RESEARCH

Targeting Preventative Services for Children: Experiences from the Children's Fund

The National Evaluation of the Children's Fund

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Targeting Preventative Services for Children:

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The National Evaluation of the Children's Fund (NECF) ran from January 2003 to March 2006. A large number of people were involved in a variety of ways. Here we list members of the team who worked on either part-time or full-time bases during the thirty-nine months of the evaluation.

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Executive Summary

The Children's Fund was set up in 2000 in all 150 local authorities in England, in order to target children and young people aged five to 13 years considered to be at risk of social exclusion.

Ensuring adequate and accessible early intervention services for young children and their parents represents a key focus of the social inclusion agenda, given added impetus by the Green Paper, *Every Child Matters* (DfES, 2003), and the subsequent Children Act 2004. Given this current policy drive it is timely to consider the application and targeting of the Children's Fund in order that future initiatives might benefit. In particular the experiences and learning of local partnerships has the potential to inform the first 'cycle' of joint planning and commissioning within the new children's trusts arrangements (HM Government, 2006).

This report therefore:

- explores the development of the rationales for the chosen implementation strategies of local Children's Fund partnerships;
- examines different approaches to targeting adopted at a local level;
- considers the data sources utilised, including statistical databases as well as a range of additional, supplementary evidence;
- highlights factors that constrained targeting approaches; and
- illustrates how such approaches changed.

Methodology

26 local Children's Fund partnerships were investigated, of which sixteen were NECF case study sites. The rest were chosen purposively in order to include the full range of targeting approaches adopted by partnerships.

In analysing each partnership we were able to draw upon:

- Initial implementation plans submitted by the local partnerships to the DfES
- Updates of summary information of the plans made by the partnerships
- Telephone interviews with programme managers conducted in summer 2003
- Final implementation plans submitted by the local partnerships to the DfES
- Local evaluation reports and other documentary information (where available).

For the sixteen case study partnerships strategic stakeholder and service provider interview data was also utilised.

Targeting bases and their rationales

Children's Fund partnerships demonstrated considerable diversity in the range of targeting strategies adopted across partnerships, mirroring the desired flexibility implicit in the *Guidance*. Five main approaches are identified, with most partnerships incorporating elements of each.

1. Geographical targeting

The identification of geographical areas was a focus for targeting in most partnerships. Choices of area units were driven by a range of criteria, including:

- the availability of data through which to identify and target specific or multiple needs;
- perceived 'conditions for success' within the chosen areas;
- a perception of area as an appropriate basis for implementation and operationalisation of the programme; or
- to allow for innovation, experimentation and subsequent learning.

2. School targeting

Although rarely the explicit basis for targeting, schools represent an important element of the approaches of our case study partnerships.

- Schools were chosen as the basis for targeting particular needs or delivering specific types of services.
- School-based data provided proxy indicators for area targeting or identifying pockets of need at sub-ward level.
- Schools were perceived to be an appropriate site for hosting preventative provision given the ease of access by the community and universal use amongst five to 13 year olds.

3. Targeting by social group

Two general approaches to the targeting of social groups can be identified:

- Firstly, target groups or issues are defined on the basis of recognised risk and protective factors.
- Secondly, groups considered most at risk of social exclusion were identified in order to address the multiple needs of such groups.

A variety of rationales for such targeting were suggested by partnerships.

- Vulnerable children with particular needs do not always live in targeted areas.
- Partnerships sought to avoid 'postcode lotteries'.
- A focus on areas does not reach children with specific problems (such as mental health problems).
- Partnerships sought to maximise impact given limited time and resources.
- Existing preventative strategies were further developed.
- Particular 'hard to reach groups' were identified.

Target groups are not always easily defined and standardised definitions are at times ineffective in identifying those with particular needs. Classifications also referred to problem issues where the connection to social groups is less clear cut (e.g. bullying, behavioural difficulties). Both definitions and identifications of a target group are more difficult in this context.

4. Targeting by model

Some targeting approaches can be seen to start from a particular understanding of what is to be funded, or what constitutes or is necessary for preventative provision. Three ways in which partnerships have applied a 'model'-based approach to targeting are apparent.

- Targeting and planned delivery based on understandings of prevention which required an analytical model to identify risk and shape effective responses.
- An approach designed to create the infrastructure necessary to build preventative services.
- Targets based on the delivery of generic responses were seen to be applicable to a variety of identified needs, rather than tailoring specific services to each need.

5. Identifying and targeting individuals: access and referral

The Children's Fund Guidance required identification, referral and assessment systems to be developed. The importance of flexible informal access and self-referral to reduce the stigma associated with service use was also emphasised by local partnerships, with innovative ways of securing referrals suggested.

In some areas Children's Fund money has been used to develop formalised IRT processes and databases. There is also evidence of the development of particular

aspects of service provision that allow for the identification and engagement of those 'at risk'. In particular we identify the importance of accessibility, multiple referral routes and non-stigmatising provision, in contrast to individualised targeting.

Strategic objectives

Approaches to targeting were not only intended to ensure appropriate delivery of services but to also achieve other more strategic objectives, including complementing pre-existing initiatives, the maximisation of opportunities for learning, or sustainability and mainstream influence. This affected which of the types of targeting approach was adopted – singularly or in combination.

The Children's Fund Guidance provided local programmes with the incentive to undertake several key components of a preventative agenda, including:

- the creation of strategic partnerships involving a range of statutory agencies as well as voluntary and community sector representation;
- the funding of programmes of provision, as opposed to stand alone services, presented by some as attempts at 'holistic support';
- community capacity building in order to enable the full participation of the voluntary and community sectors; and
- consideration to appropriate commissioning structures and processes.

The use of evidence in targeting strategies

Three broad uses of data in establishing a targeting strategy are apparent:

- to identify priority target areas, groups or approaches;
- to gain an in-depth understanding of the particular needs within these priority areas; and
- to develop or commission services appropriate to these needs.

A diverse range of data was employed in both deciding upon and implementing a targeting strategy. Although the distinctions between them are often blurred, five major types of evidence may be discerned. Partnerships employed elements of each, but with different emphases.

1. Quantitative data

In the majority of cases quantitative data was used to identify geographical areas and heavy reliance was placed on Index of Multiple Deprivation ward aggregates (although other locally available indicator data was also used).

Such data is used with the aim of targeting larger aggregates containing a concentration of children and young people 'at risk'. However, groups or individuals at risk of social exclusion to whom preventative measures might be addressed are not directly identifiable from such data and there may be dilution of impact if aggregate data is the main source on which targeting decisions are made.

It appears that partnerships faced practical, technical and conceptual problems in accessing and applying appropriate evidence in reaching decisions about targeting. These difficulties are not exclusive to the Children's Fund.

- Confusion regarding risk and protective factors appears commonplace in local planning, with the complexities of risk factor analysis not always recognised. Data is used because it happens to be available although it is often tangential to any risk or protective factor highlighted.
- Rather than enabling targeting of particular individuals on the basis of particular risk factors, a generalised and aggregated understanding of risk led to the targeting of identifiable and tangible areas or groups.
- Particular risk factors are not easily identified at a suitably disaggregated level to enable targeting to be operationalised.
- The limited availability of quantitative data appropriate and compatible with the defined social groups made it hard to make precise decisions.

Whilst local programmes were very creative and used ingenuity in applying existing administrative and local data sources, it was clear that a reliance on such sources was not entirely suitable for targeting to meet the objectives relating to social exclusion. The analysis of Children's Fund approaches to targeting show the benefits of the use of a combination of data, and in particular in the supplementation of quantitative data with additional sources of evidence to develop comprehensive understandings of need.

2. User evidence

The engagement of community members and (potential) service users in deciding targeting approaches provides an understanding of the preferences and priorities based in user, provider and political perspectives. A commitment to ongoing user and community engagement in the development of funded services also represented a valuable means to ensure appropriate targeting in provision.

Such evidence from users was used in a variety of ways:

- in establishing groups, areas or models to be targeted;
- after broad targets had been established to plan sub-themes or types of service within them;
- at the point of delivery through detailed evidence of user consultation and plans for its continuance; and
- commissioning specific consultation with groups defined as 'hard to reach'.

Difficulties of implementing effective consultation strategies, particularly in large areas with dispersed populations, and the timescale required to set up consultation procedures were cited as barriers to incorporating such evidence into decision-making about targeting.

3. Evidence from service providers

Engaging service providers allows for qualitative or discursive understandings giving rise to the selection of specific themed groups seen to be at risk of social exclusion and an understanding of particular need.

A number of factors affected the use of this type of material.

- It was particularly prominent where targeting built on existing developed strategies, such as extending successful service models.
- It appeared to be a substitute for limited quantitative or evaluative data. For this reason professional opinion was sought, for example, in identifying refugees and asylum seekers as targets.
- It was used where ideas for service provision guided targeting, for example, where the range of targets was initially influenced by consultations with 'stakeholders'.
- Because it was comparatively quick to access, service provider knowledge was used where a speedy response was required.

- Provider knowledge was viewed as important where there was a direct focus on risk factors.
- It was particularly important where it was necessary to win the support of existing providers for the proposed targeting.

4. Research evidence

Research evidence on risk was sometimes cited as a basis for identifying specific groups as 'vulnerable'. Approaches based in models of prevention were justified by research or evaluation evidence. Reference to research or evidence-based practice was also frequently required before services were funded.

5. Mapping

Mapping of existing provision highlights areas or groups with relatively little provision, or issues or service types of relevance to prevention with little existing funding. Such exercises were carried out by almost all partnerships examined.

Ways in which the mapping exercise made a direct input into strategies included:

- making choices between short-listed areas or groups, by reference to criteria such as relatively little provision, potential links with other initiatives, or the potential for capacity building;
- issues which figure in the Children's Fund agenda for which there appeared little support anywhere (e.g. play facilities or mental health services);
- refining targets to ensure that services were compatible and complementary to existing provision, rather than contradictory or duplicative; and
- identifying barriers to take up amongst certain groups who then became targets for innovation.

From targeting to provision

Whilst the term 'commissioning' is used very generally, four major approaches may be discerned:

- against pre-determined models or types of service conforming to general strategies;
- against needs identified from evidence bases;
- locality or thematic planning through reference groups; and
- open bidding against very loosely defined criteria.

A variety of locally and nationally defined priorities can be seen to have impacted upon commissioning processes and decisions, including:

- the requirement for collaboration between service providers;
- the requirement for evidence of community engagement in the development of a proposal;
- preferential funding of voluntary and community sector providers;
- a desire to build on existing services wherever possible; and
- a desire to influence 'mainstream' agencies or strategies.

Barriers to planned commissioning

A number of the potential barriers to planning and commissioning are apparent in the experiences of Children's Fund partnerships.

- A lack of prior preventative activity (strategic or operational) made it hard for some partnerships to determine an appropriate way of approaching targeting.
- The limited timescale available to plan and commission services meant that partnerships were not able to do as much preparatory work as they would have liked.
- Multiple and varied meanings attached to the term 'commissioning' by various partner agencies caused confusion. Terms such as 'commissioning', 'tendering' and 'bidding' were commonly applied without definition, little consistency and, in some areas, seemingly interchangeably.
- The impact of targeting decisions was dependent on the extent to which they could be implemented through the commissioning of appropriate service providers.

However the Children's Fund also helped shape these contexts and made its own contribution to the evolving picture of prevention, in particular at the local level; for example, regarding structures and processes of implementation, particular service types or approaches to mapping need and services.

Changes to targeting strategies

Initial targeting strategies were amended as a result of learning and changing agendas.

- In some cases there was found to be insufficient matching of services to targets or particular groups of vulnerable children were found not to be accessing services as intended.

- Extensions of mapping exercises, previously unavailable detailed data or new understandings of risk and prevention arising from implementation led to the evolution of targeting strategies.
- Increasing attention to mainstreaming and sustainability and the framework provided by Every Child Matters also stimulated changes.

Taking learning forward

The experiences and learning of local partnerships in targeting the Children's Fund have the potential to inform the first 'cycle' of joint planning and commissioning within the new children's trusts arrangements. The challenge now lies in translating this learning from Children's Fund practice and strategic partnerships into the new arrangements for children's services, and in doing so maintaining and developing the profile of prevention. In order to impact upon service development and ultimately outcomes for children and families, the key messages from this evaluation therefore require further local consideration and application.

Introduction

Since 1997, the Government has identified social exclusion as a major policy priority, and a wide range of Government initiatives have been developed targeted towards children and young people deemed to be ‘at risk’ of social exclusion. This approach encompasses a broad concept of children ‘at risk’ in relation to early intervention and prevention of social exclusion. Policies designed to tackle social exclusion acknowledge the complex interplay of causes of vulnerability, resulting in a range of social problems which impact on children’s future life chances, including unemployment, poor skills, low income, poor housing, high crime level, bad health and family breakdown. The Children’s Fund represents one contribution to this policy of reducing social exclusion.

The Children's Fund Prevention Programme was announced as part of the UK 2000 Spending Review, emerging from the work of the Social Exclusion Unit and in particular the ‘PAT12’ report ‘Young People’ (SEU, 2000). It sought to support preventative services ‘for young people and their families before they reach crisis, with the aim of reducing the future probability of poor outcomes and maximising life chances’ (CYPU, 2001, p7). As such the focus of Children’s Fund investment is on early intervention.

> By ‘early intervention’ we mean before a child’s difficulties reach the stage where statutory services are required by law to intervene, but where there are risks which make this a probability. (CYPU, 2001, p37)

The implementation of the programme was driven by two key objectives and seven sub-objectives. These encouraged local Children's Fund partnerships to focus on effective collaborative working to address needs relating to educational, crime prevention and health outcomes, as well as improving the accessibility of service provision and building community capacity. Partnerships were also expected to enter into an ‘ongoing dialogue’ with children, families and their communities in order to facilitate their participation in the development, design and delivery of Children's Fund Programmes and services.

In conceptualising prevention, the *Guidance* provided a model for understanding the focus of the initiative using four levels – ranging from broad generalist services though to focused remedial services. The model draws on the earlier work of Hardiker (Hardiker, *et al.*, 1991; Hardiker, 1999) and Children's Fund services were expected to address levels two and three:

> Level One: Diversionary. Here the focus is before problems can be seen – thus prevention strategies are likely to focus on whole populations.
>
> Level Two: Early prevention implies that problems are already beginning to manifest themselves and action is needed to prevent them becoming serious or worse.
>
> Level Three: Heavy-end prevention would focus on where there are multiple, complex and long-standing difficulties that will require a customisation of services to meet the needs of the individual concerned.
>
> Level Four: Restorative prevention focuses on reducing the impact of an intrusive intervention. This is the level of prevention that would apply to, for example, children and young people in public care, those permanently excluded from school or in youth offender institutions or supervision and/or those receiving assistance within the child protection framework.
>
> (CYPU, 2001, p37)

Each of the local authorities in England were invited to develop local partnerships and submit plans against the requirements outlined in the *Guidance*, to an agreed funding allocation based on an assessment of need linked to the Index of Multiple Deprivation. Each strategic plan was required to provide information on intended strategies for the prevention of social exclusion and the participation of children, young people and their families in the development of provision, and 'evidence to support your choice of target areas and/or target groups' (CYPU, 2001, p13). This approach was key to ensuring that local plans addressed local need, and thus there is a great deal of variety across the Children's Fund Programmes.

Analysis of approaches to targeting

The reform and reconfiguration of services towards early intervention and prevention represents a key policy goal, which was given added impetus by the Green Paper, *Every Child Matters* (DfES, 2003), and the subsequent Children Act 2004. The Social Exclusion Unit's most recent report, setting out the future agenda for social inclusion, is firmly situated within the framework of risk and protection. Risk factors such as poverty, unemployment, poor educational attainment and family breakdown are identified, and strategies to tackle these are proposed, such as providing more support to children and families in the early years and at key transition points in childhood (Social Exclusion Unit, 2004). Ensuring adequate and accessible early intervention services for young children and their parents now represents a key focus of the social inclusion agenda (Ryan, 2005). However, early intervention is not limited to intervention in the early years of children's lives.

The Children Act 2004 and subsequent policy guidance has also given rise to significant changes to the means by which services are to be planned and commissioned. Within the emerging new arrangements for children's services, local areas are required to produce a single, overarching strategic Children and Young People's Plan for all services affecting children and young people, identifying and agreeing 'clear targets and priorities' and identifying 'the actions and activities needed to achieve them'. (http://www.everychildmatters.gov.uk/strategy/planningandcommissioning/cypp/) This requirement is supported by the development of a 'Joint planning and commissioning framework for children, young people and maternity services' (HM Government, 2006) and further by the introduction of Annual Performance Assessments and Joint Area Reviews (http://www.everychildmatters.gov.uk/strategy/inspection/).

> The framework aims to help local planners and commissioners to design a unified system in each local area which will create a clear picture of what children and young people need, will make the best use of resources, and will join up services so they provide better outcomes than they can on their own.
> (HM Government, 2006, p4)

The framework therefore brings significant changes to data collection requirements and a new emphasis on outcome-focused planning.

A number of the barriers to such a shift to joint planning and commissioning are recognised (HM Government, 2006, p4). In particular the potentially multiple and varied meanings attached to the term 'commissioning' by the various partner agencies are recognised. One of the aims of the framework is to provide 'practical steps' to overcome this. In parallel we observe recent concerns as to the availability of statistical information through which to target such initiatives. The need for the improved availability of appropriate data at the local level was the subject of a recent National Strategy for Neighbourhood Renewal report (2000). This report addresses: what information is needed, and why; the problems in obtaining it; and the necessary changes to overcome these problems. Whilst various statistics were found to be available through national or local databases by which to quantify need in deprived areas, it was found that 'no up-to-date data resource exists that provides a remotely comprehensive picture' (National Strategy for Neighbourhood Renewal, 2000, p7).

Various reasons were identified as to why data collected were not readily available, particularly in relation to small areas, including disparity in purpose and geography of data collection and problems of access, availability and awareness. In particular it

was argued 'that the single most important reason why this kind of information had never been made available was a simple one: no-one had ever been asked to do it' (National Strategy for Neighbourhood Renewal, 2000, p9). The case was made for central government to take the lead in ensuring that a range of key data about neighbourhoods was brought together, recommending a standardised set of Neighbourhood Statistics to be controlled by the Office for National Statistics.

Given this current policy drive it is timely to consider the application and targeting of the Children's Fund in order that future initiatives might benefit. This report therefore seeks to explore the development of the rationales for the chosen implementation strategies of local Children's Fund partnerships. We examine the way in which partnerships adopted different ways of targeting groups of children in implementing this general aim at a local level. We consider the data sources utilised, including statistical databases as well as a range of additional, supplementary evidence. We also study the richness of the flexibility afforded to local partnerships in formulating targeting strategies and the evidence bases on which they drew. Although we offer some insights into how these strategies were operationalised at the local level, highlight factors that constrained targeting approaches, and offer some comment on how such approaches changed, we were not able fully to examine whether service implementation implicit in these strategies was fully realised or realisable. Nor, although we offer some indications of the relationship between targeting strategies and the shape of preventative provision, do we offer any firm judgement on whether targeting itself, or which of its particular forms observed, are necessarily crucial planks in a preventative strategy.

In short we therefore offer two overriding aims for this report:

1. Discussion of the processes involved in the targeting of preventative services for those at risk of social exclusion.
2. Consideration of the apparent consequences of particular strategies and approaches.

In addressing these aims we offer a series of learning points and recommendations for future policy and practice. As such, those charged with the development of services for children should read this report in conjunction with the guidance and resources provided on the *Every Child Matters* website (www.everychildmatters.gov.uk).

Chapter 1 draws on research and policy literature in order to place the Children's Fund in the context of other preventative initiatives, highlighting general problems in targeting social policies as well as those relating to the identification of those 'at risk' or 'in need'.

Chapter 2 compares the stated rationales behind decisions as to how to target local Children's Fund programmes. The chapter begins by describing elements of the local context that can be seen to impact upon initial decision-making. In exploring the approaches of the case study partnerships we outline five different types of targeting: geographical or area; school; theme or group; model; and individual.

In Chapter 3 we discuss the data sources used by partnerships in order to reach targeting decisions. We explore five principle types of evidence used to inform targeting: quantitative and administrative data; user input; professional consultation; evaluation and research; and the mapping of existing provision. We also illustrate the broad uses of this data.

Chapter 4 explores how the rationales and supporting evidence described were implemented. We begin with a consideration of commissioning structures and processes. We identify a number of barriers and impediments that can be seen to have inhibited implementation, including those related to the specific implementation of the Children's Fund and the impact of the changing policy context.

Chapter 5 concludes the report by expanding further on the relevance of the learning from the Children's Fund experience to the future development of joint planning and commissioning within children's trust arrangements. We also highlight a number of more recent developments in the availability of local statistics that might influence approaches taken by future initiatives.

Methodology

26 local Children's Fund partnerships were investigated, of which 16 were NECF case study sites. The rest were chosen purposively in order to include what appeared to be the full range of targeting approaches adopted by partnerships. This was based on a review of initial implementation plans and records of the initial interviews undertaken with programme managers by NECF in summer 2003. The choice reflected a desire to include approaches which for comparison purposes were complementary to the case studies, but also some where the approaches were

different or in our view interesting. We make no claim for statistical generalisations or randomisation. However, we are confident we have captured the broad types of approach we originally scanned while recognising that targeting strategies by each partnership are in many senses unique. Brief characteristics of the partnerships are provided in Appendix 1, relating to the coding of authorities used throughout this report. The partnerships are anonymised, however the information provided offers opportunity for the consideration of some salient features.

In analysing each partnership we were able to draw upon the following data as a minimum:

- Initial implementation plan submitted by the local partnership to the DfES.
- Update of summary information of the plans made by the partnership as requested by NECF.
- Telephone interview with programme manager conducted in summer 2003.
- Final implementation plan submitted by the local partnership to the DfES.

Any partnerships for which this information was not available were not considered. Local evaluation reports were also considered, where available. For the 16 case study partnerships strategic stakeholder and service provider interview data was also utilised. We also reviewed where relevant other documentary information available to NECF, such as background documents provided by partnerships and reports on case study site revisits. We also tested the feasibility of using monitoring data by analytical profiles of a few authorities but concluded that there were difficulties in using these for our purposes.

For each partnership we wrote a detailed summary of the information relevant to the targeting issue. This material was then organised around the major issues, as reflected by the chapter headings in this report, and further into a framework reflecting emergent themes regarding the broad rationales and their evidence base. We also noted as background the different understandings of risk and protective factors and prevention that might have underpinned targeting rationales. As a very useful device for comparisons we also created flowcharts for partnerships illustrating the sometimes complex ordering of the stages of evidence gathering, decision-making, and service implementation. Examples of these flowcharts are provided in Appendix 2.

Chapter 1: Targeting Those 'At Risk': Messages from Research and Policy

This chapter seeks to place the Children's Fund in the context of the broader research and policy literature on the targeting of those at risk of social exclusion. It begins by exploring the application of risk and protective factors to targeting in social policy, drawing upon research literature as well as approaches adopted by other policy initiatives with similar objectives. This general discussion provides the background for a discussion of the Children's Fund Guidance issued to all local partnerships, which formed the basis for the development of targeting strategies.

1.1 The Application of Risk and Protective Factors to Targeting in Social Policy

Little, *et al.* (2004), Luthar and Cicchetti (2000), and Schoon and Bynner (2003) all offer discussions of the impact of risk, protection and resilience discourses to social policies in general and services for children in need in particular. Schoon and Bynner suggest a number of implications for social policy of relevance to the discussion of this report.

Recommendations include:

- A shift in emphasis from crisis intervention to primary prevention before serious maladjustment has already manifested itself.
- The utilisation of the strengths of 'vulnerable populations' in achieving positive change.
- An awareness of cultural context and personal behaviour in implementing preventative programmes.
- The use of holistic approaches and integrated service delivery, which aim to involve families and communities in addition to the young people themselves.
- Recognition that children have different 'sensitive periods' during their development such that children may be in or out of risk at various points in their lives due to changing circumstances.

Luthar and Cicchetti (2000) comment on the need to guard against stereotypical conceptions of which groups of children or families should be considered 'at risk' for various negative outcomes, and conclude that extended interventions are more effective than time-limited approaches.

Recent policy developments such as Sure Start and On Track have drawn upon a growing range of longitudinal survey data and quantitative approaches to identify risk and protective factors which influence children and young people's chances of negative outcomes in later life (see for example, Benard, 1991; Newman, 2002; Prior

and Paris, 2005; Schoon and Bynner, 2003). Such research has identified factors related to the characteristics and attributes of individual children, families, peer groups, schools and communities.

Further consideration of these factors and of the models of intervention suggested by them is provided in a separate NECF publication. Evans, *et al.* (2006, chapter 1) provide a detailed discussion of the 'contested concepts' of risk and protection as applied to a number of preventative initiatives. Furthermore they provide a parallel discussion of 'resilience', presented as 'a helpful counterpart to a focus on risk' that 'attempts to give a more contextualised understanding of the processes by which children and families negotiate risk situations'. NECF have argued that such understandings need to be located within broader understandings of the processes by which people come to be excluded and it is from this perspective that NECF has explored the experiences of young people accessing Children's Fund services (Edwards, *et al.*, 2006).

Whilst approaches to prevention premised upon risk and protection continue to enjoy widespread support, commentators widely acknowledge the difficulties in application (Little, *et al.*, 2004; Armstrong, 2003; Hansen and Plewis, 2004; McCarthy, Laing and Walker, 2004; Percy-Smith, 2000). Our analysis to the targeting approaches adopted by Children's Fund partnerships suggest that this is no exception.

Janie Percy-Smith's brief introduction to 'Policy Responses to Social Exclusion' (2000, p8) provides a useful summary of a number of the common difficulties in the targeting of such initiatives, with the contributions within the book detailing several of these general points. Firstly, the identification of individuals, groups or areas is seen to be largely dependent on composite deprivation 'scores' derived from a particular chosen combination of indicators. Any variation in this combination may well produce 'significantly different outcomes'. Identification is further problematised by the representation of social exclusion as 'an "all or nothing" phenomenon'. Choosing whether or not to target an area or group implies others will be excluded. Instead Percy-Smith highlights degrees of disadvantage and the 'dynamic process' of social exclusion, implying a need for sensitivity to 'small changes in … circumstances' and consideration to indicators of 'risk or insecurity'. Such targeting of groups or areas is also thought to assume 'a degree of homogeneity among members of that group' and to thus ignore 'significant differences in the experiences of people' and the inherent 'implications for policy'.

The choice of indicators is also disputed by several commentators, highlighting the lack of consensus regarding which factors are significant. Literature on risk is currently dominated by biological and psychosocial constructs of risk focusing on individual behaviour and outcomes. Such measures are seen by some to stigmatise individuals (Armstrong, 2003). Furthermore, Howard, *et al*. (1999) argue that children are often labelled as 'vulnerable' or 'at risk' as a result of appearance, language, culture, values, home communities, and family structures that do not match those of the dominant culture. The identification and management of risk is therefore often premised on a deficit model of children and families, which overlooks the importance of the interaction with structural aspects of the environment.

The complexity of the analysis of risk is beyond our present scope. A recent NECF presentation (Hansen & Plewis, 2004) discusses the problems in utilising risk factors in targeting interventions and the lessons that may be learned in using statistical data sources for targeting. Those developing preventative programmes are advised to 'proceed with caution' when 'linking risk factors to intervention strategies'. Attempts to determine specific risk factors are extremely difficult due to the complex relationships between the numerous inter-related factors that might give rise to longer term negative outcomes. As the Social Exclusion Unit states:

> Social exclusion is driven by a complex interplay of social, economic and demographic trends, as well as difficult transitions in life and individual risk factors, like lack of parental support. Causes and consequences are interlinked and often difficult to disentangle from each other. (SEU, 2004)

Risk factors are thought to have a cumulative negative effect on children and young people's lives. However research on risk has tended to be based on simplified numerical calculations which do not deal with the way in which risk factors interact with each other, or issues of process or context (France and Utting, 2005).

In addition Hansen and Plewis (2004) argue that the application of research evidence to administrative and policy purposes is highly problematic. Whilst a research context might allow for the measurement of a range of variables at a child, family and community level, such variables cannot always be ascertained by policy makers. A recent publication on indicators by NECF (2004b) has discussed in some detail the use of existing sources of information and the general difficulties that ensue, providing an overview of issues related to the generation and use of indicators, and a critical analysis of indicators already generated by statutory agencies with a role in

delivering Children's Fund objectives: the NHS, Social Services, Education and Youth Justice services.

This has important implications for any attempts to target preventative interventions at those most at risk, as neither individuals nor groups are easily identified. Those planning services rely on data collected for other purposes in order to develop proxies for identifying risk amongst populations. Groups of children are subsequently identified as being 'at risk' according to a set of criteria developed from a combination of indicators. Geographical areas (usually as large as a ward) or identifiable target groups are used as proxies for risk. Most commonly this leads to an area-based definition of risk. However, as argued by Hansen and Plewis (2004), 'the assumption that children living in disadvantaged areas are necessarily at risk is a doubtful one'.

1.2 The Analysis of Statistical Data for Targeting Purposes

Using statistical data to target initiatives requires recognition of problems that extend beyond the availability of appropriate data to the analytical uses to which they are put. A recent generic discussion on performance measures by the Royal Statistical Society (RSS, 2003) covered more general issues than the planned targeting we are addressing. However, many of the detailed arguments are applicable to this particular focus.

It is important that any statistical measure used is fit for the purpose intended and this purpose be clearly stated before this can be assessed. Many of the difficulties to which we will refer arise from a lack of clarity in thinking about this. One major problem arising in all research or evaluation using statistical data is the issue of concept validity. This denotes whether or not a measure provides a satisfactory operational definition of whatever phenomenon is being addressed. For instance, one key objective of the Children's Fund is to reduce child health inequalities. This is expressed in very abstract terms. In seeking to operationalise such abstractions it is not unusual to concentrate on 'proxy' measures which are easy to devise or are readily available from unrelated sources. Child oral hygiene measures have, for instance, been suggested as proxy for child health. Is this measure at all useful for more general issues of mental or physical health of children?

Another key concern is the *unit of analysis* problem, i.e. taking statistical data down to the level at which an initiative is targeted. Typically much available data is highly aggregated, for instance at ward or school level. Groups or individuals 'at risk' and to

whom preventative measures might be directly addressed are not often identifiable from such data. For instance, the aim may be to develop programmes which are targeted at truancy problems. Readily available data at school level on truancy rates may suggest that certain *schools* be targeted. However, this may not be an efficient way of reaching potential *truants*. Coupled with this is the 'modifiable areal unit problem'. For operational reasons, for instance, many programmes may have chosen to focus the bulk of activity on geographical wards or schools. It is unlikely that the units for which crime or health information is available are coterminous with these operational units. Local pockets of 'socially excluded' children may also be contained within or cut across wards. Most published official educational data is at best at the school level. To what extent then is such data useful for area-based initiatives, particularly for secondary school children from wide catchment areas? In both these aspects of aggregated data there are obvious dangers of dilution of impact of preventative measures if the right targeted groups are not being directly identified.

There are also a collection of issues which are pertinent to preventative programmes and may not be properly accounted for when attention is focused on highly aggregated and separated data sources. Sometimes these focus on *outcomes* which may reflect the objectives of the programmes and attention gets focused on targets where there is a high prevalence of undesirable outcomes. Truancy measures at the school level may, for instance, be a precursor to focusing attention on those schools. If preventative measures are to be successful then it may be more appropriate to focus attention on groups, areas and individuals where the *risk factors* for the undesirable outcomes are prevalent. It may be that the school itself is not necessarily the appropriate target. At aggregated levels it is by no means clear that the prevalence of undesirable outcomes is coterminous with the prevalence of risk factors. Furthermore there are additional dangers of assuming that identified correlations within larger populations apply equally to individual groups and children (known in statistical circles as 'ecological fallacies' (Robinson, 1960)).

1.3 Alternative Data Sources

We also draw attention to some of the conclusions and recommendations of a recent report on reaching the hardest to reach, which we believe may have wider relevance (Prince's Trust, 2004). The report asserts that without careful mapping of gaps in provision and identification of potential signposting routes, disadvantaged young people will continue to slip through the net. Audits of provision by various initiatives are found to have been variable and dissemination and sharing of information to

have been weak. It is also suggested that targeted information on the basis of area and situation rather than highly specific age-bands may be detrimental, and that 'working together will also enable better data sharing, smoother client transfer, and effective aftercare', whilst preventing duplication between and dilution of service (Prince's Trust, 2004, p53). Finally, the authors of the report comment that although referral systems have been essential their performance should be reviewed to ensure far more integrated use of them by various agencies such as police and health. Integration of information seems to be a theme throughout much of what we have to say in this current report.

1.4 Targeting in Practice

Since the late 1990s, a range of preventative initiatives have been developed in the UK targeted towards children and young people (and adults) 'at risk' of social exclusion. There is not the scope here to consider the full range of recent policy initiatives. However we draw attention to a number of the more prominent amongst them in order to place the Children's Fund within its context. Most common are Area-Based Initiatives (ABIs) targeted at the most deprived and excluded districts and neighbourhoods. Resources are targeted into specific programmes aimed directly at particular social problems.

Neighbourhood renewal

'A New Commitment to Neighbourhood Renewal' (Social Exclusion Unit, 2001) set out the Government's policies to tackle deprivation at a national level through the targeting of the spending programmes of key Government departments specifically on the most deprived areas, thereby intending to narrow the gap between the most deprived neighbourhoods and the rest of the country. This strategy is overseen by the Neighbourhood Renewal Unit (NRU) which has responsibility for a range of different programmes seeking to determine and address particular local needs.

At present 88 local authorities are targeted by Neighbourhood Renewal Unit programmes and policies. Areas were chosen using the Indices of Deprivation. All authorities amongst the 50 most deprived on any of the six measures in the Indices of Deprivation were chosen. In addition any authorities that were within the 50 most deprived on any of the four measures under the old Index of Local Deprivation were also included.

Programmes administered by the NRU include:

Neighbourhood Renewal Fund

The Neighbourhood Renewal Fund (NRF) aims to enable each of the 88 'most deprived' local authorities to improve services by meeting local and national targets for narrowing the gap with the rest of the country. To date the NRF has provided £1.875 billion.

Single Regeneration Budget

In 1994 the range of local area regeneration programmes were brought together into a single regeneration budget (SRB) to be run by the (then) Department for the Environment, Transport and the Regions (DETR). The Department allocated funding on a regional level providing guidelines and rules as to its expenditure.

New Deal for Communities

New Deal for Communities (NDC) sought to tackle multiple deprivation in the most deprived neighbourhoods in the country by providing resources to the local community to develop co-ordinated responses to multiple problems. Whilst the issues facing each NDC neighbourhood were recognised to be unique, all partnerships address five key themes of: poor job prospects; high levels of crime; educational under-achievement; poor health; and problems with housing and the physical environment. In 1998 17 pathfinder partnerships were launched, followed by an additional 22 partnerships in 1999.

Sure Start

524 Sure Start local programmes providing integrated services for families with children less than five years of age have been developed in the 20% most disadvantaged wards since 1998. Sure Start is based on the principle of building protective factors within deprived localities for children and families. This has led to a focus on helping parents into work, providing child-care and improving health and emotional development for young children in specific localities defined as deprived. Other services developed under the umbrella of Sure Start include neighbourhood nurseries and Early Excellence Centres and more recently children's centres, which aim to promote positive outcomes for children by integrating education, child care, family support and health services.

Local Authorities and their partners were invited to develop Sure Start local programmes according to the levels of deprivation within their areas (determined by

the number of wards in the 20% of the most deprived wards as measured by the Index of Multiple Deprivation) but decisions about catchment areas were decided locally. More recently Super Output Areas (see Chapter 5) have been used to determine levels of deprivation for targeting of children's centres. Sure Start local programme services were designed to meet the needs of families under four within each catchment area and are available to those families. Some may offer some services to families living outside the catchment area, for example, open access drop-in facilities. Children's centre services may be more widely available.

On Track

On Track is a pilot programme operating in 23 areas across England and Wales. It was established by the Home Office in 1999 as part of its Crime Reduction Programme and is now part of the Children's Fund. On Track aims to identify what works in preventative services for children at risk of involvement in crime and offending behaviour, based on a combination of five core services, which operate as targeted interventions for children aged four to 12 years. These include home visits, pre-school education, parent support and training, family therapy and home/school partnerships.

Youth Inclusion Programme

The Youth Inclusion Programme, a Youth Justice Board initiative established in 2000, takes a similar approach to On Track, establishing Youth Inclusion Projects, which are required to identify 50 of the most 'at risk' 13 to 16-year-olds in the locality and to engage them in activities that will prevent them from offending or re-offending. These projects are based on educational activities, training, recreation and personal development.

The Home Office selected 24 deprived and high crime areas to develop community-based pilot projects. These were to be located within small geographical areas and had to target children who were 'at risk' of becoming future offenders.

Connexions

Connexions is a universal support service for 13 to 19-year-olds, delivered by local partnerships through teams of personal advisors. Launched in 2001, it brought together the responsibilities of the previously diverse set of agencies responsible for this age-group. Despite being launched as a universal service, the primary goal of Connexions is to address the multi-dimensional problems faced by young people

deemed to be at risk of social exclusion. Attention was to be given to 'those facing substantial, multiple problems preventing them from engaging with learning' or 'those at risk of not participating effectively in education and training' (DfES, 2000). Each young person has access to a personal advisor, and while some young people may only require basic careers advice, others may require specialist support, for example, with substance misuse.

Extended Schools

The Extended Schools initiative was launched in 2003 with 25 pathfinder schools. The initiative is enabling schools to develop as community resources so that they become bases for a range of activities and services to meet the needs of children, young people, their families and the wider community. By November 2005, 4400 schools were working with the National Remodelling Team towards the aim that by 2010 all children aged three to 14 will have access to services offered by extended schools. In 2006 all local authorities received funding to support the development of extended services accessed through schools. There is no uniform model of extended school as they are planned to fit local circumstances.

Health Action Zones

Partnerships involving health authorities, local authorities, voluntary community and private sector agencies were invited to bid for Health Action Zone status in 1997. HAZs were intended both to take action to reduce health inequalities and to improve health services. The 26 HAZs covered widely differing geographical and administrative areas: some were sub-HA areas, others single-HA and local authorities, whilst others covered a mix of multiple HA and LA areas. Within the zones HAZs were given freedom to target activities in ways they chose, although when some announced that they were concentrating solely on child health issues this was not accepted as later guidance required HAZs to deliver on central government defined targets, such as a reduction in cancer and coronary heart disease.

Education Action Zones

Education Action Zones involved groups of schools seeking to raise educational standards in struggling areas. There were usually around 15 to 25 schools in each zone. EAZs were based on the development of new partnerships involving all local interest groups, including local businesses, parents and community groups, as well as local authority and school representatives. Each zone received around £1million in additional funds each

year, the majority coming from the Department for Education and Skills with the remainder raised by the partnership from private sector partners. Each EAZ had a maximum lifespan of five years. As a result, all zones were transformed into Excellence in Cities action zones or Excellence Clusters.

These initiatives demonstrate a number of approaches to targeting at different levels. Government decisions about which areas to target were made on the basis of analysis of indicators of deprivation (e.g. On Track, Sure Start, New Deal for Communities) or in response to proposals from local partnerships (e.g. SRB, HAZ). Other initiatives (Connexions, Extended Schools) have been designed as universal in terms of locations. These initiatives have also varied in the extent to which they are defined by the allocation of new monies. NRF and SRB have involved substantial new investment, whilst HAZ and EAZ offered much more limited developmental funding and aimed primarily to encourage new ways of working in partnership. There has been varying degrees of freedom in terms of local decisions about how to implement such initiatives, including decisions about targeting. One way in which central control has been exercised in relation to this has been requirements to address nationally-defined objectives and outcome targets. However, broadly-based initiatives, such as SRB and HAZ, have enabled local decisions to be made about, for example, whether to target areas, populations groups, or problem issues.

The Children's Fund has operated through 149 local partnerships across the 150 local authorities in England. Decisions as to how to target the Children's Fund were taken in each local authority. Each local authority received an allocation and was charged with deciding how this money could most suitably be targeted so as to reach those 'most at risk of social exclusion' within the local authority. Decisions were however made in the context of the rules and guidelines laid out in the Children's Fund *Guidance*.

1.5 The Children's Fund *Guidance*

The Children's Fund *Guidance* (CYPU, 2001) was issued by the cross-departmental Children and Young People's Unit, which initially managed the Children's Fund as part of a wider portfolio of preventative services for children, young people and families. The document sought 'to help [local partnerships] to develop and implement a coherent strategy for preventive services under the Children's Fund'. (CYPU, 2001, p3) In order to do so the *Guidance* set out a series of additional requirements and

expectations on local partnerships, above and beyond the objectives and sub-objectives guiding the initiative.

Collaboration in strategy and provision

The importance of collaboration in the design and delivery of preventive services is central to the understandings of prevention underpinning the Children's Fund and therefore strongly asserted within the initial guidance to partnerships. The significance of collaboration to the overall implementation of the Children's Fund is discussed elsewhere (NECF, 2004a; Edwards, *et al.*, 2006), here we highlight the requirements laid out in the initial *Guidance* to illustrate its impact on planning in partnerships.

The first requirement in developing a local programme was the establishment of a strategic partnership, ensuring sufficient voluntary and community sector involvement, such that statutory agencies were not dominant (CYPU, 2001, p11). The need to link with other initiatives was also mentioned, although the nature of such links was not explored beyond a need to 'cross-reference' and be 'informed by' other local plans (CYPU, 2001, p9).

The initial *Guidance* further advocated the need for services to be '"joined-up" to ensure that different agencies work together and that connections are made between different types of support available to children and different stages in their development' (CYPU, 2001, p53). The need for 'joined-up support' to address 'often multifaceted problems' was seen to require 'increased and better co-ordinated preventive services for five to 13-year-olds and their families' (CYPU, 2001, p3). To this end the initial implementation plans upon which funding was agreed were required to represent 'a coherent package of services': '**Proposals that contain isolated and unrelated services that fall outside a coherent strategy will not be approved'.** (CYPU, 2001, p7, original emphasis)

Accessibility, identification and referral mechanisms

The Children's Fund sought to ensure early intervention prior to statutory legal responsibility. In order to evidence how this might be achieved, the Children's Fund *Guidance* required each programme 'to have a thought through system for the identification, referral and assessment of children and young people at risk of social exclusion'. (CYPU, 2001, p21) When submitting initial plans for approval,

partnerships were required to inform the CYPU of mechanisms by which children and groups might be identified and referred to appropriate services (CYPU, 2001, p22).

However, the *Guidance* cautioned against the instigation of such systems of identification and referral impacting negatively upon the accessibility and take-up of services geared towards early intervention (CYPU, 2001, p22). In particular the *Guidance* highlighted the importance of ensuring access was 'made as flexible as necessary' with 'diverse points of entry' (CYPU, 2001, p22), allowing informal access and self-referral. The importance of onward referral from early intervention to further provision was also highlighted by the *Guidance* (CYPU, 2001, pp7-8).

Influencing the preventative agenda

The Children's Fund *Guidance* reflected the intent of the initiative to have an impact beyond that of the specific services funded. In particular there was a stated intent to influence the broader preventative agenda within each local area. In the longer term it was hoped that local partnerships would be able to encourage 'the reconfiguration of the way services are planned and delivered' away from 'heavy-end' intervention and towards preventative services (CYPU, 2001, p16).

> The Fund aims to encourage local providers of services to become more preventive through the mainstreaming of effective practice… We expect a gradual shift in mainstream funding away from crisis services into preventive services. (CYPU, 2001, p17)

To this end local partnerships were encouraged to 'think carefully and objectively about how the new services and approaches will influence and reshape existing services further towards prevention' (CYPU, 2001, p17). Strategies towards the successful continuation and safeguarding of funded activity beyond the span of the Children's Fund were therefore encouraged at the outset.

Community capacity building

A further aim underpinning the Children's Fund was the 'strengthening' of 'vulnerable' communities. This was espoused in two ways. Firstly, community members were to be supported in voicing their views and opinions as to the needs of their communities, as well as to the potential solutions to their problems. The central role of user and community participation in the development and delivery of the Children's Fund is further explored in 'Children, Young People, Parents and Carers' Participation in Children's Fund Case Study Partnerships' (NECF, 2004a).

Secondly the Fund was intended to support the development of the voluntary and community sectors. The *Guidance* prohibited the funding of services 'provided solely by a statutory agency' or 'used to replace inadequate service provision normally delivered by statutory agencies'. As such it was intended that 'many of the services will be provided by voluntary sector and community groups' (CYPU, 2001, p14). In addition to providing additional funding for service provision, the Children's Fund was also intended to 'engage and support voluntary and community organisations in playing an active part' in strategic planning (CYPU, 2001, p6). As noted above, Partnership Boards were required to evidence substantial voluntary and community sector input. It was also 'hoped' that voluntary agencies would take on responsibilities as lead agency or accountable body.

Locally-defined objectives

Despite the common principles underpinning the initiative it was understood, and indeed encouraged, that the design and content of Children's Fund programmes would vary according to local areas (CYPU, 2001). Whilst the seven sub-objectives represent the outcomes sought by all local partnerships it was accepted that, for some, 'local circumstances may make one or two less relevant and it may be appropriate not to focus on them in developing plans' (CYPU, 2001, p16). Furthermore, partnerships were permitted to 'add particular objectives that are appropriate for local circumstances – for instance to improve behaviour in school or community' (CYPU, 2001, p16).

The necessity of local variation in application of the *Guidance* was reiterated by the admission of the 'potential for conflict' between the central objectives (CYPU, 2001, pp6-7). Each local partnership was asked 'to find a balance' between them, by ensuring that funded services were able to 'pick up on early signs of difficulty, identify needs and introduce children and young people and their families to appropriate services' (CYPU, 2001, p6) yet 'each child or young person at risk of social exclusion can self-refer or be referred to appropriate services without stigmatisation' (CYPU, 2001, pp6-7).

Youth crime prevention

In addition to the general guidance, specific additional guidance was issued in relation to the introduction of the requirement to spend 25% on youth crime prevention strategies. Services funded under this theme were to 'be jointly agreed

between the Children's Fund partnership and the local YOT(s)' (CYPU, 2002, p1), in line with the Local Prevention Strategy, the YJB Prevention Strategy and local Crime and Disorder Prevention Plans (CYPU, 2002, p3). However the *Guidance* prescribed a specific 'menu' of services from which partnerships should draw:

- Junior Youth Inclusion Programmes (YIPs)
- Work with schools, including Safer Schools Partnerships (SSPs)
- Restorative Justice
- Youth Inclusion and Support Panels (YISPs)
- Work with Young Victims of Crime

(CYPU, 2002, p3)

In addition, and in keeping with the broader objectives of the initiative, partnerships were allowed to consider non-specified 'Innovative services or activities which have the specific aim of preventing the involvement of children aged five to 13 in crime' (CYPU, 2002, p3). Once again the need for 'sound evidence' for such projects was asserted but immediately countered by the approval of 'genuinely innovative' services, defined as those demonstrating 'a new service or approach with potential for piloting on a national scale' (CYPU, 2002, p8).

Developing a strategy

In addition to outlining the principles of the initiative, the Children's Fund *Guidance* also detailed the necessary 'steps' to be taken by local partnerships in developing a Children's Fund implementation plan. Following the identification and development of a suitable strategic partnership, several stages in the formation of an implementation plan were outlined: 'identifying key stakeholders'; 'identifying risk factors and the associated needs of children and young people'; 'mapping current service provision and identifying gaps; the involvement of children and families; selecting 'neighbourhood(s) and/or groups of children and young people on which to focus proposals' (CYPU, 2001, p3). Together these suggest the necessary information or evidence upon which to develop a preventive strategy.

Mapping need

Each Children's Fund partnership was required to develop a strategy 'to reduce the numbers of children and young people at risk of social exclusion' (CYPU, 2001, p7). This notion of 'risk' was further explored in the two key objectives of the initiative through a desire to 'pick up on early signs of difficulty, identify needs and introduce children and young people and their families to appropriate services', and to subsequently 'ensure that children and young people who have experienced early

signs of difficulties receive appropriate services in order to gain maximum life-chance benefits' (CYPU, 2001, p6). Implicit in such a discourse of support for those experiencing 'early signs of difficulties' was the requisite to understand what these 'early signs' are; to be able to identify them; and to know what the appropriate response might be.

The 'root of difficulties for a child' was argued to relate to 'the community they live in, the school they attend, the group they mix with … the family they are a part of', or a combination of these (CYPU, 2001, p38). Annex B of the Children's Fund *Guidance* provided a list of factors upon which partnerships were advised to base their planning, grouped by 'Community', 'Family' and 'Child' 'profiles'. When such risk factors 'exist in number' a child, family, or community was seen to be 'more likely to suffer damaging effects' and thus to be 'at risk' and 'in need' or preventive provision (CYPU, 2001, p39). Whilst the list was not claimed to be exhaustive it was intended to illustrate the potential of pre-existing data, already gathered for other intents and purposes, to inform the development of a preventive strategy (CYPU, 2001, p66).

Mapping was initially seen as necessary to identify those within the local authority area boundary most at risk of social exclusion.

> This may mean targeting funding geographically, for example in particular neighbourhoods, or developing services across a large concentration of deprivation within the area. Equally, it may mean targeting funding on specific groups of young people or communities of interest across a large area, or both. (CYPU, 2001, pp12-13)

The difficulties in developing an appropriate understanding of such risk are explored within the *Guidance*. This recognised that risk and protective factors do not predict negative outcomes and that it is the interaction between factors that is most likely to identify those in need of intervention. 'Clustering' was advised, with the presence of 'four to five factors at once' suggesting 'a cause for concern' (CYPU, 2001, p40). Furthermore 'the needs of children and young people are complex and changing and may indeed need different levels of preventive intervention simultaneously' (CYPU, 2001, p38). Difficulties in accessing appropriate information upon which to map such factors were also understood, particularly in relation to 'the strengths' or protective factors within communities and families (CYPU, 2001, p40).

Even where such information was available, its application to understanding need was also seen to be complicated because of the absence of simple cause and effect

relationships (CYPU, 2001, p68). In particular there was 'little evidence of applying protective factor analysis' to preventive services (CYPU, 2001, p40). However the *Guidance* asserted that consideration of such factors provides the basis for 'holistic approaches' to a number of related issues, if not specifically to the individual outcomes sought by the Fund. Thus the Children's Fund sought to work 'alongside existing good practice and the resources and strategies which are being achieved through other related initiatives' (CYPU, 2001, p68).

Mapping existing provision

The *Guidance* suggested an understanding of risk should then be cross-referenced to a mapping of existing preventive services, to understand how such need is currently being met and uncover gaps in service provision. Whilst the mapping of existing provision was intended to identify gaps with a view to developing new services, it was also suggested that 'current existing services could be reconfigured' – which may or may not require 'new investment' by the Children's Fund (CYPU, 2001, p14).

Once again the *Guidance* argued that the necessary information should already be available 'in existing planning documents such as Children's Services plans and other local data. We would expect partnerships to build on this work rather than conduct completely separate work' (CYPU, 2001, p13). Furthermore, where targeted areas overlapped or were coterminous with those of other initiatives it was suggested that the mapping of risk, needs and services should be similarly shared.

Dialogue with (potential) service users

There was also a requirement to engage with young people and families prior to the submission of an implementation plan: 'Young people and their families should be included from the outset and not simply consulted on a plan, which has been formulated without them' (CYPU, 2001, p13). It was intended that those services funded by the initiative should 'focus on what children and young people aged five to 13 and their families say they need (CYPU, 2001, p8). This reveals a potential contradiction within the *Guidance*, between the requirement to develop a (scientific?) understanding of 'need' through consideration of 'risk factors' recognised in research literature and identified by quantitative data, and the desire to place the views of children and families 'at the heart of the Children's Fund' (CYPU, 2001, p2) in understanding need and developing a strategic response. This tension was recognised by the *Guidance* and responsibility placed on the local partnerships to:

> strike the right balance between developing services which children and young people at risk of social exclusion identify as meeting their needs, and those services determined by the partnerships as necessary to ensure that individual needs are not missed. (CYPU, 2001, 14)

Developing appropriate services

The Children's Fund *Guidance* also offered advice on what might constitute appropriate services and activities, with Annex C outlining the 'Golden Rules for Children's Fund Services (CYPU, 2001, p42). Significant demands were placed on each proposed service or activity. Services were required to be non-stigmatising, reflecting 'improved joint working and co-ordination between the voluntary, local business, community… and statutory sectors' (CYPU, 2001, p42). In addition, each service had to:

- Meet the needs of its proposed users by being made available where and when needed rather than being guided by provider convenience.
- Involve children, young people and their families in service development and operation to ensure that they were designed from children's perspectives, including the perspective of the most marginalised children;
- Be sufficiently flexible to respond to individual needs and priorities and sufficiently 'joined-up' to address all aspects of young people's development.

In contrast it was not seen as essential that each service had a pre-existing evidence base indicating its effectiveness. Instead the *Guidance* sought to 'encourage partnerships to be creative and innovative when developing services'. However, this was tempered by the need for partnerships to evidence 'why you believe it will be successful' (CYPU, 2001, p8) and a requirement that each service was 'based on a robust understanding of risk and protective factors' (CYPU, 2001, p42). Upon funding every service was required to develop an evidence base that might be used 'to show why what they do is working for children and young people' or not, and to re-shape accordingly (CYPU, 2001, p8).

1.6 Summary and Learning Points

The Children's Fund is one of many policy initiatives with objectives relating the reduction of social exclusion. Such initiatives have all faced the dilemma of how to target activities to maximise the likelihood of achieving their objectives. All have, in varying ways, been required to respond to the way in which central government has

defined the purpose of the initiative, while also developing approaches relevant to local needs and circumstances.

In introducing the Children's Fund the CYPU detailed *Guidance* (CYPU, 2001) aiming to support local partnerships in instigating targeting decisions, whilst affording much flexibility to allow for a response to particular contexts. In particular detailed advice was provided in relation to: collaboration in strategy and provision; accessibility, identification and referral; and community capacity building. Of particular relevance to this report is the additional advice regarding the mapping of need against risk factor 'profiles', and the need for an accompanying mapping of existing provision, and dialogue with service users and providers. In the next chapter we review the way in which Children's Fund partnerships have interpreted this broad guidance and developed their own ways of targeting children at risk of social exclusion.

Chapter 2: Targeting Rationales and Their Bases

In this chapter we compare the rationales underpinning decisions about how to target local Children's Fund programmes. The chapter begins by describing elements of the local context that can be seen to impact upon initial decision-making. Local histories and priorities have guided the particular interpretation and implementation of the Children's Fund Guidance. This, in turn, has impacted (implicitly or explicitly) upon the chosen means to target provision. In exploring the approaches of the case study partnerships we outline five different types of targeting: geographical or area; school; theme or group; model; and individual.

2.1 The Influence of Local Context

In order to understand different approaches to targeting we need to understand how the Children's Fund was seen more broadly in terms of its relationship to other relevant partnership structures, and the extent to which it marked a new opportunity to develop preventative strategies, or built on existing ones. Approaches to targeting sought not only to ensure the appropriate delivery of services but also to achieve other more strategic objectives as determined by the specific local context.

In each local authority the interpretation and application of the national guidance was set against a backdrop of local priorities, histories and pre-existing strategies. At one extreme the Children's Fund was welcomed as an addition to an already established strategy for preventative service provision. At the other, several local authorities reported no such history of preventative services or approaches and here the targeting strategies might be more innovative.

Prior understandings of prevention

Where there was no history of partnership for prevention the Children's Fund provided the opportunity to develop the foundations for a preventative agenda and targeting was a part of this. For example, in Local Authority C the programme was to be used as a 'focal point' from which to develop links across previously disparate services and agencies and 'maximise the investment in the preventative arena' (Initial implementation plan).

By contrast in several areas, although preventative services were being funded, it was reported that there was little strategic thinking prior to the formation of Children's Fund partnerships. It was in these areas that the impact of the interpretations of prevention contained within the *Guidance* appeared to have had the greatest influence on strategic thinking and targeting. For example, in Local Authority A Partnership Board members described the existing preventative strategy as quite

limited': it was a nice piece of paper and we all kind of nodded and did it, but it kind of didn't mean so much (interview with Partnership Board member, September 2005). Discussions regarding the implementation of the Children's Fund required debate about the importance of early intervention and in particular the need for a holistic approach to supporting the chosen targets.

Similarly the programme manager in Local Authority B reported the Children's Fund to have introduced a means of clarifying the definition of prevention, with both service providers and strategic partners identifying need at the appropriate level by reference to the four levels (telephone interview with programme manager, summer 2003). Tensions around which the level of need should be targeted appeared to have been mediated by the need to direct attention as defined by the *Guidance*.

In order to embrace the approach espoused by the Children's Fund *Guidance* and meet its requirements for funding approval, many partnerships reported a need to change existing approaches. In particular several stakeholders saw the Children's Fund as having brought about a more service user led approach. This represented a challenge to many partnerships, who reported having no history of active participation of those at risk of social exclusion, beyond consultation. Thus the initial focus of activity was necessarily on *getting participation off the ground* (interview with programme manager, Local Authority A, revisit).

New or existing partnerships

In those partnerships with little recognised strategic basis from which to build, the need to develop an appropriate partnership often led to the creation of a new or specific grouping. The reasoning for such a move varied greatly. In some cases there was no suitable partnership operating across the whole of the five to 13 age-range. Some two-tier county authorities reported problems in finding a pre-existing partnership operating at a suitable level. For example Local Authority F, a county authority, reported few countywide multi-agency structures centred on children and young people's services and the size of the county complicated the development of multi-agency approaches.

Some local authorities chose to develop new partnerships to provide 'freedom' in which to develop thinking, away from pre-existing ideas and strategic commitments, including the way in which provision was targeted. In Local Authority B, existing partnerships were felt to be inappropriate and 'not in a position to adapt sufficiently to

the pace determined by the CYPU' (Initial implementation plan). Similarly whilst Local Authority E reported several strategic partnerships, many interviewees expressed concern about working within the larger, pre-existing groupings within which the Children's Fund would have necessarily formed only one of a number of responsibilities. It was feared that such a group would become a 'talking shop' or 'rubber-stamping' exercise.

For many areas the specific requirements of the Children's Fund *Guidance* ensured existing partnerships needed to be substantially altered. Most commonly voluntary and community sector representation was inappropriate and thus membership was expanded. For others membership was expanded to ensure the involvement of children and families. In some areas the requirement for active community participation led to the development of local forums, to define local need and to develop locally appropriate responses. This often required the development of new local planning groups or significant changes to the role of pre-existing partnerships.

Complementing existing initiatives

Unlike some of those discussed above partnerships with some history of preventative strategies sought to use the initiative to complement or expand upon existing preventative approaches which often then informed targeting. Some initial implementation plans described existing policy frameworks 'whose objectives, values, priorities and proposed modus operandi were virtually identical to those contained within the Children's Fund *Guidance*' (Initial implementation plan, Local Authority H). By developing the initiative within this framework the Children's Fund sought to link directly with other preventative programmes across a broader age-range. Attempts were made to utilise the Children's Fund to support and further broader strategies, and expand, consolidate and build upon initiatives and activities being funded through other sources. Such an 'inter-connectedness' of the Children's Fund objectives and priorities with those of broader strategies was seen to provide the potential for 'mutual gains', generating a 'creative dynamism' and a 'coherent strategy' that encouraged a growing strategic commitment 'which keeps children and young people at the forefront of the developments' (Initial implementation plan, Local Authority G).

Where such links were described there was however also a discussion of the specific impact of the Children's Fund on the broader agenda. In particular the initiative was commonly portrayed as 'adding value' to targeting strategies by bringing a new

emphasis on the commissioning of voluntary and community sector services, and participative and inclusive features in the strategic planning and delivery of services. In this context the Children's Fund was presented as an aid to existing provision and strategic planning, as opposed to a new and discrete policy drive.

In some areas the timing of the introduction of the Children's Fund provided the opportunity for the programme to inform broader policy, having necessarily had to proceed in advance of these developments. The Children's Fund was presented as a 'guiding strategy', aiming to demonstrate elements of the Local Preventative Strategy to be appropriate or otherwise, and test particular approaches to targeting.

Here prospects arose for existing targeting rationales to form a basis for implementation with new emphases rather than fundamentally new approaches to targeting being adopted. One example evident in a number of authorities was to target by extending prevention models to wider groups of children. We discuss this in section 2.6 below.

However, even when seen as broadly consistent with existing strategies, the Children's Fund was often seen as creating new opportunities. For instance there were suggestions that innovative projects previously limited by resources might be showcased and developed. Local inter-agency working and community input was seen as enabling quick decisions about where to target such innovative provision. Many partnerships also sought to extend their targeting by linking to other strategic initiatives such as On Track, Sure Start, Connexions, and Education Action Zones. For instance one metropolitan area claimed 'The Children's Fund will support Local Implementation Groups to deliver a programme of local needs and be based on good practice identified through On Track and other initiatives' (Initial implementation plan, Local Authority Y). These links were commonly presented as a drive to be incorporated into broader strategies in order to influence future investment in prevention and early intervention services. The Children's Fund was argued to be most effective by linking as closely as possible to other initiatives and programmes, developing common assessment and referral processes and maintaining an awareness of the range of service provision within the locality. In particular integration with services for those aged five or under or 13 and over were sought to encourage smooth transition between services for all those aged 0 to 19.

Local emphases and additional objectives

Whatever the influence of existing strategic thinking, in most partnerships other local emphases also influenced the diversity in targeting that was evident from our analysis. Many targeting rationales, for instance, show the influence of a desire to emphasise community and voluntary sector capacity building. In two of the NECF case studies accessibility and referral routes formed the starting point. Here emphases were not on types of service *per se*, or where they would operate, but on identification systems to direct children to services that would support them. This led to a strategy more akin to the idea of targeting individuals directly rather than indirectly by grouping by characteristic or area of residence. There were partnerships that reacted to the Children's Fund welcome to opportunities to experiment in order to influence mainstream services. In this context targeting became a means to enable the establishment of a strong evidence base by applying thought out but untested ideas for new service configurations, such as those for the inclusion of disabled children. Other experimental approaches included trying out new potential ways of working within the framework of existing service types as a basis for learning. One partnership described such approaches as 'systems led'. A number of other local factors were also influential in shaping decisions about targeting, for example, local policy and political agendas, and motivations relating to the development of models of commissioning.

Our broad categorisation of types of targeting rationale will be discussed in the next section. The exact role and relative importance of the influences we have discussed in this section on the various rationales are often implicit. Nonetheless, they are essential context within which to understand the use of different evidence bases for targeting (as discussed in Chapter 4).

2.2 Targeting Strategies and Criteria

We have identified five different types of targeting: geographical or area; school; theme or group; model; and individual. This categorisation is adopted is a means of distinguishing targeting approaches and should not be taken as mutually exclusive ways of categorising partnerships themselves. Indeed the targeting rationales of most partnerships incorporated elements of each. Also each type includes a range of different applications.

2.2.1 Geographical Targeting

The identification of geographical areas within the partnerships was a major focus for targeting, elements of which appeared to varying degrees in most partnerships, although occasionally it played a minor role. Choices of area units were driven by a range of criteria, including:

- the availability of data through which to identify and target specific or multiple needs;
- perceived 'conditions for success' within the chosen areas;
- a perception of area as an appropriate basis for implementation and operationalisation of the programme; or
- to allow for innovation, experimentation and subsequent learning.

Availability of data

A major factor in the selection of target areas was the availability of multiple or single indicator data which were taken as proxies of needs or risk factors relevant to Children's Fund objectives (see Chapter 3). Area targeting was often combined with other criteria. Thus special areas were assigned for specific types of intervention; services for Travellers in rural wards for example. Different types of area targeting co-existed; general targeting of deprived wards but health administration areas for mental health issues for instance. Occasionally, once it was decided to target areas there was further specialised targeting within selected areas as a result of devolution of decision-making to local partnerships or groups. Some partnerships delineated areas on the basis of particular indications of need related to specific groups of children and families. This is more akin to 'themed' targeting which we discuss in the next section. For example, targeting black and minority ethnic children could mean concentrating services in areas with a high proportion of the population from minority ethnic groups.

Where areas *per se* were selected on the basis of a number of needs this was usually by reference to the full Index of Multiple Deprivation or some particular combination of its components. Some partnerships developed their own 'combined ranking' or 'clustering' of a range of specifically chosen factors and indicators in selecting target areas. This may explain why the most common area unit used was the ward since data aggregates below this level have only much more recently become available (ODPM, 2004). The rationale for the selection of areas was that they required substantial provision as opposed to individual services targeting

individual needs. A variety of terminology was employed to capture this. Areas were defined as experiencing ‘high levels of social exclusion’, ‘multiple’ or ‘general deprivation’, or ‘multiple needs’.

Although the use of wards in area targeting seemed to be data driven, there were obvious administrative and political reasons for such a choice. However, many partnerships recognised that small pockets of need can become ‘invisible’ within such aggregates. Some described a highly localised, sub-ward-level targeting strategy involving particular neighbourhoods, estates, or ‘concentrated areas of social housing’ (Initial implementation plan, Local Authority N). Occasionally wards of high deprivation were eschewed on the grounds that they were already covered by many other initiatives. Pockets within areas of general low deprivation were targeted in order to rectify this imbalance. This approach was occasionally adopted in authorities with large urban populations and also large rural areas. Decisions were made to target ‘rural deprivation’ frequently overlooked by traditional measures of deprivation that favour urban demographics. For similar reasons many partnerships rejected area targeting more or less completely and instead adopted a themed approach to targeting which might be authority-wide.

Several partnerships described an area strategy focusing on ‘natural communities of need’. Housing estates were one example. Where ‘natural communities’ crossed ward boundaries partnerships were prepared to work across such ‘artificial’ barriers. Reference was also made to areas defined by other initiatives, statutory services such as health or social services, or school catchment areas. This presented some problems however due to different agencies often using very different ways of structuring services organisation based on what they consider to be natural communities or ways of dividing up the area that seem to make sense to them. That is, there is rarely one given definition of a ‘natural community’.

‘Conditions for success’

A range of criteria which might be loosely termed ‘conditions for success’ were also apparent in the selection of areas to be targeted. By working in areas with such conditions it was argued that the maximum impact would be achievable, and thus the maximum learning and dissemination made possible. Furthermore the need for swift implementation of the Fund made such areas more attractive to some partnerships, with additional areas to be targeted in later years.

Some partnerships selected only those areas seen to have the necessary 'local capacity to deliver'. This 'capacity' was variably defined. For example, in Local Authority H, the targeting of each locality was seen to be dependent upon the potential for the development of a *voluntary and community sector preventative infrastructure* (telephone interview with programme manager, summer 2003). Elsewhere partnerships sought areas with a strong and/or varied voluntary sector already in place. Similarly the pre-existence of active participation amongst parents and community members in service provision or strategic planning was seen as of benefit.

In some partnerships area targeting was dependent on the existence of other initiatives within the area, most commonly Sure Start. Sometimes this was the prime motivator so that working with other initiatives effectively became a target in itself. The success of the Children's Fund was seen to be dependent on its ability to link with other similar strategies and initiatives. Meeting the needs to be addressed by the Children's Fund could not be achieved by focusing solely on the needs of five to 13-year-olds, but required action in the broader context of the family and community. The importance of other programmes operating in the chosen areas was extended by the desire to 'explore ways of working together' with other programmes 'to increase the impact of the programme' (Initial implementation plan, Local Authority E).

In using the Children's Fund to contribute to broader strategic plans, funding allocations were devolved to a variety of existing structures governing local service commissioning and organised on an area basis. Weighting as a form of targeting was often applied on the basis of perceived need. The rationale for this was often the existence of evidence and infrastructure from existing services and it was anticipated that this would generally facilitate mainstreaming.

Less explicit justifications for these approaches suggested that political pressures and the need to satisfy competing local interests played a part in some cases. For example, in Local Authority R an allocation was made to all local Children and Young People's Strategic Partnerships (CYPSPs). Although allocations were decided by an analysis of deprivation at district level there was no obligation for local partnerships to target resources in any particular area. Thus the decision to target geographically appeared to be determined by the need to appease all local strategic interests.

An appropriate basis for implementation

Geographical targeting was also argued to offer an appropriate basis upon which to develop and deliver a programme of preventative services, and thus to deliver on the requirements of the Children's Fund *Guidance*.

Area targeting was justified because bounded geographical areas more clearly facilitate a holistic programme of provision. Furthermore, given the considerable socioeconomic and structural variations described, it was suggested that only through local planning could an appropriate response to local needs and context be developed. Whilst such an argument was particularly prominent in two-tier authorities, it was also common in metropolitan areas.

The targeting of an area is argued to facilitate the development of meaningful and appropriate partnerships, allowing awareness of and collaboration with other strategies, initiatives and services beyond those funded by the Children's Fund, assisting 'the integration locally of arrangements with other developments and programmes' (Initial implementation plan, Local Authority P). Area targeting was sometimes presented as a means to test collaborative working, including the use of 'innovative approaches'. The notion of experimentation through area targeting is explored in more detail later in this section.

Similarly area targeting also allowed for community and voluntary sector engagement in identifying need and the development of the service response. Thus an area focus offered a basis for localised control through the development of local partnerships with commissioning responsibilities. Local Authority O described such an approach as enabling 'the growth of a strong 'local democracy' based on effective consultation and participation' (Final implementation plan). In this authority funding was allocated locally and only 'endorsed, modified, or in small number of cases disapproved by the Partnership Board' (Final implementation plan).

Whilst it was seen to be 'a basic principle [of the Children's Fund] that management of the funds should be as close to the community as possible' (Initial implementation plan, Local Authority P), it was also argued that this was an effective means of developing a preventative programme, as evidenced by the success of other initiatives, such as Sure Start.

Area targeting for experimentation and learning

Some partnerships saw areas as a context for experimentation and learning. One example was Local Authority Q which saw the opportunity to contrast chosen areas with no previous preventative tradition with those with experience of regeneration initiatives. Similarly different approaches to intervention and access, such as those that might be required for rural and urban areas, were also explored.

Occasionally just one or a limited number of areas were used to pilot coherent support systems which it was hoped could eventually be mainstreamed and implemented authority-wide. Linked to this was the idea that an area focus was a necessity rather than a deliberate strategy. Funding did not permit holistic packages to be tried authority-wide.

2.2.2 School Targeting

Relatively small numbers of partnerships decided explicitly to adopt school targeting as the main platform of their strategy. Where they did it was more a by-product of the support models they decided to adopt (such as family support), than decisions relating to schools *per se.* Nonetheless identification of schools played a large part in most decisions about where to locate services. Often this was because schools were seen as appropriate loci for targeting particular issues such as problematic behaviours. In other cases it was because schools were viewed as convenient sites for locating more general services intended to deliver area targets. As such, in the monitor data, the dual labelling of services as area-based and school-based was common.

Where schools were identified in response to particular needs they were targeted on the basis of school aggregate available measures such as attainment and attendance. These are consistent with particular Children's Fund objectives. School information was also used as proxy for information on wards in which they are located (perhaps inappropriately – see section 3.1 below).

Another reason for interest in schools was that they are smaller units and may indicate the smaller area pockets of need within wards (as noted above). Whilst data might not be so comprehensive, that which is available is utilised to identify areas within wards where particular need might be masked.

In many partnerships schools were seen as operationally appropriate as a service base and this was particularly common where identified needs or risks related to educational factors or issues. Often the identification of a particular school followed a decision to target a particular area and this may be viewed as a form of sub-targeting.

A broad range of services were planned to take place within schools. The more obvious were education related, such as those for anti-bullying or primary to secondary transition. In addition several partnerships identified schools as appropriate sites to deliver activities not specific to educational needs. Services related to counselling and mentoring, family support and out of school play provision were all commonly situated on school premises.

Hosting such services in a school setting reflected the representation of schools as a vital element of the preventative strategy of a local partnership, and anticipated the broad ranging advantages outlined in the newer Extended Schools agenda. This anticipation of schools as a hub of a range of co-ordinated activities was established quite early in some partnerships. For example, one partnership described an approach to developing 'Community clusters' of services in schools, whilst in another, commissioning criteria required services to demonstrate a relationship with local schools. In providing a means to coordinate and network between local services, operating within the school was also seen to offer the opportunity for Children's Fund services to link with other preventative and higher end services within the locality. In particular several partnerships made reference to the importance of connecting with the Extended Schools agenda.

Schools were also considered an appropriate physical base for the delivery of services, offering central locations within communities and readily available accommodation, and thus the means to target 'at risk' families. The school was seen to offer a valuable community resource as well as a means to provide information and signpost families to available services. Schools were thus considered to be an appropriate access and referral point, enabling the targeting of those 'at risk'. As the only universal service provision for children aged five to 13, schools were considered most able to identify and contain issues at the earliest stage, providing natural links to vulnerable children. Through daily contact teachers were perceived to be able to identify individuals in need of particular support and provision should they be aware

of available services. Furthermore this universality was seen to allow schools to offer non-stigmatising access.

2.2.3 Targeting by Social Group

Whilst geographical targeting was the most common means of implementing Children's Fund provision, most partnerships recognised the limitations of such an approach and targeting by social group was often substituted for area targeting.

- Not all need was seen to be suitably or effectively addressed through the targeting of physical communities. 'Many issues emerging from the mapping exercise and consultation did not lend themselves to a neighbourhood focus' (Initial implementation plan, Local Authority E).

- Partnerships also sought to target those vulnerable children and families who do not live in the most deprived communities, typically supported by other area-based, preventative initiatives. A sole reliance on rigid area boundaries was seen to lead to inappropriate 'postcode lotteries' determining access to services.

- In addition some groups of children and families were seen to have needs distinct from those determined geographically. Those seen to be 'most at risk of social exclusion' are not necessarily defined by where they live. The general 'physical mapping' of need was therefore commonly supported by provision aimed at those with particular demographic or group characteristics.

In other partnerships thematic targeting was complementary to an area focus, either by targeting particular issues authority-wide, or by sub-issue emphasis within selected areas. A thread running throughout such decisions was the debate on universal versus selective provision, and the separation of theme from area targeting was rarely clear cut.

Such 'themed' or 'social group' targeting was conceptualised very differently across partnerships. Here we do not attempt to establish our own definition of such targeting but acknowledge this richness of interpretation. The thematic case studies conducted by NECF address these issues in more detail (Edwards, *et al.*, 2006, Chapter 6). Through a range of thematic case studies NECF explored how Children's Fund partnerships and programmes worked with such target groups, and

undertook comparisons of the approaches adopted within different partnerships. Five reports are to be published in parallel to this, each of which describes in detail the rationale for the selection of the particular target group and the service response developed (Barnes, *et al.*, 2006; Beirens, *et al.*, 2006; Mason, *et al.*, 2006; Morris, *et al.*, 2006; Prior, *et al.*, 2006). In the following discussion we therefore seek to offer only a generalised discussion of rationales and approaches taken.

Defining target groups

Definitions of the groups targeted were rarely detailed in the implementation plans provided to the CYPU. However the NECF thematic reports illustrate the complexity of arriving at and operationalising such definitions. In some cases official, standardised definition are available and adopted in order to identify need, for example, utilising the Disability Register or drawing upon legal definitions of refugee or asylum seeker status. However such definitions are still disputed. For example, one partnership preferred the broader concept of 'Children with Special Needs' to the more restrictive label of disabled children.

Standardised definitions are sometimes found to be ineffective. As noted above, such groupings represent proxies by which to identify those with particular needs. Thus they necessarily exclude those who might have similar needs but do not share the exact characteristics that define the group. For example, in delivering services to refugees and asylum seekers, both thematic case study partnerships chose to broaden the target group. In one area it was concluded that the needs being addressed were not confined to refugees and asylum seekers but shared by other 'newly arrived families'. Similarly in the other partnership second and third generation immigrants were found to benefit from similar community-based provision.

Thematic classifications also referred to problem issues where the connection to social groups is less clear cut (e.g. bullying, behavioural difficulties). Both definitions and identifications of a target group are more difficult in this context. Attempts to target those 'at risk of involvement in crime or anti-social behaviour', for example, involved a variety of assumptions (Prior, *et al.*, 2006). A more generic notion of themes was also quite prevalent and often related to more general Children's Fund objectives that relate to all children (e.g. healthy life styles, raising educational achievement).

Selection of target groups

Two general approaches to the targeting of social groups can be identified. Firstly, target groups or issues were defined on the basis of recognised risk and protective factors. Sometimes the connections and relationships between issues and groups are quite complex. For example black and minority ethnic children were often targeted in order to address issues of educational achievement, although it was also recognised that other issues were relevant for this group. A theme such as this also often related to area or school foci by reference to demographic data as a means of reaching those considered 'at risk'. A main problem with this sort of approach is that often the analysis of issues turns into long lists of 'vulnerable groups' who are not so much targeted as defining the sort of children who services might encompass. The connection between patterns of services and 'themes' then becomes rather loose.

The second form of thematic targeting identified groups considered most at risk of social exclusion in order to address the multiple needs of such groups. From this perspective integrated programmes of provision were seen as the appropriate response and it is here that the generic notions of themes were mostly used.

A variety of rationales for theme choice were suggested by partnerships. Quite often it was a decision conditioned by perceived optimisation of impact constrained by limited time and resources of the programme - what are the greatest needs that also have some chance of being partially addressed? Themes were also chosen because they had figured in existing preventative strategies and could be built on. In contrast, other partnerships focused where existing provision was limited, or groups were seen to be marginalised from mainstream services (e.g. disabled children). Decisions were made to fund services to address a particular changing demographic, seen to be leading towards changing need and thus for new sorts of service provision. For example, in Local Authority E, refugees and asylum seekers were increasingly being placed in areas traditionally predominantly white, and therefore lacking the necessary community infrastructure to offer social and emotional support.

Many partnerships identified the problem of what they referred to as 'hard to reach groups' and defined themes around them. Particular groups were chosen due to their perceived marginalisation from mainstream provision. For some thematic groups, such as disabled children or young carers, appropriate services were thought to already exist yet not be suitably accessible, or to require development so as to meet

particular additional needs of such groups. Similarly partnerships sought to seek to ensure the meaningful participation of previously excluded or 'hard to reach groups'.

2.2.4 Targeting by Model

In this section we consider a rather different approach to targeting based on models of preventative practice. We distinguish approaches that take an area or thematic group as the primary focus from those that start from a basic understanding of what is to be funded, or what constitutes or is necessary for preventative provision. Again, there are overlaps between this and other approaches. Indeed the discussions of previous sections have already presented approaches that might be seen to constitute targeting by model. For example, areas might be targeted as locations in which to test out new practice models.

Three ways in which partnerships have applied a 'model'-based approach to targeting are apparent.

1. Targeting and planned delivery based on understanding of prevention which required an analytical model to identify risk and needs to shape effective responses.
2. An approach designed to create the infrastructure necessary to build preventative services.
3. Basing targets on delivery of generic responses evolved from generally applicable models of preventative provision to a variety of identified needs, rather than tailoring specific services to each need.

Models as a basis to understand need

In this first application, models were used as the means to understand need and develop a subsequent response. Targeting and planned delivery was based on understandings of prevention which require an analytical model to identify risk and needs to shape effective responses.

Within the case study partnerships two contrasting models were utilised as a means to identify need and begin to plan a service response: one drawing upon established definitions of need used within the local authority; and the other using a method for planning individual service development.

In Local Authority I the Children's Fund drew upon a hierarchical analytical model used within the borough to differentiate between levels of need, and estimate the numbers of children and young people within each group. Three such 'levels' were introduced: those 'in need', drawing upon Social Services definitions; those who are 'vulnerable', who do not require acute statutory intervention but might be perceived to be at risk; and all other children. Such definitions were used to agree a focus for the Children's Fund on those children labelled as 'vulnerable', setting a threshold for responsibility between statutory and preventative services. This was intended to ensure the Children's Fund was focused on those who fall outside the existing access criteria for statutory services, and to enable the programme to identify gaps in other such initiatives and services targeted at this group.

The second model, used variably by two case study partnerships, draws upon the Dartington model for the systematic identification of unmet need and subsequent service development (Dartington Social Research Unit, 1999). The approach seeks to understand the nature and extent of need in the community, to establish agreement regarding intended outcomes, and then draw upon existing research evidence to (re)design and commission services as a direct response. The precise methods of the Dartington method are described in the following chapter.

Creating necessary infrastructures

The second instance of the use of models in targeting the Children's Fund occurred when a particular understanding of prevention, based upon perceived prerequisites or necessary infrastructures for any preventative activity, could be seen to guide the service response. In such instances the Children's Fund was therefore used not to provide a programme of services *per se*, but to put in place the necessary foundations from which a preventative programme might build. For example, in Local Authority H significant investment in the voluntary sector infrastructure was designed to 'stimulate' further service development, not necessarily to be funded by the Children's Fund: 'By developing and strengthening this infrastructure, it is anticipated that all of the energy and creativity of the voluntary sector will be mobilised in addressing solutions to unmet need' (Initial implementation plan).

In the same authority a referral or signposting service was funded in each area. This service was seen as necessary to ensure awareness and non-stigmatised accessibility of other preventative services, and to link Children's Fund services and service users to broader preventative and even statutory provision.

Similarly, in several other case study partnerships, 'community liaison workers' were employed in each target area. Whilst the title and exact role of these individuals varied, the shared aim was to work directly with children and families, to ensure that the initiative was able to listen and respond to their views thus ensuring their involvement in the design and delivery of services, to ensure appropriate and effective inter-agency links, and to enable tailored packages of provision.

Generic preventative approaches

The third type of targeting by model was the delivery of generic responses evolving from generally applicable models of preventative provision to a variety of identified needs, rather than tailoring specific services to each need. This approach was often combined with area or theme targeting, but reflected a belief that the model being applied had value in many different contexts. Play provision or application of family support models as a means of addressing multiple needs and circumstances were common examples. Both approaches were used for multiple purposes. Play services, for example, served different ends when targeted at disabled children or children at risk of anti-social behaviour. In some instances this led to pre-existing preventative strategies and approaches being extended to new areas or target groups through the use of Children's Fund money.

2.2.5 Identifying and Targeting Individuals: Access and Referral

We described in Chapter 1 how the Children's Fund *Guidance* required identification, referral and assessment systems to be developed, whilst cautioning against them impacting negatively upon early intervention access. The importance of flexible informal access and self-referral to reduce the stigma associated with service use was emphasised. A strategy of individual targeting was one response to the *Guidance*, but this is in direct contrast with an approach based on open access to all as a means of reducing stigma.

A resolution to the contradictions inherent in these approaches was sought though planning comprehensive services aimed at all children, in localities or schools, alongside mechanisms designed to ensure that such services were used by 'needy individual children'. This was called 'targeted universality' by one programme manager. Without the qualifying mechanisms such universal approaches might be seen as counter to Children's Fund aims - *breakfast clubs as child-minding services for the middle classes* as noted during one NECF case study revisit.

Partnerships adopted a variety of approaches to targeting by individual child, but all emphasised the idea that services should aim to be appropriately inclusive. Rather than ‘establishing criteria which potentially exclude children’ partnerships sought to identify mechanisms which ensure that ‘vulnerable children are aware of, and able to access, opportunities available to them' (Initial implementation plan, Local Authority P). Numerous such mechanisms were described in initial implementation plans. One idea was that services should clearly reflect local expressions of need through consultation. Some quite innovative ways of securing referrals were suggested. These included placing ‘Children’s Fund Champions‘ or locating services in sites most often used by individuals who might be targets. Such sites may, for instance, be schools, community centres or childcare settings such as Children’s Centres. Easily accessible and popular general services (such as out of school hours clubs) were seen as a route to referrals to more specialist services, able to address particular identified needs. It was recognised that this also required integrated services and better awareness of service availability.

Information Referral and Tracking (IRT)

In some areas Children’s Fund money was used to develop formalised IRT processes and databases. Three such systems are described here, ranging in their formality and approach.

The initial implementation plan for Local Authority T described a ‘child-centred approach’ whereby each Children's Fund service was requested to ‘talk to the children and listen to their views at every stage of the process’: ‘We will ask them and their families what they’d like to see happen, then provide a means by which they and their referrer can see what’s available and tap into a number of different types of provision’ (Initial implementation plan).

Children’s Fund projects would be ‘linked’ with each other, as well as to other children’s services providers. In particular services were asked to ‘identify children experiencing multiple risk factors early and share information to ensure they receive the best possible intervention as quickly as possible’.

In contrast Local Authority F developed a standardised approach to identifying children in need. A screening form, based on the ‘Framework for the Assessment of Children in Need and their Families’ (Department of Health, 2000), was to be completed for all children using Children’s Fund services.

An even more formalised response was described in Local Authority S where the partnership funded the development of a system to identify and screen children in schools as well as in Children's Fund services.

> This allows schools to identify children in need of services, for children to be referred to a service and for schools and service practitioners to track progress made. This system also tracks the interventions made by the services, the uptake of services and progress made by children and therefore allows ongoing monitoring of the programme. (Initial implementation plan)

At its inception it was proposed that this system would eventually form the basis for developments of a borough-wide 'identification, referral and tracking' database and subsequent Common Assessment Framework.

2.3 Summary and Learning Points

Children's Fund partnerships demonstrated considerable diversity in the range of targeting strategies adopted across partnerships, mirroring the desired flexibility implicit in the *Guidance*. The main approaches identified are those based on: geographical area; school; theme or group; service models; and the identification of individuals. The targeting rationales of most partnerships incorporated elements of each.

Approaches to targeting were not only intended to ensure appropriate delivery of services but to also achieve other more strategic objectives, including complementing pre-existing initiatives, and the maximisation of opportunities for learning, or for sustainability and mainstream influence. This affected which of the types of targeting approach was adopted – singularly or in combination.

It appears that the Children's Fund *Guidance*, to which all partnerships were required to adhere or at least pay homage, provided local programmes with the incentive to undertake several key components of a preventative agenda. The *Guidance* encouraged developments which include:

- The creation of strategic partnerships involving a range of statutory agencies as well as voluntary and community sector representation.
- The funding of programmes of provision, as opposed to stand-alone services, presented by some as attempts at 'holistic support'.
- Community capacity building in order to enable full participation of the voluntary and community sectors.

- Consideration to appropriate commissioning structures and processes.

We highlighted the development of particular aspects of service provision that were argued to have allowed for the successful identification and engagement of those ‘at risk’. In particular we identified the importance that some partnerships placed upon accessibility and multiple referral routes, in order to ensure universally accessible and non-stigmatising provision. We also highlighted the promotion of onward referral from open access preventative provision to more specifically targeted services able to address particular identified needs.

Chapter 3: The Use of Evidence in Targeting Strategies

In this chapter we discuss the sources used by partnerships in order to reach targeting decisions. We will explore five principle types of evidence used to inform targeting:

- Quantitative and administrative data;
- User input;
- Provider consultation;
- Evaluation and research; and
- Mapping of existing provision.

The following sections will describe the substantial disparity within these categories as to the nature of evidence available. The categories are not always discrete or easily distinguishable, and are often used concurrently or in unison. For example, consultation with service providers might be undertaken through a mapping of services, or the mapping of services guide provider and user consultation.

We will also describe the variety of permutations and combinations of data employed and how the necessarily limited timescale in which to develop a plan ensured that pre-existing data was influential in making decisions. The development of a targeting strategy was typically an iterative process, with partnerships recognising the importance of amalgamating various data sources. Any particular type of evidence is seen to provide only a partial picture of need.

It was also apparent that different sorts of data were utilised for different purposes. The previous chapter outlined the range of local emphases and priorities, each of which was reflected in the approaches to data collection. Here we illustrate three broad uses of the data in establishing a targeting strategy:

- To identify priority target areas, groups or approaches.
- To gain an in-depth understanding of the particular needs within these priority areas.
- To develop or commission services appropriate to these needs.

This is clearly an oversimplified representation of approaches taken. It also suggests an ordering that was not always apparent, for example, some partnerships began

with the design of services and then took decisions about where to locate these, as in the case of some approaches to targeting based on models. The range of data categories outlined will each be seen to contribute to these three purposes. We illustrate with examples from the 26 case study partnerships where each of the data sources has dominated initial thinking and further data collection. Appendix 2 provides examples of the processes carried out by case study partnerships, illustrating the variety of data available at the outset, the data collected specifically for Children's Fund and the purpose for which such data is used.

3.1 Quantitative Data

The application of the type of data suggested in the *Guidance* to decisions regarding targeting varies substantially between partnerships. In the majority of cases such data was used to identify geographical areas experiencing multiple needs or deprivation. Thus a broad comparison allowed for the selection of areas to explore in detail in order to determine need and the appropriate service response, or to implement pre-determined models. In some areas the comparative nature of such an analysis lent itself to decisions about the funding allocations for each area. For example, in Local Authority K 'indicative "allocations"' were 'calculated on the basis of a formula that takes account of indications of poverty' (Initial implementation plan).

In other areas such data was used to reveal the specific needs of the area, and thus to guide commissioning processes. A very detailed and comprehensive data collection exercise was described for each local area or particular theme. Numerous indicators were explored in order to define the particular needs of the group or area and thus the basis for planned provision. Similarly such data were used to identify or explore the targeted thematic population. Where target groups had been predetermined, a mapping exercise highlighted both the whereabouts of the relevant population and/or their particular needs. For example, in some partnerships the exercise described the make-up of black and minority ethnic groups in each area, whilst in others it identified the particular needs of those groups.

For some partnerships this exercise has also served as the basis for target setting and future evaluation. The data collected at the outset provides baseline data against which future performance could be measured.

Problems in accessing data: is useful data available?

Although most targeting decisions were informed to a greater or lesser extent by the recommendations of the *Guidance*, the selection and use of such data was conditioned by the local context of indicator systems. Our case studies suggest that Children's Fund partnerships were very rarely able to follow the exact approach outlined in the *Guidance*. Indeed only Local Authority F presented the suggested 'profiles' of 'Community', 'Family' and 'Child(ren)'. The local implementation plan detailed a range of pre-existing data sources from which the partnership were able to draw, and more importantly 'statistical specialists' within the local authority who were able to undertake the work on their behalf.

Other partnerships were also able to draw upon extensive data sources. Local Authority J described their context as 'data rich', with around 60 datasets available to the local authority, ranging from national surveys to locally derived 'Health' and 'Child Poverty' measures developed by various statutory services. This mix of data not only allowed for a 'snapshot' of current need, but also the tracing of change over time. Thus the partnership was able to highlight previously unmet need, for example, amongst a growing number of refugee and asylum seeking families. This was seen to be particularly appropriate to the needs of a preventative initiative.

Elsewhere, however, existing data were found to be inappropriate for the particular purposes of the Children's Fund. Despite the suggestions of the *Guidance*, several partnerships report having to carry out new data collection or substantially re-organise existing data. In some areas there was little systematic organisation of data, allowing for description but little analysis. Other partnerships argued that the necessary data was not available for the Children's Fund to draw upon, describing 'serious gaps in terms of the data collected and agencies' ability to share this for reasons of compatibility, comparison and confidentiality' (Initial implementation plan, Local Authority I). Partnerships also reported difficulties in accessing data for the appropriate age-range, with much data collected for broader or only partially overlapping categories. Similarly some data was found to be incomparable across different geographical areas within the local authority.

In other areas data which was available was created for the purposes of statutory services. As a result, whilst providing a useful common framework, it tended to relate to higher-end need rather than low-level risk, providing potential problems for the targeting of preventative services. Definitions upon which the data was organised

were premised on the occurrence of negative outcomes as opposed to the risk of their occurrence. For example, there is considerable data on looked after children, those on the Child Protection Register, and those who have committed a crime, but less data on the risk factors that might have led to these events. Such data was seen merely to highlight problem groups rather than contributing any understanding of the nature and origins of these problems necessary to the planning of service responses.

Because such data was constructed around the existing responsibilities of statutory providers it probably underestimated need at the preventative level. Interviewees identified the following factors that limited its usefulness in planning preventative services and strategies:

1. Some data sources were thought to be inaccessible to those outside of the relevant agencies.
2. Instances were not recorded where no referral was made because, for example, children do not reach the 'level' of need required for service use.
3. 'Hidden need' amongst those who choose not to access such services or benefits was not recorded.

Several partnerships identified problems relating to the unit of analysis used to identify need. Typically much available data is highly aggregated, for instance at ward or school level. Groups or individuals 'at risk' and to whom preventative measures might be directly addressed are not often identifiable from such data. In particular ward-level data can be inappropriate. As described in the previous chapter, wards were not always identified as the appropriate basis on which to target the Children's Fund, even when geographical approaches were taken. The prevalence of ward-bounded data constrained flexibility in decision-making about area-based targeting.

Area-based data was not always available. In Local Authority V, for example, although city-wide estimates were available for some groups, no comparable area-based data was available on issues such as drug misuse, parents with mental health problems, alcohol and substance misuse, young carers, Travellers, or homelessness. It was therefore necessary to combine data with different bases. This presented difficulties as to the modifiable areal unit (as discussed in Chapter 1). For example, some datasets use school as their base. For those partnerships seeking to target by geographical area this was problematic as school catchment areas do not always

correlate with other administrative boundaries. The opposite is equally true for those partnerships seeking to target schools. Changes to ward boundaries have also led to problems in comparing data sources. For example, whilst the Census was carried out prior to the Local Government Review, the most recent Index of Multiple Deprivation (IMD) is based on data collected after the changes. In some areas this issue is (at least partly) overcome through the use of Geographical Information Systems or other techniques to physically map various indicators. This allows for data at various levels to be combined in a visual representation that highlights 'densities' or 'contours' of multiple need in particular areas.

Ward-level data masks important differences within areas. This is illustrated by the shifting representation of need brought about by changes in ward boundaries. If such changes lead to the targeting of a different ward it suggests that neither ward is the appropriate focus of attention, but a smaller area within. There was *an awareness that in some wards there are two or more distinct and different communities, and that the aggregate statistics could mask pockets of disadvantage* (interview with strategic partner, Local Authority M). More recently the availability of data at sub-ward level, most notably through Super Output Areas as constructed by the Office of National Statistics (www.neighbourhood.statistics.gov.uk), was seen to counter such problems (see Appendix 3). Whilst partnerships often stated that this had reaffirmed their decision to target geographical areas it also revealed additional sub-ward-level areas that should be the focus for attention.

These characteristics of aggregated data mean that there are dangers of dilution of impact of preventative measures if the right targeted groups are not being directly identified.

Selecting appropriate indicators: is available data made useful?

Several local partnerships considered individual indicators to be ineffective as a means to target provision to counter any particular need or objective. Particular risk factors are rarely seen to offer an appropriate proxy to identifying need or a reliable basis on which to act to prevent need occurring. Demographic and area-based data is seen to offer only 'indirect evidence of need', yet to be 'useful in identifying areas where need clusters' (Initial implementation plan, Local Authority N). Indeed where particular planned service responses were presented in implementation plans it was not always apparent how the broad data presented supported the stated rationale.

Instead, as suggested by the Children's Fund *Guidance* (CYPU, 2001), areas were typically chosen on the basis of multiple need so as to select areas with a relative concentration of social and economic problems. Rather than targeting on the basis of particular risk factors, a generalised and aggregated understanding of risk led to the targeting of particular areas or groups argued to be experiencing (relative) deprivation. Whilst indicator data relate to particular risk factors, such data is invariably conflated to produce indices of need based upon multiple indicators purported to illustrate those most at risk. Most commonly partnerships drew upon the IMD, or the subsidiary Index of Child Poverty (ODPM, 2004). In some areas pre-existing, locally developed indices of need existed from which the Children's Fund partnership could draw. This was seen to have the added advantage of linking Children's Fund provision into broader strategies through a mutually understood 'pattern of unmet need' (Initial implementation plan, Local Authority H).

In some cases indices were developed specifically for the purposes of the Children's Fund. Indicators were 'weighted' so as to place emphasis on particular issues or objectives, as determined by local priorities. For example, in Local Authority V six indicators of educational need were combined with seven health indicators, but only one for offending behaviour.

This is not unproblematic however. Where combined indices of need were used alongside additional individual indicators, there appeared to be a degree of 'double counting'. Where the IMD is applied some partnerships chose to add further variables relating to deprivation, despite their prior consideration in the construction of the general index. An extreme case was a partnership that considered both the IMD and the Index of Child Poverty; a distinct subcategory of the broader IMD.

Furthermore the weighting of particular issues or indicators within composite scoring also served to mask particular need. Through such a method those areas that were consistently below average across a range of issues would be targeted, whilst those that may score particularly poorly on a small number of indicators yet are above average on others, could be overlooked. For example, the weighting employed by Local Authority V, led to areas with poor health and education scores being targeted with crime prevention initiatives regardless of the level of need in relation to this particular issue.

At times the logic behind the selection of particular indicators was unclear. A recent publication on indicators by NECF (2004b) discussed in some detail the range of variables available. We cannot detail here the range of data suggested and used but many are either too specific in nature or are too highly aggregated to be useful. Almost all suffer from one or more of the general problems highlighted in the introduction.

In some instances it appeared that data was used simply because it was accessible and appeared to measure some dimension of deprivation, risk or need. Areas were commonly chosen due to a comparatively sizeable population of particular 'vulnerable' groups, yet it is not always clear why these groups were seen to be vulnerable or whether they were a target of the initiative locally. A particular anomaly within the Children's Fund *Guidance* (CYPU, 2001, p39) was advice to partnerships to select areas with 'a significant proportion' of children in the age-range. It is not clear however how the size of the ward population is of relevance to the identification of those 'most at risk of social exclusion'. When applied as a first criterion for selection by those partnerships strictly adhering to the *Guidance*, this prioritised large or heavily populated wards and potentially excluded smaller yet highly deprived wards. In other local authorities this anomaly was realised, and either ignored or applied only as a deciding factor once 'deprived areas' had been identified in order to target the largest possible number of children, or as a basis for deciding the allocation to each area.

Although typically applying very broad and general measures, discussions of chosen indicators often assume an equivalence or proxy to the Children's Fund objectives that is not always apparent. It is important that any statistical measure used is fit for the purpose intended and this purpose needs to be clearly stated before this can be assessed. Many of the difficulties to which we refer arose from a lack of clarity in thinking about this. One major problem arising in all research or evaluation using statistical data is the issue of concept validity (discussed in Chapter 1).

Implementation plans did not always make it clear if or how the data cited was useful for targeting purposes. Data used to identify need was not always then used to target that need. For example, ward-level data identified areas of need, yet provision was focused on schools within those wards that were not in those specific areas. Often data presented in implementation plans was highly descriptive, offering little analysis. Some partnerships included a large amount of data in their plans, but it was not

always clear why this data justified the decision to choose a particular area or group over any other. In several instances comparative data was not provided. Often descriptions appeared to offer only a post-hoc justification of decisions made on other grounds than statistical evidence of need. Indeed for some partnerships the rationale described revealed the irrelevance of much of the administrative data presented. In some plans much description was given over to authority-wide statistics, which offered little to aid targeting decisions, and often simply repeated the statistics known by the DfES in making the initial allocation to the partnership.

The logic described by many partnerships reveals that the number of wards, schools or groups to be targeted was chosen arbitrarily: for example, the 'five most deprived wards', the 'ten per cent worst performing schools'. These decisions may reflect perceptions of limitations due to the size of the Fund. Elsewhere 'cut off points' for the selection of target areas drew upon national comparisons. For example, it was common for partnerships to choose to target all wards within the local authority that fall within the 20% most deprived within the country. Such an approach seems entirely inappropriate as a basis for understanding local needs and subsequently directing funds. Apart from being quite arbitrary, by relating to external measures such criteria fail to capture the central idea that it is the internal structure of the partnership that is of relevance for these purposes. In some, particularly deprived urban areas such a strategy identified so many areas as to question whether it is a targeting strategy at all. In other cases it resulted in so few areas as to raise concerns that thinly spread need was being ignored.

Both CYPU and local programmes were very creative and used ingenuity in applying existing official, administrative and local data sources. However, it was equally clear that a reliance on such sources was not entirely suitable for targeting to meet the social inclusion objectives of initiatives such as the Children's Fund. The need for additional data in order to understand the particular needs and risks to be targeted or addressed is well understood, as outlined in the remainder of this chapter.

3.2 User Evidence

The requirement to focus on what children, young people and their families need was interpreted differently by Children's Fund partnerships. The point at which input was sought, the nature of involvement and the subsequent impact upon the development of the programme varied substantially. Models of participative practice are discussed in a previous report (NECF, 2004a). Here we consider the purposes and methods of

involvement in the context of decision-making about targeting. Partnerships utilised a number of approaches at various points and the exact logic, nature or purpose of this input was often unclear. In particular detail as to the scope of the dialogue and its precise impact on local development is scarce.

Purposes

Four main intents and purposes emerge from an analysis of the case study partnerships:

1. Some local authorities consulted young people and families in establishing the groups, areas or models to be targeted. For example, in Local Authority R the 'three broad service areas [of the strategy were] identified by the partnership as particularly needed in the light of responses to the initial consultation' (Initial implementation plan). The apparent precedence given to children's views is backed up by the citing of other data sources as: 'Other information taken into account'. In contrast, in Local Authority S a broad survey was used to collect quantitative data ascertaining risk factor profiles at family, school, community and individual/friendship levels. A questionnaire was developed, premised on the 'Communities that Care' (see Crow, *et al.*, 2004) approach, and administered in primary and secondary schools, out-of-school clubs, and youth clubs (with focus groups based on the same topics carried out with younger children). Whilst its intentional simplicity ensured it provided only 'general headline issues and simplistic conclusions' (Initial implementation plan), it was seen as ensuring the needs of young people informed the basic development of the initiative.

2. In other areas input from children and families occurred only when target themes and areas had been decided, as partnerships sought to obtain a greater understanding of the target group or area than was possible from quantitative and administrative data, and to develop possible solutions. For example, in Local Authority A such dialogue highlighted 'barriers' to access to mainstream services for disabled children and their families.

3. The third stage at which such dialogue occurred was in the commissioning and subsequent development of services appropriate to those needs. In some partnerships commissioning panels required evidence of user (and potential user) consultation in all submissions for funding. In others service contracts

ensured the involvement of children and families in evaluating and developing services. Here the emphasis was on funding services that would respond to user perspectives over time, with the understanding that additional needs would emerge that could not be identified at the outset of the scheme.

4. The final purpose of such dialogue was to develop new approaches to community engagement. Some partnerships focused on capacity building within communities and organisations so as to enable dialogue and ensure it was maintained. Elsewhere partnerships sought to develop innovative and experimental approaches to community engagement. In Local Authority R, for example, the Children's Fund partnership sought to put in place a variety of interlinking structures relating to a range of 'aspects' of provision to allow for regular communication with particular groups of young people as well as broad consultation across larger groups.

Approaches

All partnerships started by mapping or auditing existing consultation data. This provided both general and specialist information, and enabled the Children's Fund to develop approaches that were consistent with other strategies and initiatives. The range and nature of such data varied greatly between partnerships. In Local Authority G the partnership were able to draw upon a 'rich mix of information', including 'highly detailed information about local communities generated from specific surveys such as "Communities That Care", consultation events linked to Sure Start or local regeneration projects', as well as 'consultation on more specific issues such as the needs of children with disabilities, minority ethnic groups, young carers or victims of domestic violence' (Initial implementation plan). Similarly in Local Authority T the Children's Fund partnership was able to draw upon a 'Council audit of all consultation carried out across the borough'. This allowed the partnership to quickly 'identify which consultations we should be tapping into directly, what information is already available and where there are gaps' (Initial implementation plan).

However, even where such data was abundant, partnerships also carried out additional consultations. There was variation in the availability of consultation data for different groups, areas or topics and a need to fill 'gaps' in knowledge, where some issues had not been adequately explored. Each area or group was seen to have specific characteristics that could only be understood through in-depth exploration. Partnerships consulted particular groups of children, parents or carers, thought to be

underrepresented in existing sources. In particular this included the commissioning of specific research with so-called ‘hard to reach’ groups (either before or after any decision to target them specifically).

The main purpose of such consultations was to achieve broad understandings of the range of needs perceived amongst (potential) target groups, so as to inform the design and delivery of the Children’s Fund programme. As discussed in NECF (2004a), consultation alone was seen as inadequate, both by those undertaking the exercise and those being consulted. Several partnerships also argued the need for longer term dialogue in order to allow for the ‘meaningful participation’ necessary to understand need. Such engagement was seen to require involvement at an appropriately local level, within localised partnership structures such as planning or reference groups. The need for continued dialogue, trust in and understanding of structures and processes was recognised. This was seen to require the development of approaches suitable for local areas or themed groups, building on existing organisations or established reference groups. Thus links were established with a range of organisations, from broad and general groupings, such as youth councils, to those specific to particular target groups, such as service user groups.

There was also recognition that meaningful input cannot be achieved in the earliest stages of the programme’s development, but is an iterative process requiring ideas and understandings to developed, explored and tested, and allowing reaction to needs as they emerge or change over time. This was particularly problematic in areas or themes with little existing capacity. In Local Authority B the size of the county and large quantity of rural areas ‘caused practical difficulties: how to spread information about the Children’s Fund; where to hold information events and what ‘networks’ to use to ensure a quick yet thorough response to the Government’s challenge’ (Initial implementation plan).

Similarly, in Local Authority F plans to ensure the involvement of children and families throughout strategic structures could not be completed in the necessary timescale of the development of the strategic plan and initial funding of services. However the partnership sought to only fund services that had been approved by potential users.

The need for specialist skills in undertaking such dialogue is also recognised. This led to the funding of participation projects or dedicated workers within the central

team. Such projects were often amongst the earliest to be funded, at times prior to the main commissioning processes and even at the beginning of this mapping process so as to engage them in the exercise.

3.3 Evidence from Service Providers

The use of service provider perspectives varied with the choice of targeting strategy. Particular rationales, priorities and emphases lend themselves strongly to the use of such evidence, not least because of substantial variations in the extent to which a research base exists, and there is previous experience of relevant preventative practice. When choosing to build upon existing strategies such 'evidence' was particularly prominent. For example, in one local authority the Children's Fund was seen as a means to bring service providers and strategic groups together to share approaches and strategies, as the basis for improved collaboration and to develop new services so as to fill perceived 'gaps' between existing approaches. Where partnerships sought to extend 'successful' services or perceived good practice, a consensus of professional opinion as to its effectiveness and appropriateness was often presented as the 'evidence' necessary to justify this decision.

The use of provider perspectives also related to the availability of other data. Service provider expertise often appeared to be a substitute for a lack of quantitative or evaluative data. Thus there was often a variation between the types of evidence presented for each theme or area within a local partnership. For example, in Local Authority I little data was felt to be available as to the needs of new refugee and asylum seeker communities. Similarly the implementation plan of Local Authority Q contrasted the data collection in two target areas, one of which relied heavily on provider input due to a lack of existing user consultation.

In some partnerships service provider input occurred at the earliest stages of targeting decisions, in deciding the appropriate target areas and themes. In such instances providers were invited to work with the basic principles of the Children's Fund in order to identify priority targets and ideas for service provision-guided decision-making about targeting. Rather than seeking to understand need and develop a particular response, the emphasis was on funding services seen to be appropriate by current providers. Various partnerships described early consultative meetings or conferences at which Partnership Board members outlined the basic principles and intentions of the Children's Fund to potential service providers, in order to attract interest and ideas as to its implementation. In Local Authority L, the range

of themes and local issues to be targeted was derived from ‘desk-based research and engagement with stakeholders’, with further consultation and data collection due to occur in ‘year one’ of the programme (Initial implementation plan).

Time constraints also led to a prioritisation of, or reliance on provider knowledge and opinion over the collection of primary data. This is illustrated by the initial implementation plan of Local Authority Q where, due to ‘the very tight timescales a pragmatic approach to gathering information for the delivery plan needed to be taken’. This involved an initial step of inviting known service providers to meetings to discuss ‘the content of the plan’ prior to any consultation or data analysis.

More commonly consultation with providers occurred immediately following the identification of priority target areas or groups. Local or thematic service providers were seen to have unique knowledge of the target group. Service providers were therefore utilised to build upon the broad understandings obtained through a risk factor analysis. ‘Stakeholder reference groups’ or conference events were hosted in order to explore what the identified risks might mean for the particular groups in question, providing a uniquely ‘local’ focus to considerations of the needs of children and young people. Through these groups ‘a pro-active and accessible ‘bottom up’ commissioning process was facilitated to launch the programme design’ (Initial implementation plan, Local Authority Q). Some partnerships also sought to utilise links to the target groups, for example, by asking service providers to undertake consultation with their own user group.

This specialist knowledge was also typically used to inform understandings of possible service responses to identified needs and risks. In particular, gaps in services that might address needs were identified, coupled with knowledge of local providers. In one area this was presented as allowing existing service providers to ‘scrutinise’ the plans of the Children’s Fund partnership. Such dialogue was seen as important in order to ensure the support of those already delivering services to the target group. Any planned Children's Fund provision would necessarily need to ‘fit in’ with current provision, and identify and address the needs of other service providers. Children’s Fund partnerships therefore sought to ensure consensus amongst different services so as to facilitate future collaboration. In Local Authority Q this led to existing service providers producing a ‘potential menu of services to be developed’ with further approval to be sought from users and community members (Initial implementation plan).

3.4 Research Evidence

Research evidence was employed in similar ways to consultation with service providers. Indeed it was not always possible to separate provider input from evidence said to be derived from 'research'. Some data was presented as research evidence without reference to any particular studies making it difficult to assess its relevance.

Research literature was used by some partnerships to understand the particular risk factors that might lead to social exclusion, as well as the protective factors that might minimise these risks. Partnerships thus employed more detailed and specialized understandings as to how risk factors apply to particular target groups than those suggested in the original guidance. In particular partnerships referred to research published by the Youth Justice Board outlining 'Risk and Protective Factors Associated with Youth Crime and Effective Interventions to Prevent it' (YJB, 2001).

Research evidence was also cited as the basis for labelling some groups as 'vulnerable'. Government guidance on children's services was referenced in defining the terms 'vulnerable' and 'social exclusion', and the particular categories of vulnerable children to which policy is geared. Local research was also commonly cited, including that commissioned or undertaken by statutory services and in the context of area-based initiatives.

Research evidence was used as the basis for the development of particular services. In some areas risk factors were presented as the basis for each service, and subsequently how services might work together collaboratively to address the multiple needs of individuals or communities. Particular approaches to delivering preventative services were also justified through research and evaluation evidence, in particular where partnerships aimed to build upon and extend existing models of practice. For example, the initial implementation plan of Local Authority S cited a report from the Schools Plus Action Team within the Social Exclusion Unit as evidencing the role of schools and teachers as a means to identify the needs of vulnerable children. Research was also used to identify appropriate services currently lacking in an area. For example, in Local Authority N the partnership sought to fund a 'new culturally sensitive parenting programme' evidenced as effective in other neighbouring authorities (Initial implementation plan).

Elsewhere those seeking funding were asked to provide research evidence to justify their proposals as part of the commissioning process. Local Authority F claimed only to fund services drawing on examples of evidence-based practice or initiatives that had been piloted and were awaiting a development opportunity.

The use of such research evidence at any stage in the targeting process is, of course, dependent on its existence. Partnerships revealed the varied extent of research in relation to the targeted areas or to particular service responses. The existence of such data is not a prerequisite for such targeting. As noted in Chapter 1, Children's Fund partnerships were encouraged to be innovative and experimental, developing approaches that did not necessarily have a pre-existing evidence base.

3.5 Mapping Existing Provision

Almost all partnerships mapped existing provision, but the nature of this exercise varied greatly. At one extreme plans describe a ‘major trawl of existing initiatives and services identifying the intervention, where it is provided, lead partners, funding and sustainability’ (Initial implementation plan, Local Authority F). Elsewhere mapping occurred through consultations with users or professionals.

Once again the use of such material was influenced by the pre-existence of relevant audit data. Some partnerships were able to draw upon directories of voluntary and community sector services and mappings recently completed for other purposes. The initial implementation plan of Local Authority R described a number of reports from ‘a variety of other recent exercises that were taken into account: Sure Start; Community Safety Strategies; research funded by the EYDCP re needs and views of children with SEN and their carers; local area consultations (towns and rural areas); 2001 Annual Public Health Report; national research by Children’s Rights Alliance’. Similarly in Local Authority I, due to ‘work for the preparation of a number of plans, for strategic policy development and submission of bids, there is now considerable information available to assist with the targeting of services to meet needs’.

The availability of such information impacted upon when in the process it was included. Several partnerships described difficulties in undertaking such a task ‘from scratch’ allowing only a partial or concentrated mapping to take place. In particular two-tier authorities identified difficulties in undertaking such an exercise within the timescale set by the CYPU:

> Gaining information on services for children aged five to 13 in a county the size of [Local Authority D] with its two-tier structure and many diverse organisations is not easy. It is a complex and lengthy task to pull together an accurate service directory covering the county as a whole and each of its districts. It has not been possible to complete this task before the submission… (Initial implementation plan)

Once again we were able to separate the ways in which such data was collected and utilised by its intent and the stage at which the mapping took place. In some partnerships mapping of both strategies and services was used to inform the identification of target areas, groups and priorities. An understanding of pre-existing service provision was often used to choose between areas or target groups. The criteria for this selection varied greatly however. As discussed in Chapter 2, some partnerships sought to target areas with little pre-existing provision. In contrast other partnerships intentionally targeted areas with a range of existing initiatives or services with which the Children's Fund could link. In both cases the exercise was used to highlight areas or groups in which the priorities of the Children's Fund might be realised. This included recognition of groups of services where collaboration might be improved or encouraged, and the identification of sections of the voluntary and community sector where gaps might be addressed in order to build capacity.

Such a mapping was also used to define geographical communities to be targeted. This ranged from the selection of administrative areas already served by other initiatives and services, such as Primary Care Trust areas, to physically bounded communities separated, for example, by major roads.

In one case study area the mapping of existing service provision occurred in parallel to quantitative risk analysis. Need was therefore mapped directly against available service provision, considered to represent protective factors for an area or community.

Some Children's Fund partnerships, including two case study sites, used a method that derived from work by the Dartington Social Research Unit. 'Matching Needs and Services' (Dartington Social Research Unit, 1999) is a practice tool created to aid the design of needs-led services. An audit of referrals to existing services is used to identify the main 'need groups', define desired outcomes and specify which services are likely to deliver these outcomes based on research evidence. In the case study sites samples of cases that had either received statutory provision, or been rejected and yet not referred to alternative provision, were examined by a range of different

professionals. Auditors sought to identify any service provision that might have prevented a statutory referral in the case of accepted referrals, and in the case of rejected referrals they explored needs that could not be met by existing services. This analysis was used to suggest gaps in provision based on unmet need.

More commonly a mapping of provision occurred after decisions had been made as to which areas or groups the Children's Fund partnership would target. A more limited mapping was carried out to identify any services already addressing the same need, risk or target group. This approach was particularly evident in those partnerships where the existence or otherwise of other initiatives was not an issue in the selection of target groups or areas. Mapping was intended to ensure that services funded would be compatible with and complementary to existing provision, and to aid future collaboration between Children's Fund programmes and services and other initiatives targeting similar groups.

Detailed mapping of local or thematic provision was also commonly utilised in developing services. The needs of the voluntary and community sector were often explored with a view to capacity building in order to enable delivery of appropriate services in collaboration. An understanding of existing provision also allowed partnerships to seek to develop services and build on existing infrastructures. This could involve the broadening of the service remit to include preventative provision, or links between services to encourage identification of lower-level need and subsequent referral. Mapping also allowed for the identification of potential providers, particularly for those partnerships with very definite ideas about what they wanted to commission.

In some areas mapping of provision also included a consideration of current usage. This sought to establish where services were operating to capacity, seen as indicative of demand. Where 'heavy-end services' were operating to capacity, this was seen to imply the need for increased preventative services to lower this demand. If preventative services were oversubscribed this suggested the need for expansion or reproduction.

Where such an analysis also drew upon the perspectives of (potential) service users it also allowed the partnership to understand who was using services and, perhaps more importantly, who was not. A mapping of take-up amongst particular groups was used to explore barriers to use that might be overcome, or to identify where

alternative services might more appropriately match the requirements of those not accessing current provision. As such it formed the basis from which to fund alternative services or to develop existing provision. To give an example, play provision that purported to be open to all might be found to be infrequently accessed by refugee and asylum seeking children. By consulting potential service users amongst this group the partnership sought to understand how the service might be made more accessible or whether it was simply inappropriate.

3.6 Summary and Learning Points

A diverse range of data was employed in both deciding upon and implementing a targeting strategy. Although the distinctions between them are often blurred, five major types of evidence may be discerned: quantitative and administrative data; user input; consultation with service providers; evaluation and research; and the mapping of existing provision. Partnerships employed elements of each, but with different emphases.

However it appears that partnerships faced practical, technical and conceptual problems in accessing and applying appropriate evidence in reaching decisions about targeting. These difficulties are not exclusive to the Children's Fund.

- Confusion regarding risk and protective factors appears commonplace in local planning, with the complexities of risk factor analysis not always recognised.

- Groups of children were commonly identified through a combination of indicators conflated to produce indices purported to illustrate those most 'at risk' (e.g. the Index of Multiple Deprivation). Rather than enabling targeting of particular individuals on the basis of particular risk factors, a generalised and aggregated understanding of risk led to the targeting of identifiable and tangible areas or groups.

- Particular risk factors are not easily identified at a suitably disaggregated level to enable targeting to be operationalised.

- The limited availability of quantitative data appropriate and compatible with the defined target groups made it hard to make precise decisions.

Whilst local programmes were very creative and used ingenuity in applying existing administrative and local data sources, it was clear that a reliance on such sources was not entirely suitable for targeting to meet the objectives relating to social exclusion. The analysis of Children's Fund approaches to targeting show the benefits of the use of a combination of data, and in particular in the supplementation of quantitative data with additional sources of evidence to develop comprehensive understandings of need.

- The engagement of community members and (potential) service users in deciding targeting approaches provides an understanding of the preferences and priorities based in user, provider and political perspectives. A commitment to ongoing user and community engagement in the development of funded services also represented a valuable means to ensure appropriate targeting in provision.

- Engaging service providers allows for qualitative or discursive understandings giving rise to the selection of specific themed groups seen to be at risk of social exclusion and an understanding of particular need.

- Mapping of existing provision highlights areas or groups with relatively little provision, or issues or service types of relevance to prevention with little existing funding.

Chapter 4: From Targeting to Provision

This chapter explores how the rationales and supporting evidence described in previous chapters is implemented through service commissioning. We begin with a consideration of commissioning structures and processes. In examining the means by which particular services were selected for funding we explore how the targeting rationale and strategy was used to shape approaches to commissioning, or rather how a partnership's targeting strategy was turned into or informed a commissioning strategy. We discuss the ways in which the types of evidence described in the previous chapter inform (or do not inform) decisions, as well as the range of priorities and local emphases that can be seen to impact upon tendering or commissioning decisions. We then identify a number of barriers and impediments that inhibited the implementation of planned targets and mappings of need.

In addition to constraints on the original implementation of the desired strategy, Children's Fund partnerships experienced a range of longer-term issues that impacted upon the 'successful' development of their targeting approaches. This chapter outlines a range of such issues, beginning with those related to the specific implementation of the Children's Fund, before considering the impact of the changing policy context. Data available to NECF provide little evidence as to the success or otherwise of service-level targeting. Whilst final implementation plans commonly claim to have achieved stated objectives in reaching particular children or addressing particular needs, there is little evidence from which to confirm these statements.

4.1 Commissioning Processes and Structures

Our analysis has revealed a confusion in the selection and application of terminology to describe the processes involved here. Terms such as 'commissioning', 'tendering' and 'bidding' were commonly applied without definition, little consistency and, in some areas, seemingly interchangeably. For the purposes of this report the array of approaches adopted within the case study partnerships are collated into four categories which relate to the targeting approaches we have already discussed:

1. commissioning against pre-defined models or specifications of services as determined by strategic partnerships;
2. commissioning against identified needs arising from the constructed evidence base;
3. locality or thematic commissioning through reference groups; and
4. open bidding processes against loosely defined criteria.

As we will see, within each of these categories it was possible to identify different commissioning approaches. The simplicity of this categorisation means they are at

times not easily distinguished. Furthermore many partnerships adopted more than one of these approaches for different elements of their programme.

Category One: commissioning against pre-defined models

This involved the selection of services against pre-defined types or models of provision, identified from the range of evidence or rationales described in previous chapters. This approach was particularly evident where the targeting rationale was premised on the application of models of preventative provision to chosen areas, schools or groups. Frequently such modelling involved the extension of existing provision to new areas. Existing service providers were utilised and the process was non-competitive.

Competitive tendering seeking a range of bids against tightly defined service specifications relating to target groups, activities, aims, and intended outcomes were also used in this context. Such an approach was often employed to secure 'core services', 'reflecting the main considerations' or priorities of the partnership to be delivered across the local authority.

In some partnerships services were commissioned to address specific gaps identified in existing service provision. Alternatively services were funded on the basis of evidence of effective practice against a particular targeted need, as partnerships sought to recreate particular services seen to be effective in a similar context.

Category Two: commissioning against identified needs

Children's Fund partnerships also commissioned programmes of services against the needs and risks of each targeted area, school or social group derived from the mapping exercises. Services were commissioned to address specific factors or issues. This approach was adopted where there was agreement about the needs and risks to be addressed, but few preconceptions as to what services should be funded in order to address them, although the degree of openness varied. Some partnerships invited tenders against broad service areas (e.g. play provision, supplementary schooling for minority ethnic groups), whilst others invited tenders against identified needs with no reference to any type of service.

Targets were commonly defined by the central partnership, but commissioning was carried out both centrally and by theme or area. Where the process was devolved decisions were made by stakeholder reference groups or 'expert panels', established

by the central partnership to work to a closely defined remit. Such groups were commonly required to evidence the rationale for decisions made, 'to ensure a rigorous examination of proposals' (initial implementation report, Local Authority K). Panels were therefore not asked to interpret need or risk but to decide how prioritised issues might be most effectively addressed, or who might be the most appropriate provider.

An example of such a process was found in Local Authority A. 'Joint Planning workshops' for particular targeted themes and areas comprised a selection of agencies, involving voluntary, community and statutory providers. These groups were asked to agree programmes of provision, with individual services matched against national and local objectives as defined by the central partnership, including definitions of target group and numerical targets or performance indicators. All decisions then required ratification by the central steering group.

In other partnerships devolved commissioning was governed by a framework developed centrally, defining the 'golden rules' or objectives. For example, in Local Authority D:

> A template was used to appraise all programmes to consider the issues above and their current joins with national and local strategic themes and priorities… This was based on the extent to which their current provision 'can or is' responding to the priorities and imperatives. (Final implementation plan)

This template mapped provision 'against a 'need and focus' continuum', with the level of 'need' defined as either 'well', 'vulnerable', 'in need' or 'at risk', and the 'focus' said to be the 'community', 'child' or 'parent'. This allowed proposals to be plotted against prioritised needs and existing provision in order to decide upon an appropriate programme to address the evidence of the mapping exercise.

In Local Authority H a 'priority system' for assessing bids was developed, reflecting the key local objectives of the Children's Fund:

- Development of core infrastructure
- Meeting of Prevention Level 3 needs
- Emphasis on the voluntary sector

This allowed for the evaluation of proposals against a 'points scoring system'.

Where commissioning drew specifically from the mapping exercise there were examples of this data being used as the basis for ongoing monitoring and evaluation, applying measures of impact of the theme and highlighting the importance of collaboration and partnership in relation to the target group.

Category Three: commissioning through reference groups

The third approach was characterised by increased control amongst locality and thematic reference groups over commissioning decisions. Stakeholder reference groups were asked to identify the specific needs to be addressed and to recommend the appropriate service response, referring to mapping data to inform this. Once again such 'stakeholders' were seen to provide a uniquely 'local' focus to the consideration of the needs of children and young people within the target group, and an understanding of current provision and strategy.

Locality commissioning represents a logical continuation of the process of defining need locally. Such groups were seen to be able to ensure minimal overlaps with existing services, and that any partners offering such services were involved in discussions and delivery. Commissioning processes were often varied within Children's Fund partnerships to suit the particular context of the target group, allowing *a lot of local variations and a lot of quite specific things which related to the local ecology of service provision* (Interview with programme manager, Local Authority Q). In particular variation was sought to ensure community engagement in the process.

A degree of central control was maintained in most partnerships. This ranged from 'scrutiny panels' to ratify decisions, to support from central team or steering group members during the process. In Local Authority B each reference group was required to complete 'a two-year plan, indicating the targeted sub-objectives, key milestones and targets, and baseline data as well as financial business plan' (Initial implementation plan).

The extent to which this type of approach drew upon the data collected by the partnership varied greatly. Whilst some groups drew upon the data to specify particular services, others appeared to use the data purely to decide an allocation for the theme or area.

Category Four: open bidding processes

In some partnerships the commissioning process was premised upon open bidding against very loose criteria. This sought to attract as many proposals from as broad a range of agencies as possible. Typically, potential providers were given an information or application pack outlining the basic objectives and criteria, but encouraging bids against a variety of issues, needs and target groups. Decisions were then made against 'expressions of interest'. This process was adopted in the context of both central and devolved commissioning. Some partnerships described this approach as based upon consultation with service providers.

Local Authority K provides an example. A newsletter was 'broadly circulated' to inform potential providers that they could 'set down their outline proposals for Children's Fund projects' (Initial implementation plan). Children's Fund staff were then employed to support those seeking funding to develop proposals and form partnerships to ensure suitable bids were altered to meet the requirements of the Fund. This approach was seen as the best way to encourage innovation, allowing for 'raw ideas' to emerge that could be developed and moulded appropriately both individually and as a programme of services that could address Children's Fund objectives.

4.2 Other Priorities Impacting upon Commissioning

A variety of locally and nationally-defined priorities can be seen to have impacted upon commissioning processes and decisions. Such processes were not solely data driven. In particular the principles of the Children's Fund *Guidance* were prominent.

1. **The need for collaboration between service providers**

In Local Authority A each proposal was required to illustrate how the plan had been developed collaboratively. Each agency had to show that they had consulted with other groups working with the same target group and that they were therefore able to *fit in strategically* with other initiatives (telephone interview with programme manager). Where Sure Start or neighbourhood renewal initiatives operated in a targeted locality indication of collaboration was required, particularly if the locality had been chosen based upon the existence of such initiatives. In Local Authority D all proposals needed to be *signed off* by local head teachers and Children's Centre lead officers (telephone interview with programme manager, summer 2003).

Elsewhere collaboration was made a requirement in delivery. In some areas all services commissioned were to be delivered as partnerships with a multi-agency steering group. Most partnerships required services to identify those they would work in collaboration with in delivering preventative provision, outlining potential referral routes both into and out of the service. Such an approach was seen to be particularly important in Local Authority E where the commissioning process offered a key means to facilitate multi-agency working at the operational level, through the establishment of 'local networks'.

2. **User participation**

Some partnerships required evidence of community engagement in the development of a proposal. This ranged from the need to provide evidence of consultation, to approaches such as that in Local Authority O, where all potential providers were asked to 'develop their services in partnership with their service users' (Initial implementation plan).

Most partnerships also demanded a commitment to ongoing user and community engagement in the development of funded services. In some areas formal, structured input had to be evidenced, whilst elsewhere a reference was made to a less explicit 'responsiveness' in delivery. Drawing once more on Local Authority O, the involvement of service users in designing provision was seen as the basis for an ongoing 'culture of evolution in response to the needs and wishes of children and young people' (Initial implementation plan).

3. **Preferential funding of voluntary and community sector providers**

In Local Authority T all projects were required to be 'delivered by, or be in partnership with, voluntary sector and/or community groups' (Initial implementation plan). In Local Authority C this was to be achieved by requirements that: 'the grant is not used to fund activities which any organisation has a statutory responsibility to provide'; and there is 'A strong expectation that there will not be a significant alteration to the proportion of the grant that is awarded to voluntary sector projects' (Final implementation plan).

4. **Building on existing services wherever possible**

Some partnerships sought to commission services that were already doing work that met Children's Fund sub-objectives, fulfilled the needs identified by the local Children's Fund partnership, and had strong, proven track records for effective

service provision. Similarly other partnerships sought to fill gaps in pre-existing provision as highlighted by the mapping exercise.

5. **Influencing 'mainstream' agencies or strategies**

Two case study partnerships made specific reference to only funding services that could demonstrate potential for eventual mainstreaming or sustainability beyond the timescale of the Children's Fund. One such partnership outlined the means by which this was to be achieved, citing the involvement of children and families in key decision-making; the development of an appropriate strategic Partnership Board involving mainstream agencies; and the use of funds to 'test new ideas, which can be evaluated so that value for money services can be developed' (Initial implementation plan, Local Authority J). The new children's trust arrangements were a particular focus in this respect.

As well as seeking to influence mainstream, statutory services through funding challenging and innovative preventative services, partnerships also sought to influence strategic stakeholders through processes of commissioning. The desire to inform the commissioning of other initiatives and strategies was evident in plans to develop structures and processes that might be used more broadly. This was particularly the case in Local Authority J who sought to develop a 'commissioning model which takes in the partnership contracting, monitoring and service development and the commissioned services workforce development' (Final delivery plan, Local Authority J).

On a smaller scale partnerships also sought to develop local structures that might be used both for further commissioning and as a basis for strategic collaboration. This also reflected a desire to develop capacity within the locality and themed groups, as discussed in the Children's Fund *Guidance* (CYPU, 2001).

4.3 Barriers to Planned Commissioning

The case study partnerships revealed a range of barriers to the implementation of planned targets and mappings of need. A number of these related to assumed pressures to meet objectives within a short timeframe, including the need to deliver services as quickly as possible.

In several partnerships the timescale for delivery on proposals was seen to have led to incoherence in commissioning. In Local Authority P *the rush of spending money*

was considered to have led to the development of a two-tiered commissioning process that devolved *too much authority* to the localities, leading to different partnerships developing different procedures. Furthermore it was seen as *difficult to claw that [control] back*. Speed of implementation was also argued to have meant *lots of things got agreed on the nod*, with a lack of paperwork about services or decisions made (Telephone interview with programme manager, Local Authority P).

In Local Authority E the 'ambitious' plan submitted to the CYPU was found to be very difficult to implement in the short space of time. The programme manager argued that this led to the funding of an array of services with little coherence or strategic overview. Only in future rounds of commissioning were the partnership able to develop a programme with firm foundations in Children's Fund objectives and principles, developing multi-agency area panels to consider proposals and setting appropriate criteria regarding collaboration.

In contrast, in one area the funding of a loosely structured assortment of services was seen to be a solution to, rather than the effect of problems of timescale. Local Authority F decided to initially fund only small scale, exploratory projects. This led to the commissioning of a large number of projects, with possible duplication. However this was seen to provide the basis from which to develop a more coherent programme of services over time.

Linked to issues of timeframe were those related to the lack of infrastructure pre-existing the Children's Fund. Some partnerships reported being unable to put procedures in place through which to undertake commissioning as planned. For example, in Local Authority C, despite being 'committed to the involvement of service users', it was not possible to 'develop a commissioning model to clarify how their views will shape the decisions reached' (Final delivery plan). In some areas there was no suitable structure in place to develop the Children's Fund programme as developments in relation to the strategic planning of children's services were still at an early stage.

In Local Authority E barriers were described as being cultural rather than structural. Funding streams like the Children's Fund had historically been used to support existing work. Interviews with Partnership Board members suggested that the city council initially used Children's Fund money to *'bail out'* certain statutory services and a competitive tendering or bidding process was not initially considered.

Barriers inhibiting the involvement of the voluntary and community sectors (VCS) were also commonplace in the early stages of the development of local Children's Fund programmes. Where no 'umbrella' VCS group existed, informing VCS organisations of the Fund was found to be difficult. Channels of communication needed to be developed to ensure appropriate involvement in strategic decision-making as well as to encourage or identify potential providers.

Problems were also identified in engaging such organisations in the commissioning processes. In some areas the Children's Fund was seen to be 'slowed down by laborious Council bureaucracy'. Whilst this represented a problem in itself regarding implementation, it was seen to be particularly

> *onerous for small voluntary organisations, and in fact may act as a form of discrimination. This process is easier for the major voluntary organisations, which are more geared up for this level of bureaucracy. The smaller organisations do not always appreciate the level or kind of detail required.*
> (Telephone interview with programme manager, Local Authority I)

This was seen to be particularly difficult where strict criteria regarding participation, partnership or evaluation had been applied: 'This of itself was a cultural change, and the Fund programme team had to devise a range of methods to support agencies in clarifying the issues' (Final implementation plan, Local Authority O).

Service providers also needed to be supported to understand the need for service-level targeting and associated evaluation.

Problems in engaging the voluntary sector contributed towards a more general problem of identifying appropriate providers able to respond to the desired shape of the programme. Some partnerships reported difficulties in identifying voluntary sector providers for particular projects. This was particularly problematic for those partnerships seeking to commission against very definite service specifications. In one area this led the central team to deliver some 'core services' themselves. Elsewhere this led to a need for capacity building amongst organisations or communities. For example, in Local Authority V significant support was provided to minority ethnic communities to encourage engagement.

A rapidly-changing policy context was also seen to affect the implementation of targeting strategies. Of particular note was the introduction of the requirement to spend 25% of the budget on crime prevention strategies. For some Wave One partnerships this requirement was introduced once planning and even commissioning was underway. Similarly cutbacks in funding to local partnerships introduced in autumn 2003 were seen to have constrained commissioning processes as well as the ability to fund the full range of services planned.

The changing broader policy context in which the Children's Fund has operated was also seen to impact greatly on the specific implementation of the initiative. This is discussed in more detail in the following section.

4.4 Changes to Targeting Strategies

In the final implementation plans, outlining each partnership's strategy for the period 2005-2008, several changes to commissioning processes were described. The reasoning for such change varied greatly. In some instances new understandings of need and risk were evident. Local evaluations provided some partnerships with the opportunity to reflect on the success of the initial commissioning strategies. Whilst many evaluation reports were seen to reaffirm the chosen strategies and approaches, others recommended particular changes. In Local Authority P a research paper commissioned by the Children's Fund identified gaps in provision for particular groups of vulnerable children. This analysis was then used to devise the specifications for the commissioning of additional services. In Local Authority V the services funded were found not to be reaching the intended target groups in some cases. Despite intentions to commission a programme of services against the identified needs of Traveller children, young carers and homeless children, project monitoring suggested only a 'handful of services' were actively targeting these groups.

Emergent learning from the monitoring and evaluation of Children's Fund services offered evidence of effective practice. Those partnerships that had put in place appropriate evaluation upon commissioning services were able to draw on this learning in recommissioning, developing the initial programme of services or funding additional projects. For example, in Local Authority F the local evaluation report suggested that the initial target areas and schools were not the most appropriate way of targeting the most deprived areas. Furthermore it reported that several services

were extending access beyond the target areas, constraining the impact on the chosen target wards.

The mapping exercises carried out in preparing the initial plan were revisited, providing additional data on populations seen to be at risk of social exclusion and identifying further gaps in services. Changes in the demographics of targeted populations were identified as a result. For some this was merely an evolving process, with the additional 'time and effort' providing for a period of reflection and reassessment. In other cases new types of data were presented which were unavailable or not accessed in the initial exercise. In particular, the growing availability of data for smaller geographical areas allowed for the refinement of understandings. In adopting the Index of Multiple Deprivation 2004, partnerships were able to access information at the level of Super Output Areas (SOA) (see Appendix 3). This provided new understandings of deprived areas, highlighting 'pockets' that previously could not be easily identified. This led to the addition of extra target areas or a shift in the criteria for targeting larger areas. For example, in Local Authority R all wards with several deprived SOAs were now targeted.

Changes to commissioning strategies also reflected evolving understandings of prevention. In Local Authority A an emergent consensus amongst the Partnership Board around the need for holistic support was seen to have informed the development of the final implementation plan. Similarly in Local Authority V there was shift towards the funding of 'clusters' of services around particular issues or desired outcomes. Elsewhere the apparent success of particular services led to the extension of these as the preferred approach to prevention.

Two case study partnerships started to question the level of need at which services were targeted. In Local Authority P several services were thought to have 'drifted into universal provision' such that many of those accessing the service were not 'vulnerable children at risk of social exclusion'. A Partnership Board member gave the example of the use of breakfast clubs as a free child minding service amongst *white middle-class families* (interview with strategic partner, summer 2005). In contrast, in Local Authority U services were being drawn towards meeting more pressing immediate or critical need. This was thought to be the result of a lack of clarity in definition, blurring the distinctions between preventative provision and statutory obligations.

Problems in implementation

Problems in the implementation of planned strategies were also reported. Attempts to commission to an area model were hampered by a lack of services operating in such bounded or tightly defined communities. This was particularly evident in Local Authority C where particular neighbourhoods were initially targeted. In the final implementation plan this restrictive focus had been removed.

Similarly implementing a programme targeted at a thematic or social group also presented problems. As with the targeting of particular bounded communities, services were not willing or able to work with tightly defined social groups (see also Edwards, *et al*, Chapter 6). Services did not always neatly fall into one theme or another but often operated across social groups, including those not specifically targeted by local partnerships. Furthermore commissioning against specific target groups can be seen to 'describe projects in terms of what they did, not what they achieved' (Local evaluation report, Local Authority C). That is, services were commissioned to work with a group as opposed to the sub-objective they sought to address.

There were also reports of funded projects experiencing difficulties in delivering against the requirements of the Children's Fund. In Local Authority V the strict criteria applied to the grant led to 'confusion' amongst some projects. The array of new responsibilities and expectations led to difficulties in setting up a project or in changing existing practice to the extent of having 'to actually create a new project', operating with different legal responsibilities (Local evaluation report).

The devolution of commissioning responsibilities to local area or thematic partnerships was also reported to have led to difficulties in implementation. Again we observed a contrast in experience. In one authority the use of such partnerships was seen to have resulted in a process of funding services that was not sufficiently 'standardised' or 'robust'. The resultant programmes were found to be inappropriate to the specified aims of the central partnership. This led to the development of a 'scoring system' to be applied by each partnership. However attempts to reduce the autonomy of local partnerships proved challenging. Conversely Local Authority R moved to increase the power of local partnerships when (re)commissioning additional services, believing a centralised system overburdened the Partnership Board.

Changing priorities: towards mainstreaming and sustainability

Across the case study partnerships there was an increase in emphasis on issues of mainstreaming and sustainability in the final phase of the Children's Fund. The mainstreaming of provision therefore became a priority in commissioning decisions. In one partnership alternative funding sources were sought for all existing services prior to recommissioning and services that were already sustainable had their funding discontinued. In Local Authority Q funding was dependent on the agreement of 'tasks' and 'milestones' towards migration. Similarly in Local Authority E greater emphasis was placed on the need for an evidence base for each service. Without this it was accepted that services were unlikely to be funded beyond the Children's Fund. Each project was therefore required to 'sign up' to a range of targets against which they could be evaluated.

Partnerships also sought to encourage cultural change and impact upon 'mainstream' thinking and provision, and thus the focus shifted from 'services' to 'strategies'. The commissioning of a programme of services became of less importance than the development of a strategic approach to maximising learning, evidencing effectiveness, and developing the infrastructure necessary to support a wider preventative agenda. This was apparent in the development of local partnerships, capacity building within the voluntary sector and the advocacy of participation in service design and delivery.

The context of such cultural change was the introduction of *Every Child Matters* and the subsequent Children Act 2004, and the parallel development of Local Area Agreements and Local Preventative Strategies, which together form the parameters for the development of the preventative agenda. The Children's Fund agenda was commonly presented as subordinate to broader preventative discourses within the local authority. The impact on local strategies was substantial.

To varying degrees Children's Fund programmes were commissioned or reorganised around the framework provided by *Every Child Matters*. Whether this represented a new approach to targeting or a rationalisation of existing strategies against a foreign agenda is often unclear. The successful sustainability of Children's Fund services was seen to be dependent on the concurrence with broader strategies. Any attempts at mainstreaming Children's Fund activity would need to fit into and influence this new agenda. Commissioned services were therefore commonly required to map their

objectives against the Outcomes Framework provided by ECM (Department for Education and Skills, 2004).

In Local Authority D this changing environment was seen to have 'placed the [Children's Fund] in a difficult position'.

> While the priorities for the fund…remain essentially the same and the partnership retains the autonomy to commission services felt to be appropriate and relevant, there is a clear responsibility and impetus to ensure any investment is explicitly supporting the structural and strategic developments that will deliver the child-centred outcomes (as they are interpreted locally) covered in ECM.
>
> (Final implementation plan)

Elsewhere changes were even more substantial. In several authorities commissioning became subsumed into broader structural hierarchies such that the priorities and principles of the Children's Fund became secondary to broader considerations. For example, in Local Authority C services were commissioned within the children's trust structure. Similarly in Local Authority D, the Children's Fund was controlled by Children and Young People's Strategic Partnership (CYPSP). In some cases the Children's Fund Partnership Board was disbanded as a discrete grouping, subsumed as a sub-group of broader partnerships or linked with other initiatives such as Extended Schools. In Local Authority M this led to the development of a single new joint commissioning unit controlled by the CYPSP.

In some local authorities the change in strategic hierarchies meant that new local partnership structures replaced those previously employed by the Children's Fund. In one area Primary Care Trust boundaries became the common basis for localised decision-making. Locality targeting approaches were directly affected by this.

Impacting upon the broader agenda

The implementation of the Children's Fund within local areas was related to the local context, but the Children's Fund also impacted on the further development of local approaches to targeting provision. The case study partnerships revealed numerous ways in which the Children's Fund has been used to develop elements of the broader agenda, while being subordinate to this. In addition to informing ways in which people were thinking about prevention and participation, several elements of the targeting and commissioning rationales were seen as influential.

Partnerships described the learning taken from the Children's Fund regarding structures and processes of implementation. One partnership presented the initiative as evidencing the means to organise a programme or 'strategy of preventative services' (Final implementation plan, Local Authority Q). In two authorities the locality commissioning structures developed by the Children's Fund were adopted more broadly. More commonly issues that had been identified through the Children's Fund mapping exercise continued to receive attention. In particular, the importance of play facilities and family support services was recognised. Indeed the mapping exercise carried out by the Children's Fund was frequently said to have been utilised by other strategic partnerships.

In some areas the development of such an evidence base was a new experience within the local authority. There was a growing recognition of the need for integrated local databases which draw together various sources containing relevant data, link them and make them applicable to smaller disaggregated groups and even individuals. Indeed one metropolitan authority concluded that: 'The experience of the mapping exercise has highlighted the need for a coherent city-wide approach to information collection and analysis. This will be a major priority for the new children's strategy for [the area]' (Final implementation plan).

4.5 Summary and Learning Points

Whilst the term 'commissioning' is used very generally, four major approaches may be discerned: against pre-determined models or types of service; against needs identified from evidence bases; locality or thematic planning through reference groups; and open bidding against very loosely defined criteria. Criteria such as: collaboration with other initiatives; multi-agency working; user participation; community engagement; the need for an evidence base; building on existing services; potential for influencing the mainstream; and capacity building formed part of the rationale for targeting strategies.

Initial targeting strategies were amended as a result of learning and changing agendas. In some cases there was found to be insufficient matching of services to targets, or particular groups of vulnerable children were found not to be accessing services as intended. Extensions of mapping exercises, previously unavailable detailed data or new understandings of risk and prevention arising from implementation led to the evolution of targeting strategies. Increasing attention to

mainstreaming and sustainability and the framework provided by *Every Child Matters* also stimulated changes.

Whatever the approach to targeting and on whatever basis targeting decisions were reached, the impact of these is dependent on the extent to which they could be implemented through service commissioning. Such processes were also impacted by the local and national contexts in which the Children's Fund was working.

A number of the potential barriers to planning and commissioning are apparent in the experiences of Children's Fund partnerships.

- A lack of prior preventative activity (strategic or operational) made it hard for some partnerships to determine an appropriate way of approaching targeting.
- The limited timescale available to plan and commission services meant that partnerships were not able to do as much preparatory work as they would have liked.
- Multiple and varied meanings attached to the term 'commissioning' by various partner agencies caused confusion. Terms such as 'commissioning', 'tendering' and 'bidding' were commonly applied without definition, little consistency and, in some areas, seemingly interchangeably.
- The impact of targeting decisions was dependent on the extent to which they could be implemented through the commissioning of appropriate service providers.

However the Children's Fund also helped shape these contexts and made its own contribution to the evolving picture of prevention, in particular at the local level; for example, regarding structures and processes of implementation, particular service types or approaches to mapping need and services.

Chapter 5: Successes and Challenges in Targeting the Children's Fund

In this final chapter we seek to summarise the discussions of previous chapters, highlighting the apparent successes and challenges evident in local partnerships, re-emphasising key learning points from the Children's Fund experience and exploring their application to the challenges facing those charged with the implementation of new children's service arrangements.

5.1 Approaches and Rationales in Targeting the Children's Fund

Children's Fund partnerships adopted very different approaches to the targeting of 'those children, young people and families most at risk of social exclusion through poverty and disadvantage' (CYPU, 2001, p8). The main approaches identified are those based on: geographical area; school; theme or group; service models; and the identification of individuals. The targeting rationales of most partnerships incorporated elements of several such approaches.

The identification of geographical areas was a major focus for targeting; elements of which appeared to varying degrees in most partnerships. Geographically bounded target areas were perceived as able to provide an appropriate basis for the implementation and operationalisation of the programme, and allow for innovation, experimentation and subsequent learning. However the rationale for selecting particular areas was not always apparent. In some partnerships it appears that areas were chosen due to the availability of data at that level. In most cases wards were the chosen unit of focus despite no clear evidence that this provided the most appropriate way of identifying need or risk.

The choice of area was often guided by the pre-existence of the 'conditions for success' perceived as necessary for successful implementation, given the restricted time available to begin service delivery. Most commonly this included areas with the potential for the development of a voluntary and community sector preventative infrastructure or a pre-existing local capacity to deliver. It was common for areas to be selected prior to consideration of the specific aims or the types of provision the programme sought to deliver. It was also common to select areas already receiving provision through other initiatives such as Sure Start or New Deal for Communities. This was justified through a desire to link to and build upon existing provision, but little prior consideration was given to the appropriateness of these areas for preventative work with children of the types envisaged.

Similarly some targeting approaches can be seen to start from a particular understanding of what constitutes or is necessary for preventative provision. As such the approach was designed to create the infrastructure necessary to enhance understanding as a basis on which to build preventative services. In addition to the need for structures for collaborative working and the development of the capacity of the voluntary and community sector, some partnerships focused implementation on the development of identification, referral and assessment systems. In such instances the importance of flexible informal access and self-referral to reduce the stigma associated with service use was emphasised. There was no intention to establish criteria which potentially excluded children. Well publicised appropriate information and referral routes were therefore preferred to individualised targeting.

Targeting by social group was often substituted for area targeting for a variety of reasons:

- vulnerable children with particular needs do not always live in targeted areas;
- in order to avoid 'postcode lotteries';
- a focus on areas does not reach children with specific problems.

However target groups were not always easily defined. Furthermore standardised definitions were at times ineffective proxies by which to identify those with particular needs. Thematic classifications also referred to problem issues where the connection to social groups was less clear cut (e.g. bullying, behavioural difficulties). Both definitions and identifications of a target group were more difficult in this context.

There were differences of view about the appropriateness of decisions to target specific groups of children in the context of an initiative intended to achieve social inclusion. Experiences indicate the benefits and necessity of including opportunities for activities designed to respond to the particular circumstances of children in diverse circumstances, and the need to address factors which act as barriers to building positive relationships between different groups (Barnes, *et al.*, 2006; Beirens, *et al.*, 2006; Mason, *et al.*, 2006; Morris, *et al.*, 2006; Prior, *et al.*, 2006). However, decisions to adopt a themed approach mean that the thorny question of how to define the target group remains problematic and disputed in many instances. Our results suggest the importance of building strategies around the identification and understanding of the *barriers* faced by different groups, not just the identification of the groups themselves.

In order to understand why different approaches to targeting were chosen we need to understand how the Children's Fund was perceived locally in terms of its relationship to other relevant partnership structures, and the extent to which it marked a new opportunity to develop preventative strategies, or build on existing ones. Approaches to targeting were not only intended to ensure appropriate delivery of services but to also achieve other more strategic objectives. In summary, the influences of local context on approaches to targeting at the level of Children's Fund partnerships included:

- Existing partnerships and the extent to which these had already developed strategies for prevention.
- The opportunities seen to be offered by the Children's Fund to extend and develop existing innovative models and practices.
- Opportunities to link with other strategic initiatives.
- A desire to contribute to voluntary and community sector capacity building.
- The opportunity to test out new models – both of service delivery and commissioning.
- Local political agendas.

5.2 Conceptualising and Identifying Those 'At Risk'

The complexities of risk factor analysis were not always recognised within the Children's Fund *Guidance*, or in its implementation. Whilst the need to target against multiple risks was noted, recognition of single risk factors is not enough to predict disadvantage in later life. Negative outcomes result from a complex inter-dependence of risk factors, and it is not clear how this complexity might be identified. Targeting against aggregated risk as suggested by the 'profiles' outlined in the *Guidance* is not the same as the identification of multiple risks across community, family, and individual levels. Attempts to develop an understanding of such interdependencies have proved problematic in the targeting of the Children's Fund. Exploring interaction and relationships between 'profiles' requires considerable statistical analysis and substantial expertise in statistical modelling and multilevel analysis, which is not yet always possible in the context of local planning.

It is also clear from our discussion that it was not always possible to follow the *Guidance*. In particular we suggest a lack of data in a form that could be readily and

easily used by the Fund. We question whether data that might be useful was available and whether available data was made useful.

The mapping of need typically relied on data collected for other purposes and thus the development of proxies for identifying risk amongst populations. Groups of children were subsequently identified as being 'at risk' according to a set of criteria developed from a combination of indicators. Rather than targeting on the basis of particular risk factors, a generalised and aggregated understanding of risk led to the targeting of identifiable and tangible areas or groups argued to be experiencing (relative) deprivation. Whilst indicator data might relate to particular risk factors such data is invariably conflated to produce indices of need based upon multiple indicators purported to illustrate those most at risk. Most commonly partnerships drew upon the Index of Multiple Deprivation. Several partnerships selected areas by adopting seemingly arbitrary cut off points of all wards within the top 10 or 20% most deprived in the country. Such indices are usually highly aggregated, giving rise to a primary focus on broad population groupings rather than enabling targeting of particular individuals who might be identified as having 'at risk' characteristics beyond very broad demographics. Thus the identification of those 'at risk' of particular negative outcomes was confused with generalised proxies for need. Such broad factors were therefore not easily related to particular planned service provision or specifically identified need.

In addition to the range of difficulties in relation to obtaining appropriate quantitative data, we have also highlighted difficulties in applying the data that was available. In general the implementation of local strategies indicates a gap between an analysis of the nature of the problem to be addressed and the design of activities capable of delivering the outcome objectives desired (Edwards, *et al.*, 2006, Chapter 6).

This is further complicated by the problematic application of research evidence to administrative and policy purposes:

- The limited availability of quantitative data appropriate and compatible with the defined target groups made it hard to make precise decisions.
- Particular risk factors were not easily identified at suitably disaggregated levels to enable targeting to be operationalised.
- Concurrently those broad risk factors that were available were not easily related to particular planned service provision or specifically identified need.

5.3 Supplementary Data Sources

We have illustrated the use of a number of additional data sources to supplement quantitative data in making decisions about targeting preventative provision. Whilst local programmes were very creative and used ingenuity in applying existing administrative and local data sources, it was clear that a reliance on such sources was not entirely suitable for targeting to meet objectives relating to social exclusion. Analysis of Children's Fund approaches to targeting shows the benefits of the use of a combination of data, and in particular in the supplementation of quantitative data with additional sources of evidence to develop comprehensive understandings of need. In particular we highlighted: the engagement of community members and (potential) service users; the engagement of service providers; and the mapping of existing provision.

The engagement of community members and (potential) service users in deciding targeting approaches provides an understanding of the preferences and priorities based in user, provider and political perspectives. A commitment to ongoing user and community engagement in the development of funded services also represented a valuable means to ensure appropriate targeting in provision. The purpose of such input varied from: the establishment of groups, areas or models to be targeted; the interpretation of quantitative data so as to obtain a greater understanding of the target group or area; and to the development of possible services appropriate to those needs.

Engaging service providers enabled access to specific knowledge about the needs and circumstances of groups of children and families most at risk of social exclusion. Qualitative or discursive understandings that gave rise to the selection of specific themed groups seen to be at risk of social exclusion were also commonplace in Children's Fund targeting. The devolution of decision-making or other such meaningful input of those working directly with the target groups was anticipated to enable services commissioned to better meet local needs.

Elsewhere NECF has highlighted the positive impact of services that drew on the knowledge and understanding within black and minority ethnic communities of problems faced by children and which provided positive cultural images and role models for children (Morris, *et al.*, 2006). Similar experiences were evident in some aspects of work with refugee and asylum seeking families (Beirens, *et al.*, 2006). In contrast, the approach of a consortium of partnerships working with Gypsy/Traveller

families was to engage children in mainstream activities and the way of working adopted often encountered difficulties because it was still based in assumptions about activity planning which did not 'fit' with families' lifestyles (Mason, *et al.*, 2006). This suggests that use of local cultural, community and professional knowledge is necessary to ensure that themed services generate the positive benefits associated with building pride and confidence in different social and cultural identities, and do not run the risk of labelling different groups as 'problem communities'.

Mapping of existing provision was also commonplace, and used to highlight areas or groups with relatively little provision, or issues or service types of relevance to prevention currently receiving little funding. Elsewhere audits formed the basis of a targeting approach, for example, where the Dartington Social Research Unit (1999) 'Matching Needs and Services' model was applied.

In addition to the use of data in developing effective targeting strategies we have also highlighted the development of particular aspects of service provision that allowed for the identification and engagement of those 'at risk'. In particular we identified the importance of accessibility, multiple referral routes and non-stigmatising provision.

5.4 Developing Approaches to Planning and Commissioning

The term 'commissioning' had varied meaning for different partner agencies and this caused confusion. Terms such as 'commissioning', 'tendering' and 'bidding' were commonly applied without definition, little consistency and, in some areas, seemingly interchangeably. However there was also evidence of Children's Fund partnerships developing understandings of and approaches to commissioning that were applied more widely.

Whilst the term 'commissioning' was used very generally, four major approaches may be distinguished: commissioning against pre-determined models or types of service; against needs identified from evidence bases; locality or thematic planning through reference groups; and open bidding against very loosely defined criteria. Criteria such as: collaboration with other initiatives; multi-agency working; user participation; community engagement; the need for an evidence base; building on existing services; potential for influencing the mainstream; and capacity building were all evident as rationales for targeting strategies.

The experiences of the Children's Fund suggest a number of the potential barriers to be overcome in creating the conditions necessary for the successful planning and commissioning of preventative services. For example:

- A lack of prior preventative activity (strategic or operational) made it hard for some partnerships to determine an appropriate way of approaching targeting.
- The limited timescale available to plan and commission services meant that partnerships were not able to do as much preparatory work as they would have liked.
- The impact of targeting decisions was dependent on the extent to which they could be implemented through the commissioning of appropriate service providers. Often this required voluntary and community sector organisations with the capacity to deliver services that are flexible and responsive to the needs of children in diverse situations.

We have highlighted learning in regard to both service provision and the structures and processes necessary for targeting, planning and commissioning.

- Emergent learning from the monitoring and evaluation of Children's Fund services offered evidence of effective practice. Those partnerships that had put in place appropriate evaluation were able to draw on this learning in recommissioning, developing the initial programme of services or funding additional projects. The apparent success of particular services led to the extension of these as the preferred approach to prevention.
- In some instances new understandings of need and risk were evident. Local evaluations provided some partnerships with the opportunity to reflect on the success of the initial commissioning strategies. Whilst many evaluation reports were seen to reaffirm the chosen strategies and approaches, others recommended particular changes. Changes to commissioning strategies also reflected evolving understandings of prevention.
- The mapping exercises carried out in preparing the initial plan were revisited, providing additional data on populations seen to be at risk of social exclusion and identifying further gaps in services. Changes in the demographics of targeted populations were identified as a result. In particular, the growing availability of data for smaller geographical areas allowed for the refinement of understandings. This provided new understandings of deprived areas, highlighting 'pockets' that previously could not be easily identified.

5.5 The Impact of the Children's Fund

The implementation of the Children's Fund within local areas was related to the local context, but the Children's Fund also impacted on the further development of local approaches to targeting provision.

In some areas the development of an evidence base was a new experience within the local authority. There was a growing recognition of the need for integrated local databases which draw together various sources containing relevant data, link them and make them applicable to smaller disaggregated groups and even individuals.

Elsewhere commissioning structures developed for the purposes of the Children's Fund have been adopted more widely. Understandings of prevention have been developed through Children's Fund partnerships and applied more broadly through other strategic partnerships. New commitments to user engagement and innovative approaches to participation have been developed. Experimentation and learning was evident as approaches to prevention were extended from those areas and groups seemingly at most risk.

Whilst we are not able to judge the effectiveness of particular targeting strategies in meeting Children's Fund aims and objectives, it is clear that they played a major role at the local level in helping partnerships understand deeper questions of how non-statutory provision might be enhanced. This experience of formulating targets seems also to have been valuable in gaining deeper knowledge of how newer challenges might be met in changing policy contexts. The practice of assembling evidence focused attention on what still might be required in fully addressing the complexity of risk and protective factors and this may inform future preventative provision. The various forms of consultation, experience and local research will continue to add to this knowledge. The growing availability of integrated, disaggregated, and longitudinal local databases (see Appendix 3), availability of IRT systems with their information on the multiplicity of factors necessary to define and identify children at risk of exclusion, and more relevant attention to their analysis (Hansen & Plewis, 2004) might also improve our ability to assess both the role of targeting itself; and whether its role seems crucial to the effectiveness of the way in which this is applied. Much work is going on in exploiting individualised databases such as the DfES National Pupil Database and Pupil Level Annual School Census (PLASC) from which lessons might be learned in the present context, in particular how they might be linked to other available data at other levels such as schools and small areas

Examples are the impact of inclusion of special needs pupils on educational achievement (Dyson, *et al.*, 2004) and resource effects on achievement (Levačić, *et al*., 2005: Fielding, 2006).

5.6 Application to New Children's Services

The challenge now lies in translating this learning from Children's Fund practice and strategic partnerships into the new arrangements for children's services, and in doing so maintaining and developing the profile of prevention. As far as NECF is aware it is not intended that large-scale national preventative initiatives such as the Children's Fund will be repeated. However, the learning from this initiative is directly relevant to the emerging local arrangements for services for children and families and the growing emphasis on local developments, particularly in regard to targeting, planning and commissioning.

As noted in Chapter 1, the Children Act 2004 and subsequent policy guidance has given rise to significant changes to the means by which services are to be planned and commissioned, through the requirement for a single, overarching strategic Children and Young People's Plan, identifying and agreeing clear targets and priorities as well as the activities to achieve them. This requirement is supported by the development of a 'Joint planning and commissioning framework for children, young people and maternity services' (HM Government, 2006), bringing significant changes to data collection requirements and a new emphasis on outcome-focused planning. This framework proposes nine steps, presented as though chronological but with recognition of the necessary interplay between them.

The experiences and learning of local partnerships in targeting the Children's Fund have the potential to inform a number of these stages, including:

- the profiling of communities, families and individuals (stages 1 and 2)
- the use of supplementary data sources (stage 3)
- agreeing priorities and the appropriate service response (stages 4 and 5); and
- the development of approaches to planning and commissioning (stages 6, 7 and 8)

In order to have the necessary impact upon service development and ultimately outcomes for children and families, the key messages from this evaluation therefore require further local consideration and application to such strategic processes.

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Appendix 1

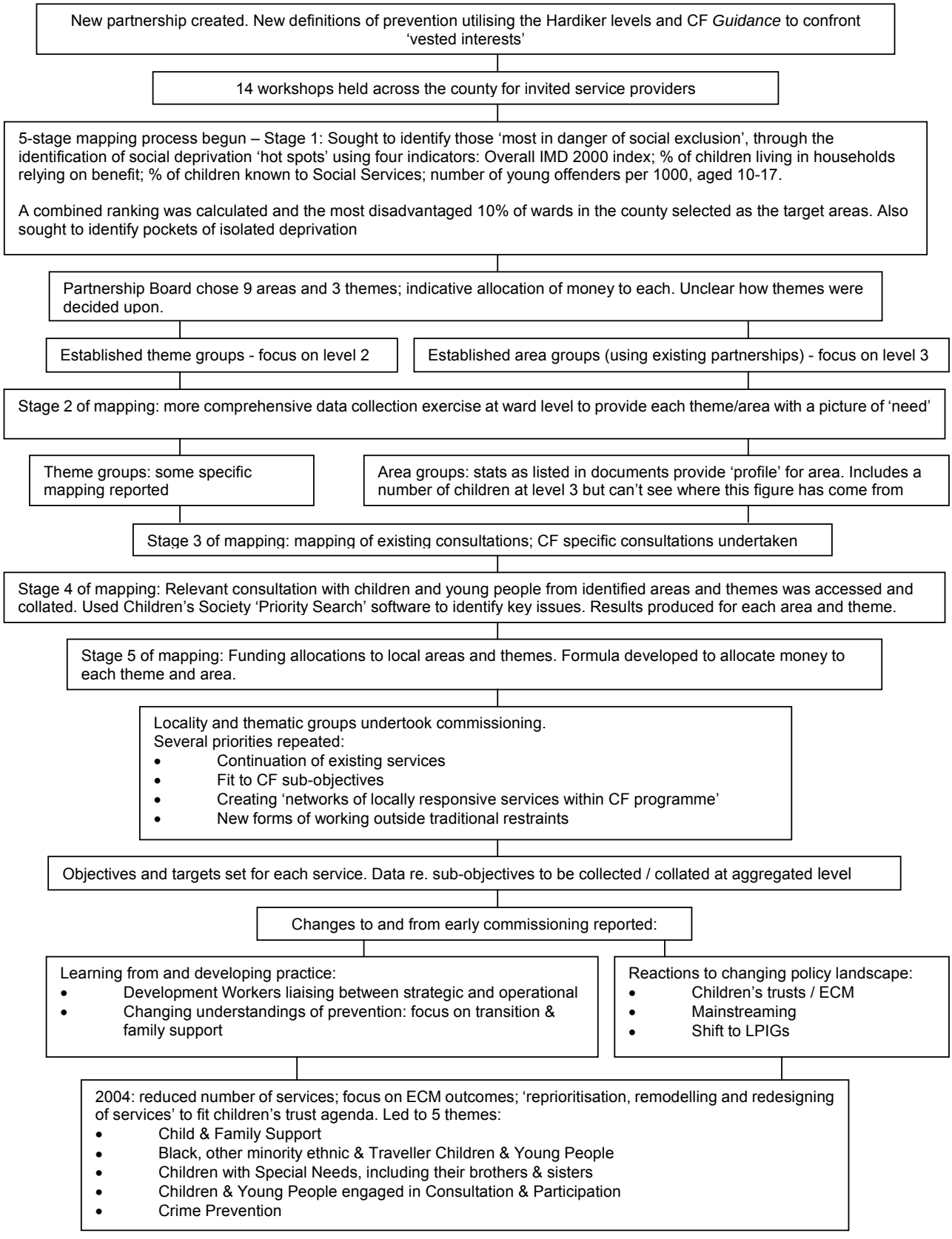
Details of Case Study Partnerships

Code	Region	Wave	Type of Authority	NECF Case Study
A	London	Three	London Borough	Y
B	South West	Two	Two-Tier	Y
C	East Midlands	One	Unitary	N
D	North West	Two	Two-Tier	N
E	North West	One	Metropolitan	Y
F	East Midlands	One	Two-Tier	Y
G	East	Three	Two-Tier	Y
H	East Midlands	Two	Two-Tier	N
I	London	One	London Borough	Y
J	North East	One	Unitary	N
K	Yorkshire & Humberside	One	Metropolitan	Y
L	Yorkshire & Humberside	One	Metropolitan	Y
M	West Midlands	Two	Unitary	Y
N	London	Three	London Borough	N
O	South East	Three	Two-Tier	Y
P	South East	One	Two-Tier	Y
Q	South West	One	Unitary	Y
R	South East	Two	Two-Tier	N
S	London	Two	London Borough	N
T	London	Three	London Borough	Y
U	East	Two	Unitary	Y
V	West Midlands	One	Metropolitan	Y
W	North East	Two	Metropolitan	Y
X	Yorkshire & Humberside	Two	Metropolitan	N
Y	North West	One	Metropolitan	N
Z	South East	Three	Unitary	N

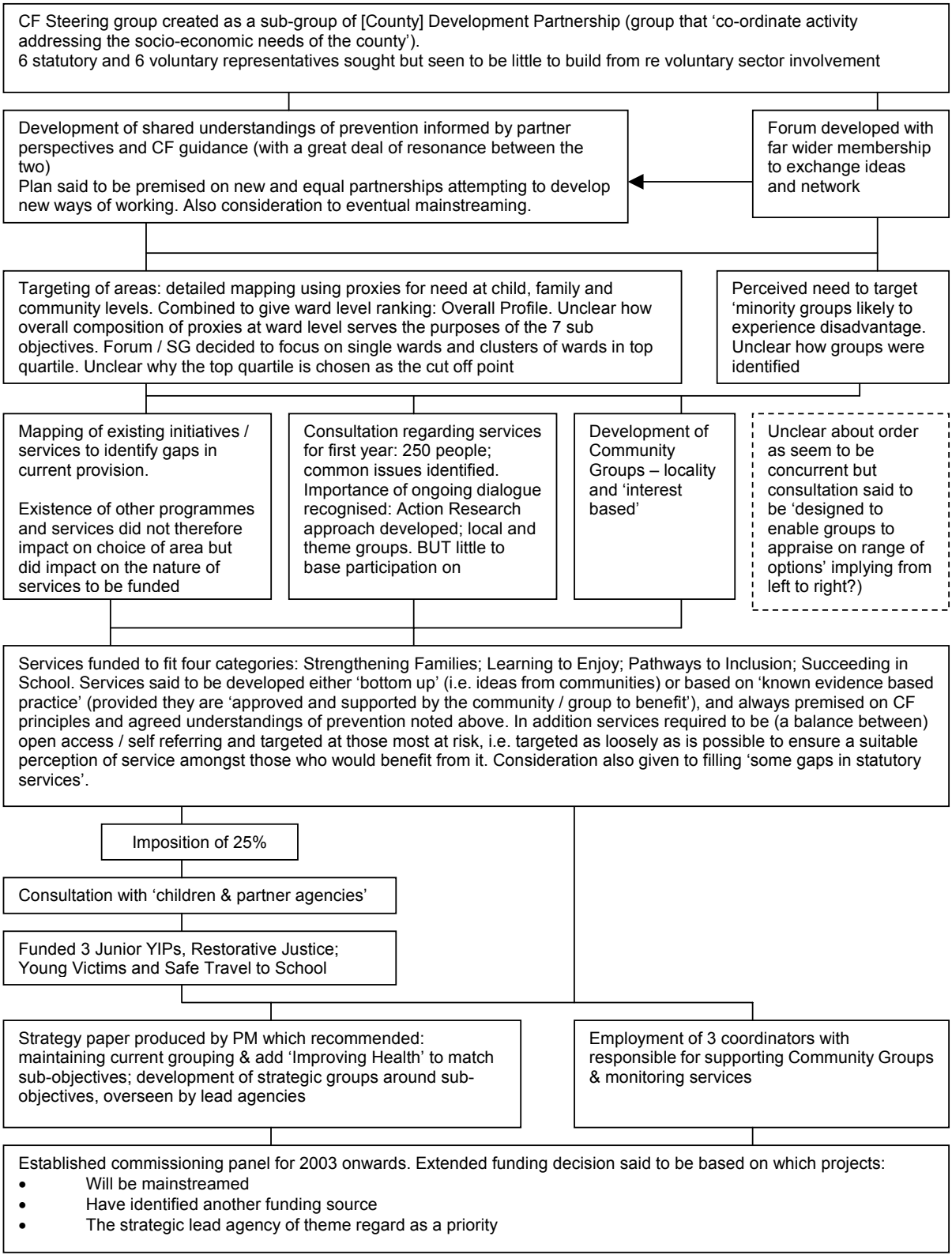
Appendix 2

Examples of Flowcharts of Targeting Processes

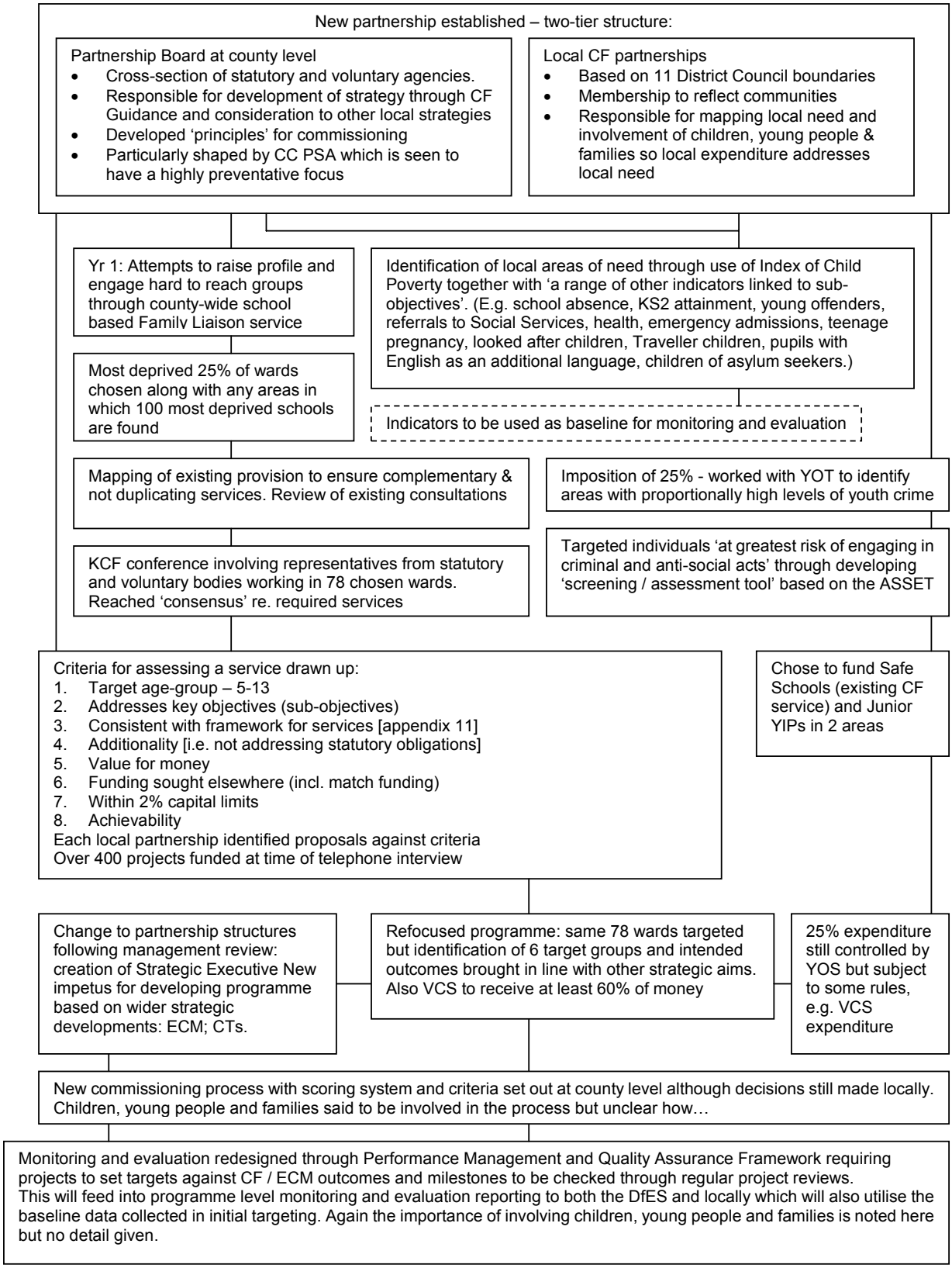
Local Authority B



Local Authority F



Local Authority P



Appendix 3

New Approaches to Identifying Need

By way of an epilogue it seems appropriate to introduce a number of recent developments in statistical data organisation that would appear to be of benefit to future attempts to target such initiatives. In additional to the numeorus databases mentioned above, there are a number of such developments, both local and national, which have important implications. Below we mention just a few. There is also evidence that many local authorities are turning their attention to the development of integrated and linked databases which facilitate the sort of analysis required.

Identification, referral and tracking systems

We have already discussed the introduction of Identification, Referral and Tracking systems in the development of some Children's Fund programmes. The potential implications of such approaches in identifying particularly vulnerable groups and individuals is evident as the learning from the ten pilot 'trailblazing' authorities impacts nationally (Cleaver, *et al.*, 2004).

Geodemograhics

Geodemographics is the description of people according to where they live, derived from the study of spatial information. Premised on the idea that people living in similar neighbourhoods have similar characteristics that can therefore be used to classify those neighbourhoods, geodemographics uses census and other small area data to construct national classifications of residential neighbourhoods based on their social, economic and demographic characteristics.

Such classification allows for the comparison of neighbourhoods with other definitions or classifications of areas used in targeting policy initiatives, such as the Index of Multiple Deprivation (IMD) as commonly applied above. Researchers at the Merseyside Social Inclusion Observatory (www.msio.co.uk), for example, have used such data to explore the effectiveness of the targeting of Sure Start by comparing targeted areas to other neighbourhoods in Liverpool.

ONS Neighbourhood Statistics

The Office of National Statistics Neighbourhood Statistics project provides information on a wide variety of relevant indicators 'drilled down' to very small user

defined geographical areas. The recent Statistics User Forum Annual Conference described a plethora of recent developments in both neighbourhood and regional statistics. In short two key aims were described: 'to provide statistics that are relevant to users, and to make these available at the geographical level that is needed for the use that is envisaged for them' (Matheson, 2005).

Central to this endeavour is the development of a 'consistent underlying geographic base to enable statistics to be compared over time' (Matheson, 2005). The ONS have therefore developed the Super Output Area as 'the geographical building block' from which information can be understood. Developed by aggregating the 2001 Census Output Areas, the boundaries of these units will not alter regardless of future electoral ward changes.

All Neighbourhood Statistics, Census, National Online Manpower Information Service data and most recently Urban Audit data are therefore now available without charge via the National Statistics website (www.neighbourhood.statistics.gov.uk). As a result almost 2,000 variables in more than 600 datasets are now readily available. Through the use of such data in the appropriate output areas users are therefore able to obtain statistics for their own chosen geographies.

Area profiles

In parallel to the developments of the ONS, the Audit Commission have recently developed Area Profiles as a means 'to produce a comprehensive picture and assessment of the quality of life and services in a local area' (Jones, 2005). Once again this information is readily available online (www.audit-commission.gov.uk/areaprofiles).

Area Profiles combine a variety of 'contextual and performance data and information from a variety of sources to provide a picture of the local area and its services' (Jones, 2005). Different perspectives are sought such that the profile includes the views of local residents and service users and the assessments of local services by national inspectorates. Further to this means to assess 'the capacity and contribution of the voluntary and business sectors, and for tracking the funding into and spending by local public services' are also under consideration (Jones, 2005).

Area Profiles draw upon a range of quality of life indicators developed jointly by the Audit Commission, the Office of the Deputy Prime Minister (ODPM) and the Department of the Environment, Food and Rural Affairs (DEFRA).

These indicators were developed following consultation with a range of local and national stakeholders, in order to address the full range of issues that might constitute quality of life. In particular the perspectives of 'specific local citizens such as older people or black and minority ethnic communities' were sought (Jones, 2005). All indicators are drawn from national data sources available to local authorities through the website.

Together these developments suggest a plethora of indicator data to be available to those charged with targeting such initiatives as the Children's Fund in the future. When taken in combination with the learning from local approaches suggested here, including the mapping of existing provision, meaningful engagement with community members and service users, multi-professional discourses and the development of appropriately accessible services, the potential for successfully targeting those at risk may be much improved.

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