2006. By March 2008 over 700 young people aged 16–19 had received interventions funded from this source.

Data Capture

The Connexions Client Information System collects data on the NEET status of each young person, from September in the year in which they complete compulsory schooling to the month in which they turn nineteen. These data are compiled and reported for the whole of England, subdivided into 149 Shire / Unitary Authorities, which vary in size from large Shire Authorities such as Kent to smaller Unitary Authorities representing towns and metropolitan areas. We analysed data from 148 Shire/Unitary Authorities which reported throughout the period 2005-8. Three LAs were excluded from the analysis as they did not report over the entire three-year period. The Shire/Unitary Authorities are larger local authorities with responsibility for the provision of education. In this section of the report we will refer to all of them as local authorities (LAs).

The data compiled by Connexions are based on the population of 16- to 18-year-olds who have completed compulsory education. The numbers of young people identified as NEET are adjusted to take account of those whose status is unknown. This adjustment ascribes a fraction of 'unknowns' to the NEET category according to their last known status. The adjustment is based on research indicating that, of young people whose last known status was EET (in education, employment or training), 92 per cent are likely still to be EET, and that of those whose last known status was NEET 58 per cent are likely still to be NEET.

We obtained access to the monthly NEET data for England from the Planning and Performance Manager, Hertfordshire Connexions. For each of the ten districts within Hertfordshire, we also obtained monthly data from June 2005 to March 2008 on: the total number of 16- to 19-year-olds; the raw, unadjusted number who were NEET; the number whose NEET status was unknown; and the number who had been assessed for and subsequently received an intervention funded from the BHLP budget. In January 2008, we received data on 618 young people who had received support from the BHLP budget. These data recorded the district in which the young person accessed assistance and the assessment date, but not the date on which the intervention was actually received. We also obtained data on job vacancies and claimant counts for each LA by quarter for the period April 2005 to July 2008. These data were plotted to examine whether an economic downturn in Hertfordshire had impacted on job opportunities around the start of the implementation of BHLP practice in November 2006.

The Data Available for Analysis

The start dates of BHLP practice in each district in Hertfordshire are presented in Table 6.10.

Table 6.10 - CAF assessment dates of first recipients of BHLP-funded interventions (over-16s only)

District	Start date of BHLP
Broxbourne	Nov. 06
Dacorum	Sept. 06
East Hertfordshire	Sept. 06 *
Hertsmere	Sept. 06
North Herts	Nov. 06
St Albans	Nov. 06
Stevenage	Oct. 06
Three Rivers	Oct. 06 *
Watford	Oct. 06
Welwyn Hatfield	Aug. 06

* Second case not until Jan. 2007.

As was noted earlier, the date of the assessment of each young person by a BHLP was available, but the actual date of delivery of the intervention was not. We cannot be sure that interventions were delivered promptly following assessment; there may have been delays, due, for example, to the times and availability of training courses. Therefore, for Hertfordshire as a whole we assumed that BHLP practice started in November 2006, when every district had assessed at least one young person who subsequently received an intervention. Although Hertfordshire had expected to focus BHLP practice in a few distinct geographical areas in the county and to mount its own comparative evaluation, in the event BHLP practice was rolled out across the county as a whole.

Data for the 148 LAs for each of the 36 months between April 2005 and March 2008 would have provided 5,328 distinct records. Data on the total number of 16- to 19-year-olds were missing and were therefore imputed for 32 (0.6%) of these records. Data on NEET numbers were initially available for 5,031 (94.4%) of the possible monthly LA records (Figure 6.6). For a further 225 of the missing entries, the number of young people who were NEET was estimated by combining data on the percentage NEET that were available from quarterly summary reports with the total number of young people in the relevant LA for the relevant month. Hence, we obtained 5,256 (98.6%) non-missing observations. The remaining missing data were distributed over 27 LAs.

It can be seen from Figure 6.6 that the number of young people aged 16-19 who had left secondary education and were recorded by Connexions peaked every year in September as new school leavers became eligible for inclusion, and decreased steadily from September until August of the following year as young people who reached their nineteenth birthday were excluded. Although there are apparently some erratic changes that do not follow the general trend, these probably reflect reporting error. The total number of young people recorded each September in all LAs in England was almost 1.8 million in all three years (2005, 2006 and 2007) in the study. Hertfordshire reported as a single area and, between April 2006 and March 2008, it was the fifth-largest LA in England in terms of the number of 16- to 19-year-olds, after Kent, Essex, Hampshire and Lancashire and just above Birmingham. Each September, over 39,000 16- to 19-year-olds were recorded in Hertfordshire. Figure 6.6 compares Hertfordshire with all the other LAs in this respect.

If we look at the percentage of 16- to 19-year-olds who were NEET (Figure 6.7) we can see monthly variation, with increases from July to August and decreases from August to November in most LAs. Overall, the percentage tended to decrease over time. It is evident from Figure 6.7 that Hertfordshire had a low percentage NEET: on this measure it was ranked 133 out of the 148 LAs.

The LAs that started off with a high percentage NEET tended to have larger decreases in percentage NEET than those that started off with a low percentage NEET. When LAs were grouped into quartiles on the basis of their average percentage NEET in the first three months of the study, it became apparent that the downward trend over time of percentage NEET in Hertfordshire was very close to the average of all LAs in the lowest quartile.

The percentage of 16- to 19-year-olds whose NEET status was unknown showed a very marked peak in September every year, but fell to around 5 per cent by November. Hertfordshire had an exceptionally high percentage (40% to 50%) of young people with unknown NEET status in September, ranking ninth among the LAs in England. However, in terms of the average over all months the percentage of 16- to 19-year-olds with unknown NEET status in Hertfordshire was low, with a ranking of 72. Furthermore, reporting of NEET status appeared to have improved from the end of 2007 onwards: during 2005, 2006 and the first half of 2007, Hertfordshire was usually in the second-lowest quartile with respect to the percentage with unknown NEET status, whereas from November 2007 onwards it was in the lowest (Figure 6.8).

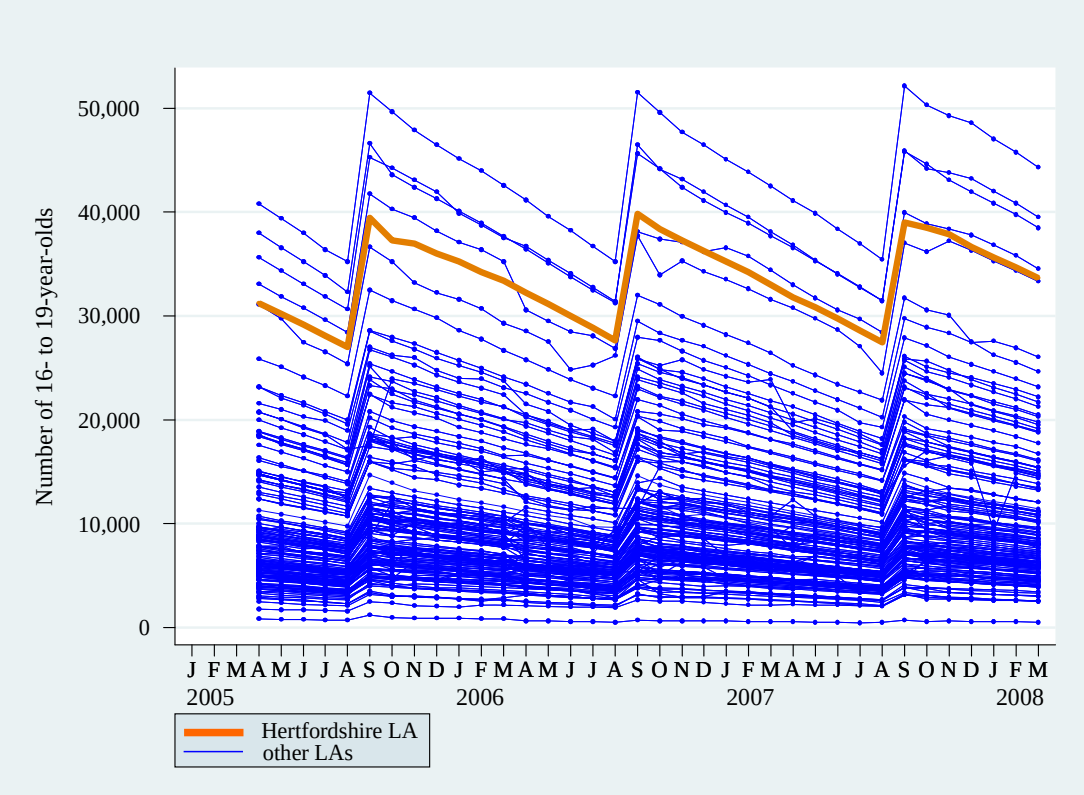


Figure 6.6 - Number of 16- to 19-year-olds by month included in Connexions returns for each LA in England

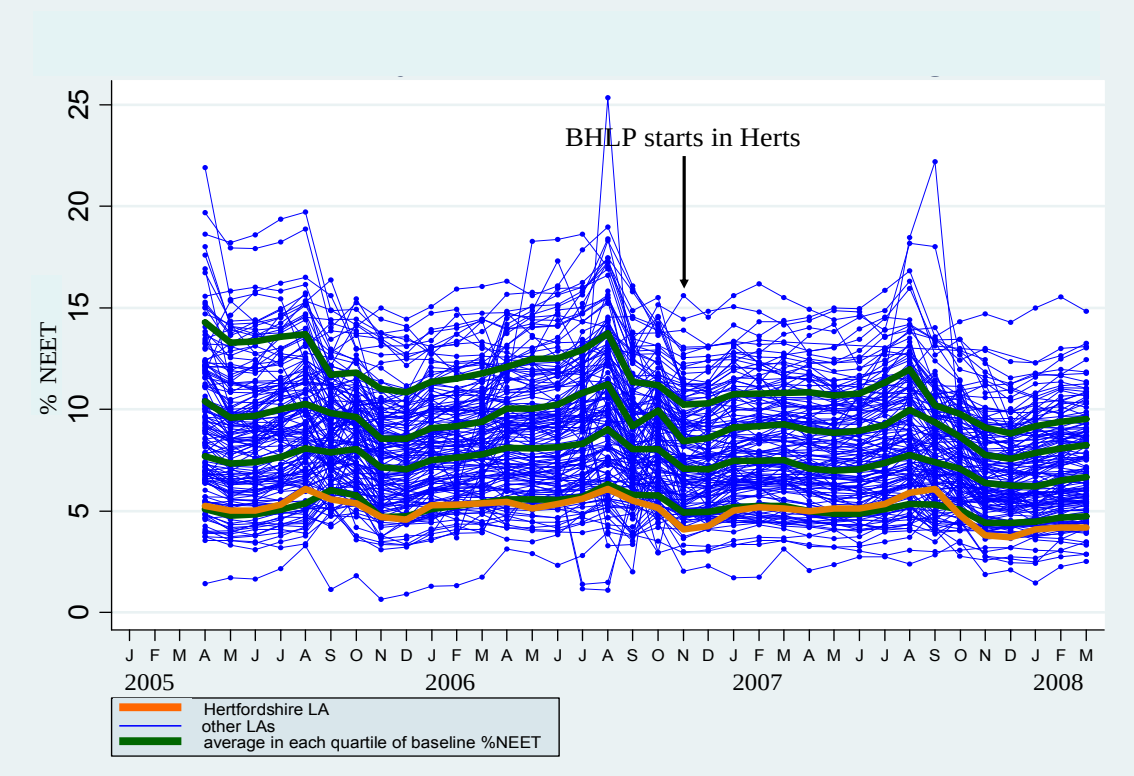


Figure 6.7 - Percentage of 16- to 19-year-olds who were NEET by month for each LA in England

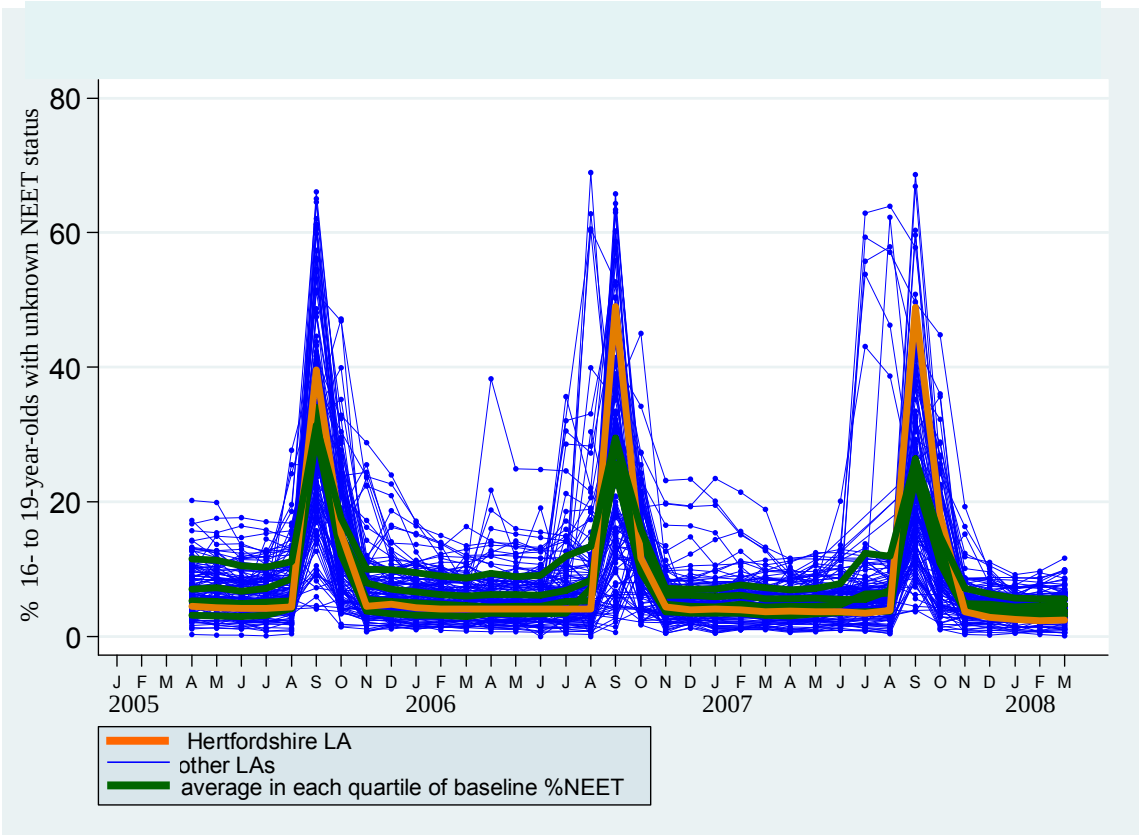


Figure 6.8 - Percentage of 16- to 19-year-olds with unknown NEET status by month for each LA in England

Statistical Analysis: LA-level Analysis

We used linear regression to model the variation over time in the percentage of 16- to 19-year-olds who were NEET in all LAs excluding Hertfordshire. A non-technical explanation of the statistical modelling we undertook is included in Annexe 1. To ensure that LAs with larger populations of 16- to 19-year-olds had more influence on the model, each LA was weighted by the number of young people in the LA, averaged over all the months of the study. We stratified by LA and adjusted for a secular trend over time, seasonal variation and correlation between percentage NEET in the same LA in successive months (i.e. auto-correlation[59]). The LAs were then grouped into quartiles on the basis of their percentage NEET in the first three months of the study (baseline) and the regressions repeated within each quartile. Since the trend of percentage NEET over time was less marked for LAs within the lowest quartile of percentage NEET at baseline (as Hertfordshire was), we restricted further analysis to LAs in this lowest quartile. We then compared the percentage NEET in Hertfordshire before and after initiation of BHLP practice, adjusting for the pattern of trend over time, seasonal variation and auto-correlation found in analysis of the other LAs in the lowest quartile. We conducted a sensitivity analysis, assuming in turn that BHLPs started in each successive month of the study between June 2006 and March 2008, and assessing whether the average of residuals between observed and expected percentage NEET was significantly different before and after these presumed start dates.

[59] Auto-correlation arises in a series of observations of a variable in time, where the measurement at any one moment in time is influenced by preceding values; NEET proportions are likely to be higher in any given month if the previous month's figures were higher than normal.

Findings from the LA-level Analysis

Regression analysis of LAs: national trends

Regression analysis of all LAs showed a significant trend of percentage NEET, both unadjusted and adjusted for seasonal variation and auto-correlation, decreasing over time. Before adjustment, the average reduction in percentage NEET between April 2005 and April 2008 was 1.5 (95%CI: 1.4 to 1.7 36 times the monthly change reported in Table 6.11). However, because many of the same young people are recorded in successive months in each area, this unadjusted estimate of the trend over time is likely to over-estimate the underlying trend. After adjustment for auto-correlation and also for seasonality, the average reduction in percentage NEET during the study period was 0.5 (95%CI: 0.36 to 0.54).

Table 6.11 - Trend over time in percentage NEET in local authorities

LAs by quartile of baseline %NEET	Unadjusted		Adjusted for auto-correlation		Adjusted for seasonality and auto-correlation	
	b	*confidence interval (95%)*	*b*	*confidence interval (95%)*	*b*	*confidence interval (95%)*
Top quartile	-0.100	-0.108 to -0.093	-0.031	-0.037 to -0.024	-0.026	-0.032 to -0.020
Second highest quartile	-0.047	-0.054 to -0.039	-0.017	-0.023 to -0.011	-0.013	-0.019 to -0.008
Second-lowest quartile	-0.031	-0.037 to -0.026	-0.012	-0.017 to -0.008	-0.011	-0.015 to -0.007
Bottom quartile	-0.012	-0.017 to -0.008	-0.007	-0.011 to -0.003	-0.006	-0.010 to -0.002
All LAs	-0.042	-0.046 to -0.039	-0.015	-0.018 to -0.013	-0.013	-0.015 to -0.010

Note. b indicates change in percentage NEET in one month.Negative values of b indicate a reduction in percentage NEET.

Regression analysis by quartiles of baseline percentage NEET confirmed the auto-correlation with percentage NEET in the immediately preceding month and showed that LAs that had a lower percentage NEET initially had less marked decreases over time, as Table 6.11 indicates.

Regression analysis of LAs in the lowest quartile of percentage NEET

Since the trend of percentage NEET over time was less marked for LAs that were within the lowest quartile of percentage NEET at baseline (as Hertfordshire was), we restricted further analysis to the 37 LAs that were in this lowest quartile. This list includes six BHLP pilots and one of our comparator local authorities. The total numbers of young people registered each September in LAs in this quartile were 567,128 in 2005, 580,637 in 2006 and 577,581 in 2007.[60] In Hertfordshire, the average percentage NEET was significantly (p = 0.006) lower after the introduction of BHLPs in November 2006: it was 5.3 per cent before and 4.8 per cent after. However, after applying the pattern of trend over time, seasonality and auto-

[60] The 37 local authorities were: Bath & NE Somerset, Bromley, Buckinghamshire, Cambridgeshire, Cheshire, City of York, Devon, Dorset, East Riding, Gloucestershire, Hampshire, Hertfordshire, Isle of Wight, Kingston, Leicestershire, Lincolnshire, Norfolk, North Somerset, North Yorkshire, Nottinghamshire, Oxfordshire, Poole, Richmond, Rutland, Shropshire, Somerset, South Gloucestershire, Surrey, Sutton, Torbay, Trafford, Warwickshire, West Berkshire, West Sussex, Wiltshire, Windsor & Maidenhead and Worcestershire.

correlation found in LAs in the lowest quartile of percentage NEET to Hertfordshire, we observed no significant difference between percentage NEET in Hertfordshire before and after the initiation of BHLPs (p = 0.49). The reduction in percentage NEET in Hertfordshire following the introduction of BHLPs was completely explained by the trend of percentage NEET decreasing in all LAs in this quartile, and by seasonality. Since our assumption that the start date for BHLP in Hertfordshire was November 2006 may not have been accurate, we conducted a sensitivity analysis, assuming in turn that BHLPs started working in each successive month of the study between June 2006 and March 2008. We first calculated the monthly differences between the actual percentage NEET in Hertfordshire and that predicted on the basis of national trends in the lowest quartile of percentage NEET (Figure 6.9).

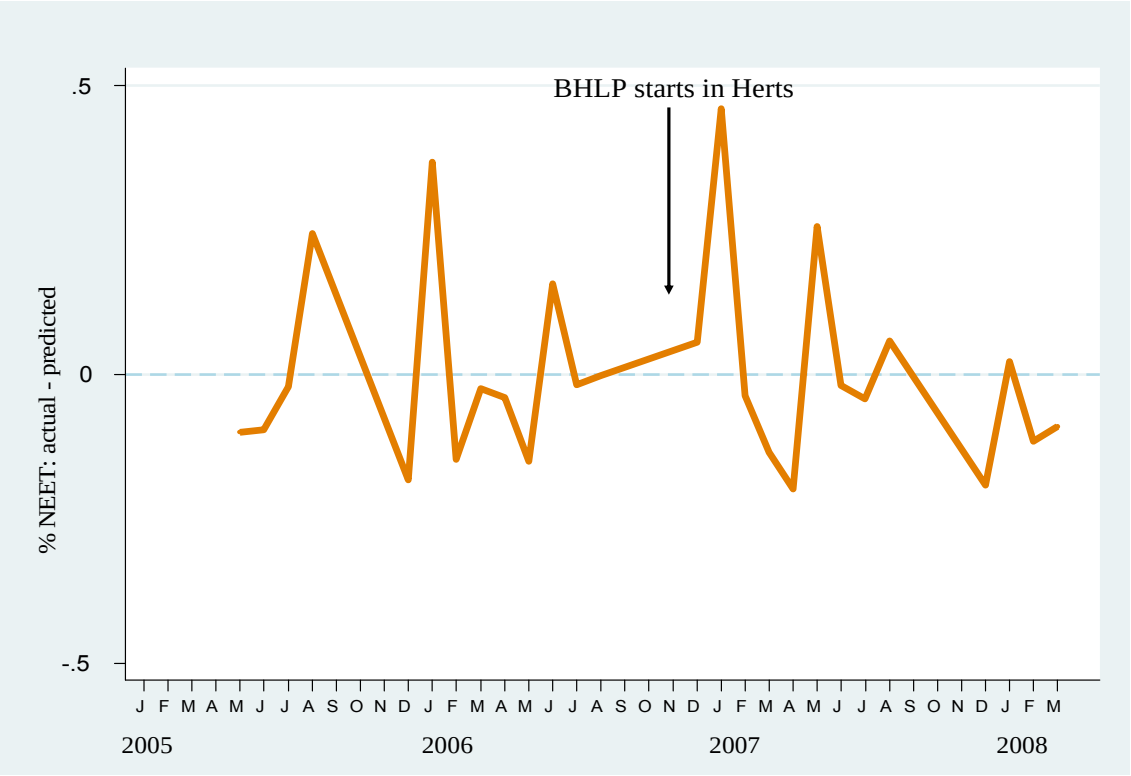


Figure 6.9 - Difference between actual and predicted % NEET in Hertfordshire LA

We then assessed whether the average of these monthly differences before and after each presumed start date was different. We found no significant differences for any of the presumed start dates. In Figure 6.9, values above zero indicate that the actual percentage NEET in Hertfordshire was higher than we might have expected from national trends; values below zero indicate that it was lower than expected.

Statistical Methods: Analysis of Hertfordshire Districts

We then analysed percentage NEET in the ten districts within Hertfordshire, imposing the pattern of trends over time, seasonal variation and auto-correlation found in analysis of the other LAs in the lowest quartile. We did this by generating the percentage NEET expected in Hertfordshire districts on the basis of the national pattern in the lowest quartile, and calculating the difference between the observed and expected percentage. Then we included in turn, as possible explanatory variables, the levels of BHLP activity in each district in the previous month, and the levels in each of the two months before that.
The BHLP activity for a district was calculated as 100 times the number of young people who were assessed that month and who subsequently received a BHLP intervention, divided by the average of the total number of 16- to 19-year-olds recorded each September for that

district. This measure provides an estimate of the proportion of young people receiving a BHLP intervention, expressed as a percentage. We performed sensitivity analyses, excluding data from September and October, when the NEET status of a large proportion of the young people was unknown.

Since data for the ten Hertfordshire districts came from a different source from that supplying the data for LAs and were not adjusted for the number of young people whose EET / NEET status was unknown, we first investigated how closely the district-level data followed the nationally reported data for Hertfordshire as a whole. We summed the number of young people who were NEET in all ten districts, assuming that all those with unknown status were either EET or NEET, or that the proportion of NEETs among the unknowns mirrored the proportion of those with known NEET status. The first assumption (that all young people with unknown NEET status were EET) yielded a percentage NEET that was very close to that calculated from the adjusted data reported for each month for Hertfordshire LA, the only noticeable difference being a small discrepancy in September 2007. The second assumption (that all young people with unknown NEET status were NEET) yielded a percentage NEET that was consistently higher than that estimated from the adjusted Hertfordshire LA data, and had very large peaks in September of each year. The third assumption (that the proportion of NEETs among the unknowns mirrored that of those with known NEET status) yielded a percentage NEET that was very close to that estimated from the reported data for Hertfordshire, except that it was markedly higher in September of each year. In order to use data for Hertfordshire districts that were consistent with the national data, we therefore assumed that young people in Hertfordshire districts who had unknown NEET status were EET. The monthly variation in percentage NEET in Hertfordshire districts was similar to that in LAs in the lowest quartile of percentage NEET, with falls from August to November in most districts in most years (Figure 6.10).

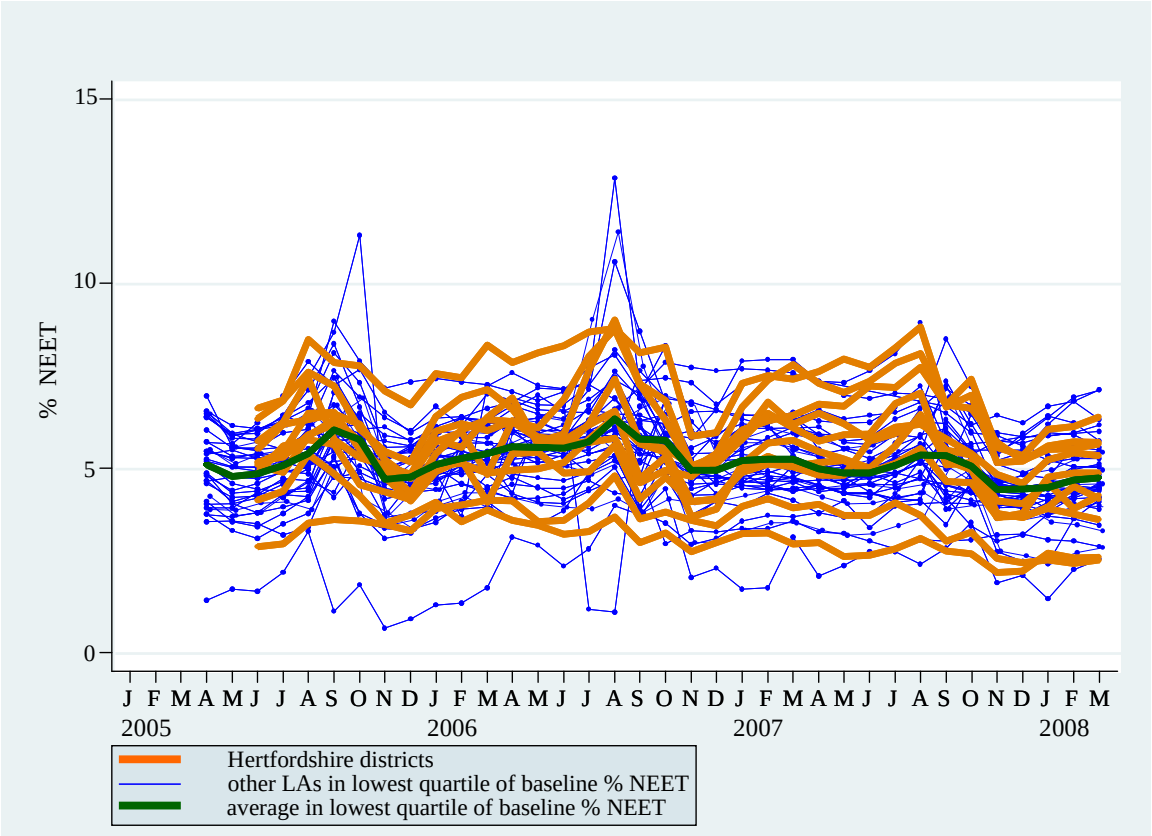


Figure 6.10 - % NEET by month for LAs in lowest quartile of % NEET at baseline and for each district in Hertfordshire

For each district in Hertfordshire, we estimated the difference between the percentage NEET actually recorded and the percentage NEET that would be predicted in each month if Hertfordshire followed national trends (secular trend, auto-correlation, seasonality) in other LAs in the lowest quartile of percentage NEET: this difference is shown in orange in Figure 6.11. We also estimated the level of BHLP activity by month (shown in green in Figure 6.11). If percentage NEET in Hertfordshire were unaffected by any local factors, we would expect the difference between the predicted and actual percentage NEET to fluctuate at random around zero. If BHLP practice were effective in reducing percentage NEET, we would expect the difference between the predicted and actual percentage NEET to fall some time after BHLPs started working - and to fall by more than the random fluctuations. If such a trend occurred we would expect it to be more marked if there were a higher level of BHLP activity in the district. No districts showed any clear evidence of such a trend. In Figure 6.11, values above zero indicate that the actual percentage NEET in Hertfordshire was higher than expected from national trends; values below zero indicate that it was lower than expected.

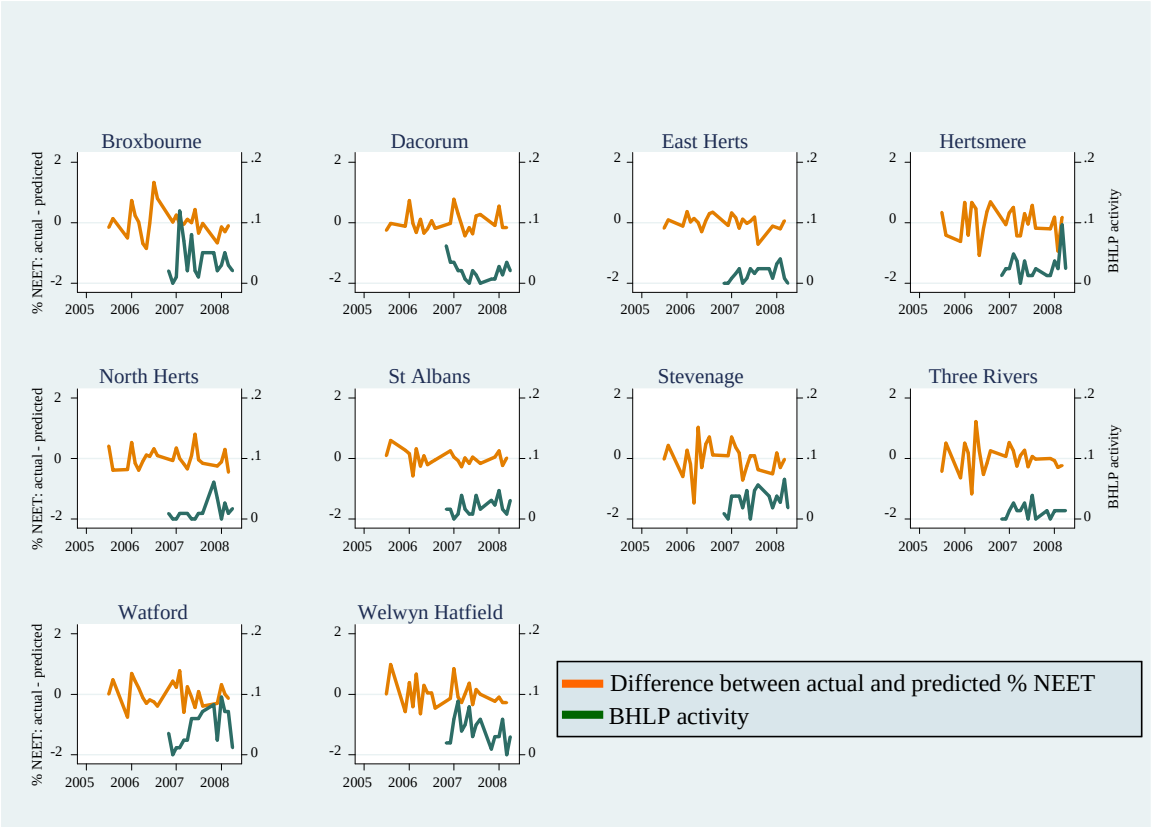


Figure 6.11 - Level of BHLP activity and difference between actual and predicted % NEET in each district in Hertfordshire

In an unadjusted analysis, the average percentage NEET was significantly ($p<0.001$) lower in Hertfordshire districts after the initiation of BHLP practice (by 0.47 percentage points, 95%CI: 0.30 to 0.63) and percentage NEET was significantly lower ($p<0.001$) if BHLP activity in the previous month was higher (Table 6.12).

Table 6.12 - Association between % NEET and BHLP activity in Hertfordshire districts

	Unadjusted			Adjusted for national trend in % NEET[1]		
	b	*confidence interval (95%)*	*Sig (p)*	*b*	*confidence interval (95%)*	*Sig (p)*
Before/after introduction of BHLP[2]	-0.5	-0.63 to -0.30	<0.001	-0.10	-0.26 to 0.07	0.21
Association with BHLP activity						
In previous month[3]	-7.9	-11.6 to -4.1	<0.001	-2.6	-5.5 to 0.4	0.08
In previous two months[3]	-9.1	-12.8 to -5.3	<0.001	-1.7	-4.8 to 1.5	0.27
In previous three months[3]	-7.1	-11.1 to -3.2	<0.001	0.4	-1.9 to 2.0	0.96

[1] Adjusted for national trend in percentage NEET in LAs that were in the lowest quartile of percentage NEET in the first three months of the study.

[2] b indicates change in percentage NEET before/after introduction of BHLP working in November 2006; negative values of b indicate a reduction in percentage NEET after introduction of BHLP.

[3] b indicates change in percentage NEET with change of one unit in level of BHLP activity; negative values of b indicate a reduction in percentage NEET with increasing BHLP activity.

We next investigated how the difference between the predicted and the actual percentage NEET was associated with BHLPs: this is essentially the same as an adjusted regression analysis that allows for national trends (secular trend, auto-correlation, seasonality) in other LAs in the lowest quartile of percentage NEET. In this analysis, the difference between the average percentage NEET before and after initiation of BHLPs was very small (lower by 0.10 percentage points, 95%CI: -0.26 to 0.07 after initiation of BHLPs) and not statistically significant (p = 0.21). The magnitude of the association between percentage NEET and BHLP activity in the previous month was much lower than in the unadjusted analysis and not statistically significant (p = 0.08) (Table 6.12). Hence the apparent benefits of BHLP practice in Hertfordshire districts were largely explained by national trends.

Hertfordshire Districts: Sensitivity Analysis

We performed sensitivity analyses, excluding September and October, since the proportion of young people with unknown NEET status was very high in these months. Results were similar to those from the primary analysis, except that the difference between the predicted and actual percentage NEET in Hertfordshire districts was significantly associated with BHLP activity in the previous month (p = 0.01), although the estimate of the magnitude of the effect was similar to that reported in the primary analysis (see adjusted results in Table 6.12). This corresponds to a fall in percentage NEET of one percentage point if one extra young person in every 2.5 receives a BHLP intervention (with 95% confidence intervals from one young person in four to all young people). This association was largely due to the relationship between a higher level of BHLP activity and lower percentage NEET in East Hertfordshire, Hertsmere and Welwyn Hatfield. Nevertheless, the overall association explained only 2 per cent of the variation between the monthly records of percentage NEET in the ten districts.

Influence of the Economic Situation

If an economic downturn had occurred in Hertfordshire, but not in the comparison LAs, around the time of the initiation of BHLPs, the resulting decrease in job opportunities could have cancelled out the beneficial effects of the intervention on percentage NEET. We examined the number of job vacancies in Hertfordshire and in the 36 comparison LAs and

found no evidence of either a relative or an absolute decline in job opportunities in Hertfordshire over the period studied (Figure 6.12).

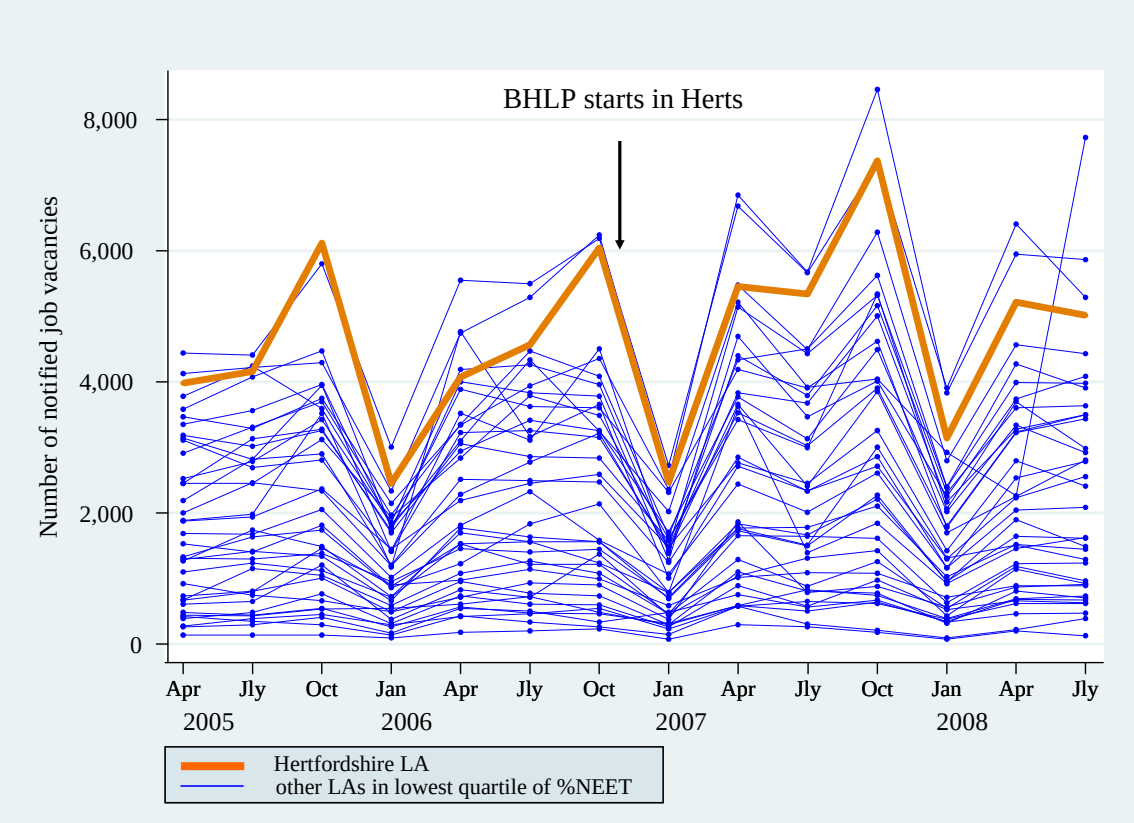


Figure 6.12 - Number of job vacancies by quarter in each of the LAs in the lowest quartile of % NEET

Summary of Main Findings Relating to Outcomes in Hertfordshire

Throughout England, the percentage of young people aged 16-19 who are NEET varies seasonally and shows a secular trend, decreasing between April 2005 and April 2008. We divided LAs into quartiles based on percentage NEET in the first three months of the study. The percentage of young people in Hertfordshire who were NEET closely followed the national trend for other local authorities that had similar levels of percentage NEET in April, May and June 2005. We found no evidence that the introduction of BHLPs decreased the percentage NEET in Hertfordshire. After allowing for seasonal variation and the secular trend of percentage NEET decreasing over time, we found only weak and inconclusive evidence of any association between BHLP activity and percentage NEET in the ten Hertfordshire districts. At most, BHLP activity explained only 2 per cent of the variation in NEET rates.

It is of fundamental importance to any evaluation of an intervention that the children who received it should be compared with the children who did not. Without such a comparison, no valid inferences can be made about the effectiveness of the intervention. A major strength of the analysis of BHLP practice in Hertfordshire is that it allowed comparison of Hertfordshire, in which BHLPs primarily targeted 16- to 19-year-olds, with 36 other LAs that were similar in terms of their percentage NEET. Only five of these 36 comparison LAs were BHLP pilots and they targeted predominantly under-sixteens; we estimate that around forty over-sixteens benefited from BHLP practice in these five pilots, as against over 700 in Hertfordshire.

Of the 16 BHLP pilots, Hertfordshire was the only LA to concentrate its BHLP effort on a single measurable outcome (NEET status), which was objective and measured consistently

across all LAs. This allowed evaluation of the impact of BHLPs on an outcome which was relevant to the young people assisted, using an appropriate comparison group. In contrast, in pilots that targeted children and young people of all ages, it was difficult to identify an outcome which could be consistently and meaningfully assessed for all.

An evaluation of an intervention is much less likely to generate findings that are due to chance if a large number of participants are included in the study and if they are assessed over a longer period of time. The analysis of BHLPs in Hertfordshire was based on a very large number of young people - approximately 39,000 young people each year in Hertfordshire, compared with approximately 536,000 young people each year in similar LAs - over a three-year time period. It is critically important to any evaluation that data should be available for all - or very nearly all - those who meet the inclusion criteria for the study, which in this case means all young people aged 16-19 who had left school and who were resident in the geographical areas of interest. If data are not available for a substantial - or even a moderate - proportion of the potential recipients of the intervention, this can lead to a misleading estimate of the effect of the intervention. In particular, if the people with missing data differ from those for whom data are available in terms of the outcome of interest (in this case, NEET status), it is not possible to make any valid inferences about the effect of the intervention.[61] Therefore, missing data for even a small proportion of those who meet the inclusion criteria raise doubts about whether the apparent findings of a study might be misleading. However, a major strength of the analysis of BHLPs in Hertfordshire was the low level of missing data: data on the total number of young people and their NEET status were available for 94 per cent of the monthly LA returns collated by Connexions. Examination of the number of job vacancies over the time period of the study showed no evidence of an economic downturn in Hertfordshire relative to other LAs; hence it is very unlikely that the economic situation could explain the lack of impact of BHLPs.

Finally, a major strength of the evaluation was that our statistical analyses of the NEET rate in Hertfordshire allowed for the national trend over time and for seasonal variation. The average percentage NEET in Hertfordshire fell after the introduction of BHLPs, but this reduction was completely explained by national trends: failure to adjust for these trends would lead to erroneous conclusions. Sensitivity analysis, assuming different start dates for BHLPs, confirmed the results of the primary analysis.

Limitations of the Evaluation of Hertfordshire Outcomes

A possible weakness of our analysis was that the measure that we used to quantify BHLP activity may not adequately have reflected BHLP activity and may not have ascribed it to the most appropriate time. We did not have records of the costs of interventions or the date of their receipt, only the date young people were assessed via a CAF. We may have missed some of the benefits of the interventions provided by Connexions by focusing on NEET status. Often outputs that are valued by society are not easily measured. While the primary aim of Connexions is to prepare young people for economic well-being and independence, some of the necessary skills may develop over many years. Addressing low self-esteem and providing counselling and therapy for young people with additional needs may yield benefits that are not captured by their NEET status in the following year.

Ideally, our analysis would have been based on data for each individual, rather than on aggregate data for each LA for each month. Individual-level data, tracking the NEET status of an appropriately selected cohort of young people, with an appropriately matched control group, would have allowed a direct analysis of the length of time young people remained NEET and whether this time period was influenced by BHLP intervention. We were very

61 Schafer, J.L (1997) *Analysis of Incomplete Multivariate Data*, Chapman & Hall/CRC.

disappointed that the Hertfordshire pilot did not proceed with an evaluation, along these lines, that staff had described to us during our scoping visit.

We assumed that all those with unknown NEET status in Hertfordshire districts were EET, an assumption which will tend to underestimate the percentage NEET. This would not matter if the underestimation remained at about the same level over time. However, since Hertfordshire appears to have improved its reporting of NEET status towards the end of 2007, we may have underestimated the percentage NEET in Hertfordshire districts more in the earlier part of the study. It is therefore possible that, following the introduction of BHLPs, there may have been a very small reduction in percentage NEET that we did not detect.

Although the primary analysis found no significant association between BHLP activity and percentage NEET in Hertfordshire districts, sensitivity analysis excluding September and October, when most LAs had a high percentage of young people with unknown NEET status, yielded a statistically significant association between a higher level of BHLP activity and a lower percentage NEET. The difference between the primary analysis and the sensitivity analysis is probably due to two factors:

1. Each September, Hertfordshire recorded an exceptionally high percentage of young people with unknown NEET status (Figure 6.8).

2. The percentage NEET calculated from the district-level data for Hertfordshire was very close to that for Hertfordshire as a whole, except in September 2007, when the former was lower, probably because Hertfordshire improved its reporting of NEET status towards the end of 2007.

It is difficult to infer whether the primary analysis or the sensitivity analysis is a more accurate reflection of the impact of BHLPs in Hertfordshire, since we do not know whether young people who were recorded as having an unknown NEET status were more likely to be EET or NEET. However, the significant association between BHLP activity and reduction in percentage NEET accounted for only 2 per cent of the variation in percentage NEET: other factors must overwhelmingly determine the percentage NEET. Furthermore, a statistically significant association between two factors (BHLP activity and percentage NEET) does not necessarily mean that one factor caused the other: alternative explanations, for example that both factors had changed over time or by mere chance, must be considered. Although the analysis of the association between BHLP activity in Hertfordshire and percentage NEET is inconclusive, it would be rash to conclude that higher BHLP activity lowered percentage NEET, as several alternative explanations of the findings of the sensitivity analysis are plausible.

Comparing Our Findings with Those of the Local Evaluation

A local evaluation of BHLPs in Hertfordshire, undertaken by Hertfordshire University, was completed in April 2008.[62] The evaluation presents data on the change in the NEET rate in Hertfordshire over the period 2002-7. The key finding of the evaluation was described as follows:

> *The BHLP initiative in Hertfordshire has had a strong positive impact on young people, dramatically reducing the number of young people not in education, employment and / or training. (p. 3)*

[62] BHLP Project Team and University of Hertfordshire (2008) 'An illuminative evaluation report'.

This conclusion appears to be based on the assumption that the fall observed in NEET rates following introduction of BHLPs is attributable to BHLP activity. The evaluation reported that 'The NEET rate fell between February 2007 and February 2008 from 5.3% to 4.3%'. Also:

> *The BHLP initiative has been instrumental in reducing the NEET rate by one percentage point, and a significant drop in the number of young people who are NEET has been seen in the original four pilot areas. (p. 17)*

This conclusion - that the fall in percentage NEET in Hertfordshire is a consequence of BHLP activity - is based on the logical fallacy *post hoc ergo propter hoc*. The percentage NEET did indeed fall in Hertfordshire after the introduction of BHLPs, but there is no evidence that it fell *because of* BHLP activity. The Hertfordshire University evaluation did not compare the Hertfordshire experience with that of other areas and therefore failed to recognise that the decreasing percentage NEET in Hertfordshire reflected national trends. Between February 2007 and February 2008, the NEET rate fell in 129 out of the 148 LAs (87%) in England; furthermore, it fell by over 19 per cent - considerably more than it did Hertfordshire - in 32 out of the 148 LAs (22%).

The evaluation also reports on the outcomes for 60 randomly chosen beneficiaries of BHLP intervention and the destinations of 51 young people who had been NEET and were supported by BHLP during the first few months of the pilot. However, neither of these studies compared the outcomes for the young people who were supported by BHLP with outcomes for a similar group of young people who were supported by Connexions PA in Hertfordshire but did not have access to the BHLP budget. The rapid roll-out of BHLP in Hertfordshire may have compromised this opportunity.

Our analysis - and even a simple graph of the variation in percentage NEET over time - shows that the fall in percentage NEET in Hertfordshire was almost indistinguishable from the trend in other LAs which also started with a low percentage NEET. Our comparison of Hertfordshire LA with other similar LAs in England showed no evidence that BHLP reduced the overall NEET rate in Hertfordshire. We found some weak and inconsistent evidence of an association between more BHLP activity and lower NEET rates at district level in Hertfordshire, but this association could be due to chance, to inadequate measures of BHLP activity or to improvements in the reporting of NEET status in Hertfordshire. At best, BHLP activity can explain only 2 per cent of the variation in the NEET rate. Other factors must overwhelmingly determine the variation in the NEET rate.

Reflecting on the Quantitative Analysis

Our quantitative analysis evaluated the impact of BHLP on school attendance and NEET status, outcomes that pertain directly to at least two of the five *Every Child Matters* outcomes. We reflect on the findings from both of these analyses in turn.

Impact of BHLP Practice on School Attendance

We found no evidence of an impact of BHLP practice on school attendance. Our ability to evaluate BHLP practice was seriously compromised by the lack of a comparison group and the poor quality of the data. The original BHLP model, rolled out in 16 pilot LAs, did not have a comparison group, so we were only able to compare the outcomes for those children whose BHLPs used the BHLP funds to purchase goods/services with the outcomes for those children whose BHLPs did not seek any funding for them from the BHLP budget. Children in both groups may have been receiving statutory and/or other service provision which was not paid for out of the BHLP budget. When we looked at school attendance, we found that those children whose BHLPs had accessed the budget for them showed no improvement in school attendance, nor was there any evidence that a decline in school attendance had been

prevented. In summary, then, we found no evidence that purchasing additional goods/services from the BHLP fund was either any more or any less cost-effective than not doing so.

Impact of EBHLP Practice on School Attendance

Our analysis of the refocused BHLP initiative involved a small comparison group of 29 children in two local authorities whose LPs did not have access to BHLP funds. However, these children may not have been representative of children with additional needs, and the information that we needed on school attendance was available for only 17 of them. Comparison of children in the original and refocused BHLP pilots with these children showed no evidence that BHLP practice was better than LP practice in improving poor school attendance in children with additional needs. We found no association between the amount of total expenditure on a child and the child's school attendance at review.

Impact of BHLP Practice on NEET Status

In Hertfordshire, expenditure from BHLP funds was focused on 16- to 19-year-olds. We compared the trend of the NEET rate in Hertfordshire between April 2005 and March 2008 with that in 36 local areas that had similar levels of percentage NEET in spring 2005. Over these three years, there was a national trend of decreasing percentage NEET throughout England; percentage NEET also shows seasonality and typically falls between August and November every year. After allowing for seasonality and for the national trends seen in the 36 local areas with similar initial levels of percentage NEET to Hertfordshire's, we found no evidence that the introduction of BHLPs decreased the percentage NEET in Hertfordshire.

We also considered the relationship between percentage NEET and BHLP activity in each district in Hertfordshire. The percentage NEET predicted from national trends for each month in each district in Hertfordshire was close to the actual percentage NEET. Thus, the percentage NEET in Hertfordshire districts reflected the national trend in areas that did not have a targeted BHLP programme. Our primary analysis found that differences between predicted and actual percentage NEET in Hertfordshire districts were not explained by BHLP activity. However, sensitivity analysis excluding September and October, when the NEET status of a high proportion of young people is unknown, suggested that a higher level of BHLP activity was associated with a lower percentage NEET in the following month; this association could be due to chance, to BHLP activity, to improvements in reporting of NEET status in Hertfordshire, or to other factors that changed over time.

Our evaluation was robust: it considered an objective outcome that is routinely recorded; it compared all 16- to 19-year-olds in Hertfordshire with young people in 36 similar LAs; it covered a three-year time period. This high-quality evidence showed that the variation in the NEET rate in Hertfordshire reflects national trends. As we have shown in this chapter, BHLP activity can explain only 2 per cent of the variation in the NEET rate.

Our analyses did not find any evidence that children and young people who received goods and services via BHLP expenditure had better outcomes, in terms of school attendance or NEET status, than those who did not. These findings need to be interpreted within the limitations we have outlined. The lack of appropriate comparison data in the original BHLP study and the small number of children in the EBHLP comparator group severely limit the inferences that can be made from the findings on school attendance. In Hertfordshire, BHLP may have been beneficial for certain groups of NEET young people, but we were unable to evaluate this as appropriate individual-level data were not available. However, we did have sufficient data to examine the impact of BHLP on the overall NEET rate in the county. We found that the NEET rate in Hertfordshire reflected national trends: factors other than BHLP activity must overwhelmingly determine the NEET rate.

Chapter 7 Making A Difference for Young People and Families

In the last chapter, we presented the results of our various analyses of the cost-effectiveness of BHLP practice. Unfortunately, the lack of robust outcome data made it extremely difficult to assess the effectiveness of BHLP practice, and the lack of information about the whole package of support provided for each child made it difficult to establish costs with any accuracy. It is not surprising, therefore, that our statistical modelling did not find any evidence that BHLP practice is more cost-effective than LP practice.

In this chapter and the next, we focus on the findings from the qualitative data available from interviews with children and young people and their parents and BHLPs, and from an e-survey of all the practitioners and managers involved in the BHLP pilots. Qualitative analyses serve a different purpose and are based on different assumptions from quantitative analyses, but they can help us to understand and explain the findings from the quantitative study. By providing a more descriptive account of the impact of BHLP practice they allow us to explore benefits and outcomes which manifest themselves in more subtle ways, which may not be amenable to quantification.

In any evaluation of a new policy initiative it is critically important to seek the views of those who experience it, either as providers or as recipients. Accordingly, we deemed it important to talk first-hand to some of the children and young people and their parents / carers about their experience of having a lead professional who had been designated as a budget-holder. As we indicated in Chapter 3, we selected three pilots as case-study areas for our in-depth work and began interviews in one of them during the summer of 2007. These initial interviews, however, indicated that the standard model of BHLP practice was unlikely to constitute a shift in the way families were engaged with their lead professional or with a particular service, and so we decided to focus our attention principally on families who had been allocated an EBHLP in the refocused model of practice. We spent time in each of three pilots that had opted to implement the refocused model and endeavoured to understand families' experiences of EBHLP practice. Because the refocusing occurred late in the study period, we were not able to do follow-up interviews, so we captured the families' perspectives just a few months after the EBHLPs had begun their new model of practice. Because there were fewer EBHLP families available for interview than we had hoped, we asked BHLPs in the same three areas to secure consent from families who had experienced the standard model of BHLP intervention. We believed that not only would this boost the interview sample but that it would also provide some element of comparison. We also interviewed one family and the EBHLP involved with it in another EBHLP pilot area.

We asked all the parents and children about the interventions they had received or were still receiving, focusing on how their needs had been assessed, how the budget had played a part in service planning, and how they felt things had changed for them as a result. We also spoke to their BHLPs or EBHLPs to gain their accounts of working with these specific families. In this chapter, we explore the experiences of the families during the BHLP pilot in order to gain some insight into the ways in which E/BHLPs had engaged with them and how the practitioners' access to or holding of a budget had impacted on the families. We were aware that pilots had been presenting case studies to the DCSF, which indicated the positive impacts perceived by practitioners and families involved in the BHLP pilot. As a result, there was a strong sense within the pilots that budget-holding had been a complete success, but we strongly suspected that what was being appreciated most was the availability of additional funding rather than a radically new way of working with children with additional needs. We wanted to explore the extent to which this was the case and to determine whether families regarded the refocused model of BHLP practice as a significantly new approach and one which they valued. We were not in a position to sample

families for interview in order to ensure a representative group of families. It is always important, therefore, to interpret qualitative findings with due caution. This was a relatively small sample of families, who were not necessarily typical of all the families in the pilot areas. Their insights, however, enable us to understand the positive impressions of BHLP practice held by the pilots and to explore the factors which had seemingly made a difference in the lives of those families. There are issues relating to the sustainability of positive impacts, however, which need to be addressed in terms of future policy in this area.

In this chapter we present verbatim many of the conversations we had with family members. The extracts have been selected to illustrate the key themes which emerged from our analyses of the interviews. All the names of family members have been changed to protect their confidentiality. In Annexe 3 we provide a brief pen-picture of each of the families.

The Additional Needs of the Children and Young People Interviewed

The families in our interview sample had a broad range of risk factors at the time of referral, including debt and social exclusion, having children with disabilities or special educational needs, teenage pregnancy, parental substance use, physical and mental health problems, and histories of domestic violence. Practitioners noted that boys in particular exhibited challenging or disruptive behaviour at home or with their friends. Boys were described as 'angry', 'impulsive', 'aggressive', and so on. Roy, aged 10, for example, was seen as a 'difficult lad'. His parents told us:

> *Roy had been getting himself into trouble in the street. It was more 'cos of an ex-friend. She made a deal out of something which was not a big deal, the police got involved, social services became involved. They didn't see the problem, but to keep Roy out of trouble he was referred to the [YISP] project.*

Kevin's BHLP, a child and family support worker, described Kevin as being 'angry' all the time. Kevin recalled:

> *[The BHLP] said that she was going to help me calm my anger down, and she was going to help me and put me into things ...*

Four of the boys, Kieran, David, Paul and Roy, were all described by practitioners as engaging in antisocial behaviour in their neighbourhoods, some coming to the attention of the Youth Offending Service. The referral for one of these families had included four pages detailing their offending behaviour. Morten was causing concern through substance use. His mother told us there had been

> *a lot of arguing, a lot of fighting going on. Morten taking cannabis, not listening to us. A very big strain really.*

Pete (aged 16) told us that his gambling and staying out had created problems in the household. Two young people whom we did not interview were described by their practitioners as having engaged in inappropriate sexual or sexualised behaviour. Other children in the sample, such as Jez (aged 6), Robert (aged 15) and Jo (aged 14), were described by their parents and practitioners as having problems socialising or making friends, with the associated low self-confidence and self-esteem. Jo herself said of her referral:

> *I suppose it was 'cos of my behaviour and … getting sent out of class, taking my anger out on someone else …*

The behavioural problems of a few children were contextualised in terms of a specific disability or learning difficulties: Frank, aged 12, for example, had a problematic diet and hygiene regimen.

Problems at School

We were told that many of the children had been referred following problems at school. In some cases, the issues were around non-attendance: Kieran and David, for example, had stopped going to school, which Kieran described as 'horrible'. Kevin was walking out of school frequently and had received two temporary exclusions in the past. He told us that he used to get angry

> *because there was this child in school and I was never getting on with him, and he keeps winding me up.*

For Eva, aged 14, drinking and self-harm were key concerns. Her EBHLP described her as having developed a phobia about going to school. Her mother noted that her school was now trying to help 'people like her who have trouble going into classrooms', but said that at the time of her referral she had felt less able to monitor her daughter's situation:

> *She was very emotional at the time, but I didn't really pick up on it then, when I should have, you know, as a parent. 'Cos I was going through bad patches, so basically, no, I didn't notice … until later on.*

Other children were described as displaying disruptive or violent behaviour in the classroom or playground. Jez's EBHLP (a social inclusion manager) said that Jez demanded excessive attention in the classroom. His mother told us:

> *That's really one of the reasons why they referred him for extra help … In a group situation he finds it quite hard to take his turn, to sit and be quiet, because he wants to talk all the time, he wants to tell everybody what he knows.*

Justine's EBHLP (a learning support worker) told us that Justine had been involved in an incidence of arson on school premises. In the case of other children, such as Pete and Molly, the concerns raised related to their falling behind in their academic performance.

Health Issues

Several of the children's problems had arisen from a diagnosed health condition, or one that was undiagnosed. Practitioners told us that three boys in the sample had Asperger's syndrome and five had attention deficit disorder (ADD/ADHD). Barry, whose family we did not contact, suffered from epilepsy. Daniel, aged 13, and Simon, aged 5, were severely disabled: Simon had a rare terminal condition, and another child, Mona (aged 11), had been diagnosed with leukaemia. Some BHLPs stated that one or other of their cases 'needed CAMHS' intervention or had raised concerns about learning difficulties: Molly, for example, had been viewed by her parents as in need of assessment for special educational needs at the time of her referral. Some parents also had health conditions such as osteoporosis or Obsessive Compulsive Disorder. Practitioners and parents pointed to these health issues not as conditions to be addressed through BHLP intervention *per se*, but as stresses creating concomitant problems in the lives of the children that needed to be tackled. For instance, Simon's condition was found by the EBHLP to be impacting on his brother's life at school. Simon's mother told us:

… James plays football. I'd like to go and watch James without, you know, people staring at my other son. Do you know what I mean? And be able to have the normal life.

David's parents found themselves unable to deal with problematic behaviour, either within the house or in the neighbourhood, attributable to his Asperger's syndrome:

… the noise from him was just unbelievable. Half past seven yesterday morning he was kicking off asking for Ribena when he was told that there wasn't any Ribena … he'll kick off and he'll open all the windows and all the doors, and so everybody outside could hear. It's just so, so hard to try and keep him quiet and that. We've got no control over him. (David's father)

The practitioners in Gloucestershire and Gateshead linked a perceived lack of basic household items to the basic needs of the children, or to the specific problems that had arisen for them. One child, who was frequently incontinent, was being harassed at school because he was smelly: his mother had been unable to afford plastic sheets or a replacement mattress. Others made similar causal links, some stronger than others:

So even things like the kids aren't wanting to attend school, or they're getting bullied at school because they don't have the uniform ... Or the dogs are getting out because they can't afford to put any fencing around, or they can't get it repaired. Or they don't have enough room in the houses, because a lot of the families I work with have five or six kids. (David's EBHLP)

Later on, [Jason's] mum also recognised she needed a cooker and a washing machine, because the main oven wasn't working, and the washing machine sounded like it was going to take off at any given moment, to the point where we had to shut the door because we couldn't even hear ourselves kind of talk, really. So I applied for a charity and kind of paid a hundred pounds out of BHLP for those bits … if you can't cook for a family of five, you can only cook beans on toast or whatever. That can also add to stress. (Jason's BHLP)

Family Problems

As we have noted earlier in the report, the difficulties many of the parents were having, alongside those of their children, were highlighted by practitioners as having been a concern at referral. Since practitioners mostly described their engagement at a parental level as wholly or principally with mothers, these issues were largely voiced in relation to mothers. A few mothers were described as having mental health issues or depression. Kieran's mother was suicidal at times and Paul's mother was described as 'needy' and 'self-medicating', to the point of being unable to function. She herself told us that the EBHLP had helped her

get back on track. I'd gone off the rails - not drugs or drink or anything like that, because I don't… I do take drugs, but they're medication.

Other mothers were described as being overwhelmed by stress. Like the young people, mothers were often described by the E/BHLPS as having low self-esteem or low self-confidence and, particularly, as having very limited ability to impose discipline on or control their children. The practitioners described many parents as not knowing what to do or as being unable to cope, and also as being prone to negative or poor parenting, which they saw as a major issue to be addressed:

… the biggest problem was that mum was seriously depressed and, therefore, whatever we would put in, if mum can't drive it then she's always going to be dependent on outside services and that was the biggest issue. (BHLP, social worker)

Justine and Jo's mother, for example, was described by their EBHLP as spending most of her time 'tearing about', and very little of it with the children, while Will and Barry's mother was described by the EBHLP as being highly critical towards her children. Parents of children with disabilities were generally described as coping to a greater extent, but were still viewed as being at risk of excessive stress:

What she [Simon's mother] was doing, basically, was dealing with all the hospital appointments and getting people off to school and dealing with all of those kind of things, and then just wanting to crawl under the duvet or cry and scream, and potentially become quite ill. (BHLP, social worker)

Simon's mother imagined that if Simon had not been allocated to a BHLP she would have been unable to cope. She told us:

… long-term I could be really depressed by now and … in a bad, in a horrible place to be.

As well as concerns that were specific to individual parents, most BHLPs and EBHLPs identified concerns with family relationships. Ten of the families had a history of domestic violence or abuse. Jason's mother, for example, said that her sons had witnessed extreme incidents, and mentioned their father's attempt to kill her when living at their previous address. Several children, such as David (aged 12), were living in very chaotic households:

[I] walked into the family home - lots of swearing, lots of kind of physical violence, hitting, and the family dynamics were just very erratic, I think. I'd been told by other agencies that they'd never seen a family that was so violent. I remember I rocked up for my first meeting, and two of the boys were literally throwing mugs at each other's heads, and had a scrap on the floor, where the parents just let them carry on fighting. And I ended up being a social worker, kind of stepping in and trying to drag the kids apart, because things were going everywhere. (David's EBHLP, social worker)

Parental drug or alcohol use was mentioned in relation to three children. Some practitioners identified other issues arising from parental separation. Practitioners regarded it as essential to address these parental problems alongside the problems identified in respect of the children. Morten's cannabis use, for instance, was thought to be exacerbated by visits to his father's house, while Kevin's bad behaviour was attributed by his BHLP to the boy's concerns about whether the pattern of abuse in his family had been dealt with. In Paul's case, his mother's ability to function as a parent was the central focus of intervention by the EBHLP.

Multiple Deprivation

In Gateshead and Gloucestershire, all but one of the practitioners highlighted poverty in families which lacked basic amenities:

[BHLP spend] is often for quite basic things you know, but other grant people didn't give that. It was for the basics in life really ... (BHLP, YOT prevention worker)

The houses of many families were described as being shabby or in poor repair, and as lacking basic furniture or furnishings such as beds, washing machines, cookers, vacuum cleaners, carpets, curtains, sofas, fireguards and safety gates. Some mothers had had to leave most or all of their goods behind when escaping violent or abusive previous relationships:

… because she had been a parent who was a victim of domestic abuse and so on, and they had fled the family home and had nothing, it was bedding - to get adequate bedding and beds for the children … Because they were literally living out of one suitcase. (BHLP, Tenancy Support Assistant)

Many families were described by their E/BHLPs as having no money available for family outings, or for travel to services to which parents were referred, and several families were unable to pay for items of school uniform. We were told by practitioners that some families, such as Jamie's and Paul's, had amassed significant debts. Jamie's mother told us that before meeting her BHLP she had tried to get help with debt problems:

I tried, like, debt collector, debt places and debt people, but they just tried to help me manage my money - do you know what I mean? But I didn't have any money to manage at the time, so it was like forty pounds a week, it was gone before I even got it. It's nothing trying to run a house, trying to have nappies for baby, and it's not going to work …

Esther and Maria's BHLP (a youth and community learning worker) told us that in their cases 'the main issue was around finance', and she had been concerned that they might sink into debt trying to address their situation:

I've heard that a lot of people actually put in for a community care grant, and they get refused a grant and they get offered a loan from the social fund, so, therefore, they're actually paying it back - it comes out of their benefits every week. And I know it may only be something like seven pounds a week, but when you're not getting a lot then it is quite a lot ... I think the BHLP fund's prevented them from getting into debt. (BHLP)

Maria, a teenage mother, recalled that her BHLP had been keen to avoid her taking out credit:

It's where you can get your fridge and washer and, like, pay weekly, and I was going to do that, and [the BHLP] was 'Oh you don't want to do that in your first place, especially with you being so young and stuff'. She was like 'I'll help you, just bear with me'…

Previous Involvement with Support Agencies

Many of the families in our sample had been involved with other services in the past, or were receiving support at the time of the allocation to an E/BHLP. Only Molly's EBHLP said that there had been no previous history of service involvement with her family. As regards the majority of families, the decision to allocate them to a BHLP had been made on the grounds that the existing support was not sufficient. For instance, although Paul's mother had been receiving family support this was from a service offering only short-term involvement, and her social worker felt that the family needed longer-term intervention. Some of David's family were involved with a young carers service, but this was not addressing the needs of the whole family.

The BHLPs in all three of the case-study pilot areas mentioned families who had been involved with CAMHS and the education welfare service. Roy's BHLP (a YOT prevention worker) noted that CAMHS had been resistant to involvement in a TAC, as it had previously closed his case:

… and so we tried to engage with CAMHS, tried the child and family unit. They were saying 'No, no, we've had this family before, they didn't engage, they've had a lot of input', blah blah blah, but I think we were feeling that this little lad needed - we had to push that a little bit, so we had another meeting.

Brian's mother told us that in the past she had tried everything:

> *I've done everything I can for him. If it meant getting in touch with half of [the region] I did. He had the psychologist, he had all sorts of things.*

Some E/BHLPs also pointed out that families had already been on the books of their own service when they had been identified as a BHLP or EBHLP case. The EBHLPs, in particular, noted that most of their families were or had been involved with social services. Kieran, aged 13, for example, had been in care for six months prior to his referral; and Robert's EBHLP told us that the family had been involved with social services for 20 years. David, aged 14, and his siblings were on the Child Protection Register:

> *David was lighting fires, and social services … kept saying 'We can't do anything', and they made a referral themselves … (David's father)*

In Gloucestershire, many of the families had been allocated to a BHLP via a 'step-down' CAF at the time social services were closing the case. Kevin's BHLP, for example, pointed out that, although Kevin's behaviour was still thought problematic enough to warrant referral, the high level of risk within his family should have been addressed from the social services' point of view:

> *The stepdown CAF they take from the core assessment, but I get the feeling that they only take the bit from the core assessment that social services say doesn't meet their criteria, because I'm only hoping that the bigger things that they actually went to Social Care with were dealt with and actioned. (BHLP, child and family support worker)*

Some children had been taken off the Child Protection Register but still had a social worker monitoring their case. Others were regarded by their BHLP as being at risk of being taken into care without BHLP intervention. Justine's mother told us:

> *Before that [BHLP], I did have social services involved, because I went a little bit crazy at one of my daughters because of things that she was doing, and social services were involved and they said that they'd keep in touch, but they never did …*

Eva's mother noted that the family had been 'under social services' seven years previously in another area, although their case had been closed. Ayesha's grandmother pointed out that Ayesha's sister, but not Ayesha herself, had previously been involved with social services.

Jez's mother had recently moved back from America and told us:

> *… to me the whole school system is completely new. This is my first child to be in school. I don't know what to expect, how things work, and it's a whole learning curve for me as well. I don't know who I'm supposed to speak to, how I'm supposed to get feedback.*

The allocation of a BHLP to Frank, aged 12, was the first time the family had received support other than medical help:

> *… he's just obviously always been assessed, and then I have an appointment to go and see the doctor, or he might have a medical, or go and see his teacher like an annual review, that kind of thing - never actually had a case worker.*

Pete's mother told us that she regretted not having received help earlier:

> *Before I met my partner I was a single parent, and I always wished there was somebody that I could talk to and tell them about all my problems. And if I could have had that when I was single and on my own, I would have had somebody there for me. All right, you get a health visitor, but after a certain age, four or five, they don't want to know, because your kids are growing up, and then there is nobody.*

The Role of the E/BHLP

Families generally understood the EBHLP's role as being to help them to access a range of suitable support, in addition to any support they themselves provided. One young person, Eva, told us that her EBHLP had

> *put us on the right road, 'cos we were everywhere. Basically, to get us back on track and start respecting each other and get me back to school and sort out my issues.*

Some parents, particularly those whose problems principally centred on their child's disability or diagnosed learning difficulty, hoped that BHLP intervention would help them to reach or liaise with services they had already tried to access but had been unable to, such as CAMHS, social services, or their child's school. Other parents told us that certain services had been suggested to them by the BHLP. Parents tended to see their E/BHLP as engaging with the household, while some younger children thought their practitioner worked primarily with their mother or with both of their parents. The E/BHLP was usually seen as someone who would 'get the ball rolling', galvanising other services into assisting the family and co-ordinating their efforts:

> *I had been up to school, but [the EBHLP] was the main one who was getting everyone there to deal with it. (Eva's mother)*

> *[The EBHLP] will phone up and try and be an in-between person, try and sort the problems out. (David's father)*

Assessment

Daniel's mother described the initiation of their intervention vividly:

> *It all seemed very much in the balance whether we were going to get any help at all. That's how it felt to us anyway … we were worried about it and obviously we were under a lot of other stresses, so, initially, the impression I had was that 'we may not be able to do anything with you - I just want to ask you a few questions just to see if there was anything we can do to help, whether you do fall into our … if you meet our criteria - you know, if you've got enough problems', basically. And you find yourself really wanting to see your life in a positive light rather than think about all the problems, but to a certain extent you have to go through and think about the worst aspect, well, the day-to-day aspect of things anyway …*

Some of the parents we interviewed understood that they had completed an assessment called 'CAF', or referred to the intervention itself as 'CAF-working'. Others, some of whom pointed out that they had been assessed on previous occasions, were not clear about the details of the assessment procedure:

She came out and she asked us a few questions and she done quite a few bits and bobs and done like a questionnaire thing. I can't remember exactly what the questions were. (Esther, teenage mother)

Many young people and parents could not recall there being an assessment, or were not sure, or remembered only that there had been some questioning at the start of the intervention; some with a history of service involvement said that it was hard for them to recall any one assessment among the many they had received.

Parents and practitioners we spoke to described reaching a consensus over the needs that were identified, though family members were not usually specific about what these had been. A few parents described specific help they had hoped for when accepting the intervention, such as childcare, or objectives such as seeing their child back in full-time education. Molly's mother, for example, was certain that her daughter required assessment for special educational needs but had not been able to bring this about herself. Ayesha's grandmother was very concerned that, following arguments at school involving racist comments, Ayesha's attendance was deteriorating; she wanted this situation resolved and her granddaughter to go back to school full-time to achieve her academic potential. Several parents stated that they had been happy to complete the assessment because they had 'nothing to hide', although a few expressed reservations. Jamie's mother recalled that it had felt quite revealing

actually speaking about and telling somebody about it - it's like kind of scary doing it … and I felt a bit funny doing it, having to explain to a stranger - 'cos I didn't know her then - all about my problems and everything else.

David's father had found representing the family's needs on a form challenging:

To write down things about yourself is quite difficult, you know - you can't get everything you want somebody to know on a piece of paper without actually personally getting to know them. It's easier to see a person than actually to read about a person. At the end of the day it's just paper - like writing on a paper's more like just a description, not the actual picture.

All the parents, nevertheless, accepted the assessment as a useful basis for the intervention, typically describing it as 'fine', while some felt very positive about it. Robert's mother, for example, told us:

I can't remember exactly what they said, but it was a nice in a way, 'cos I've got three boys. They would say nice things … - the children are nice, they're polite, blah blah blah - and it was a [reaffirmation] to me that I was doing the right things and not the wrong things. So … it was the total opposite to what I thought it was going to be.

Empowering Young People and Families

One of the benefits associated with BHLP practice is its ability to bring young people and their parents closer to the process of decision-making, as 'architects of their own solutions', as one EBLHP termed it. The majority of parents said they had been consulted in the development of their package of support. Some of the parents of children with disabilities were very clear about what they had wanted and where it should come from, and saw themselves as having a level of expertise to offer. Molly's mother, for example, worked in special needs education herself:

I did it off my own back just because - well again, working in that field I know the type of things that we wanted and what we were looking for.

Parents such as Molly's mother had identified, or were already aware of, services that they deemed most suitable, and generally reported they had been supported in securing them. Simon's mother, for instance, recalled telling her EBHLP that the family did not wish to involve different carers with whom they and Simon were not familiar, resulting in their EBHLP arranging for the providers of their current nursing care to be commissioned to provide more extensive support. A few parents said that the EBHLP had actively sought their suggestions for interventions rather than presenting them with their own ideas. David's father told us:

> *She [the EBHLP] normally says along the lines of 'What do you think would be the most important thing?', or what she normally does is say 'What ideas do you have?'. And then she'll write them down and then she'll say 'What do you think is the most important out of x, y, z - which one do you think should come first?' But she's not, like, forceful - like she doesn't go thinking of her ideas and put them on to you, she lets you put your ideas forward and discuss it. (David's father)*

The older young people in the sample could recall being consulted about what help they would have liked. Pete said that both he and his EBHLP had made suggestions about the help he might have, while Jed had asked his family's EBHLP to attend an interview for a college place with him. Although none of the younger children said that they had felt excluded from decision-making, many were not able to tell us how they had been consulted. A few were not sure why certain elements of support had been provided. Mona, for instance, told us that her EBHLP had arranged for her to have art therapy but did not know why; Eva was not sure why a laptop had been purchased for her and could not remember asking for it, although she was happy to have it.

Consultation generally involved BHLPs making suggestions about goods and services or a package of support. Some parents recalled simply saying 'yes' or 'no' to a proposed intervention or action:

> *It was something that [the EBHLP] had mentioned. She said would a laptop help - can't remember how it was worded. I don't think I … mentioned a laptop. (Tamsin's father)*

Other parents said that different options had been presented to them. Paul's mother told us:

> *There's a list of things that [the BHLP] can do and that … I'd go down to different meetings … If I say 'Well, I don't know what to do', she will give advice - you know, what she thinks should be happening. But it's down to me at the end of the day if I want to take that advice or not.*

Parents had almost always agreed with what the practitioner suggested. Only Daniel's mother said that she had had to convince their EBHLP that she did not want Daniel, who had learning difficulties, to attend the mainstream play scheme she had suggested (this was agreed). A few children told us they had disagreed with, or had not been enthusiastic about, some things their EBHLP had proposed: in some cases an alternative had been found, in others the young person simply did not take up the intervention. Pete, for instance, was enthusiastic about, and had enjoyed, the cricketing and swimming activities he himself had proposed, but had chosen not to attend the family group conference his EBHLP had arranged for him, saying:

> *I didn't wanna go really, didn't like it - how it was all gonna be on the day. I felt like it was gonna be between me and my Mum and [stepfather] and his family, and I didn't like it, so I just stayed at home.*

A few parents told us how they had proposed particular services. Kieran's mother, for example, said she had wanted parenting classes for a long time before her EBHLP had offered to arrange them. The mothers of Brian and Grant had wanted and had secured childcare. Frank's mother said she had been particularly keen to have speech and language therapy for her son, but was still awaiting his referral to the services at school when we spoke to her. However, the main areas in which parents and children had exercised choice or had had an input into decisions, rather than merely saying 'yes' or 'no' to something, was in relation to arranging activities or the purchase of goods for the home. Kieran, Jed and Paul, for example, all described choosing the items of schoolwear the EBHLP had said she would provide. David's father told us that the fence that was provided for their garden had been the family's idea. Roy's parents had selected the colours and purchased and materials for redecorating their home, and Jamie's mother had put forward the idea of having the garden improved in order to grow vegetables and allow her children to play safely there.

Most children recalled the practitioner asking about the activities they enjoyed. Jo's EBHLP had suggested a trekking activity; because she was not keen on this, Jo had told her she liked to dance, and attendance at a dance group was arranged instead. Her sister told us that the EBLHP had asked whether she would like to attend the dog-handling course that formed part of her intervention, 'because I said I liked dogs'. Daniel's mother had been able to inform the EBHLP that her son liked horses, and she had already identified local stables that would provide suitable riding activities. Only Kevin specifically remembered his BHLP regularly consulting with him to ensure that his opinions on service delivery were taken into by the various practitioners with whom he was involved:

> *[We talk about] my opinion if people come to see me, and if I'm not comfortable about it ...I can say my opinion and stuff.*

Some young people said that the options they were given were rather limited. Maria, for example, described her involvement in this way:

> *Well, she [the EBHLP] said, 'Would you like a fridge-freezer or would you like them separate, or would you like a little chest freezer?'. And I said I would like a white fridge-freezer and a washer please, 'cos I was going to go for silver, but I think that was pushing it a bit …*

Parents, children and young people clearly appreciated their involvement in these kinds of decisions. Family members said that they felt they had been consulted, although several parents and a few of the children emphasised their willingness to defer to the practitioner regarding decision-making, foregrounding their own lack of awareness in contrast to his or her perceived expertise:

> *No, I wouldn't have known what would have been right for him [Jez] ... if I had a big list or lots of different options, so you could do this, you could do this, you could do this ... maybe I'd have been more involved … I was quite happy by taking the lead from the education professionals really. (Jez's mother)*

Jez's mother told us that she saw the EBHLP as being more 'used to dealing with children' and more 'professional'. Jed, aged 16, was very clear about his position:

> *Nowt to do with me, the money, so didn't get myself into that.*

Grant's mother did not want to have to make decisions:

> *I tend to leave it to her [the BHLP]. My head was like full of other things after Grant's diagnosis. Just leave what I can to her. If it's important, like, I'll ask her - if it's not, I'll just leave it and let her get back to us.*

Agreeing a Package of Support

Although parents and young people could recall that they had usually been consulted about the goods or services that might be made available to them, few of the children and young people we spoke to could recall there being a specific plan for their E/BHLP support. Those who could remember an action plan were the older children. Pete gave a list of things that were expected to take place, such as talking with his mother, spending time as a family, and playing cricket. Eva was more specific about the services that had been identified for her: these were support at school, visits from the Drug and Alcohol Team, a referral to CAMHS and a prescription from her GP. Some parents also remembered the assessment resulting in a plan, but struggled to recall details or the specific goals or targets that had been set:

> *Yeah, I remember reading - it was not a report, but she put down what his [Roy's] needs would be and how she would help, I'm sure she did. We read it, or I read it. (Roy's mother)*

David's father recalled having been given a chart with stickers on which David's good or bad behaviour could be recorded. Daniel's mother told us that their plan was intended to increase the ability of her son, aged 13, who had learning difficulties, to 'act in the world' and to allow her and her husband to consolidate their relationship. Jamie's mother recalled a main objective as having been 'to get out of my situation in six months' time'. She could not remember what she had undertaken to do to achieve this, but she did recall a series of consecutive plans based on items to be 'ticked off', including getting the children to a play-group, doing more as a family, and resolving their money problems. Grant's mother also understood that the plan would be susceptible to change, according to circumstances as they emerged:

> *It's not something where you can sit down and sort of [say], we're going to do this next and that next. As something comes up she [the EBHLP] deals with it, and then something else comes up and she sort of goes along with that sort of thing.*

Some parents pointed out that they would not have been able to engage fully with a planning process. Brian's mother had a serious illness, which meant that she was not able to participate at the stage a plan was being developed. Paul's mother observed that her medication left her 'out of it half of the time', meaning she was unable to remember the decision-making with any clarity. Kevin's mother told us that because she 'didn't do very well at English at school', the copy of the plan she had received meant little to her, and she was unsure of what she had to do:

> *I don't really understand it, to be honest. You've got a column of what they want - I don't know - what they expect you to achieve, what you can, who's going to do what, and then whether it's been achieved or not, I think it was. And it's just lots of writing.*

Ayesha's grandmother's understanding of the plan was simply that the school would undertake to let her know if Ayesha behaved either well or badly at school.

Multi-Agency Meetings and TACs

The children we spoke to were generally not aware of there being meetings with representatives from other agencies, or said that they could not remember anything that happened at such a meeting. Pete said that there had not been any multi-agency meetings and he had not wanted anyone else to help him other than his BHLP. Molly said that other people had helped her but could not remember any meetings, while Robert recalled a meeting with eight practitioners at which he did not talk. Although Ayesha could not recall a specific plan, she did remember decisions being made at a meeting with professionals at her school. These concerned what she had promised to do rather than what the professionals had agreed to provide - for instance, she should try to get to school on time.

When we asked parents about multi-agency meetings, a few said they were not sure whether there had been any. Others described multi-agency meetings with a designation other than TAC. For example, Grant's mother described meetings that had been convened for children with disabilities. Jason's mother recalled that their case had been discussed at a MAG meeting that they did not attend. The family group conferences to which Pete's and Justine's mothers referred were the only multi-agency meetings they recalled; they remembered plans emerging from discussions at these events, albeit not in any detail. Justine's mother told us:

> *There probably was [a plan drawn up]. I've got it at home. Just basically getting into different things in a different way …*

She recalled the plan as consisting of a series of agreements among family members who attended to co-operate more in support of her and her daughters. Most parents were able to describe multi-agency meetings in the course of their involvement with an E/BHLP, although they did not necessarily connect these to a planning process. Parents had generally found it helpful (if occasionally unnerving) to be able to discuss their needs with professionals. Those present at the meeting that Jez's mother had attended, for instance, consisted of her, the EBHLP and the therapist who had been commissioned to provide play therapy for Jez. Jez's form teacher had been unable to attend. In addition to statutory involvement, many parents described referrals being made, for themselves or for their children, to services providing: family support; parenting classes; childcare; nursing; counselling or other therapy; debt advice; and activities, sports groups and holidays for children. Some parents were aware of relatively small or select meetings taking place at school. Most parents were either happy with the opportunities that multi-agency meetings represented or did not express an opinion about the meetings. A few, however, found these consultations frustrating. Paul's mother found their social worker's participation in meetings with their EBHLP to be 'useless'; Ayesha's grandmother said that school staff would not communicate with them in meetings:

> *Sometimes she don't want to go [to school], but the last time she went she was all right. But it happens everywhere there's teachers in there that don't speak to her … and then she says to me, 'Nan, I'm talking to them civilised and they can't talk to me.'*

Robert's mother was critical of the lack of commitment of SEN co-ordinators at their meetings, and thought that the EBHLP shared her annoyance:

> *[The EBHLP], bless her heart - you could see the frustration building and building, 'cos, like, the side that [the BHLP] funded was all going so well and the educational side was going so badly that you could see the frustration. And she was saying, 'Look, we've put in a hundred and ten per cent here and we've given you everything you need.'*

David's father said he was not aware of his EBHLP having to discuss David's case with other professionals, but knew that there had been regular meetings about the family organised by social services, which the family had found intensive and stressful. Daniel's mother, on the other hand, did not know of her EBHLP liaising with any other agencies: she understood that nobody had been involved other than the school where the EBHLP worked. Morten's mother said that their intervention involved 'just us and [the BHLP]'.

Awareness of Budget Holding

All the parents and most of the children we spoke to were aware that their BHLP had the potential to access and spend funds, and that money had been spent on them or their family to secure some support for them. Of the young people we spoke to, Pete gave the clearest account of accessing the budget:

> *Well, all I know is that each student who is on the CAF gets a certain amount - I don't know how much it is. And you can spend that on whatever you like really - like if you go [into] town and you need something, like say you needed school uniform, they'd get that out of it. They'd get - say you needed some trainers or something, you may, you might get, you may get them. It's best just to go and ask them and speak to them, and if there's some reason then they'll get it.*

Younger children simply understood that their E/BHLP helped their mother with finances, or 'paid for the money' as Brian put it. Jason offered this example:

> *Say I went to big school and I wanted a laptop, you [his mother] 'd probably say 'I'd put a quarter [towards it] and you [the BHLP] put the rest'.*

Kevin thought that the BHLP would help his mother but was not there to buy things for him, while Kieran considered that he would never ask his EBHLP to pay for anything:

> *See, I wouldn't ask [the EBHLP] to buy us stuff, not like out-of-school things. I wouldn't expect her to, but if she offered us I would take it, like.*

Three young people, Robert, Pete, and Paul, said they knew the cost of some of the things that had been provided, while others such as Ayesha, Jed and Justine said they knew nothing about the costs.

None of the parents had been told how much the budget for their family was. Simon's mother told us:

> *There was never a figure … they [the EBHLPs] all basically put in their timesheet and they get paid. It's all done for us, we don't have to do anything.*

Molly's mother said she had found out by looking on the internet to discover the amount that had been set for the individual budgets in her area. Brian's mother had heard the professionals at one of their TAC meetings state the amount to each other. Some parents were able to estimate the cost of what had been provided, particularly where they had been involved in going to purchase goods or services or had been provided with money or vouchers to do so. Ayesha's grandmother gave the cost of their Butlins trip as £572, and Maria knew that she had been given £400 to spend on the items that had been agreed for her house:

> *Well, she got me four hundred pounds and I got the fridge and washer, and I think I had a hundred and seventy pounds left. I got my carpet and I had, I think, thirty pounds left after my carpet, so I got the rug.*

Those who had been involved in the purchase of goods were appreciative of this. Several parents said that they had been given the money to pay for their goods and had been asked to return receipts:

> *They said I could go to Argos and order them and they would pay Argos or they'd send the money to me and I could just go and get it, and I just said 'Well, send the money to me and I'll go and get it - If you need receipts I can give you receipts', and she [the EBHLP] said 'That's fine'.*

Others had gone with their practitioner to purchase goods. Roy's parents, for example, told us:

> *She [the BHLP] actually took us, 'cos I find it difficult to get out and about by myself, and she said, since we were going to get enough to do as much as we could she would take us in her car. She gave us the money, we went in and paid for it, gave her the receipt back and then the change back, and she gave us it back, 'cos we could get extra paintbrushes with what was left, and then we gave her the receipts back.*

Others were unaware of the actual costs of items such as laptops that had been provided. Eva's mother, talking about the laptop for her daughter, said:

> *I have no idea how much it cost, but I know it probably was quite a lot, 'cos when he [the EBHLP] did mention it to us I could never afford one. But he never ever told me how much it was.*

Parents were usually not clear as to whether there were any rules about what the budget could be spent on, although several thought purchases had to be justifiable as a 'necessity'. Almost all parents said that their BHLP had explained that while a budget was available, any funds from it would have to be requested and justified. Simon's mother, for example, said that the release of funds depended on

> *giving evidence that this could benefit the family.*

Typically, parents recalled that the BHLP had suggested that some good or service could be purchased, but since an application would have to be made first they 'couldn't make any promises':

> *[The EBHLP] said I can't promise anything … (Eva's mother)*

> *[The BHLP] said she would have to apply and she would just keep in touch and let us know how it went. (Roy's mother)*

A couple of parents were uncertain as to whether their practitioners actually held a budget or not. When we asked Justine's mother if there was a specific budget for addressing their needs, she said:

> *I don't know. I wasn't told. No, I don't know anything about that.*

She stated only that it seemed that her EBHLP was able to get things for the family. Frank's mother said:

> *[The EBHLP] did mention a budget but she said it was obviously, I think, very limited. They had to watch - they didn't have a lot of money to sort of spend, sort of thing, so there wasn't a great deal there basically.*

Most parents seemed to consider that the budget was held by the BHLP on behalf of all or a number of the families they worked with, and that therefore any money accessed on their behalf would be balanced against the needs of others:

> *Ultimately I would've liked her [Molly] to have more one to one, but … the budget was not unlimited - there was a certain amount, and I knew she [the EBHLP] had other children that she needed to deal with as well. (Molly's mother)*

Some parents did not consider themselves entitled to information about the budget, and others suggested that they were not inclined, or were too busy, to think about such matters, or that it was for the best that they did not know. Molly's mother had found out the amount from other sources, but told us:

> *I did know roughly, but … I never asked what the money was. I wouldn't expect to know, it's not something that we know … I think, the EBLHP having the budget, it was her decision as to where she spent the money and I don't think I had the right to say 'Oh well, you spent so and so on that boy - why can't Molly have the same amount of money?', because things are very different and kids' needs are very different.*

Esther thought it preferable that her BHLP buy things on her behalf, because she regarded herself as unreliable with finances:

> *If someone had … given me the money I probably would have spent it on something else, or I probably would have spent a little on something else, and I wouldn't have the complete money that I had, so it was a better system that way.*

Maria too thought it possible that if she had been given the money to purchase her goods she might have bought something for herself as well. She added:

> *It saved me having to do stuff, and I've got the baby and trailing to the shops and everything, and I didn't really have a clue how to go about buying stuff. I mean, I've never really had to, you know, so I'm glad [the BHLP] did it all for me.*

Robert's mother saw no need to be involved in considerations of cost:

> *I know it sounds rude, but I didn't really want to know how much things were costing, this that and the other. And by the end of it I thought I need a cigarette anyway. They were sort of talking and not talking, and I thought, I'm just going to leave them to it, because they'll do it a lot quicker without me in the way, and that's fair enough. I mean, you don't go and discuss mortgages in front of someone else, or your loans and things …*

Many parents were uncertain about what had been purchased from the BHLP budget, either because other budgets had also been accessed or, frequently, because an intervention that had not been paid for had nevertheless been made possible because travel costs had been met from BHLP funds. Jason and his mother were very enthusiastic about the activity holiday for him that had been paid for by a Young Carers' organisation, and his BHLP had paid for the travel to and from the holiday venue. Some children were aware, at a general level, that goods had been purchased on their behalf, and a few of the older ones, such as Pete, Kieran and Paul, had purchased things by themselves and had then recouped the money by presenting receipts to the BHLP:

> *She [the BHLP] sends me in to the shop to find out … what I would like, and then I take it back to see what she'll say, and then she just said 'Yeah', and gives me an invoice to go into the shop with. (Pete)*

Both families and practitioners accounted for these purchases in a number of ways. First, purchases might be seen as an incitement to engage with the overall intervention. Practitioners attested to the potential for purchases to facilitate family 'buy-in', and some parents and children recognised this line of thought. Tamsin's father, for example, described his daughter's laptop computer as representing a kind of bribe to get her back into school. Tamsin herself told us:

> *She [the EBHLP] was trying to get me back to school, to like do my work and that, and start getting used to the school again … she just like bought me a laptop to see if I'd go back.*

Tamsin did go back to school, but the good intentions did not last long.

Second, purchases were seen as a means of improving the child's access to leisure or study, or the parents' access to time off:

> *Yes, they're getting a shed, the girls are, the two girls, the two older ones. For themselves to do up and have as a little escape place so they can sort out their differences … 'cos I've got four girls in one bedroom, so giving them their own space I think will be a good thing, hopefully. (mother of Justine and Jo)*

Eva told us that her laptop allowed her to spend time 'just thinking, going in my own little world'; Jez's mother told us his activity vouchers were intended 'to keep him busy'. Third, purchases were seen as a means of making necessary improvements to the family's immediate physical environment, particularly by those who moved to a new house during their intervention. Roy's parents stated that the walls of their new home were 'horrible' when they moved into it, and Jason's mother said that she and he had been helped with furniture by the BHLP because they had been 'on deck chairs for nearly five months', having had to abandon their furniture in the previous house. David's father and Jamie's mother both emphasised the importance of improving their back gardens to keep children safe, and the dogs from straying into the neighbours' garden. David's father pointed out:

> *When we moved in here there wasn't a fence in the back garden. She [the EBHLP] tried to get the council to put the fence up, but they said they don't put fences up round here.*

Others purchases were made to address ongoing disrepair. Paul, aged 15, said:

> *She [the EBHLP] bought me a new bed 'cos mine was broken.*

Paul's mother told us that their EBHLP had purchased beds because her children had quite regularly 'trashed things when they were arguing', requiring her to 'replace stuff all the time'.

Finally, some purchases were a means of accessing a wider range of services, not by actually purchasing them but by facilitating access to them. Grant, for example, travelled to a programme that encouraged speech through play. The service was not paid for from the BHLP fund, but was located outwith the BHLP area. His taxi fare was paid for from the BHLP budget. Kevin's mother told us that the BHLP paid for a taxi to take Kevin to football and to take her to parenting classes. Pete's BHLP had paid for the necessary kit for Pete to play cricket.

In none of our interviews did young people or parents seem to understand that their E/BHLP had the autonomy to use a personalised budget for them, nor that they could have been more closely involved in prioritising how it might be spent. In their view, the budget

was a fund which E/BHLPs could make applications to access and which they could tap into. While most of the spend was on goods or services for the home, some practitioners commissioned services for their families from it.

Delivering Integrated Support Services

Some parents and children talked about the services that had been commissioned with their budgets. Mona was excited about the art therapy sessions her EBHLP had purchased, and Jez's mother was pleased about his play therapy. Molly's mother was delighted that she had been able to secure assessments for her daughter's dyslexia and dyspraxia, and Robert and his mother were very satisfied with the tailored package of one-to-one support and youth work that had been purchased for Robert. Four boys had had their participation in leisure activities paid for. Two of them, Daniel and Robert, who had learning difficulties, went horse-riding, which was potentially beneficial for them in a number of ways. Daniel's mother felt that Daniel would be helped to overcome his erratic behaviour around animals, and Robert and his mother expected that the horse-riding would help Robert's dyspraxia.

Four families, including three where the children had learning difficulties or severe disability, had arranged with their E/BHLP to purchase child or nursing care for one or more of their children. Brian and his mother were delighted with the extra childcare Brian had enjoyed, and Simon's mother had been able to secure extra hours of care to allow her to collect her other son from school and spend time with him. In both these cases, existing provision had been extended using the BHLP budget. Grant's mother had arranged some nursery care for Grant's infant brother, to allow her to cope with the demands of Grant's recently diagnosed condition, and Daniel's mother had secured childcare to provide some respite time for herself and her husband, at a time when their marriage was under strain.

These were the only references families made to interventions which had been purchased. Most parents described the budget as being used to provide: household goods to meet basic needs (e.g. carpets, white goods, furnishings, uniforms); laptop computers to support their child's education; opportunities to take part in activities or sports; travel to an activity that was not paid for through BHLP; and services for their house or gardens (e.g. fencing, pest control, landscaping, a shed).

Referrals

Most support in the packages developed for families was to be delivered through referrals to statutory or voluntary services rather than through direct commissioning by the E/BHLPs. Parents and practitioners described interventions as having been delivered by: CAMHS; child, youth and family support teams; youth offending teams; domestic violence services; social services; health services; council housing departments; debt advice services; the education welfare service; substance abuse services; and the E/BHLPs themselves, who often delivered one-to-one work with a child or parent. Describing a package of intervention which involved support for a mother and her two sons, one BHLP told us:

> *In the initial work that we did, mum felt that she needed parenting support and that was a large focus of what we provided … We did ongoing work with the eldest boy throughout, doing one-to-one work and self-esteem work with him, and then towards the end we kind of adapted and changed it again to do some support with the younger boy and all of that. All of those decisions were made and kind of led really by mum's request, so she was quite involved in shaping the work that we did and [that] we provided … So I think that a lot of the support that we've been able to access … they were all kind of projects that you're not having to fund yourself.*
> *(BHLP, family support worker)*

Kevin's mother had support from ParentlinePlus and attended a Webster Stratton programme; the family were also referred to Barnardo's, and Kevin received behavioural support at school. Eva and Tamsin were referred for school counselling and CAMHS counselling; Eva was also referred to a service for substance use run by the local drug abuse team. Esther and Maria, two teenage mothers, were referred on to the Citizen's Advice Bureau after their BHLP had purchased household goods for them. Jason's mother regarded referrals to CAMHS, the Youth Inclusion and Support Team, a Family Support Centre, a child protection nurse, and a domestic violence support worker, as well as liaison with the housing department and an activity holiday, as particularly important aspects of the interventions, which her BHLPs had had to put a great deal of effort into achieving:

> *So both of my boys had to go to CAMHS, which was absolutely brilliant … they've got a good year['s] waiting list, but [the BHLPs] managed to get us in in three months. So they worked really, really hard to get us in there.*

Jason's mother was aware that the service provided by CAMHS could have been purchased elsewhere:

> *If I'd have turned round to [the BHLP] and said 'I don't want to go to counselling - is there somewhere else we could go to?', I'm sure she would have paid for it. The funding would have been there 'cos she did say, 'If we can't get you into CAMHS then if we've got to pay for it we'll pay for it.'*

She still saw the statutory service as preferable, however, even though the family faced the prospect of a three-month wait for it. She added:

> *I do find that they [BHLPs] do get you the right support from the right people.*

Jake's EBHLP, an educational psychologist, reported that he and the social worker had looked into the possibility of an alternative to CAMHS. When CAMHS responded by offering instant admission, they opted for the statutory service even though they had identified an alternative:

> *[The social worker] searched round and finally went for a consultation. I was a bit annoyed about that, because it was quite expensive, but [the consultation was] with some private psychotherapist, or a clinical psychologist, or something like that. Now in itself that came to nothing, and we would have spent some money getting them to have some sort of therapeutic work with the family in that case. But what was interesting was that, through the informal network, someone at CAMHS who does a bit of private work, they found out, and CAMHS then very quickly took the case on.*

The E/BHLPs working with the families described statutory services as preferable for various reasons: because they were thought to be free, because they would continue beyond the life of the pilot, or because they required little or no sourcing and evaluation. Indeed, E/BHLPs usually talked of referrals they arranged as 'free' interventions:

> *… there's all things that actually he can come and do which don't cost anything. I don't think any of our children on CAFs have actually had any money. (Jason's third BHLP)*

The benefits of a free service were not usually predicated on there being insufficient funds in the 'BHLP budget' to pay for them; in fact, most BHLPs reported an underspend.

The mothers of both Frank and Grant were keen that their sons should receive speech and language therapy. Frank's mother understood that the speech therapy service at the school had been cut, but said the EBHLP, a learning support worker, had told her that there was not enough in the budget to cover it. However, the EBHLP told us:

> *Originally I thought, ah, this might be a good opportunity to actually commission somebody to work with Frank on his speech and language. And, you know - because the EBHLP budget was there he could have extra input. But because Frank has a Statement I had to be very careful as to what I was trying to do. And although that instantly would have been a good thing, it's making it sustainable for Frank as well. Because I didn't want to put something in at the beginning of all this, and then have to, you know, withdraw it.*

Practitioners did not generally express awareness of alternatives to statutory services. The child protection nurse Paul needed had to be provided by a statutory service so far as the EBHLP was concerned:

> *I don't know of any private CPNs or even a service that provides that. I think it has to come through the GP because they are linked in with the medical health services as well, and I think it's very closely monitored.*

Even if practitioners thought that an alternative service might have been available, many said they would not have had time to investigate it. Frank's EBHLP gave this reason for not having been able to source an alternative to the provision of healthy eating and personal hygiene interventions at the school. She acknowledged that such a service might have been purchasable, but added, 'That's something I haven't researched.' Parents and young people, however, did not always see the available statutory services as having been delivered, or as satisfactory. There was some evidence that statutory services were time-consuming to secure, not readily available, or slow to deliver. Esther credited her BHLP with helping to secure housing for her although she expressed some alarm at how long it had taken to come through. When services such as CAMHS 'resisted' referrals, practitioners generally felt that the appropriate response was to push them harder rather than look elsewhere:

> *We tried to engage with CAMHS, tried the Child and Family Unit. They were saying 'No, no, we've had this family before - they didn't engage, they've had a lot of input', but I think we were feeling that this little lad needed [it]. We had to push that a little bit so we had another meeting. (Roy's BHLP)*

Grant's mother said also that her BHLP had had to put considerable effort into obtaining a statutory referral rather than commissioning such a service:

> *It's like the speech therapy - they messed on for months about that, and I was told he couldn't have speech therapy till he was four. So I went and seen [the BHLP], and I wasn't happy, and she's like, 'Oh no, he can have it like straightaway.' So she sort of like pushed it along. So he got it quicker, but she had to stay on their backs and bug the life out of them …*

Grant's mother received respite childcare which was provided by a voluntary service, but it was not what she had hoped for:

> *She [the carer] came for a few months, but her heart wasn't in it, I didn't think. Like she'd turn up but she couldn't wait to leave again. She was supposed to be here from about half twelve till four. She'd turn up about quarter to one-ish, sort of thing, and by two o'clock she was making her excuses and going, and she didn't have a lot of*

involvement with the kids … I didn't find her a lot of help 'cos I needed help, like another pair of eyes, when I'm doing the washing, or someone to feed one of the kids when I'm feeding the other - do you know what I mean? - I needed practical help, not just going to the park. So I cancelled her last week … They didn't have another volunteer available, so I just left it.

Some described 'going for' statutory services that then failed to materialise:

And the education side - obviously I know it was just [that] we could go for home education, a college placement, a Statement, and out-of-school learning, but obviously none of that came about. (Robert's mother)

Robert's EBHLP considered that the appropriate response was to chase services until the boy was back in school:

Mum was requesting a Statement. A Statement was really irrelevant, but Special Education were playing along with that and saying 'Yes, we'll assess him, we'll put it to a board, and the next meeting's not for two months', and then it didn't come up two months later, so that was a huge delay, lots of delaying tactics … so instead of being realistic and saying, look this is not the way forward, it just got stuck … An Educational Welfare officer couldn't pick it up because the child wasn't attached to the school. It was just a great black hole of people saying this is not my concern, and in the end it was myself and an EWO who had no direct responsibility for the child, and we just got our teeth into it and wouldn't let it go, and he is now back in education.

The EBHLP for David's family described how various referrals for the family had not been delivered satisfactorily:

So the referral to the Child and Family Unit that was made in December - it's May now and he's not been seen. And they closed it twice randomly without telling us that they'd closed it … Getting the incontinence nurse to go and see the child has been an absolute nightmare. That took four months, and several debates in the team-around-the-family, which made me look very, very bad. But I'm determined - 'I've made a referral to you and you're going to do something about it, because this child is incontinent every night.' So she rocked up once and then never contacted the family again …

Frank's EBHLP identified some drawbacks with 'in-house' services which might tackle Frank's weight problem, which had led to delays in addressing his needs:

[The school nurse and I] would include him in a small group and do some working on healthy eating and personal hygiene and things like that. I must admit, we haven't got to that one with Frank yet. Because what we're trying to do in the school is identify the boys, the young men here that have got that sort of ongoing problem, and at the moment it seems to be the girls that have that problem. So we don't want to isolate Frank.

She said of the situation:

I guess anybody could pick up these pieces of work who has got the time to do it. Because they can do the same thing I would need to do, find something to address that … but because of my role here [as a learning support worker] I guess it's me that's got the time to do it.

Some EBHLPs decided to ignore statutory services and look for speedier alternatives. Mona's EBHLP, for example, saw her role as offering a more rapid alternative to waiting for services from the hospital. She was not critical of statutory services, but recognised that it was possible to 'pick up the phone and talk to somebody'. The same EBHLP had been working with Molly. Molly's mother, who had some familiarity with referral processes through her own work, found that the budget had given the family quicker access to services:

> *Even if we'd been pushing from the beginning of Year Two I think we'd still be waiting for the Education Psychologist. We wouldn't have got [the service] through the state, I don't think, at all, because there are other children. And the OT, we would be looking at having to do these things privately, which, you know, financially we couldn't do. So I think time is a big thing - the fact that you can get these things quicker.*

Simon's EBHLP found that she was able to commission a service within days that might have taken a couple of months to secure through a referral:

> *Whilst I was writing up the CAF I was already on the phone to a service providing nursing care saying, 'I know you already do three hours a week. Can you please do more than that?' They rung me back within two days and said, 'Yeah, we've got the nurses available. You just put in writing to us how much you're prepared to pay, we'll send you an invoice.' And it started the next week.*

Kevin and his mother had been rapidly rehoused following their first BHLP's intercession with the housing department. Kevin's current BHLP nevertheless had some concern that Kevin and his mother were being bombarded by too many services too rapidly:

> *It was a case of trying to empower mum to say this is all going too fast, and to slow down some of the input, otherwise it was making it very, very difficult. Well, it's bombarding her with things to do and her really not having the time or the skill to sort them out.*

Appreciation for the Support

When we asked young people about the help that had been organised for them, they often talked about the activities that had been provided for them, which they regarded very positively. Most of the boys in the sample had enjoyed sporting or outdoor activities. Kevin thought that the rock climbing and abseiling he had tried at camp were 'good', and Kieran enthused about what he had been able to try through his out-of school education:

> *Like I've just done me Access course, so they're going to send a letter through me door and tell us. Like I've finished it now, but if I want to go on to a follow-on programme they're going to send us a letter out and I have to send it back so I can start doing it again. And I've been mountain biking, swimming today, canoeing, rock climbing, loads of things.*

Molly and Mona relished their art and occupational therapy sessions; Ayesha had enjoyed her cookery lessons, a holiday at Butlins and, particularly, a horse-care course with the Army, organised through Young Carers:

> *I did used to want to be a vet, but I'm not sure about that now. But I want to be an Army woman on a horse … I went to this Army thing on a two-week holiday, and this man works with horses and that. And they say women do do that … so I need to go down to the Career Centre so that I can start when I'm sixteen.*

Esther was also very appreciative of the courses she had been able to attend as a young mother:

> *You can do, like, basic English and science. We done cooking, health and safety, first aid and stuff, so it's just a few little things, but it's, like, certificates that will be useful in the future. It's really good. It's really brilliant for me 'cos it gets us out the house as well, so it's really, really good.*

Most parents were also positive about the help their children had received. All had found that their children had enjoyed activities, trips or courses that had been provided or accessed. Jason and his mother together recounted with some excitement the trip they had made to the Forest of Dean. Several parents were also very positive about the parenting courses they had attended. Paul's mother was delighted to find that it 'wasn't like being at school':

> *They're all friendly, the whole staff that's there … Whereas other places you don't get that - you know, they're so sarcastic. In fact they make you feel as if - well, you know you're not the only one when you get into the group, like. Some are worse off, you know, than yourself, and it's easier because you don't have to explain anything.*

Eva's mother told us that she wished she could have received parenting advice much sooner, and Tamsin's father was considering returning to meet the other fathers he had encountered on his parenting course. Those who had organised extra childcare were mostly very pleased with the individuals or organisations supplying the care: Daniel's mother, for instance, described the special needs nurse who came to visit Daniel as 'fantastic'. David's father, however, talked about frustrations when support services did not return phone calls:

> *Irene [David's mother] had phoned [an organisation which might help the family move house] when she found out that she had this place, to ask if there was any sort of help she could get, like paying for removals and stuff. And she left a message on the answer-machine when she was moving, two weeks beforehand, and then three weeks after Irene had moved in here the woman had phoned Irene up to tell her that she could help her with the removal, which was like way too late.*

Making a Difference

Most of the cases had been closed or were at an advanced stage when we spoke to practitioners and families; we therefore asked practitioners to discuss the outcomes they felt had been achieved. Many told us that they had been able to address the additional needs of the child or family that had been identified. Jason's BHLP, for example, told us:

> *I think what I've done is, I've kind of sorted out most of the needs. Mum had become a lot more settled. We reviewed it and there was kind of less things, only a few things more to do really, and they were kind of all being managed. And other kind of agencies were already all involved, so there was less of that kind of co-ordination work to do.*

Impacting on Family Functioning

Practitioners were almost all positive about what had been achieved in their work with the children and families, although some were concerned that some problems were beyond the scope of BHLP intervention. They pointed to changes in the circumstances or behaviour of children and parents to indicate the impact of part or all of a multi-agency involvement:

We had despondency in the very beginning. She [the mother] wasn't functioning on a day-to-day basis. By the time we came to the end of the EBHLP and the withdrawal of the FIP [Family Intervention Project] as an intervention, she appeared a much more stronger lady, more in control, more able to take control, and, yes, she's still got financial problems, but nothing that is insurmountable. (EBHLP of Paul, aged 15)

The parents and young people also strongly endorsed the help they had received from their BHLP, which they saw as having made a significant difference to their lives:

She's just been brilliant for us - like I said, come out smiling at the other end … the light at the end of the tunnel situation. She brought us through it, and so it's good, isn't it? - we're still here to tell the story. (Jamie's mother)

Practitioners said that many of the children had made significant progress in terms of their self-confidence or self-esteem, and in a few cases they had observed a reduction or cessation in the young people's antisocial behaviour. Parents also described changes that had occurred in their children's behaviour. It was clear that some children had stopped being aggressive, some were calmer, some had engaged more successfully with their education, and some had reduced their antisocial behaviour. Paul's mother reflected that, over the course of the intervention by the EBHLP, arguments at home had lessened:

… two or three times a day they [Paul and his sister] were fighting and doing damage, like - you know, to the walls and stuff. But it's not been too bad …

Roy's mother told us:

Roy is starting to be a lot more calmer, and listen to rules, and listen to why he can't be doing dangerous things. He's acknowledging it more.

Mona was described by her EBHLP as having become much more sociable and outgoing, whereas previously she had been anxious and withdrawn:

And I have to say - you know, she was just so, so much more confident and eager to actually organise something, get people in, get everything ready. And I honestly think [that] six, seven months ago she had lost so much sort of general interest in how to do things ...

David's EBHLP told us that David was no longer running amok through neighbours' gardens, and Kieran's told us that Kieran and his brothers had all but stopped coming to the attention of the police and the housing department. Some children were described as having acquired the capacity to think through consequences and avoid engaging in behaviours that had been causing problems. Pete's BHLP, for instance, told us that he had stopped gambling:

[Pete] was thinking a bit more about where his money was going to go to and, you know, he changed to a pay-as-you-go mobile phone rather than having a contract, and so just little things changed for the better. I think the family circumstances are always going to be sort of difficult, just the way they were all thrown together, but it's certainly better than when I first started working with them.

Some of the young people described how things had changed for them, and many said that they felt happier, or that they understood the consequences of their actions better. Kevin, for example, said:

I started behaving … Because I had something happy to talk about, not saying the stuff that was mean about myself.

Some young people said they had begun communicating with their parents again, or felt that there was less antagonism between them and their siblings.

Although most practitioners had not used objective measures via which they could evidence positive outcomes, they were nevertheless able to point to improvements in children's behaviour and attitudes which indicated that things had changed for the better during the E/BHLPs' involvement. Parents and young people recognised these positive changes, and there was a general feeling that E/BHLP involvement had made a difference. Nevertheless, some parents and practitioners were aware that improvements in their child's behaviour might be temporary: indeed, some children were considered to have slipped already or to have gone back to their old ways by the time we interviewed parents and practitioners. Paul's EBHLP told us:

Unfortunately Paul was arrested for criminal damage not so long ago, but, again, EBHLP funding isn't necessarily going to stop everything.

This reflection clearly demonstrates the perception that the BHLP pilot was about having additional money to spend rather than embracing a radically new approach to lead professional practice.

Kevin's mother was confident that recent transgressions at school were just 'a lapse', but Justine's mother, on the other hand, saw her daughter as having relapsed and was inclined to give up on trying to change her behaviour. Justine herself seemed more positive that things had changed, telling us:

If I didn't go on the dog course then I would probably be … getting excluded again.

Her mother, however, took the view that after her daughter's course on handling dogs Justine 'just went back to the way she was':

I'm obviously wasting my breath when it comes to Justine and the things that she's doing, so I just cut off. Probably a horrible thing to say, but when I do see her the look on her face is telling me that she isn't liking what she's doing, but she doesn't know quite how to not do it any more, and the fact that I'm not reacting to the things that she's doing is possibly making her really confused, so it's good for me.

Justine's mother had not attended a parenting course to which she had been referred, however, and the EBHLP thought that the negative attitude Justine continued to encounter from her mother might limit the impact BHLP support could have on her:

I think it's more a lot of mum's attitude. She's so negative now. She's like 'I don't want to know - Justine can do no right so I don't know', and that's why we referred Justine to CAMHS to get some help, but whether that will help I don't know.

Nevertheless, Justine's mother, and other mothers, described themselves as being less stressed, as having had a great weight taken off them, or as having been reassured:

I thought it was really good. It took some of the burden away from me being a single parent, and having someone else's input who wasn't part of the family was very beneficial for me. (Justine's mother)

In some cases, practitioners had focused their attention on improving parenting skills, and they reported improvements in a number of the families. Parents who had been struggling or succumbing to stress or who had 'given up' were seen as being 'back on their feet'. Several young people told us that their mother was calmer, happier or less worried as a result of the intervention. Jason's mother said that she had been able to stop taking a range of medication for depression as a result of the parenting intervention, while Jamie's mother told us she had stopped her problematic drinking. One or two parents claimed that their own lives had been turned round, and parents who had secured childcare stressed the peace of mind or degree of freedom that this had bestowed. Parents variously told us that they felt safer, were able to assert themselves with professionals, could discipline children over whom they had previously lost control, and were able to consider taking employment or training.

Kevin's mother said that the housing move secured for them meant that they no longer had to live with a barrage of stones being hurled at their window by local children. Kieran's mother told us that she was now happy to lead her own meetings with professionals, and was considering entering further education. Many parents also found that parenting interventions had allowed them to bring about changes in their home life. Morten's mother told us:

> *Instead of arguing now we talk - you know, we listen to Morten, whereas before we'd shout because Morten never listened to us. But we do listen to him now, what he's got to say, and if he is trouble we don't let him out, we take things away from him or he don't have his treats ...*

When we spoke to Tamsin's father, he was thinking he might soon be able to return to work after several years' absence. Indeed, almost all parents and practitioners agreed that positive changes had occurred.

Impacting on Educational Outcomes

As we noted in Chapter 5, many of the BHLPs worked in education and many of the additional needs identified related to concerns about schooling and attainment. In Chapter 6, we explored the impact of BHLP practice on school attendance and NEET status, but did not find any evidence that BHLP practice had been cost-effective. Nevertheless, qualitative data suggest that practitioners and parents had identified some improvements in educational performance. Practitioners told us that they had seen improvements in young people who had been having trouble in relation to their attendance, behaviour and academic performance at school. Eva's EBHLP, for example, was confident that Eva would go on to achieve some GCSEs, and said that she had stopped being 'contentious' at school, leading to a dramatic improvement in her relations with school staff. Her mother, however, was not sure whether the laptop computer that had been purchased for her had yet had an impact on her school performance, although she was pleased that it seemed to stop her going out at night and potentially getting into trouble:

> *Well, the laptop meant that workwise she can catch up on her work, and it has kept her out of trouble as well. She has sat nights, instead of going out gallivanting. She has been sitting on that computer for hours on end.*

Frank's problems at his special school had been more or less resolved so far as his EBHLP was concerned, although he still needed to address problems with his weight:

I spoke to the class staff a couple of days ago and they say things have improved dramatically. And we've gone from him showering almost every day in school with the help and support of school staff, and changing his clothes, to him only doing it at the other times when the other children do it in the class, like PE sessions and after swimming and things like that. And he's coming in dressed - his whole appearance seems to have changed.

The ability to secure assessments and diagnoses of conditions such as ADHD or dyslexia was an important element in BHLP practice. Parents recognised that their having a diagnosis, or a transfer to a more appropriate education service, had led to their children being better supported in education and to a more harmonious family life. Molly's EBHLP, a social inclusion manager based in a school, felt that she had seen 'significant differences' in all the EBHLP children. She reported real progress for Molly, aged 8:

Certainly from her own point of view of now being in the school, and being more cheerful and happy and contented, that's definitely a bonus, and it is - you know - real progress.

Molly's mother also described a noticeable change in Molly regarding her previous aversion towards school since she had been diagnosed with, and had commenced treatment for, dyslexia:

Molly has been going round saying 'I'm thick, I'm stupid' and has been really upset. She doesn't talk in class and she doesn't stop talking from the moment she leaves school. It's like she's been sedated at school and as soon as she walks out she's trying to catch up with the whole day. But she is slightly more confident than she was, but definitely from that point of view her writing's improved and her reading has improved as well.

A few parents told us that there was still room for improvement in their child's situation at school. Jez's mother noted that, while her son had progressed, teachers were still concerned that the individually oriented nature of his interventions (play therapy, trampoline activity) was not helping him learn to behave appropriately around other children:

[Jez's form teacher] feels that he needs more of a group therapy, like in a group environment, than one-on-one, 'cos she finds sometimes he can be quite disruptive when he comes back into the classroom after that one hour, and then it takes him a while to again settle down into a group.

Eva, who was 14, told us that she was finding it difficult to reintegrate at school, but felt that the attitude of her teachers was a contributory factor:

… they're just so sort of like 'Yes Eva, sort it out Eva', and then they accuse me of being - oh, it was really stupid stuff, so I sort of had enough and … I've been ill and everything. I just stepped back and said, 'Look, I can't handle it. It's putting too much pressure on me, making things harder for me.'

Her mother told us:

Eva was trying to get to school, but she has had a problem with [her teacher] … Eva was starting to go in her classroom 'cos they had a class where she could be on her own to do her work, but [her teacher] wanted to get her out of that and go and start her in some classes, and she was starting to do that but then [she] and [her teacher] just clashed again and it wasn't working for Eva …

Impacting on the Home Environment

Many practitioners pointed to outcomes relating to a better living environment, that had been rendered safer or 'nicer'. One BHLP, a family support worker, said of one family:

> *It was great just to say 'Well done. You know, you don't have to wait to finish off the little one's room. She can get in and play in it safety now. We'll provide the carpet and everything for it, for her bedroom.'*

Through the provision of goods such as beds, kitchen equipment or washing machines, families who had been deprived of these things were able to sleep comfortably and stay warm. In addition, BHLPs saw the decoration or upgrading of houses through redecoration or the purchase of carpets, curtains or fences as very important because it had given children something to be proud of or happy about, and a feeling of security:

> *Mum's comment was 'He now thinks that he's the king and that's what he's calling himself' because he's got this really lovely kind of luxurious thick mattress, that's got covers on, which immediately kind of had an impact on the fact that he wasn't sleeping on a mattress that was basically kind of soaked in urine. And it was a very small thing, but it just made quite a big difference to them as a family, and made a difference to him going into school. (BHLP, family support worker)*

Roy's BHLP stressed the impact on Roy's sister of knowing that their room was to be decorated in her favourite colour:

> *I mean, the kids were over the moon that they had pink paint - the little girl would have a pink bedroom.*

Practitioners spoke in terms of the stability that had been restored to some households, and of their observations of renewed relationships between family members. Morten's BHLP, for example, described the improved family functioning that she could sense in Morten's house when she visited:

> *… it's just with Morten's family you can see very positive relationships already - you know, a lot of love for each other really.*

Other practitioners regarded it as an achievement to get families to engage with services which would deliver much-needed support in the longer term, such as by establishing a dialogue or a degree of trust with social services, or by gaining the attention of CAMHS.

In pointing out the progress that some families had made, many practitioners stressed that this was just part of what was needed, or that there was still a long way to go. Justine's EBHLP felt that Justine was still struggling with a generally negative disposition towards her among her family:

> *I don't know where it's stemmed from, but it's very much that they all think Justine is terrible and awful, and obviously she's fighting against that. I don't know how it's all evolved but it's horrible to watch.*

Even in cases that had been open for some time, a few practitioners expressed a view that while progress had been made the scale of additional needs meant that support would have to be available to families on a longer-term basis. Kevin's BHLP told us that neither she nor Kevin's school had observed the differences they had sought in Kevin's behaviour and his family life, and she suggested that it would inevitably take a long time for Kevin's problems to be dealt with fully. Paul's EBHLP described Paul's family as 'work in progress', thinking that the resolution of some issues was unlikely until Paul and his siblings reached adulthood.

Valuing E/BHLPs

A key feature of BHLP support for many family members was their relationship with their E/BHLP, who in many cases was a frequent visitor to the family home. Most parents talked about the primary importance for them of having had someone with whom they could discuss their difficulties. Paul's mother described this as follows:

> *It is nice to have somebody there that you can talk to and not be criticised, you know, and come up with some suggestions that you've not thought about … And they'll lead you to think what could happen if these things were in place. It still gives you a choice at the end of the day ... So they are quite good.*

Paul's mother described their EBHLP as a 'friend'; Grant's mother referred to their BHLP as a 'godsend'. Parents appreciated the practitioners' listening skills, commitment, empathy and non-judgmental attitude:

> *She [the EBHLP, children's services co-ordinator] knew me very well. She knew the whole story. We always keep in good contact all the time. We speak and, well, she just knows me so well, she knows Brian so well, she knows what he was before and how he is now, and she knows that I need the help because of my health and because of his background. (Brian's mother)*

> *She [the BHLP, YOT prevention worker] worked with the whole family. She done lots of different things, put us in touch with different things, and I always compared [it] to having a social worker … 'cos some are horrible … When she come out she's always been friendly with us, polite, and she's just been a great help. (Roy's mother)*

Several parents emphasised the importance of trust. David's EBHLP, who worked for a charity, had engendered trust within the family. David's father told us:

> *With [the EBHLP, a social worker] being with a charity and that, you feel comfortable … You can't distrust her or anything like that, you feel like you can trust her.*

Robert's mother expressed a similar sentiment:

> *I trust [the EBHLP] implicitly. I think she's a really lovely woman. And the first stage that she went through, you could actually see, so you knew she was putting her heart and soul into what she was doing, and I did I said to her 'Whatever you need to do you do and I will back you one hundred per cent'.*

Molly's mother said:

> *Molly likes her [the EBHLP]. She trusts her and [the EBHLP] will actually go in and do some one-to-one with Molly as well.*

Some talked about the championing role their E/BHLP had undertaken, pursuing actions or getting attention from services of which the families were not aware or which they had been unable to engage. Others praised their E/BHLP's commitment, or described their practitioner as having brought a co-ordinated approach to the many professionals involved with the family. Some felt that this commitment had speeded up access to a service they otherwise would have had to wait a long time for, particularly one provided by the housing department or CAMHS:

… so they moved really, really fast. So it's good, it all worked out really, really well and we're really happy. In fact we're the happiest now we've ever been - they've all been tremendous really. (Jason's mother)

Children and young people tended to feel very positive towards their BHLPs, perceiving them as friendly workers who had helped the family:

She - she's all round [a] good person, 'cos she cares about you, cares about how you are at school, and she wants you to do the best. And she knows that I could do the best, but I let myself down. So she's just - she's like a teacher really, but a nicer version. (Pete, aged 16)

Eva, 14, said:

He [the EBHLP] sort of got to the point. Asked us what we wanted out of it. Sort of said to us what he can do and then had a general chat, like 'How's your day been?', sort of. He'd start off nice and then ask us the problems, what we want from it, and said what he could do … and he tries his best to do everything.

Mona, aged 11, told us that the EBHLP's job was

to help people sort out problems … I think she's really nice because she just talks to you about things.

Brian described his EBHLP as 'friendly, helpful, happy, kind'; Molly said hers was 'good, nice, kind'. Ayesha, however, said she would turn to her school counsellor for support before talking to her BHLP.

We asked family members during the interviews what had been the best or most helpful thing about their involvement with their BHLP. The following responses indicate the high regard many had for the personal qualities of their lead professionals:

Just knowing she [the BHLP] was there, really, to tell you the truth. (Maria)

Just sitting down and listening, because I always thought welfare people always judge you and they put you in the right direction. They're there to give you all the help that you don't know that's available, and [the EBHLP] just made me realise, there is all this help out there … (Eva's mother)

It was just somebody there saying 'Well, you know, we can do that', and it made a whole lot of difference … I think it made me feel a hundred times better that I knew there was somebody there that understood and was going to help me. (Jason's mother)

It was nice having somebody there to help if you had any worries or questions, to be able to help you and all that. (Frank's mother)

Family members also appreciated not being forced to comply with prescribed interventions. Paul's mother told us:

She [the EBHLP] doesn't talk down to me or criticise what I do or anything like that. She'll sit there and say, 'Well, I think this should be happening', and we can work from that … She's got a way about her that she can talk to you and not make you feel as if you're being sorted out from the others …

Jo and Justine's mother told us that she felt Justine had been 'treated like a human being' by her EBHLP, in contrast to her experience of social services. Justine herself said that, of all the various professionals she had been involved with, her EBHLP had made the most difference, primarily because she had talked to her and listened to her. It seems that being listened to is very important for children, young people and their parents.

Knowing About the Budget

The E/BHLPs we spoke to expressed a range of attitudes towards the receipt or allocation of funds, reflecting distinct values about entitlement and the purpose of the budget. Although many practitioners were positive about BHLP funding, some often expressed reservations about opportunism where money was seen to be available, or about BHLP funds being 'taken advantage of':

> *There's a downside as well … and there are some families who, they want you there for ever and they bleed you to death. (Roy's BHLP)*

Sometimes these considerations were discussed in relation to specific families. Pete's EBHLP, for instance, had been taken aback by the persistence of Pete's mother in pursuing access to the budget:

> *I think they sort of got the idea that … 'Oh, we haven't used all of Pete's money up', and I said, 'Well it's not actually like that.' I don't know whether I explained it badly 'cos I had only just started, or whether they got the wrong impression, but it was a bit 'Oh, oh, what can we use this money for?'.*

Eva's EBHLP told us that he had urged Eva not to tell anyone where the money for her laptop had come from. Some parents also expressed concern that someone might consider them 'grasping' or 'greedy':

> *I suppose, in a way, some people could take this funding for granted … but I wouldn't do that 'cos, like I said to you, she gave me the cheque, the council sent it, and I suppose at the end of the day I could have gone and spent that money on anything ... (Jason's mother)*

> *In a way, I suppose, I can see they've got to be careful. If you go around saying to people 'Oh well, I've got money - do you need some?' … It's been absolutely invaluable, to the point where I've kept stumm to a lot of friends with special needs kids because I almost feel that we're getting too much and they're not getting half of it. (Simon's mother)*

> *There was always a little bit of doubt whether I would actually get it - 'Well, we'll see if we can afford it' - rather than actually having a set situation where I'm told 'OK, we have this much money that you can spend' … I'm sure there are people who take advantage of that and go around looking for things to use the money up with. (Daniel's mother)*

One BHLP referred to the shame some families feel when offered money, even though they might be grateful for everything. David's EBHLP said she had 'hassled' the family into allowing her to purchase things, and told us that David's mother had insisted on selling jewellery she had made to cover some of the needs identified, rather than using the budget. Jo's BHLP thought that the family were embarrassed that they might be accepting 'handouts'. Mona's EBHLP found that Mona's mother had expressed such strong concern that she could not accept the money provided:

I ventured to say to her, 'I know you're not working because obviously you're looking after Mona. If I could help you financially with car parking, travel, that kind of thing, would that be OK?' And she was quite surprised and sort of said 'I don't want to be any bother, you know - I don't want to take money that I shouldn't have'.

Frank's EBHLP was aware that Frank's family were facing financial difficulties (there had been problems about dinner-money arrears at school), and had tried to point out to the parents that she was able to meet the cost of activities for their son. She had found Frank's parents resistant to her offers of assisting financially or subsidising activities for Frank:

Perhaps they didn't want it. Perhaps that's the bit that I missed … 'We don't want this person coming along, we're OK, we're self-sufficient, we'll provide for our own family. Why should we want somebody else to come along and do that?'

Frank's mother indicated that she would expect to pay for such activities herself, and that she perceived the offer of financial help as implying that she was not able to meet Frank's care needs. Her perspective was:

She [the EBHLP] was on about care, if I needed any help with Frank or anything like that - sort of someone to take him off your hands for a few hours, or something like that. But I said, I suppose in a way I wouldn't dream of doing that - I've always looked after him … I suppose it's your child, it's your responsibility.

Only a few parents described the availability of a budget as putting them in control. Most family members stressed their gratitude, and tended to see themselves as fortunate recipients rather than as having been in control:

And I was like 'Thank you very much, yes that would be brilliant'. I put in the weekly charge and they pay the taxi fare for him to get to and from the place … And I haven't really questioned the budget, and I don't really ask what it's for and what it's to be used for, to be honest. Because I don't want to take advantage. If you know too much information you can take advantage, can't you? And I don't want to do that. You know, I'd like to try and provide as much as I can on my own. (Kevin's mother)

And, you know, [the EBHLP] then put together a package where myself and my husband got gym membership. You know, things that you think 'Wow, that's really generous'. (Simon's mother)

Daniel's mother described their EBHLP as 'more generous than I expected her to be'. Children, too, described themselves as 'pleased' or 'happy' about what their E/BHLPs had provided. Jed told us that he had not expected anything, and Kieran stressed that he would not ask for anything.

Ayesha's grandmother expressed extreme gratitude towards her granddaughter's EBHLP. She described, with some delight, how she had felt when their EBLHP had taken them to book a holiday:

I'm grateful for them doing what they're doing, so she said, 'And where would she like to go?' I'm sitting there and I thought, I feel like somebody that shouldn't be here, they wasn't asking me nothing, so she said, 'Oh, we're going to send her to Butlins, aren't we, Nanny?', so I said 'Oh, thank you'.

Several interviewees said that it would have been 'cheeky' to have asked for more than they received, even though they might have wanted to. Eva had not asked for an internet connection to go with her laptop, because she already felt 'a bit bad' about receiving it:

I think it would have been asking a bit too much. I don't know. I just don't like sort of taking things off people.

Brian's mother expressed worry that she might be taking inappropriate advantage of what was available:

She [the BHLP] says 'Look, I can help you there if you're really stuck. Ring me and I'll send someone to get Brian so he doesn't miss his school.' So that was an extra thing which I used twice, but I only abused the scheme if it was really, really necessary … I'm so old-fashioned and I think I don't want to abuse because there are a lot of people in need and I do think of others.

Along with such feelings of gratitude, or of being undeserving, parents sometimes indicated that they had not wanted to ask about the cost of the intervention or about the money that had been available. Their comments suggested to us that there might be a tension between families and practitioners regarding the negotiation of money and provision. Paul's EBHLP, for instance, said that she had wanted to avoid Paul's mother viewing her as a 'cash machine':

I wanted to base what I purchased purely on levels of need and not on want, and it's very easy for a parent to turn want into need.

Morten's BHLP suggested simply that budgetary considerations were 'my drawing board', something for the practitioner to deal with, and that families would 'naturally' never ask how much was left in the budget:

I've just said to mum, you know, 'We've got this idea that actually someone could support him, but we'd have to look into how we could get his time, how we could buy him, because effectively we'd employ him.' And so I haven't really involved parents in that process. It's more a process that I go away and think about.

She described herself as being 'up-front' with families about the available budget, in that she would give them a leaflet outlining the general process and saying that 'a budget' was available. Like other BHLPS, she told her families that if items were thought necessary she could apply for money and 'let's see if we get it'. Jo's EBHLP expressed concern that she might 'blow the mind' of Jo's mother by detailing what could be spent:

'Cos I think big amounts of money are quite sort of … - I think she would have got embarrassed again. A shed, I don't think she's probably got any idea of how much a shed costs.

Some parents, however, did not understand why their budget had not been disclosed to them. Daniel's mother, who told us she had received direct payments for her son's help without any problems in the county where they had previously lived, said that the 'ideal scenario' would have been for her to have a lump sum to spend on whatever facilities were available. She had this to say:

It wasn't discussed as a budget and obviously that can be a little bit awkward where you're sort of saying 'Well, can you help us pay for this?'. In some ways, I suppose, ideally it would be a more business-like situation, 'cos obviously we're adults and it's not ideal to be saying to someone 'Can you help me with money, please?' sort of thing, but that's the way it was set up.

Attributing Impacts

A central issue for this evaluation is whether changes or improvements observed by BHLPs and families could be attributed to the LPs holding a budget, rather than simply being the result of good LP practice. A number of practitioners offered specific views about how purchasing household goods had delivered more than just the items themselves. Paul's EBHLP, for instance, felt that purchasing basic goods that his family lacked, including a washing machine, beds for the children and a vacuum cleaner, had avoided the build-up of pressure within the household that would ultimately have led to the children being taken into local authority care. Morten's BHLP told us that a family day out, paid for with the BHLP budget, had given the family an unprecedented opportunity to interact and strengthen their bonds: Morten had told his BHLP that he was happier because his mother was now happier. Parents and children were generally very enthusiastic in interviews about the goods and household services that had been purchased for them. For example, Maria, a teenage mother, told us:

> *Living here for the first couple of days was just a living hell, 'cos we had absolutely nothing. And she got us the carpet in our bedroom, and it was so nice just being able to get out of bed and not - you know, you don't have your shoes on when you go to bed, so it was nice getting out of bed and not have things sticking in your feet and stuff. So it was really a massive help.*

Mothers of very young children, such as Esther and Maria, felt that their households were easier to run or that it was easier to keep children safe, while David's father told us that relations with the family's neighbours had been much improved by the installation of a garden fence. Redecoration or furnishings were always felt to have improved family morale. Roy, who had a diagnosis of ADHD, was causing chaos at home before his allocation to a BHLP (a YOT prevention worker). Roy's father told us:

> *Roy had graffiti all over the walls. He had holes in the walls, holes in the doors … We tried our best and it was just getting us down …*

Following redecoration using the BHLP budget, Roy's mother told us:

> *We couldn't afford to paint over the mess, so it was kind of left, and it was depressing looking at the graffiti. And, I think, just having it clean and brighter lifted our moods …*

Some EBHLPs were able to point to services they had only been able to procure for young people because they held a budget. Jez's EBHLP told us that the improvements in Jez's behaviour at school were largely down to the therapy that had been provided from the BHLP budget. She described the benefits of being able to purchase services in terms of this allowing her to source providers who could engage immediately:

> *I think, without a doubt, the most outstanding thing has been, if you like, the privilege of being able to say 'I'd like something done now', and knowing that you could step outside the boundaries a little bit. Because if you did have the funding to look, either for people out of county or for people in the private sector, that's actually a privilege that you don't get if you just follow the normal sort of guidelines for county regulations really.*

Other practitioners were more circumspect about attributing changes to the holding of a budget. Frank's EBHLP, when asked if budget-holding had made a difference to her engagement with Frank's family, told us:

I'd have to say 'No' on that one because of how little, in terms of money, has been spent, I think.

Brian's EBHLP told us that she 'really didn't know' what difference the holding of a budget had made. Ayesha's EBHLP felt that the use of the budget contributed only to tackling 'one little thing' at the end of her intervention. Similarly, David's father, although enthusiastic about the positive difference that the fence had made in respect of relations with the neighbours, pointed out that the purchase followed seven or eight months of successful work with the family and several referrals. Asked if the interventions might have been as successful if the EBHLP had not held a budget, he answered:

Oh, aye, definitely, 'cos of all the various resources that she knows of, like the council and that, like the issue that we had with the council with the eviction.

Although family members keenly appreciated purchases from the BHLP budget, they generally did not describe them as being the drivers of specific changes that had taken place. For instance, laptops were seen to have improved children's lives or behaviour initially, but Eva's and Tamsin's parents were less certain that this would be sustained. Asked what had made a difference, parents and children often pointed to aspects of the intervention that had not been paid for from the BHLP budget. Kevin, when asked which of the many practitioners he had engaged with had helped him most, said:

The people who have worked with me at school, because they know me more and they know what I like to do.

Eva, aged 14, told us that for her the most helpful parts of the EBHLP intervention had been the elements that had not been purchased from the BHLP budget:

The help with my Mum [parenting class, counselling] 'cos I've never been that close to my Mum and I was a lot happier now that I know that I've got a good relationship with my Mum … now I know I can talk to her about anything it's so much better.

When asked whether the intervention would still have been effective without the additional funding being available, many parents concluded that they would have found the money somehow, albeit with a struggle. Frank's mother thought that without the budget to pay for her son's sports activities, she would have found a way of paying for them. Pete's mother commented that although the money had helped, the BHLP would still have been able to support them without any extra money. Jason's mother was less sure, however:

It would have made things a lot harder. I suppose I'd have had to manage a totally different way without their help, if you know what I mean, but I would have just had to get through it …

The ability of BHLPs to access or hold a budget was seen by family members as something that had made things easier, often significantly so, but not as an indispensable part of the support they had received. Overall, practitioners also described the holding of a budget as a relatively minor or 'add-on' component in achieving the outcomes that had been delivered. Practitioners presented purchases of services, or, more typically, of goods for their families, as having meant a great deal to the families, and sometimes saw the holding of a budget as a catalyst that allowed more options to be considered, even if they were not taken up. In a couple of cases we were told that spending from the budget had allowed interventions to take place more quickly. Nevertheless, it appeared, overall, that BHLPs, EBHLPs and families saw the essential element in driving positive change as being the practitioner's role as a lead professional rather than as a budget-holder *per se*.

Not surprisingly, practitioners and families were very positive about the E/BHLP support they had received, and told us that they had observed marked improvements at various levels since the pilot had started. There was strong enthusiasm for the project among those we spoke to. It may be, of course, that the sample of families we interviewed contains a disproportionate bias towards those who had 'successful' interventions. Nevertheless, this positive picture is consistent with findings in local evaluations in the case-study areas. In Gateshead, for example, improvements were reported in children's behaviour and social skills, the setting of home routines and engagement with education; in Gloucestershire, families and professionals reported improvements in outcomes which included emotional well-being, family relations and attainment at school.[63] It may be difficult to understand why this strong positive perception at grass-roots level that BHLP made a difference does not appear to have translated into any significant improvement in quantified outcomes. We believe, however, that there are clear reasons for this.

The BHLP model, as conceived within the policy intent, implies that service users will have access to a budget commensurate with the total cost of their service needs, but the experiences families described to us commonly reflected a departure from this model. Parents and practitioners told us that the budgets had been used to supply a minor element of the interventions co-ordinated by BHLPs: the Early Intervention Fund in Gateshead, for example, was intended to 'plug a gap' in a support package.[64] Family members were very satisfied with what had been purchased, again consistent with local evaluations (the Gloucestershire report points to the impact of 'low cost practical help'), but they tended to attribute significant outcomes to elements of the plan that had not been paid for from the BHLP top-up fund. Purchasing goods for leisure activities, the house or garden is always likely to generate a feel-good factor among both the recipients and those providing them.

Budget-holding was intended, at least in part, to deliver enhanced outcomes as a result of empowering service users by involving them in significant decisions. Although planning took place in consultation with parents, they did not necessarily take note of or retain what was decided, and many said they would have been less than capable of contributing at the time. This is in contrast to some of the findings from the local evaluations: West Sussex, for example, reported that 87 per cent of practitioners thought that families had been involved in decision-making.[65] However, as we have seen, the scope of the decisions in which family members shared may not have reflected more than decision-making about the purchase of household goods and services. Few families, if any, had control of their own budget. In fact, none of our family interviewees had been told the size of their budget, and few seemed clear as to what it could be used for. Perhaps as a result of this, family members we spoke to did not appear to think of the budget as having been allocated for their child.

Budgetary purchases were often regarded by family members and by their practitioners as a 'sweetener' for the delivery of a package of existing statutory and voluntary provision. We note that in Gateshead the EIF was endorsed by practitioners as a 'carrot' to encourage engagement with other services.[66] These were usually statutory services, preferred by practitioners because they were regarded as being free and sustainable. Family members emphasised their appreciation of their E/BHLPs and most were happy to let them take charge.

[63] Gateshead Council (2008) *Report for Improve Wellbeing Board*, 11 January, received from DCSF; Gloucestershire County Council (2008) *Gloucestershire Budget Holding Lead Professional Pilot: Final evaluation report*, April.
[64] Gateshead, *op.cit*.
[65] West Sussex County Council (2008) *Early Findings from the Local Evaluation*, January.
[66] Gateshead, *op. cit*.

Our interviewees widely understood budgets as being intended to address 'deserving' need and, therefore, funds had to be requested and justified; some parents thought budgetary funds were held in a common pool to which their practitioner had to apply. We note, in this respect, that all three local evaluations of our case-study pilots refer to BHLP as a fund to be applied to. Since parents and young people did not have direct access to the budget themselves and did not know what it consisted of, they were required to request any budgetary purchases from the practitioner. All of this may have disinclined families to assert control over their budget or to be proactive in its use. Many were concerned that asking for too much might make them look greedy. The understanding of the budget that most family members seem to have taken from practitioners was of there being a fund for needy or deserving individuals and they responded to its use with gratitude rather than expecting to be in control of it. Budget spend emerged as something parents and children were thankful for if it came their way, and as something they would get by without if necessary.

It was only towards the end of the evaluation that some EBHLPs had realised that holding a budget meant more than applying for/using additional money. Those who grasped the potential of a radically new role were excited by the possibilities and, had the evaluation been able to continue, we might have seen some extremely innovative practice in which BHLPs and families were able to work together and be involved in making decisions about the best use of limited resources. What the families experienced during the pilot, however, was their LP making applications for additional funding if there were items or services which might address the range of needs that had been identified. As a result, there was a certain level of separation between accessing the BHLP budget and co-ordinating a raft of interventions, many of which were clearly having a beneficial impact on children's lives. Coupled with improvements to living conditions in the home and increased opportunities for leisure activities, the interventions contributed to there being a comprehensive package of support in place for many of the children and young people. Parents, young people and practitioners could point to numerous beneficial impacts, particularly in the short term, which would not have been picked up in the quantitative analyses reported in Chapter 6 because the objective evidence about interventions outwith the BHLP budget was so sparse.

Our interviews with family members have enabled us to see how the standard model of BHLP practice had been working and to delineate some of the obviously positive messages that had been picked up in local evaluations and the pilots' own case studies. Case studies, however, do not provide the data that are needed for a complete evaluation of the cost-effectiveness of BHLP practice. The qualitative data presented in this chapter show that families were generally appreciative of the interventions of the BHLPs and of the goods and services purchased for them, and could observe small but meaningful shifts for the better in relation to their children's behaviour and in their family life.

To a large extent, the interview evidence suggests that the BHLPs were acting as competent LPs throughout the evaluation, with the bonus of being able to access some additional funding for the families on their caseload. In the few families in the sample whose EBHLPs had commissioned services to replace what was statutorily available, family members spoke of there being better provision and practitioners were able to see the benefit. These families tended to have a clear idea of what services they would like, and in most cases their needs centred on a child or young person with a disability. Family members were empowered to take more control themselves and to consider which service would be most beneficial. The wider population of families in the interview sample showed little or no such inclination to take charge of their service provision. Many said they felt 'swamped' already, and many of their lives were chaotic and many were somewhat wary of involvement with other agencies. These families appreciated there being someone friendly and trustworthy who would take care of things for them. The E/BHLPs were able to do just

that, and some of them indicated that they saw this as the best way of helping families with a child with additional needs.

In many ways, the families in our sample were far more broad-ranging in their needs than the populations of service users where earlier prototypes of budget-holding have been tested (e.g. with the elderly and with individuals with disabilities). Poverty was a significant characteristic of many families in this evaluation, and many children and young people had extensive and complex needs, some quite severe. The BHLPs told us that problems would inevitably remain with some of the children and/or their parents for years rather than months. For such families it may, as a number of practitioners suggested, be a step too far for parents or young people to contribute to the planning, prioritise the budget and make choices about services. In any event, most, it seems, were not invited to do so.

Chapter 8 - A Radical New Role for Lead Professionals?

One of the key objectives of our evaluation of BHLP practice has been to examine whether how, the introduction of budget-holding has enhanced the lead professional role and if so how, and the extent to which it has led to a new way of working. The expectation was that budget-holding would empower practitioners by giving them control over significant individual budgets, and enable them to promote greater collaboration with families and multiple agencies involved in planning and delivering services to children with additional needs. In addition, as a consequence of their being single account holders, BHLPs were expected to commission services directly from providers, having identified additional needs via a CAF and having taken account of the wishes of the child and family. As we have seen, it was not until the end of the pilot that some practitioners had begun to embrace a radically new role within a refocused model of BHLP practice.

In order to examine the experiences and perceptions of practitioners, we conducted a series of interviews with BHLPs and EBHLPs during the operation of the pilot and invited practitioners and pilot managers to take part in a survey towards the end of the pilot. We were particularly keen to find out about whether the practitioners felt they had been well-prepared for the role of BHLP, their readiness to change their practice, how they targeted children with additional needs, whether they promoted multi-agency working, and the ways in which they sought to empower young people and their families. We also asked them to reflect on being budget-holders and how this had changed their practice, if at all. This chapter presents the findings from these interviews and the survey.

Interviews with BHLPs

The evaluation sought to gather data on the perspectives of practitioners working as BHLPs through in-depth interviews in three case study pilots. As we explained in Chapter 3, we relocated some aspects of our in-depth work to capture the experiences of practitioners who had been selected as EBHLPs. This enabled us to consider any differences between the views of BHLPs and of EBHLPs. For this element of the evaluation we interviewed a total of 14 EBHLPs and 12 BHLPs during the study, all of whom had taken the lead practitioner role with at least one of the families in our in-depth interview sample. They worked in a range of capacities including learning support, social work, youth offending teams, educational psychology, education welfare, social inclusion, and youth and family support. Six were male, and twenty were female.

During the interviews, we discussed individual cases and talked more generally about each practitioner's professional background, their understanding and experience of the E/BHLP role, and the implementation of BHLP practice. We recognised that, for the most part, practitioners selected to become EBHLPs had already demonstrated commitment to BHLP working, so we could expect them to be particularly positive about their experiences and enthusiastic about the BHLP work they had undertaken. To this extent our interviews probably represent the views of relatively experienced practitioners who were favourable towards a new way of working, and may not be representative of the views of all the BHLPs across all the pilots.

Survey of E/BHLPs

In an attempt to capture the experiences of the wider BHLP population, we distributed an electronic survey, via email, to 818 BHLP practitioners in 13 pilot areas, in order to ascertain their views on working as BHLPs, and to 40 practitioners acting as EBHLPs in Devon, Gateshead, Gloucestershire, Telford & Wrekin, Trafford and West Sussex. We received completed survey questionnaires from 246 BHLPs and 19 EBHLPs, although some had not completed all the questions. The BHLPs came from a variety of professions,

and worked in three main sectors: education, health and social care. Other sectors that were represented included Connexions, children's services, community work and youth justice. Nearly half of all the BHLPs who responded worked in education, as Table 8.1 demonstrates.

Table 8.1 - Sector profile of BHLPs

Sector	Total (%)
Education*	44.9
Social care	17.1
Health	13.1
Connexions	11.0
Children's services	6.9
Community work	2.0
Youth justice	2.0
Other	2.9
Total (100%)	246

*Includes some Connexions workers who classed themselves as in the education sector.

This pattern was similar for EBHLPs, of whom approximately half (53%) were from the education sector. Most practitioners had a relatively large caseload of children and young people, with a third stating that their caseloads were over 50 (31.8%), and a further quarter having a caseload of between 21 and 50 (25.3%). Only 15.6 per cent of practitioners worked with a caseload of ten or fewer children/young people. By contrast, some 69.9 per cent of practitioners had worked with fewer than ten children in their role as BHLPs. Of course, not all children and young people on a caseload would have additional needs that required a multi-agency response. Nevertheless, the numbers of children BHLPs had worked with varied considerably, as Table 8.2 demonstrates.

Table 8.2 - Number of children BHLPs had worked with during the pilot

Number of children worked with	Percentage of BHLPs (%)
1–5	44.1
6–10	25.8
11–20	16.1
21–50	10.8
>51	3.2
Total (100%)	186

This pattern was similar for EBHLP practitioners, who tended to have large caseloads, but had worked with ten or fewer cases as EBHLPs (although they may have worked with others as BHLPs). Some 81 per cent of BHLPs and 100 per cent of EBHLPs stated that they had had a budget to spend on each child, and three quarters (76.3%) of BHLPs and 94 per cent of EBHLPs took part in, or held, multi-agency meetings as part of their work. Five of the nineteen EBHLP respondents had not previously worked as BHLPs, so they were unable to compare BHLP and EBHLP practice, and so the refocused model did not constitute a progression from BHLP to EBHLP practice. In the following sections of this chapter we highlight the key themes emerging from the analyses of the survey and the practitioner interviews.

Readiness for the BHLP Role

The DCSF had envisaged that substantial preparation would be needed for practitioners to be ready to take on a new role. In the survey, practitioners were asked to state whether they felt ready for the role of BHLP when they took it on, and 75.5 per cent stated that they had. Nevertheless, BHLPs working in education were significantly more likely than other practitioners to state that they did not feel ready for the role: 57.7 per cent of those working in education stated that they did not feel ready for the role, as against 9.6 per cent of those working in health, 3.8 per cent of those working in social care, and 28.8 per cent of those working in other sectors ($p = 0.024$). This is particularly striking since the majority of the BHLPs who responded to the survey (44.9%) were working in education during the BHLP pilot. Practitioners were generally more likely to feel ready for their role if they perceived that their managers or supervisors in their home agency were very supportive of them taking on the role of BHLP (75.9% of those who felt ready for the role perceived their supervisor to be very supportive, as against 51.0% of those who did not feel ready for the role, $p = 0.003$). Readiness for the role was clearly associated with the training received and the extent to which the essential building blocks of BHLP practice were in place.

The Importance of Training

Adequate training would appear to be vital to ensure that practitioners are prepared and feel ready for the role of BHLP: 86.2 per cent of the practitioners who felt ready for their role felt they had received adequate training, as against 34 per cent of practitioners who did not feel ready (Table 8.3). This difference was significant for all professionals apart from those in social care, where the relationship between training and readiness for the BHLP role was not as marked. It may well be that social care staff are more used to managing assessment, case management and action planning processes that are associated with the BHLP role than other practitioners. The numbers of EBHLPs responding to these questions were too small for us to make any valid comparison with BHLPs, although it would appear that EBHLPs were slightly less likely than BHLPs to state that they found their training adequate. We are aware that the DCSF organised specific training for EBHLPs, but not all the pilots took advantage of it.

Table 8.3 - Readiness for the BHLP role and perceptions of training

	Felt ready for role of BHLP (%)	Did not feel ready for role of BHLP (%)	Total (%)
Did not have any training	11.9	22.0	14.4
Training not adequate	1.9	44.0	12.0
Training adequate	86.2	34.0	73.7
Total (100%)	159	50	209

Practitioners who had described their training as inadequate were asked to comment on what training they had needed. The responses fell into several categories: practitioners wanted to know more about what it means to be a budget-holder and about the forms they had to complete; they commented on the difficulty they had experienced in actually seeing themselves as budget-holders and the support they needed to be able to move into the role; and many BHLPs thought that the training they had received relating to the CAF and lead professional working was very good, but felt that training for the role of budget-holding had been too little too late. There had been an expectation that they would simply learn on the job. We received comments such as the following:

> *The training I had was good, but I did not gain any understanding of the role of the budget holder, only really of how to fill in and run a CAF case. (Teacher)*

CAF and Lead Professional training was good, but did not address practical issues such as how to complete the forms once funding had been agreed. I had to ring lots of people to get support with this. (Connexions personal advisor)

I think line managers also needed to have the training in order to support the staff they have responsibility for managing.
(Connexions personal advisor / teen pregnancy advisor)

We noted that some practitioners found some of the questions about BHLP practice and training difficult to answer, as they did not see themselves as having been BHLPs, but rather LPs who merely accessed a fund. These practitioners offered comments such as the following:

Have not worked as a BHLP, but as LP have accessed funds and found the LP training adequate.(Pastoral manager)

I am not a budget-holding LP. I applied for money from a BHLP to help a child. (Extended Schools co-ordinator)

Most of the BHLPs and EBHLPs we spoke to during our interviews also defined their training for the role as minimal - a morning or a day at most. One BHLP said she had received 'no particular' training, and another reported that her training had been a small part of a CAF training session:

And it was sort of briefly mentioned as part of the CAF training that there was this thing called the Early Intervention Fund.

One practitioner did not view BHLP practice as something for which training was relevant since the BHLP criteria in his area were so broad. One EBHLP felt that the training had not prepared her for the challenge of the paperwork required for the evaluation.

Implications for Practice

One of the key tenets of a BHLP approach is working in partnership with children and families. The readiness of practitioners to take on the role of BHLP seemed to impact on the way they worked with families. Practitioners who felt ready for the role of BHLP were significantly more likely than those who did not to involve families in decision-making about the priorities for spend in order to meet their needs (68.7%, as against 46.5%, $p = 0.007$). Neither the professional background nor the caseload of the practitioners appeared to have a bearing on whether they involved families in decision-making. This suggests that the better prepared the BHLPs were, the more confidence they had in the role and the more willing they were to involve families. The ability of BHLPs to empower families seemed to be significantly related to their readiness for the role of BHLP: 70.3 per cent of the practitioners who felt ready for the role considered that the families they worked with felt empowered by the approach, as against 53.5 per cent of the practitioners who were not ready ($p = 0.032$).

Another major element of the BHLP role is the ability to take decisions in collaboration with the family about priorities for spend without having to refer to a decision-maker or manager. The majority of BHLPs felt they were able to make decisions independently, but those practitioners who had not felt ready for the role were significantly more likely than others to say that they were not able to take decisions independently (26.9%, as against 17.0%, $p = 0.022$). Those who felt that their training had been adequate were also significantly more likely than those who did not have any training, or who felt that their training had been inadequate, to take decisions about spend independently.

The evaluation has demonstrated the importance of appropriate training for, and a clear understanding of, any new role. The ability to embrace the responsibilities associated with budget-holding and to involve families in the decision-making process appears to have been significantly enhanced by appropriate training and managerial support. Training would appear to be an essential building block in the implementation of BHLP practice. Other building blocks, such as the use of CAFs, were also important.

Developing the CAF

One of the requirements of pilots was that BHLPs would use the CAF with families in order to assess their needs and identify solutions. It became clear, during our scoping work with pilots, that not all practitioners were using the CAF, although as the pilots progressed many more were encouraged to do so: just 3.3 per cent of the practitioners who completed our survey at the end of the pilot stated that they had not used the CAF. Some pilots made the completion of a CAF a compulsory element in the process of accessing funding or holding a budget, but others were slower to implement its use. The majority of those who had used the CAF had found it effective in identifying need. Practitioners in Hertfordshire and West Sussex, however, were significantly more likely than those in other areas to state that the CAF was not at all effective in identifying need ($p = 0.003$).

Practitioners' perceptions about the effectiveness of the CAF in identifying needs seem to have influenced the way in which BHLPs worked with families. Those BHLPs who thought that the CAF was highly effective in identifying need were significantly more likely to state that families contributed to decisions about spend than other practitioners ($p = 0.001$), and to state that they had managed to involve families more effectively ($p<0.001$). Perceptions of the CAF also seem to have been related to whether BHLPs felt that the families had been empowered by a BHLP approach: 76.5 per cent of those who thought that the CAF was highly effective also thought that the families they had worked with had been empowered, as against 64.0 per cent of those who found the CAF partially effective, and 10.0 per cent of those who did not find the CAF effective in identifying need ($p<0.001$).

The practitioners who thought that the CAF was highly effective at identifying additional need were more likely to take part in multi-agency meetings: 91.5 per cent of those who found the CAF highly effective also took part in multi-agency meetings, as against 66.0 per cent of those who found it partially effective, and 50.0 per cent of those who did not find it effective ($p<0.001$). Over half (52.2%) of the BHLPs who found the CAF highly effective in identifying need rated the needs identified by the CAF as their most important consideration when commissioning services (as against things such as the cost and quality of services and the reputation of those agencies providing them).

These variations in practice were echoed in our interviews with practitioners. Many of the BHLPs and EBHLPs we interviewed had not completed CAFs for the children we asked them about, either because they had not been trained in CAF at the time the cases were referred or because they routinely used an assessment specific to their organisation. A few BHLPs we spoke to had only worked from CAFs that had been initiated and largely addressed by previous BHLPs. One of them told us:

> *… to be honest, I haven't read an awful lot of this [the CAF] - all I did was have a ten-minute meeting with [the previous BHLP]. She came in, we talked about it with [the child's] mum, and she said, 'Now is this OK? That's OK', and we just went through and said, 'Yes, yes, yes - these are the things we need to work on', and that was it really … we've had no reason to go into it to update it or anything.*
> *(BHLP, learning support worker)*

One BHLP was happier taking on cases in which the CAFs had been worked on already by another practitioner, since this considerably reduced the amount of work that was required of her:

> *… if the CAF's already been done that saves you a big, huge piece of work, because you're simply reviewing the CAF. And it means that there's other people who have been involved with the family who could actually be helpful.*
> *(BHLP, parent outreach worker)*

Nevertheless, most of those who had used CAFs had done so primarily in cases where they themselves had completed the assessment. A few described the CAF form as a means to an end; others described a wider function for the assessment, understanding it as a means of bringing agencies together to work from shared information on a family; some found that the procedure gave them new insights about the children and families, or inspired different thinking about their cases.

The comments we received were not wholly positive, however. Of those who had used the CAF, most said they had harboured some reservations about it, but had tended to find that their concerns were allayed when they started using the forms. Several practitioners stressed the in-depth and potentially intrusive level of inquiry that the CAF entailed, although those who had been worried about families' willingness to participate in the CAF generally reported that they had encountered a greater willingness to divulge information than they had expected. One learning support worker we spoke to said that she had at first found some of the things she was required to ask about 'a little nerve-wracking', especially since she had to ask questions not just for herself but on behalf of other practitioners. She added that she could now see the benefits of doing so:

> *… once you get going they [CAFs] are very full and it does give you a lot of background, often to things that you then realise have quite an impact on why you're seeing the child that you see. So, as I say, I think they are quite good. (EBHLP)*

One practitioner was critical of CAFs, stating that they can be limited:

> *… you only get what the parent chooses to tell you [on the CAF], so I don't know anything about this girl's past except that at fourteen years old she had a little boy and lived in a home, she lived in a hostel. And that's all I know, but I've only found that out in the last two weeks … I think [that], at the time when you fill the CAF form in, it's all up to the parent, you're relying on the parent telling you.*
> *(EBHLP, children's services co-ordinator)*

In fact, many practitioners dealt with this issue by treating the CAF as a 'rolling' document: they did not expect all the elements of need and actions to be identified when the form was completed, and updated the action plan and developed the information as they worked with and got to know the family. It is important to remember that most of the BHLPs had regarded the budget available to them as a top-up fund - money to be spent on the children, buying goods and services that would otherwise not be forthcoming. Some practitioners, therefore, found it difficult to understand why they would need to complete a detailed CAF assessment merely to access some additional funds to purchase household goods, for example. One BHLP, whose role would be better described as budget-accessing than as budget-holding, described the CAF assessment as something that had to be done simply to get money for a family. In some cases, the CAF was dispensed with:

> *… I didn't actually do a CAF for her because there was social services involvement. I just got the money. (BHLP, youth and community learning worker)*

Targeting Support

The pilot focused on children and young people with additional needs who required a multi-agency response. In many respects, this meant that the scope for targeting was extremely broad. As we saw in Chapter 4, some pilots selected children in particular age ranges or targeted specific neighbourhoods. During our interviews we asked the practitioners about the criteria and attempted to gauge their understanding of what constituted a suitable case for BHLP working. The BHLPs, particularly those in Gateshead, stressed that the criteria had been as wide as possible, and that they had been encouraged to consider all of their cases for BHLP practice without restrictions:

> *… normally, when we're dealing with charities and when we're dealing with community care grants and budgeting loans, social fund loans, there's very concise clear guidelines about who can and can't apply for it, and what their circumstances are. And we didn't really have that with this, because it was a pilot, and because they were trying to demonstrate the effectiveness of it. (BHLP, tenancy support assistant)*

This BHLP had struggled with the broad approach at first, saying he had felt 'cheeky' when putting in applications for finance. Most practitioners remembered that there had to be clear, identifiable needs in the young person or family that would be addressed by additional funding and that the case should require the input of more than one agency:

> *As long as you could make a case that it was beneficial to the family then it was OK. (BHLP, resource team social worker)*

One BHLP recalled there being an age limit, but not what it was. Another BHLP pointed out that the families had been very 'needy', and required 'very basic things'. One or two stressed the substantial ongoing needs of families, particularly those that had had years of previous social services involvement.

The move towards a refocused model of EBHLP practice sought to limit the use of BHLP money as a top-up fund from which to purchase the 'very basic things' referred to above, and placed increased emphasis on the co-ordination of a package of support. The EBHLPs selected had been asked by their managers to work with a small number of cases for which they had been allocated larger budgets and for which they were to be personally responsible. In two of our areas, EBHLPs had looked for the families among, or entering, their caseload who were in need of the most resources:

> *… the two families I had in mind were obviously the two with the most complex of issues and the highest needs … and both of the families that I'd actually identified had the lowest of incomes, funnily enough, although that wasn't necessarily something that I'd originally identified, but it did work out that way. (EBHLP, FIP social worker)*

> *There was no defined category … it was more ad hoc than that - but it was kind of based on, 'OK, these are quite serious cases.' They were serious cases where a bit of sustained attention, and some resources particularly, could make a difference. (EBHLP, educational psychologist)*

These EBHLP cases were therefore identified because they were families with complex needs and were seen as families in crisis. On this basis, some practitioners felt that they could have picked any of their cases, as one indicated:

All the families [we deal with] have got real complex problems, and none of the kids are in school - they're all involved in the Youth Offending Team, they've all got housing difficulties, there's been domestic violence or serious mental health issues with the families, and the kids [are] kind of not interacting very well within the household or within the community, getting into trouble with the neighbourhood wardens, and all of that sort of thing. (EBHLP, FIP social worker)

Some EBHLPs took the opportunity to give new momentum to long-standing cases and to work in a different way with new cases:

One of them was an ongoing case that was going nowhere and needed fresh impetus really. The other one was a case that I just picked up and it just seemed to fit within the criteria.

One Gloucestershire EBHLP working in the Disabilities Team said she had selected one case because the family needed a swift intervention that had not been forthcoming from social services:

I think by the time I rang Mum she'd had a diagnosis so we knew that it was a definite disability and it was permanent. Went back to the social work team, explained that to them and they still didn't take it for whatever reason and I felt very strongly that Mum needed a very swift response, you know. They were clearly struggling with a new diagnosis and lots of issues.

While one EBHLP practitioner had considered that working with new cases would not be practical, another thought that EBHLP cases had to be new to the system, and had selected her cases on this basis:

I think that somewhere in the writing it says that you should try to look for case studies who have not had a significant degree of input already, so therefore the five case studies that I chose were definitely five children that, for whatever reason, had had no real back-up or any support at all. (EBHLP, social inclusion manager)

One EBHLP explained that she had made the 'wrong choice' in respect of one case because the parents were disinclined to engage with her. She stressed that EBHLP practice was, in her view, appropriate for families who are 'open' enough to address the issues identified. Our interviews with EBHLPs appear to confirm that many of them deliberately targeted more complex cases than were targeted by BHLPs.

Issues Prompting Intervention

The E/BHLPs we interviewed worked in a variety of fields. Although those we interviewed generally saw the problems families faced as interleaved, a number of distinct areas for intervention emerged from the practitioners' accounts. They can be broadly categorised as children's problematic behaviour, parental (principally maternal) stress or difficulties with family dynamics, engagement with school; health problems, and poverty. Some E/BHLPs particularly emphasised their concerns about poverty. One BHLP told us, 'It shocks and scares me how some of these families live.' Another told us that she had thought about buying theatre tickets for a family, but the family had never been as far as the city in which the theatre was located and for them it was too big a step to take. Some BHLPs indicated that the immediate concerns in the families they worked with related to financial problems.

We asked BHLPs in our survey to consider the kinds of additional needs which are best served by BHLP practice. The answers were varied, but a popular response was that children living in poverty, or in an area of socio-economic disadvantage, should be targeted:

Those who are from less affluent families or those whose parents spend what little income they have unwisely, leaving less for the children. (Education welfare officer)

Families who are economically unable to provide clothing/housing/necessities for their children due to social or economic reasons. (Family liaison worker)

Some BHLPs stated that any vulnerable children with needs requiring a multi-agency response, or those needing speedy access to services for whatever reason, were best served by the BHLP approach:

Children with a range of difficulties who require the help of several services - otherwise it is much simpler not to raise a CAF. (SENCO)

All children can benefit from a BHLP if they and their families require a multi-agency approach (Team Around the Family). [The] BHLP acts as a single point of contact for the family/child/multi-agency team. (Parent outreach worker)

Those needing services quickly from a variety of agencies.
(Connexions personal advisor)

Many other groups of children and young people were mentioned, which included: those under the threshold for social services intervention; those with disabilities; those with mental health issues; those at risk of offending; those not attending school; those with housing needs; those experiencing family breakdown; those with behavioural difficulties; the homeless; and young carers. Some BHLPs thought that budget-holding is an approach suited to all children with additional needs, or at least all those who are in danger of not meeting the five *Every Child Matters* outcomes. Not all BHLPs felt that BHLP practice had been targeted appropriately, however. A Connexions personal advisor responded as follows:

Not convinced any young people are served well by BHLP - I do not think it is a good scheme or best use of public money. In my experience those with significant additional needs are often those who most often refuse help offered. In my experience most help went to those with marginal needs, and would almost certainly have achieved goals without BHLP intervention, at least in this area of the UK.

Multi-Agency Working

Pilots were encouraged by the DCSF to adopt TACs as preferred practice when working as BHLPs. Nevertheless, we found distinct differences between the pilots regarding the extent to which BHLPs engaged in multi-agency meetings. In Hertfordshire, 81 per cent of BHLPs, all of whom were Connexions workers dealing with older young people, said that they did not hold or take part in multi-agency meetings. In Leeds, 41.7 per cent of BHLPs said this. Leeds had a fast response service, which might have meant that there was insufficient time to physically meet, although multi-agency working may have been taking place in other ways. Most BHLPs in other areas did participate in meetings. There were significant differences between professional sectors, however.

The BHLPs from health and social care were significantly more likely to take part in, or hold, multi-agency meetings than their counterparts in other sectors ($p = 0.001$). Moreover, those BHLPs who routinely took part in or held multi-agency meetings were significantly more likely to find the CAF highly effective in identifying need: 52.8 per cent of BHLPs taking part in multi-agency meetings said this, as against 16.0 per cent of BHLPs who did not engage in multi-agency meetings ($p<0.001$). Eighty-one per cent of BHLPs who took part in multi-agency meetings said that they always encouraged families to attend, 12.7 per

cent said that they sometimes encouraged families to attend, and the remainder said that they never encouraged families to attend. The latter group of BHLPs were asked to state why families might not be encouraged to attend, and most talked about the need for professionals to have their own space to discuss problems and to support each other, their belief that young people did not want to attend, and the intimidating or formal nature of multi-agency meetings:

> *The [TAC] is used as a meeting for other agencies to support, advise and share information to help the BHLP meet the needs of a child and young person. (Assistant head teacher)*

> *Young people do not always want family involvement. (personal advisor)*

> *Sometimes the young person has not been invited to attend as it has been felt that the meeting may be intimidating. However, I feel that the young person could possibly attend for some of the meeting. On occasions the young person has a medical condition. (Education welfare officer)*

Nevertheless, it would appear that those BHLPs who took part in multi-agency meetings were significantly more likely to feel that they had been able to involve families more effectively than in their previous practice (69.3% as against 34.1%, $p<0.001$). The BHLPs who routinely took part in multi-agency meetings were also significantly more likely than other BHLPs to state that families contributed to decisions about the priorities for spend in meeting their needs (72.5% as against 37.8%, $p<0.001$). The results were very similar in relation to family empowerment: 72.0 per cent of BHLPs involved in multi-agency meetings stated that they felt families had been empowered by a BHLP approach, as against 45.2 per cent of other BHLPs ($p = 0.001$).

The BHLPs who were enthusiastic about multi-agency meetings found them useful in a variety of ways, most notably in deciding on action plans and reviewing those plans, as Figure 8.1 demonstrates. We asked BHLPs to tell us about any other useful functions of multi-agency meetings, and the primary benefit they identified was the opportunity to build stronger working relationships with other agencies and to improve communication between professionals:

> *Build relationships with other professionals, enabling future working to be more effective. (Connexions team leader)*

> *Develop professional relationships and model to the family the commitment of workers to change. (FIP manager)*

There was recognition of the fact that practitioners have to be committed to the TAC process, and that this is sometimes a problem given the increasing number of TACs being called and the demands of workloads, but that multi-agency meetings allowed BHLPs to assess others' commitment and build positive relationships. Strengthening relationships also extended to family members through the TAC, and was a useful way of ensuring that families had a voice and a real say in their care. The advantage is that TACs can do the following:

> *Build relationships, help to make parents or carers a part of the team and not just 'You are here because we want you to be and this is what we want you to do'. I use the meetings to help families gain some control of their situation with the support of a multi-agency team. (Family resource worker - Extended Schools)*

Ensure the parents' voice is heard and that their priorities are the professionals' priorities. (Keyworker co-ordinator)

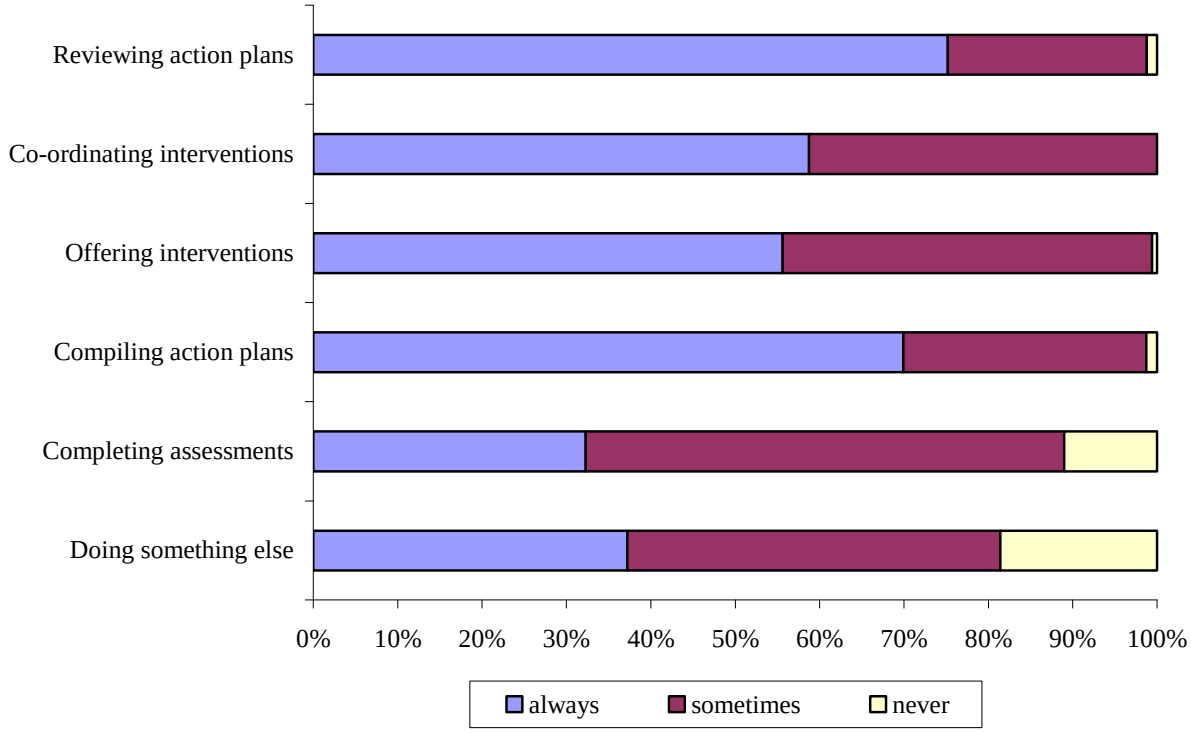


Figure 8.1 - The usefulness of multi-agency meetings

Despite the benefits associated with multi-agency meetings, a few BHLPs made negative comments about them, primarily related to the frustrations they had experienced:

I regularly call TAC meetings but usually no other agencies are able to attend, so it turns out to be a meeting for me and the parents. It is very frustrating and does not help me to achieve things. I am happy to co-ordinate interventions but there are not always interventions offered in the first place, or if they are the other agencies do not follow up on their offers of help. Sometimes these families are very difficult to help and we cannot give up on the children … How come all the other agencies are able to say they are working to capacity and they have no more appointments available? I can't say I am not able to help a child who is struggling! (Inclusion co-ordinator)

Action plans are compiled - very little happens. From my experience, the only people who intervene and actually do something are schools. A lot of discussions take place about how this case doesn't fall into the remit of an individual service. Frankly, a lot of money is spent sitting in a room talking about the interventions that for one reason or another cannot happen. (head teacher)

This practitioner asked whether it might be better to spend the money on putting interventions in place. Some EBHLPs made similar responses.

Implementing Action Plans and Commissioning Services

The BHLPs were expected to take responsibility for co-ordinating a multi-agency response, normally laid down in an action plan for each child and young person, and to ensure that these plans were implemented effectively, with everyone delivering on their promises.

Eleven per cent of BHLPs who responded to our survey stated that they often came across barriers, and a further 58.6 per cent said that they sometimes came across barriers in implementing the plans. The most frequent barrier mentioned was that of trying to engage other practitioners in meetings, or getting them to deliver what had been agreed. Some agencies had long waiting lists and action plans could not therefore be achieved while waiting for practitioners to deliver services. Practitioners responding to the survey presented the following comments about the barriers they had faced:

> *Other practitioners withdrawing their support/overestimating their ability to carry out actions they have identified.(Family / school liaison worker)*
>
> *Getting commitment from other agencies. Attendance at multi-agency meetings is poor. Some agencies do not deliver agreed services. Poor communication with some agencies. (Team leader - Additional Learning)*
>
> *Long waiting lists for some providers / agencies. Reluctance on the part of some agencies to take on the role of Lead Professional. (Multi-agency co-ordinator)*

Other BHLPs mentioned the difficulties they had experienced in engaging young people and families:

> *In two cases, families have not attended TACs, which were rescheduled on two further occasions. Professionals have expressed frustration, as their time is valuable, and it is not feasible to move things forward without the views of the family. (Education welfare officer)*
>
> *Usual barriers with young people who are reluctant to try anything new or travel outside their local area. (Connexions personal advisor)*
>
> *Parents' lack of co-operation/support - but this is probably why some of the problems were identified in the first place! (School nurse)*

Some BHLPs had experienced difficulties implementing action plans because the services needed were either not available or too expensive:

> *Lack of services / activities / support, especially male family support workers. (Portage worker)*
>
> *Shortage of staffing in other agencies meant they were unable to provide appropriate support (Family support worker)*
>
> *Lack of resources/overstretched teams, time, finance, projects come on line and then lose funding, lack of appropriate housing, lack of mental health provision. (Connexions personal advisor)*

The lack of input from social care services was referred to by several BHLPs, who felt that social care practitioners were not willing to engage, owing to their caseloads and high thresholds. Other barriers identified by BHLPs included not having sufficient time to carry out planned work and having to chase other services and professionals.

The evidence from the survey suggests that BHLPs were more likely to say they had experienced barriers in implementing action plans if they had not held a budget, or had a limited budget: only 47.4 per cent of BHLPs who had an unlimited budget had experienced barriers to implementing action plans, as against 71.8 per cent of those who did not have a

budget and 74.1 per cent of those who had a restricted budget (p = 0.033). This suggests that holding a budget has an important impact on ensuring that services are forthcoming.

Accessing the Budget and Paying for Services

The BHLP model identified by the DCSF implies that the BHLP should exercise control of a sum of money allocated to each case. Action plans should indicate the services to be commissioned, and BHLPs were encouraged to experiment with individual-level commissioning in order to meet the needs identified. Some BHLPs had access to block-commissioned provision of certain services, such as counselling.

In our survey, 13.7 per cent of BHLPs revealed that they had not commissioned any services at all. Of the remainder, 55.3 per cent stated that they found it very easy or somewhat easy to commission services, and 16.5 per cent had found it difficult. Those BHLPs who found it easy to commission services were also more likely to say that they had very supportive line managers, had not experienced any practical barriers to BHLP working, had been able to involve families more effectively in decision-making, and had felt that families were more empowered as a result of BHLP practice. We asked BHLPs and EBHLPs to rank the most important considerations when commissioning services for children and families, and chief of these for most practitioners was that the CAF had identified a need for the service. Other important considerations included the speed and ease of access to services, and a recommendation from another practitioner. The least important considerations were whether the service was provided in-house and the price of the service.

During our interviews, we asked both BHLPs and EBHLPs how they went about accessing and spending the money for their families. All the BHLPs and one of the EBHLPs described a process (the standard model of BHLP practice) which involved sending a request form detailing an amount and what it represented to the BHLP team for approval. Most regarded this process as easy to operate, the following comments being representative:

> *… it was a very easy process and very user friendly, which was great, because otherwise, sometimes, you can get tied down in so many forms of evidence that it becomes something that you almost become resistant to try to access … you just don't have the time always to sit and fill out long endless kind of application forms for things. (BHLP, family support worker)*

Practitioners, those in Gateshead in particular, described this as a quick and straightforward process. While most requests were agreed, occasionally items were refused. We were told of an unsuccessful application to cover childcare (it was argued that this was already provided by services in the area) and a computer. One BHLP usually discussed proposed uses of the budget with the BHLP team, and found this helpful because the team might suggest alternatives to her. Generally, however, BHLPs found that their requests were almost always agreed and the money made available to them within a couple of days of a request. Although the BHLPs recalled being informed of budgetary limits for their cases, they described these as nominal: rather than balancing their purchases against a defined available amount, they submitted requests for money as needed:

> *… we're not given a budget at the beginning to say you've got X amount of money to spend … I think the actual kind of considering the budget isn't something that is too much extra work, really, because we just all go in and make a request and then discuss it … (BHLP, family support worker)*

One BHLP described having had funds made available to use on her caseload as a whole rather than having a specified amount allocated per case, since there would not be sufficient funds available to spend the maximum budget on each child:

> *… obviously we've got lots more cases and a very limited budget really, so if we spent a thousand pounds - I know we could potentially on each child, but if we did we'd have no money, or we wouldn't have enough money to do that at the moment.*
> *(BHLP project worker)*

Another EBHLP also told us that she would have preferred to pool her financial resources across all her cases:

> *I actually, personally, think it would be more useful to have a big pot that you can draw out of, which is sort of how I would have imagined it in my head anyway. I know it was three thousand pounds per family or whatever … (EBHLP, FIP social worker)*

The decision about whether something was affordable within budgetary constraints seemed to have been deferred to those authorising the BHLPs' applications. One West Sussex BHLP described these individuals as 'the real budget holders'. Services were typically described as being paid for via an invoice, while goods were often ordered from catalogues by practitioners or their managers through accounts held at major retail stores. Some BHLPs said that they gave cash or cheques to their families and asked them to provide receipts for goods and services purchased. One BHLP considered that this was what he had been asked to do, and described it as an important part of empowering his clients:

> *[The mother] was given quite a bit of money to pay the respite people … but it didn't go wrong, I was quite sure. They were given a lot of control and I think it felt quite good, 'cos it wasn't so much treating them like little children.*
> *(BHLP, resource team social worker)*

Some EBHLPs had made direct payments to some of their families in exchange for receipts, though some had not been able to offer money in advance of receipts. One BHLP had faced considerable obstacles to accessing petty cash as a result of the local authority's finance procedures. Others expressed a disinclination to give money direct to families, or had received explicit instructions not to:

> *… some of the clients we work with, because they're in such need, in quite a, like, poverty state, I would never give them cash. And that sounds quite cynical, but I'm quite pleased that money is paid direct to the supplier.*
> *(BHLP, tenancy support assistant)*

> *Not allowed to [give money direct to families] and rightly so. I did give some of the money to someone once and they say they'll bring the receipts and they don't. It's just one of those things. (BHLP, youth worker)*

By contrast, within the refocused model of BHLP practice, most of the EBHLPs did not have to go through an authorisation process in respect of budget spend, and were free to decide with their clients what the budget should be spent on - a freedom which they much appreciated:

> *I suppose the side I like is, I like the control. You've got the purse strings, you've got the control, so that I can say 'I want this and this and this to happen'…*
> *(EBHLP social worker)*

Only one EBHLP described having to get a 'yes or no' regarding decisions she took about how to spend the budget, and was somewhat resentful that this did not give her the control she had expected:

> *I think it would be a good way forward if the budget-holding person was able to spend the money on how they see fit, because if not I don't see the point in it personally. (EBHLP, children's services co-ordinator)*

Two EBHLPs told us that they sent in invoices. One of them said:

> *Well, it was sort of a notional two thousand pounds per family … but I didn't go with any limits really, I just sent in the invoices. (EBHLP social worker)*

Most EBHLPs did consider how their purchases could be justified against budgetary limits:

> *So I ended up tracking down providers, but they cost things like six thousand pounds a week, which is a complete nightmare, and you're just like, 'Right, I'll put the kibosh on that then.' (EBHLP, FIP social worker)*

Normally, however, in most of the cases EBHLPs spent only a proportion of the available budget. There appeared to be a clearer focus among the EBHLPs on having a specific budget allocated to a family, but some described the money to which they had access as being the budget for their EBHLP cases as a whole:

> *I was told I had four thousand pounds, so I kind of kept to that, didn't exceed it. I don't know if that was how much money I did have, but that's what I was working towards. Somewhere someone told me four thousand pounds over three families or thereabouts. (EBHLP, educational psychologist)*

In Gateshead and Gloucestershire, EBHLPs told us about their attempts to source services or goods themselves. We spoke to one EBHLP who felt positive about being in control of all the invoices for the goods and services she commissioned. As a signatory to a chequebook she was able to send payments to families as required:

> *Whilst I was writing up the CAF I was already on the phone to [the nursing provider] saying, 'I know you already do three hours a week. Can you please do more than that?' They rang me back within two days and said, 'Yeah, we've got the nurses available - you just put in writing to us how much you're prepared to pay, we'll send you an invoice', and it started the next week. (EBHLP social worker)*

Others described having their purchases, for instance laptop computers, facilitated or carried out by their administrative staff or managers, and acknowledged that they did not handle finances themselves. Some EBHLPs in West Sussex described BHLP staff as 'keeping the budget' on their behalf. They were generally happy to defer these duties:

> *I was very wary about it because - you know - I've managed budgets before in different jobs, but there was something a bit ad hoc about this, and I didn't want to … have loads of money and then be accountable for it … I didn't have enough time to really manage the budget and to do it - you know - properly.*
> *(EBHLP, educational psychologist)*

In some cases, this meant that the EBHLPs were not necessarily sure what purchases had cost:

… when I spoke to [the BHLP team], she said 'I'm going to get you the top end of the range laptop, with a case and with all the gubbins', so I didn't specify a model. (EBHLP, social worker)

Other EBHLPs had shopped around themselves to identify the best price for goods and services. Some of those who were located in schools, however, said they had encountered distinct challenges in accessing money. Although they did not see their decisions as having to be ratified, budgets were paid to the schools and accounted for within their financial systems, and in one case were held nominally by another member of staff. These EBHLPs had found that the lack of a school cheque-book and the requirement to gather signatures or raise purchase orders, stipulated as being necessary for an audit trail, had made it very difficult for them to access their money promptly. They did not see this as fulfilling the vision of putting parents and LPs in control of the budget:

I can't physically actually get my hands on enough cash to be able to pay anything. Now this causes a lot of frustration, because one of the things that we're encouraged to do is to empower parents to spend the money. I haven't been able to do that to date because of the restraints as to where that money is held in the school budget. (EBHLP, learning support worker)

One EBHLP told us that she had often had to purchase items for families on her own personal credit card and reclaim the money later. In some instances, practitioners had paid for some aspect of a support package with money from other budgets, or matched funding from elsewhere. For instance, one child's activity break was funded by a young carers' organisation, but the travel costs were met from the BHLP pot of money. The EBHLPs working in Family Intervention Projects and Children's Centres told us they had access to an additional budget through their own organisation, and had combined that with the BHLP budget to pay for some things.

Being Clever with Resources

One practitioner talked of the need to be 'clever with resources', a strand of reasoning that appeared in all practitioners' accounts of their budget allocation. Practitioners routinely stated that they would not purchase a service if someone in the area already provided it 'free':

… once again she's accessing mental health assistance through her GP so it doesn't cost anything. (EBHLP, children's services co-ordinator)

Anything that Social Services could have provided that the family had a right to, I wouldn't have paid. If it was something that I couldn't access through local Social Services, I would have used the money for that. (EBHLP, FIP social worker)

In offering this kind of reasoning, the BHLPs were expressing an ethic of thrift towards the spending of the BHLP budget, underlining the importance of not spending money if a resource was already available which, in their terms, would be provided 'free' by a statutory or voluntary agency, or if it could be paid for from an existing fund:

But to me it just seems it's a difficult dilemma for me, I guess. Because why pay for it when I've got the resources on the doorstep? (EBHLP, learning support worker)

It seemed not to have occurred to these practitioners that the statutory services to which they referred were not free and that their cost had to be included in some budget or other. In this sense we were, again, seeing BHLPs behaving as though their role was to spend

from the BHLP top-up fund only if services or goods could not be provided 'free' from elsewhere. The cost of these 'free' services was never taken into account. Some practitioners described the budget as something of a last-ditch resource. One EBHLP emphasised that she would not consider the use of the budget for most of the services the family might need:

> *They're all … universal services … they have a cost but they don't have a cost where you have to pay up front. (EBHLP, FIP social worker)*

One BHLP told us about an occasion on which the BHLP team had challenged him for trying to access charities or statutory funds before using the BHLP budget. He said that he felt an underlying sense of 'guilt' at using a fund so readily available, or on the occasions when he did not purchase the cheapest items in the catalogue. Another practitioner felt that spending large amounts on any one case risked taking money away from another child. The beliefs that existing services are 'free' and that practitioners must be fair to all clients frequently undermined attempts by pilots to give individual practitioners authority over individual budgets for the purposes of the pilot. Budget-holding was perceived by practitioners as being related only to accessing the start-up funding provided by the Department, and there were anxieties that by spending it they might be depriving other children.

Empowering Young People and Families

One of the main aims of the BHLP pilot was to encourage family empowerment. This was to be achieved by involving the young person and/or the family at every stage in the process and giving the family the opportunity to contribute to decisions about purchasing services to meet their needs. The majority of practitioners in our survey stated that they had been able to involve families more effectively than before (BHLP, 65%; EBHLP, 50%), had been able to involve families in decisions about spend (BHLP, 63%; EBHLP, 78%), and felt that families had been empowered by the BHLP approach (BHLP, 67%; EBHLP, 77%) (Figure 8.2).

The BHLPs were asked to consider the ways in which they felt families had been empowered. Several pointed out that the most important form of empowerment was enabling families to identify their own needs, have their views taken into account, and be part of the decision-making process. We received answers such as the following:

> *Through the TAC meetings, the families were enabled to identify what their needs were and how funding could benefit them and their child. (Personal advisor)*

> *They actually felt they were able to do something and have someone listen to them. (Connexions personal advisor)*

> *Families indicated that the process enabled them to be involved in the overall decision-making process, and helped them see services as working together for them. (BHLP family worker)*

Other BHLPs stated that families had more choice than before about what should happen and what services they should access, and were able to feel in control of what was happening:

> *Families and young people had a say [in] and a choice [about] what and how they were supported to overcome a problem. (Locality development worker, 13-19 years)*

> *Families felt in control of many decisions and found the support offered helpful. (Teenage parents integration officer)*

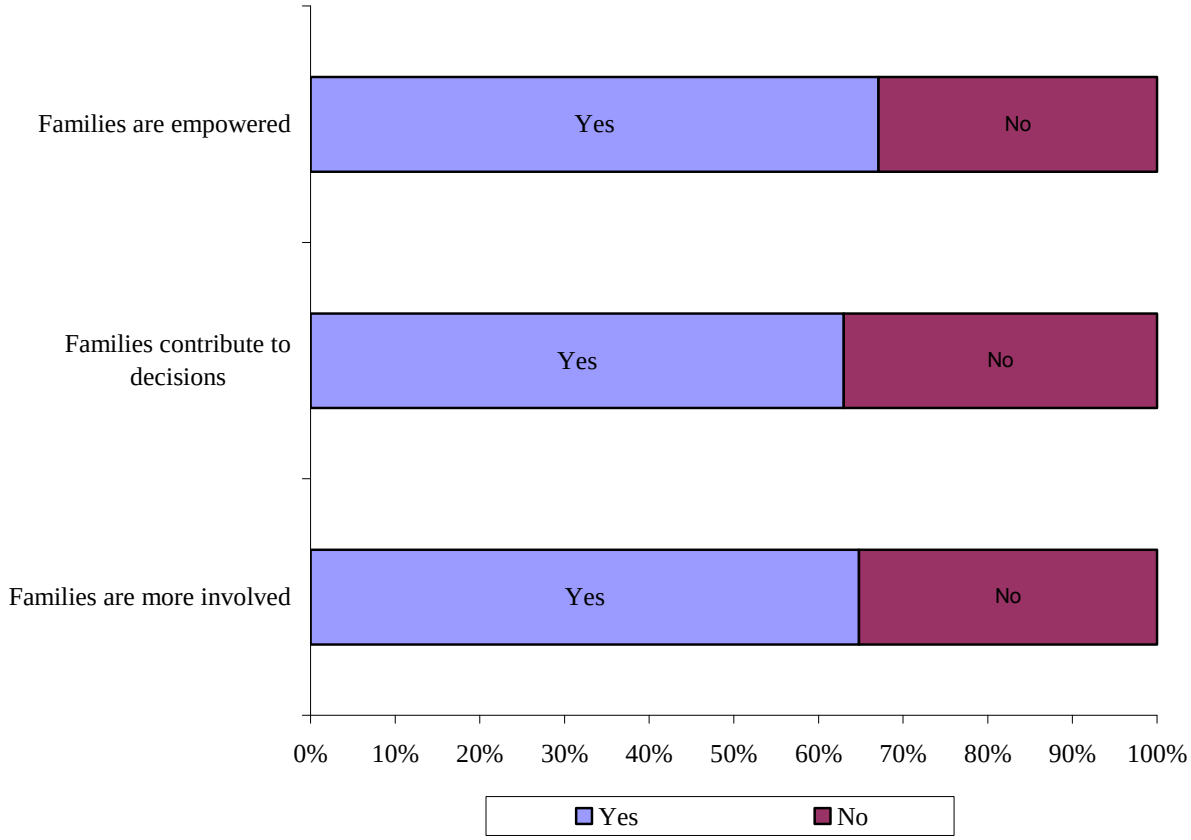


Figure 8.2 - Family involvement in BHLP processes

Some BHLPs explained that families had been able to access services more easily and quickly than before:

> *Families are often aware of services that would appropriately support them but are often unsure of how they can access them or unable to fund these. BHLP enabled me to be able to discuss these openly with them, rather than keep quiet, as I was previously aware that by supporting their wishes I may be setting them up for a fall when barriers prevent access. (Family support worker)*

> *It allowed them to access a greater range of services that would not be available to them through other routes e.g. charities etc. (Tenancy support worker)*

> *Young people did not have to jump through the usual hoops to access the support they needed. The support was able to be quick and when needed through BHLP rather than waiting for months for a service. (Team leader, Connexions)*

Several comments were made about how families were empowered to think about the issues confronting them, particularly because BHLP funding could relieve the poor material circumstances that were preventing families from moving on. Several BHLPs mentioned the value of being able to meet basic needs and provide material goods that the family would not have been able to afford:

> *Enabled children to have access to activities which families could not afford, may have reduced feelings of guilt as children could then access these. Enabled parents to provide for their children in a more effective manner. (Student social worker)*

Families were able to make the choice to access services that they would otherwise not be able to afford. Families were able to access goods and safety equipment that they would have been unable to provide for their child. (Community support worker)

Took pressure off an already tight budget, helped them to concentrate on just being a family. (Family support worker)

However, not all BHLPs thought that families had been particularly empowered by the BHLP process, as the following comments attest:

The families concerned were very needy, and problems have arisen from their difficulties in managing their lives. Whilst they appreciated the money for different reasons they did not feel empowered and would need ongoing support over an extended period to become more independent and empowered. (Assistant head teacher - Inclusion)

I think BHLP does not make much of a difference except for the help the money gives a family. As long as you are supportive and encouraging, then usually a family will be empowered. (Community school nurse)

Sometimes it was making everything easy for young people and it could be seen as spoon-feeding them rather than them taking the responsibility to help themselves, i.e. buying them a mobile phone etc. (Connexions personal advisor)

These practitioners were of the view that while providing household goods might begin to alleviate poverty, it did not reduce the need for ongoing support from professionals. Moreover, a few felt that buying goods for young people merely contributed to their not taking responsibility for finding their own solutions to problems.

Young people and families might feel more empowered if they had to take some responsibility for prioritising spend and work with a BHLP to determine how to make the most effective use of resources. In our interviews, however, E/BHLPs expressed very mixed views about whether to involve young people and families in decision-making about expenditure. Some practitioners told families how much money was available in the budget:

… she [the client] was told. She was even in control because I was told to give her the money and she sort of provided me with receipts. (Resource team social worker)

This BHLP felt that, although telling families about the budget was an important aspect of BHLP practice, it is something families need to be sounded out about:

It's part of your assessment of the family … Do you think they can manage the money, because that's also part of the question that you have in the interview: 'Do you think that you can manage this budget or do you want me to support you in it?' [It's about] giving them control and treating them as the expert of their own decision.

This view was fairly unusual, however, and the majority of practitioners we interviewed told us that they would not tell their clients the amount of the budget available. Instead, budgets were usually described to families in terms of an unspecified provisionally available sum - money for which the practitioner could apply but which they could not guarantee. Some BHLPs did not share the amount of the budget with parents or children, as they were not certain they could promise it and did not want to raise false hopes among their clients:

I never said we could spend X because I always feel a little bit cautious about saying those things when you're aware that it's not a guarantee that that's how much money's going to be available to families. (BHLP, family support worker)

One BHLP was clearly not happy with this kind of uncertainty. He told us:

I think the way it should have worked was, either a family had a budget they could spend via a practitioner, or an area. (BHLP, tenancy support worker)

Perhaps, without realising it, this BHLP was proposing the model of BHLP practice which had been anticipated by the policy intent, but which was not implemented in all the pilots. When the pilots were refocused, the same uncertainties did not arise. None of the EBHLPs indicated that they were uncertain about whether money would be granted. Indeed, for some, the guarantee of being able to supply what was needed was a strong part of the appeal of EBHLP working:

.

In the past you don't get a budget with your families, so anything that you do use has got to be for free, or you're making charity applications, which you never know whether you're going to be successful or not. So, in that respect it was nice to be able to say to a family, 'Yeah, I know I can arrange that for you', or 'I can alleviate that hardship', or '[I can] take away that barrier to that service'. (EBHLP, FIP social worker)

Nevertheless, some EBHLPs remained cautious about sharing budgeting information with families, and frequently told clients that funds had to be applied for. Some practitioners told families that they would need to see whether they could get the money, and used this as a ploy to deflect excessive or inappropriate requests for money. They alluded to having clients who might try to 'milk' the practitioner or 'bleed you to death' if they knew the size of their potential budget. Other practitioners went so far as to suggest that it might be irresponsible to outline the budget to families who were likely not to focus on meeting real needs, but might be at risk of succumbing to 'temptation':

… if you say, 'I've got a few thousand pounds that I can spend', then they're going to be on the phone wanting lots of things all the time, as opposed to letting you use your judgement about what's actually going to be useful and effective. That sounds like I'm taking lots of control away from the family, but some of the families you're working with … everything is on tick pretty much, because they're in the poverty trap and they can't afford to get anything, and they can't get credit. So there's a lot of things that, actually, they're not that important really - 'Having a PlayStation and a WII and an X-box that you're hiring isn't going to be on my agenda of giving you some money'. (EBHLP, FIP social worker)

A few practitioners were concerned that word might spread about money being available or that they might set an unsustainable precedent. These concerns were also raised by a number of respondents to the survey who commented on the issue of equality of opportunity for young people and families. It was sometimes difficult for them to manage expectations when other clients found out about budgets being available to help families. Three Connexions personal advisors expressed the following concerns:

Being fair and unbiased, if I offered it to one deserving client then I felt I should try and offer it to them all. Very tricky, as those who deserved it most asked for it the least, or refused help, and those who deserved it least (because of home financial circumstances) asked for support the most.

Clients found out about PAs buying in services/items and we had a lot of requests for gym passes, bikes, fork-lift training, phones, driving licences, etc. that were not appropriate. Being equal was tough.

Some other clients that are not necessarily entitled to BHLP often get annoyed that they are not in receipt of funds too. This in itself can put up some barriers and cause some friction.

Practitioners we interviewed told us they would sometimes inform families of the costs of some goods or services, and noted that other families would find out what was being spent when they received direct payments for specific items. Practitioners suggested that making families aware of the amount of money that had been spent on them might be more likely to generate gratitude in them than empowering them to be in control of the decision-making or at least to contribute to it. One BHLP told us:

I would never ever say to a client, 'There's one thousand pounds available', because you're setting them up for a fall in case they don't get it and secondly, word gets around … All I say is, 'Look, we've identified these needs. You might need this, this and this - I'll try and see if I can find some funding that'll get you them.' And I will make them aware of how much it costs, just so they appreciate it really. (BHLP, tenancy support worker)

This kind of attitude did not encourage the collaboration between BHLPs and families that had been envisaged by the policy, however, and suggests that the more traditional model of a gift-relationship was being established. Other practitioners used the budget to promote 'buy-in' from the families they were working with. The practitioners frequently stressed the fact that one of the advantages of holding a budget for a case was that it enhanced their level of engagement with children and families:

She just needed two hundred pounds for a van basically, to move her things, so … we paid for that as well through the early intervention fund. So I think she'd seen that we were there to support her. (EBHLP, children's services co-ordinator)

BHLP money can be used as a sort of sweetener to engage families. I know this sounds a bit like bribery, but often, in my experience, if you are able to produce an immediate result in an exceptional or crisis situation this can help to build families' confidence in agency / worker. (Social care manager)

Spending the budget on families was variously described as 'cementing the relationship', or as offering a 'bit of incentive' or a 'carrot', and was frequently described as representing the 'nice side' of working with the family because it allowed the practitioner to 'offer rewards'. One BHLP described budget-holding as having added value because families bought into the process, and thought that it encouraged families to try hard to change. Being able to deliver on promised items or services when families had previously been let down by other services was seen as helping to build trust and a constructive working relationship between the practitioner and the family:

… obviously, to spend the money you don't just hand the money over - you have to go with them to get things and that's … the extra contact. You're getting to know them more, [so] they're more likely to engage with certain things. They would ring you more. (BHLP, youth worker)

This attitude seemed to be particularly prevalent among the BHLPs with a social work background:

… it's a negative view that families have of social workers, and they always ask you to do things, and this time it was more like, here we are we're offering you something. So it was a real positive experience for the families to actually be given something, and it made sense, in our view, to provide the families with a little bit of money whereby we directly could make changes. (BHLP, resource team social worker)

In a similar vein, one BHLP who had inherited a BHLP case, much of whose budget had been spent by the previous BHLP, stated:

I find it really, really difficult to sell the product with no money attached to it. (BHLP, family support worker)

Occasionally, practitioners voiced concerns that some budgets were being allocated by other colleagues to inappropriate cases, to meet inappropriate needs, or as inappropriate gifts:

And I think a lot of the time it did get abused a little bit, with people just buying stuff for somebody, rather than it having a purpose. In this particular case, she had nothing, so basic requirements - you know, a washing machine, things like that that she needed - that's where the funding helped. But one of [the other BHLPs] … somebody got a computer bought for the children's school work, and I thought, well there's other options there - there's libraries, there's internet cafés, there's other options. So I think that was the wrong use of the fund, personally. (BHLP, tenancy support assistant)

Such doubts about whether a particular expenditure was justified were sometimes expressed in relation to things that might have been provided by a charity. One practitioner, for instance, fretted that while a lawnmower and dance shoes had both been identified as being needed, and were paid for out of the BHLP budget, these items were unlikely to have been regarded as basic needs and so would not have been paid for by a charitable fund. At other times, the allocation of funding from the BHLP budget was regarded as particularly apposite or satisfactory:

The next day she [the client] was in, she was saying 'This is a lot of money, I really shouldn't take all this', and in a way that was actually quite sweet, because nobody else had ever thought that actually, they weren't due to get what they should have. (EBHLP, learning support worker)

Attitudes such as these are indicative of particular values held by practitioners that may influence them in the allocation of BHLP budgets. A few practitioners noted that parents' core values had influenced their engagement with the BHLP: in particular, some were reluctant to accept funding or struggled to overcome a sense of stigma or shame at having to accept 'charity' because of their poor circumstances.

Reflecting on BHLP Practice

We asked E/BHLPs to reflect on their experiences of being budget-holders, even though some had not actually held budgets personally. In the e-survey, practitioners were asked how different from their previous practice BHLP practice had been for them. A quarter did not regard BHLP practice as being any different from their normal role, and we identified no significant differences that related to the background of practitioners (Figure 8.3).

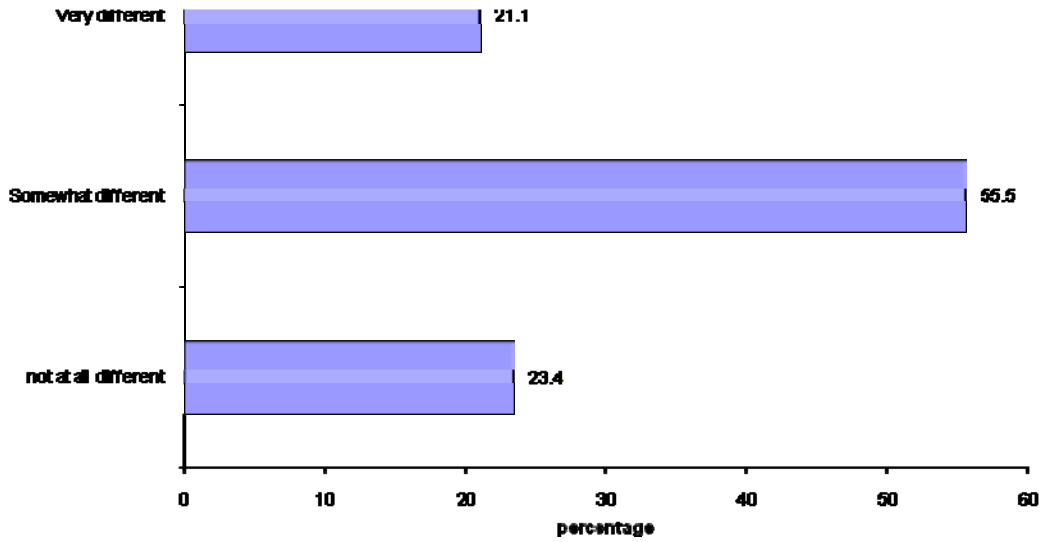


Figure 8.3 - BHLPs' perceptions of the BHLP role

It was notable that over half of the practitioners described BHLP practice as 'somewhat different' while only a fifth described it as being 'very different'. This finding almost certainly reflects the understanding of most BHLPs that the pilot was about having a 'top-up' fund rather than it heralding a radical shift in their role as LPs. Those practitioners who had noted a difference identified changes which they described as beneficial and others which they felt were not.

The Benefits of BHLP Practice

Many BHLPs stated that BHLP working had enabled them to focus more on the needs of the child and family and to respond in a more flexible way. The following comments are illustrative of those we received about working in a needs-led and more flexible way:

> *I work with small groups and one to one with children, identifying barriers to learning. Working in the role of BHLP has been [about] looking more … into family needs. (Learning mentor)*
>
> *You can spend more time with the families, focusing on their needs. (Keyworker co-ordinator)*
>
> *The model offers more flexibility for budget-holders than in a traditional social care model. (Family Intervention Project manager)*
>
> *It was different, as previously I had taught special needs. I was used to a timetabled day and hands-on intervention with students. I am now more flexible, working with a greater variety of organisations and providers in different contexts, e.g. home/school/community … I have more responsibility and work more independently. (Multi-agency co-ordinator)*

The multi-agency focus of BHLP working was something many BHLPs found useful, as the following comments illustrate:

The increase in the amount of multi-agency working has been fantastic. Barriers between agencies are being broken down. We are all talking to each other. One person has to focus on the process so that outcomes are achieved. (Inclusion leader)

Greater understanding of agencies, shared information, enabling more effective action plans for young people. (Development worker, 13-19 years)

Slightly different style of working, but fantastic results. Felt confident and supported by team members, communication improved between agencies.
(Family resource worker - Extended Schools)

For these and other BHLPs, multi-agency working had been enhanced by BHLP practice, although many of the benefits ascribed to budget-holding are primarily those which are associated with LP working and the use of CAFs and TACs. Indeed, we noted again that several of the changes which BHLPs attributed to budget-holding are central components of LP working.

Several BHLPs in the survey indicated that they experienced the role as empowering, giving them more autonomy and responsibility in a case, and allowing them to hold other professionals to account:

Empowers us to offer a greater scope of services and better communication and co-operation between services. (Connexions personal advisor)

More freedom to be creative in the approach you take with families. Being able to tailor services to meet families' specific needs. (Student social worker)

You can have a more flexible approach and tackle individual needs rather than demand generic services available to you, which may not work for every family you work with. (YISP officer)
BHLP allows the opportunity for greater creativity and flexibility to meet unmet needs, helping to empower a family to function more independently, able to make their own positive choices and access services when they feel they need to.
(Child and family support manager)

As well as offering greater flexibility and creativity, BHLP practice was perceived to have enhanced practitioner understanding of families and their needs. For some BHLPs, this meant working more closely with a family than before, and some observed that the CAF had given them greater insight. Others felt that having a budget meant it was easier for them to engage families and gain an understanding of what their needs were. Indeed, the aspect of BHLP practice that had made the most difference to most practitioners and attracted the most positive comments was the existence of the additional funding that had enabled them to respond to the needs they identified:

Having the ability to apply for financial help, as without this I'm not sure whether my family would have been able to qualify for funding from elsewhere. It offers the opportunity to be a little bit creative about what the funding is used for.
(Education welfare officer)

Accessing funding to fulfil child/family need not covered by normal funding streams.
(Portage worker)

Allocation of funds to suit specific needs of child/young person and family, which is unique. (Primary care liaison specialist, Inclusion support team)

It gives practitioners a chance to access funds that haven't been available in the past. (Children's Centre outreach worker)

Ability to access funds and extra services that children wouldn't otherwise receive. (Special needs co-ordinator)

Having access to extra funds that would not normally be available through a school budget, and in some cases, having quicker access. (Learning mentor)

We can engage more easily with hard-to-reach young people because we have something tangible to offer them. (Connexions personal advisor)

It helps build trust when working with young people, if they come to you for help and you can help remove any barriers through BHLP. (Connexions personal advisor)

Two professionals we spoke to, one a BHLP and the other an EBHLP, were particularly struck by the potential for holistic intervention:

I think the thing that we found very positive as a team is that there is a lot of flexibility to be creative and to see the situation as a whole, rather than get caught up in one aspect of something. Rather than just health or just education or just family, you know you can actually see a whole picture, and use the money accordingly (BHLP, family support worker)

Only one interviewee (an EBHLP) specifically identified a potential to expedite service delivery and to 'start the ball rolling quite quickly'. However, speed of access to funding and services was a benefit mentioned by a number of BHLPs in the survey. They found it useful to be able to access funding quickly, and hence put services in place without delay, thereby ensuring early intervention:

There are some things that can be accessed easier which previously we would have been touting for charity money for, or pleading with other agencies. A clearly identified need can be dealt with faster and easier with less frustration for everyone. (Learning centre manager)

The ability to respond quickly to issues and resolving or acting on them before they become critical problems requiring multi-agency involvement. (Connexions personal advisor)

One BHLP summed up his experience of being a BHLP as follows:

[It was] really useful to be able to think outside the box. (Senior housing advisor)

We refer to the impact of this observation in the final chapter.

Overall, professionals appeared to have been most excited by the possibility of having money to spend on their families, with few constraints on what it could be used for. One EBHLP saw this as a 'privileged position', and another bemoaned the fact that many of the families had been referred from social care without any funds to address their ongoing needs. Some spoke of the impact they had thought even a small spend might have, and the potential this offered to 'open doors'.

Transforming Practice?

Although many practitioners described a wide range of benefits, we wanted to know whether being a budget holder had changed or transformed their practice. Some suggested that it had changed the way they thought about cases, affording them more scope for creativity:

> *And because I think we've all been so restricted before, it's actually difficult to come out of that and to start going diverse and other ways. You've got to try and think outside the box, and that isn't always easy. (EBHLP, Connexions worker)*

Others stated that they were more aware of, and in some cases surprised by, the cost of some services:

> *The mentoring to buy in was obscene… Oh it was outrageous. Hundreds and hundreds of pounds! (BHLP YISP worker)*

One BHLP saw himself as being better able to empower families by giving them the budget, and another was emphatic that her working role had been transformed through access to money:

> *I would see it making a huge difference, a huge impact on families, if the money were to be taken away, and a huge impact on the lead professional role. Because - you know, you feel enabled, you feel empowered, you feel more confident to meet families' needs, it makes a massive difference. (BHLP project worker)*

One EBHLP who worked with children with disabilities viewed the ability budget-holding gave her to access mainstream services as a significant development in the scope of her practice. Several of the interviewees, however, particularly those who were EBHLPs, said that they had not experienced any significant change in their working practice through having become budget-holders:

> *For me [there was] no [difference] because I was quite used to doing it. I mean, I was holding ten or eleven people as a lead practitioner anyway in the last project, so holding two people as a budget-holding lead professional was actually slightly less work than I was doing without having the budget-holding. And it took off some of the time of having to apply for funding and different things. So in a way that was easier. (EBHLP, FIP social worker)*

During our interviews with them, practitioners described the new role as a 'natural process' developing from work they had been doing previously. One BHLP who had had experience of YISP and FGC working found being a BHLP 'just the same':

> *… all I've done is gone 'plonk' and plonked the same ideas and principles [into my BHLP practice] … (BHLP, YISP worker)*

A FIP social worker told us that there was 'very little difference' between what she was asked to do as an EBHLP and what her agency already sought to deliver. Most EBHLPs actually referred to changes they had had to embrace in relation to being lead practitioners and, as a result, of the shift to CAF working. In particular, social workers and those working with children with special needs felt that the requirement to identify and co-ordinate the planned input of multiple agencies was already part of their working practice. Some of them told us they had held budgets for clients before: one BHLP told us that she had been selected for EBHLP because she was 'good at spending money fast'.

Some practitioners, however, had found holding a budget and handling money scary:

> *I have to say that was quite nerve-racking, not because I couldn't do it, because it's not rocket science to work out what somebody needs and how much money you've got … it isn't difficult, but for somebody like me who's perhaps not dealing with budgets and finances all the time, it actually does put a bit of pressure on you because I think you worry that you must get it right ... (EBHLP, learning support worker)*

The majority of practitioners, however, continued to refer to BHLP working in terms of access to a 'pot of money' or a 'fund', rather than as a radically new role or way of working:

> *It's easy to have a pot of money and to be handing it out …*
> *(BHLP, family support worker)*

> *… it's an easy-to-access fund. (BHLP, tenancy support worker)*

> *I think the pot's there if you go and ask for what you want …*
> *(BHLP, learning support worker)*

In some cases, BHLPs did not consider that they had been lead professionals for the cases on whose behalf they accessed budgets. Although the refocused EBHLP working was introduced with the intention of instigating changes to working practice, we found that some of the EBHLPs expressed similar attitudes about merely having had access to a fund:

> *It was a pot of money to access. (EBHLP, Connexions worker)*

Surprisingly, perhaps, some EBHLPs did not take on the role of LP but simply provided funding:

> *In this case I was not really the hands-on. She [the social worker] was doing the finding out, the donkey work, and I was just saying, 'OK, have you found this out? Shall we do it? OK, I'll get the money for it.' (EBHLP, educational psychologist)*

One EBHLP was unhappy with the idea that a CAF might be carried out solely to access funds:

> *I would hate to think that … you go and work with a family and you do a CAF and you do the assessment, but it's all about the money. And they'll only have the assessment done because that pot of money is attached to that CAF. Because, to me, that's just totally the wrong way around. (EBHLP, learning support worker)*

While EBHLPs in general had a better understanding of what budget-holding would entail, most were unclear about the distinction between BHLP and EBHLP working:

> *Then we had an email came round to say we were actually being known as EBHLP. And I couldn't see the difference, because to me what we are doing is budget-holding professional. (EBHLP, Connexions PA)*

Another saw no new dimensions in EBHLP practice and did not think any had been explained. One EBHLP thought that the new designation simply reflected her existing work as a BHLP, and that this was why she had been selected as an EBHLP. Of the two EBHLPs who described broader aims, one emphasised the difference budget-holding was intended to make for families:

… the message I got was that families were going to be more architects of their own solutions and service plans. That was the message I got, and the way they were going to be encouraged to do that would be by making resources, money available to the family, and asking the family how they wanted to use the money to resolve whatever crisis or situation they were in. (EBHLP, social worker)

The other emphasised the greater control EBHLP practice should offer practitioners. Although he had received no 'express guidance' on what EBHLP working entailed, he told us that the increased funds available no longer had to be specific to cases, and that he saw EBHLP as a role that was more detached from families than that of BHLP:

I've taken it to be a kind of supervisory role, so quite different in some respects from my lead professional role where I was really sort of trying to get in with the family quite often. … I've still been involved with the families that have been in this experiment, but that was almost in my professional role, and then I'd go back, go away and put on my EBHLP hat and think more strategically about how to manage the … work - what professionals do I need to talk to, or who might have an idea of what might be useful resources, and so on. (EBHLP, educational psychologist)

It is unfortunate that this EBHLP had received no guidance, since the DCSF had prepared and offered a detailed training programme for all EBHLPs in the refocused pilot areas, and disappointing that he regarded this new role as being more detached from families, rather than as encouraging closer collaboration with each family. Some EBHLPs spoke about families having been confused when the role was explained to them, or of not fully understanding how they would be working together with their practitioner.

The Practical Challenges and Disadvantages of BHLP Practice

Although most E/BHLPs were positive about BHLP practice in its various forms, and could point to a range of benefits resulting from the increased flexibility and creativity, many had faced practical challenges along the way and some articulated a number of disadvantages. Practitioners were asked to reflect on the challenges and disadvantages associated with BHLP practice. Over two-thirds of BHLPs (64.1%) stated that they had faced practical challenges, by far the most common of which was the additional time and administrative work involved with the BHLP role. The following written comments are indicative of the large number we received on this topic, and they also suggest that the administrative activities were not necessarily regarded as having been reasonable:

I became an organiser of fitting carpets, washing machine delivery, taxi ordering and glasses replacement instead of being a health visitor, and spent far more of my time filling in forms than previously, especially regarding nursery funding. (Health visitor)

Administration time, record keeping/paperwork increased. Ordering goods for families (of mainly household items, bedding, towels, etc.) time consuming and onerous. Is this an effective use of my time and skills? No one to delegate this task to in my place of work. (Specialist health visitor)

On a case where I was Lead Professional, it was identified that a shower would be of great benefit to the young person. Because of capacity issues with the parent, there was no one to get a quote etc. to sort this out and as LP it was deemed that I would need to do this - impossible! (School nurse)

Other challenges included the inflexibility of BHLP systems and processes for accessing money, and delays in getting the money:

We were encouraged at training to 'think outside the box' for support and resources that we could use to help our needy children, which I felt was great - not using the same old resources that we have always had and that we knew were not always successful. However, we had to go through the Social Work brokerage so we were back in the box! Very disappointing after exciting training! The CAF process became less meaningful as you could not go through the process of support with the parent yourself, at the meeting with them, as you did not know whether brokerage would go with it. Often they came up with things the child or parent did not want. Very disappointing! This lost momentum with some parents who we had spent a long time trying to engage. (Inclusion manager)

The system is not very flexible. If a request for BHLP funds is made, and then needs to be altered, even slightly, the whole process needs to be repeated, which is quite time consuming. (Connexions personal advisor)

Seeking approval for the funds was at times challenging, and justifying why the family was in crisis was difficult. Also when the BHLP was proved I was aware that money was slow to be paid. (Children's Centre outreach worker)

I had no access to a bank account to which money could be transferred from the main budget holder in my area. I therefore had to meet up with a manager and go with them to get cash out of the bank before I could give it to families. Not very practical. I needed a way for money to be credited to me directly. (education welfare officer)

A common complaint concerned the amount of paperwork and administration that BHLPs had to do in order to satisfy local processes:

Time consuming administration and finding resources - I really don't have lots of time for this. It cuts from other work and face-to-face work with clients and their families/other agencies. (Connexions personal advisor)

Real palaver all the form filling and meetings, just to get a Homestart referral and extra nursery funding. (Health visitor)

One BHLP summed the problem up as follows:

Paperwork, paperwork and VAT receipts! (Connexions personal advisor)

These comments were clearly related to the standard model of BHLP practice - one involving a pot of money for which BHLPs made applications on behalf of families on their caseload.

In our interviews with practitioners a range of different views, some negative and some positive, were offered as to the impact of the BHLP or EBHLP role on their workload. For two people in our sample being a BHLP was a full-time position: one was a BHLP who estimated her caseload at being between 12 and 15 cases at a time; the other was an EBHLP who noted that she was running at capacity with 40 ongoing cases. Both saw the work as demanding, but appreciated that being able to devote all their time to this work gave them greater scope for achieving more with their families:

[EBHLP working is] much more rewarding, but it's more demanding, in that, when you were just going out and doing an assessment and a panel was making a decision about 'Yes' or 'No', could you have a service that already existed? You didn't really have to do anything after that - it was just the paperwork to fill in … and let the family know. (EBHLP)

… the benefits [of being a BHLP] far outweigh the paperwork needed or the responsibility. And it only really kind of helps you with your work more. I wouldn't say it was a negative thing … (BHLP project worker)

Most of the interviewees acknowledged that their E/BHLP cases had taken up a considerable amount of time, and described this as a significant addition to their workload. Some were sanguine about this; others, such as this Children's Services co-ordinator, expressed some concern about the pressure associated with these additional demands:

Basically, what I've found is it's a matter of having to be there on demand, more or less. I get a phone call from the family. It tends to be like, I've got to deal with this. I mean, if I've got other things on, you know, I can work around it, but I feel that if, I don't do it as soon as possible I'm not supporting that family any more.

Many BHLPs reported that they had a higher workload than before. Some BHLPs felt that they were spending far more time with individual families than their caseload allowed, and some felt that they were being expected to take on responsibilities that should have been dealt with by other agencies, in particular social care services. Time, or lack of it, was a common concern, as one BHLP graphically explained:

Time!!! You had to do your normal job and duties and had to bolt on the CAF and BHLP work. No funding for schools to do this. In a school like mine where there is a high amount of children needing support and [needing to be] CAFed, it was impossible to juggle everything and do a good job of anything. It felt more like a social worker's role. There was no supervision. While doing CAFs with parents they would open up with some very personal and emotional situations - deaths, rape, abuse, murders, etc. - then they were looking at you to solve their problems or issues. Very emotional stuff. Some CAFs would take two of us eight hours (two sessions) to complete! (Inclusion manager)

A head teacher, who had been a BHLP, gave the following explanation:

It feels a little like we are becoming an additional arm to social services. Although I accept schools have a changing role and we very much support the TAC and CAF process, it has put a significant strain on school resources and budgets. My strong message … will be the need for additional resources for people on the ground to deliver the additional services now required because of the TAC and CAF process. (Head teacher)

One practitioner told us that being a BHLP had 'taken over her life'; another said she had seen other practitioners walk out of the training day she had attended when they understood the extent of the work involved. Some practitioners saw specific aspects of LP working - such as visiting families or having them come frequently to talk things through, or completing CAF assessments - as the most time-consuming. One EBHLP, an educational psychologist, felt that she did not have the time to go and chat with families over a cup of tea, which she regarded as a social work role.

One BHLP pointed to the large size of many of the families in her BHLP caseload (6-7 families) making it difficult for her to manage: while the CAF may have been completed in respect of one child, the requirement for corollary interventions to address the needs of other members of the family meant that her involvement was more extensive than for her regular cases. Some also saw liaising with other agencies as time-consuming. One BHLP found that organising and holding TAC meetings took a good deal of time:

… and I had my other job to do on top of that. I've still got visits to do and other things to chase up on. It's a job in itself. (BHLP, youth and community learning worker)

Other professionals talked about the demands of sourcing and evaluating products or services, the difficulties of accessing petty cash, and the need to go with families to buy goods, although they appreciated being able to access funding:

… it's a fantastic solution if you've got the time and the resources to research the best commissioning. (BHLP, child and family support worker)

Some BHLPs also found that the additional responsibility of the BHLP role was sometimes more than their day-to-day work allowed for, and worried about having to accept new responsibilities:

There needs to be more thought in how the process is managed on the ground level and within team. Sometimes you can be in the line of fire for issues that are not directly linked to your role. (Connexions personal advisor/teen pregnancy advisor)

Too much responsibility falls on one person - they can feel like a lone worker. (Education welfare officer)

The practitioners managed the demands in various ways. Two of those interviewed considered that the extra demands of being an E/BHLP were either minimal or offset by the enhancement of their practice:

… every change in the beginning, you're like 'Oh dear, there we go again', and it takes some time to adjust, but I think we all sort of jump on it a little bit because … we like being in control or chairing the meetings. It's just part of our nature and it works quite well, so … if it means that you can get hold of some money, it just empowered us to become a lead professional. (BHLP, family resource team social worker)
… I wasn't aware of quite what a big undertaking it could become. Now that's not to say that that hasn't been worthwhile, but had I perhaps thought through the process I may very well have stuck to say three or four case studies rather than five, but I also thought, well, if we've got this potential there are so many children…
(EBHLP, social inclusion manager)

Some practitioners were more cautious about the level of commitment required, but still endorsed the more rewarding involvement on offer:

Oh, it was a good exercise … all the time you spend talking to other professionals about that particular case, and all the bits that you do on just one CAF … I wouldn't say I wouldn't do it again, but it's a lot of work, a lot of extra work I would say. But overall, very interesting. (EBHLP, learning support worker)

Others emphasised the need to dedicate specific periods of their working day to making BHLP practice successful. One EBHLP, for example, felt 'frustrated' at not having had the time to do all he had wanted for his EBHLP cases:

I don't think we've got … an ideal idea of lead professionals … until it takes off and becomes embedded in the culture, there has to be a recognition that something has got to give. And … we're trying to change things utterly and radically, and for me it doesn't wash. I think you have to give up ten per cent of your day job or whatever it is, and focus on these new roles and the new way of working.
(EBHLP, educational psychologist)

Two practitioners, a BHLP and an EBHLP, were employed part-time and one expressed some resentment that her BHLP workload effectively spilled over into time for which she was not paid. Others simply could not meet the extra demands: some practitioners, particularly those working in education, stated that, since they had to prioritise the requirements of their own job, their BHLP work was necessarily curtailed or constrained. One EBHLP who worked part-time told us that since she now operated with a full BHLP caseload, she could not deliver the 'intense' involvement she envisaged each case as needing. Another EBHLP, working in a FIP, pointed out that she would not consider commissioning services with BHLP funds since this would not be practical within her daily schedule. Also, a BHLP who worked as a teaching assistant was aware that she was expected to do much more than she could consider doing within her school role, so she deferred decisions about budgetary matters to her line manager:

> *… once again I don't have time to read this [CAF/action plan] and remember everything in there, and go out and see [the child's mother] and talk about it. But with limited time, I don't have time to look at this and think 'Oh I must go and find out about whether Jason's mum has got this or got that'. Because I'm a teaching assistant, even though I'm a lead professional, I don't have time - it's not my job.*
> *(BHLP, learning support worker)*

It is clear that, while BHLPs were expected to have full autonomy and to be able to make decisions and access funding, some considered the time commitment to be just too great for them to embrace.

The other concern, expressed by a number of BHLPs, was that the process had a real potential to encourage dependency in families, and some suspected that families were only engaging in order to gain additional financial support, rather than making a real effort to identify and meet needs:

> *Sometimes the families think that the funding is endless and that they can go on asking for support, even when the original objectives have been met. The TAC process can allow the family to pass on responsibility to the members of the TAC team and to look to the LP for all the answers. (Personal advisor)*

> *Parents seeing you as a means of accessing money and wanting your help solely for this purpose. (Education welfare officer)*

> *Families play the system and fabricate what is really needed. (Attendance manager)*

> *Handing out money can encourage dependence in families. I think the BHLP money is sometimes used inappropriately. (Social care manager)*

> *Families are motivated by the money rather than [by a] desire to engage.*
> *(Social worker)*

Improving BHLP Practice

During the study, we received many suggestions from BHLPs as to how BHLP practice could be improved. Not surprisingly perhaps, several centred on the practical challenges they had experienced and pointed to the need for better administrative processes, less paperwork and more clerical support:

> *Clerical staff to complete forms and photocopy, and send out to various people. Very costly in terms of time and money for my grade to be doing this. (Specialist health visitor)*

Less paperwork and not having to have a credit card. It would be easier if we could just contact a main telephone number and say what the young person requires so it can be paid for and approved over the phone. It would be better if the money was handled and dealt with by an office. This would enable us to work more with the young person, ensuring they receive the help and support they require. (Connexions personal advisor)

In addition to clerical support, some BHLPs wanted more general support from their peers and line managers, and thought it would be helpful if more practitioners were to take on the role of BHLP:

Supervision and support from BHLP colleagues - in the organisation I work in I am the only BHLP and I have no access to peer supervision from others using BHLP. (Connexions personal advisor)

Increase the number of Personal Advisors using the scheme so that all young people are given opportunities. (Connexions personal advisor)

More people on the ground to deliver frontline services. TAC and CAF has opened up a whole new layer of people who require support for lots of varied reasons and this needs to be funded adequately. (Head teacher)

Another popular suggestion practitioners made was that the standard model of BHLP practice should be rolled out, whether by gaining additional funding which practitioners could access, increasing its geographical coverage, or extending the age range of the children/young people BHLPs worked with:

I think as the service is rolled out and used it will improve, as long as the funds remain in place. (Health visitor)

Having, at times where appropriate, the ability to use [the fund] for all children in a family even if not all are under the CAF and TAC process. (Student social worker)

Being able to use it with younger clients and not necessarily have to CAF them. (Connexions personal advisor)

Funds to be made available to families who are not residing in the allocated postcodes. (Primary care liaison specialist)

Other suggestions included reviewing caseloads to give BHLPs more time, better training, more information-sharing about and understanding of the services available locally, and easier access to budgets.

Reflections of BHLP Managers and Co-ordinators

Towards the end of the evaluation an e-survey was sent out to thirty managers and co-ordinators from all sixteen pilots. We received 15 completed questionnaires from eleven pilots (a response rate of 50%). We asked similar questions of the managers and co-ordinators, focusing specifically on their experiences of the BHLP pilots from their perspectives as managers rather than practitioners. Their responses were very much in accord with those of practitioners.

Engaging Practitioners in BHLP Practice

Ten respondents had found it easy to encourage practitioners to become BHLPs. They reported that practitioners saw a number of benefits to working in this way, including feeling

more empowered and able to deliver, having more flexibility, being able to develop and/or use new services because they could have easy access to money, and being able to commission. The budget itself was a big draw for practitioners, who did not usually find it easy to access funding. We received the following comments:

> *All agencies viewed the BHLP project very positively. It was felt it would provide the opportunity to commission services around the child and family in a very tailored way … enabling localities to commission services more flexibly. It was seen as being able to develop new services in a more creative way and to plug gaps. LPs no longer felt that they had to stick to a fixed menu if other services were more suited to a family.*

> *Practitioners were willing to engage as they saw the 'budget' element as their motivator - usually in the world of early intervention and prevention practitioners have to draw up plans with their children and families with no budget to support them accessing some of the services. Buying goods was completely new and novel to most of them.*

Nevertheless, managers reported several issues that needed to be overcome in order for them to persuade practitioners to become BHLPs. The extra workload and responsibility that the role entailed led to problems in some cases in respect of job descriptions, and practitioners did not always have the backing and support of their home agencies, or indeed the capacity to take on the role. Managers also stated that some practitioners had been worried about the level of accountability they would have as BHLPs, and the lack of understanding that surrounded what the BHLP role consisted of and what it was meant to achieve. Another issue to which managers drew attention was the logistical problems that sometimes existed in accessing money:

> *Some practitioners felt very empowered by the use of the money, others were concerned about the extra workload and the responsibility. Some practitioners referred back to their job descriptions which indicated no reference to holding budgets and, therefore, saw this as [an] extra responsibility that they were not being recompensed for.*

> *There was a great willingness on behalf of practitioners generally who could see the benefits, though this was not always supported by their agencies. Initially, however, the full understanding of the role, i.e. family centred, integral part of package and the transformative power of BHLP on service configuration and commissioning, were not fully understood.*

The majority of managers (71%) stated that they did not feel that the BHLP practitioners had had enough training for the role. This seemed to be related to the fact that CAF and LP processes were often not fully embedded, and so practitioners were still struggling to get to grips with new ways of assessing and dealing with cases, and budget-holding was sometimes only superficially covered in training. A perceived lack of clarity about what the BHLP project was about at the beginning of the pilots meant that much of the training concentrated on processes and structures rather than on the changes in role that BHLP practice was intended to promote. It would seem that this understanding, on the part of both managers and practitioners, grew over time as the pilots developed, and some managers found the EBHLP training particularly useful in this regard:

> *We tried to get to the end result of having BHLP accessible to every LP too early, with hindsight. We hadn't realised that the more structured way of working (assessment, action planning, review, intervention cycle) would need as much time to embed.*

> *As BHLP was implemented at the same time as CAF, LP and general MAW arrangements, the training provided, perhaps initially, did not focus specifically on BHLP enough.*

Clarity was needed from the outset from the Department about what the BHLP role was. We did receive training as an established BHLP site, which was useful.

The EBHLP training we had at the end would have been useful to practitioners at the beginning. We did develop a toolkit and training programme, but it was very much about processes rather than the change in shift of perception towards needs-led rather than service-led.

The original stipulation from the Department was that areas bidding to run a BHLP pilot should have CAF and LP working firmly embedded. It is clear from our site visits and from the responses of practitioners and managers that this was not the case in many of the pilots, which were implementing BHLP alongside other processes. Nevertheless, by the time of our survey all the managers stated that practitioners generally understood the BHLP role, and that local agencies were largely supportive of it.

Challenges Implementing BHLP Practice

In addition to the challenges in engaging practitioners and local agencies, all but one of the managers who responded to the survey stated that they had experienced practical challenges in implementing BHLP practice in their area. The challenge managers mentioned most frequently was that of dealing with bureaucratic local authority processes for handling and monitoring finances. These processes needed to be challenged or, where they were insurmountable, worked around. There were also issues about communication, particularly since pilots were often working over a large geographical area, with BHLPs who were in different agencies and not usually desk-bound. In one area, the high threshold of the cases being dealt with came as a surprise, and relationships with Social Care needed to be carefully managed. Exit strategies were also sometimes difficult. Challenges were described thus:

Overall monitoring of the budget. When we were asking for more flexibility from our finance support officers, they were requesting more bureaucracy.

Communication could be a challenge as the pilot evolved at a pace. The practitioners came from a wide range of agencies, most of whom are not desk bound, so keeping them up to speed was a challenge. Purchasing goods in a timely and responsive way was difficult as the bureaucracy of a Borough Council cannot cope with innovation and creative ways of working.

Localities are carrying preventative cases at a much higher level than was originally envisaged. This places a lot of emphasis on the issues already highlighted, e.g. size of caseload, case accountability and supervision arrangements.

All the managers had been able to identify gaps in local service provision during the BHLP pilot. The gaps most commonly identified were in services to support mental-health needs, both for children and for their parents. More general family support services were also felt to be lacking, and several pilots mentioned the need for longer-term childcare provision, especially where parents were suffering from a disability or other needs of some kind:

Pilots generally [offer] very limited provision of any kind of flexible early intervention/prevention services to meet individual need. What is available is often stretched and isolated in its availability.

The early recognition of the additional needs and ongoing support for children whose parents have a disability.

> Lack of family support services … need for greater range of flexibly delivered young people's emotional wellbeing support services.

A third of managers had also identified some overlaps in service provision in their area. These overlaps tended to arise because different grant-funding streams were in operation, often purchasing the same types of services, and managers recognised that some means of pooling budgets would be advantageous in these circumstances:

> *Issues around childcare facilities, not so much in overlap of provision but in funding sources to provide/commission services. Need to consider further opportunities for pooling resources to this effect.*

> *We have identified the need for a commissioning strategy in Children's Services, given that, currently, there are a number of different services across the Borough and across other agencies who are all purchasing similar services.*

Most managers (79%) identified barriers to commissioning services by the BHLPs in their area. Again, these barriers often related to their having to follow local authority procurement rules. There were also sometimes problems sourcing goods and services, and a lack of understanding and experience of commissioning on the part of BHLPs led to a lack of confidence in commissioning services. Time and capacity to take on these tasks was also an issue for practitioners. Commissioning was often not part of a BHLP's core work, and so there were issues around having to negotiate what was acceptable in terms of capacity. The following remarks illustrate these issues:

> *At the LP level there are practical barriers such as time and understanding of the wider role. At the locality level, we have been able to use the BHLP grant to commission very quickly and flexibly, however. With larger contracts, we have needed to use a more formal tendering process, which has taken up considerable time and delayed the introduction of the service.*
> *Workforce issues such as whether an agency is happy to allow a member of their staff to carry … additional hours, [in] a different setting, delivered in a different way.*

> *Confidence of practitioners in the commissioning role. Lack of clarity and guidance around liability issues. Time constraints. Not knowing what was out there.*

Most managers (79%) felt that they had received enough support themselves in their role in implementing the BHLP pilot.

Reflecting on BHLP Practice

Like the BHLPs, the majority (86%) of managers felt that families had been more empowered as a result of a BHLP approach. Most had taken the evidence from their local evaluations as indicating that families felt listened to and had been a part of the process of action planning. Families had reported being pleased with the process and feeling that the BHLP approach had led to a more personalised service, as the following comments attest:

> *We know from our local evaluation that families appreciated being involved as equal partners and that this process usually produced a greater commitment to a joint plan.*

> *The CAF process is co-productive. Decision-making is either by families themselves, or practitioners close to the family. Feedback indicates they like the support and feel it is personal to them.*

I think where BHLPs are experienced and skilled in eliciting creative solutions from families, it is working very well and the skill base is building. Feedback from families is that just having access to a budget and being party to the conversation is empowering. However, some action plans still look very professionally-led as they are uncreative and jargony!

Managers were asked to consider the benefits of BHLP practice. They listed numerous benefits, including: empowerment of families; empowerment of practitioners; improved outcomes for families; families being more in control; practitioners working in partnership with families; practitioners having a budget; practitioners having more job satisfaction; faster access to services; the ability to reconfigure services; a more cost-effective approach; a needs-led, rather than a service-led, approach. The following is a selection of their comments:

Focuses the conversation between families and practitioners on 'needs' not services. Faster access to resources and consequently actions, giving confidence to both practitioners and families, thus helping to develop good relationships. Generates opportunity for existing services to become more flexible in their provision. Opportunity to reconfigure existing services and commission new ones. Pragmatic approach to personalisation from which valuable lessons are being learnt - both in terms of process but also on individuals' own understanding of what this means.

Moves us from a service-led to a needs-led approach. Practitioners can support families to have more control over the support they receive. Changes the balance of the relationship between family and practitioner - much more collaborative. Engagement, as the model, is very common sense and families like it. Personal packages of support can be accessed in a timely manner. Puts children and families firmly at the centre of what we do. Influences commissioning at a local and strategic level. Good practice - what practitioners feel more comfortable doing. Supports engagement of hard to reach families.

Managers were also asked to consider any drawbacks of BHLP practice. Some did not see any drawbacks, but voiced concern about its implementation in terms of the capacity of practitioners and agencies, and of ensuring a coherent approach, linking BHLPs to wider systems and not 'just spending money for the sake of it'. Others felt that the approach contained potential drawbacks in terms of the insufficient availability of resources, and of new resources needing to be quality-assured. There is also the potential for resources to be transferred from specialist to preventative services, and for existing thresholds for intervention to change. In addition, BHLP practice relies on a skilled and confident workforce, who have time to take on the increased workload and can identify needs and know what works in meeting them. The following remarks were made:

Insufficient availability of services to commission or reluctance/inflexibility of existing ones - but we knew this already and the BHLP project has helped to further evidence and challenge this!

Practitioners signing up to the concept just because of the budget and not really working in an integrated way.

It takes a shift in culture and approach to supporting children and families. BHLPs need a sound support network around them - danger that if this is not in place it puts them in a vulnerable position.

Managers were also asked to reflect on how they felt BHLP working could be improved. The most important comments they made related to there being:

- more clarity about expectations and roles
- more pooling of budgets
- more in-depth and ongoing training
- further development of the EBHLP model
- improved monitoring of outcomes
- an understanding of the budget as belonging to the family, not to agencies

Overall, all the managers and co-ordinators responding to the survey thought that the BHLP pilot had been a success in their area. They had been encouraged by the results from their local evaluations, which stated that families and BHLPs had found the approach effective. Some pilots believed that the BHLP project had been instrumental in helping them to embed the CAF, TAC and LP role and encourage integrated working. While managers realised that long-term outcomes had not yet been observed, they felt that the BHLP pilots had set them going in the right direction and regarded the short-term outcomes as encouraging. We received comments such as the following:

> *Thank you for allowing us to be part of such innovation. It will change the face of children and young people's services.*
>
> *I think it has been one of the most thought-provoking pilots for a while - where the impact on children, young people and families will not be seen for quite some time. However, the short-term impact on strategic thinking has been significant in some areas. Still work to be done.*
>
> *BHLP has been a catalyst for change in terms of reshaping thinking about service delivery.*

A Radical New Role?

The project managers clearly viewed the BHLP pilot as having been a catalyst for change in the delivery of children's services, and had begun to see potentially exciting shifts in practice once the refocused model of BHLP practice had bedded in. The practitioners had also begun to experience shifts in practice, although many of those we interviewed described the BHLP role as involving processes with which they were already familiar. Through their work as BHLPs or EBHLPs, practitioners found new or better ways to access services, developed different ways of thinking about cases, promoted greater involvement in decisions, and found themselves participating in multi-agency meetings along with parents and children. Whether or not a shift in working practices was perceived, both BHLP and EBHLP working emerged as a significant step-change in the volume of work, which was difficult for many practitioners to accommodate.

Some practitioners had found difficulty in engaging families and services, but most were positive about their readiness for a new role and about the training they received, though many perceived training specifically on budget-holding as far too minimal. Those most prepared for the BHLP role had felt empowered themselves and able to empower families, citing their ability to offer parents and young people choices regarding the services they accessed and a say in decisions that affected them. It emerged that many BHLPs

perceived the alleviation of poverty as being a major function of budget-holding: some described this as giving families the means to think about their problems anew.

Practitioners usually spoke of BHLP or EBHLP practice in terms of accessing funds rather than as a new role in itself, and managers had also interpreted the policy intent in this way until the refocused model was introduced. With the exception of some who were based in schools, most practitioners tended to report that money had been easy to access, although BHLPs sometimes described cumbersome processes of application or authorisation to access a central pot of money. Some practitioners were happy to defer aspects of the budget-holding role. In interviews they commonly expressed a thrifty attitude to spending the budget, with a reluctance to purchase services that they viewed as freely available. Some expressed concerns about whether cases were 'deserving' of funds. Families were generally not told the amount of their budgets, but some were aware of what services cost, and some were given money to buy goods that had been agreed. Goods and services purchased out of the budget were routinely described as minor elements of an overall intervention, but nevertheless were strongly appreciated by families and could secure their buy-in to additional support. Families were told that funds would have to be applied for and could not be guaranteed. Practitioners were positive about what they had been able to achieve through the BHLP pilot, although they tended to focus on processes rather than outcomes.

The BHLP pilots were envisaged as heralding a radical transformation in the role of lead professionals. As we have seen throughout the evaluation, for many practitioners budget-holding did not contribute to a radical shift but involved the availability of some additional funding. Not surprisingly, therefore, BHLPs and EBHLPs reported some changes but not a radical shift in their practice. Many of the strengths of the new role that practitioners identified - involvement in multi-agency working, planning through CAF and a family-centred approach wherein parents and children have a say and BHLPs have a co-ordinating role - are features of lead professional work rather than of budget-holding. Many practitioners, for instance YISP workers, may already have undertaken holistic assessments with families as the basis for a co-ordinated, needs-led, client-centred multi-agency intervention. Workers may already have had experience of accessing other budgets. The shift which some practitioners perceived may actually have reflected the move to lead-professional working rather than to budget-holding *per se*. There was less commissioning of services overall than might have been envisaged, and we found that some BHLPs and EBHLPs faced with administrative or organisational overload did not pick up the baton of commissioning services but focused more on purchasing goods, transport or services for home improvements. Descriptions or accounts of the BHLP pilot as involving access to a fund rather than practitioners taking on a new role likewise suggest that practitioners saw themselves as spending more time accessing money rather than as approaching their work in fundamentally different ways. Budget-holding and prioritising spend did not emerge as a central plank of the initiative, with practitioners describing the former as a small part of what they organised for their families. Some practitioners suggested that they might have been able to develop their practice further if more time had been factored into their existing work commitments to enable them to take on the E/BHLP role. As things were, it appeared, overall, that both BHLPs and EBHLPs saw the essential nature of their role as lead professionalism rather than budget-holding.

There is little evidence that substantive control over the budgets was moved significantly closer to clients, which might have constituted a more significant shift in how BHLPs approached their work. Most BHLPs reported that they were able to empower families, but this did not usually include making them aware of funds available to them personally and letting them apportion their own resources. The In Care model, for example, was intended to counter the 'gift' model of funding:

> *As a minimum, 'giving someone an individual budget' simply means telling the individual, or their representative, what resources can be made available to them to meet their needs.*[67]

The professionals we spoke to clearly felt it inadvisable to give families free rein over the allocation of resources, but described the importance of their being seen to spend money on clients or purchase goods or services on their behalf. By virtue of their job they may be considered uniquely placed to understand the needs and capacities of their clients. Yet the apparent importance of generating goodwill in that relationship, via spend from the DCSF budget, suggests a balance of power that could potentially impact on the extent to which families might be empowered or perceive themselves to be empowered. While practitioners may have felt concerns about a frank sharing of information about the resources available, they appear to have been able to secure family buy-in and to improve their clients' material situations. These outcomes can be empowering, given the concern practitioners expressed regarding the adverse conditions in which some children and young people with additional needs were living.

Although BHLPs were of the view that multi-agency working had been enhanced, it seems that this was as much to do with the implementation of the CAF and TACs as it was the result of budget-holding. In the next chapter we turn to look specifically at the impact BHLP practice had on multi-agency working, with particular reference to two pilot areas, both of which had adopted the standard model and then the refocused model of BHLP practice.

[67] Duffy, S. (2006) 'The implications of individual budgets', *Journal of Integrated Care*, vol. 14, no. 2, pp. 3-10.

Chapter 9 Enhancing the Capacity for Multi-Agency Working

In the last chapter, we examined the experiences of practitioners who took on the role of BHLP during the pilot, and discovered that while some had made significant changes to their usual practice others had not regarded BHLP practice as being radically different. Most had not actually held budgets and, for most of their cases, had used the DCSF BHLP grant as a top-up fund for the purchase of goods and services which would not otherwise be available. Very few practitioners took on the role of commissioning services, but many more embraced the expectation that they would co-ordinate a package of support in their role as lead professional.

The Change for Children Agenda set out the terms through which integrated services are to be achieved. The programme for change includes a renewed focus on strengthening partnerships within multi-disciplinary and multi-agency teams of professionals, which would share information and make joint decisions about how best to meet a child's needs. The goal is to provide a seamless service and LPs are responsible for ensuring that packages of support are co-ordinated and coherent. We could reasonably expect, therefore, that BHLPs would focus their attention on using the budget to enhance the integration of different kinds of support and speed up access to services. An important element in our evaluation of BHLPs has been to consider the extent to which BHLP practice has encouraged and enhanced multi-agency responses to children with additional needs. We undertook an in-depth study of the impact of the BHLP pilot on multi-agency working in two pilot areas, West Sussex and Gateshead, both of which participated in the refocused model of BHLP activity. As we indicated in Chapter 3, we interviewed a range of managers and practitioners in children's services and spoke to many of those who had contributed to the BHLP pilot in their area. In this chapter, we present the findings of this investigation and consider the implications for future multi-agency practice.

Examining Multi-Agency Working

Despite multi-agency working being widespread right across the public sector, there is very little research that provides both a conceptual understanding of its operation and a more practical guide to its management. At a conceptual level, attempts have been made to apply the concept of the 'network organisation'. This concept was developed out of quite different circumstances, however, and little concession is made to the particular nature of public service provision. At the more practical level, guidance is often restricted to generalisations about the importance of such things as 'trust', with little account being taken of the different roles agencies can play and of the different relationships between them.

In our evaluation of BHLP we therefore drew upon frameworks and concepts developed by members of the research team as part of previous evaluation of the pilot Youth Inclusion Support Panels (YISPs).[68] The evaluation of YISPs found significant variation in the way in which different local authority areas operated the panels. In all the case-study panels examined, YISPs emerged out of pre-existing inter-agency working in the area of youth crime prevention, and it was these pre-existing structures that shaped the way in which the basic principles were applied. Significant benefits in multi-agency working were observed to result from the greater formality introduced by the YISP programme. This could be seen in such areas as the greater sharing of information, the

[68] Walker, J., Thompson, C., Laing, K., Raybould, S., Coombes, M., Procter, S. and Wren, C. (2007) *Youth Inclusion and Support Panels: Preventing crime and antisocial behaviour?*, DCSF, RW018.

more structured nature of interventions, and the higher degree of accountability the agencies felt to each other.

Multi-agency working, however, did not mean that all agencies had the same approach or derived the same benefits from participation. Trying to understand the differences between the agencies led us to the identification of two key variables:

1. The degree of involvement: would the agency be described as active or passive?

2. The nature of the activity: does this relate to information provision or does the agency provide some kind of service?

This model allowed four different roles to be identified. It was possible to analyse each of the agencies involved, such as police, education, social services, and health services, in these terms. This approach also allowed us to look at multi-agency working from the point of view of the lead agency. To do this we had to look at our model in a different way, as representing the first two parts of a basic input-process-output model. The 'inputs' in this case were the young people referred to the YISP and the information provided on them; the 'processes' were the structured interventions designed to deflect the young people from criminal activity; and the 'outputs' were the effects or outcomes of these interventions. It is important to note here that in this model we have used the word 'output' to include outcomes, although we make a clear distinction between them in the theory-of-change theoretical model, designed to guide us through the evaluation.

For the model under scrutiny here, effective management required two things: 'inputs' of information (including referrals) and the 'processes' or services provided. By its nature, multi-agency working means that the lead agency or lead professional is to some degree reliant on others to provide these things. Our attention then turns to the degree of involvement that the other agencies have. If they are too active in providing referrals, the system is overwhelmed; if too passive, then either the system is idle or the lead agency has to devote its own resources to countering this. Similarly with services. If other agencies are too active, those of the lead agency are displaced; if too passive, necessary specialist services are not provided or the lead agency has to devote its own resources to encouraging their provision. The key challenge for the lead agency/lead professional, it seems, is to find ways of ensuring some balance between activity and passivity on the part of the others involved.

Applying the Model to BHLP Practice

On the basis of this model and of our initial understanding of the principles of BHLP practice, we expected that one or more of the following effects on multi-agency working would be observed:

1. *Intensification***.** The possibility here is that multi-agency working might be enhanced through binding existing ('inside') agencies closer together. This would be based on costed transactions between the agencies, the effects of which would be stronger if they were seen as part of a move towards greater formal financial integration.

2. *Extension*. The possibility here is that budgets might allow an increased range of agencies to be involved in multi-agency provision. This would be based on expenditure on and the commissioning of 'outside' agencies, those not currently involved in a direct way in multi-agency provision. It would also require these agencies to become involved in ways other than purely commercial ones.

3. *Displacement*. The possibility here is that budgets might actually serve to weaken multi-agency working. Lead practitioners are able to gain access to interventions previously unobtainable, and these are used in place of existing services available from other agencies. This might occur if budgets are used to buy commercially available goods and services.

We have observed elsewhere in this report that the standard model of BHLP practice was not in all respects consistent with the original policy intention. For the purposes of studying the consequent accompanying changes in multi-agency working, we were hampered by the fact that any impact of the specifically budget-holding aspects of BHLP were difficult to isolate within the standard BHLP model. In particular, we can say that while the standard model was quite widespread, it did not go very deep; the refocused model, on the other hand, although potentially much more profound in its implications, was highly restricted both in terms of the numbers of practitioners involved and in terms of the time allotted to its implementation and operation.

Isolating any impact of either model of BHLP practice was made all the more difficult by the fact that multi-agency working was in any case embedded in the experience and existing practices of the agencies involved. Indeed, rather than looking at the impact of BHLP practice on multi-agency working, it makes more sense to think of the impact of (existing) multi-agency working on BHLP practice. Rather than BHLP practice heralding a new or radically improved way of multi-agency working, it simply became part of what was already in operation. Rather than observing any or all of the possibilities generated by our model of multi-agency working (intensification, extension, displacement), therefore, we have concluded that what we observed is best characterised as *absorption*. In what was already a complex picture, BHLP practice was a limited initiative (first in terms of its depth, then in its coverage and also in terms of time). Its broad principles were in line with existing practice and thus represented no danger of disruption. It would appear that BHLP practice was introduced and completed with minimal impact on multi-agency working in the pilot areas.

In the remainder of this chapter we turn to an examination of the experiences of multi-agency working in the two case-study areas which were selected for this element of the research. Particular attention is paid here to the role of the lead professional / practitioner. We then look at how and why the two local authorities studied came to be BHLP pilots, and examine the inter-agency structures underpinning the operation of BHLP in its original form. We turn then to the transition in these areas to EBHLP practice, seeing what this meant in each of the pilots to the managers and practitioners involved. We also look at what it took to make BHLP practice (in whatever form) work effectively, and at the constraints on this. The next section focuses specifically on our prior expectations that multi-agency working might be intensified, extended and / or displaced. We match each of these expectations with a particular form of expenditure from the BHLP budget, which leads us to conclude in the final section that any impact of BHLP practice on multi-agency working is extremely difficult to discern, and that we have, instead, a situation characterised by the absorption of BHLP into existing multi-agency practice.

Multi-Agency Working Prior to BHLP

In looking at the relationship between BHLP practice and multi-agency working, we are not, of course, starting from scratch. Workers in the area of children's services already had a great deal of experience in inter-agency collaboration. In Gateshead, the context was provided by experience of the YISP (known locally as Amber) and, most recently, by experience of the Targeted Youth Support Pathfinder (TYSP). The YISP was seen as having had some limitations, the most basic of which, according to a senior children's

service manager, was that 'not everyone turned up - you couldn't always get all the right parties'. The focus on young people at risk of offending behaviour also meant that a certain amount of duplicity was involved in getting access to services:

> *… there was also a nonsense which said, actually, if you're at risk of becoming involved in crime or antisocial behaviour, here are some specific dedicated resources, but if you're at risk of simply becoming unhappy or failing in school or any number of other Every Child Matters outcomes, no, we don't have anything for that. So people would pretend that this child was at risk of becoming involved in crime because that was a way of accessing the service …*
> *(Senior children's services manager)*

As this manager explained, Gateshead's experience of the YISP had subsequently informed its approach to targeted youth support:

> *… so it [YISP] was a fantastic model but it wasn't a finished product, and when we came into Targeted Youth Support my starting point was … 'We just need an Amber panel'. Well, we didn't. We found another model.*

This in turn had fed into Gateshead's approach to BHLP practice:

> *… what was very much in our mind at the time was the learning that we'd got from Targeted Youth Support in Birtley … What it was telling us was that early intervention didn't exist. You had to have a lot of problems before agencies seriously got interested in you.*

The BHLP project manager was anxious that all these experiences of multi-agency working should be wrapped up together rather than being seen in isolation from each other:

> *… we were really keen to see all of these things wrapped up in one model … and not 'I'm doing Early Intervention Fund or BHLP one day, I'm doing something the other day, and I'm at the MAG another day', but it's all part of one method of working …*

This was recognised by a senior voluntary sector worker who had played a part in a number of different local initiatives:

> *There is a huge amount of overlap, and certainly in Gateshead the YISP panel was the model for their multi-agency support groups that they introduced through the Targeted Youth Support, so they all do rather merge together.*

It is also worth mentioning in this context that just as BHLP was embedded in existing arrangements, it, too, was expected to provide the basis for subsequent initiatives:

> *We'd already started an exercise of trying to identify funding streams that we could use to continue with early intervention funding and I think we'd got about one hundred and fifty to one hundred and seventy thousand pounds … and then we got the Family Pathfinder … The issue with the Family Pathfinder [is], there is a vision but no one knows how it happens in practice, but we've put two hundred and fifty thousand pounds of our bid into personalised services … so we need to join all this up again, but we've got to get some of the infrastructure in there first, but we will use that EBHLP [model] … (Senior children's services manager)*

West Sussex, by contrast, had been an Information-Sharing Assessment Trailblazer. Its approach had been to stress the social rather than the technical aspects of the initiative. According to a senior integrated services manager,

rather than investing resources in developing an IT system … we felt that we needed to get practitioners together to actually start working more effectively together …

A series of events had been held for practitioners in the area:

… we put big professional development events on for a range of practitioners, and it was sort of the first time that these professionals had come together; even though they may work together on an individual case-by-case basis … You had all the clear indications that people had not really understood what each other really did …

The Structure and Operation of Multi-Agency Working

But what had all this meant to the work of practitioners on the ground? How had the high-level commitment to multi-agency working been translated into their day-to-day work? The BHLP project leader in Gateshead described how the Multi-Agency Group (MAG) of practitioners had arisen out of the demands of TYSP and the issues of service duplication and intervention failure:

… it was proposed to create this multi-agency group because … we were finding that somebody would mention one vulnerable young person and four other people would say, 'Oh, yeah, I've just had a referral for them and I've just tried to visit yesterday or I'm going tomorrow.' There was one case of a child where four different practitioners had knocked on the door, had no answer but had wasted their time doing that and not engaged, not got anywhere. What were they going to do next? Who knows? And it was this whole thing of 'How can we stop that from happening?', and the only way we knew how to do that was to communicate better and share information, and MAG was the best way that we had at the time …

Participation in the MAG had come from a variety of groups:

Who do we have sitting round the table? We have head teachers from primary schools and learning mentors from secondary schools, education welfare, Connexions, youth and community learning workers … housing support services. We have Children's Centre staff, we have police, we have substance misuse services, we have emotional well-being and health services, Safer Families, which is the domestic violence service. That's about it - it's those sort of people that are coming.

Other examples of multi-agency working had been more localised, arising more organically from the direct experience of practitioners. A voluntary worker described the structures that had been in existence as follows:

Way before all this [BHLP] began, we've always had a [area] Social Inclusion Group, and we were just staying the other day, it's probably six, seven years since that began

Representatives of the voluntary sector, the YOT, educational welfare, street wardens, health, the emotional well-being team and the council's family support services had attended the social inclusion group, which worked in conjunction with a cluster of primary schools.

Indeed, a feature of the Gateshead experience was the prominent role played by the voluntary sector. The Family Intervention Project, which brought together Gateshead and a neighbouring authority, had a steering group and a smaller sub-group dealing with referrals. The steering group was made up of managers from the organisations involved, as one of the project workers recounted:

… my manager sits on it, the manager of the Youth Offending Service in Gateshead sits on it … one of the higher managers in education, the manager of children's services … And they'll hear updates on the cases, and they'll try and remove barriers that we might be finding at an organisational level …

A senior voluntary sector worker described her involvement in a number of Gateshead-based initiatives:

… they are quite a forward-thinking authority and are up for trying lots of new things … they were a pilot Children's Trust and I've sat on their Children's Trust Board from when it was first set up, so that's been quite a lengthy relationship, and because of that I've been involved in a number of their initiatives …

A worker from another, smaller voluntary sector organisation pointed to the advantages such organisations could have:

I think it's just the fact that we're not social services that makes the big difference. They see everybody as being social services - anybody who knocks on their door and says 'Your child must go to school' is a threat.

As for her own organisation, on the other hand, she told us:

You find quite often a parent will come to something here, so then we make links and we're not threatening, so you know you've built up your relationship and then you can gently persuade them that they've got nothing to lose … I think that's a big part of our role within the multi-agency group.

Moreover, voluntary organisations, it was argued, were more familiar with an environment in which budgets were a major issue. The senior voluntary sector worker said:

It isn't a mindset that people in the social care sector automatically have, and certainly when they work in the statutory sector you don't think about your budget: you've got six social workers and you do what comes in. So whereas … in the voluntary sector we are quite different. I've never been as accountable for the money I spend as I am in the voluntary sector.

In West Sussex, the structure had been based around Joint Access Teams (JATs). According to a senior integrated services manager,

our model which we started integrated working with, which I have to say has to be seen as the first part rather than an end-point, was known as the Joint Access Team for multi-agency panels, facilitated by an integrated manager. And they were effectively using our initial common assessment and … implementing the lead professional role as part of that process.

Agencies were asked to nominate staff to be members of the teams which met fortnightly to share information, discuss cases and develop action plans. Children with additional needs - those who required integrated or multi-agency support but who fell below the thresholds of social care or CAMHS - were identified on an early version of CAF. Children and families were not initially present at these meeting, but over time their attendance came to be encouraged. A Team Around the Child (TAC) would be decided upon, and a lead professional nominated:

Once a fortnight they would have an all-morning session, and they would probably see four to five cases in each of the areas and they would be referred predominantly through the schools … and from that they would set up a meeting … so instead of the family having to say it to five different professionals they only had to say it once … (BHLP project manager)

The manager of an integrated team told us:

… 'cos of Every Child Matters and all of that, we developed a system where in each of the areas around the county a multi-agency team would meet together once a fortnight … We felt that that was not enough, and that we wanted to look at what was possible in terms of co-location and real integration, so we set up a pilot.

Again, the formal, authority-wide structures ran alongside arrangements established in particular places for particular reasons. A West Sussex practitioner outlined her own experiences: in her role as a Special Educational Needs co-ordinator she had been involved in what were called planning and review meetings, together with educational psychologists and members of the inclusion team. Representatives of other agencies, such as social workers and mental health workers, were also invited to attend. She explained:

I didn't know that this wasn't necessarily common practice … I just assumed you invited everybody who was working with the child.

… before, it was quite difficult to know which agencies a child was working with. I wouldn't always know if CAMHS were working with a child, if they'd been referred to the Child Development Centre or what was going on … [but] once you start asking one person you get links with other people … So it's been quite a gradual process.

It is clear from these comments that multi-agency working had developed organically. A particular feature of the West Sussex situation was that, in one area of the authority, workers from different agencies had been physically co-located and, in some cases, even jointly managed. The objective had been to target a number of families whose problems were just below the threshold for child protection involvement:

This seemed an opportunity where that could be addressed, where the information that could be used for housing could be used for the local youth workers, for social services, for everybody … where people could get together and would know some of the many resources that are out there. (integrated team manager)

The new 'hub', situated in a large town in the county, was established as a result of demands from schools:

… so we took this building … and we asked the different agencies to give us workers in a co-located team, and we would try, particularly, developing around the use of CAF, we would look at how to use a multi-agency team to pull services forward, to set up a team-with-a-child working and to see what's possible … (integrated team manager)

This was seen as only a staging-post towards a more fully integrated structure:

… so we now have collapsed a lot of the education [and] social care structures and changed line management, so there is single line management, and completely moved and restructured a lot of how the services are delivered and managed.

Thus, a group of workers from different agencies now came under a single line-management structure. These included Family Link workers, Early Intervention Support workers (an education service), education welfare officers, education psychologists, family centre staff, Children's Centre staff and assistant care managers. This structure did not extend to all workers based in the building. School nurses, for example, had the benefits of co-location but were not part of the line-management structure. This applied also to health visitors and to some voluntary sector workers.

Although the degree of integration was something in which the management took pride, the integrated team manager stressed that the structure had not been established without a substantial degree of difficulty. At one level this could be regarded as largely practical:

> *Health IT does not talk to Social West Sussex County Council IT, so actually buildings, desks, IT, sorting out who pays for what logistically, files - where people have access to their files is huge, and those issues actually are very practical, but very practical issues can become great barriers, particularly when it comes to staff shifting their heads - you know, their sense of identity.*

But more basic issues of professional identity also had to be actively managed:

> *I think it is about the kind of leadership and management you deliver, the kind of messages you deliver, not just verbally but also in terms of practice. So, what are we putting in place to help people maintain specialism? How is that acknowledged as part of the team processes? What messages are we giving in the team processes … that actually reinforce the idea of 'Please bring and maintain your specialist knowledge …' (integrated team manager)*

These issues of professional identity had to be combined and balanced with attempts to integrate people from very different backgrounds:

> *… you have got to have space for creative thinking and making the change, so having time for people to meet together as a multi-agency team to think about the issues, to train, to find out what's working, what's not working … all that sort of stuff.*

The Role of the Lead Professional/Practitioner

In both our case-study areas, the part played by the lead professional was seen as key to the successful operation of multi-agency working. The BHLP project leader in Gateshead expressed this as follows:

> *I think, if they had to drop everything except one thing … lead practitioner would be [the] one, because it doesn't work without the rest of it.*

The essence of the role was seen as the co-ordination of effort, bringing together the agencies involved and providing a single point of contact with the family. A family support worker in West Sussex said:

> *It's really the co-ordination, that's the main thing. We would ensure that everyone involved in the plan knew what was going on, was fully up to date, make sure the family were involved and had some sort of understanding of what was going on and felt involved themselves. And then it was really important for us to review that regularly and make sure that people came together on a regular basis to review the action plan and change it if need be.*

Two EBHLPs in Gateshead and West Sussex respectively expressed similar sentiments:

> *The way I saw it, [it] was kind of being a co-ordinator of services really, like the central point where people would pass the information to and the person who maybe had to take the responsibility for convening meetings, and sort of not checking up on other people … I would just be a facilitator … and basically the person to take the responsibility, I guess, for filling out referral forms and what have you, to make sure those things are done and that appropriate services are informed … if that's what people see as the right thing.*

> *I think it's much as a sort of enabler for things to come after that. The role really, I think, and the privilege it's been, is actually being able to put the right people in touch with the right parents, the right children - and in a way, once you've done that you step back, let those professionals do whatever is necessary … You've been able to help the children but in actual fact that's not me doing it. I've actually just been the person to enable that to happen and obviously find the right people, sort out the kind of meetings, the connections, the dates that are needed. So, yes, definitely, I guess the person who sort of starts the ball rolling …*

This enhanced role had inevitably brought with it both a greater degree of responsibility and increased workloads. One interviewee, later an EBHLP, regarded some of the concerns about this as misplaced, and as arising out of what she saw as a misunderstanding of the nature of the role. Some people, she said, 'saw the lead practitioner role as being the person in charge'. She went on to say that being in charge

> *would be quite a big responsibility for a worker … [Why] should I take responsibility for somebody in social services or from the Amber project? And I think that a lot of people raised that as a kind of fear … but that isn't your responsibility, so … it's an unfounded fear.*

Another BHLP expressed concerns about the volume of work involved:

> *To take on the role of lead professional means that you are then responsible for arranging the next Team-Around-the-Child meeting, which requires writing letters of invitation and booking the hotel and the meeting, and putting online the action plan, sharing it with everyone else. And although the benefits to be gained from it are huge for the family, it does require some extra hours from a worker that takes on that role.*

A number of respondents reported that individual workers had come under pressure from their own employing organisations not to take on the role of lead professional. We have noted already in Chapter 8 the concerns practitioners expressed about the amount of time and responsibility associated with being a BHLP. Becoming a lead professional involved additional responsibilities, and these were extended still further when budget-holding responsibilities were added. The pressures associated with being a lead professional were perceived to be particularly acute for education-based practitioners. These concerns were echoed in our case-study pilots. According to interviewees in Gateshead and West Sussex respectively:

> *Quite a few of the staff in school are now becoming CAF-trained, and to take on something [like this] is virtually impossible for them to do … because of the amount of work that's involved …*

I have a sense that the majority of government agencies are fairly short-staffed and pressured and undergoing reorganisation. And for that reason I think they are bringing down the shutters on extra-curricular things.

Concerns about responsibility and workload were reflected in the willingness with which individuals would take on the role of lead practitioner. Many respondents felt that, ideally, it should be the practitioner with the best relationship with the family who should take the leading role. A health visitor in West Sussex commented:

The role of the lead professional ideally should be that person who the family are most comfortable with at home, have the most contact with, or find it easiest to contact.

Similar views were expressed by a Gateshead respondent:

The lead practitioner really has to be somebody that the family want, that they've got a good relationship with. So I couldn't really fill [in] a CAF form and say to the health visitor 'Right, I want you to be the lead practitioner', because the family would already have made their mind up.

The demands of the role meant that the selection process was not so straightforward, however:

I think the selection process is a question of everybody looking at the ground and saying 'Please, not me'. It has become like that.

In practice, there appeared to be a widespread recognition that the practitioner who completed the CAF form for a young person would end up taking the leading role in their case. A practitioner in Gateshead said:

As soon as you start to fill a CAF form in, nine times out of ten you're actually going to become the lead practitioner. I don't think you would be filling one in if you weren't prepared to be.

A Connexions PA echoed this:

I've probably been involved with, maybe … ten CAF cases up this point. I can think of only one example where there's been some kind of honest discussion around who the lead practitioner is. It's often just assumed that because you've done the CAF you're the lead practitioner.

This presumption seems to result in some practitioners expressing their unwillingness to undertake CAF assessments in the first place:

I can understand exactly where my colleagues are coming from when they say … 'I don't want to … fill in a Common Assessment form because I'll be expected to be lead professional and I'll have to run those meetings, and I'm not prepared to do it. So I'd rather do without the process.'

The Development of the Standard BHLP Model

It was against this background that the BHLP pilots were introduced in the two case-study areas. As we saw in the previous section, Gateshead had been a pathfinder for Targeted Youth Support. According to a senior children's services manager, this had served to highlight the approach children's services required from staff in relation to

their work. Any new initiatives that were taken on had thus to be in line with this strategic direction:

> *We knew that we wanted, through Targeted Youth Support, people to work differently, to be able to be more effective in intervening earlier in a more co-ordinated way … We always said we won't go in for everything, and what we bid for has to support our direction of travel … I don't think anything else will come along, but if something else did, even if we are attracted to it we'd have to be very, very convinced indeed. And all this may change, but at the moment Gateshead is a four-star council, improving strongly, and we're outstanding in children's services, so at a risk of sounding pompous, as a business model it works.*

At first, interest in Gateshead in BHLP practice had been largely formal:

> *We did a typical Gateshead first holding bid: 'We're absolutely wonderful. Give us the money and we'll do lots of wonderful things with it.'*

The importance of the BHLP initiative, however, had soon become clear:

> *I went down to … an event in London … and was just astonished really at the number of high-level civil servants that were pitching up … I came back and said to people here, 'We're going to rewrite the budget-holding bid. This is about Every Child Matters, it's the whole shooting match.'*

This led to the bid for funding being revised:

> *So we recast the bid, which basically said 'If you give us this money we'll put a lot of the resources into building the infrastructure that will enable us to deliver the integrated working that will facilitate budget-holding' … We funded my post and a couple of other posts from budget-holding, and then we did some repositioning of things regarding the Children's Fund, and so we created the Change for Children team. And the purpose of the Change for Children team was really to try and fast-track integrated working right across the Children's Trust arrangements.*

When practitioners heard about the opportunity, they could see the potential for moving the Change for Children agenda forward. A senior voluntary sector worker stressed the fit between BHLP practice and the prevailing philosophy of agencies in the local authority area:

> *I think the choice of Early Intervention Funds was a reflection of the whole thinking in Gateshead about trying to drive services to an earlier point … which is the principle around a whole range of things that are around - that if we can get in when we first see that there's a problem, instead of waiting until it becomes significant … you will end up with more effective solutions and cheaper solutions.*

The West Sussex experience of multi-agency working in children's services, embodied in the JATs, put the authority in a strong position to adopt BHLP practice. A senior integrated services manager explained:

> *We'd got a wealth of experience that we gained through these Joint Access Teams, so when the pilot came along we actually [had] got an awful lot of information about an experience of multi-agency working …*

The opportunity to bid to become a BHLP pilot fitted very well with the mode of practice already in operation in West Sussex:

… why we applied for the budget-holding lead professional pilot was on the basis that we'd already got a model which had assessment, action plan and lead professional, and I have to say … a lot of the Team-Around-the-Child were saying 'If only we had a pot of money to be able to really deliver on the services …', so it was actually very timely for us.

The Operation of BHLP Practice in Gateshead

The standard model of BHLP practice in Gateshead was referred to as the Early Intervention Fund or EIF. This reflected the way in which the system was operated. Rather than sums of money being allocated to individual cases and controlled by budget-holding professionals, the start-up funding provided by the Department became a single 'pot', to which those designated as BHLPs could make applications for funding. A senior voluntary sector worker described this as follows:

When BHLP first came in it was held as a pot of money to which people applied, and although we've tried to make that … a fairly swift and simple process, money wasn't actually devolved down to individual workers or individual families at that stage - it was on an application process.

An individual acting as a BHLP would thus not be a budget-holder, nor even, in some cases, a lead professional. According to a senior manager:

Well, 'budget-holding lead professional', other than a mouthful, was a complete misnomer for us because our practitioners didn't actually hold the budget … and we'd always gone strongly with the language of 'practitioner' rather than 'professional' because not all our practitioners were professionally qualified.

As we have noted throughout this report, the initial implementation of BHLP practice was some way removed from the broad policy intent. Gateshead, like most pilots, adopted the standard model. In our examination of how the standard model operated in Gateshead, we can identify two features as being worthy of particular note: the number of practitioners formally designated as BHLPs and the ease with which these practitioners were able to gain access to the EIF. As we have seen already, Gateshead drew heavily on its experience as a Targeted Youth Support Pathfinder, and this was evident in the early days of the EIF:

… because people who were involved with Targeted Youth Support, practitioners from a range of agencies, had already been trained around common processes and CAF and lead practitioner and the team-around-the-family … we decided to introduce to them the concept of BHLP, but called it Early Intervention Fund and made it open to them as an opportunity to help them to produce holistic support plans for children and young people. (BHLP manager)

This opportunity was then extended to anyone in the area who had undergone CAF training:

In the very early days we opened the Early Intervention Fund … to people who are involved with Targeted Youth Support because they had already been trained in the process, and [we] thought it was a quick way of getting things under way, but after that we opened it up to anybody who'd been through the CAF training. (BHLP manager)

The EIF/BHLP pilot thus became strongly associated or even embedded in the use of the CAF. Originally, according to a Connexions PA, the internal 'marketing' of the EIF had been achieved by getting the various agencies involved individually. Later, it had become part of the CAF training days:

> *… so they have, like, a forty-five minute … slot within that day, and all Gateshead professionals working with young people are expected to attend CAF training, so the marketing is being done within those sessions.*

Indeed, one user of the EIF, a worker on a young women's project, regarded the fund as a way of providing incentives to practitioners to use the CAF. She had received some CAF training, but had done this solely in order to retain access to the EIF:

> *It was just something that I was told to go to … I was determined that I didn't want to do it, but I think it was very clever the way they worked, because at first it was just early intervention funding, it wasn't anything to do with the CAFs … [Then] it came in that they had to do CAFs, that the early intervention forms had to go along with a CAF …*

What all this meant in practice was that the money in the EIF (the DCSF budget for BHLPs) was available to be accessed by a large numbers of practitioners. A senior voluntary sector worker said:

> *The information went out quite widely to whoever was operating in that area … that that pot of money was available depending on the appropriateness of the application rather than the agency or the group that that worker belonged to, so it was quite a wide group of workers.*

The children's services manager put the figure of CAF-trained practitioners who could access the BHLP fund as high as 700:

> *The thing that underpins it all is the integrated processes in the whole CAF, the framework of the common assessment that we're all working to, and I believe quite strongly in that as a tool … [We've] trained a lot of people, we must have trained about seven hundred practitioners so far - we think there's probably four thousand - but we've trained about seven hundred practitioners in what is CAF, how [it] is … supposed to work, some of the basic skills and assessment, some of the things around accountability and dispute resolution for the lead practitioner and so on.*

The second feature of the EIF was that access to it was a relatively straightforward matter. According to the children's services manager:

> *We probably just did one or two other screenings, just to make sure we weren't doing something that was going to come back and bite us, but we were pretty permissive on what people were allowed to spend the funding on …*
>
> *We took the view that we needed to keep this simple at the front end, so we created a commissioning and support officer post who effectively handled the budget, and if you're a practitioner and you wanted a hundred pounds … then we had a very, very simple process where you could draw that down … And in broad terms, as long as you had complied with the model, which said a CAF had been done, a support plan had been agreed with the family and the funding was being requested as one element in a broader support plan and was within a limit of a thousand pounds, then there weren't very many questions other than that.*

The only restriction, which a number of interviewees referred to, related to the use of the EIF for childcare. One voluntary sector worker, who had believed that she could spend the money on whatever she wanted, then discovered the restriction:

> *I don't know whether they were monitoring what it was getting spent on, because a few months down the line they suddenly said it couldn't be spent on childcare, because everybody wanted childcare … I can understand [that] everybody having childcare is not addressing the real needs … you're not actually resolving anything and I think that's why they said no childcare.*

Even then, attempts were made to find a way round the restriction, as this BHLP told us:

> *So we had to be very creative then. We still actually got childcare because what they'd said was, childcare for nursery-age children had to stop, because Children's Centres could fund that. So, in response to that I then said 'Well, I have this family who have speech problems …', so by bringing them into sessions - just didn't call it childcare - then we can work.*

Certainly, the impression given by a number of practitioners we interviewed was that they had enjoyed virtually unlimited access to the EIF. One youth worker estimated that she had made around fifty applications to the fund. She did not consider herself to be a BHLP, however, but said that every application she had made to the fund had been successful. Another practitioner said that originally BHLPs had been told that there was a limit per family and had been given some idea of what the money could be spent on:

> *I always rang and gave the case study and said 'Can I purchase this?' and always got told 'Yes' anyway. So we've never been turned down for any early intervention funding.*

These comments illustrate very clearly the way in which the standard BHLP model operated and the lack of any specific designation of LPs as budget-holders.

The Operation of BHLP Practice in West Sussex

The original model of BHLP practice in West Sussex operated in the same way as it did in Gateshead. Rather than budgets being assigned to particular cases and individual LPs being given responsibility for them, there was a pot of money to which practitioners had access. As an integrated services manager expressed it,

> *to say 'You have access to money to actually support your plan' was the way in which it was put, rather than the emphasis on you as lead professional. [It meant] wider access to a pot of money, which you can then determine how you could spend.*

Moreover, control over the fund was retained at the level of the local authority:

> *So then they appointed a lead professional, and from that then there was the budget-holding lead professional, but they were issued with cheque books and key cards ... but predominantly everything comes back to me in this office and everything gets processed here.*

The emphasis was on the availability of extra finance rather than on there being any changes in the practice of LPs:

> *… with the BHLP, obviously, that now has given them access to funding, which makes the task that much easier, because of having to wait for statutory services or going on a list or using a Section 17 … that's where the BHLP came into its own.*

Like Gateshead, West Sussex was moving towards a CAF-based system. But whereas in Gateshead the EIF had played a significant role in trying to achieve this, this was not the case in West Sussex, where a more formal, authority-wide system of operation was in place. The emphasis in West Sussex was very much on restructuring this system in an attempt to achieve more effective service delivery. The system into which BHLP practice was introduced in West Sussex was based on the JATs, and addressed those needs that probably did not meet statutory criteria for intervention. The JATs met every two weeks and included a range of agencies, such as health visitors, school nurses, SENCOs and social workers. Indeed, the participation of a range of agencies was an important part of the JATs. A family support worker described who was involved:

> *We might have a teacher involved, we might have education welfare involved as well, or an ed. Psych - we'd get them along. Could be a referral to the Connexions team for a longer-term help - get those guys along and get the family of course, that's the important thing, and the young person, and that's been the process really.*

As in our previous studies of multi-agency working, we were told that some agencies had proved difficult to engage:

> *I think Health is always more difficult. I mean, GPs are non-existent. I've never seen a GP at a JAT yet … I don't think they have the time, they just can't make it. Things like CAMHS - CAMHS workers you see less of because again they seem to be extremely busy and they don't seem to have the time to attend.*

Developments in West Sussex centred on the transition from the JATs to a system based on the CAF and TACs. A health visitor told us that the JATs stopped 'when the CAF and Team-Around-the-Child started'. Many welcomed the emphasis on the CAF. One practitioner told us:

> *I think CAF fundamentally has been the greatest tool to develop integrated work that we've had … I think the principle of CAF is about getting rid of the bottleneck where … this is about identifying need as close to the child as possible, as soon as possible, equipping the workforce to be able to [intervene] where they see need.*

This practitioner argued that the system had to operate in such a way as to ensure that CAF was more than a formal process:

> *So that CAF … becomes more than a form - it becomes a positive process about involving children and families and thinking about their needs. I would say implementing the CAF has raised the fact that … the different professions' approach to assessment is vastly different. Recording skills and what people would write is vastly different. Issues of consent and asking consent are very different, and we need a consensus around that.*

She acknowledged that implementing the CAF had not been without its problems. Some agencies had exhibited greater reluctance than others. According to a health visitor,

> *almost every agency, other than ourselves and social services, seem to have baulked at the idea of doing the common assessment … [it] requires … a minimum of an hour to an hour and half, time spent with the family and child in the home … and not every agency does want to do home visiting, it's not part of their remit.*

The move from JATs to the CAF-/TAC-based system was intended to introduce a greater degree of responsiveness into service provision. Just as in Gateshead, the idea of early intervention was part of this:

… the aim is, if the TAC meeting and the CAF planning meeting help children from early on, then hopefully needs are not going to … increase where we [social care] then need to intervene in a major way … (Social work team manager)

More generally, it was felt that the combination of CAF and TAC represented a more flexible and more agile system. According to its integrated services delivery manager, West Sussex had tried to move away from the notion of panels, and TACs were effectively described as virtual teams. Another practitioner told us:

We were always told that the JATs, for instance, were always going to be a transitionary [sic] set-up and that eventually … we would have these Team-Around-the-Child meetings which were more flexible, smaller, and could be set up a lot quicker. (Family support worker)

There was still a certain amount of formal structure. The county was divided into eight areas for the purposes of service delivery. Reporting to the integrated services delivery manager were Assessment and Intervention Team Managers (ITMs), three for each area, each of the three having a different role. The BHLP budget was divided between the areas: each of the ITMs in each of the areas had access to the BHLP fund. They were given a pot of £18,500 each.

The fortnightly JAT meetings had been replaced, as the BHLP project manager explained:

… the JAT was the precursor … because we always knew the integrated services bit was going to happen. So once we had the JAT up and running, it was kind of a turnover to go to CAF, but they don't have the fortnightly meetings they had because the common assessment is done and then a decision is made whether or not they have a Team-Around-the-Child, and the Team-Around-the-Child, I guess, replaces the JAT … It doesn't happen on a regular basis, it happens as and when it's needed, rather than on a fortnightly cycle.

He described the first port of call in each area as an 'access point':

… each of those areas has an access point … So any calls or enquiries that come in go to that access point. They either direct them to where they need to go, or a common assessment is done … Each of the access points has a CAF person that can guide them through the process.

The new system, however, was not equally well-advanced in all areas of West Sussex. A family support worker pointed to the variations that existed:

What's happened within West Sussex is that we've had the pilot areas … they're very much ahead of the game, so their JATs have gone, they have these CAF referrals meetings on a regular basis, and from the CAF referral meetings people go off and set up TACs and invite relevant professionals [and the] family. Whereas [other areas] … they still have the JATs at the moment, so they're not in a position to set up an access point … and take CAFs and take the TAC meetings from there.

The lack of a coherent structure was of concern to some practitioners. Underpinning some of these concerns was the more general review of services that the local authority was undertaking. According to the BHLP project manager:

We had integrated service managers that were involved initially, and their jobs have changed because the local authority are going through a fundamental service review

and, obviously, that's had a huge impact on how we've been able to run and manage the [BHLP] project.

This had given rise to some suspicion about the motives for change:

There's a feeling that the change is good, but some of the changes aren't so good. It's about losing people and cutbacks. And it's unfortunate … that we couldn't have done it in a year when there were no cuts and been a bit clearer about the advantages.

What stands out for our purposes, however, is that although we can detect a direction of change similar to the one we observed in Gateshead, this move towards a CAF-based system was not in this case greatly reliant on the introduction and operation of BHLP practice. The BHLP project manager expressed this quite succinctly:

… in amongst all that, you've got BHLP trying to work its magic … BHLP was a small part of it. It was about a different way of working and thinking, and the integrated bit has always been there.

The Refocused Model of BHLP Practice

We have looked elsewhere in this report at the transition from BHLP to EBHLP practice. In this chapter, we explore how this transition was seen by practitioners and managers working in our two case-study authorities. As we shall see, they certainly did not feel that the way in which they had originally implemented BHLP practice was at odds with the intentions of central government policymakers. However, the transition to EBHLP practice served to give a higher profile to consideration of basic principles, and it is these we consider here. This allows us, in turn, to consider the advantages of and barriers to the successful operation of a system of BHLPs, and we draw on data gathered both before and after the transition to EBHLP practice.

The Transition to EBHLP Practice

For those involved in the management of children's services in Gateshead, the announcement of the refocused model came as something of a surprise. Up to that point, according to the Integrated Services Manager there had been no indication from the Department that there were any problems:

[The evaluation team] will say that the way the model was rolled out was not consistent with the original policy intent, and although I heard that, in truth I wouldn't have known … [As] far as we knew, from every conversation that we had with the central team, but particularly with OPM, we were doing what people wanted us to do.

Another service manager also emphasised the part played by the evaluation team. In her view,

the evaluators highlighted that before anybody else did, that this isn't what we were supposed to be doing.

She described the initial reaction to the apparent shift in policy as follows:

I think initially we had that … reaction of 'Why didn't they tell us this to start with? It's too late in the day'.

Whatever the initial reaction, attention soon turned to how the shift of emphasis in policy could best be managed. The Integrated Services Manager attempted to calm initial concerns in order to find a way of refocusing the pilot locally:

> *When the great crisis broke our view was, firstly, let's all just calm down, let's not throw our engines into reverse here, let's understand what we need to do in order to get the evaluation back on track … If there was a real threat to the project because … the wheel had come off or something, then let's put it back on again, and that's why we said we would be part of [EBHLP].*

For this manager, the operation of BHLP in Gateshead had been quite consistent with the way in which the local policy intent was moving:

> *It was a popular model, and from our point of view the model we had set up, which didn't give them the budget as such but gave them easy access to it, seemed to work for practitioners … For us it absolutely sat fair and square with that whole direction of travel around common assessment frameworks and lead practitioners.*

The chief concern of the project manager was with assessing outcomes rather than with what might be regarded as the nuances of the underlying principles:

> *I think the challenge was coming in relation to not 'Is this the right model?', but more 'How are we getting the outcomes, the detail … for the evaluation' - how do we know they're following the process and not just filling in forms to get money for families but it actually is a response to holistic assessment?'.*

Looking at the issues in this way seemed to the project manager to make the shift to a refocused model more readily acceptable:

> *So that's where the challenge seemed to be … and then things sort of came out through Newcastle University last summer, and then there was an event in the summer at which pilots were kind of asked to get together and explore 'Could we refocus this pilot?', and then we got to understand a bit more.*

Gradually, the repositioning was embraced, and regarded as an important step-change:

> *I think we went through a little period where we threw our toys out of the pram and said 'What do you mean we've got to change this? – we've done loads already', but now we're dead pleased … I don't want to carry on Early Intervention Fund in its current form, I want to do established budget-holding. And it's a lot more effort, a lot more effort than Early Intervention Fund, but it yields better results so I'm really pleased that that was done. (BHLP project manager)*

Others in West Sussex also expressed bafflement at the apparent change of direction. They took the view that what they had been doing was simply what they had agreed with the Department. In their understanding, the idea of 'budget-holding' was not to be interpreted too literally. In the words of the Integrated Services Delivery Manager:

> *Obviously we put together our project plan and submitted it … and obviously it was approved, and in there it didn't really suggest that we were going to be having such things as individuals holding budgets as part of the process … I did feel that … we were actually meeting the expectations of the pilot … [When] the original bid was put together it was quite clear what they were after. Whether that was explicit enough to*

say 'Well, actually, we want individual practitioners to be holding budgets' is something that we certainly didn't pick up.

For this manager, as for the Integrated Services Manager in Gateshead, it was the direction of travel that was important, and there was not such a huge difference between existing practice and the ideal:

I did feel that we were actually moving towards … that pure model of lead professionals actually holding budgets, and actually I didn't feel from my perspective [that] it was too big of a leap for us to go from the position we were in to a position where we were actually giving money to individual practitioners.

In any event, the project manager had noted that a wide range of practice was evident across the pilot authorities:

I guess it was down to interpretation. We were asked to something and the interpretation was 'Well, we do it this way'. I mean, each pilot's done it very differently, depending on where they're at.

It should be noted, of course, that even when the refocused model had been formally introduced, its existence was not always recognised by those with direct concern for service delivery. A number of those we interviewed later in the evaluation, all of whom had had some involvement in BHLP, had not come across the EBHLP model. One practitioner thought that EBHLP must refer to an electronic form of BHLP.

The Identification and Appointment of EBHLPs

Both our case-study authorities volunteered to be a 'pilot within a pilot' for the implementation of EBHLP practice. A first issue to be addressed was the selection of the practitioners who were to take on this role. As we have seen earlier in this chapter, as many as 700 practitioners in Gateshead had been designated lead practitioners. In identifying the EBHLPs from among this number, the first step taken was to approach the agencies involved. In the project manager's view, what was needed were people who would be willing to try something very different from what they were used to doing. The project manager realised that being an EBHLP would entail additional work and so the EBHLPs would need more support:

We went to the managers first about it actually, and we were clear that … this is taking something extra on. We're not minimising what it means, which is why we wanted a really small group so that I could support them, so we could really keep an eye on what they were doing.

She felt that there were limits to the numbers of people who were able to take on this role:

I think we've got a lot of issues locally about … practitioners who potentially give up too easily or feel it's not their role or think it's too hard. I'm not saying they're terrible practitioners. I think there's just something there about skill and about ownership.

She was very clear about the kind of skills required to be an effective EBHLP:

There's the skills to be able to look beyond your existing kind of area or focus, which we encourage … but actually doing it is another thing. And the skills to pull together in a team-around-the-family and to manage your role as a lead practitioner … And there's

another thing about not knowing what services there are available to respond to the needs, which is partly where BHLP comes in because it provides a different skill-set to be empowered as a practitioner as opposed to [being] at the mercy of the referral mechanisms.

The idea was not to select people who were in some sense typical of the practitioner community, but to identify those who could take a lead in this area:

They were champions, they were people who were clearly committed to this … We did a couple of additional workshops with them, so we were showing this bigger vision: if there's a frontline practitioner, you genuinely did control these budgets, so you could commission the package as you saw fit. (Senior children's services manager)

The BHLP project leader explained how they went about the selection:

We identified six practitioners: one is a head teacher, one a YOT worker, two are workers in the Family Intervention Project, we've got an education welfare officer and a worker from a voluntary family support project … It took us a long time. It took us, you know, four hours to get people to the point where they weren't saying 'This is more working in writing down how much you spend', or 'It's more work in writing my hours down', or 'It's more work thinking about shopping around for services', and 'It's beyond my remit, beyond my role', to where they thought 'So you mean I can shape this? I can make a difference, I can create the service for this child?'.

The workshop that had been held had enabled the EBHLPs to see the role in a different light, and they were supported by being given significant increases in the budgets available for individual young people or families:

… and I think we firstly gave them additional funding … I think there'd been a limit of a thousand pounds on the core scheme. I think we increased that, and although we shut down the core scheme about February [2008] time we were a lot more relaxed about that group 'cos we could manage the risk. (Senior children's services manager)

At the same time, the EBHLPs were expected to deal with a small number of cases of their own choosing. According to the project manager, the EBHLPs themselves were in the best position to decide which children and young people might benefit the most:

They [the EBHLPs] are picking them. They're deciding themselves who they want to work [with], 'cos it needs to be people that they have a natural lead practitioner role for

A similar process was followed in West Sussex. Senior managers of the agencies involved were invited to nominate individual practitioners to take on the EBHLP role. Some agencies proved more willing than others to do this. According to the Integrated Services Delivery Manager, representatives of the health services felt that their staff had no capacity to manage budgets and were not being paid to do so. Six EBHLPs were appointed, and each was given an increased budget. One project manager told us:

… we've got six from all different kinds of disciplines. We've got an education welfare officer/ assistant care manager, Connexions worker …. and a social worker …

According to one of the EBHLPs appointed, little training was provided for the new role:

I think it was very much based on the fact that, obviously, the work I do here is very much geared up to sharing … joint access meetings with different professionals …

whether it would be said that you need training for this kind of thing … does depend, you know, where your starting point is.

The DCSF had prepared a training programme for all the EBHLPs, and all the refocused pilots were invited to send their practitioners to it. Most of the pilots took advantage of the training, which many who participated described as excellent. It would seem that practitioners in West Sussex did not take advantage of the training opportunity offered, however. Nevertheless, practitioners were given an enhanced budget:

They've got access to six thousand pounds apiece … it's still within the same framework, but they have a bit more of a free rein, and they don't have to ask anybody how they spend the money.
(BHLP project manager)

As a corollary of this enhanced budget, the number of cases was kept low. The project manager told us that EBHLPs were asked to select at least three cases. One EBHLP in West Sussex estimated that she had spent around £10,000 across her five cases, the bulk of it in providing one-to-one support for the children, which she described as being 'expensive'.

Making EBHLP Practice Work

With the refocused BHLP model now in place, we were able to look at what practitioners saw as its principles or essential characteristics. The Integrated Services Manager in Gateshead identified three key features:

… during the dissemination events I was saying this is a three-legged stool. Firstly, you absolutely need to have the funding in order to do this, but it's not just about the money. You also need to have a practitioner who is focusing on the overall needs of this family, and having a sense of what are the existing services that can be drawn in … and then you need a market-place that is capable of responding to that … Over the period you're beginning to understand better the pieces of the jigsaw.

This represents a concise description of a certain way of working. What is notable here is that it should have applied to the original model of BHLP practice, underpinning the view cited earlier that the distinction between budget-holding and budget-accessing may not have been the most important feature from the point of view of service delivery. An EBHLP in Gateshead, who was asked how her role had changed, stressed the idea of being able to bring the necessary services into existence, rather than simply relying on what was already available:

… it's a bit, kind of, upside-down thinking, because normally you'd go into a situation and you're thinking 'Right, what services can help with this?', because they are the services that are available, they are what you'd use. But this is 'What are the needs? Is there a service that meets them?'. It's the other way around, which is the way around it should be.

Others laid more emphasis on the idea of budget-*holding*. The project leader in Gateshead described how she saw the enhanced role as follows:

[I saw] four quite distinct ways of doing things, with the first being where things are completely uncoordinated and billions of assessments going on. Then where you get to with just having CAF processes - hopefully it's co-ordinated but you've still got gaps in services … Then Early Intervention Fund, which can plug a gap in the service, but …

you're still using traditional services and methods … and then where budget-holding takes us to, which is flipping the whole thing upside down and making it a market-place for the empowered practitioner.

A senior voluntary sector worker in Gateshead and a project manager in West Sussex, respectively, argued along similar lines:

… when you just had a pot of money that people applied for it became a pot of money that people applied for! So it is about being clear that the budgets are about achieving change and that you need to be able to demonstrate that that's what they're for.

… probably where we should have been right at the very beginning was EBHLP. It was about handing over the money to a lead professional … and letting them loose with it.

Access, Empowerment and Creativity

It is clear from these comments that, put very simply, the budget would allow, encourage and empower practitioners to do things they otherwise would not do. At the most basic level, a number of practitioners spoke of the improved access to services that the budget gave them. One EWO expressed this plainly:

When you tell people that you can pay for something they definitely want to help you. It's amazing, it really is.

Referring to one of her cases, she said:

Well, for me, it was [that] I had more money - which, you know, is a crass way of putting it, but the case I was working with, had I not had that large amount of money I wouldn't have been able to offer that young person what she was offered in the end.

In a number of cases, budgets allowed services to be accessed more quickly. According to one head teacher,

I am, you know, quite polite but a little bit pushy. You can sometimes get people to just move a little bit quicker. You might only gain two or three days, but if you can just get people to do the things you want a little bit quicker … [Perhaps] being a little bit braver to just ask for what you want and try to make it happen.

A voluntary sector worker argued along similar lines:

... instead of having to fight to go and get money and put in applications for funding, which is what I've had to do for years and years and years, the money's there - it's great. You can talk to families about it … and say 'I might be able to help with that', so if they're talking about looking at counselling for the kids or looking at counselling for themselves and they've been through the GP and it's a waiting list of however long, you go 'If you're really serious about that we can help you …'.

Of course, it might be argued that the young people who were able to access services in this way were gaining only at the expense of others who were having to wait longer. As the project manager in Gateshead expressed it, the question 'Isn't that queue-jumping?' was a concern that was voiced when local authorities were bidding for the BHLP funding. Even when looking at these most immediate, direct benefits from a BHLP system, therefore, practitioners raised a number of points in implicit mitigation.

On other occasions, the budget allowed quicker access by opening up to practitioners alternative sources of supply. One voluntary sector worker explained:

> *Rather than just the speech therapy team, where they've got waiting lists, there might be other private organisation[s] or whatever [who] might provide a similar service and you can actually pay for that.*

But it was not just a question of gaining quicker access to existing services or being able to make use of direct replacements from new sources. The intention was that practitioners would be 'empowered' to make new kinds of decisions:

> *I think what appealed was the notion of how this was empowering practitioners to work in different ways, but particularly linked around common assessment frameworks, teams-around-the-child, teams-around-the-family - so it supported the whole integration approach. (Integrated Services Manager)*

The Integrated Services Delivery Manager in West Sussex commented:

> *I think there's a sense that … it did empower practitioners … [If] I've got access to purchase some things that would really meet the needs of this child in a much more creative way then I think that empowers practitioners a lot.*

He described one of the authority's EBHLPs, a school-based practitioner, whose work he regarded as being particularly successful:

> *… the reason why that was, I think, more successful was that the culture of the school had developed such that they were very clear about the additional needs of children … [The] inclusion manager who was working in the school … had a number of children who she was lead professional for, and effectively she just used those resources as she saw fit, which included … mainstreaming services within the school.*

Another practitioner in West Sussex described how her own work had changed:

> *I'm much more pro-active now. Before, I would think 'Oh well, social services are working with that – they'll sort it out and it's nothing to do with me' … whereas now, 'cos of my greater understanding and awareness that we're all working together, I sort of felt more confident to say … 'Can we do the CAF form on them? Can we try and access lead budget-holding professional money?'*

A practitioner in Gateshead described the case of one young person for whom a particular vocational training course seemed ideal but who, on the face of it, was not entitled to participate on it:

> *There is somebody in the authority who looks after alternative packages for final-year students, and there's a budget for it … I could have referred my person to them and they would have said 'No', 'cos, first of all, she doesn't meet the criteria and they haven't got enough money. But I did refer my person to them, and said 'But I have got some money', and they said 'Yes', and placed her for me.*

A senior voluntary sector worker referred to what seems to be the same case:

> *The budget allowed the educational welfare officer to approach the local vocational education training and say 'I know it's younger than you usually take [the child was 14] but we can buy this, we can put in a package to buy this'.*

In the event, the education was provided as part of an existing contract, but, as the senior voluntary sector worker argued, the budget had opened up the possibility and allowed the practitioner to approach the provider in the first place.

This concern to empower practitioners was often extended into - and indeed was often difficult to distinguish from - the expectation that the control of a budget would encourage them to be more creative in how they met the needs of young people and families. For the most part, the creativity tended to be reflected in the kinds of goods and services on which the practitioners spent the BHLP funds. The focus was on the money and on what access to it could achieve, rather than on budget-holding as a radically new way of working. Towards the end of the pilot, EBHLPs and their managers had begun to realise that this implementation of BHLP practice required a significant shift in the culture of the organisation. The phrase 'thinking outside the box' was often used by children's services managers as a way of expressing this new awareness:

> *The first thing is that I think it [EBHLP practice] actually led to much more creative and innovative solutions … you saw clearly that practitioners were thinking completely out of the box.*

> *The idea is that actually we don't give them the money to push that person to the top of the list. It's about increasing capacity or looking elsewhere or at alternatives, so it's a bit of initiative, it's about thinking outside the box*.

What this implied was an approach that was more child-centred than had previously been the case:

> *It's not necessarily about saying 'Here's what already existed, take your pick from what we've already got'. It was actually saying 'Let's really think about this child's needs and how we could really meet those needs in a much more flexible, innovative way'.*

Two examples of what practitioners saw as budgets being used in a 'creative' manner demonstrate the move towards thinking more creatively. The first was described by the Integrated Services Manager in Gateshead:

> *I remember [a colleague] having conversations with [a BHLP] who wanted to use budget-holding to purchase childcare, and that was fine, and [the colleague] said 'Why are you wanting to do that?', and the [BHLP] said 'Mum needs a break - she says she hasn't even got time to clean her house because of the amount of childcare', and [the colleague] said 'Well, why don't you get her a cleaner then?'*

In the second case, an EWO had frequently driven to a child's house in the morning in order to ensure that the child attended school, and had argued that the budget should be used to pay someone to take on this task. A senior voluntary sector worker, who had also been involved in the case, said:

Now when we sat down and worked through it, actually that's a very short-term solution. The solution is to try and work with Mum and Dad because, hey, there's a dad there as well. What's he doing … walking out and leaving this situation behind? … we often don't take that into account. It's actually to work with both parents to encourage them to go on parenting training, to actually enable them to parent their seven-year-old so that when she's twelve she's not out on the street at midnight refusing to come home … So it's using your budget to lever change, it's not just using your budget to spend.

We return later in the chapter to the issue of creativity, but it should be noted here that managers recognised that it might be unrealistic to expect a great deal of practitioners in this regard:

I think we also had some pretty fanciful notions that somehow practitioners who were given access to small amounts of money would be able to spend it in fantastically imaginative ways … but our learning was [that] it was quite hard for practitioners to think outside [their] particular boxes.

Relationship Building and Involvement

In looking at how budget-holding might be made to work, we gained the impression, from some of those interviewed, that perhaps too much emphasis was placed on the impact on the LPs themselves. Too strong an emphasis on the practitioners implies a largely passive role on the part of the young people and families involved. Rather than focusing on one or other of these parties, we need instead to concentrate on the impact of budget-holding on the relationship between them.

There are two key elements to this. The first is that direct expenditure from the budget can act as a signal to the family of the practitioner's intent and commitment. We noted in Chapter 5 that the budget was used in a variety of ways, including as a means of securing buy-in from the family. One senior voluntary sector worker in Gateshead said:

Being able sometimes when there is a crisis to access the funds to resolve a situation swiftly and speedily can make an enormous difference, 'cos when you're working with a family and they've got a real problem and a little bit of money might solve or help to solve that problem, the fact that you can just say 'Yes' then, rather than 'I'll write to [senior person] and ask them it they can manage to do that and it'll only take three months to come back', doesn't actually give service users confidence in the workers either.

This was echoed by a colleague, herself an EBHLP in Gateshead, for whom what was important was not the money itself but how the money could enhance the client–practitioner relationship:

Those families have said that the most important thing for them has been the quality of the worker and the relationship that they've got with the worker. And, yes, fantastic to have had money added on to the side of that so the worker's actually able to go and do the things that they've talked about, but it's been the relationship with the worker that's been making the difference more than anything else.

This echoes a key finding in our earlier study of YISP practice. From the practitioner's point of view, the budget gave them greater encouragement to invest time and effort in getting a family to accept the involvement of a new agency:

You've got to do quite a lot of groundwork to prepare them for being able to work with another agency …. So it just means that I'm doing some of that groundwork and I'm thinking, actually, if I put all the effort into doing some of the groundwork to get them to a place where they're going to be able to work with another service or another agency … then am I actually going to have the money to be able to do it at the end of all of that?

But the 'signal' element is only one part of this. The second key element is that the provision of a budget can be the means of encouraging greater family involvement in the process of making decisions about the child or young person. A senior voluntary sector worker made this point. The EBHLP approach was, in her view,

about shifting the way [practitioners] thought about engaging with their families and using the budgets to actually enhance that … [it was] about encouraging ownership by the families of the fact that there was a budget there, so the families know there's a budget against their name, and that the families have … much more ability to influence how that money was spent on their behalf […] [Budget-holding] can often be a catalyst for change with a family, when their lead worker can actually say to them 'I can solve that for you and I can solve it quickly', and you will get buy-in to doing other things … [In] some of the services that I've subsequently tendered for I've put in personalised budgets for families within the tender document, so that we've actually used that to build the relationship, and usually if you allow families to select what they will spend their money on they will spend a lot less than if you let practitioners select.]

An EBHLP who was an EWO echoed this:

I think [that] with EBHLP [I was] much more involved - like a lot more contact with the families. That was my experience, because it's … a bit of a longer-term intervention … When I was doing the BHLP it was just short, sharp something that was to be a help at that time, and it [was], and then people could move, but with this … I find that it's a longer commitment.

In the light of these comments, it is interesting that many practitioners did not tell the families about the availability of a personalised budget and did not encourage families to become involved in decision-making around the purchasing of services. What is clear is that there were very different views about the efficacy of talking with families about money and the costs of service provision.

Barriers to EBHLP Practice

We noted a number of barriers to EBHLP practice, which were evident in our other interviews with practitioners and in our e-survey. They included time constraints and increased responsibilities.

Time Constraints

Although the idea of BHLPs was on the whole well-received, the implementation of a new way of working could not be achieved easily and without costs. We focus here on two aspects of this: the working time needed by practitioners in order to take on the BHLP role, and the additional degree of responsibility that accompanied the idea of budget-holding. The time involved in working as a BHLP was something a number of our interviewees referred to. One manager, when asked what the main issues surrounding EBHLP were, said:

… fear that it was something else that people didn't have time for. That was probably the biggest barrier - people thinking, you know, 'Don't ask me to do something else - I can't be bothered'.

Some felt that this was not so much an individual as an organisational concern:

There's some kind of structural resistance towards CAF … about resources and about how much time it'll take for staff to do CAF … The obvious ones would be schools - it's whether schools have got the time and the resources to be the lead practitioner or even to be involved in CAF meetings.

This comment refers to the LP role as much as to the BHLP role, of course. The practitioners themselves highlighted different aspects of the BHLP role. For one practitioner, the amount of information that had to be provided for evaluation and accountability purposes was the chief concern:

… both the paperwork from Newcastle and the information that [managers] wanted - when you start to look at the timing it's actually quite staggering what gets taken up.

Others referred to the time involved in the co-ordination activities required by the LP role:

This is actually … a very small part of my role. However, it has taken up ever such a lot [of time] - running the CAF, doing the CAF form in the first place, chasing up, liaising, making appointments, writing the letters, writing the minutes, getting everybody together. That whole process takes an enormous amount of time.

From our point of view, the most pertinent of the demands made on practitioners' time was that resulting from the locating, costing and commissioning of services. One EBHLP had had experience of this kind of work in a previous role, in which she had been working with the families of children with disabilities. In her current role, however, she was finding this much more difficult to do. Regarding health services, she had found:

There's a lot more out there and they're used to working with a lot of the smaller disability charities.

Services that as an EBHLP she would have liked to draw on were much more difficult to access:

If you're looking at things like coaching for kids with ADHD, I mean that's quite up and coming in the UK, it's very new … a lot of the other things that you would want the kids to be working on, or the families to be working on, just aren't that well-established, so it takes a lot of time.

A Connexions PA told us:

A large part of my time might be taken up, not working directly with clients but actually negotiating service provision and getting reviews of that service provision and the rest of it.

An EWO described the issue as follows:

What I would normally use would be the immediately available [tutoring] provision which I don't have to pay for … so then I had to start ringing around and getting costs off a lot of people … finding out what was the best provision - not necessarily the cheapest either, just the one that suited her needs best - and that takes up a lot of time … and there were quite a few parts to her package … [and] by the time you added up all of those hours that took quite a while.

Increased Responsibilities

Time, however, was not the only concern. A second major concern was the greater level of responsibility inherent in the BHLP role. This had been a consideration for those charged with implementing the new system. The Integrated Services Manager in Gateshead said:

> *One of our ambitions to make this happen was to ensure that the lead practitioner didn't become 'capital L, capital P - this needs to go through job evaluation' … because at a stroke that would mean that a very small minority of people would become lead practitioners.*

This to some degree explained the way in which BHLP practice had been introduced in its original manifestation. The manager offered the following observation on the idea of budget-*holding* as opposed to budget-accessing:

> *We took the view [that] you would have passed on too much responsibility in terms of financial accountabilities et cetera to practitioners who didn't actually have a training or a background in that, and, in truth, would probably divert them from the main task. If I can do all that for myself on top of what I'm doing, or I can simply say to you 'I need the £60', which is easier?*

Managers in West Sussex had also feared resistance to the idea of budget-holding:

> *There was a real sense, I think, from their perspective that 'It's not in my job description to hold a budget, manage a budget, be responsible or accountable for a budget - therefore I'm not going to do it, or you give me more money'.*

Again, although it was said budget-holding had not been an issue in West Sussex itself, the BHLP project manager identified it as having been a problem elsewhere:

> *Some of the professionals [in other pilots] are saying [that] because they're budget holding they should be paid more … My argument is they actually don't hold a budget. They have access to a budget, but they don't actually hold the budget because that's either held centrally or by a senior manager.*

We learned, from those involved as practitioners, that designation as a lead professional was not universally welcomed:

> *I think it puts people off wanting to be a lead practitioner, because as soon as you take on that role you're responsible, I think, for quite a lot, making sure things happen for the family.*

> *The other kind of worry I have is [that] if you're the budget-holding lead practitioner … there's more expected of you - you're not just performing your normal day-to-day role. Even as a lead practitioner there's that extra piece of responsibility [that] comes with funding and seeking out services.*

If you're responsible for using the budget then you are actually thinking about how you're going to use it. Then, yeah, it's a bit more responsibility.

For many, the financial aspects of the role represented a new area of responsibility. An EWO told us:

It's a fair amount of responsibility, because I was sending bills in for hundreds of pounds, you know – sending these invoices across somewhere for hundreds of pounds, and you kind of need somebody to be saying 'That's how we want it done … and you're … going in the right direction'.

This practitioner sought reassurance about the money being spent. Managers in West Sussex identified what they described as 'huge issues' around the training and development of staff:

I think, in terms of our learning, I think probably if we've learned anything I think we would have done more of the training.

This was echoed by the research officer:

… it was around the training. People were saying we didn't actually have any training to help me understand and undertake working in this way.

There was a gradual realisation that the BHLP role could not just be carried out by anyone or any agency:

I think you need to get the right workers to be doing the BHLP stuff. I don't think you could just dump it on anybody and everybody, and I think that it's probably going to work better with agencies that have the time to be able to go and source some of these things.

I think there is an issue for us around practitioners and their ability to actually do a commissioning role. I think that's a big issue personally 'cos I think the day-to-day job to then try to get people, to say, 'Could you also go and do this role of searching services and finding a best provider and getting value for money?' I think is a huge challenge for individual practitioners.

The question of the necessary skills and training for a radically new role was aired repeatedly throughout the evaluation.

The Implications for Multi-Agency Working

We have looked in some detail at the background to and operation of both the standard and the refocused model of BHLPs, and we turn now to the question of what impact, if any, these had on multi-agency working in our two case-study areas. It must be stressed that what we were trying to do was to pick up any changes associated with the new budget-accessing or budget-holding aspects of the lead practitioner's role, rather than the changes associated with the role as a whole.

In order to achieve this focus on budget-accessing or budget-holding, we use the model of multi-agency working outlined in the introduction to this chapter, applying it in turn to each of the different ways in which budgets were used. This gives rise to the three possibilities outlined earlier: intensification, extension and displacement. It should be noted also that the three possibilities are not mutually exclusive. The budgets available

to lead practitioners could be spent in different ways, and this might be reflected in different and eventually conflicting impacts on multi-agency working.

Intensification through 'Inside' Purchasing?

Turning to our first possibility, we find that budgets were apparently barely used to mediate relationships between the main services already involved in the multi-agency provision of children's services. We saw little evidence of intensified multi-agency working. An integrated services delivery manager in West Sussex expressed this bluntly when the possibility was suggested to him:

> *I couldn't see how it could be better in terms of the arrangement in terms of multi-agency working. The same arrangements are in place for EBHLP as … were [in place] for the budget-holding.*

Any effect, he argued, would in any case come through the TAC rather than simply via the lead professional:

> *What you didn't have, I don't think, was individual practitioners as lead professionals saying 'Right, this is what's going to happen'. There was a sense of a much more joined-up response to those children, which meant that it kind of acted as a bit of a catalyst for multi-agency working.*

One EWO gave an example to explain his view of this issue:

> *In that particular case … there had been a lot of involvement by other agencies previously and I had exhausted my strategies from within my service. Because there was money available I was able to offer her [the client] something different, and that had a knock-on effect. Because I was able to say 'This is what I want her to be involved with', then school offered some money and then other services became interested in supporting that piece of work, whereas they wouldn't have been able to take it on board … without that core bid.*

Looked at in this way, the existence of a budget acted as a catalyst for several agencies to offer other support. This view was echoed by a research officer:

> *… sometimes they didn't need to access the money because, actually, by having all of those professionals in one place, somebody said 'Well, actually we can provide that', and 'Somebody else can do something else'. So it was about all those coming together collectively to make those decisions, but understanding that by talking together they can make a difference.*

Thus, the provision and use of budgets could be seen as part of a move towards greater multi-agency working, if only in the sense that the budget did not work actively in the opposite direction. A significant, discrete impact, however, would be much more difficult to establish.

Extension through Spending on 'Outside' Agencies?

Having seen little evidence that multi-agency working was being intensified, we turn to the issue of its extension. Our concern here is the impact of how budgets were being used to purchase services from agencies other than those connected directly with multi-agency working. For those working at practitioner level, a first issue was to identify what services were already available. One voluntary sector practitioner expressed this as follows:

… we got lots of papers with examples on, but the problem is, if you don't know what's out there you can't access it.

Some of this information could be picked up informally in the course of an individual's day-to-day work:

I think from the information that we pick up from the meetings that we go to … I've learned that Barnardo's do provide a lot at a cost … I've had somebody on the phone this morning … they've got a Family Intervention Project … now that's fantastic 'cos now I know what they do.

Attempts were also made to provide practitioners with more formalised information. One West Sussex EBHLP said:

… when I met up with [the managers] … they gave me like a directory on a disk of all accredited professionals within West Sussex and the surrounding area, and they basically said 'This is at least a starting point. If you know other people that's fine, but you can use the directory to contact people that we feel quite happy with.'

This EBHLP was sceptical about taking the directory at face value, preferring instead to use it as a way of making use of her own networks:

Although you've got the directory and you trust that these are people who are checked, you obviously can't tell until they get here whether they are going to be exactly what you want. But what I also did was, again, from finding the directory I would come up with names of people, but then I would ring … contacts that I knew I had and say, 'Look, I've found such-and-such therapist, so I'm quite interested in this, but actually do you know of anybody that maybe I could talk to?'

So, this practitioner was clearly extending her knowledge of local services and beginning to shop around. Interviews with practitioners revealed that some were actively involved in organising and paying for services. A Connexions PA in Gateshead gave a couple of examples:

I've already applied for funding for counselling, and that got approved, which is quite a substantial sum - you're talking six to seven hundred pounds for the counselling sessions. The one around the confidence-building course, I got that approved - that was around four hundred pounds.

A family support worker in West Sussex explained how the BHLP money had been used to buy in self-employed sessional workers:

They will work with, say, the parents or single parent on parenting issues, while we're supporting the young person, so it's a really good package. Now we have no budget as a team to pay for the sessional worker. Traditionally what we've done, we've had vacancies within the team and that slippage money we've used to pay the sessional workers, but now with the BHLP money we've used that quite creatively, we've been able to pay sessional workers … and provide a service to families to a greater extent than before.

An element of many of these descriptions was the time and effort that practitioners had to expend in order to gain access to services for young people and their families. A school-based professional described how she had gone through the process of accessing funding for a play therapist and had then built on this by setting up and

funding a programme for boys along the lines of a successful programme already running to boost the self-esteem of girls:

> *I planned a group to take place in the summer. I filled in the form, filled in the criteria and everything, to ask for, I think it was eight hundred and seventy-two pounds … I never get involved in the money side of things so it was a completely new process for me. I planned a programme for the boys. It includes … four CAF boys and two who aren't CAF but [who are] within school [and] who could really do with it. I asked if I could employ a learning mentor and two teaching assistants, budgeted that out - six sessions - put down a programme.*

What this pointed to was the need for capacity and expertise on the 'demand' as well as the 'supply' side of the equation. An EBHLP in Gateshead described this as follows:

> *I think that would have to be looked at really carefully from an organisational level, about how you would put administrative support or support of some kind into finding the services and managing all of that, so that the worker is free to actually do the work that they need to do, knowing that they can just go 'This family would really benefit from this'.*

In both our case-study authorities, it was still the supply side that was the priority for those at management level. The basic question was how a reliable and responsive range of marketable services could be encouraged to emerge. The Integrated Services Manager told us:

> *You need to have a certainty [of] being able to say to these providers 'If you do this, then we are confident that there will be business', 'cos, obviously, they then need to think about their staffing arrangements.*

For this manager, the responsiveness of provision was just as important as the reliability:

> *What was attractive was trying to deliver services that met needs, or trying to respond to the needs of families rather than shoe-horn families into existing services. Part of our learning … was that a lot of the needs seemed to sit around some form of family support, but we weren't actually strong on family support in Gateshead. We were very strong on parenting programmes, so we referred a lot of people into parenting programmes, not necessarily because they needed it [but] because that was a proxy for family support.*

The nature of the services needed had to be communicated to the supplying organisations, however, if they were to be able to deliver them:

> *What they were saying [was] 'Well, if we knew that's what you wanted, then we could organise our services accordingly', because what people were telling us is that they wanted access to family support but not necessarily five days a week for twelve weeks at a time between the same hours every day. What they wanted was flexible support they could access.*

The BHLP pilot had taken these developments forward, and the BHLP project leader in Gateshead felt that significant progress was being made in this area:

I think we're getting a handle on that now. More to do, as always, but we've approached some of the bigger voluntary organisations and started asking them 'What can you provide on a spot-purchase basis? How can you be more flexible with what you do?'. And the practitioners themselves have done some quite interesting things.

Relationships with potential providers were also an important consideration in the West Sussex bid, as an integrated services delivery manager described:

Before BHLP … what people used to do was to think about existing services … so when an action plan was being developed it was about what services were available now. So there was no kind of sense of, how could we be creative in looking at something that was outside of our local authority?

The Integrated Services Manager in Gateshead pointed to the difficulties in establishing a sustainable market:

Voluntary services found it very hard to sustain [service provision] on case-by-case funding … so 'Here's four hundred pounds to do the sessions of play therapy with this child', that's fine, but what happens after that …? … It's not something they can actually rely on, so they have to rely on other kinds of funding, and when this comes in as it comes in that's putting them in a very vulnerable position and a lot of them can't continue on that basis.

The real issue, she argued, was that there was no guarantee that budget-holding funding would continue in the longer term:

… budget-holding is not sustainable funding for them - they can't rely on it. They have to go for the other kinds of funding where they are given this much for this period for these services. But if we're going to change the whole way that services are bought in by using development budget-holding, what does this mean for voluntary services? And we rely on them so much for these additional services that this isn't working at the minute, and that means that we are losing these things.

Of course, if children's services are able to move towards a pooling of budgets so that individual-level commissioning becomes routine without the reliance on an additional pot of money (as the BHLP fund had been), the supply-demand equation might balance itself within a different type of market-place.

During the BHLP pilot, however, the focus had primarily been on the voluntary sector. The BHLP project leader in Gateshead explained that it is easier to work with the voluntary sector because it is more flexible than the statutory services. The voluntary sector certainly showed evidence of being more amenable in this regard. A senior worker in the voluntary sector pointed to the advantages:

I think we need to develop the selling side of the market, and I think the voluntary sector are particularly well-positioned to do that … I have a lot of our services that are unit-costed and can be spot-purchased, so I could have provided on a spot-purchase basis to that head teacher a parenting programme … I could have provided the spot-purchase vocational ed. programme for that education welfare officer.

She argued that the voluntary sector is much more advanced in terms of its ability to cost services:

I would cost a six-month intervention to purchase for a child with autism, for example, which would involve one and a half hours a week contact time with a service user, access to a group, the initial assessment and the end-of-intervention support. I could give you a cost for that if you gave me two minutes to go and lift it off my desk.

In this regard, she drew parallels with the retail sector:

But if there was a big market for spot purchase out there, then I could have more staff who were waiting to be spot-purchased. I mean, it's not so different [from] retail, is it, in the sense … you're buying so many toasters because you know your market for toasters will be so big - but you may need to order extra - but you need to know what your core market's going to be so that you don't overstock dramatically and therefore make a huge loss.

Similar developments were in evidence in West Sussex. The project manager there described an early engagement with the voluntary sector:

We met with the Sussex Autistic Society and said 'If we gave you twenty-five K what could you give us?', and we then negotiated packages that … they could provide for us, like initial assessments, those sorts of things. So what we did, we divvied it up so that there was four per area and we had four central … So they were already paid for and they could access those through the Autistic Society.

She also showed how this relationship had developed over time:

But again we've learned from that, because they were set packages, and what we should have done is 'There's the money, but each child and family has very individual and different needs, so they don't all need counselling - some of them only need a bit of training or a bit of support or maybe just [to be] pointed in the right direction. This is what you need to do.'

Towards the end of the pilot, therefore, we were seeing significant moves towards a more flexible market system in which both practitioners and their managers were beginning to 'think outside the box' and find ways of commissioning services which could be tailored to individual needs.

Displacement through Spending on Commercial Goods and Services?

We have seen elsewhere in this report that a significant proportion of the BHLP funding was used to make purchases of goods and services from commercial organisations. The practitioners interviewed for this part of the project were able to provide numerous examples of this activity. A health visitor in West Sussex referred to cases which had involved

buying a piece of carpet to go in a couple of the children's bedrooms … hire a skip for a weekend to clear the absolute mountains of rubbish out of back gardens and front gardens.

A worker on a Gateshead young women's project described the purchases she had made from the EIF, although she had had mixed feelings about doing this:

Sometimes I have to take people to look at carpets. So last week I was up to here with carpets and I thought, 'I'm a youth worker, I don't want to be going carpet-shopping', but it's a part of it.

In a small number of cases, money from the EIF had been used to pay off people's debts to utility companies, allowing them to change accommodation more easily. A Connexions PA in Gateshead offered the following example:

> *There was another case where there was a problem with overcrowding in the house, so actually someone … paid for a builder to do a partition within the home, so that could have privacy within the bedroom. So there's been some … not what I would have expected, something going beyond our narrow job roles.*

An integrated services manager offered other examples:

> *We've had some random things that have gone through. We've got a shed to go in the garden of a house, where there was a man who was very stressed and kept getting very stressed out, and the family decided he needed somewhere to go, and he wanted a shed, 'cos he thought if he had a shed he could get away from things that were really stressing him out … [His partner] was getting annoyed that he was leaving the house and walking out, so we talked about 'Was there somewhere in the house?', but he said 'No', but the idea of the shed came up so we bought him a shed.*

Practitioners and managers were aware that some of these purchases might, on the face of it, appear rather odd. They were anxious to stress the more fundamental impact a seemingly trivial purchase might have. One voluntary-sector EBHLP said:

> *If you're already worrying about your kids attending school, you're worrying about your kids' antisocial behaviour, you're worrying about them going through the youth offending team, maybe you're worried about domestic violence, you've got difficulties within your relationship, and then added on to that you suddenly have to pull out three hundred pounds to get school uniforms for your families - well that quite often will just tip families over the edge.*

This EBHLP described how she had paid for fencing around the garden of a house to which one family had recently moved. On one level, this allowed the children to play in the garden and the family's dogs to be let out of the house. Beyond this, however, she described more complex changes that might occur as a result:

> *Yes, it's a practical thing but actually the reasons behind doing something practical are a lot more complex than that … You're talking about trying to change the balance of power with the neighbours … build relationships with the neighbourhood, allow somebody to settle in, to see themselves as being suitable to fit into the kind of middle-class neighbourhood … [The] psychological stuff underlying that is really vastly more important than just the fencing.*

A senior colleague argued along similar lines, anxious to stress that even expenditure on white goods should be treated seriously:

> *But I'm sure we applied for white goods the same as everybody else and I don't want to minimise that … I know that the DCSF are sort of saying 'Why is it all white goods?'. Well actually, if you've got four or five kids and you can't afford a washing machine, that's an enormous problem for you, because trying to keep those kids clean, tidy and turned out becomes a mammoth and undoable task … [T]here was one family we were working with, with five youngsters all under ten, and when the washing machine exploded the single mum literally couldn't afford to buy a new one; and that was the single most useful thing that anybody was going to do with her at that point in time. So, I don't think we should say, you know, 'White goods bad, more creative things good', because I don't think it's that simple a transaction.*

This interviewee went on to highlight an aspect of the BHLP pilot which had emerged repeatedly during the evaluation and which was evidenced by the mapping work described in Chapter 4. The vast majority of children and young people allocated to a BHLP were living in deprived neighbourhoods where there are serious challenges relating to education, employment and crime. Many purchases made from the BHLP fund were for white goods and other household equipment with the express aim of alleviating stressful living conditions, particularly for parents struggling to make ends meet. This interviewee went on to tell us:

> *One of the major issues that the families we work with have is actually poverty, and sending mum on a parenting programme because her children weren't turning up at school clean and respectable wasn't going to be an awful lot of good to her, because actually what she needed was the ability to wash their clothes as quickly and as simply as possible. And sometimes I think we get that balance skewed and we put in, sometimes, quite a lot of services when actually what people need is a little bit of help with something more practical.*

Understanding the Evidence

We have observed throughout this report that the standard model of BHLP practice in the pilots was not in all respects consistent with the original policy intention. For the purposes of studying the consequent accompanying changes in multi-agency working, we were hampered by the fact that any impacts of the specifically budget-holding aspects of BHLP were difficult to isolate. In particular, we can say that while the standard model was quite widespread, it did not go very deep; the refocused model, on the other hand, although potentially much more profound in its implications, was highly restricted both in terms of the numbers of practitioners involved and in terms of the time allotted to it before the end of the pilot.

Isolating any impact of either version of BHLP practice was made all the more difficult by the fact that multi-agency working was, in any case, embedded in experience and the existing practices of the agencies involved. Indeed, rather than looking at the impact of BHLPs on multi-agency working, it makes more sense to think of the impact of (existing) multi-agency working on BHLP practice. Rather than BHLPs heralding a new or radically improved way of multi-agency working, their practice simply became part of what was already in operation.

Our model of multi-agency working was difficult to apply in these circumstances. We tended to see BHLPs focusing on applying for and spending additional money, using the BHLP fund provided by the Department as an extra resource. It was difficult to make the connection between this activity and any co-ordination of support which would naturally be part of a lead practitioner's role. Not all pilot areas had implemented LP practice prior to the BHLP pilot, not all were using the CAF, and not all had moved to a model of working which included TACs. As a consequence, there was a greater separation of the multi-agency groups from the providers of services: rather than being the statutory agencies themselves (as in the YISP pilots), the providers tended to be commercial or specialist, voluntary sector providers. This meant that any impact of budgets was dissipated, rather than having the effect of intensifying multi-agency relationships.

To the extent that we can identify a trend, we might say that there was one of 'displacement', since emphasis was placed on purchasing commercially available goods and services, or on the limited commissioning of services from 'outside' agencies. Rather than observing any or all of the possibilities generated by our model of multi-agency working (intensification, extension, displacement), therefore, we have concluded that what we observed is best characterised as absorption**.** In what was already a

complex picture, BHLP practice was a limited initiative (first in depth, then in coverage and also in time). Its broad principles were in line with existing practice and thus represented no danger of disruption. The BHLPs were introduced and completed with minimal impact on multi-agency working. We had begun to observe some more subtle changes to this pattern as the refocused pilots unfolded a more robust model of BHLP practice. Had these pilots continued for a longer period, we might have been able to detect different kinds of impacts.

In the next chapter, we relate the evidence presented in this and previous chapters to the learning that pilots identified as they brought the pilot to a close. We also take stock of the evidence from the local pilot evaluations, and assess the weight of the evidence relating to BHLP practice.

Chapter 10 - Reviewing the Evidence

In the preceding chapters, we described the challenges we faced while attempting to undertake a rigorous evaluation which could determine the cost-effectiveness of BHLPs working with children and young people with additional needs, and presented the findings from the study. While we believe that they tell a consistent story about the implementation of BHLPs and the progress pilots made in developing what was expected to be a radically new way of working, we recognise that the lack of evidence of the cost-effectiveness of BHLPs will be disappointing. It will be clear that a number of circumstances beyond our control rendered it difficult for us to gather all the data we needed, and that the findings we have reported need to be understood within the wider context of the significant changes being made in children's services and via the workforce reform agenda and considered alongside what might appear to be contradictory findings from local evaluations. In this chapter, we review all the evidence available from the BHLP pilots and tease out the messages which can safely inform policy.

The DCSF has made a clear commitment to evidence-based policymaking,[69] and most new initiatives over the last decade have been the subject of independent, external evaluation. However, providing a strong evidence base is far from straightforward and the BHLP evaluation illustrates many of the complexities associated with attempting to do so. The establishment of pilots provides a unique opportunity to test new ideas and strategies. There is no guarantee that they will be successful, but experimentation enables evaluators to determine which aspects of any new initiative work and which are problematic, making it possible for the initiative to be refined or abandoned.

Three important factors serve to undermine the potential for pilots and external evaluators to deliver what is expected in terms of robust evidence. First, the potential for pilots to be true test-beds is frequently challenged because the evaluation is not built in to the design and implementation of the new initiative from the start. The failure to design a pilot around a robust evaluation strategy means that the data needed to assess cost-effectiveness via a rigorous comparative methodology may not be available, outcome measures are usually poorly defined, and the evaluation is often an additional rather than an integral element of the pilots once they are up and running. By the time the national evaluation of BHLPs was put out to tender the pilot sites had been chosen by the Department, the guidelines set and national implementers appointed. The pilots had set out how they intended to implement BHLPs (although several revised their plans along the way) without any a priori knowledge about the kind of national evaluation which would be imposed on them at a later date and the data which would be required. Pilots appeared to have limited resources to devote to meeting the data collection demands of the national evaluators and, although they were willing to do what they could to meet the requirements, the national evaluation was an additional task for managers, who were already busy dealing with changes in service delivery and challenged by setting up and developing the pilot. Getting BHLP practice established inevitably took priority and was time-consuming in itself. Collecting evaluation data was, therefore, not a priority for the practitioners involved.

Second, it is common for pilots to feel under pressure to extend and roll out a new initiative long before the results of a national evaluation have been submitted, assessed and reviewed. The seeming pressure to extend and mainstream pilot programmes before there has been any time for reflection tends to encourage premature roll-out and an assumption that every new initiative will be successful - that it works, irrespective of whether there is any supporting evidence for it. Not only does roll-out preclude the opportunity to identify control/comparator groups, which are necessary for any rigorous study of impact, but also it promotes a culture in which those responsible for implementing and managing a pilot

[69] DCSF (2008) *Analysis and Evidence Strategy*, DCSF.

programme are expected to emphasise the positives and minimise the problems and challenges, which are inherent in most, if not all, new initiatives. It then becomes difficult for those involved in the delivery of the pilot to acknowledge that some things may not work well, and the vested interest in identifying success at the local level can make it difficult for pilot staff to understand why national evaluations do not provide evidence which supports the local perception that the initiative has been effective.

Third, most pilots are required to establish local evaluations which run alongside the national evaluation. Some of these are designed and run 'in house', and others are contracted to external evaluation teams. In respect of the BHLP pilots, the national implementers (the OPM) also undertook some of the local evaluations, which could be regarded as constituting a conflict of interests. Not only were the pilots having to supply data to two groups of evaluators, but local evaluations tended to have less ambitious and more manageable objectives, and they made fewer demands, which could more easily be satisfied. Since local evaluations are geared towards providing readily usable information which can help pilots make decisions about future service delivery, they are often viewed as more relevant and more important than a more remote, national, arm's-length study. The fit between local and national evaluations can be uncomfortable and can lead to the kind of tensions that emerged during, and were heightened towards the end of, the BHLP pilots.

We were aware, throughout the national evaluation of BHLPs, that the pilots had been asked to assemble case studies demonstrating their achievements. Inevitably, case studies were selected so as to indicate successful outcomes attributed to BHLP intervention. While we were expressing concerns about the standard model of BHLP practice being little more than the provision of an extra fund which LPs could access, pilots were able to point to positive messages about what was being achieved as a result. The evidence from the national evaluation has been much more qualified, resulting in a perception that the national evaluation was simply missing the obviously good news being spread by the pilots. At the end of the pilot period, the pilot staff were invited to celebrate the beneficial outcomes achieved and to share their plans for mainstreaming BHLPs. They had been convinced that BHLPs had demonstrated cost-effectiveness as a result of local work on selected case studies, and this positive achievement flew in the face of the findings emerging from the national evaluation.

We recognise that the seeming discrepancies between the local and national evaluations have led to some dissatisfaction with our more cautious interpretation of the findings and some disillusionment with the national evaluation. We believe that it is important to address these concerns, attempt to understand why there are divergences, and look for the convergences in the data. The findings from the national evaluation would suggest that more caution needs to be exercised by pilots which have claimed wholly positive outcomes, and that it might be helpful to reflect on the robustness of the evidence which has emerged both locally and nationally.

In this chapter, therefore, we consider why the findings from local BHLP evaluations appear to be more positive than the findings from the national evaluation, and assess the strength of the evidence that is now available to policymakers. It is not for us to assess the validity of local evaluations, nor to report on them in any detail here, but we do need to take account of the evidence available from them. It is clearly not helpful if policymakers and practitioners are presented with contradictory findings without any attempt being made to explore the reasons for these or to provide an indication of the reliability of potentially conflicting evidence. Our review of the findings emanating from the local evaluations and the reports presented by the pilot staff at the end of the period has led us to reflect on the following factors:

1. The models of BHLP practice that were evaluated.
2. The research methods employed locally and nationally.
3. The messages being given.

We discuss each of these in turn.

The Models of BHLP Practice That Were Evaluated

The BHLP pilots were tasked with testing a radically new approach to the delivery of services to children and young people with additional needs, in which lead professionals (front-line staff) would take responsibility for holding and managing budgets and would prioritise, co-ordinate and commission services directly, in close consultation with the child and family involved. It was reasonable, therefore, for the national evaluation to be designed to test a number of assumptions about the impact of giving lead professionals budgets and empowering them, and the families with whom they work, to develop personalised packages of support which the BHLP would purchase and monitor. The Government expected the following:

1. Budget-holding would create incentives for practitioners to maximise the quality of service provided while controlling for costs.
2. Multi-agency working would be improved if one practitioner could co-ordinate and commission services through the management of one budget.
3. The BHLPs would be more responsive to the additional needs of children and young people and bring decision-making closer to the child and the family.
4. There would be greater transparency in resource allocation and greater personalisation of services as a result of BHLP practice.

Fundamental to these assumptions was the expectation that experienced lead practitioners would be selected and trained for a new role in which they held budgets personally. Hence, our development of a research design which set out to test these expectations by comparing the work of LPs who were not selected and trained to hold a budget with that of BHLPs, who would have a dimension added to their daily work as LPs as a result of holding a budget. Through the use of identical data-collection tools, assessment of inputs (the services provided by LPs and BHLPs) and measurement of observable outcomes it should have been possible to assess the relative effectiveness of LPs and BHLPs, and then to determine the costs associated with each mode of delivery. In this way, the national evaluation was designed to provide robust evidence about whether outcomes for children would be improved if LPs held a budget and practised as BHLPs, and if so how.

As we have indicated in earlier chapters, implementing the model of BHLP practice identified above presented many challenges for managers and practitioners across the sixteen pilots. Rather than make a radical shift in the practice of selected LPs, most pilots chose to adopt a staged approach. The policy and practice documents circulated to pilots by the Department and the OPM during the first year of operation made reference to ‘different potential models’ of BHLP practice. One of these models indicated that LPs might apply for BHLP status and then access, but not necessarily hold, specific budgets. This was the model adopted by most pilots. Moreover, the pilots were presented with three options in respect of decision-making about the ‘range of services’ to be purchased. The first two referred to expenditure of BHLP funds for targeted support over and above the menu of statutory services children and young people were already receiving, and to making direct payments for services such as childcare, babysitting, etc. Only the third option described a model of practice which fully captured the policy intent.

The pilots almost certainly decided that it would be far easier to implement the first options, which referred to the use of BHLP funds (the Department's pump-priming money) to purchase additional services, and which could be viewed as helpful stages towards the more radical change in practice originally envisaged. The standard model of BHLP practice developed by the pilots reflects the somewhat easier options and, thus, the BHLP pump-priming money became a fund which LPs could access if they wanted to purchase something extra for a child or family that could not be paid for from another funding stream. As we have seen, it was not until the final few months of the pilots that a few of them made the transition to the more complex option - that of training LPs to take on new budget-holding responsibilities and commission services directly - and moved considerably closer to the policy intent.

The Department has always recognised that the transitions envisaged by BHLP practice were likely to be very demanding and highly complex, but the extent of the changes which had to be made may have been underestimated. Most pilots did not have the essential building blocks in place (trained LPs, CAF assessments and TACs) at the beginning, yet felt under pressure to spend the BHLP money and demonstrate results quickly. As a consequence, the emphasis was on allowing LPs to access the BHLP pot to buy additional goods and services and demonstrate 'quick wins'.

This focus was highly problematic for the national evaluation. There was little observable shift in LP practice beyond there being extra, time-limited money to spend. Much of our research activity, therefore, has focused on evaluating the short-term impact of this additional expenditure rather than on pursuing a rigorous examination of the cost-effectiveness of a new way of working. It is not at all surprising, therefore, that we have found no evidence from the national evaluation that budget-holding has been cost-effective. Not only had the BHLP pilots not been implemented to policy intent but the standard top-up model of practice made it impossible to collect the kind of data which we needed to conduct a robust cost-effectiveness study. For the most part, BHLPs did not hold or manage substantive budgets, the outcomes sought for children and young people remained somewhat general at the broad level of the ECM outcomes framework, and objective measures of change were employed consistently in only one pilot area. Since detailed information about all the interventions provided in each case, the costs associated with them and key outcome indicators such as educational attainment, school attendance and health were lacking, all rigorous quantitative analyses were seriously undermined. To a large extent, the national evaluation has examined the value-added of a top-up fund. It has enabled us to indicate (primarily subjectively) what might be achieved if practitioners are given access to extra money to spend on children and young people and their families whose additional needs are assessed as calling for additional expenditure.

The standard model of BHLP practice greatly limited our ability to assess the cost-effectiveness of a new practice approach. Nevertheless, these limitations do not in any way imply that children and families did not benefit in a number of important ways from the purchases made by BHLPs. On the contrary, as we discussed in Chapter 7, families were very grateful for the purchases made on their behalf and some felt that their everyday lives had been improved substantially. The purchase of household goods and services, such as childcare, undoubtedly transformed the lives of families for whom poverty was a key factor. In this sense, the standard model of BHLP practice has almost certainly made a contribution to the Government's ambition to eradicate child poverty, in the short term at least. However, more careful scrutiny of our qualitative data suggests that the real keys to promoting positive outcomes were the skills, commitment and dedication of the LPs, irrespective of whether they had access to an additional pot of money. Some BHLPs expressed the view themselves (Chapter 8) that it was not necessarily the BHLP fund that made the most difference. They would have expected to achieve the same positive results in their capacity as LPs. Only a rigorous comparative study can test this proposition. Nevertheless, the qualitative findings

demonstrate that benefits were achieved via the provision of additional money from which to purchase household goods and services. We do not have any evidence, however, that suggests that these benefits will be sustainable and will manifest themselves in terms of improved outcomes for children in the longer term.

There are, therefore, considerable gaps in the evidence available from the national evaluation and the quantitative analyses have not been encouraging. For the most part, the local evaluations were also assessing the impact of the standard model of BHLP practice. In other words, they too were looking at the immediate impact of families having access to goods and services that otherwise would not have been available to them. Most of the evidence provided in local evaluations is related to the benefits associated with the additional expenditure from the BHLP pump-priming fund. Although some pilots had added to this fund from other sources, some very successfully, the emphasis, nevertheless, was on practitioners having access to additional money over and above mainstream resources. We could anticipate that this would be positively received.

As a consequence, we believe that it is dangerous to draw generalised conclusions about BHLPs from pilots which implemented a model of practice which was some distance away from the policy intent. Our evidence, and that of local evaluators, does not allow us to determine whether budget-holding might be cost-effective, or if so how. Having access to additional funding undoubtedly enabled some practitioners to think creatively and purchase a range of goods and services, for which most families were truly grateful. Rarely, however, did BHLPs act as a single account holder and cost-saving was not something they routinely considered, although they were concerned about achieving value for money when they purchased goods and services for families. The majority of BHLPs had little awareness of what most services and mainstream interventions actually cost and there was a prevailing tendency to regard statutory services as being free.

Towards the end, some EBHLPs had begun to hold individual budgets, and it is important to note that they were becoming increasingly aware of the costs of services just as the pilots came to an end. For this relatively small group of practitioners, a new way of working was beginning to emerge. Sadly, there was insufficient time to collect data on a sizeable sample of EBHLP families and to track outcomes for children, for either the national or the local evaluations. We must urge caution, therefore, when reviewing the evidence not only from the national evaluation but also from local evaluations, in making assessments which suggest that BHLP practice has been effective. We can safely say that giving LPs access to additional funding enabled them to meet some children's needs rather more creatively than might have been possible without the BHLP fund. However, it is not safe to conclude that BHLP practice, as it was envisaged, has been more effective than LP practice.

Research Methods

As we noted earlier in the report, randomised trials are the gold standard in quantitative evaluative research methods. The capacity to randomly allocate children and young people to different programmes, in this case to an LP or to a BHLP, and then to collect identical detailed data relating to the child/family, the interventions received and their mode of delivery, and objective measures of outcomes, would provide the most robust evidence of whether BHLPs are more cost-effective and, if so, in respect of which kinds of children and young people. While in medical research RCTs are a standard method, in social care they are rarely possible, for a range of reasons. Moreover, they have to be built in to the design of the pilots from the very beginning, and this rarely happens in social care research.
In this study, as in many previous studies, we opted for an approach which, although less robust than the gold standard, would nevertheless ensure a rigorous evaluation. It required comparisons to be made between the outcomes for children with BHLPs and the outcomes for those with LPs. As we have shown, even this proved problematic, for all the reasons

discussed earlier. Nevertheless, we continued to pursue a quantitative evaluation, which we believed would yield the most reliable evidence. It is impossible to assess the cost-effectiveness of an intervention without a comparative approach and the collection of robust qualitative data relating to outcomes. Quantitative methods are often supplemented by the use of in-depth qualitative methods, as they were in the national evaluation, and these allowed us to capture the subjective experiences of practitioners and families and to ascribe meaning to and explain the findings from the quantitative analyses.

The evidence accumulated by pilots, through local evaluations conducted in-house, by the OPM or by independent evaluators, and via the production of case studies, has been largely qualitative and not subject to the rigorous methods of data collection or comparative approaches that are needed to provide robust quantitative evidence. This does not detract from the importance of the learning that can safely be taken from qualitative approaches, but it does explain the perceived discrepancies between the cautious interpretation of findings from the national evaluation and the more optimistic interpretation of findings from less rigorous evaluations undertaken locally, and it reinforces the need for caution when assessing the evidence.

Local evaluations are encouraged, primarily because national evaluators cannot provide individual feedback to each pilot which can be used for making local policy decisions, and they can be more carefully tailored to local concerns, but the fit between local and national evaluations is often complex and findings may appear to be contradictory. Most of the local BHLP evaluations claim to be providing evidence of effectiveness, but, as we described in Chapter 6, more detailed analyses of their data and further scrutiny of the local findings have led us to challenge some of the claims made by pilots. Our assessment of the impact BHLPs in one pilot had on the NEET levels in that area has shown that the claims made locally cannot be substantiated. As we have been at pains to explain, our review of the evidence in that pilot does not in any way negate the positive achievements of BHLP practice there, but it does point to the importance of pilots not making claims which are based on limited data and less rigorous research designs.

Local evaluations can help pilots to assess what works for them in their local circumstances and to find out about issues which are of specific local relevance. They rarely provide data which are sufficiently robust to inform the wider policy agenda, particularly when they rely on qualitative methodologies. Nevertheless, local evaluations can offer additional insights into practice, which can extend the evidence from national evaluations. In no sense would we wish to dismiss or discount the evidence available from local evaluations, although we urge caution about its use, and we have looked carefully at the reports presented at the end of the pilots. In assessing the data, we have found that many of the findings in respect of the learning about BHLP processes are wholly consistent. The seeming contradictions in the local and national evidence are primarily related to the findings on outcomes: we believe that these are not surprising and can be explained. We look briefly at the evidence on BHLP processes and then at the evidence relating to outcomes.

Process Issues

There are a number of findings relating to process issues which are consistent across the local and the national evaluations and, in our view, this consistency enhances their validity. We have identified four areas of agreement. First, the local and the national evaluations point to the existence of differing levels of confidence among managers and practitioners in embracing the BHLP vision and understanding the policy intent. Confidence about taking on the LP role and administering the CAF was higher in most pilots than confidence about budget-holding at the practitioner level.[70]

[70] OPM (2008) *Budget-Holding Lead Professional Pilots: Final report*, OPM.

Second, there is broad agreement about the importance of training. Practitioners received minimal training for the BHLP role initially, and most were of the view that this was not sufficient and that training is absolutely essential, as is ongoing support and better information about local services and the costs associated with them. The training provided by the DCSF to the EBHLPs in summer 2007 was regarded as being very helpful by the practitioners who attended, and most thought that it should have been available for all BHLPs at the beginning of the pilots. A clear message has emerged about the importance of training practitioners for such a radically different role.

Third, as we saw in Chapters 8 and 9 the BHLPs were often concerned about the amount of time involved in paperwork, such as filling in CAFs and applications for funding, and in making purchases, particularly of household goods. The local evaluations echoed these concerns. The additional time commitment associated with budget-holding was regarded as a disincentive to taking on the new role. Moreover, some practitioners regarded it as a waste of their time to be completing detailed CAFs merely to access some money to buy household goods, such as a new cooker. It is important to note, however, that EBHLPs in the national evaluation were far less inclined to complain about the administrative burdens and more likely to recognise the possibilities of enhancing their work by holding a budget. As the OPM noted in its final report, 'opening up the use of budgets to the frontline was an organisational culture shock'.[71] Devolving budgets to LPs requires cultural, procedural and financial shifts within local authorities. In the instances where these shifts were happening, towards the end of the pilots, there was some evidence that holding a budget can be a very creative move. Nevertheless, most BHLPs were alarmed about the administrative procedures that had been imposed and many made suggestions about how they could be streamlined. Of course, devolving the budget to the practitioner is one critical way of minimising the form-filling and bureaucracy associated with decision-making, but holding a budget will almost certainly imply a time commitment.

Fourth, the local and national evaluations endorsed the significance of the change that had been envisaged by the implementation of BHLPs and concurred in their findings that most pilots did not make all the shifts necessary to encompass this change. There can be no doubt that all the evidence points to the radical nature of the move towards budget-holding in children's services, which most pilots were not well prepared for at the start. Better training, a clearer articulation and understanding of the policy intent, more responsive administrative and management systems, and a willingness to let go of traditional practice in favour of trying something new are all key factors in implementing BHLPs effectively. There is consistent evidence from the national and the local evaluations in respect of all these process issues.

Outcomes

While the findings from local and national evaluations are broadly in agreement in respect of process issues, the area in which the most contention exists is outcomes. We have noted in this and in previous evaluations[72] that practitioners are inclined to view outcomes in the broad, general terms of the ECM framework, rather than in terms of their being more specific and achievable (commonly referred to as 'SMART': specific, measurable, achievable, relevant, timely). We had hoped that practitioners would use well-validated scales, such as the Strengths and Difficulties Questionnaire, to monitor outcomes objectively and to collect data routinely about school attendance and NEET status. Very few practitioners could be

[71] ibid., p. 17.
[72] Walker, J., Thompson, C., Laing, K., Raybould, S., Coombes, M., Procter, S. and Wren, C. (2007) *Youth Inclusion and Support Panels*: *Preventing crime and antisocial behaviour?*, DCSF, Research Report RW018; Walker, J., Thomson, C., Wilson, G., Laing, K., Coombes, C. and Raybould, S. (2009, forthcoming) *Family Group Conferencing in Youth Inclusion and Support Panels: Empowering families and preventing crime and antisocial behaviour?*, Youth Justice Board.

persuaded of the value of these more objective measures and the majority relied on softer, more qualitative and more subjective assessments of outcomes.

Most of the local evaluations acknowledge the limitations of the research methods they used and the relatively narrow scope of their studies, but most report 'positive' outcomes. Typically, they report that BHLPs believe that BHLP practice (access to top-up funding) has prevented an escalation of problems in the family, or children being taken into care. Some go further and claim that the intervention has been cost-effective. These conclusions are usually based on case study reports prepared by the practitioners and / or on selected interviews with family members and practitioners. Frequently, it seems, the pilot staff selected cases, either for case study analyses or for interviews to be undertaken, rendering it impossible to know whether the cases and the findings are in any way generalisable to the population as a whole. Indeed, it would be normal for pilot staff to select cases which would demonstrate what is perceived to be good work resulting in positive outcomes. These can be useful for pilots for instrumental purposes such as promoting interest and support locally. Case studies can also be used to motivate practitioners who are working hard to implement a new programme. In other words, positive case studies can have many legitimate uses. It would be very dangerous, however, to regard such cases as typical or as enabling policymakers to make evidence-based decisions as a consequence.

We note that the BHLPs commonly reported improvements in children's emotional well-being and reductions in stress in the family, but these changes were measured subjectively and not based on any objective measures of change. Moreover, although some local evaluations have recorded that BHLP practice has led to improved and sustainable outcomes, we can find little hard evidence that these outcomes have been objectively measured or that these measures have been repeated over a significant period of time to allow a conclusion to be drawn that they are indeed sustainable. Furthermore, because no attempt has been made to locate a comparator sample in the local evaluations, there is no way of knowing whether the perceived improvements would have been achieved without additional funding having been made available. This is particularly important given the view expressed by some practitioners and by some families that it is the skills associated with being an LP that make the real difference to outcomes. Attributing positive impacts to the BHLP funding is therefore extremely problematic.

We have reviewed several cases reported in local evaluations in which the use of the BHLP fund to pay off rent arrears or other debts had clearly reduced the chance of a family being evicted or prosecuted, but we cannot know from the evidence presented whether the debts will re-occur. We note that some BHLPs involved in local evaluations made a similar point to the BHLPs to whom we spoke in the national evaluation: they questioned the fairness of paying off debts for some families when many others were experiencing similar financial hardship. Some families also expressed their surprise that debts could be paid off and new goods provided for the home. We noted that EBHLPs were less inclined to pay debts or purchase goods in this way after the policy intent had become clearer. They were more inclined to purchase interventions, such as mentoring or counselling, than household goods and childcare, and so did not appear to be as exercised about issues of fairness.

Some independent local evaluators have referred to the 'feel-good' nature of the outcomes identified by BHLPs. In our review of local evaluation reports we found numerous examples of BHLPs referring to the satisfaction they derived from being able to give goods to families, particularly when they identified poverty as a clear risk factor and could do something positive to ameliorate poor living conditions. In this sense, some basic purchases were perceived to have made a substantial difference, although several BHLPs recognised that the benefits may be short-term. They also recognised that being able to access the BHLP pot had speeded up their ability to purchase goods - they no longer had to approach charities for cash, although some complained about delays in getting approval from their managers for

applications for funding. Some local evaluations highlighted the cumbersome processes for seeking approval and paying for goods, as we noted above.

Although local evaluations have pointed to the benefits of having extra money to buy goods and services, such as childcare, gardening and decorating, some evaluators have been cautious regarding the extent to which they see these benefits as having longer-term value, given the qualitative case study approach taken. There is explicit acknowledgement of the inevitability of receiving positive responses from families and practitioners when things are bought and given to families, particularly when families had not been used to their LP being able to purchase extras for them in the past. The positive benefits identified tend to have been couched in terms of families being grateful for the purchases and do not provide evidence that families had experienced their LPs as taking on a new role as budget-holders. We note that in many of the conclusions from the local evaluations there are references to anxieties among practitioners as to whether the pot of money would be replenished, highlighting the limitations of the standard model of BHLP practice and, therefore, the obvious limitations of evaluations which have primarily sought views about the value of having extra money to spend on families.

Some local evaluators described the evidence they presented as being largely anecdotal because of the small and selected samples involved, and some pointed to the lack of objective outcome data in assessing the success/effectiveness of the pilots. It seems to us that the local evaluators were usually cautious about the robustness of the evidence being presented, and most recognised that a purely qualitative approach is not in itself sufficient for strong conclusions to be drawn.

Identifying Positive Benefits

While we believe that considerable caution must be exercised in respect of the claims made about the impact of BHLP practice on the outcomes for children, a number of other benefits were identified in both the national and local evaluations. These relate to the ability to engage families in interventions via the use of BHLP funding and the positive experiences of involving families in CAFs and TACs. The local and national evaluations have noted the positive benefit of using the CAF to establish trust between the child, their family and the LP. The process of assessing needs was regarded positively and families reported that they had felt listened to and were involved in the assessment. Having access to an additional budget meant that the BHLPs could offer some immediate support where needs were identified, thus reinforcing the family's perception that someone was doing something for them.

The pilots using a TAC approach were also able to demonstrate the benefits of involving families in multi-agency meetings, particularly when other agencies could step in and offer services. The CAF and the TAC enabled practitioners to tailor interventions to specific needs - a more personalised approach - and the BHLP fund meant that goods and services which might otherwise have been unavailable could be purchased relatively quickly. The CAF has tended to formalise the assessment process, empowering practitioners and family members and ensuring accountability within the practitioner / family relationship. We note that in many of the local evaluations, the benefits associated with the CAF and TAC processes have been assumed to provide evidence that BHLP practice has been effective. In reality, most of the local evaluations have presented qualitative evidence which concerns the impact of CAF and TAC interventions and is not necessarily linked to budget-holding. The positive benefits were associated in the minds of BHLPs with feeling good about the role of being an LP, and with being what one practitioner referred to as 'the facilitator of money'. For BHLPs such as this one the budget was an additional bonus, and some regarded it as 'money attached to a CAF'. Nevertheless, if we regard the CAF and the TAC as essential building blocks for the implementation of BHLPs, there is encouraging evidence that practitioners had begun to realise their potential of improving practitioner engagement with families, particularly those

who are traditionally hard to reach. Completing a CAF can be a key step in empowering families and establishing a sound basis for involving them in decisions about priorities and putting them in control of individual budgets.

Some local evaluations referred to the increased visibility of services as a result of TAC or locality meetings and to the perception that this visibility enhanced the speed with which services were provided to children and young people. Several pilots presented what was described as 'compelling evidence' of a significant improvement in the speed of the interventions being delivered. Nevertheless, local evaluations have questioned the extent to which this benefit is more closely linked to the processes and to the skills of the LP rather than being a direct outcome of having access to the BHLP budget. We see a common theme here: changes in processes have resulted in undoubted benefits, but the budget itself may or may not have made such a difference. The budget has been seen to be effective, however, in the freedom it afforded practitioners to purchase goods and services which could not be purchased via any other fund.

There is considerable convergence between the national and local evaluations in respect of many of the positive benefits which have been identified during the BHLP pilots. For the most part, they are linked to the improvements in assessment and multi-agency processes which have accompanied BHLP development rather than to the outcomes for children and young people. They are important, nevertheless, and indicate the learning that took place during the BHLP pilots. Increasing trust between LPs and families is undoubtedly an important outcome, as are improvements in the delivery of integrated services tailored to individual needs. They constitute vital building blocks on the way to BHLP implementation.

Having reviewed the evidence presented in the local evaluations, we would suggest that the findings are not inconsistent with those of the national evaluation. There is strong evidence from all the evaluations that the pilots faced considerable challenges implementing BHLPs to policy intent and that the adoption of a top-up fund (standard model of BHLP practice) was welcomed by practitioners and the purchases from it appreciated by families. A strong feel-good factor was associated with the BHLP fund, which had undoubtedly enabled practitioners to address material needs speedily and to build constructive relationships with families, many of whom might otherwise have been difficult to engage.

Local evaluators have been cautious about drawing unsupported conclusions about beneficial outcomes and most have recognised the limitations of qualitative methodologies. In many ways, the local evaluations echo the findings from the national evaluation, particularly in respect of the positive impacts associated with LPs having access to additional funding.

Case Studies

In addition to the local evaluations, pilots were encouraged to prepare case studies regularly to demonstrate the work being conducted by BHLPs. We monitored these throughout the national evaluation and undertook an analysis of a sample of over 50 case studies in summer 2007. Our analyses of the pilots' own case studies found that some BHLPs were not routinely using the CAF to assess needs, but that the needs that many BHLPs had identified tended to be driven by poverty, and were often relatively short-term (e.g., the need for dental treatment, food, clothing and household goods). The case studies recorded a range of 'outcomes', including family satisfaction and averting a crisis. Although the case studies make for positive reading, it is very difficult to isolate the impact of the actions taken by BHLPs or glean robust evidence of objective outcomes. They should, therefore, be used with care.

Costed Case Studies

Pilots used case studies in different ways during the piloting period. The vast majority were purely descriptive and, as we have noted above, tended to record only subjective outcomes. However, later in the pilots, the case studies began to be used in an effort to cost interventions and potential benefits.

Central to the evaluation of cost-effectiveness is information about the costs of services and interventions provided to children and families. We needed to know about the interventions BHLPs put in place and the cost of these in order to compare these with interventions co-ordinated by LPs who did not hold a budget. As the OPM pointed out, in theory BHLP intervention should reduce overlaps among service providers and thereby reduce the costs of episodes of intervention. Our cost-effectiveness study was designed to measure whether BHLPs achieved this, and it is impossible to assess cost-effectiveness unless BHLP intervention is rigorously compared to LP intervention, as we were at pains to point out throughout the evaluation.

As we have reported in Chapter 6, the BHLPs did not always record the interventions provided other than those paid for from the BHLP fund, and were largely unaware of the costs of services anyway. Throughout the study, pilots had asked for some kind of ready-reckoner which could help them understand costs and calculate what was being spent on each child. This request was reiterated at the BHLP National Conference in October 2007 by the pilots which had agreed to implement EBHLP practice. While we were not aware of any ready-reckoner being provided to the pilots, we were aware of work spearheaded by the OPM to help pilots identify the typical costs of packages of services provided by BHLPs. The OPM work also helped pilots to look at the potential costs averted if BHLP intervention is effective. It included looking at costs to society relating to concerns such as youth crime, homelessness, substance misuse, antisocial behaviour, children in care, etc.[73] Using a variety of sources, the OPM presented calculations relating to these costs to society so that pilots could carry out their own 'cost analysis', and 'illustrate via case studies the cost of the BHLP service and the cost of services that *might* have been needed without BHLP intervention'.[74]

As the OPM acknowledged, one of the challenges in establishing robust evidence about cost-effectiveness is that relatively little previous work has examined costs of social care services,[75] although important work has been undertaken to cost youth work.[76] This has provided evidence about the level of resources required to fund an effective preventative service for socially excluded young people. Other research has examined the costs associated with children in need, and the Personal Social Services Research Unit has accumulated a wealth of information about costs in health and social care.[77]

The OPM approach during its work with the BHLP pilots was to build on this previous work in order to identify the total BHLP costs and the potential benefits of BHLP practice to society generally across the child's lifetime, using a five-staged model to calculate costs and potential 'what if?' benefits relating to a number of individual case studies. The OPM team faced problems similar to those we encountered in the national evaluation: it was not always

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[73] OPM (2007) *Budget Holding Lead Professional: Sources of information about potential costs avoided*, OPM.
[74] OPM (2007) *Costing Budget Holding Lead Professional Services: Staged methodology and costed case studies*, OPM.
[75] ibid.
[76] Crimmens, D. F., Jeffs, T., Pitts, J., Pugh, C., Spence, J. and Turner, P (2004) *Reaching Socially Excluded Young People: A national study of street-based youth work*, Joseph Rowntree Foundation; Wylie, T. (2004) *Costing Street-based Youth Work*, Joseph Rowntree Foundation.
[77] Netton, A. and Curtis, L. (2006) *Unit Costs of Health and Social Care 2006*, University of Kent, PSSRU, see also http://www.pssru.ac.uk; Beecham, J. and Sinclair, I. (2007) *Costs and Outcomes in Children's Social Care: Messages from research*, Jessica Kingsley.

able to collect data on some of the goods, services and interventions co-ordinated by BHLPs and data recording by pilots was variable. Nevertheless, the first four stages of the OPM model enabled pilots to think more carefully about the time spent by professionals on each case, the costs of purchases from the BHLP fund, the time input of other agencies, and the costs of other goods and services consumed as a result of the BHLP co-ordination. In all these stages, judgements had to be made about how best to calculate / estimate both time and costs, particularly where little or no information had been recorded in case files.

The final stage in the model is potentially the most contentious, however, as it moves into the realm of 'what if?' scenarios to attempt to calculate costs averted as a result of BHLP intervention. These calculations are purely 'illustrative', as the OPM points out, and so must be used with extreme caution. They do not enable practitioners/pilots to claim that BHLP intervention has been cost-effective or that it has prevented or avoided further costs in a particular case. Indeed, the OPM acknowledged that the calculations are based on a number of assumptions. The most problematic assumption underpinning the costed case studies is that BHLP intervention is always effective (yet objective measures of effectiveness were rarely used by pilots) and always prevents worse things happening in the life of the child. The OPM approach refers to the important issue of probabilities – the likelihood of one circumstance leading to another - and cautions against making too many assumptions.

The pilots were encouraged to produce their own costed case studies towards the end of the pilot period and many found this to be a most worthwhile exercise, primarily because they could 'show' that spending additional money from the BHLP fund had the potential to avert huge costs to the public purse in years to come. Some pilots erroneously claimed to have produced evidence of cost-effectiveness as a result and the costed case studies proved to be a seductive tool for demonstrating the success of the pilots, many of which expressed dismay that all the work they had invested in producing the costed case studies was not, in fact, part of the national evaluation methodology and that the case studies were not going to be used in it.

Unfortunately, the costed case studies do not provide evidence of cost-effectiveness, nor could they. They did not constitute a total population, they were not randomly selected, they were based on many bold assumptions, and they related primarily to the standard top-up model of BHLP practice. Moreover, no attempt was made to undertake similar costed case studies in respect of LP intervention, so there is no way of knowing whether accessing an additional budget had made or would make a critical difference in terms of costs averted. We have noted several times in this report that BHLPs and families did not necessarily consider that it was the access to the BHLP fund that had made a difference when positive impacts had been identified.

In our view, it is extremely dangerous to draw generalised conclusions from case studies, however positive they might seem, and policy cannot be made on the basis of 'what if?' scenarios which are based on untested assumptions and hypotheses about what might have happened to a child had the BHLP not accessed additional funds. Whilst it would be possible in some circumstances to demonstrate cost-effectiveness by calculating potential savings, these calculations have to be based on sound statistics from population data that are applied to large groups of children and young people. Single case studies, based on optimistic estimates of potential costs averted, do not constitute good evidence because the assumptions are considerable and open to serious challenge. These case studies may be helpful in encouraging practitioners to cost interventions more accurately, but any expectation that they can evidence the success of BHLP intervention is seriously flawed. The messages which should flow from the case studies, and, indeed, from the local and national evaluations, must be carefully articulated and proportional to the weight and robustness of the evidence available.

The Messages Given

Our examination of the local evaluations and the documents prepared by pilots for DCSF has led us to conclude that the evidence available is fairly consistent. The standard model of BHLP practice resulted in significant improvements in processes such as the CAF and the TAC, and access to additional funds enabled practitioners to purchase goods and services quickly and efficiently. Practitioners and families were appreciative of the new flexibilities and the ability to address some of the more obvious needs of families. Relatively small purchases had the potential to make a significant difference, in the short term at least. Evidence relating to measurable outcomes for children is much more limited. Most local evaluations were reliant on qualitative, small-scale studies which did not attempt to gather the kind of data needed for robust evaluation of effectiveness and the case studies which attempted to calculate costs were predicated on extensive assumptions and 'what if?' scenarios which would not stand up to evidential scrutiny. It is clear that the messages arising from the BHLP pilots need to be carefully crafted if they are to have value for policymakers.

The message from the national evaluation in respect of the cost-effectiveness of BHLPs is straightforward. There is no evidence that BHLP practice has been more cost-effective than LP practice and the local evaluations did not measure cost-effectiveness. Few outcome measures were available, data were limited, and information from EBHLPs was too little and came too late for the national and local evaluations. There is evidence that having CAFs, TACs and a budget in place was changing the relationship between practitioners and families and that families appreciated the benefits these brought them in the short term. It has been impossible to track any outcomes over time.

The journey from traditional practice to LP to BHLP to EBHLP was a hard one which took time. For some managers and practitioners it was exhilarating and for some it was frustrating, but the learning was considerable. It is safe to say that the pilots achieved a good deal in a relatively short period. However, the language that is used to convey the key messages should be chosen with care. In our view, the evidence presented in the local evaluations and in pilots' own reports does *not* make it possible to substantiate claims they have made such as the following:

> The BHLP initiative has been instrumental in reducing the NEET rate …
>
> BHLP and CAF work because of the outcomes achieved …
>
> BHLPs have enabled a more cost-effective way of providing local, targeted services to children and young people …
>
> In the majority of cases BHLP has led to improved and sustainable outcomes for children, young people and their families …
>
> Evidence from the case studies suggests, in most cases, a significant and lasting impact on the recipients …
>
> BHLP works for families …

Statements such as these are misleading and serve to undermine the real achievements in respect of improved assessment processes and the important first steps towards a radically new budget-holding role for LPs, which was beginning to take shape in some pilots which adopted the enhanced model of BHLP practice.

In this chapter we have explored the nature of the evidence available to policymakers from the BHLP pilots. We have identified the inevitable limitations of evaluations which have primarily or exclusively focused on assessing the outcomes of the standard (top-up) model of BHLP practice. It is no surprise that practitioners and families alike felt positive about the ability of BHLPs to make purchases which would otherwise have been unavailable and about the ability to address household needs quickly and without fuss. We are in no doubt that this model will have made a positive contribution to the Government's ambition to address material deprivation. We return to this aspect of BHLP practice in the final chapter because it is both significant and important.

We have also noted the difficulties associated with undertaking rigorous cost-effectiveness analyses, and noted the caution which must be used in respect of findings from purely qualitative approaches in the local evaluations to determining effectiveness. The lack of evidence in the national evaluation relating to the cost-effectiveness of BHLPs does not indicate that the BHLP pilots have failed to demonstrate any benefits for children and young people - quite the contrary - but the way in which positive messages are conveyed is critically important.

Identifying Elements of Promising Practice

There are many important lessons to be learned from the BHLP pilots, and we discuss these in more detail in the final chapter. Towards the end of the pilots we began to identify elements of positive practice emerging from the work undertaken by EBHLPs. While the quantitative data available for the national evaluation were too limited for us to undertake all the analyses we had planned, the qualitative data obtained from EBHLPs and the families with whom they worked enabled us to begin to tease out the potential for BHLP practice, as it was originally intended, to offer a range of benefits. We examined a number of cases, speaking at length to the EBHLPs and family members, which suggest that budget-holding has the potential to meet its objectives but which also highlight some of the challenges which have to be taken into account. In our review of the evidence, therefore, we consider that some of the EBHLP cases illustrate the potential of BHLP practice and the factors which still need to be addressed.

We have identified five cases from our EBHLP interview sample which illustrate the various ways in which the EBHLPs were working towards the end of the pilot.[78] These cases are not a representative sample of all EBHLP practice, but have been selected purposively because they illustrate the challenges for practitioners who endeavoured to adopt a new approach and the variations in practice and in outcomes. They all involved young people who were primarily experiencing problems with their schooling: two of them were persistent school non-attenders. The EBHLP approach varied in each case, as did the interventions that were put in place. All the EBHLPs involved had appreciated having access to a budget and the ability to tailor packages of support to the needs of the young person was particularly valued. One case study demonstrates a more holistic family approach to EBHLP working, with most of the intervention focused on coordinating a range of services, involving the mother in the local Family Intervention Project (FIP), and purchasing a range of goods which the family could not afford to buy for itself.

The outcomes in these cases varied, and it is clear that the commitment of the young people and their primary parent, and their engagement with the process, were crucial determinants in desired outcomes being achieved. The overall objective in all cases was to enable the young person to return to school or college and to settle into mainstream education or

[78] All the names of the children and young people in our sample have been changed in order to ensure confidentiality.

training. This was achieved in two cases and, in another, effective alternatives were found. In the first two cases we discuss, a return to school was not achieved, however. None of the EBHLPs expected to continue being a budget holder after the end of the pilot. We describe the cases below.

Tamsin (Aged 12)

Family Background

At the time of EBHLP intervention Tamsin was in Year 7. She is the youngest of four children; she has two sisters and a brother. All the children lived with their father, their mother having left five years previously. Mum very occasionally made flying visits to see the family, which the children seemed to find very upsetting. The eldest girl had gone to school quite normally, was in Year 11 and doing her GCSEs and was going on to sixth form. The next daughter was a very angry young person, and had had attendance problems at school; we were told that the school wanted her offsite for her education. She had been threatened with a full ASBO and a tag. The brother tended to follow his eldest sister's example, although he had, on occasion, been led astray by his younger sister. Tamsin seemed to cope reasonably well with the loss of her mother and her attendance at middle school had been satisfactory until her brother had moved to secondary school. She became what was described as an 'emotionally-based school refuser'. Her behaviour at home also became a problem.

EBHLP Intervention

Tamsin was receiving extra support at middle school because she had learning difficulties and the EWO was working with her to address her school attendance issues. At first her attendance improved, but then she began to refuse to go to school again. The EWO referred the family to a multi-agency meeting (JAT). She completed a JAF assessment (which is similar to a CAF) because she had not yet been trained in the CAF. Tamsin's father, when we talked to him, vaguely remembered some kind of assessment:

> *I think she [the EWO] did do sort of a family unit thing … to see if there was any underlying problems at all with anything, but they didn't really come up with anything … major. It was just because of my situation where I've been left with four children for five years and brought them up. Over the five years not any problem until this last year sort of thing, and with Tamsin getting older and not being happy at school … there was people who didn't think there was enough help there for her, and I used to come in and say, 'Well, can you try and get her more help?'*

Tamsin had no recollection of any kind of assessment. Her father stressed that he wanted all the help he could get in order to persuade his daughter to go back to school. He told us he had been warned that he was liable to prosecution, but felt unable to do anything himself because social services had indicated that he would not be allowed to use physical force to get Tamsin to school. He had also had to return to work after having been given a five-year career break by his employer to bring up his family. This meant he had to leave for work before Tamsin got up for school. He regarded the threat of a fine in these circumstances as counterproductive:

> *I was happy to go along with whatever was gonna help basically, because I couldn't go through the thing - you know. She went through a thing of not wanting to get up in the morning and the social services came round, and I said 'Well, where do I stand? - can I drag her out of bed in the morning?' They said, 'No, you can't physically drag her.' So I went back to [the EWO] and said, 'It [a fine] would defeat the object really … I was on benefits at the time anyway, 'get a fine for her not going to school when really I need the help to try and get her to school!'*

Tamsin's father told us that the assessment showed that Tamsin had lost confidence at school and was worried about being shown up among her peers because she could not read well. As time went on the EWO told us she was less sanguine about this, and began to wonder whether Tamsin had some underlying emotional issues related to her school refusal.

Tamsin's father attended the JAT meeting with one of Tamsin's older sisters; but Tamsin did not attend. He told us that the meeting went well. The EWO reported to the meeting that school attendance for Tamsin had reached such a point that the EWS was looking at the possibility of court action or, more likely, an education provision order. However, she also indicated that she felt she could do more work with the family to avoid going down this route. Consequently she was appointed the EBHLP for the case. In subsequent home visits she felt Tamsin opened up, enabling the EBHLP to discover a lot more about the family and about Tamsin's needs. Tamsin was as angry as her older sister, but the only way she could express it was by not going to school, by refusing to get up, and by being uncooperative at home.

The JAT meeting was followed by a TAC meeting. Both girls attended this meeting with their father, and Tamsin and her father seemed happy with the meeting:

> *… 'cos I mean [the EBHLP] is brilliant. She sort of had a good old chat about things and she more or less ran most of it really, asked the questions, and the girls answered their questions … and so did I and so it was all quite a positive thing. (Tamsin's father)*

The family clearly felt able to participate in the TAC meeting, although Tamsin said she only spoke when she was asked a question. The family were satisfied that their views were taken into consideration at the meeting and were happy with the decisions that were made. Tamsin's father said that counselling had been put in place for Tamsin at school, and that a CAMHS referral had been made for her. The EBHLP told us that written copies of action plans are sent to families as a matter of course, but neither Tamsin nor her father could remember having received one.

The EBHLP intervention, then, began during the course of this case. The EBHLP told us that her usual practice was to go away, mull over an idea which had been stimulated by a conversation with a family and then come back to discuss its possible implementation with the family. At some point, in discussion with Tamsin and her father, she discovered that Tamsin really enjoyed computer work at school, but was not able to access the computer much at home because her siblings were usually using it. Her father suggested that if some of her schoolwork could be sent home, he would ensure she would be given time on the home computer to complete it. The EBHLP commented:

> *With that thought I went away and thought, now, what about a laptop, 'cos if it was the laptop that went into school and came home from school with schoolwork on it …would that make any difference? I discussed this with dad and he thought it would be a super idea.*

Tamsin's father told us:

> *I didn't ask for it [the laptop]. It was something that the EBHLP had mentioned … She said she would see what she could do - no promises sort of thing, but she said she'd see if she could get something to help her [Tamsin], and they've put some programmes on it to help her with reading and writing and bits and pieces.*

The EBHLP stressed to the family that she wanted 'no strings attached to this'. The computer would belong to Tamsin, not to the school, and not to anyone else in the family. The EBHLP consulted the school and also the EBHLP manager, who endorsed the purchase. The

EBHLP researched the most appropriate laptop to buy, using contacts she had. Later, the EBHLP manager added other things to the package (e.g. a computer bag, an extended warranty, and some programmes to help with literacy and numeracy). The EBHLP told us:

> *So we went ahead and did that, and I asked Tamsin to come in to the school to receive it, which she did. I did it [in a] very low-key way in the school office and I said 'This is yours … All I'm asking is that you come to school in the mornings … all the rest you can do yourself on the laptop.'*

The laptop cost £600, and the additional guarantees meant that if anything went wrong the family would be able to afford to have it repaired. The EBHLP felt she had looked for value for money in the purchase of the laptop. Although the family had played no part in the choice of the laptop, they were happy with this. Tamsin, her father and the EBHLP did not regard the laptop as a bribe to get Tamsin back to school, but as a genuine attempt to help her with her schoolwork. Tamsin told us:

> *They knew that I don't like writing on paper and that, 'cos it hurts my hand, so they gave me a laptop to type all my work in and print it off and take it back to school.*

Outcomes

Having access to the BHLP budget, the EBHLP regarded the laptop as a means of getting Tamsin back to school. The laptop worked well for five weeks. Tamsin used it, it helped improve her attendance, and she got more involved with school activities (e.g. she joined the football team). Her schoolwork improved and the laptop enabled her to work with a friend. Tamsin's EBHLP told us:

> *I know she's using it because in my meetings they tell me that she's using it. It might have a whole load of downloaded music on it now, but my thing with her was, 'It's yours, you use it', and if [she is] playing around downloading music or emailing friends or anything like that, she is actually learning something on it.*

However, shortly after her father had returned to work, Tamsin became ill and was off school for ten days. After that she refused to go to school again. In the view of the EBHLP this illness was genuine and had triggered Tamsin's refusal to go to school again. Her father, however, seemed to feel Tamsin still had some issues at school, perhaps associated with her embarrassment about her learning difficulties. Tamsin told us that she had soon got bored with the laptop because she had found she had to handwrite most of the work at school anyway, and she had quickly become uncertain about its value:

> *I stopped going to school, so [the EBHLP] bought me a laptop to see if I went in. I went in for a couple of weeks and then I stopped again 'cos I didn't do hardly no work on it. I had to write and stuff so I just stopped going back to school and then I started playing with it at home and then it just like broke … and then I just didn't want to go back to school 'cos most of the teachers were asking questions … so I got really annoyed with it. (Tamsin)*

She also refused to carry on seeing the counsellor, claiming they asked her too many questions.

As a result of Tamsin's failure to attend school again, a TAC review meeting was called. The meeting was held for both sisters and attended by a teacher from the secondary school, the learning mentor from the middle school, a YOT worker, two community police officers, social services, and the EBHLP. They agreed to change tack. Attempts to persuade Tamsin to go back to middle school were abandoned, and moves were made to allow her to attend the secondary school for a few days a week. The referral to CAMHS remained in place. Tamsin's EBHLP told us:

Tamsin's desperate to be in the same school as her brother and her older sisters, so that we're actually now on a different tack … we're going to do an advanced [admission] one day a week, [so she can] be with other people, to give her a head-start come September. In other words, I'm almost saying I'm drawing two lines under the last half of school term here at [the middle school]. All I'm concentrating on is [secondary school].

The EBHLP admitted to us that her service targets were 'bums on seats'. The aim of buying the laptop had been to encourage Tamsin to go back to school. Everyone agreed that this had worked for a few weeks and then failed. Her father commented:

She did go back in for a little while … yeah, a couple of weeks here and there and odd days here and there, and taking her computer with her, and then sort of lapsed out again. Sort of half a success story really.

Thus, although Tamsin's father and the EBHLP felt the laptop had benefited Tamsin in terms of giving her a little more independence and some encouragement to write, even if only on MSN, they both agreed that, ultimately, it had failed in its overall objective:

She certainly learnt off it and she got a bit more independence off it. Although it didn't give the ultimate goal of getting her right back to school, she did go back for certain bits of time … It did help … but then, as [the EBHLP] said, it wasn't really a bribe to sort of do that. I suppose it worked half and half it helped her but … (Tamsin's father)

Next Steps

The EBHLP intended to keep this case open until Tamsin returned to school. Although the EBHLP funding had finished, the EWS was trying other avenues to persuade Tamsin to return to school. When we talked to Tamsin's father at the end of EBHLP intervention he continued to be concerned about his daughter's non-attendance at school. He appreciated the work the EBHLP had done in offering one-to-one support to Tamsin and in co-ordinating all the services she was involved with. As he put it, 'she managed to pull everyone together'. He regarded the EBHLP as his point of contact and expected her to continue to offer him support - although he was aware that the EWS still had the option of prosecuting him. It was also important for him to be seen to be co-operating with all the agencies involved with his daughter in order to lessen the risk of prosecution. He told us:

There had been different agencies involved in different things, so … there is a lot of people out there that can [help] and you're obviously better to have them on your side than not on your side, and they appreciate it because I went along with everything - I was quite happy to do whatever was necessary to sort the situation out, which I still am.

Discussion

The EWO had been working with Tamsin for a while at the point at which she had been invited to take on the role of EBHLP. She had not been a BHLP prior to this. She was not trained to use the CAF, but did undertake a JAF. It is clear that the EWO embraced the role of lead professional, co-ordinating TAC meetings and a number of services. This co-ordination was much valued by the family.

There is little evidence from our interviews with the EBHLP, Tamsin and her father that the EWO changed her role substantially when designated as an EBHLP. She did not actually hold a budget herself but was able to access the BHLP budget, and she felt accountable for the spend on the laptop. The family were not aware of there being a budget as such and we

found no evidence that the EBHLP was aware of the costs associated with the services provided, such as the CAMHS referral and the counselling. Indeed, the family were tasked with following up on the CAMHS referral via their GP.

The laptop was presented as a gift to Tamsin and was not seen as part of a package of intervention which involved the EBHLP in making informed choices (in consultation with the family) about the services that would best meet Tamsin's needs. Unfortunately, the laptop proved to be a short-term benefit and it broke down and was subsequently abandoned by Tamsin within five weeks of its purchase. It did not help in the overall ambition of encouraging Tamsin to maintain regular school attendance. Nevertheless, the EBHLP felt that being able to purchase a laptop had enabled her to 'think outside the box', thus enhancing her practice and empowering her to use her discretion about 'purchasing' something which might otherwise have been unavailable. She also reported that her own job satisfaction had increased, and she had taken a more flexible approach to her casework because the BHLP budget had enabled her to think more holistically about Tamsin and her needs. When her period as an EBHLP came to an end (at the end of the pilot), the EWO was still left with the option of taking Tamsin's father to court because of Tamsin's continued non-attendance at school.

Our interviews indicated that the EWO regarded the EBHLP role as giving her access to a pot of money and not as a new way of working with Tamsin and her family. She enjoyed having this capability but she had taken a deliberate decision to limit her engagement with EBHLP work. She told us that she had 'a huge caseload' and that there was too much paperwork associated with being an EBHLP. The laptop was not regarded by Tamsin as particularly relevant to her problems with school attendance. Her father was more appreciative of the keyworker / LP role which the EWO undertook - he was unaware of the budget-holding function.

Fern (Aged 15)

Unfortunately, it proved to be impossible to interview Fern or her mother, so this case study is based on an interview with Fern's EBHLP (an EWO) and scrutiny of the CAF assessment. Although we had asked EBHLPs to introduce the research to families and seek their consent to participate at the beginning of the EBHLP engagement, clearly this had not happened, and later on the EBHLP deemed it to be inappropriate.

Family Background

Fern was in Year 10 in a mainstream comprehensive school. She had been a persistent non-attender since primary school, with only a 10 per cent attendance rate in her first three years of secondary school. As a result, she was a long way behind in terms of literacy and numeracy, and had poorly developed social skills. Fern lives with her mother and younger brother, who was in Year 7 and also developing a record of non-attendance. Fern's mother apparently blamed the problem on the children. She had been prosecuted several times for Fern's non-attendance and was currently under threat of prosecution at the time of EBHLP intervention, for the aggravated offence of Fern's non-attendance at school, and the EBHLP thought that she might receive a custodial sentence.

EBHLP Intervention

This case was not new to the EBHLP, who had been working with Fern and her family in her capacity as an EWO for the previous eight years. She had seen agencies 'come and go', including social services, parenting support, the probation service, the YISP team and various school staff (i.e. a learning mentor and a home-school liaison worker). Fern had been offered numerous phased school reintegration plans, with the support of the EWS and school

staff. These programmes had always failed and Fern had missed so much schooling that it was highly unlikely that she could successfully return to mainstream education. Her problems were compounded by the fact that she should have begun her GCSE courses at the beginning of the year. Although Fern's mother had been co-operative with agencies, she appears to have been unable to work effectively with any of them to improve her daughter's school attendance.

This family had been selected by the EWO and her line manager as a suitable case for EBHLP intervention because hitherto all attempts to deal with Fern's non-attendance issues had failed, and it was hoped that, with her having become 15, her needs could be addressed directly (rather than via her mother) and that she could be encouraged to engage in alternative education and some constructive leisure activities. The EBHLP was concerned that Fern's persistent non-attendance was setting a poor example for her younger brother. A CAF was completed for Fern which identified that she felt she needed help with literacy and numeracy, that she wanted some vocational training, and that she needed to improve her social skills. Relationships at home were described as being strong and, although Fern had been involved with the YOT in the past, there was thought to be no danger of her becoming involved in offending or antisocial behaviour again. She was, in fact, deemed to be a healthy, well-presented, friendly young girl, with no particular behavioural problems. A CAF assessment was also completed for her younger brother.

The EBHLP explained her role to the family in terms of the BHLP pilot offering them the opportunity to work out a package of support which would address the needs identified in the CAF. The family appeared willing to engage, and it seemed that Fern was relieved to know that no one was insisting that she go back to school but that, rather, she was being offered an alternative way of completing her education. It was hoped that the 'carrot' for Fern's mother would be the fact that engagement might be a way of halting the pending prosecution.

A TAC was not called because the EBHLP believed the relevant agencies would not have been able to attend, but the EBHLP worked hard to research and put together a phased plan which included a number of service providers. She looked first to services which were already available (e.g. Connexions) and which in her mind would involve 'no cost'. The plan included a training placement in health and beauty, a tutor to develop Fern's literacy and numeracy skills, a mentor to support Fern in accessing her placements and to develop her social skills, and a referral to Connexions.

In line with local EWS practice a contract / agreement was drawn up to be signed by Fern and her mother. This explained what was on offer and asked for their undertaking that they would comply with the services being provided. The outcome target set was that Fern should attend education and training.

The EBHLP negotiated with service providers. A service directory was available, but the EBHLP found it difficult to use and found its geographical coverage too wide, so she used her own networks to find relevant agencies. She found that, when she explained the aim of the pilot, services were very helpful. In her view, 'money talks':

> *When you tell people that you can pay for something and they definitely want to help you, it's amazing, it really is … For example, there is somebody in the authority who looks after alternative packages for final-year students and there's a budget for it, right? And so they employ various training agencies and what have you. Now, I could have referred my person to them and they would have said 'No' first of all 'cos she doesn't meet the criteria and they haven't got enough money, but I did refer my person to them and said 'But I have got some money', and they said 'Yes' and placed her for me.*

She found that services were prepared to be flexible towards Fern and to 'tweak' what was on offer to better meet her needs. The plan also drew on matched funding from the school, which promised to continue the funding for Fern's training once the BHLP pilot had finished. The EBHLP believed that the school's motivation in doing so was twofold: genuine concern for Fern, and the ability to count her on its books as an attender rather than as a non-attender.

The EBHLP estimated that the package she put together cost between £3,000 and £5,000. She took time to seek out best value rather than necessarily the cheapest service options, and felt highly accountable for the money spent:

> *I've managed budgets before, but I was just more accountable … Honestly, you'd think it was my money I was spending, 'cos even though there was a pot of money I didn't feel like I wanted to squander it, you know what I mean. It's not like you want to get the cheapest thing all the time, you just want to get really good value for your money. If you're going to pay somebody two hundred pounds you want to know what you're getting for it, and you want it to be good value even though it's not your money. You want it to be the right thing and the best thing, but I didn't have sleepless nights or anything about the money.*

Payment was made via invoices sent to the EBHLP manager. Nevertheless, the EBHLP felt that she had total discretion over the spend, even though she preferred to check things first with the EBHLP manager. She was never denied any purchase. She was also able to make provision for Fern's younger brother:

> *Because the brother is only in Year 7 … because he's really interested in sport and they live not far from the leisure centre and he really wanted to take part in some sporting activities at the leisure centre, and I was able to say to him 'If you go to school for this amount of time', setting the target, 'and then I'll come down with you and buy you ten week sessions' at whatever it was he wanted to do. So I kind of had that as a carrot, not that he ever managed to achieve it, but, you know, at least there was a target and that's what he was going to get for it, but I could only do that because I had some budget.*

The biggest surprise for the EBHLP was finding out about the cost of some services, such as the mentoring and tutoring services:

> *I was absolutely astounded. I mean, I even rang [the project manager] and said, 'I tell you what, never mind paying [the mentoring service] thirty pounds an hour, I'll do it', because mentoring services - I had no idea they were that price. They were like thirty to fifty pounds an hour. The tutors, well, I was a bit shocked by the tutors because … I rang tutors from all over the place … and they cost fifty pounds an hour as well. I can't believe it … The reason why I was astounded was because I never really thought about the cost of anything before, but now that I know that, now I often think when I ring somebody like the emotional well-being team … some of the families I know and the services that they've had. Imagine if you did that at the actual cost - it would be so much money it doesn't bear thinking about.*

As a consequence of her new-found knowledge the EBHLP undertook the mentoring work herself and negotiated a payment to her own agency for the work she completed. The family were not informed about the costs of the services provided.

Outcomes

Fern engaged well at first. She was always ready when the EBHLP came to pick her up to take her to her projects, and she reported that she really enjoyed what she was doing. However, Christmas disrupted her routine and, after Christmas, she failed to open the door when her EBHLP came to collect her, and the family refused all subsequent attempts by the EBHLP to contact them by phone or by letter. They also missed a scheduled review meeting. Reluctantly the decision was made to withdraw the EBHLP-funded package and to prosecute Fern's mother. A letter was sent to the family, who immediately asked that the support package continue. This was refused and the family were said to be extremely angry and resentful towards the EBHLP, who would have to appear as a witness against the mother in court. Fern was not attending school and the EBHLP was very disappointed to see all her hard work end in this way. However, she rationalised the situation as follows:

> *I think for that young person, I think it was a fabulous opportunity, and I still think even though … ultimately you could say well it's failed, she still had some experiences that she wouldn't have had, and you don't know when that might come in useful somewhere down the line, or something might trigger something else off … She still did something that she hadn't done before and she wouldn't have done had it not been for this piece of work, and she met some people who she wouldn't ordinarily have met. She knows there's stuff out there, perhaps now, that she didn't know before.*

The EBHLP felt that the main value had been the flexibility of the BHLP funds to put together a tailored package to meet identified needs. It promoted family/young person participation in decision-making, especially through the use of the CAF. At first this seemed to increase the family's motivation to engage with the EBHLP package, and perhaps encouraged Fern's mother to think through the consequences of her daughter's non-attendance at school. The EBHLP enjoyed this way of working and felt empowered as a practitioner. She perceived it as demanding a different mindset:

> *It's a bit kind of upside-down thinking, because normally you'd go into a situation and you're thinking 'Right, what services can help with this?', because they are the services that are available … but this is 'What are the needs - is there a service that meets them?' It's the other way around, which is the way around it should be … In the real world that doesn't happen, but it's quite hard to think that way round. When you're used to just knowing what services are available there's no point promising something that you know they're not going to get. Whereas this way round, it's like, well, you need a tutor, you can have one, and it's a completely different way around of thinking.*

Discussion

When the EWO became an EBHLP, she had been working with Fern and her family for many years because Fern was a persistent non-attender at school. The EWO was encouraged to become an EBHLP in order to discover whether access to a budget could enhance the package of support available to Fern and break the cycle of non-attendance. Additional support was also offered to Fern's brother, who was beginning to copy his sister's behaviour.

The CAF assessment appears to have enabled the EBHLP and the family to identify all Fern's needs and to shape a personalised package of support. The school committed matched funding, thus enhancing the EBHLP's capacity to be innovative. The EBHLP became aware, for the first time, of the cost of services such as mentoring and she began to think differently about them as a result. Indeed, she offered some of the support herself because she had been shocked by the costs involved in buying it in.

Although a multi-agency package was assembled, the EBHLP did not institute a TAC meeting. She had open access to the BHLP budget and discretion over spend, but when the family subsequently failed to engage there was no multi-agency TAC to think through the options with the EBHLP. The decision to withdraw the EBHLP package of support was taken by the EBHLP in conjunction with her line manager and the EWS team. Undoubtedly, the EBHLP worked extremely hard to put a tailored package together, and early responses from Fern were positive. Disappointingly for the EBHLP, Fern's enthusiasm waned and the family withdrew from EBHLP intervention. The hope that the availability of additional funding would motivate Fern to engage was not realised, although we understand that the family was not aware of the BHLP budget.

The EBHLP told us that she enjoyed her new role but found it extremely time-consuming and felt that she would need to hold fewer cases on her caseload were she to continue working in this way. She regarded being an EBHLP as 'not the real world'. In this respect, she regarded the pilot as providing access to a pot of money which was additional to the services that were usually available.

The decision to prosecute Fern's mother shifted the EBHLP into a different role and, as a result, she did not feel able to seek the family's consent to be interviewed for the evaluation. The case will remain open until Fern reaches school-leaving age, but the EBHLP has reverted to her previous EWO role and now no longer has access to a BHLP budget.

Robert (Aged 15)

Family Background

Robert lived with his mother and two younger brothers. His parents were divorced, but his relationship with his father was said to be good, and he saw him several times a year. In 2005 Robert was diagnosed with Asperger's syndrome; he also has dyspraxia and dyslexia. He attended mainstream education until he was 15, but a number of violent incidents involving others led his mother to withdraw him from school. The family subsequently relocated to be nearer extended family support, but Robert was refused admittance to the local comprehensive school. His mother requested that he be assessed for a statement of educational needs so that he could attend a special school. This process had been very slow, with Robert's mother and the EBHLP in agreement that this delay seemed to them like a deliberate strategy on the part of the local authority. When the EBHLP took the case on, Robert's days were spent at home playing computer games and watching videos. His mother's anxieties about the possible consequences of his interaction with other young people meant that she did not allow him to go out unsupervised. This added to his sense of isolation and frustration. He is given to occasional outbursts where he head-butts or punches the wall, and he has talked of self-harm. Within the home relationships appeared to be strong and supportive, and he is well cared for. However, his mother was so anxious about his lack of education and his vulnerability that she had needed medical help to cope with the situation. She wanted to get the best possible help for him, and was prepared to do whatever support agencies might require of her.

Robert was referred to social services by the Community Mental Health Team, which was working with his mother. Initially she was hesitant to agree to a social services referral, but was finally persuaded. An initial and a core assessment were completed, with input from CAMHS, a psychiatrist, a doctor, an educational psychologist, the British Association for Brain Injured Children, an occupational therapist and a speech and language therapist, with whom Robert had had some previous involvement. Robert's main needs were identified as being: access to an education appropriate to his needs and abilities; support to develop social interaction with his peers; and an opportunity to become involved in life-enhancing activities, to address his social isolation and lack of stimulation. Both Robert and his mother

were given copies of this assessment and felt it reflected their own concerns. Robert's mother felt affirmed by the assessment process because it acknowledged the strengths of the family and her efforts to help her son. In the assessment, Robert was described as an 'engaging and unusual young man who is loved and valued by his family'.

EBHLP Intervention

Robert was selected for EBHLP working because his social worker believed that his case called for immediate action - in terms both of his need to return to education and his need to become involved in some constructive activities. She told us:

> *This bright, lovely lad was spending most of his time playing computer games and I just wanted to alter that, I wanted to alter it now.*

An initial TAC meeting was called, and this was followed by four review meetings. Robert and his mother attended, as did a wide range of agencies. Robert's mother agreed with the EBHLP's observation that the 'big bugbear' of the TAC process was the failure of the SEN co-ordinators to attend the meetings. Although Robert's mother was nervous about attending such meetings, she felt that the EBHLP was 'there for me'. She felt those at the meeting listened to her and that she was able to contribute to the decision-making. Robert told us that he was 'happy that something was being done'. The EBHLP helped Robert to make sense of what was happening at the TAC meetings. His mother told us:

> *Robert is very visual. He can't read or write properly. [The EBHLP] did a visual sort of spider diagram to show him what was going on.*

Robert's mother told us that an action plan had emerged from the TAC meeting and that she and Robert had a copy. She was very clear that it was designed to address the needs identified in the assessment. The first element of the plan was to engage Robert in some kind of positive activity while they awaited the decisions which would be made about his education. In response to Robert's expressed desire to learn to ride, and after being given some possible contacts, Robert's mother arranged weekly horse-riding lessons at a local stables, to be paid for by the EBHLP. Robert's educational needs proved more difficult to meet quickly and so the EBHLP used the budget to commission a package of support from the Autistic Society. Although a standard package of support existed which was offered across the county, the EBHLP did not feel that this entirely suited Robert's needs. Consequently she negotiated a more tailored programme for Robert, which was made up of one-to-one work and attendance at a specialist youth club which Robert had particularly asked for. The family and the EBHLP felt that this combination would enable a particularly focused piece of work which would address Robert's behavioural and social needs.

The EBHLP designed and set up a contract with the Autistic Society, which detailed very specifically what services were required and what the costs would be. The EBHLP also continued to liaise with the education department to get an appropriate educational placement for Robert. Towards the end of EBHLP involvement an educational placement was found for Robert at a local college for two days a week. One of his courses was to involve a taster for equine studies. His mother said:

> *[The college] is like horticultural and animals and everything, and they've got stables there and he's having a taster of an equine course so he'll be able to go full-time next year. So it has made a real lot of difference to what he does.*

A taxi was provided to take Robert to the college and it was anticipated that he would be able to attend college full-time in the next academic year. Robert's mother knew how much the horse riding cost and roughly how much the sessions with the Autistic Society cost. However, she preferred not to involve herself in the payment side, and she deliberately absented herself from the financial negotiations between the EBHLP and the Autistic Society:

> *When they got to the part about money I said 'You don't really need me for this. I'm going for a cigarette.' [I felt] it's not my business to know … it's all between them and I don't want to know. I know it sounds rude, but I didn't really want to know how much things were costing, this, that and the other … No, I didn't really want the responsibility. It's so much easier for me if they go 'It's either a direct debit or it's given straight to the people'. I have enough hassle with sort of bringing Robert up and [meeting] his needs with the other [two siblings] as well … [I] don't need that.*

Robert also had some awareness of the costs of horse riding, but not of the costs of his package from the Autistic Society. He simply believed it was paid for by the Government.

Outcomes

Robert, his mother and the EBHLP all agreed that the outcomes had been very positive. Robert engaged well with all his interventions. At the suggestion of the EBHLP, the horse-riding lessons led to Robert volunteering to work at the stables. He was greatly valued by the staff there and this proved to be a huge boost to his self-confidence and to his social skills, both of which had been identified at assessment as needing attention. Robert himself believed his horse riding was useful in terms of his dyspraxia, and had helped him improve his social skills:

> *It's helped me, it's basically good for hand-eye co-ordination … It's helped me come out of my shell a bit. (Robert)*

Robert also told us that he would like to pursue a career with horses. His involvement with the Autistic Society had boosted his self-esteem, and had led to an improvement both in his social skills and in his life more generally. Although his mother was disappointed that she had not succeeded in getting a statement for him, she was pleased that he had been offered two days a week at a college. She reported, however, that she had only allowed him to go back to education without the promise of a statement when she had been threatened with a fine for his non-attendance. Overall, she felt that the EBHLP intervention had addressed his needs. She described it as having been 'brilliant' and said that it had 'changed his life', even to the extent of improving his personal hygiene:

> *Now he does have a focus, where at least a couple of days a week he will go 'I've got to do this. I've got to have a bath, I'm going horse riding.' And I thought, my God, he actually said, 'I've got to have a bath' … Yes, it's definitely given him a focus and a sense of self-worth, I think - a sense of 'I am a person, I'm not just sitting here with Mum and watching the world go by'.*

The EBHLP had thoroughly enjoyed working in this way and felt that being a budget holder had empowered her and increased her job satisfaction 'hugely'. She summed up by saying:

> *When I was asking [Robert], we talked about the project and what else he might like us to do, and I said 'Is there anything else you'd like us to do or change?', and he said 'Well, there are things you can't change', and I thought 'I'm an EBHLP - I can do anything!', and I said 'Go on, try me, like what?' 'World peace', he says. 'Yeah, I can do that!'*

She had felt highly accountable for how the money was spent, and had sought best value:

> *I suppose the side I like is, I like the control. You've got the purse strings, you've got the control, so that I can say I want this and this and this to happen and I want these people at meetings … Without the money it would be difficult. I could request it, but I think what happens is people say 'We don't do that', and that's what they would have said … but because I said I'm going to pay for what I get and I want this and this and this it was much more focused and targeted and was, I think, really successful … I didn't want just some sort of [package], because it was a lot of money - it was over a thousand pounds and the project's wanting to know what I was going to get for my money. I also wanted to know that it wasn't going to suddenly be six thousand pounds at the end of the day, those sort of issues.*

This EBHLP believed that the role demanded new skills, many of which her colleagues would feel they did not have:

> *… I set up that contract, I designed it, I worked with [the] Autistic Society … and we costed it and I negotiated it and I had very clear contracts in writing, and that's something I'm quite good at or I am good at. I can think clearly and I can put it in writing and I can negotiate. I think quite a lot of my colleagues would be really hard pressed to do that …*

Lack of administrative support and problems with a new computer system had made the EBHLP's experience of the role very stressful, but she did not see such problems as intrinsic to being a EBHLP.

Robert and his mother clearly trusted the EBHLP and felt that she was dedicated to pursuing their interests. Robert's mother felt that she was kept informed, that all the processes were transparent and that she was working together with the EBHLP:

> *I trust [the EBHLP] implicitly. I think she's a really lovely woman and the first stage that she went through you could actually see, so you knew she was putting her heart and soul into what she was doing, and I said to her, 'Whatever you need to do you do, and I will back you one hundred per cent.'*

Robert's mother planned to continue to fund the horse riding after the EBHLP funding had finished:

> *I will carry on taking him and pay for him out of his disability living allowance, 'cos he does enjoy it and it gives him a focus.*

Her biggest disappointment was that, although a multi-agency package had been put together, key players (e.g. staff in special needs education) did not turn up for TACs. She told us:

> *The EBHLP, bless her heart, you could see the frustration building and building 'cos … the side that [the EBHLP] funded was all going so well and the educational side was going so badly that you could see the frustration, and she was saying, 'Look, we've put in one hundred and ten per cent here and we've given you everything you need.' I would say to her, 'If you need anything, do whatever you need.' I even bought a photocopier 'cos I was having to photocopy [lots of documents].*

The EBHLP's tenacity had changed the situation: she claimed that the education department had only responded when she 'wouldn't let it go'. Robert's mother expressed to us her concerns about the lack of educational provision for children like Robert:

I know it sounds silly, but if they wanted to do another study into anything it would be how children with ASD are treated in school, because I believe only one in five get their needs met and it is heartbreaking for the parents to have to sit and watch their child suffer … I know, I've got three and two of them, their needs are being met and school is absolutely brilliant in dealing with their needs, but there are a certain number of children that, for whatever reason, don't get picked up. I mean, it's too late for Robert but if it can help any other children …

Discussion

Unlike many other cases in which there was EBHLP intervention, Robert's involvement with the EBHLP did not begin until after the social worker became an EBHLP. In other words, it was not an ongoing case in which the professional involved changed their way of working or their designation during the intervention. Robert was selected for and allocated to the EBHLP because the access to BHLP funding provided an opportunity to address some of his unmet needs. One of the main needs identified was that of mainstream education: Robert's mother would not let him go to school because she felt that he should be provided with special needs education.

As an EBHLP, the social worker was able to tailor a package of intervention to address a variety of issues. During the assessment process (not CAF) and the TAC meetings, Robert and his mother played a significant part in shaping the package, although they did not really want to know how much was being paid for the interventions, regarding this as the EBHLP's territory. However, Robert's mother felt strongly that because the school was getting 'forty or forty-five pounds a day for each child that is on the roll', Robert was entitled to have that money spent on his educational needs.

The EBHLP negotiated to purchase a number of interventions, drawing up contracts and satisfying herself that she was achieving value for money. She felt accountable for the purchases, although she did not actually 'hold' the budget but had open access to it and discretion over the spend. The social worker felt that being an EBHLP had empowered her to fit services to Robert's needs rather than fitting his needs into existing packages of support. She described this to us as 'hugely rewarding'. Once she had decided what support was needed, she went out to ensure she could assemble it. In her view, this required a certain number of additional skills, which she did not think all her colleagues possessed. She would, however, have liked greater administrative support for her new role.

Our fieldwork indicates that this EBHLP took on a new role which was close to the policy intent. She was not tempted to purchase goods for Robert or his mother, but used the BHLP budget to tailor services to his needs in an innovative way, which she felt would have been impossible had she not been an EBHLP.

Molly (Aged 8)

Family Background

Molly's EBHLP also clearly embraced the policy intent. Molly was in Year 3 at the time of the EBHLP intervention. She lived with her parents, who were both professionals, and had a very able older brother who was in Year 6 at the same primary school. Molly's parents had been concerned about her poor school performance since Year 1. Her reading and writing were well below average, she had poor organisational skills, had difficulty following instructions, and was quite clumsy. She was also quite anxious and unhappy in school. Her parents had long suspected that she had dyslexia, and possibly dyspraxia: her mother had experience of working with children with special needs and had carried out extensive research on the internet into both conditions. Molly's parents had approached the school a number of times

about getting Molly assessed, but told us that they had always met with a lack of response. Only when Molly did very poorly in her SATs did the school acknowledge that there was a problem. Molly's mother told us:

> *… and then I approached the head teacher and just said, 'I'm really concerned about Molly.' She said, 'Yes, so am I.' A little bit late now, you know … I would actually have preferred them to approach me and to say 'We've got concerns' … whereas it's me going in all the time saying ' I'm worried, I'm worried …'.*

When we asked Molly's mother what kind of help she had wanted for Molly, she acknowledged that her wishes were unrealistic:

> *Ultimately I would like her in a tiny class of about ten children with a one-to-one at all times, but I know that that is never ever going to happen. I can't afford to send her to a private school. I've even looked at it because I've been so despondent with the situation at the school she is currently in: the only saving grace at that school is [the EBHLP] … My son's there and I cannot fault my son. My son has done exceptionally well, but children are very different - my son's very academic, picks things up very easily. Molly has struggled and they have completely let her down, and I hold them completely responsible …*

Molly's parents had already spent £500 on a Learning Breakthrough Programme and had employed a private tutor from Dyslexic Action at the cost of £48 per hour.

Molly's EBHLP was the social inclusion officer at her school. The EBHLP explained that, from the school's perspective, Molly's struggles were not dissimilar to those experienced by many other children when they started school:

> *One of the tricky things is that, sadly, you could almost apply that [dyslexia] to a lot of children … and there are a lot of children who do actually find things difficult at the beginning, and they do struggle with their writing and they do have trouble. I suppose if we're honest, if we were able to have suddenly assessed half the class, they might have all come back with areas of dyslexia and things to work on.*

The EBHLP emphasised that it had always been the school's intention to address Molly's issues when she reached Year 3 - they had placed her in a support group for literacy and numeracy and given her some one-to-one support. Molly's parents reported that Molly enjoyed the one-to-one support but found it difficult to work in the support group, which she called 'the naughty boy's table'. Molly said that being in the support group gave her headaches because it was too noisy. Her parents felt that this support was inadequate and they were pressing for her to be formally assessed so that she could receive specialised help. In response to these concerns, Molly's EBHLP selected Molly as one of her five EBHLP cases. She told us:

> *Mum and dad were definitely the … starting-point if you like. They obviously felt quite unhappy about things … and it did reach a point where, actually, it was quite prudent really to get mum and dad onside and just put their mind at rest and say, 'Yes, actually we can do this and we can get it sorted.'*

She felt that the EBHLP funding afforded the ideal opportunity to speed up Molly's assessments and the implementation of the interventions, which would address her learning difficulties early in her school career:

If we were able to get her assessed quite quickly, not only would she then have the remainder of Year 3 in which to have that intervention, but it is a good starting-point then, and that information will follow her through the school.

There was no multi-agency involvement or TAC in this process, although the EBHLP consulted with teaching staff about Molly's learning needs.

EBHLP Intervention

The EBHLP met with Molly's parents to explain the pilot scheme and to ask if they would be willing to participate and to complete a CAF. Molly's mother told us that the aims of the pilot scheme had been carefully explained to her and her husband:

[The EBHLP] explained … at the moment, if you want any funding through school you have to go to the education authority, who then send people around, and it takes six months to a year. And she said, at the moment what this pilot scheme is doing is giving lead people within designated areas a sum of money to see if they can actually provide for the children instead of having to go through the education authority … And then we both went in [to school] and had a chat with [the EBHLP] about it and said, 'OK, tell us some more information.' She then went through it in a bit more detail, gave us some information to bring home which we could read through, and kind of discussed it in that way with us.

Molly's parents were pleased to participate in the BHLP pilot because it meant they could obtain more help for their daughter. Molly's mother reported that she and her husband were comfortable with the CAF process and that they had readily agreed to information about Molly being shared between the professionals involved in the case. Molly had not been invited to the CAF meeting but both the EBHLP and her parents had kept her informed. Molly's mother had represented Molly's views at the meeting:

I took in notes for Molly, what she had wanted to say at the meeting … I talked to her and said, 'What do you like? What do you dislike? What do you want to do?' … We had written it down and Molly had signed it at the bottom.

The EBHLP told us:

There's a little piece on the front [of the CAF] which talks about, you know, has the child given permission, is the child aware of this, that sort of thing, basically. All I'd said to Molly prior to the meeting was, 'Oh, I'm looking forward to seeing mummy tomorrow - we're going to chat about things that we can do to help you. Are you happy with that?' Obviously, Molly said 'Yes'.

The EBHLP felt that the main value of the CAF had been to highlight the disjuncture between Molly as a 'bright, talkative, outgoing, self-confident child' at home and Molly as 'the quiet, quite … serious worried little girl in school', which confirmed for the EBHLP that Molly's problems were associated with education rather than her home life. Over the course of a couple of meetings, the EBHLP and Molly's parents agreed a package of support. There was no written plan as such, but everyone seemed clear about the content of the package which emerged. It included: a preliminary assessment by the Dyslexia Institute; a private educational psychologist to confirm the diagnosis of dyslexia; an occupational therapist to confirm an assessment and diagnosis of dyspraxia; six private sessions of occupational therapy; a private dyslexic tutor; a private literacy tutor; and increased one-to-one support in the classroom.

The purchasing and commissioning of services was a strong element in this support package. No goods were provided. The EBHLP reported that she had worked long and hard to find suitable services for Molly, drawing on her knowledge and that of a network of fellow professionals, and on a service directory which had been provided for her. At no point did she simply refer Molly to a service or give the family information about services which they had to follow up themselves. Rather, she took the time to arrange all the elements of the plan and pay for them out of the BHLP budget. Where possible, she preferred to use what she regarded as being 'free' services, such as the initial assessment from the county occupational therapist. However, most services had to be paid for privately from the BHLP fund in order to speed up access: thus, the six sessions of occupational therapy were provided privately because there was a long waiting list for the services provided by the county occupational therapy service. When we asked about the expenditure from the BHLP budget, the EBHLP told us that the package had 'cost thousands'. She itemised the costs as follows:

1. The Dyslexia Institute assessment - £185.

2. The Educational Psychologist's assessment - £480.

3. Occupational therapy - no cost for assessment, and six sessions at £50 each.

4. Weekly teaching time with the dyslexia tutor - £48 an hour.

5. Weekly tutor (outside school), 20 hours - approximately £380.

6. One-to-one sessions in the classroom twice a week - £7.20 an hour.

Molly's mother reported that she and her husband had felt very much part of the decision-making process and that their views had been taken into consideration:

> *… [the EBHLP] had agreed that we would get an … assessment … to see if Molly was dyspraxic. And I said the best way would be to get an OT assessment, because diagnosing dyspraxia is very difficult anyway, and how I would always do it in the special needs school was to go through the OT.*

Molly was aware that decisions about the interventions had been taken jointly by her mother and her EBHLP. The EBHLP stressed to us that, although the family were very knowledgeable about the services on offer, the final decisions had been hers:

> *And it was generally not the case that I would have gone for things if people had just come up with things and I didn't think it was appropriate… But, by and large, by general agreement, we all seemed to know the direction to take it.*

The family were not informed about exactly how much money was available and no direct payments were made to them. Molly's mother did not feel it was her place to ask the EBHLP how much the services cost. However, she was able to find out the cost of most of them by other means and was surprised at how much money had been spent on Molly, telling us:

> *I would have to admit I was quite surprised by what Molly got out of it.*

Molly did not know how much money had been spent, but understood that the EBHLP had paid for everything. The family had no qualms about accepting the services, partly because they realised Molly was taking part in a pilot scheme and partly because they believed she was entitled to a state education suited to her needs.

The EBHLP sought to liaise with and gain individual feedback from all the professionals involved in delivering the support package, 'to make sure everyone was on board … [and] keep the lines of communication open'. There was one formal review meeting, which involved the EBHLP, Molly's parents, her dyslexia tutor and a representative of the Dyslexic Institute. They all agreed that Molly was engaging well with the interventions. During our interview with Molly she was able to itemise all the interventions and explain their purpose. For example, describing her sessions with the occupational therapist she said:

> *I have my ball and I bounce it up and down. And I have a skipping rope to jump, jump, jump. The next one is that we do reading and writing. And we have this big ball and then we bounce round in a circle and then we bounce round the other way.*

Molly went on to explain that learning to balance in this way would help her to improve her writing.

Outcomes

It was very clear to us that everyone concerned seemed highly satisfied with the support given by the EBHLP. The family were very pleased with the package of support they had received and felt that all the elements of the plan had been delivered. Molly felt she had got 'loads of help'. She also described her EBHLP as 'nice' and 'kind'. Her parents valued the EBHLP as someone they could trust and with whom they could work. Molly's mother was also pleased with the tenacity the EBHLP had demonstrated by overcoming obstacles in putting the plan together, keeping her and her husband informed, and being available to offer support:

> *She [the EBHLP] was very good in the fact that … she really kept pushing for things as well - like when she came at a stumbling block from [the] OT she still persevered, and she'd send letters home. And she was really good, 'cos she didn't necessarily send letters home with Molly, she'd send them with her older brother so she knew that we'd get them. So little things like that, and she'd often just send us a note saying 'Don't worry, I'm still hunting this one out - I've still got this one', and she was very, very good in that, and she was always at the end of the telephone, so if I had a problem, which I numerously did with school, she would actually be the person I contacted and not the head teacher.*

The other main source of satisfaction for Molly's mother was the speed of access to services. In turn, the EBHLP confirmed that Molly's parents had been totally supportive of every intervention she had organised for Molly:

> *I truly think they care passionately about it at home, and I think they do try to help her and they're very good at … keeping up to date with latest information and things like that.*

While Molly had undoubtedly made considerable progress, there was general agreement that outcomes could only really be measured in the long term. Nevertheless, Molly, her EBHLP and her parents all agreed that she was already happier in school and more confident in tackling her work:

> *I'm glad to say you can wander down [in school] and she'll be working, and she looks up with a smile, and [she'll say] 'Hello, do you want to see what I've done today?' So just in that little instance you have seen a difference. (EBHLP)*

Molly told us that she felt happier in the classroom, and her mother believed her social skills had improved. Molly and her parents also felt that her reading and writing were improving. Molly told us, 'My reading and writing are betterer [*sic*].'

Molly's mother spoke for herself and her husband when she talked of looking ahead to the future. Although she and her husband believed that Molly's performance at school had improved considerably, they were aware that there were continuing difficulties to be tackled:

> *It's not been that she's completely cured and everything's fine. We've been very lucky that we've got her assessed, and she has been diagnosed as being severely dyslexic and dyspraxic … We've explained to Molly what the problem is, 'cos Molly has been going round saying 'I'm thick, I'm stupid' and has been really upset … but she is slightly more confident than she was … Her writing's improved and her reading has improved as well … The fact that she will start to break down words now and, for the first time ever, she sat in the play-room and she got out a book which wasn't one of her reading books … she sat there and she was pretending to read to a doll and she actually picked out words that she knew, She's never done that before … She still has the problems with the organisation and that's like a long-running thing, but, definitely, with her reading and writing I have seen an improvement. She's still not up to the standard that she should be at her age, but … the fact that she's been given full support in school, she's been given the extra tutoring, has definitely made a big impact.*

The EBHLP also felt that the interventions had been successful even though Molly still had significant difficulties to overcome. She attributed improved outcomes directly to the EBHLP intervention:

> *If we had not put any of these things in place, not only would we have had some very disaffected parents who genuinely had become very unhappy, but you actually would have had a little girl that may very well have continued feeling, you know, quite unhappy with school and the work that she was doing. And I actually believe that she's got potential to be a bright little girl, but she was not getting the right routes to actually access that at all, which at least we know now, and that's where we can work from.*

At the time of our interview the funding for the EBHLP pilot had stopped, although some of Molly's interventions were going to continue into the summer term. Molly's mother was already concerned about the future since the school had informed her that Molly was below the threshold for statementing, and therefore would not be able to continue to access the level of support her parents felt she needed. This was very worrying for the family:

> *The fact that this is all going to stop … Molly's going into Year 4 and she's not going to get any one-to-one in class because the school don't feel that it is a significant issue. Basically, they've said that Molly's in the lower group but she's not the worst so she doesn't qualify for their help and … they've said they wouldn't push for a statement. I'm going to push for a statement. I'm going to make their life hell. They're going to hate me. Once I've got my son out of school, 'cos he finishes in September, I can just be this evil mother now.*

Discussion

In this case, the EBHLP seems to have fully embraced a new role as an account holder and ensured that services for Molly could be accessed speedily. She understood the policy intent and was prepared to put in the additional time and effort needed to purchase and commission a package of support. She did not use the BHLP budget to purchase goods as many BHLPs had done, but focused on implementing a coherent package of intervention. This level of commitment and willingness to do things differently was unusual among the EBHLPs we interviewed - she had open access to a budget, and discretion over spending from it. Moreover, she worked closely with the family and involved them in decision-making, although she retained the final authority in relation to spend. She did not tell the family what

the services cost, but Molly's parents found out by other means. We have noted already that practitioners appeared to have been reluctant to discuss details of the available budget and the cost of various interventions with families and, while many parents were not keen to be involved in financial discussions, some, such as Molly's parents, had wanted to know but had not felt able to ask the EBHLP directly. Nevertheless, Molly's parents believed that a constructive, trusting working relationship had been established with Molly's EBHLP and that the EBHLP had provided much-needed support for them and for Molly. There was a clear sense of there having been a partnership between the family and the EBHLP, and the family had been kept informed and consulted about what had been planned for Molly.

The main concerns for everyone involved in this case related to the sustainability of the positive short-term outcomes resulting from EBHLP practice. The EBHLP was concerned that the existence of a budget for Molly had raised her parents' expectations, probably to unrealistic levels. Molly's parents saw it as Molly's right that she should receive education tailored to her special needs and they were disappointed that the interventions were going to stop shortly after the end of the BHLP pilot. Molly's mother regarded the only solution as being to cause a fuss at school and push endlessly for additional support for Molly.
We believe that the work done by the EBHLP with Molly and her parents provides a good example of what can be achieved when LPs hold a budget and take greater responsibility for tailoring a package of support to meet a child's additional needs. Although no TAC was convened in this case, other practitioners were involved, and the EBHLP commissioned and co-ordinated the interventions, working closely with the family throughout her engagement with them. The parents were desperate for help and worked willingly with the EBHLP to make things happen. They had a good understanding of the causes of Molly's difficulties at school and had taken the trouble to learn as much as they could about dyslexia and dyspraxia so that they could push for the help they felt Molly needed and was entitled to.

The changes in Molly's abilities were positive and, because she was only eight years old, early intervention clearly had a chance to pay long-term dividends. Focused intervention had been the catalyst for change, and its withdrawal at the end of the pilot was seen as seriously problematic. Everyone agreed that without access to a budget, the EBHLP could not have achieved the same impact so quickly. Molly was deemed to be below the threshold necessary for specialist intervention and so her additional needs may well not have been tackled until the situation worsened.

The EBHLP acknowledged that her practice had changed markedly as a result of her designation as an EBHLP, and she told us she had enjoyed and been empowered by her new role. Her perception, however, was that she would not be able to sustain this change in her practice when she returned 'to the normal world'.

Kieran (Aged 13)

Family Background

At the time of EBHLP intervention, Kieran lived with his elder brother Jed, two younger brothers and his mother, Nadia, in a house in a city-centre area. Another brother (the eldest) no longer lived with them. There had been a history of domestic violence against the mother and the older brothers perpetrated by the mother's partner, and of consequent mental health problems experienced by the mother and behavioural problems among the children. Nadia, who was unemployed, told us she had experienced mental abuse in her previous relationship and felt she had lost control over her children, who were causing trouble in the neighbourhood. Kieran, who had already spent one six-month period in care, was running away, stealing, smashing cars up and coming to the attention of the police. Difficulties at school had come to a head in summer 2006. Keiran had refused to go back to school after the summer vacation and, although Jed did return to school in September 2006, his attendance did not last long.

The family had had some previous involvement with social services and mental health services and, at the time of the EBHLP referral, were involved with the EWS, the YOT, the housing department, and neighbourhood wardens. The EBHLP felt that Keiran's mother had not asked these agencies for the level of help that she and her family needed, and perceived that there had been a lack of co-ordination in the provision:

> *… the people who have been involved have been very specifically around different statutory things, and they don't think it's their role to be doing anything else. (EBHLP)*

The family had already been moved to an area they did not want to live in, and Nadia sensed she was at risk from further action by the housing department. She felt that the family were stigmatised by local agencies. Her EBHLP agreed with this assessment, telling us:

> *A lot of the people I was phoning up about the family were going, 'Oh God, I've heard about them. Oh, you'll never get anywhere with them.' And I'm thinking, actually there's always strengths in families. (EBHLP)*

EBHLP Intervention

The family as a whole were referred to a Family Intervention Project by the local multi-agency panel in August 2007. A social worker within the project took on the case and selected them, on the basis of their complex needs, as one of her two cases for EBHLP intervention. She completed an in-house assessment (rather than a CAF) for the family in September 2007 and discussed the case with other professionals. The family recalled the assessment in terms of the EBHLP coming to the house, asking about their problems and 'getting to know us'. Jed told us:

> *[The EBHLP] just spoke to us as a family. We're normally all there when she comes round. Just get talking about what me ma's been doing and that.*

The family did not recollect any concrete action plan being formed through this assessment, though Jed thought the EBHLP had understood what their problems were. The older boys were not attending school. Jed told us that he did not like the school he was attending and Kieran said he hated school, describing it as 'horrible' and attributing this to his teachers. Nadia recognised that the EBHLP was working towards returning the boys to education and was liaising with the housing department on their behalf, and she remembered that the initial impetus of the intervention had been towards building her own parenting skills:

> *Originally it was just a bit of moral support with putting down ground rules and things for the kids and, like, having boundaries and consequences and things like that and how to do it … Before I met [the EBHLP] I was ringing them [the police] sometimes two and three times a week when he was running away and things like that and I'd just sit in a corner and cry. There was nothing I could do.*

The EBHLP described a generic 'overarching plan' of returning Jed and Kieran to education, helping Nadia to have more control over them, reducing the family's antisocial behaviour levels, building esteem and 'the family dynamic', and settling their housing situation. She indicated that she did not find working to an initially agreed plan to be a practical or responsive enough approach to take with the complex cases that were seen as suitable for EBHLP intervention, since the exigencies of frequent destabilising events in the household meant that issues had to be tackled as they arose:

> *In theory, in an ideal world, yes we would have a lovely action plan of the things that we're going to work through. And I have an order in my head of, you know, how things would probably fall into place, but then realise that just doesn't really happen because families have a way of doing things that upsets your plans. (EBHLP)*

The EBHLP recorded six multi-agency meetings in the course of the intervention, but described each meeting as being attended only by the agency or agencies involved in addressing a particular issue rather than by most of the professionals. The EBHLP said she had chosen to limit the numbers at these meetings, both to ensure that the issues were relevant to those attending (e.g. not involving anyone from the school at a meeting to tackle ASB in the family's neighbourhood) and to make the family's participation less challenging for them. She told us:

> *That's very intimidating for the family anyway when they're trying to address problems, to actually agree to meet these people that are making the complaints about them or that they're having the difficulty with, without involving every other sphere that they've also got difficulties with.*

Thus, although there was a Team-Around-the-Family with which the EBHLP was in contact, members of the team did not necessarily meet each other. Part of the EBHLP's co-ordination of other services was the brokering of an Acceptable Behaviour Agreement between the family and the local authority:

> *We got like the council and the wardens to come down there. We all sat together and we actually worked out an ABA for us all to sign, an Antisocial Behaviour Agreement, so that the kids knew their boundaries and what they could and couldn't do. But it was done on a voluntary basis … the bloke from the council was absolutely astounded that we'd volunteered to do it but it proves that it's not us - you know, if there's problems we've signed this, we're keeping to our agreement. (Keiran's mother)*

Nadia also told us, at the time of our interview, that her EBLHP was working with the family and other services to try to get the family rehoused. She had also intervened with the school and EWS on behalf of both Jed and Kieran. This had led to Kieran being transferred to a different school and, when this did not work out for him, a referral was arranged to a national youth organisation offering out-of-school education and personal development through activities and support for young people who are NEET aged between 13 and 25. Keiran's mother said:

> *Kieran doesn't suit mainstream school and a lot of kids don't, but I wasn't getting listened to until [the EBHLP] got involved and she pushed and pushed. She did all the phone calls. She sorted all the meetings and everything out. Through the school as well.*

When Jed stopped attending school he was referred to an interactive educational programme, run by the LA's Youth and Community Learning Service, designed to help disaffected young people make a successful transition into adult life.

The EBHLP began to co-ordinate these measures for the family as soon as the intervention got under way. The evaluation activity log shows that she began to spend time organising the use of the budget one month into the intervention. The budget was used to cover 36 sessions of parenting work and 10 attendances at a parenting group for Nadia as well as six sessions for Kieran with a mentor (provided through the EBHLP's own agency). The EBHLP said she had also looked for private counsellors and play therapists for Nadia and Kieran and had given them information on this, but found that the family either did not do anything with this information or ultimately decided that the interventions would not be necessary. Goods

were also paid for from the budget: the items purchased included school uniforms; shoes and bags for Jed and Kieran, who were taken to choose these; beds and bedding for the children, who had been sleeping on mattresses; a washing machine to replace one that had broken down; and toys to divert the children from activities that had the potential to constitute antisocial behaviour.

The goods were the only purchases that the family knew had been secured from a special budget. Although Nadia was aware that her taxi fares to and from the parenting groups were being paid, she described this and her attendance as part of the original referral. No one in the family was aware of how much money was spent, nor of the criteria for eligibility. The family explained that their EBHLP had been able to ask her managers for some money for 'essential' things that they needed. The EBHLP told us that she would not inform any of the families she worked with of the budget available or present it as a sum to which they were entitled, citing as her reasons the dangers of debt and the likelihood that families would start making inappropriate demands for funding:

> *They wouldn't have wanted to be involved in that [deciding what to purchase]. There's not really any way they'd have coped with it, to start off with. Because we're talking about families that are in, you know, thousands and thousands and thousands of pounds' worth of debt, so they go, 'Three grand, fantastic. I'm going to pay off my store card.'*

To avoid such problems the EBHLP told families that she could apply to her line mangers for some funding, without it being guaranteed. The family described the money that had become available as being intended to alleviate poverty, and viewed themselves as suffering financial difficulties:

> *I didn't have any problems then. Just with my ma not having money and that, then, and she took us out and got the new school shoes and all that, like the school uniform and all that. (Kieran)*

> *'Cos my washing machine packed up, completely stopped, and with having five children it's like a Chinese laundry, you know. I'm on Income Support, I can't afford it. So she [the EBHLP] stepped in and said 'We can do this. You can't afford to go out to the launderette, we'll sort it for you.' (Keiran's mother)*

Nadia believed that a family had to be seen as a 'good cause' for it to be assessed as being entitled to money:

> *It's not a case of just going and saying, right, she needs a washing machine, we're getting it. They have to discuss whether it's a worthy cause to give to or not. I didn't even request it - [the EBHLP] was the one who said 'I'll see if we can help'. 'Cos I'm not the type of person that will go cap in hand and say 'Please miss, can I have … ?' I'd rather scrimp and save and do it myself, but you don't look a gift horse in the mouth - if somebody's willing and able to help then you let them, and it is a godsend.*

Although Jed knew he could suggest things or ask for help from the EBHLP, he did not feel that he had had to. Nadia said that the parenting classes were something she had wanted, but that the suggestion to pay for them had come from the EBHLP:

> *I didn't expect her to get me school uniform, but she did. (Jed)*

… when we moved from the other house down to here the little ones were sleeping on mattresses on the floor and [the EBHLP] had seen and she said 'It's not fair. They can't sleep on mattresses, we'll get some beds sorted' … I mean, it is essentials. You don't get luxuries from them. If it's an essential then they'll go and they'll ask for the funding. I mean, I couldn't turn round and say 'I haven't had a holiday for ten years, give me a holiday'. That doesn't work, it's not what the money's there for. (Keiran's mother)

The EBHLP indicated that family members were closely involved in decisions about the support they should be receiving:

We do come up with things together and get the families to do things, because I'll be damned if I'm going to do all of the work. What happens when I leave, then? You know, they need a lot of support into doing things to start off with, and then you can kind of start withdrawing a little bit or getting to the level of saying 'Right, well, you know, we've got kind of school – not bad for one of your kids. Now you've got your sixteen-year-old who you need to be doing something for. What are the practical things that you think we should be doing with that?' (EBHLP)

She regarded the provision of services, nevertheless, as involving making referrals to services rather than as purchasing or commissioning them directly:

There's a lot of referrals and things that I made because of the team, but nothing that seemed to have costs attached. (EBHLP)

This comment is significant in that the EBHLP was clearly not calculating the costs of existing services, nor looking to go elsewhere to buy the specific support that had been identified. Indeed, she described encountering significant problems with waiting lists for services she had referred to, and in getting agencies to follow up on them, but it did not occur to her to commission these services from elsewhere. Moreover, parenting support and mentoring were purchased 'in house', which did not require the EBHLP to devote much time to sourcing or purchasing them:

… the money ferreted around between different accounts, because we have something like six different cost codes within [the organisation], or within our particular project. So my money - you know, the budget-holding money would be in one cost code, and general running of groups is within another cost code, so the money is transferred … some jiggery-pokery behind the scenes I don't really understand. That actually was quite a trauma as well for our administrator. (EBHLP)

She indicated that she was not aware of the costs associated with the interventions since office staff had dealt with their allocation:

[The parenting support programme] could have been done anywhere, but we happened to be running that one in [our organisation]. So that was grand. She [Nadia] came along to that, which has a cost attached to it, and I don't know how they work that out themselves. I presume that [the] BHLP put money back into [our organisation] for that - there's some sort of internal thing goes on. (EBHLP)

She felt that she had been able to access these services only because they did not require of her extensive input to locate or commission them. She commented:

Actually being able to buy services, that would be great. The only service, I think, that I ended up buying in the end was mentoring, and that's because I could do it in house, so it didn't take up a huge amount of time. (EBHLP)

Although she would have liked to commission other services and was technically able to do so, this would have taken more time than she could accommodate in her workload:

> *I feel like I've compromised things that I would have wanted them to do. Like I really would have wanted some of the kids to do play therapy and have some space for themselves to talk about what's going on, and have some work done individually with them. It's really difficult to do – I know from talking to some of the other workers … You have to go and organise doing CRB checks and that sort of thing.*

Outcomes

The family were very positive about their EBHLP, describing how supportive and approachable she had been. They felt that their involvement with her had improved things for them. Nadia found that the EBHLP's intervention had enabled her to secure help for herself and to pursue what she saw as necessary:

> *At the beginning it was 'Will you do it for me?' and now it's a case of 'Which way would you suggest I do it? - do I do this, this or this?', and with [the EBHLP] it's 'Well, you do it the way you want to do it. You know you can do it now, go for it. If you get a problem then ring me afterwards.' It gives you the wherewithal to know you can stand on your own two feet, to know that you can do it but there's a safety net there. That's how I class it now. It's a safety net - if I do fall, they're there. (Keiran's mother)*

She was more in charge of things in her own life, and able to act for herself. The EBHLP told us:

> *… Nadia's ended up organising a meeting herself. We'd had a conversation about how we were going to move forward, and I was saying, 'Right, well, I can talk to' - and she was like, 'No that's fine, I can do that.' And away she went, and she did it herself. Fantastic! That's what I want - I want to be redundant, that's the whole point of doing the work that I'm doing.*

At the time we visited the family, Jed had passed an entry test for an apprenticeship with a major construction firm and was awaiting an interview. Kieran was still receiving out-of-school education on a residential basis for part of the week and spoke glowingly of what he had been doing:

> *Like I've finished it now, but if I want to go on to a follow-on programme they're going to send us a letter out and I have to send it back so I can start doing it again, and I've been mountain biking, swimming today, canoeing, rock climbing, loads of things.*

Both Nadia and the EBHLP described a transformation in the boys' behaviour, which Nadia attributed largely to the Family Intervention Project and to Kieran not being involved in any significant antisocial behaviour for a year:

> *… they're all coming on. If you'd seen them this time last year they're not the same kids. I'm not the same person as I was. We've all benefited so much from being with FIPs. (Keiran's mother)*

The EBHLP told us that, despite a relatively recent incident involving Kieran and another young person in his area (which she attributed to a misunderstanding and saw as a one-off lapse), 'their antisocial behaviour has gone to zero, the kids are into schools, there's much less fighting in the house'. Asked which of these outcomes could be attributed to a budget-holding role, she said:

> *Really hard to unpick what's actually done it though. So some of it's about the relationship that we've got together, and some of that relationship is about me and how I approach the family, and some of it's about things that I've been able to support them with. (EBHLP)*

When we asked specifically if the changes could be attributed to the EBHLP having a budget to spend, Nadia told us:

> *Not at all. That's the Family Intervention Project. The funding has helped. It's helped a great deal, but I'd still be here even if I didn't have the funding. I'd be where I am now without having the material things that I've got. They're like the icing on the cake if you want to put it that way. You know, it's like the little extras.*

The family were still engaged with the EBHLP at the time of our final interview, with a view to getting rehoused, although the EBHLP's time with them had lessened. Kieran has an advanced reading age, and the EBHLP informed us that his mother would be convening a meeting of the TAC to discuss an ongoing educational strategy for him. Nadia felt she had 'pulled herself round' in the preceding six months, and told us of her plans to attend a college course in the next term.

Discussion

The interventions co-ordinated by the EBHLP seemed to result in significant successes in alleviating Jed and Kieran's NEET status, reducing their antisocial behaviour, stabilising the family, and giving their mother the support she needed to take control of her life and the family's situation. Allocating the family to an approachable, focused professional who liaised with agencies such as schools, the police, the EWS, the housing department, etc. appeared to have given the family confidence and a sense of control. However, much of the EBHLP's work involved making referrals rather than purchasing or commissioning services. There was no indication that her holding a budget had actually changed the EBHLP's working practice. Talking about the pilot, she told us:

> *And then it went to BHLP, and then it went to established BHLP, and I just thought, I'm a lead practitioner with some money attached to it - I don't care what you call me.*

The interventions were not structured around an agreed plan. Some in-house services had been charged to the BHLP budget, and Keiran's mother told us that she had asked for this help before and had been unable to access it. However, the EBHLP described the budget as being handled by administrative staff and she did not know the cost of the services provided. Other EBHLP budget spend was on goods to tackle poverty rather than on directly addressing any major strand of a plan (while the purchase of school uniforms was intended to facilitate a return to education, neither Jed nor Kieran lasted long at school in the new term). In part, this pattern of spend appears to reflect the EBHLP's experience that trying to use the budget to buy services rather than goods was a more significant undertaking in terms of time than her work schedule could accommodate.

The family were very grateful for the items purchased, which were clearly needed. There was no sense that they had been made aware of a budget they were entitled to or that they contributed to decisions about prioritising it. Nadia instead talked of the budget in terms of it being a social care fund from which the family's EBHLP had a chance to secure some money on their behalf. Although the EBHLP described the budget spend in general as 'an integral part of being able to engage families, and being able to address issues as they've come up', neither she nor the family explained the holding or spending of a budget as a key factor in the very positive achievements they described.

While Kieran appeared to be the key child in terms of EBHLP working, the service accepted referrals on a family basis, and the EBHLP's primary engagement was, therefore, with his mother. Kieran and Jed tended to speak of the EBHLP as someone who mostly dealt with and spoke to their mother rather than with them. This suggests that she was working holistically with the family and taking a broad view of Keiran's additional needs. The outcomes she and the family identified were very positive, but it is difficult to be sure that there had been any significant shift in her practice from LP to BHLP to EBHLP beyond her gaining access to the BHLP budget and being in a position to purchase services and goods that might otherwise not have been available. What seems to have made the most impact in this case is the very positive relationship the EBHLP formed with Keiran, his siblings and his mother and their motivation and willingness to make changes and tackle the problems they had been facing. Keiran's mother was motivated, also, to attend the Family Intervention Project. In this case, then, it seems that the BHLP budget was, as Keiran's mother described it, 'the icing on the cake'.

Research Observations

We have selected a few EBHLP case studies to shed additional light on some of the themes which have emerged from the evaluation as a whole. The cases of the five young people discussed above have enabled us to make a number of observations about EBHLP practice in the later stages of the evaluation. First, it is important to acknowledge that the families with whom we were able to speak were mostly positive about their engagement with their EBHLP. We were not able to talk to Fern and her family, and we were told that there was considerable anger in the family about the ultimate decision to prosecute Fern's mother in connection with Fern's non-attendance at school. The other four families had responded positively to EBHLP intervention. Nevertheless, the extent to which all the EBHLPs had actually adopted a new way of working as envisaged by the DCSF varied. There was still a tendency for some of them to regard the BHLP pilot as providing access to an additional pot of money, and in these cases we found little evidence that EBHLPs were aware of the costs associated with the services and interventions they were co-ordinating, or that they felt empowered to commission and purchase services directly. Moreover, not all the families had been involved in discussing or prioritising the purchase of services and goods and they did not seem to be aware that their EBHLP actually held a budget.

The EBHLPs working with Robert and Molly were unusual in that they had taken the initiative in commissioning a package of support that was better tailored to the children's needs. Robert's EBHLP was clear that she had felt more empowered in her new role and had enjoyed being able to work in a radically new way. She felt that being an EBHLP demanded new skills and that it also took up more of her time. As we have noted, Robert's EBHLP seemed to have made the significant transition to a new role and was able to put this to good effect with Robert and his mother. Molly's EBHLP was certain that access to BHLP funding had enabled her to commission services quickly and that real progress had been made as a result. Fern's EBHLP had realised, also, that being a EBHLP gave her increased flexibility to tailor support to a child's needs, and she too perceived the role as requiring a different way of approaching the work. It was disappointing for her, therefore, when Fern and her mother decided to disengage and the package of support which the EBHLP had put together had to be withdrawn.

It is important to note that the instances in which the EBHLPs were able to make a real difference tended to involve children and young people whose parents were willing to engage, able to identify specific issues and needs and keen to play their part in achieving the desired outcomes. An important element of LP and BHLP practice is the engagement of the family and the relationship with the practitioner. Holding a budget has the potential to enhance the LPs' ability to secure buy-in from parents, which is critical.

It is unfortunate that the shift to EBHLP working came very late in the day for the pilots and for the evaluation. We have seen some examples of LPs being able and willing to take on a new role and manage budgets, but not all were able to do so and it became clear that shaking off the earlier interpretation of BHLP practice as simply involving access to a pot of money and moving towards the purchasing of services rather than goods would take time. Had the pilots been able to run for an extended period, we might have seen more evidence of budget-holding heralding a radically new approach. For the most part, however, the evidence suggests that the desired shifts in practice had been achieved in just a few cases and by a small number of practitioners.

While some of the case studies indicate positive short-term outcomes, there was no objective means of measuring the changes associated with EBHLP practice. Nevertheless, being in a position to commission services quickly was undoubtedly positive in itself and demonstrates the potential associated with budget-holding.

Assessing the Evidence from the Pilots

At the end of the pilots, managers were asked to report on their achievements in a final project report for the DCSF. Not surprisingly, the pilots were positive about the journey they had undertaken and were keen to continue to develop BHLP practice. In common with the local evaluations and many of the analyses we undertook for the national evaluation, the pilot managers were largely describing the positive benefits associated with having a top-up fund available to them - the standard model of BHLP practice.

It is clear from the final project reports that most pilots believed that the policy vision for BHLPs had been too ambitious and that pilots had been expected to do too much too soon. Nevertheless, the learning had been significant and a number of common themes emerged:

1. Being able to support the family and not just an individual child with additional needs was a positive development.
2. Budget-holding should not be seen as an add-on to LP practice - it requires a systems change within the delivery of children's services.
3. Training is essential for BHLPs, and strong and supportive leadership is key.
4. Implementing the CAF and establishing TACs are essential prerequisites for effective BHLP practice.
5. BHLPs have promoted a needs-led rather than a service-led response.
6. Developing integrated working, both in universal and in targeted services, is an important element in establishing BHLP practice.
7. Pooling budgets across agencies can facilitate individual-level commissioning and transform financial processes.

These themes are primarily related to the processes which can promote budget-holding practice and, as such, indicate that important learning had been derived within the BHLP pilots. The project reports all emphasised the training needs of BHLPs and the importance of ongoing support and the buy-in of senior management. In short, BHLP practice had been challenging and managers were having to rethink their existing administrative and financial structures.
The pilots also pointed to several positive benefits they had noted, including:

- the development of an increased level of trust between BHLPs and families
- the empowerment of family members (largely via the CAF and TAC) to express their needs, thus helping them to feel valued and supported
- the use of the budget to engage hard-to-reach families
- the ability to purchase some goods and services immediately and meet children's needs more quickly

Access to an additional fund had provided a range of incentives for practitioners to respond creatively to children's needs, and this had increased job satisfaction when relatively low-value purchases were seen to make an immediate and substantial difference to children's lives. These are positive findings which do not conflict with the findings from the national evaluation, since they, too, illustrate the challenges pilots faced and the immediately observable benefits of being able to improve the standard of living for many of the families allocated to a BHLP.

As a result of the move towards practice which reflected the original policy intent, some pilots had begun to tackle the challenges head-on and to realise the potential budget-holding had to do much more than enhance the day-to-day living standards of families, who mostly lived in areas of multiple deprivation. While it is difficult to attribute positive, sustainable ECM outcomes to the standard model of BHLP practice on the basis of the evidence available nationally and locally, there is no doubt that BHLPs had made a difference to the lives of some children and young people. They achieved this, however, largely by BHLPs having access to additional money which they could spend relatively freely, so caution must be applied when making claims about the impacts of the new role of budget-holding *per se*. Pilots were just beginning to embrace this radical shift at the end of the study and it was too soon to know whether budget-holding could be cost-effective in future. The findings available from the national and local evaluations do not provide any evidence that BHLP practice as it was implemented in the pilots was cost-effective.

In the final chapter we draw together the conclusions from the national evaluation and the evidence which is now available for policymakers and consider these in the context of the Government's ambitions for the delivery of children's services. We make a number of recommendations which can be used to guide future policy and practice decisions relating to budget-holding and the personalisation agenda.

Chapter 11 - 'Thinking Outside the Box'

One of the continuing challenges of modern family policy is to meet the needs of different families who require 'different things at different times and in different circumstances'.[79] Over the last decade, the Government has launched an extensive range of initiatives and programmes to address this challenge and to achieve the vision that every child and young person can reach his or her full potential and that families receive first-class, integrated services which are tailored to individual needs. The budget-holding lead professional pilots have contributed to this agenda.

While the evaluation of the pilots presented in this report has not found any evidence that BHLP practice, as it was implemented in the sixteen pilot areas, was any more cost-effective than LP practice, this is not particularly surprising. The evaluation has drawn attention to the complexity of the changes that are needed in order to implement a radically new way of working with children and young people with additional needs, and to the time it takes to implement them. In our review of the evidence in Chapter 10 we therefore emphasised the need for extreme caution when drawing conclusions about the outcomes for children and young people who were allocated to a BHLP or EBHLP. While both the national and local evaluations have illustrated the short-term benefits which some families experienced as a result of practitioners having access to additional funding, there is no evidence that higher-order outcomes, such as reductions in NEET status or improvements in school attendance, can be attributed to BHLP practice. That said, we believe that a significant amount of learning can be drawn from the BHLP pilots which can inform policy and practice developments going forward. In this final chapter we situate the findings from the quantitative and qualitative analyses undertaken for the national evaluation within the context of current policies and formulate some key recommendations.

The Children's Plan

In December 2007, when the BHLP pilots were beginning to review the progress they had made and the lessons learned, the Secretary of State for Children, Schools and Families presented his Department's ten-year plan to put the needs of children, young people and families at the centre of Government policy.[80] The plan was designed to build on the reforms of the previous ten years and it challenges all the agencies involved in delivering children's services to work together regardless of institutional and professional structures. The ECM outcomes, which are central to all Government policies aimed at supporting families, remain integral to the new ten-year plan. Five principles underpin the plan:

1. Governments do not bring up children - parents do.

2. All children should be able to succeed and achieve as far as their talents can take them.

3. Children need to enjoy childhood and grow up prepared for adult life.

4. Services need to be shaped by and responsive to children, young people and families, not designed around professional boundaries.

5. It is always better to prevent failure than tackle a crisis later.

[79] DCSF (2007) *The Children's Plan: Building brighter futures*, TSO, p. 19.
[80] ibid.

The plan marks a new way of working and sets ambitious goals for 2020. Children's Trusts, led by local authorities, are the key driver for change. Local authorities are tasked with redesigning services, working alongside local partners, to focus on outcomes for children, putting service users at the heart of all service delivery processes, shifting services away from traditional patterns of service provision, and championing the needs of children and families. The strategic direction is being set by central government, which is also providing the legislative framework, offering support to local authorities and improving commissioning practice.

It is a complex landscape, which requires everyone at all levels to build capacity and expertise. The vision cannot be attained unless a series of system-wide, radical reforms take place in the delivery both of children's services and education, alongside supporting reforms in the delivery of health services and adult services and in social welfare. Over the next few years, the Government's expectation is that schools and Children's Trusts will play a key role in meeting local needs. By 2010, Children's Trusts should have put in place consistent high-quality arrangements to identify, and intervene early in the lives of, children and young people with additional needs. To do this the trusts are dependent on there being a committed and dedicated children's workforce and on families being engaged as key partners in shaping and improving services for children. The BHLP pilots were, to a large extent, in the vanguard of the changes which are necessary. By the end of the pilots, practitioners and their managers had a much clearer understanding of the potential for BHLPs to contribute to the vision and spearhead some of the much-needed shifts in culture, attitudes and practice.

The BHLP pilots' focus on preventative approaches and early intervention enabled them to reach children and young people with often-complex additional needs and to develop constructive relationships with them and with their families. Furthermore, the renewed emphasis on multi-agency and partnership working at all delivery levels and on the personalisation of services meant that a number of essential building blocks had to be identified, assembled and laid as a secure foundation for further reform. It is clear from the findings from the national evaluation that much had been achieved by the BHLP pilots. They had made a start on a challenging journey; most had made considerable progress on it, and a few had forged ahead. It is equally clear that there was still much to be done and a considerable distance to be travelled before the required system-wide reforms would be in place across all local authorities. It is reasonable to suppose that, had the piloting period continued beyond spring 2008, the BHLP pilots might have been able to achieve many of the shifts in practice that the Department had originally hoped to observe. While the identification of the key building blocks is an important first step, putting them all in place will take time and considerable effort, but without them the hoped-for changes in the delivery of services to children, young people and their parents will not be realised.

Assembling the Building Blocks for Reforming Children's Services

The building blocks that provide the foundation for achieving the Government's vision for children and young people are essential also for the implementation of effective BHLP practice. The building blocks include: the adoption of the common assessment framework; professionals from a variety of backgrounds working together in teams such as TACs; a joint planning and commissioning framework that will promote joined-up services; the pooling of budgets; integrated working and the reform of the children's workforce; one professional taking the role of lead practitioner; and a personalised service that can respond to each child's and each family's needs.

While the Department had expected that the local authorities selected as BHLP pilots would be well ahead in the development of most if not all of these building blocks, there was a clear recognition at the start that the expectations were very ambitious and that pilots would need a good deal of support from their local Government Office and from independent consultants in a support-and-challenge role. Minimum requirements for the BHLP pilots were that practitioners would have access to and leverage over significant budgets in relation to individual children and that there would be effective structures for the pooling of core budgets for early intervention work via the allocation of individual budgets and the appropriate infrastructure, training and support for the development and management of BHLPs. In reality, not all the pilots could meet these minimum requirements and, as the pilots progressed, most realised that BHLP practice signifies a rather bigger step-change in the delivery of children's services than they had at first envisaged. The experience of running the pilots provided a catalyst for more extensive shifts within the local authorities concerned, and prompted them to make progress towards the changes that underpin the Children's Plan.

Adopting the Common Assessment Framework

The CAF was developed to provide a universal assessment tool that could be used by a range of professionals and avoid children and families going through repeated assessments. It also identifies the needs which can signify risks for children and families if they are not addressed early, and forms the basis for an integrated action plan. Not adopting the CAF is not an option. At the beginning of the BHLP pilots, not all had implemented the CAF and not all designated BHLPs had been trained to use it. By the end of the national evaluation, most, but not all, BHLPs had begun to use the CAF as the tool via which each child's needs could be assessed.

A few practitioners continued to question the need for the CAF throughout the evaluation. While some of these practitioners were used to undertaking assessments with children and families, others were not; others again were used to conducting other kinds of assessment and were somewhat reluctant to adopt a new approach. We noted, also, that a significant proportion of the BHLPs were working in education and teachers did not always feel that it was appropriate, or a good use of their time, for them to be doing detailed needs assessments. Some commented that the new role made them feel like social workers and that social work had not been their chosen profession. We did, nevertheless, observe a shift in attitudes towards the CAF, with increasing recognition of its very real potential to engage families and help establish a constructive working relationship. Indeed, many of the positive comments about BHLP practice noted in previous chapters actually referred to the benefits associated with the CAF. The key, it seems, is persuading practitioners that a thorough needs assessment is vital to the planning and delivery of personalised support, and that it is a useful vehicle for engaging children, young people and parents in discussions about the needs identified and the remedies which might be put in place. Another key aspect of the CAF is its potentially pivotal role as a common record of the services that have been provided for children with additional needs. We noted that the records were variable in this respect: accurate record keeping is challenging owing to the multi-agency and multiple-point-of-entry nature of service provision in this complex area. Without such record-keeping, however, it is impossible to determine the nature of the package of support provided or to cost the provision accurately. Assessing cost-effectiveness is, therefore, problematic.

Establishing the Team-Around-the-Child

In recent years, practitioners across a range of agencies have come together to share information and develop integrated intervention plans. Some have set up multi-agency panels which meet regularly to review a number of cases; others have convened meetings to discuss one specific child/family. This latter approach is generally regarded as preferable, primarily because it provides the opportunity for children and parents to participate and for discussions to be focused on an individual child's needs. We found that TACs were commonplace in some areas, but not all BHLPs convened multi-agency meetings and some did not adopt a multi-agency approach, preferring to offer the interventions themselves.

It is evident from our interviews with families and from the case studies that we presented in Chapter 10 that families tended to appreciate their involvement in both the CAF and the TAC, and that both these processes empowered families to play a more active part in assessment and in decision-making, thereby increasing their buy-in to that relationship with their LP. We noted in Chapter 8 that TACs had enabled practitioners to build strong inter-professional relationships and enabled families to gain some control of their situation and have their voices heard. However, the evaluation has demonstrated just how important it is for practitioners to be committed to the TAC process and to take attendance at meetings seriously. When key members failed to attend, other practitioners and the family members involved felt let down. The evidence suggests that BHLPs who championed TACs were more likely to feel that families had been more effectively involved than previously. Co-ordinating and attending TAC meetings takes time and making sufficient time is frequently a challenge for busy practitioners. The benefits for them and for families appear to be substantial, however.

Joint Commissioning

Two other building blocks are essential to the implementation of BHLP practice, and we recognised that they would probably not be in place in the early stages of the pilots. The joint commissioning of services and the pooling of budgets signify large step-changes in practice. During the BHLP pilots there was extensive discussion at various levels about joint commissioning and about pooling budgets. Neither of these changes is easy to implement, and we witnessed a gradual process of appreciation by the pilots of the issues involved and the steps that need to be taken.

For the most part, the discussions involved managers rather than the BHLPs themselves and it was evident that front-line practitioners were less well-informed about commissioning processes and the budgets available. The evidence suggests that it may be some time before front-line practitioners are fully involved, and we gained a strong impression that not all LPs welcomed involvement in processes which they regarded as being outside their remit and better suited to management input than to their own. Whereas, until recently, commissioning services had indeed been a strategic, management issue, the BHLP pilots raised the possibility that commissioning could, and perhaps should, be devolved to front-line staff so that more tailored services could be purchased to meet individual needs.

In a literature review of budget-holding lead professionals, the OPM had noted the importance of budget holders having information readily available about the menu of local services, the costs of these services and information about how they can be accessed.[81] Rarely was this information available to practitioners during the pilots, and our interviews with EBHLPs towards the end of the pilots revealed their lack of knowledge about the availability and costs of services they might wish to commission and about commissioning processes.

[81] OPM (2006) *Budget-holding Lead Professionals Literature Review*, OPM.

The joint planning and commissioning framework for children, young people and maternity services launched in 2006 promoted a multi-level approach to commissioning.[82] The framework aims to help local planners and commissioners to design a unified system in each local area which will join up services to meet the needs of children and young people. It recognises that joint planning and commissioning requires a further step-change in the purchasing of services, and clear leadership. We saw just how significant this step-change would be during the BHLP pilots and identified the challenges managers and practitioners were facing as they attempted to move towards a new commissioning strategy. The Government expects that it will take five years to implement the framework, which seems realistic given the need to ensure that other building blocks, such as the CAF, are also in place. Some of the BHLP pilots were mentioned in the framework within the context of their work in developing single joint commissioning units and individual, tailored packages of care (referred to as micro-commissioning) from pooled budgets. One of the long-term goals of the framework is to develop local markets for the provision of integrated services.

In our end-of-evaluation survey, over half of the BHLPs reported that they had found it relatively easy to commission some services, primarily services such as childcare and gardening. About a third had either not commissioned any services or had found it difficult to do. It is important to note that those who had found commissioning straightforward said that they had had very supportive managers, and that they had routinely undertaken CAFs to identify each child's needs. Some of the EBHLPs who had begun to experiment with the commissioning of services, such as counselling and mentoring, were finding this both satisfying and time-consuming.

Building expertise and capacity at the front line will undoubtedly take time, but those EBHLPs who had successfully commissioned bespoke packages of support were realising the importance of understanding the costs of different services and interventions and of securing value for money. We found that practitioners were learning to be clever with resources, and many demonstrated a strong ethic of thriftiness. Nevertheless, most practitioners continued to view statutory and other existing services as free rather than recognising that they all carry a price tag and that the costs of such services need to be factored into decision-making about the use of the budget in any given case. There was a tendency to look for services which were regarded as being 'free' and to consider purchasing alternatives only if free services were unavailable. Most practitioners had not actually challenged existing services in respect of their quality, cost or availability and they may need additional training to enable them to do so and, on occasion, to be assertive enough to threaten to move resources from one service to another.

It would appear that specific training about ways of challenging existing services and commissioning alternative intervention is needed if practitioners are to embrace the budget-holding role more fully. We suspect that further culture change is necessary before practitioners are likely to feel comfortable with taking responsibility for all aspects of holding and managing an individual budget for each child, and some may prefer to leave the management of budgets to others in their organisation.

Pooling Budgets

The pooling or aligning of budgets is critical to the ability of BHLPs to engage in micro-commissioning. During the pilots, some authorities were able to make progress in pooling budgets, but they described it as a slow and difficult process. There is much work still to be done at the local level and the Department's original expectation that core budgets would be pooled for use by BHLPs was not realised in most pilots, partly because such

[82] HM Government (2006) *Joint Planning and Commissioning Framework for Children, Young People and Maternity Services*, DfES and Department of Health.

arrangements require the establishment of very robust governance and financial management protocols.[83] Nevertheless, the moves made towards pooling budgets to form a discrete fund constitute an important milestone in the ability of local authorities to mainstream BHLP practice.

It was suggested by the OPM that one of the most formidable challenges of mainstreaming BHLP practice was that of transferring resources from universal and specialist children's services to targeted services for children and young people with additional needs.[84] We noted that several pilots referred specifically in their final project report to the progress they had made towards local commissioning and the bringing together of specific budgets. Some referred to there being a clear commitment at the strategic level to align preventative funding in order to embed BHLP practice within children's services. We are aware that the DCSF is supporting commissioning changes by building capacity through peer-to-peer support and the implementation of a number of regional commissioning pilots. The BHLP pilots had embarked on this journey and were making progress as the pilots came to an end, hopefully standing them in good stead to make further progress towards pooling budgets.

Workforce Reform

Perhaps the most important and most challenging element in the agenda for change in children's services is that of reforming the workforce. It seemed reasonable to expect that the implementation of BHLPs would herald significant changes in the children's workforce during the pilots: the BHLPs would learn new skills, change their approach to practice, and feel more empowered. As a result, BHLPs would be promoting the kinds of shift in workforce reform put forward by the Government. In 2005, the Government launched a consultation on the future of the children's workforce, and published its response in 2006.[85] The responses to the consultation demonstrated overwhelming support for the Government's vision and drew attention to the need for the Government to agree priorities and develop a clear action plan because the changes would take time. Improving the quality of the workforce is not an end in itself, however, but another essential building block for improving outcomes for children, young people and families.

The respondents to the consultation also pointed to the implications for pay, rewards and terms and conditions, issues which several practitioners raised during the evaluation. Towards the end of 2008, the DCSF published a new workforce strategy[86] as a result of work undertaken to review the current workforce needs.[87] The strategy sets out a number of areas in which changes need to be made, such as in recruitment and training, and in the qualifications and skills required by and the retention of respected, valued, high-quality practitioners who are ambitious for children and young people and committed to partnership and integrated working. The characteristics of comprehensive workforce development outlined in the strategy include effective time and resource allocation, a clear vision, objectives that are well-communicated, accessible training, and clarity about expected outcomes. We have identified a number of issues in respect of all these characteristics during our evaluation of the BHLP pilots, and these have implications for further developments in workforce reform.

[83] HM Government (2007) *Better Outcomes Through Joint Funding: A best practice guide*, DfES.
[84] OPM (2007) *Pooling Budgets: Issues for budget holding lead professional pilots*, OPM.
[85] HM Government (2006) *Children's Workforce Strategy: Building a world-class workforce for children, young people and families*, DfES.
[86] DCSF (2008) *2020 Children and Young People's Workforce Strategy*, DCSF.
[87] DCSF (2008) *Building Brighter Futures: Next Steps for the children's workforce*, DCSF.

We have noted earlier that it took pilots more time than had been allocated at the start to establish LPs in a radically new role, and that few of the pilots could actually meet the specification laid down by the Department when the national evaluation commenced. This is probably not surprising. As we noted in Chapter 1, work by the OPM and others had already identified the barriers impeding implementation of LP practice and the CAF, some of which centred on the complexities associated with whole system change in the provision of social care.[88] We found that not all those selected to be BHLPs had previously been trained to be LPs, with the result that they were expected to learn a whole set of new ways of working, as LPs and as budget-holders simultaneously. Insufficient time for the assimilation of new roles was factored into the pilot timetable. Nor was sufficient clarity of vision about the policy intent in the messages communicated to pilots and practitioners. Most BHLPs told us they had not been aware of the policy intent and were unclear about the role they were being asked to undertake. The Department's expectations came as a revelation to most of the EBHLPs who underwent specific training late into the pilots.

Most BHLPs did not receive specific training for the budget-holding role: they had been given awareness training only, mostly to assist them in filling in application forms for the BHLP fund. Not surprisingly, perhaps, only 21 per cent of the BHLPs described BHLP practice as being very different for them. In our early interviews with BHLPs in one pilot area, we were told that they all had extensive experience of accessing specific budgets that became available from time to time and that the BHLP fund was just another pot from which to draw resources. These practitioners were used to budget accessing and had not made the shift to budget holding when we spoke to them. Our e-survey revealed that most practitioners did not regard budget holding as a radically new way of working, primarily because the ambitious objectives of BHLP practice were not well understood and training had been lacking in the early stages.

The BHLPs saw the BHLP fund as providing an opportunity to make a difference in the lives of the young people and referred to the ECM outcomes as those to which they aspired. There was a strong belief that, if living conditions are improved, parents will be less stressed and children will grow up in a healthier, more supportive family environment. The expenditure on leisure and other activities for children and young people was regarded as helping them to enjoy and achieve. As we have noted in previous chapters, many of the children and young people were experiencing problems at school, either because of their behaviour or because of learning difficulties, or both. Finding ways to meet educational needs, such as providing young people with laptop computers, was prevalent in most of the pilots. Most practitioners, however, had not specified clear objectives for their budget-holding activities beyond the broad ambitions contained within the ECM framework. It is too early to say whether these will be attained and sustained in the longer term, and without objective measures of change it would be difficult to attribute outcomes to the BHLP intervention alone. Greater specificity and greater clarity about the outcomes BHLPs hoped to achieve might have encouraged a more integrated approach to decision-making about the budget, and a clearer link between expenditure and the desired outcomes.

There is important learning to be derived from the evaluation in relation to all the building blocks, and it reinforces the need for the workforce reform strategy to be clearly communicated, along with an explanation of the steps for achieving it. Over the past year, the Children's Workforce Development Council has brought national and local partners together to develop an overarching framework for reform. The DCSF has acknowledged that effective commissioning can be an important lever for raising the quality of the workforce, and that this in turn will give rise to high expectations in respect of the skills,

[88] OPM (2006) *Implementation of the Lead Professional Role: Report for DfES*, OPM; Gilligan, P. and Manby, M. (2008) 'The Common Assessment Framework: does the reality match the rhetoric?', *Child and Family Social Work*, vol. 13, pp. 177-87.

knowledge and experience needed by lead practitioners. Young people who responded to the Department's consultation about the workforce strategy identified the importance of LPs having good communication skills, being trustworthy and having the ability to understand the needs of children and young people.[89] These attributes were certainly welcomed by the young people who talked to us about their BHLP. They also appreciated being given real options by their BHLP and being enabled to have a voice.

Combating Child Poverty

The building blocks discussed above are designed to improve the life chances of all children and young people and form an integral part of the Government's overarching strategy to eradicate child poverty. The child poverty agenda undoubtedly shaped and influenced the development of BHLP practice in the pilot areas. Many of the children and young people supported by BHLPs were living in areas of high deprivation and, to a large extent, the BHLPs found themselves having to engage in crisis intervention and address basic as well as higher-level needs. It is clear from the use of the BHLP fund, particularly in pilots which adopted the standard model of BHLP practice, that relieving material deprivation became a key function. The Government's bold ambition of eradicating child poverty by 2020 has alerted practitioners to the needs of poor families. The recent proposal to enshrine in legislation a commitment to end child poverty and provide a framework for national and regional government and local authorities to meet the challenge is highly relevant to the BHLP agenda.[90] As we have seen, much of the local effort in the BHLP pilots was directed at meeting basic needs and addressing aspects of material deprivation (e.g. buying household goods and paying for leisure services, childcare and gardening) which threatened to hinder the life chances of children and young people.

In Chapter 4 we highlighted the targeting, both deliberately and by default, by the pilots of children in neighbourhoods with relatively high levels of deprivation. Not only do many children in these neighbourhoods have additional needs which require integrated support, but also the standard model of BHLP practice, which gave BHLPs access to additional funding, provided an ideal opportunity to begin to meet some of these needs quickly. Moreover, the BHLPs believed that the provision of basic household goods and services would reduce the risk factors and increase the protective factors for these children. In addition, the ability to relieve the kinds of pressures associated with household poverty meant that BHLPs quickly gained the trust of family members and practitioners could see that their purchases had made a real and immediate difference. Families expressed their satisfaction and BHLPs were positive about the impact of their intervention.

We are aware from pilots' own reports that many practitioners held the view that relatively small amounts of expenditure could effect significant, immediate benefits for families. What is less certain is the extent to which these modest contributions impacted on child outcomes. Work by Blow *et al*.[91] has attempted to find out how much money matters in determining child outcomes. In a series of research papers, the authors concluded that although there is a very strong relationship between health status and deprivation, and children's lifestyles and health investments are correlated with parental income, the effect of changes in current income is small compared with that of changes in permanent income. So while some initiatives might temporarily lead to an improvement in living standards, the short-term provision of money alone is unlikely to raise child outcomes. Other factors, such as family background, are more significant. Transitory changes to address material deprivation do not necessarily lead to different behaviours in the family or to lasting change.

[89] WCL (2008) *2020 Children and Young People's Workforce Strategy: 'Workforce: The Young Voice'*, report summary, DCSF.
[90] Child Poverty Unit (2009) *Ending Child Poverty: Making it happen*, Child Poverty Unit.
[91] Blow, L., Goodman, A., Walker, I. and Windmeijer, F. (2005) *Parental Background and Child Outcomes: How much does money matter and what else matters?*, DfES, RR660.

Pilots were aware that, sometimes, their efforts to improve living standards were rapidly undone by families who were unable to sustain them.

The Government is looking to a range of Government Departments and voluntary and statutory agencies to work together to tackle inequalities and enable every child to make the most of their potential. This is reinforced in the Children's Plan. The commitment is to improve education and personal development outcomes for all children and young people; to work with families to improve physical and mental health outcomes for children and parents; and to support parents to undertake their responsibilities by reducing the pressures on families and strengthening their capabilities. Some of the EBHLPs were attempting to meet these objectives in the work they were doing and had begun to see how they could achieve more by holding a budget which enabled them to tailor services and provide speedy interventions. The ability to think creatively helped them to look at the needs of children and parents in the round, which meant going beyond the provision of household goods to relieve deprivation, as we indicated in the case studies in Chapter 10. Nevertheless, the majority of BHLPs were focused on relieving the impacts of poverty as a first step in their intervention.

Although some of the expenditure on household goods and services had undoubtedly averted a crisis for some families, the standard model of BHLP practice was used primarily to build capacity and build relationships so that other packages of support could be put in place to address the more significant issues, such as children's behavioural problems and the other needs identified at assessment. While addressing the risks associated with poverty was evident as a first step in the standard BHLP model of practice, it was far less prevalent in the enhanced BHLP approach.

The contrast between the approach of BHLPs and that of some EBHLPs was striking. The EBHLPs were less likely to focus on addressing needs associated with material deprivation and more likely to target the social, emotional and educational problems of children from the beginning of their intervention. The spend on housing/financial services no longer dominated BHLP activity. The LPs in our comparison areas were also co-ordinating and providing a range of services similar to those of EBHLPs and, indeed, the provision of parenting interventions and counselling support was higher in LP areas than in the EBHLP pilots. Nevertheless, we observed a dramatic shift in the way the BHLP budget was used after the appointment of EBHLPs, with large reductions in the spend on household goods and services and correspondingly large increases in expenditure on educational support. This shift suggests that implementing BHLP practice to policy intent was much easier for practitioners to manage after they had been trained in BHLP practice and could embrace a new way of thinking and working. The changes in practice that were emerging towards the end of the BHLP pilots illustrate the potential of BHLP practice to support the various Government agendas which aim to promote better-integrated and more effective service provision, and to eradicate child poverty.

The Progress Made Towards Achieving the Government's Vision

By the end of the national evaluation most of the key building blocks for reforming children's services were being put in place in most of the pilots. They had embarked on a complex journey of reform two years previously and were excited about the advances they had made. The national evaluation shows that it takes time for radical changes to be implemented and accepted at all levels and suggests that, in future, more attention should be paid to the lead-in time new initiatives require and to ensuring that sufficient support mechanisms are available to assist managers and practitioners. Training and support for new roles is an essential factor in enabling practitioners to change their approach. The very thorough training package offered by the Department in 2007 would have been welcomed much earlier in the piloting process. Had it been delivered at the beginning, it is highly likely

that the standard model of BHLP practice would not have been dominant and that many more practitioners would have begun to 'think outside the box' – a phrase many EBHLPs and their managers used towards the end of the national evaluation to describe budget-holding as a new approach.

As we have reported in previous chapters, it has been difficult to observe a real shift from LP to BHLP practice. Many of the aspects of the work which were most appreciated by both families and practitioners were those which characterise effective LP practice. Implementing the CAF and promoting integrated service provision via the TAC are part and parcel of the LP role. These are important elements of BHLP practice, also, but budget-holding implies something more. While the national evaluation has shown that BHLP practice can be a catalyst for significant change, it has also shown that practitioners have some way to go before they feel comfortable with budget-holding *per se*. When the policy intent was fully embraced, some practitioners found the new role to be exciting and innovative. As several of them told us, in their view EBHLP practice yielded better results, particularly when the focus of support shifted away from the use of a prescribed BHLP fund. Nevertheless, the increased responsibilities and time demands were substantial and most of these were not reflected in existing job descriptions.

In its literature review, the OPM had highlighted the changes LPs would need to embrace if they were to become BHLPS.[92] These included: engendering close, productive relationships with families; thinking innovatively about resource usage; relinquishing some of their power in order to empower families; and acquiring additional support for families, where appropriate, to help them understand the resource allocation process and be able to participate in it. Many practitioners managed to embrace the first two changes, but not all were able to relinquish power or involve families directly in discussions about resource allocation. This is hardly surprising given their lack of training for a new role and the continuing bureaucratic structures in some pilots in which decision-makers had the final say or were required to sign off proposed purchases. The OPM review pointed to the potential barriers in implementing BHLPs, including a lack of capacity among practitioners, a prohibitive organisational culture, and bureaucratic administrative processes. While these barriers were being broken down in most of the BHLP pilots, it inevitably took some time for them to disappear altogether. The capacity to take responsibility for holding budgets and to make decisions about how to use them in consultation with the child or young person and their family was just developing as the pilots came to an end. It represented a distinct shift in mindsets and required practitioners and their managers to be able to think creatively. These practitioners were moving closer towards being able to implement individual budgets and to promote a more personalised approach to social care.

For the most part, the E/BHLPs were working with children and young people who had complex and extensive additional needs. Although these children may not have reached the high thresholds required for intervention from some of the statutory services, nevertheless the needs identified by CAF assessments were many and serious. The CAF process and TACs had encouraged EBHLPs to look across the whole range of each child's needs and to think creatively about how to meet them. At the end of the pilots they were beginning to think about how they might influence the market-place and improve the quality of local services. They were still learning about the full range of services available in their local area but were still inclined to believe that existing services are somehow free. The tendency to use BHLP funding to plug gaps remained, and only a few practitioners had established a decision-making partnership with children, young people and their families and had begun to relinquish control. Some steps were more challenging than others, and the evidence suggests that not all front-line practitioners will want to take all the steps needed to embrace the role of budget-holding lead professional. Some will, and one of the

[92] OPM (2006), *op. cit.*

issues for local authorities and other agencies will be to determine who might want, and who might be able, to adapt their practice sufficiently to manage the expectations associated with budget-holding and personalisation.

Extending the Personalisation Agenda

Personalisation and individual budgets are central to the reforms envisaged in the modernisation of social care. Whereas the BHLP pilots made considerable progress in developing many of the building blocks essential to the reform agenda, the holding of individual budgets and personalised budgetary decisions remained tentative. The implementation of BHLPs undoubtedly forced practitioners to think about and reconsider their roles and responsibilities as LPs and as budget-holders. Those EBHLPs who were able to make a step-change in their practice began to realise that being budget-holders extended their traditional LP role well beyond simply accessing a time-limited fund in order to purchase additional goods and services.

Despite the observable shifts in practice, however, the evidence from the evaluation suggests that the majority of practitioners, including EBHLPs, found it difficult to relinquish control over budgets. A key element in the personalisation agenda is the transferring of some if not all responsibility to families themselves. While the personalisation agenda is an integral part of the agenda for change, most BHLPs regarded giving more control over budgets to families themselves as constituting a step too far. Although several pilots expressed interest in exploring a model of practice that would enable families to take more control of their budget, only relatively small steps in this direction had actually been taken. The skills and confidence required by practitioners to promote such a model are substantial. While we found evidence of increased family empowerment via the CAF and TAC processes, the practitioners usually remained firmly in control of the decision-making process about expenditure and of the assembly of an integrated package of personalised support.

The literature reviewed by the OPM placed a distinct emphasis on the importance of recognising the need to adopt a personalised, individual-centred approach to care planning. Leadbetter and Lounsbrough, in a study to inform the future of social care in Scotland, argued that personalisation empowers service users to have more control over their own lives and increase their choice and voice.[93] The idea of choice and voice is evident in health and social care services reform also,[94] and it links with the In Control model, discussed by the OPM and introduced to the BHLP pilots during the evaluation. The In Control approach reiterates the importance of making decisions as close to the service user as possible - one of the goals of BHLP practice - and moving away from a 'gift model of care'.[95] The vast majority of practitioners in the BHLP pilots had not adopted this approach, although some pilots were keen to introduce the In Control model. In contrast, we found numerous examples of BHLPs presenting purchases from the BHLP fund as gifts to the children and young people. The presentation of laptops frequently epitomised a 'gift relationship' rather than the laptops being provided as part of a mutual exploration of needs that would enable the young person concerned to have a voice and make a choice about resource allocation. We were struck by the vehemence of some BHLPs that they would never regard it as appropriate to tell the families with whom they worked about the availability of a budget or to involve them in making decisions about purchases. The unwillingness of these practitioners to relinquish their authority and control over budgets is

[93] Leadbetter, C. and Lounsbrough, H. (2005) 'Personalisation and participation: the future of social care in Scotland', DEMOS (unpublished).
[94] Department of Health (2006) *Our Health, Our Care, Our Say*, DoH; Department of Health (2005) *Independence, Wellbeing and Choice: Our vision for the future of social care for adults in England*, DoH.
[95] In Control (2005) *Individual Budgets: An exploration of individual budgets for disabled people and some of the challenges of implementation issues*, In Control.

an issue which will need to be tackled if the policy thrust is to embrace the personalisation agenda fully and give more control to service users. The few EBHLPs who had relinquished some control spoke of their increased job satisfaction as well as their ability to secure specialist services more quickly.

A recent evaluation of the Individual Budgets Pilots[96] highlights many of the issues which were noted in the OPM's literature review and during the national evaluation of BHLPs. In 2005, the Department of Health announced that thirteen local authorities in England would pilot the use of individual budgets, building on the experiences and tools developed by In Control. Adult social care services in the pilot areas targeted a number of groups of people – some people with learning difficulties, some mental health users, and some older people, for example. Some LAs chose to experiment with the introduction of individual budgets for all adult social care services users or for those experiencing a major life transition.

The team responsible for evaluating the pilots has noted that the implications of individual budgets are profound and that they imply major changes in organisational arrangements, professional cultures, and the expectations and responsibilities of social care users. Its study highlights a number of challenges faced by the Individual Budgets pilots, challenges which we have also highlighted in our evaluation of BHLPs. These are:

1. The difficulties associated with integrating or aligning funding streams across agencies.

2. Issues of equity in resource allocation and the lack of consensus as to how to allocate resources.

3. The determination of legitimate boundaries of social care provision – the kinds of goods and services that can be purchased.

4. Concerns about financial accountability, and the potential for resources to be misused if managers / practitioners relinquish control of budgets.

5. The management of local markets to provide individualised services and stimulate new and creative programmes of support.

6. The skills both managers and practitioners require in order to take advantage of the new opportunities afforded by a more personalised budgetary approach to the delivery of services.

We have noted already the slow progress made in BHLP pilot areas in making significant headway with pooling budgets. We have referred, also, to concerns on the part of some BHLPs that it did not seem equitable to have money available to spend on some children and young people and not on others, although concerns about equity arose more often in the standard model of BHLP practice. Nevertheless, many practitioners held the view that everyone should have equal opportunities to benefit from new initiatives.

The BHLP pilots and the Individual Budget pilots were left to make their own decisions about where to draw the boundaries for budget usage. Both evaluations have shown that individualised budgets encouraged creativity and also extended the boundary in terms of the goods and services that can be purchased. The use of individual budgets to pay for social and leisure activities was evident in both sets of pilots. The BHLPs legitimised this

[96] Glendinning, C., Challis, D., Fernandez, J-L., Jacobs, S., Jones, K., Knapp, M., Manthorpe, J., Moran, N., Netten, A., Stevens, M. and Wilberforce, M. (2008) *Evaluation of the Individual Budgets Pilot Programme: Final report*, SPRU, PSSRU and Social Care Workforce Research Unit.

kind of expenditure with reference to the ECM outcomes and the emphasis placed on enabling children and young people to enjoy and achieve. Glendinning *et al*.[97] noted that the increasingly strong policy focus on independent living and social inclusion suggests that everyone should have the same choices and rights to enjoy a range of amenities and opportunities, but that there needs to be some clarification about and endorsement of the use of public funding for wide-ranging, non-traditional activities and support services. We were aware that while some BHLPs were anxious about paying for childcare and gardening services, for example, others regarded this as a perfectly legitimate use of BHLP funds. The lack of clear guidance about how budgets could be spent was linked to management concerns about accountability and the need for clear audit trails. Some BHLP pilots required BHLPs to seek permission for expenditure at a managerial level, although, as time went on, this became more of a rubber-stamping exercise which some practitioners found frustrating as it sometimes delayed access to the funds. We have noted, also, that some BHLPs believed that the families with whom they worked could not be trusted to make good choices about expenditure or that they might get greedy and request too much.

A range of new skills is required to devolve commissioning processes, manage local markets, and implement budget-holding and individualised budgets at the client–practitioner interface. Managing the change process effectively requires clear, comprehensive, consistent and sustained information, training and support for staff at all levels. The chain between policy formation and policy implementation contains a number of links and it is easy for clear messages to become diluted, distorted and lost as they are passed along it.

The evaluation of the Individual Budgets pilots has demonstrated that despite a number of difficult challenges in implementation, positive outcomes were in evidence. The researchers point to the encouraging indications of the impact of individual budgets on people's lives, particularly the fact that many felt more in control than the people in the comparison groups. Only limited gains were observed overall, however, and these varied by user group, rendering longer-term follow-up of the benefits and drawbacks essential. Our observations are similar: it is impossible to know whether EBHLP practice, as it was developing towards the end of the pilots, will result in a more cost-effective approach to delivering services to children and young people with additional needs. While the qualitative data reveal some short-term beneficial outcomes for some children, the quantitative data do not enable us to predict cost-effectiveness in terms of the higher-order outcomes identified in our theory-of-change model in Chapter 2. There seems to be little doubt, however, that devolving budgets to front-line practitioners and enabling the users of social care services to have a greater say in the design and delivery of services are aspirations which will escalate as the personalisation agenda is progressed.

From Evidence to Policy Development

In this final section we offer some recommendations for policy and practice development which flow from the evidence available from the evaluation of BHLP pilots. These fall into three categories: establishing and evaluating pilots; meeting the challenges associated with BHLP practice; and addressing wider system change and social care reform.

Establishing and Evaluating Pilots

> *RECOMMENDATION 1. Wherever possible, pilots should be: established in consultation with the national evaluation team, designed to ensure that control / comparator data can be collected, restricted in their remit for the duration of the pilot, and capable of being refined and modified as the evaluation progresses.*

[97] ibid.

Pilots provide a unique opportunity to test new ideas and find out whether they achieve their objectives. Our task was to assess the cost-effectiveness of BHLPs. As we have seen, this proved to be difficult for a range of reasons. It is helpful to emphasise the distinction between a pilot and a pathfinder. The tendency for pilot programmes to be rolled out before they and the evaluation have been completed can render it impossible to evaluate the pilot fully in controlled conditions. If the evaluation is built into the pilot design, pilot managers and practitioners can be fully briefed about the expectations for data collection and participate in shaping the pilot. Moreover, if local evaluations are deemed to be helpful, there needs to be a clear understanding about how they might complement the national evaluation and efforts need to be made to avoid duplication of methods and data retrieval.

> *RECOMMENDATION 2. The policy which is being tested needs to be clearly articulated; the aims and objectives need to be understood; roles need to be clearly defined; and the messages given to pilot staff at all levels need to be consistent and unambiguous.*

We are aware that those writing and submitting bids to the DCSF for pilot status very rarely take the implementation forward, and that a good deal of initial understanding of the policy, and of the aims and objectives of the pilot, is lost in translation. There is a tendency for the implementation of pilots not to reflect closely the intentions in the bid, which in itself can impact on the planned evaluation and dilute policy intent. We would suggest that a written briefing for pilots which can be circulated to staff at all levels could avoid the transmission of mixed messages. The briefing prepared by the DCSF, when the pilots were being refocused, proved to be extremely helpful in conveying a clear description of what BHLP practice was expected to look like. Unfortunately, not all the pilots were in a position to refocus.

> *RECOMMENDATION 3. Sufficient lead-in time needs to be available for pilots to establish the administrative procedures that will be needed to support the initiative, recruit key members, consider how the pilot will fit into existing systems and make any necessary modifications, and embed the evaluation and data collection processes.*

Most pilots are of limited and, often, fairly short duration. It usually takes several months for the implementation to take place, and this tends to eat into the time available for the new initiative to be tried and tested. The BHLP pilots were in various states of readiness at the start, as we discovered during our scoping visits. In reality the programme that is to be evaluated rarely commences until well into the first year of a two-year pilot. Not only does this limit the opportunity to measure outcomes over time but it also puts pressure on pilots to be thinking about exit strategies soon after the initiative is up and running. Moreover, pilots feel under pressure to achieve results and there is a tendency to look for quick wins because they need to provide progress reports to the Department and demonstrate that they are meeting objectives/targets.

A longer, more carefully paced period in which to establish the pilot and set up the evaluation would avoid the risk that initiatives suffer from stuttered starts, and have to put administrative arrangements in place, recruit pilot staff and tackle the demands of an evaluation at the same time as they have to grapple with delivering a new service. There is also a danger that the evaluation timetable will slip if the implementation period is too truncated and pilots are not able to manage to meet their objectives in the time available.

New initiatives such as BHLP practice also involve a range of agencies whose remit might be impacted upon by the new approach. It is essential that they understand the purpose of the pilot, and consider the support they might be expected to provide and how the initiative might impact on their organisational managements. The practitioners who became BHLPs were working in a variety of organisations and roles. Many were located in education and, as we found, were not always well-prepared for the work they were expected to undertake.

The OPM noted in the literature review[98] that the context in which BHLPs operate, in terms of the varying organisational cultures and supporting information systems and processes, is a critical element in establishing a new approach if the objective is to ensure streamlined working across administrative boundaries and joined-up support for families. Preparing the ground for any new initiative is likely to take time, and this needs to be factored in to the pilot timetable if the pilot is to operate as expected.

> *RECOMMENDATION 4. There needs to be clarity at all levels about the roles and remit of the various groups and stakeholders working with the pilots, such as the national implementers, the DCSF policy leads, the Government Offices, and the national evaluators.*

It is not unusual for several groups of people to have some interest in and involvement with the pilots. National implementers provide a support-and-challenge role, working closely with pilot staff to help them and encourage them to make progress; the policy leads need to ensure that they know what is happening on the ground and can receive regular reports from pilots; the Government Offices may also play a role locally, as they did in the BHLP pilots; and the national evaluators have to remain objective and take a more detached interest in collecting the data needed to provide evidence for policy decision-making. In addition to these key players, the BHLP pilots were working with local evaluators, so had five distinct groups following their progress and making demands on them.

While the players themselves may be clear about their respective roles, these are not necessarily fully understood by pilot staff, particularly busy practitioners. The BHLP pilots had to prepare monthly reports and provide feedback to the Department via case studies. They also responded to activities spearheaded by the national implementers, provided reports to the Government Office and provided data to two sets of evaluators. Some practitioners were frustrated by the seeming overlap in some of these activities, not all of which fed into the national evaluation, and found it difficult to distinguish between the tasks they were performing for different groups and the rationale for carrying them out. The respective roles and responsibilities of everyone involved should be clarified in initial briefings for pilots and the demands made of the pilots carefully co-ordinated wherever possible.

It is particularly important to ensure that data collection processes are agreed and instituted. In order to inform future best practice for children with additional needs, the accuracy of record keeping is crucial, not only for being able to track what interventions have been instigated for the children and their families, thus facilitating co-ordinated planning, but also for research purposes. Unless a national evaluation is funded to the extent that it has the resources to employ researchers to collect data directly from clients and multi-agency records, such an evaluation can only ever be as good as the data that are collected locally. Given that different agencies provide support to any one family it is preferable if the lead practitioner collates the data in a common record.

There are three main aspects to delivering robust research which provides evidence for policymakers. First, it is important to be able to define a population at which any given intervention has been targeted and to be able to observe which members of that population actually receive the intervention, enabling us to determine how representative they are. This aspect was challenging for the BHLP evaluation in the sense that it was difficult to measure the extent of the population of children with additional needs. Thus, it is difficult to generalise the results of the study to this wider group.

[98] OPM (2006), *op. cit*.

Second, it is important to be able to track the use and costs of services, as well as outcomes, over time. With respect to the use of services, records are better for research purposes if they specify not merely whether a client was referred to a particular service but how much of that service was actually delivered. Similarly, outcomes are better for research purposes if actual scales can be used to measure changes rather than reliance being placed on statements made by practitioners or families as to whether they thought a particular intervention had been worthwhile. Of course, achieving a common outcome scale for such diverse populations is challenging and probably requires further research efforts to develop either a single measure or a battery of measures.

Third, the ability to make statements about whether or not a new intervention or way of working (such as BHLP practice) is effective or cost-effective is dependent on researchers being able to compare a group of people in receipt of the intervention with a group with similar characteristics who are not in receipt of the intervention. The ability to identify such 'like' groups would undoubtedly be enhanced by improvements in the trend outlined above.

Meeting the Challenges Associated with BHLP Practice

> *RECOMMENDATION 5. The building blocks for effective implementation of BHLP practice need to be firmly in place before BHLP practice is initiated; systems and processes need to be established and fit for purpose; the target group should be determined; and support mechanisms should be developed.*

It is easy, with hindsight, to recognise that the expectations of what the BHLP pilots could achieve in a relatively short time were overly ambitious. The policy intent signified a radically new role for practitioners, not all of whom had been trained as LPs before taking on a budget-holding role. This role was not clearly understood by everyone involved and the pressure to achieve results inevitably shaped the standard top-up model of BHLP practice which emerged.

The practitioners who were best able to embrace a new way of working were those who had experience of working as LPs, had been trained to use and were using CAFs, were familiar with multi-agency approaches such as the TAC, and had the focused support of their managers. Identifying the additional needs of a child or young person demands careful assessment and the ability to develop an integrated intervention plan. In order to assemble an integrated package of support, the BHLPs needed to be able to call colleagues together (via a TAC) and work with them to offer appropriate interventions which the BHLP would cost and co-ordinate. Not all BHLPs had this experience.

> *RECOMMENDATION 6. Training for the role of BHLP is essential and needs to be undertaken prior to the implementation of BHLP practice. It should be mandatory and never an option, and it should cover skills development and the knowledge needed to execute the role, and provide a clear exposition of the aims and objectives of budget-holding.*

Very few BHLPs in the pilots received adequate training for the role they were expected to undertake. The awareness sessions they were offered did not equip them for the task and served to confirm an understanding that BHLP practice involved accessing a pot of money to spend on additional goods and services. The training provided by the DCSF for EBHLPs later in the pilots was described by practitioners as 'excellent' and it enabled some of them to make the huge leap in practice that had been hoped for. They were able to challenge their traditional way of working and to think creatively and freely about a new approach. Many of them still lacked commissioning skills, and most did not have adequate knowledge of the services they could employ, but they had begun to fill the knowledge gaps and were making good progress when the pilot ended.

The OPM had identified[99] that previous research had shown the benefits to budget-holders of having readily accessible information about the menu of local services, their costs, and how they can be accessed. This information could form part of a training programme so that the essential knowledge the BHLPs need is at their fingertips when they begin practice.

> *RECOMMENDATION 7. There needs to be a clear recognition that practitioners need sufficient time to execute the budget-holding role properly; paperwork needs to be streamlined; and processes for sharing information and accessing/purchasing services need to be efficient.*

Many EBHLPs found that the new role took a great deal of time and effort and that this put additional pressure on them while their workload had not been modified to take account of this. While purchasing household goods and services may be relatively straightforward, commissioning services is not only a skilled task but also takes more time. Practitioners frequently complained about the amount of paperwork and the bureaucratic procedures they had to complete. Of course, the evaluation added to this workload, but the perception in some pilots was of there being unwieldy systems which militated against them executing their budget-holding role with the minimum amount of extra work. Concerns about accountability for expenditure often added to the bureaucratic requirements, and it seems important for agencies to delineate clear lines of accountability and to establish robust monitoring and review processes that help rather than hinder practitioners.

All the evidence suggests that managers need to identify appropriate (limited) caseloads for BHLPs, taking into account their skills and responsibilities. Moreover, resources need to be in place to support information exchange between practitioners and facilitate the TACs and a seamless and truly multi-agency approach.

> *RECOMMENDATION 8. There should be clarity about the range of services the budget allocated to a single account holder is intended to cover and the systems to be utilised to secure those services. In addition, practitioners should have some kind of guide or ready-reckoner which indicates the costs of services and interventions, including those statutory services which practitioners think of as being free.*

In the BHLP pilots we witnessed a variety of practices in respect of the use of the BHLP budget. Some practitioners had been allotted a specific amount to spend (either per child or on their caseload as a whole), while others had no specific allocation. As we have shown, the majority of BHLPs simply accessed the fund on a case-by-case basis to purchase additional goods and services, usually items of relatively low value. In a few areas, practitioners were issued with a purchasing card against which they could charge the items they sourced. In a few pilots, practitioners restricted the purchases to services and did not use the budget to purchase household goods, gardening and decorating. There was confusion about whether the purchase of household items was acceptable, and not all pilots were in agreement about whether the budget should be used to purchase childcare. There was also a significant spend on leisure activities, but not all practitioners were sure just where the boundaries should be drawn.

In the pilots, BHLPs and EBHLPs did not include the purchase of statutory or existing services in their budget allocation. They tended to look around to see what could be provided ‘free’ and use the budget only if they needed to. With greater clarity about the services and the kinds of items that can be included, BHLPs might be encouraged to be more creative and less anxious about having to justify the expenditure. There needs to be clarity also about the maximum expenditure on any one child or young person, so that

[99] ibid.

BHLPs do not have to be concerned about repeat requests from families or the prospect that some might be greedy and ask for more than is reasonable.

RECOMMENDATION 9. Progress needs to be made in respect of commissioning services and pooling budgets in order to support BHLPs in a new role.

The DCSF had anticipated that BHLPs would be given substantive budgets with which to commission the full range of services that would best meet each child or young person's additional needs. The budget was intended not to be a top-up fund, but to help the BHLP design and purchase services and improve the quality and choice of interventions. A further expectation was that BHLPs could challenge existing services to be more flexible and encourage the development of a market-place, thereby maximising the quality of service provision and promoting the establishment of new services that currently did not exist. As we have seen, this model of BHLP practice proved to be too much too soon for most pilots.

The pilots have highlighted the need to establish family-focused commissioning processes for services which are needs-led. Further work needs to be done in each local authority to extend the ability of front-line practitioners to commission services directly and to develop robust budget pooling and commissioning frameworks. It is important, also, to bridge the gap between universal and specialist, targeted services and between children's and adult services. By challenging mainstream services to be needs-led and breaking down some of the traditional boundaries between practitioners in different sectors, BHLPs would have the potential to challenge existing thresholds for social care and preventative services.

RECOMMENDATION 10. Anxieties about front-line practitioners being responsible for substantial budgets need to be addressed.

It became clear that while some practitioners were excited about the opportunities associated with budget-holding, others were unwilling to make such a radical shift in their practice. If those who are willing and able to take on the new role are to be supported in this endeavour, it is vitally important that their managers and other senior staff resolve their own anxieties about devolving budgets and relinquish some of their managerial control over the commissioning of services.

RECOMMENDATION 11. The outcomes to be achieved for each child and young person need to be specified and ways of measuring whether they have been achieved established at the start of the intervention.

While the ECM framework provides the broad parameters in respect of the higher-level reforms desired via the implementation of a range of new policy initiatives, there is a need for these to be made specific in respect of each child. For each activity/implementation/item of expenditure the desired outcomes should be articulated, along with the means of measuring whether they have been.

We noted in earlier chapters that many practitioners confused outputs with outcomes and made assumptions that the goods and services purchased would inevitably result in positive outcomes, evidenced primarily by the family's satisfaction and immediate impacts. There is evidence that practitioners did use the budget as leverage to build relationships with families who might otherwise be hard to reach. This in itself can be regarded as a positive outcome and is a stepping-stone towards improving outcomes for children.

It can be difficult, however, to persuade practitioners that outcomes need to be measured more objectively and that this does not diminish the importance of subjective, feel-good responses. In most cases it is difficult to extrapolate, from the evidence provided, any causal links between budget-holding and changes in the behaviour of children and young people in the longer term.

> *RECOMMENDATION 12. The target groups for BHLP intervention need to be more clearly specified if BHLPs are to fulfil their potential and have a positive impact on outcomes for children and young people.*

In the BHLP pilots, the target group was largely undefined and extremely broad. Children and young people with additional needs is a very wide category and a wide range of children and young people were included. The pilots were expected to include only those children and young people whose needs required a multi-agency approach, although, as we have indicated, not all those included in the pilots fell into this category. Not all the children and young people were assessed as needing multi-agency intervention; some were assessed as having behavioural disorders or mental health problems, and some had very complex, serious additional needs.

Given that implementing BHLP practice is itself a complex process, it might be helpful, when BHLPs are appointed, to define the criteria for BHLP intervention in a somewhat narrower way. It might be more effective to begin to test BHLP practice on specific categories of children (mirroring the approach taken by the In Control initiative which targeted first people with disabilities). This would enable local authorities to determine which groups of children and young people might benefit most from BHLP practice – a question we were unable to answer in the current evaluation.

Addressing Wider System Change and Social Care Reform

The BHLP pilots were operating at a time of extensive change in most and considerable upheaval in some children's services. There had been extensive restructuring in some areas, making it extremely difficult for pilot managers to implement the pilot in the way they would have wished. The introduction of BHLPs ran in parallel with many other initiatives, pilots and pathfinders, often with overlapping agendas and all working towards the changes envisaged within the Children's Plan. Pilots did well to make the progress they did within this context.

The agenda for workforce reform and development is far-reaching. It has received further impetus as a result of the recent Baby P inquiry in Haringey and Lord Laming's follow-up report.[100] The implications of this agenda are considerable for practitioners across the social care, education, health and welfare sectors and there is little doubt that children's services will continue to change in the coming years. We believe that the BHLP pilots highlighted some of the issues connected with wholesale change and we have already noted in this chapter the critical importance of there being clarity of vision, consistent messages, appropriate training and support and a willingness to think outside the box. We offer a number of further recommendations relating to the reform agenda.

> *RECOMMENDATION 13. If the primary aim is to offer support to families whose needs relate primarily to their being poor, it is questionable whether the implementation of BHLPs is the most appropriate response.*

[100] Laming, The Lord (2009) *The Protection of Children in England: A progress report*, TSO.

Most BHLPs in the pilot did not effect a shift in their practice as LPs beyond accessing a new budget which was set up by the DCSF for use by the pilots as a time-limited pump-priming fund. Many of them focused their endeavours on children and young people who live in deprived neighbourhoods and households, whose life chances were relatively limited as a result. They used the BHLP fund innovatively to purchase essential goods and services and to make a difference for those families, and we have recounted the benefits which accrued.

Lead professionals do not need to be trained to hold budgets if alleviating material deprivation is the main goal. Budgets could be pooled via top-slicing in order to ensure that money is always available to address poverty, alongside the social fund and charitable and social welfare provision. Small amounts of additional expenditure can result in significant benefits, but the designation of LPs as BHLPs is not necessary to deliver this kind of support. There are other mechanisms for improving the standard of living in multi-need families and other programmes in place. The role of BHLPs would seem to imply far more than purchasing household goods and services.

> *RECOMMENDATION 14. If the policy intent is to promote personalisation, the skills, knowledge and expertise BHLPs need have to be determined and appropriate training delivered to those willing to adopt a new approach.*

During the pilots, very little effort was made to match practitioner skills to the new programme. It may or may not be appropriate for all front-line staff in different sectors to take on the BHLP role, and it may constitute a specialist practice, targeted at specific client groups, for which highly experienced practitioners are selected and their workloads protected. These practitioners also need to be well-supported by administrative systems to minimise the risk that budget-holding will ultimately reduce the BHLPs' direct contact time with young people and their families because of increased caseloads and administrative procedures. Some EBHLPs told us that they no longer had sufficient time to focus on their direct work with families, and felt as if they were shifting their role too far.

Glendinning *et al*.[101] found that some practitioners regarded the focus on individual budgets as eroding their social work skills and fragmenting their core work. Some EBHLPs spoke of the increased job satisfaction to be gained by working in a different way and this was reflected in the study of Individual Budgets, but an element of dissatisfaction remained because of the increased workloads. Additional resources are necessary if budget-holding is to be a mainstream activity.

> *RECOMMENDATION 15. Personalisation and the empowering of users via the transfer of some of the control traditionally held by practitioners is a major step-change which requires a considerable culture change within and across agencies.*

While young people and parents in the BHLP pilots were grateful for the opportunity to share in decision-making and have a voice, there was very little evidence that they were empowered to take control or to play a meaningful role in decisions about the allocation of a budget. Challis noted that budget decentralisation needs to provide funding for 'a substantial amount of resource costs in order to prevent it simply providing a top-up fund for social care'.[102] This suggests that the amount of any devolved budget needs to be sufficiently large for it to provide a real opportunity to reshape service delivery,[103] and that budget-holders need to feel comfortable sharing the responsibility with family members for its use.

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[101] Glendinning, *et al*., *op. cit.*
[102] Challis, D. (1993) 'Case management in social and health care. lessons from a UK program', *Journal of Case: Management*, vol. 2, pp. 79-90.
[103] OPM (2006), *op. cit*.

There remains a significant challenge in realising the ambition that the child or young person and the family should be at the heart of the decision-making process about budgets. There may be some families who cannot or do not want to participate in this way, perhaps because of serious mental health issues, for example. But if more service users are to be empowered, the more traditional mode of engagement between practitioner and client may have to be abandoned in favour of more innovative professional relationships which allow children and families to personalise and shape their own support package and prioritise budget expenditure accordingly. Balancing the power between families and practitioners is frequently a challenging task and relinquishing some control to the young person or family implies that they need to be capable of understanding the budget-holding role and be supported by the BHLP in taking responsibility for shaping their package of support. The OPM literature review also indicated that service users need to be involved right from the beginning of interventions to be offered through devolved budget mechanisms, and practitioners need to avoid making pre-emptive judgements about the types of services which are required.[104]

There are clearly some important lessons to be learned from the evaluation of the Individual Budgets pilots about the training, support and administrative mechanisms that underpin a move towards personalised budgets. The evidence from all the research, including this evaluation of BHLPs, points to the complexity and enormity of the changes that need to be made.

> *RECOMMENDATION 16. Radical reforms in social care need to be implemented incrementally.*

The evaluation of BHLPs has demonstrated that the expectations for workforce reform are very ambitious and are likely to be met more effectively if incremental steps are taken. While BHLPs found it difficult to adopt a new role as budget holders overnight, they were able to mobilise changes incrementally: adopting the CAF, promoting multi-agency co-operation via TACs, learning about the menu of local services, and thinking about costs, value for money and allocation of budgets. Moving directly to BHLP practice proved to be a step too far.

Changes are being made across the entire system of social care, and children's services have been at the centre of sweeping reorganisation and of successive new programmes for children, young people and families. The culture of social care has to change dramatically in order to embrace the reforms in train. The evaluation has shown that, in order to increase capacity throughout the system, implementation of BHLPs needs to progress incrementally, thus enabling all the key building blocks to be put in place and supportive managerial and administrative frameworks to be established. Only then will the potential benefits of BHLP practice for children and young people be realised.

As long ago as 1993, Challis[105] highlighted the danger of not levering sufficient levels of change across all aspects of the organisations involved, which could result in very minor changes taking place that equate to the continuation of existing practice under a new name. We have been aware of this happening in previous evaluations in which services have simply been tweaked and the names changed to attract new funding. To some extent this was the case in BHLP pilots which grafted BHLP practice on to existing early intervention programmes. Not surprisingly, the policy intent was diluted and very little change was in evidence during the early months of the BHLP pilots. Some of the pre-existing programmes had already been tweaked several times and practitioners took the view that a new pot of money usually comes along to enable the work to continue. While budget-holding could

[104] ibid.
[105] Challis, *op. cit*.

have led to an intensification in multi-agency working, and greater progress towards extension into a market system, there was evidence that BHLP practice had simply been absorbed into existing practice, primarily because of the displacement activity of purchasing goods and household services during the first year. We are now aware that some of the BHLP pilots have migrated their BHLP programme into new initiatives such as the family pathfinders which commenced in summer 2008, not long after the BHLP pilots ended – evidence of the ongoing tweaking of activity to fit new budget streams.

Given the pace of change in children's services, it is hardly surprising that local authorities have looked for new funding opportunities to keep what they regard as effective services going. A rather more comprehensive approach to reform is needed if this practice is to change. The evidence suggests that a coherent design is needed, both nationally and locally, in which incremental change can occur in order to achieve a robust and lasting structure for the delivery of modernised services for children and young people with additional needs. The BHLP pilots appear to have helped managers and practitioners to develop an understanding of the steps that are necessary in order for them to make radical shifts towards needs-led provision and the achievement of the Change for Children agenda. Some pilots felt that some of the more difficult challenges still lay ahead, but that their experience of attempting to implement BHLPs had given them a head-start in finding effective solutions when they might arise and to them.

Concluding Comment

In Chapter 2, we discussed our research aspirations in respect of the evaluation of the BHLP pilots and the complex realities which presented extensive challenges for the pilots and for the evaluation. In the event, we were unable to meet all the research objectives, and our theory-of-change model enabled us to identify the weaknesses in the connections between inputs, activities and outcomes. The refocusing of a few pilots made it possible for them to remedy some of these weaknesses and consider the implications for and the potential of BHLP practice within children's services in the future. Our recommendations flow from the evaluation and from our observations of the ways in which BHLP practice was interpreted and operationalised.

At the final residential workshop attended by the pilots and all those who had worked with them, pilot managers described themselves as relentless warriors who were holding whole system change process in their hands. They regarded participation, leadership, communication and flexibility as key ingredients for empowering families and practitioners to link people with plans, expose and fill the gaps in service provision, drive commissioning and transform financial processes. Not only do structures have to change to achieve the overall vision, but so also do processes and practices within and beyond children's services. The managers were optimistic that the way forward was much clearer at the end of the pilots than it had been at the beginning. Although it had not been possible to demonstrate the cost-effectiveness of BHLP practice, the commitment to making radical changes throughout children's services had been strengthened.

Annexe 1 - The Quantitative Study

In this Annexe, we provide additional details of: the quantitative analyses of both the original and the refocused BHLP models; the methods used to sample children and young people; analyses that were planned but not performed because of lack of adequate data; and the capture of school attendance and cost data. We also provide additional details of the methods we used in evaluating the impact of BHLPs on the NEET status of young people in Hertfordshire.

Sampling of Children in BHLP Pilots

The numbers of children allocated to a BHLP varied between 53 and over 800 across the 16 pilots. To simplify data collection, we sampled from pilots who had undertaken more than 60 cases (all the pilots except Leeds and Trafford). Poole had expended considerable effort collecting data on the first three months' cases and we agreed to accept these as the sample in this case. For the other pilots, we attempted to obtain a complete list of BHLP cases from each pilot. We accepted records that appeared to be complete at November 2007; some pilots took a number of months to supply us with the necessary data. We attempted to exclude children who had been allocated to a BHLP after December 2007, but owing to the limited records available this was not always achieved. We checked the size of these lists against activity reported by pilots to the DCSF in their bi-monthly reports. This revealed the existence of a number of unreported cases in Knowsley that had been processed by local offices. We had no means of collecting data on these cases and had to ignore them. Our check also revealed some poor record-keeping in Redbridge and Gateshead.

We randomly selected 50 cases from the lists of children allocated to a BHLP in each pilot. The DCSF guidance suggests that children should be allocated to a lead practitioner only if they are in need of services from more than one agency. However, we found little evidence of multi-agency intervention in some BHLP cases, and in many others the multi-agency involvement was ambiguous. Nevertheless, we decided not to exclude cases that may not have met the DCSF criteria for allocation of a LP.

Sampling of Children for our Evaluation of EBHLP Practice

Ideally, for our study of EBHLP practice, we would have included all the children and young people who were assessed during a specified time period and who met the inclusion criteria. In practice, however, the pilots selected EBHLPs and EBHLPs subsequently selected their own cases. We were unclear precisely how children were assigned to an EBHLP, but it appeared that the EBHLPs were given access to a significant budget and allowed to select children they thought would benefit from it. In the comparator areas a sample of children allocated to an LP was selected by the local authorities contributing data and was made up, predominantly, of prospective cases with an assigned LP.

Planned Analyses

Prior to data collection, we had planned several analyses which we could not carry out owing to the paucity of adequate data. As a primary outcome, we had planned to evaluate the child's total score on the Strengths and Difficulties Questionnaire (SDQ).[106] The SDQ is a behavioural screening instrument and functions well in detecting emotional, conduct, attention deficit and hyperactivity disorders. The questionnaire contains 25 items based on

106 Goodman, R. (1997) 'The Strengths and Difficulties Questionnaire: a research note', *Journal of Child Psychology and Psychiatry*, vol. 38, pp. 581-6, http://www.sdqinfo.com/

four symptom scales (conduct, hyperactivity, emotion and peer problems) yielding a total difficulties score. This score represents the extent of behavioural and emotional symptoms. The standard version is appropriate for children aged 4-16. A separate questionnaire, with slight modifications to some of the questions, is available for 3- to 4-year-olds.

We planned to evaluate school attendance for 5- to 16-year-olds and NEET status for 16- to 19-year-olds, as secondary end-points. As a measure of process, we planned to evaluate the speed of service delivery: time in days between assessment and delivery of first intervention (excluding goods). We planned to use multivariable models that adjusted for gender, age, ethnicity and whether the child had a disability or a statement of educational needs, and to perform separate analyses of expenditure on goods and services. However, the planned analyses were limited by the availability of data. The only covariate with sufficient data for it to be included in the analysis of refocused BHLP practice was gender. In the main analysis, outcomes were analysed using linear regression to relate the outcome to the amount of expenditure from the BHLP fund and from statutory / voluntary services, adjusting for the value of the outcome at assessment. In the analysis of EBHLP practice, linear regression was used to relate outcomes to whether the child was allocated to an EBHLP or LP, adjusting for the value of the outcome at assessment and, additionally, for the total amount of funding spent on the child. The regression model for the main analysis is shown below:

Absences (%) term prior to review ~ Absences (%) term including assessment date + age + expenditure from BHLP fund + statutory expenditure

While, superficially, it might appear that the regression models should relate change in school attendance to the amount of funding (and socio-demographic characteristics), such a model has been shown to result in biased estimates of the effect of any intervention, and the method recommended to avoid this problem is to include the initial value of the outcome as an explanatory variable. This method means that we are allowing for the probability that change in school attendance may depend on the initial level of school attendance: for example, children who have a low level of school attendance have much greater scope for improvement in attendance than those who initially have a high level of attendance.

Residuals were plotted against both fitted values and the relevant covariate, and plots were visually assessed for any systematic pattern. This allowed assessment of whether the outcome data were normally distributed and homoscedastic. A quadratic term in expenditure was added to the model and tested for significance to assess whether the relationship between attendance and expenditure is linear or whether it would be better described by a quadratic model. Sensitivity analysis was performed, removing the most influential observations. These were identified by the diagonal elements of the hat matrix. We also planned sensitivity analysis and assessment of goodness-of-fit of the final models, but these analyses were not performed as it was judged that the poor quality of the data did not justify such sophisticated analyses: bias was more likely to result from inadequate data than from inappropriate modelling.

Availability of Outcome Data from BHLP Pilots

The availability of SDQ, school attendance or NEET status at both assessment and review is summarised in Table A1.1. The SDQ scores at assessment and review were available for only 18 (2%) children from one pilot. Although Hertfordshire focused its BHLP practice on 16- to 19-year-olds and reported the NEET status at assessment and review of 88 per cent of the young people who received services/goods purchased from BHLP funds, NEET status was available for only one young person outside Hertfordshire. We therefore abandoned our plans to analyse SDQ and NEET status across the pilots as a whole. The quality of data we received from pilots prevented any assessment of the speed of service delivery.

Table A1.1 - Numbers of children/young people for whom data on outcomes were available at both assessment and review

	SDQ		School attendance		NEET	
Pilot	*number*	*%*	*number*	*%*	*number*	*%**
Blackpool	0	0	20	40	0	–
Bournemouth	0	0	4	8	0	0
Brighton	0	0	14	28	0	0
Derbyshire	0	0	16	32	0	0
Devon	0	0	25	51	0	0
Gateshead	0	0	0	0	1	10
Gloucester	0	0	27	54	0	0
Hertfordshire	0	0	0	0	37	88
Knowsley	0	0	36	72	0	0
Leeds	0	0	17	31	0	–
Poole	18	34	22	42	0	–
Redbridge	0	0	0	0	0	–
Telford & Wrekin	0	0	29	59	0	0
Tower Hamlets	0	0	0	0	0	0
Trafford	0	0	0	0	0	0
West Sussex	0	0	0	0	0	0
Total	18	2	210	26	38	46

* Expressed as percentage of total number of 16- to 19-year-olds.

Availability of Demographic Data from BHLP Pilots

Age at assessment was available for only 500 (62%) of the children: the median ages of these children ranged from 5 (IQR: 3 to 13) in Brighton to 17 (IQR: 17 to 18) in Hertfordshire. Eighty-three children (17%), 42 of whom were in Hertfordshire, were over 16. Gender was available for 83 per cent of the children, about half were boys. Ethnicity was available for 72 per cent, 80 per cent were white British. Disability was available for 45 per cent, 16 per cent were disabled. Data on whether the children had a statement of educational needs was available for 62 per cent of the children in 12 pilots; 10 per cent of these children had such statements (Table A1.2).

Table A1.2 - Demographic data available for children and young people with a standard BHLP

Local authority	Age				Gender		Ethnicity		Disability		Statement of educational needs	
	no. (%)	*median*	*IQR*	*n**	*no. (%)*	*%male*	*no. (%)*	*%white*	*no. (%)*	*%disabled*	*no. (%)*	*%SEN*
Blackpool	31 (62)	6	3– 12	0	42 (90)	53	47 (94)	94	36 (72)	17	48 (96)	10
Bournemouth	50 (100)	5	2– 10	2	50 (100)	50	47 (94)	89	42 (84)	10	1 (2)	100
Brighton	45 (90)	5	3– 13	8	38 (76)	45	0 (0)	–	1 (2)	100	50 (100)	2
Derbyshire	20 (40)	16	13– 17	9	48 (96)	65	35 (70)	97	23 (46)	43	50 (100)	6
Devon	20 (41)	10	8– 15	1	35 (71)	54	28 (57)	93	24 (49)	17	44 (90)	16
Gateshead	44 (88)	6	2– 16	10	26 (52)	54	22 (44)	95	0 (0)	–	0 (0)	–
Gloucestershire	37 (74)	10	8– 14	2	50 (100)	52	48 (96)	98	0 (0)	–	48 (96)	21
Hertfordshire	50 (98)	17	17– 18	42	50 (98)	50	50 (98)	78	29 (57)	10	50 (98)	6
Knowsley	45 (90)	9	6– 12	1	24 (48)	38	15 (30)	80	23 (46)	0	24 (48)	8
Leeds	54 (98)	6	3– 12	0	50 (91)	40	50 (91)	62	1 (2)	100	50 (91)	0
Poole	28 (53)	11	7– 12	0	50 (94)	46	51 (96)	92	50 (94)	8	0 (0)	–
Redbridge	1 (2)	8	8– 8	0	46 (92)	54	45 (90)	36	47 (94)	30	0 (0)	–
Telford & Wrekin	30 (61)	14	12– 15	3	45 (92)	60	39 (80)	92	24 (49)	8	49 (100)	10
Tower Hamlets	11 (23)	12	11– 13	1	36 (77)	83	37 (79)	41	9 (19)	11	38 (81)	16
Trafford	1 (2)	20	20– 20	1	54 (95)	52	44 (77)	77	35 (61)	20	54 (95)	13
West Sussex	33 (67)	12	8– 15	3	24 (49)	75	23 (47)	91	21 (43)	10	0 (0)	–
Total	500 (62)	10	5– 15	83	671 (83)	54	581 (72)	80	365 (45)	16	506 (62)	10

Notes. IQR= inter-quartile range; *number of young people aged 16-19.

Availability of Demographic Data in the Refocused BHLP Model of Practice

Gender was available for most of the children in the EBHLP and the comparator samples, but other demographic characteristics were not: age was available for only a quarter of children allocated to an EBHLP; ethnicity was available for only a quarter of the comparator group; information relating to a statement of educational needs was available for very few children in either sample (Table A1.3). Therefore, in the analysis, we could adjust only for gender and we were unable to adjust for other baseline demographic factors, as we had planned.

Table A1.3 - Demographic data available for children and young people in the refocused EBHLP sample and the comparator areas

Local authority	Age			Gender		Ethnicity		Statement of educational needs	
	no. (%)	*median*	*IQR*	*no. (%)*	*%male*	*no. (%)*	*%white*	*no. (%)*	*%SEN*
EBHLPs									
Devon	3 (50)	16	15–16	6 (100)	50	6 (100)	100	0 (0)	–
Gateshead	0 (0)	–	–	2 (50)	50	1 (25)	100	0 (0)	–
Gloucestershire	0 (0)	–	–	8 (100)	25	4 (50)	75	0 (0)	–
Telford & Wrekin	9 (39)	8	5–11	21 (91)	38	17 (74)	88	0 (0)	–
Trafford	0 (0)	–	–	5 (83)	60	5 (83)	0	4 (67)	80
West Sussex	3 (19)	11	7–16	16 (100)	44	8 (50)	100	3 (19)	67
Total	15 (24)	11	5–15	59 (94)	41	42 (67)	86	8 (13)	75
LPs									
Swindon	0 (0)	–	–	7 (88)	43	4 (50)	75	0 (0)	–
Shropshire	21 (100)	13	8–15	19 (90)	47	3 (14)	67	0 (0)	–
Total	21 (72)	13	2–17	26 (90)	46	7 (24)	71	0 (0)	–

Note. IQR = inter-quartile range.

Collection of Attendance Data

The school terms we chose to examine were the term prior to that in which the assessment date fell, and the term including the review date. These were chosen to ensure that the same term was not chosen for assessment and review, and that the assessment term did not include days after the commencement of the intervention. Where assessment or review dates fell in a holiday period the appropriate prior term was used. We supplied pilots with a list of the children and school terms for which we needed information. The response was mixed and four pilots were unable to supply us with any attendance data. Consequently, we sought to access the data from the National Pupil Database, via DCSF. If the date of review was not available, it was imputed by adding to the date of assessment the median length of time between assessment and review for children in the same LA. School attendance data in the term before assessment and in the term that included the review date were then obtained by matching BHLP children to records with the same month and year of birth and postcode on the National Pupil Database. If these data were not available, school attendance data submitted by LAs were used, if available.

Generation of Costs

We attempted to estimate the extent of all service provision for each child allocated a BHLP from a thorough reading of all available data (generally limited to the CAF and sometimes multi-agency meeting records). We adapted and developed the work undertaken by the OPM[107] in which it calculated the hourly costs of a number of professionals providing services for children. These cost estimates fell between £33 and £45 per hour. We assumed that a typical professional spent 50 per cent of their time in face-to-face contact

with clients, and applied a tariff of £80 per hour to our estimates of the contact time each professional had with a child. Non-professionals were costed at £40 per hour. In most cases we had records of the costs of goods and services from the BHLP budget. Where costs were missing we estimated them.

For the main analysis we ignored the costs of the lead professionals' time as this could not be assigned to either statutory services or interventions from the BHLP budget. These data were captured for the analysis of the refocused model of BHLP practice through the use of a time diary which was incorporated into the Service and Activity Logs. In the few instances where this was not completed we assumed time costs were zero. In addition, we used an estimate of £200 for the cost of multi-agency meetings in the analysis of EBHLPs.

Evaluation of the Impact of BHLPs on NEET status of young people in Hertfordshire

Data Capture

Three Unitary Authorities were excluded from all analyses: the City of London, which only reported separately to Tower Hamlets after April 2006; Kennet & Salisbury; and the Isles of Scilly, which ceased reporting as a separate authority from April 2006.

Primary Endpoint: Definition of NEET

The Labour Force Survey defines young people as NEET if they are not in full-time education, Government sponsored training, or employment (with or without training). This definition therefore includes unemployed people, informal carers of both adults and children, people in part-time education (but not those in part-time work) and others not active in the labour market. The Connexions guidelines for defining NEET status are broadly similar but exclude young people in custodial institutions, in part-time education or in gap years, and refugees not currently granted residency.

Statistical Modelling

We used a regression model to try to understand the factors that might influence percentage NEET. A regression model is a mathematical model which models how one thing (%NEET) changes when another thing (e.g. time of year, or start of BHLP) changes. Regression models are very widely used in statistics.

Our regression model related percentage NEET to the following:

Time. We found that, on average, percentage NEET was gradually falling over time in all LAs in England. It was very important to allow for this trend over time. If we had not allowed for it, we might not have attributed the fall in percentage NEET in Hertfordshire to the start of BHLP practice there.

The month of the year. Percentage NEET depended on the month of the year, mainly because a new cohort of teenagers joined the job market every September, and between September and November most of them usually found work or enrolled on a training course. It was very important to allow for this seasonality. Again, if we had not allowed for it, we might have attributed the fall in percentage NEET in Hertfordshire between October and December 2006 to the start of BHLP practice there in November 2006.

BHLPs. This was what we were really interested in. BHLPs started working in Hertfordshire in November 2006, but not in any other LA. We could allow for this in the model and examine whether the start of BHLP practice was associated with a change in percentage NEET, after allowing for the trend and seasonality. We found that trend and seasonality together could completely explain the fall in percentage NEET in Hertfordshire between October and December 2006.

Our regression model different slightly from most regression models in one respect. A standard regression model would have assumed that the percentage NEET in an LA in any one month was not related in any way to the percentage NEET in other months. We knew this was wrong - we knew that in any LA, the percentage NEET in one month was almost certainly very similar to the percentage NEET in the month before and the month after, because most of the young people who were NEET in any one month would also be NEET in the month before and/or the month after. This similarity between percentage NEET in successive months is called auto-correlation. If we had not allowed for it, we could have either overestimated or underestimated how strongly percentage NEET was associated with other factors.

In interpreting a regression model, it is important to remember that even if two things are statistically correlated this does not mean that one of them causes the other. We cannot make inferences about causality unless we have a great deal of other evidence.

Annexe 2 - Expenditure from the BHLP Fund by Item on BHLP Sample

In this annexe, we list the goods and services BHLPs purchased from the pump-priming fund provided by DCSF, indicating the frequency of purchase of each item. Where no numbers are given, the item was purchased for just one child in the sample.

nursery (50)
counselling (41)
clothes (37)
transport (34)
childcare (34)
taxis (29)
school uniform (24)
washing machine (23)
bedding (22)
carpet (22)
furniture (20)
bed (19)
cooker (19)
Relateen (19)
self-esteem course (14)
bus pass (13)
bed and bedding (12)
teaching assistant (11)
food (10)
household goods (10)
swimming lessons (10)
activity holiday (9)
bedroom furniture (9)
flooring (9)
mattress (9)
Woolworth's vouchers (9)
brief therapy (8)
fork lift truck course (8)
rent arrears (8)
toys (8)
tumble dryer (8)
food vouchers (7)
fridge-freezer (7)
gym pass (7)
laptop (7)
sessional worker (7)
anger management course (6)
cinema tickets (6)
holiday (6)
parent education (3)
rock school (6)
school escort (6)
school meals (6)
wardrobe (6)
activities (5)
after school club (5)
buggy (5)
cot (5)
CSCS card course (5)
curtains (5)
driving taster (5)
go-karting (5)
HALT –working with animals (5)
PC/laptop (5)
rent advance (5)
school bag and equipment (5)
stair gates (5)
summer activities (5)
swim tickets (5)
birth certificate (4)
books (4)
bus fares (4)
dance classes (4)
decorating materials (4)
firescape (4)
football club (4)
fridge (4)
goods (4)
high chair (4)
holiday club (4)
horse-riding lessons (4)
leisure centre pass (4)
mobile phone (4)
NLP anger management (4)
pest control (4)
play scheme (4)
residential trip (4)
table and chairs (4)
white goods (4)
alarm clock (3)
bicycle (3)
bond advance and rent (3)
breakfast club (3)
bunk beds (3)
decoration of family home (3)
double buggy (3)
driving lessons (3)
football boots (3)
freezer (3)
holiday activities (3)
house cleaning (3)
housing deposit (3)
martial arts classes (3)
pamper days
removal costs (3)
repairs to windows (3)
special tuition at school (3)
swimming passes (3)

trainers (3)
travelcard (3)
Young Anglers project (3)
activity voucher (2)
additional education programme (2)
aromatheraphy (2)
ballet lessons (2)
beauty care course (2)
bed and mattress (2)
Boredom Busters (2)
Boyz2MEN programme (2)
child safety equipment (2)
cleaning (2)
day trip (2)
duvet (2)
education activities (2)
Fairbridge (2)
family group conferencing (2)
garden equipment (2)
guitar (2)
guitar lessons (2)
holiday play scheme (2)
housing set-up costs (2)
kick boxing lessons (2)
kitchen equipment (2)
leisure (2)
lifeguarding course (2)
lunch money (2)
maternity clothes (2)
meal out (2)
Mentoring Programme (2)
microwave (2)
motivation to continue studies (2)
moving costs (2)
phoenix service (2)
play therapist (2)
safety equipment for baby (2)
sofa (2)
summer sports camp (2)
swimming costume (2)
theory test fees (2)
trampoline (2)
transition programme (2)
vacuum cleaner (2)
one-to-one sessions
one-to-one work from runaways prevention service
A' project
After-school activities, new
Aikido
Aldershot five-day residential camp
Argos vouchers
art materials
art session and dinner
Asda voucher (clothes)
autism support (charity)
AXS membership card
B&B for three weeks
baby bottles
baby monitor
bathsheets
beauty course kit
bedguard
blinds/curtains
block paving course
bookcase
booster cushion
boots and overalls
bowling trip
brief therapy
Brownie summer camp
Brownie uniform
buggy board
buggy board
camera
camping bed
car bills
car seat
caravan (holiday)
CBT for dad
CD-ROM and child-proof gates
Christmas/New Year costs
clubs/activities
college fees
college kit
college registration fees
college travel expenses
college uniform
computer
confidence workshop
construction course
construction kits
cooking courses
corner unit
course study materials
craft classes
craft materials
crèche - approved but not spent
crisis loan and food
crockery
cycle work stand to establish cycle maintenance workshop
day care with one-to-one worker
deposit for flat
dishwasher parts/plumbing
dog-training lessons
domestic help
doorperson’s workshop
doors to be replaced
drawers and child’s furniture

driving theory programme
DVD player
Educare
electrician (washer repair)
emotional literacy, nursery
equipment for child
equipment for hospitality course
ESOL classes
essential repairs
eye test
eye test and coloured lenses
family holiday
family outing
family swimming activity
family ticket for Oceanarium
fence
financial support
fireguard
fishing equipment
fishing session
fitting gas cooker
football and swimming
Frontiers craft-based workshop
funding for 'Women Feeling Fine' course
Funzone activities
garden clearance
garden gate
garden shed and base
gas meter token
Gateshead YWP support
general household
glasses
Go Ape – Forest of Dean and museum entry
gym sessions
hairdressing kit
Hartpury (College) taster
Hartpury College rugby master class
health and safety course
help with mum's drinking
home help for household chores
home improvements
home safety improvement
housing benefit shortfall
hypnotherapy
IT course (Learn Direct) plus transport
junior golf set
karate lessons
key worker one-to-one support
keyboard lessons
kitchen door and lock
kitchen fitting course (five-day residential)
LADS project
lamp
language group
learning assistant
learning materials
learning mentor
Legoland trip and parenting course
Littledown crèche
lunchtime supervision, 8 weeks
maintenance of fire sprinkler
materials for painting and decorating
mentoring sessions (10)
money
money for fuel bill
money for holiday activities
mower
nail treatment
nappies
NCH support worker
notice board
out-of-school club
outreach support
overnight respite care for mother
painting and decorating course
parenting support (6)
passport
pedometer
personal items
petrol
phone credit
physio
plastering bedroom
plastering course
potties
private tutor
Pynes holiday scheme
raise garden fence
referral to Safehands for respite
refreshments
repair conservatory roof
respite childcare
respite holiday care
restraint course
rock climbing
safety gates
Saturday art course
school support worker
school trip
sea cadets
Seasons for Growth programme materials
self-defence
shoes
shower facilities
signing skills
sleeping bag
soccer school
sofa bed
software

solicitors' fees
special therapy after sight loss
specialist buggy
speech/language therapy
storage boxes
summer music activity
supervision of cleaning placement
support at college
support at Highfields Farm plus transport
support at school with eczema
support for carer
support worker in nursery
swimming and trampoline sessions
tape recorder
tennis coaching from TA
theatre sessions
tinted glasses for reading
TNG course
toilet trainer
toiletries
towels
Trafford Locks and Connexions work
transition to apprenticeship at FE College
travel cot
Triangle (healing/counselling)
trips out
trip to Weston-Super-Mare
tutoring
TV licence
utilities
visit to a wildlife park
vouchers for school equipment
waste disposal
weekly food for 20 weeks
Wessex Autistic Society Respite Service
WEX workshop and placement
wheels to work scooter
Whitegates College sessions plus transport
winter coat and shoes
Woodcraft Folk sessions
work clothes
worker registration
YHA Do It For Real summer camp
YMCA confidence building course
zoo pass

Annexe 3 - Profiles of the Children and Young People in the Interview Sample

In this annexe we provide a brief pen picture of the children and young people in the interview sample. An asterisk indicates that we also interviewed at least one parent; a double asterisk indicates that we were unable to interview the child or young person directly, but discussed the case with the E/BHLP.

Ayesha (14) lived with and cared for her grandmother; several siblings did not live with her. Her family background was unsettled and violent. Ayesha was increasingly becoming involved in violent incidents at school, and was at risk of exclusion.

*Barry******* (12) *and Will******* (7) lived with their mother, who suffered from mental health problems, and an older sister (15). They had a troubled family background and the family struggled financially. They were involved with social services, educational psychology and health services. Barry suffered from epilepsy and was becoming disruptive at school.

Brian (8) lived with his mother, who suffered from a debilitating illness. They had a good relationship, but had previously lived with domestic violence for some years and Brian struggled to form relationships with his peers and to control his aggression. He showed delayed emotional and social development. The household often had financial problems, and were involved with the family support team and child and family psychological services.

*Daniel****** (14) was diagnosed with ASD, and had communication and behaviour difficulties and limited speech. He lived with his mother, father and sister. He attended a special school, and the family were involved with health services and Connexions. There were concerns about his social skills and his ability to interact with friends, as well as his inappropriate behaviour. The family were close, although his parents' relationship was under some strain. Both parents were unemployed and they cared for a sick grandparent.

David (12) had recently moved to a new house with his parents and four siblings. He had a SEN statement and was diagnosed with ASD and ADHD. There were concerns about his extreme violence and uncontrollable behaviour, which put both him and his siblings at risk. His mother had severe mental health issues. The children's behaviour had led to conflicts with the neighbours and the family were involved with a number of statutory services - social services, the YOT, education welfare and the Housing Department.

Esther (17) had been referred to a BHLP through the midwifery service when she had become pregnant. She and the child's father were in a steady relationship and she was staying with a relative but seeking her own accommodation. Esther was in receipt of benefits and there were concerns about her ability to furnish a home and make it safe for an infant.

Eva (14) had recently returned from her father's house to live with her mother and younger sister (8). She was seen as having a good relationship with her mother but not with her non-resident father. Concerns were raised initially in respect of her poor school attendance and aggressive behaviour, although she was academically able. There were also concerns about her inappropriate and abusive relationship with an older boy and her substance use.

*Fern******* (15) - case study in Chapter 10.

*Frank** (12) lived with his father, mother and two sisters (12 and 16) in their own house. The family had strong relationships. Frank had delayed development and a SEN. Concerns had been raised at his special school about his speech, his weight and diet, and his personal hygiene regimen. The BHLP described the family as having financial difficulties.
*Grant** (4) lived with his brother (2) and his mother, who was pregnant. He had recently been diagnosed with a complex disability and the family were involved with a number of agencies including the local Children's Centre and social services. Concerns had been raised about childcare provision when Grant's mother had needed to be admitted to hospital for the birth of her baby, about her ability to understand and cope with Grant's condition, about the potential impact of this on his siblings, and about safety issues in the home.

*Jake*** (7) was causing concern as a result of his inappropriately sexualised behaviour and poor social skills.

*Jamie** (2) lived with his parents and younger sibling. His father had been made redundant and was in poor health, and his mother was unemployed. While Jamie's parents were encountering delays in their claims for benefits, the family were struggling to cope with escalating debt, and it was felt that the children lacked opportunities and facilities for safe play in their environment. Jamie's mother and father were perceived as having many strengths as parents, although their own relationship appeared to be under strain.

Jason (age not known) lived with his mother and elder brother. The family had experienced extreme domestic violence and were facing financial difficulties. The household was perceived as being extremely chaotic, and the children were potentially at risk from their father.

Jez (6) lived with his father, mother and sister. The family were not involved with any services and were considered to be stable, with good relationships. They had recently returned from living overseas. Jez was felt to be too demanding and was not interacting well at school.

Justine (12) and *Jo* (14) shared a bedroom with their two sisters (5 and 8). They lived with their mother, her partner, and two brothers (1 and 15). Some relationships within the family were troubled, and the family struggled financially. The girls' father had died the previous year. Both sisters had been involved in incidents of bullying and had been bullied at school. There were concerns about their self-esteem and confidence. Justine had been involved in an incident of arson at the school, and there had been some conflict with a neighbouring family.

Kevin (9) lived with his mother and younger siblings near to members of his extended family. He had begun to display problematic behaviour at school and was walking out of school. Kevin's mother was not in employment; she had a history of mental health and substance misuse problems, and had very limited literacy. Prior to their referral to a BHLP, the family had been involved with social services following significant child protection concerns relating to Kevin.

Kieran (13) and *Jed* (16) - case study in Chapter 10.

Maria (19) had been referred to a BHLP through the midwifery service when she had become pregnant. She and the child's father were in a steady relationship and she was about to move into her own accommodation. Maria was in receipt of benefits and there were concerns about her ability to furnish a home and make it safe for an infant.

Molly (8) - case study in Chapter 10.

Mona (11) lived with her mother and father. She was being treated for cancer and had become somewhat withdrawn and less sociable than she had been previously. She had fewer friends than before her illness. The family were involved with the medical services.

*Morten** (14) lived with his mother, her partner and their two sons. He was not attending school, and had begun to self-harm and display violence at home. The family had some health difficulties, and his step-father suffered from depression. Discipline was not effective within the home. Morten's biological father lived nearby, and Morten still saw him regularly. There were some concerns that this relationship was exacerbating Morten's use of cannabis. He was seen as keeping inadvisable company and had started getting into trouble in his neighbourhood. When referred to the BHLP he had been placed on the waiting list for social care services and had been diagnosed with ADD.

Paul (15) lived with his mother in a council property, which was in a fairly poor state of cleanliness and repair. Between the referral to the BHLP and our interview, Paul's older sister had left the household to stay with a private foster carer. Paul's mother suffered from mental health problems and was not in employment. She struggled with debt, and the household had been characterised by a high level of argument and violent behaviour between the siblings. Paul had a poor school attendance record and was involved in antisocial behaviour. He was at risk of being taken into care. The family had a social worker and a history of crisis intervention. They had previously been involved on a short-term basis with a local Family Intervention Project.

Pete (16) and his sister had recently moved in with their mother and her partner, following the death of Pete's father, with whom they had lived previously. Pete was staying out late without informing anyone where he was, and had taken to gambling. The bereavement, and the troubled internal relationships in the new household, were having an impact on Pete's performance and behaviour at school.

Robert (15) - case study in Chapter 10.

*Roy** (10) lived with his parents and sister and had been referred by the special school that he attended. The family were seen as having strong relationships, but his parents were struggling to cope with his uncontrollable behaviour, their own mental health problems and financial difficulties. The family home was in some disrepair, some of it due to Roy's behaviour.

*Simon** (5) had recently been diagnosed with a genetic degenerative condition and had lost many cognitive and motor skills. He lived with his mother, father and brother in their own house. His father was self-employed. The household were perceived as loving, stable and fully able to provide good care for Simon, and they were involved with various education and health services. There were some concerns about the impact on Simon's parents and brother of coping with his care.

Tamsin (12) - case study in Chapter 10.

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