Annex A – Covering Template for Responses

Please complete the attached cover sheet when sending evidence, indicating the set of questions to which a response is being provided and contact details of the person for any follow-up queries.

Contact details for respondent	
Name	
Job title	Professor of Child Health
Do you represent an organisation? (if so, name of organisation and type: e.g. voluntary, public body, private company).	I am responding on behalf of the Child Health Research and Policy Unit, City University, London. http://www.city.ac.uk/chrpu/ http://www.whatworksforchildren.org.uk/
Postal address	Helen Roberts DPhil Professor of Child Health Child Health Research and Policy Unit City University 24 Chiswell Street London EC1Y 4TY
Telephone number	
Email	

	Which area of the review are you responding to? (please mark X)
Prevention strand	X
Review of disabled children	X
Strategy for youth services	X
Review of high cost, high harm families	X

City University London

Institute of Health Sciences

Child Health Research and Policy Unit

24 Chiswell Street
London EC1Y 4TY

www.city.ac.uk/chrpu
www.whatworksforchildren.org.uk

Tom Jeffery
Director General, DfES
and

Ray Shoshtak
HM Treasury

6th October, 2006

Dear Colleagues,

Thank you for the opportunity to submit evidence to the Joint Policy Review on Children and Young People.

The Child Health Research and Policy Unit was set up in 2002 in order to improve the health and well-being of children and young people in the United Kingdom through conducting high quality, policy and practice relevant research related to child public health in the following areas:

- Inequalities in child health
- Evidence-based policy and practice in child health
- Listening to the voice of the child
- Research informed advocacy
- Mixed methods and narrative synthesis to meet the needs of users of research

For the last 10 years, within Barnardo's and at City, our group has worked to strengthen the evidence base, to identify gaps, to provide front line workers with resources, tools and techniques to find and use research evidence and to ensure that the child's voice is part of that evidence base. From our perspective, a child's right to services based on the best available evidence is an important aspect of children's rights.

In the light of this, in addition to responding to the call for sound evidence, we would like to draw attention to gaps in the empirical research needed to deliver effective services to children as follows:

- We currently rely heavily on studies which have been conducted outside the UK in contexts very different from those obtaining here
- Findings are frequently extrapolated from work with adults

The University for business and the professions

- We know very little about poor recruitment to services, and drop out of those who do attend initially
- Much of the research which is commissioned or funded is not designed to address the question of effectiveness (although research with other designs is often used to make effectiveness claims.)

In addition to the specific points below that we make in relation to your review questions, given the overlap between health and social care, we would want to draw attention to the following publications if they are not already part of the review:

- The Barnardo's What Works series (which includes publications on the early years, disability, and troubled young people)
- The research commissioned to underpin Sure Start before its inception, as well as subsequent publications on Sure Start (eg Roberts 2000)
- The evidence review for the Children's NSF (Joughin and Law 2005).

B1: Children and Young People's Review (prevention strand of review)

We believe that an underused source of evidence in prevention and considering how those with a disadvantaged start in life can enjoy better outcomes are the cohort studies, for which the UK has an exceptional reputation (see for example Centre for Longitudinal Studies http://www.cls.ioe.ac.uk/) See also:

Wiggins M, Oakley A, Roberts I, Turner H, Rajan L, Austerberry H. Mujica R, Mugford M (2004) The Social Support and Family Health Study: a randomised controlled trial and economic evaluation of two alternative forms of postnatal support for mothers living in disadvantaged inner city areas. *Health Technology Assessment Monograph* 8(32).

Zoritch B, Roberts I, Oakley A (1998) The health and welfare effects of day-care: a systematic review of randomised controlled trials. *Social Science and Medicine* 47(3):317-327.

B2 Annex B2: Review of Disabled Children

In addition to the exceptional work done at SPRU in York by Professor Sloper and colleagues, we would want to draw to the attention of reviewers in relation to low birthweight babies and infants Ann Oakley's trial on social support in this area

Oakley A, Hickey D, Rajan L, Rigby AS (1996) Social support in pregnancy: does it have long-term effects? *Journal of Reproductive and Infant Psychology* 14:7-22

Professor Sloper and colleagues have in particular looked at models for supporting families of disabled children through key worker systems. For example:

Greco V, Sloper P, Webb R, Beecham J (2006) Key worker services for disabled children: the views of parents. *Children & Society*

Greco V, Sloper P (2004) Care co-ordination and key worker schemes for disabled children: a result of a UK survey. Child: Care, Health and Development 30(1):13-20

Liabo K, Newman T, Lowe K, Stephens J (2001) *A review of key worker systems for disabled children and the development of information guides for parents, children and professionals*: Report for Wales Office of Research and Development, National Assembly for Wales

Our own work in relation to infant size and growth draws attention to the need to develop policies and programmes that build on the concerns and perceptions of parents as well as of professionals, and is a good fit with the 'involving parents' strand of work:

Lucas P, Arai L, Baird J, Kleijnen J, Law C, and Roberts H (2006) A systematic review of lay views about infant size and growth *Archives of Disease in Childhood*, Published Online First: 11 August 2006. doi:10.1136/adc.2005.087288

Annex B3:Strategy for Youth Services

You mention peer mentoring in your strategy. While there is some evidence that being a peer mentor carries benefits, caution needs to be exercised in relation to mentoring very vulnerable young people, where some evidence of harm has been shown. This is an area where we have done some work here, see for example:

Liabo K. Mentoring and problem behaviour. Highlight No 215, March 2005. London: National Children's Bureau
Liabø K, Lucas P, Roberts H. International: the UK and Europe. In: DuBois D, Karcher MJ, editors. Handbook of youth mentoring. Thousand Oaks, CA: Sage; 2005
Roberts H, Liabo K, Lucas P, DuBois D, Sheldon T. Mentoring to reduce antisocial behaviour in childhood. British Medical Journal 2004;328:512-514

What it highlights is the need to be cautious about strong evidence of effect, and consider the needs of particular sub-groups in any intervention. This can be a particular problem for planners and practitioners when there is a strong policy 'push' (accompanied by funding) to adopt a particular intervention.

See also:
Dishion TJ, McCord J. amd Poulin F (1999) When Interventions Harm, American Psychologist, Vol. 54, No (, 755-764.

Annex B4: High Cost, High Harm Families

This section is based on work by my colleague Kristin Liabo.

On the whole, the use of single treatments for multiple problems is not supported by research. Thus, social skills programmes, mentoring, restorative justice or curfew orders tend to be ineffective when these interventions are delivered on their own. There is some evidence that complex interventions, or service models, that address context (family, school, neighbourhood) as well as individuals are more likely to be effective. Most notably:

- Multidimensional Treatment Foster Care (MTFC) is currently being rolled out across England, and will be evaluated as part of a trial. Research from the US indicates that this is an effective treatment for young men with behaviour problems. A Cochrane review of MTFC is under way.

- US studies suggest that family therapy, including Functional Family Therapy and Parent Management Training, may be effective (Fonagy et al. 2002;Woolfenden, Williams, & Peat 2002). Few models have been rigorously evaluated within the UK. Family therapy differs from parenting programmes, in that the therapist goes into the family home with a view to helping the family change their behaviour and draw on support within their community.

- One model of family therapy, Multisystemic Therapy (MST), is currently used in two UK locations, and one is part of a randomised trial (www.brandon-centre.org.uk). In a recent Cochrane review (Littell 2005), authors found no difference in treatment effect from MST compared with usual response (residential care, arrests, convictions). On the other hand, MST was not found to produce harmful effects. Other aspects of this treatment model such as family and community support may nevertheless make it more attractive than traditional services. MST is labour intensive and costly, but no more so (and possibly less so) than institutional care.

- Some studies suggest that children who have been adopted at an early age fare better than those for whom adoption is deferred, or who remain in foster care or with their biological family (Chisholm 1998). A systematic review on this topic is needed.

Barnard and McKeganey's work (Barnard & McKeganey 2004) is helpful in relation to understanding child care issues in families where parents misuse drugs.

Critical issues: high harm high cost families and youth services

Local evaluations of projects for hard-to-reach populations often find that the number of referrals to a project has been much lower than originally anticipated. Another common problem is high drop-out rates. One thing is finding the right interventions, another is to make sure that we really are reaching the 'high harm high cost' families/young people, and that when we do reach them they stay in the service.

Evaluation outcomes need to respond to policy priorities, but another issue is whether they correspond with the priorities of practitioners and service users. So one key question is: are we measuring the right outcomes?

Barnard, M. & McKeganey, N. 2004, "The impact of parental problem drug use on children: what is the problem and what can be done to help?", *Addiction*, vol. 99, no. 5, pp. 552-559.

Chisholm, K. 1998, "A three year follow-up of attachment and indiscriminate friendliness in children adopted from Romanian orphanages", *Child Development*, vol. 69, no. 4, pp. 1092-1106.

Fonagy, P., Target, M., Cottrell, D., Phillips, J., & Kurtz, Z. 2002, *What works for whom? A critical review of treatments for children and adolescents*, Guildford Press, New York.

Littell, J. H. 2005, "Multisystemic treatment for social, emotional, and behavioral problems in children and adolescents aged 10-17 (review)", *Cochrane Database of Systematic Reviews*, vol. 1, 2005., no. 4, pp. 1-42.

Woolfenden, S. R., Williams, K., & Peat, J. K. 2002, "Family and parenting interventions for conduct disorder and delinquency: a meta-analysis of randomised controlled trials", *Archives of Disease in Childhood*, vol. 86, pp. 251-256.

General references in relation to work on p.1

Joughin C, Law C. (2005) *Evidence to Inform the National Service Framework for Children, Young People and Maternity Services*. Department of Health and Department for Education and Skills, London.

Roberts H (2000) Sure Start: why do we think it might work ? *Archives of Disease in Childhood*, 82: 435-437