What works for children?

Final Report

Introduction

Background and Context

The phrase 'this work will be essential for policy makers and for those who provide services,' is familiar to those who review research applications. At the same time, practitioners, policy makers or end point users can struggle to see the relevance of allegedly 'essential' studies for their work or lives. Even where the relevance is clear, getting research into practice is likely to be problematic. The background to this project was a desire to draw on both research and development at a time of growing political interest in 'what works' and a policy context in which the importance of the early years was gaining ground.

Our original proposal built on work commissioned from Barnardo's by the Joseph Rowntree Foundation on linking research and practice.[1] The *What Works for Children?* project has been a collaboration between Barnardo's, the Child Health Research and Policy Unit at City University London, and the University of York. Our policy and practice links have been with six Children's Fund programmes in Yorkshire. We employed an implementation officer to work directly with the practitioners and service planners at the Children's Funds while also working in partnership with the research team at City. An overview of the project's structure can be found in Appendix 1.

In the 6 years between our original application and the conclusion of our 4 years of funding, there have been unprecedented policy and practice changes relating to both the evidence and the children's agendas. The establishment of the Campbell Collaboration, the role played by the Cabinet Office Government Social Research Unit in relation to research informed policy, the EPPI-Centre's work on education and health promotion and the work of the Health Development Agency (now part of NICE) on evidence for public health interventions all increased the opportunities for sound research evidence to influence policy and practice. In terms of the children's agenda, the establishment of Sure Start, the Children's National Service Framework, and in particular the Children's Funds have all played a part in shaping the project we describe below, and the directions our work is likely to take over the next few years. These and other organisations referred to in this report are described in Appendix 2.

Part 1 Objectives

Outline of the Node's research and progress towards the specific objectives

The ultimate aim of *What Works for Children?* (WWfC) has been to improve outcomes for children and young people by promoting the use of research in practice. Children, rather than any one discipline, or group of disciplines, were the central focus since the current boundaries placed around disciplines are meaningful principally to those who work within them: they do not represent the reality of children's lives.

Our purpose was to develop and promote a resource to enable the effective sharing of evidence-informed policy and practice for children across disciplines. While our original application envisaged identifying and working on 3 priority issues, policy changes and responsiveness to our user stakeholders have meant that we worked on a larger number of subject areas.

In the bid we made to the ESRC in September 1999, we established the objectives listed below. To do justice to the nature of the project, and the large variety of outputs deriving from our activities, we provide a summary of our activities here, supplemented by data in the appendices, on our website, and in our publications.

Objective 1: To develop an interactive network of research, policy and practice organisations and individuals with an interest in effective services for children and young people

Our original intention had been to bring together a multi-disciplinary group to work around a particular area of service development and policy for children, in a particular locality. In the time between writing our application and the project being up and running, the establishment of Children's Funds across the UK with workers from health, education and welfare charged with setting up new services provided us with an opportunity to explore the evidence/practice nexus in the context of a national policy initiative with new resources. Work with these agencies became core to our activities with our implementation officer based in the offices of Leeds Children's Fund. At a national and international level, our website www.whatworksforchildren.org.uk has provided a network, with some interaction generated through emails and surveys.

Objective 2: a) To identify the best available evidence from research and, working with practice and policy colleagues b) to identify gaps in knowledge

We produced some material for wide general dissemination, and some which was more specifically targeted at and/or responsive to the Children's Funds with whom we worked.

a) To identify the best available evidence from research

Our identification of evidence built on both the requirements of practitioners and researchers' perceptions of 'good evidence':

1. Research and practice colleagues were approached through the internet, the Campbell Collaboration and other networks in the UK, Canada and Australia to recommend one piece of research evidence that they felt was good enough to inform practice, or to indicate areas where they would like to see more research evidence. While the response was relatively low (48 researchers and 45 practitioners), the process helped us publicise our intentions
2. A search for systematic reviews relevant to the social care of children and their families was carried in December 2001 and January 2002. Databases searched were ChildData, Cochrane Library, CareData, Medline, Bandolier, PsychInfo, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Database of Abstracts of Reviews of Effectiveness (DARE) and ERIC
3. Readers' questions to Community Care on childcare practice were examined in issues 28 September 2000 - 13th September 2001
4. WWfC staff met with service planners from the six partner Children's Funds to identify topics on which they would like to receive research summaries

Six research summaries (nuggets) were prepared in response to the exercise described above. The *evidence nuggets* focused on findings from systematic reviews where these were available, supplemented by information on resource implications (Appendix 3a-e). Efforts were made to avoid technical language. The nuggets were peer-reviewed and later updated as National Children's Bureau (NCB) Highlights.[2-6]

Background papers, called overviews, on disability, health inequalities and offending were produced and tailored for project events, in response to priorities within the Children's Fund programmes. These are available from our website.

Further research evidence was identified in response to enquiries through our evidence-request service (described under objective 5).

b) To identify gaps in knowledge

The process described above, and the evidence-request service (see objective 5) highlighted a lack of good quality research on interventions relevant to the Children's Fund and in particular a lack of:
- Systematic reviews on the effectiveness of non-clinical interventions for children and families
- Effectiveness studies on interventions relevant to the Children's Funds with whom we worked, who were tasked with setting up community-based projects
- Intervention research for particular populations, for example, traveller children

The project responded by providing summaries of well-conducted research. One example clearly important to users, and identified by a fellow researcher was a behaviour intervention to improve sleep in disabled children.[7]

In the project's fourth year the team looked in more detail at the kinds of questions asked by social care practitioners and the types of research funded. We did this through:
- A literature review
- Data analysis of existing available survey data
- A survey posted on the WWfC website
- A mapping exercise of research funded by 5 major funding bodies since 1996 (ESRC, Joseph Rowntree Foundation, Nuffield Foundation, Gatsby Foundation, Community Fund)

1005 practitioners' questions and 828 funded studies were coded. The broad distribution of topic areas was similar, but there was a marked disparity in the *type* of questions asked. While nearly half of practitioners' questions concerned effectiveness of interventions, funded studies were mostly aimed at understanding problems. Early findings from this work were given at our final conference, and a paper will be submitted to a peer-reviewed journal in the autumn.

Objective 3: To promote the sharing of policy and practice interventions based on this evidence.

The implementation officer initially held meetings with Children's Fund staff to assess their current awareness of research evidence. The Children's Fund service plans were used as a basis for discussion and staff were asked to identify subject areas they would like to know more about. Questions were passed on to the project researchers. The implementation officer also signposted WWfC products (nuggets, overviews, summaries), research evidence from other sources and addresses of relevant websites and databases.

The team produced two posters that were widely disseminated (Appendix 4a-b). One highlighted interventions that have been shown to reduce inequalities

in child health and was distributed to 1,700 managers, practitioners and service planners in Social Services, Sure Start and Children's Fund projects, Primary Care Trusts and the Health Boards in Wales. The other, endorsed by Transport 2000, focused on the effectiveness of traffic calming in reducing accidental injuries on the roads. While the effectiveness of posters in changing behaviour is limited, there is some research evidence that they can start to change perceptions and influence agendas.

Objective 4: Understanding and developing ways to overcome obstacles to integrating research evidence into practice and policy

Table 1 provides a summary of our activities related to this objective.

Table 1: Obstacles and enablers to research use

Potential obstacles to research use[1]	Enablers offered by *What Works for Children?*
Lack of awareness of research, its usefulness and applicability	• Presentations, training, meetings
Difficulties in acquiring research Lacking skills to search effectively Lack of resources and time	• Evidence-guide, training seminars on finding research • Signposting research, websites, databases • Helping practitioners formulate research questions • Seminars presenting research on relevant subjects
Lack of skills in assessing research evidence	• Evidence-guide on appraising evidence • Training and support in critical appraisal skills • Discussing examples of bias in research
Adapting research to meet local needs	Our enablers here were given focus by working with local Children's Funds • Identifying key recommendations from research • Encouraging and supporting local adaptation of research evidence • Exploring local examples to complement research findings
Research opaque to practitioners	• Summaries of research, as well as information and analysis from other sources, in response to practitioners' questions • Different methods of presentation: nuggets, research overviews, research briefings, posters
Knowing what to do with research evidence and how to apply it in practice	• Project planning tool to consider research evidence when planning services • Linking research to key issues facing decision makers • Assessing whether the research intervention could be implemented in a local context

Lack of organisational preparedness to take on research evidence	• Training and support in the use and role of research for managers and service planners • Self-assessment tool to identify gaps and barriers in an organisation's ability to acquire, assess, adapt and apply evidence in practice
Pressure to direct funding towards particular services which might not be evidence-based	• Discussions with agenda setters, policy makers and practitioners about alternative evidence-based solutions • Sharing nuggets and other evidence tools with relevant professionals

Objective 5: Working with practitioners and policy makers to develop replicable models of implementing evidence-based interventions

Four particular developments derived from our collaboration with service planners and practitioners and informed the above objective:

The project planning and review tool

In collaboration with one Children's Fund programme, the implementation officer developed a tool for using research in planning and evaluating services (Appendix 5a-b). The tool responded to the Children's Fund's requirement that programmes carry out service evaluations, something highlighted by staff as problematic due to their lack of experience in this field. The implementation officer saw this as an opportunity to emphasise the importance of considering research when planning services. The tool encourages the identification of specific outcomes and ways of reaching these by asking *How do you know the chosen activities/methods will be successful? What information or evidence do you have to support this?*

The tool was also designed to incorporate targets and milestones for the planned project, and to calculate spending. The implementation officer visited all Children's Fund programmes to explain the role and function of the tool and discuss its application to their work. Two Children's Fund programmes adopted it in the commissioning, reviewing and evaluation of their projects. The remaining four used it after adapting it to local needs. Encouragingly, the tool was endorsed regionally as a result of a Children's Fund review, which formed part of a quality assurance process. The report read: *"I was impressed with the project planning tool which will have a large impact on setting milestones and targets"*.

This tool was well received, probably as a result of it being developed at the initiative of Children's Fund staff and in response to their needs. The projects had been largely funded on the basis of evidence of need; working with the tool provided a technique for considering the effectiveness of services to meet those needs.

"*That's been invaluable. And working with [the implementation officer] on the process of developing that was really… a very good process*" Children's Fund programme manager

"*I used the [tool] that [the implementation officer] devised. And I've had nothing but good feedback when I've used it in the services*" Children's Fund monitoring and evaluation officer

The evidence request service

In the project's second year we set up a research information service for participating Children's Fund staff.[8] This arose from service planners' and practitioners' questions about research on particular practice areas or user groups. The implementation officer passed these questions on to the researchers who carried out searches in key databases. In our fourth year this service was made available to all Barnardo's projects and their policy team. Resources were developed to support this process (Appendix 6a-b).

Fifty-five requests were dealt with and some of the responses are available on our website. The process of answering requests consisted of the following steps:

1. A researcher or the implementation officer discussed the question with the practitioner and worked with them to fill out a pro-forma clarifying where relevant the target group, interventions and outcomes of interest
2. The research team carried out a database search
3. Research relevant to answering the question was critically appraised
4. Summaries were prepared including details on search dates, databases and keywords. This was to maximise transparency
5. The implementation officer discussed the summary with the practitioner

Feedback collected from service planners who used this service indicated that the research provided was used for support as well as illumination including:
- In meetings and when planning services, for boosting confidence when arguing for or against a particular service
- Designing service evaluation
- Reference in funding applications

Service planners said that getting research at the right time was crucial, and access to the implementation officer was useful because she would point out when and how research might be used in their work. Service guidelines and personal experience affected their use of research. Some felt that because the research had been carried out outside their locality, it was of limited relevance. They felt that effectiveness research needed to be supplemented with information on implementation and resource implications. Staff indicated that this service was a more realistic option than expecting them to search for and appraise research themselves.

"*The evidence was useful in arguing the case for funding parenting programmes*" Children's Fund programme worker

"*The information was excellent and helped me personally. However I would like more information on costs and more practical information on implementation*" Children's Fund programme worker

The research use self-assessment tool

A research use self-assessment tool, developed by Canadian colleagues, was adapted for use with Children's Fund programmes.[9] The tool allows organisations to evaluate their capacity to acquire, assess, adapt and apply research evidence in the design and delivery of services and seeks to help organisations identify specific areas of improvement related to their use of research (Appendix 7). The implementation officer facilitated use of the tool with three Children's Fund programmes and it was sent to all Children's Fund projects.

Feedback from programme managers suggests that the self-assessment tool was not welcomed. It was felt that it was hard to complete, time-consuming, provided at the wrong time or not a priority. The tool may nevertheless be worth testing with senior managers (or practitioners) who would like to analyse their organisation's ability to deliver evidence-based services.

"…that was quite hard work actually. As I remember I was thinking it was a bit of an ordeal" Children's Fund programme manager

"… there's no way my board is going to actually regard this as relevant at the moment … would have been really useful if it had been available six months earlier" Children's Fund programme manager

The Evidence Guide

A guide to evidence-based policy and practice was put together with feedback from a Children's Fund evaluation officer prior to publication (Appendix 8). The guide takes the reader through the evidence process, from explaining why research findings are important to research implementation. It was disseminated to all participating Children's Fund programmes and their projects, and used in training (see also objective 6).

The evidence-guide has been used extensively by a public health consultant in his training of health visitors, taking participants through the steps presented in the guide and using the nuggets as examples of research summaries on specific interventions.[10]

In year four of the project, the guide has been further developed into a training pack. This pack has been produced in collaboration with the Centre for Evidence-Based Social Services (CEBSS) and will be published in Autumn 2005.[11]

Objective 6: Providing consultancy and training

"When you hear research, I personally find it very academic ... But in terms of the way that [the implementation officer] put it across was very understandable and something that you can actually put into practice"
Programme Manager

The implementation officer spent much of her time providing information, consultancy and training. Key to this was a focus on helping service planners ask questions that are answerable by research: *what intervention/target group/outcomes are you interested in?* The training focused on five main areas:

- An introduction to evidence-based policy and practice
- Locating research evidence/internet searching
- Critical appraisal skills training
- Outcome-focused evaluation
- Research in particular practice areas

In addition to our core group of Children's Fund participants, training and seminars were open to Barnardo's staff. We were also invited to provide training to Danish social work students and senior social workers at Bradford Social Services. Consultancy has been provided to (and received from) senior policy makers in New Zealand and NGO policy makers and practitioners in Australia, New Zealand, Canada and Norway.

Objective 7: Looking at the role for children and young people in policy and practice developments

Activity around objective 7 was less developed than we had originally envisaged, although it continues to form a core scholarly and practice interest of members of the team.[12-15]

In collaboration with the public health node we started work on a protocol for a systematic review on interventions to tackle bullying. We wanted to involve children and young people in writing the protocol and met with young people from a Leeds Children's Fund project. The group spent half a day thinking about bullying, what might be effective interventions and important outcomes. We subsequently learned that a Cochrane review on this topic was being produced, and deferred further work.

Children frequently identify safety on the streets as an important issue, and the project contacted pupils who had already protested against speeding on a road running past their London primary school. The pupils helped produce a poster summarising key messages from research on traffic calming (Appendix 4b).

Objective 8: Ensuring that the work of the node is evaluated and sustainable

Evaluation of the node's work includes feedback from the website, project events and training sessions. In-depth interviews were carried out with ten staff from the six Children's Fund programmes. The italicised quotations in this report were taken from these. Peer-review of the articles we have written for journals (Appendix 9) and the inclusion of the project in a report compiled on knowledge transfer for the Scottish Executive have also had an evaluative component.[16]

Our evaluation of WWfC has been qualitative and exploratory in order to start to understand better how researchers and service planners can meet and collaborate.[17] Policy may be made centrally, but it is implemented (or not) locally, and WWfC has provided an example of how service planners at a local level can be supported to increase their knowledge of evidence-based practice, and how research can be used to influence their thinking and service planning.

The work of the node will be sustained through Barnardo's long-term commitment to evidence-informed research, policy and practice and the continuing commitment of all parties to research in this area. Developments in Barnardo's include a programme of training for staff over the coming 12 months, the training pack to be published later this year and continuation of the evidence-request service.

The website will be retained as an archive. We have held a meeting with colleagues at NICE, and are exploring a number of ways in which some of the learning from this project might feed into implementation initiatives there. A number of organisation have expressed an interest in using and/or adapting our resources including the North American Resource Centre for Child Welfare in Ohio.

Node's contribution to facilitating access to research users, and contribution to methodological, training and capacity development across disciplines

This is at the core of our work and our contribution is described under our objectives above.

Major difficulties

Challenges have been described under our objectives and a paper on these is in progress. One clear finding is the importance of the time needed for relationship building in collaborative projects such as this one, even ones like ours that are built on sound existing links. This is a difficult item to cost in a research application, but an issue which ESRC may need to consider further

in terms of resource implications if real collaborations continue to be encouraged. That we were able to be so productive is a testament to the energy and commitment of contract research staff.

We were under no illusion that the process of knowledge transfer is the linear one sometimes assumed in research applications or final reports and this was confirmed by a practice manager:

"I think the summaries are fine … but sometimes researchers, they may have a slightly unrealistic view of how we'll be able to use that" Children's Fund programme manager

Other issues and unexpected outcomes

Variations to our original plans and expectations included:
- Work with practitioners and service planners on evaluation (much of what was valued was not something we had originally planned to offer; projects which had to evaluate their work tended to see 'research' and 'evaluation' as synonymous, and requested help with evaluation)
- Greater than expected international interest
- Working with Children's Funds rather than a group brought together to form a network as originally intended

In addition to the above, producing the nuggets was far more time intensive than we expected. We had originally hoped to find good systematic reviews which we would quickly turn into practitioner-friendly resources. The relative dearth of good quality systematic reviews in child public health and social care, the relatively poor 'fit' of those that did exist with the needs of our 'audiences' and the need our users had for information on costs and process issues meant that preparing these took a considerable amount of time.

Potential future developments

The legacy of the project will be continued through developments described under objective 8.

Our mapping of practitioners' questions will be a good starting point for responding to issues that matter to professionals, parents and children, and inform future systematic reviews. The research team at City expects to further develop this, and our initial work described under objective 7, on involving children and young people in the development of systematic reviews.

1a) User Engagement and Impact

Node's achievements in promoting user engagement, knowledge exchange and output dissemination

What distinguished this project was our co-work with Barnardo's and the Children's Funds. We were working alongside policy and practice staff, finding out what their needs were, and trying to respond to them. The work was grounded in a sustained collaboration between academic organisations (City and York) and Barnardo's. User engagement activities are described under our objectives. Our stakeholders have been updated about our activities through our newsletters (Appendix 10c-g), our website and personal contact with Children's Funds.

Impact on policy and practice resulting from the node's work

Our project was intended to influence policy and practice, and our outputs suggest that we have achieved this to a degree locally, regionally, nationally and internationally. It is difficult to distinguish the impact of our work from concurrent trends, but we have played a part in a cultural shift. One of the grantholders sits on the board of the Social Care Institute for Excellence (SCIE), which has been set up to promote better use of knowledge for social care practice; another on the board of the National Institute of Health and Clinical Excellence and a Home Office Committee to advise on the strategy for trials; WWfC was used as one of four key examples in a Scottish Executive report on evidence-informed policy.[16]

At a practice level, we have influenced service planning and evaluation in the Children's Fund programmes with whom we worked. One Children's Fund programme followed the advice of our parenting nugget and findings from a randomised controlled trial to set up a similar service in their area. Another used our three nuggets on mentoring, parenting and cognitive-behavioural therapy to revise their plans for a crime prevention service:[18] *'They shifted us from an initial idea about developing a crime prevention mentoring programme into … a more holistic parenting school-based programme with mentoring as part of that'.* CF Programme Manager

The WWfC website has been a portal for practitioners and other users wanting to access products and services.   It is clearly structured and easy to use. A survey of users (n = 60) found that the main groups of respondents were children's services practitioners (32%), students (16%), academics (14%) and GPs (4%). Others included managers, teachers and librarians.

1b) Outputs

Details of outputs produced by the Node

Our outputs are listed in Appendices (1-10).

Up to five nominated publications comprising best examples of the quality and range of the Centre's work during the reporting period (see folder of nominated publications)

In addition to our website (www.whatworksforchildren.org.uk) which includes a range of resources, we have chosen outputs produced by both contract researchers and grantholders, and directed at different audiences (academic users, policy users and practice users):

Liabo K. What works for children and what works in research implementation? Experiences from a research and development project in the United Kingdom. *Social Policy Journal of New Zealand* 2005;24:185-98. This paper is based on a presentation given to the New Zealand Ministry of Social Development's What Works conference in 2004, and gives an overview of the project.

Roberts H, Liabo K, Lucas P, DuBois D, Sheldon T. Mentoring to reduce antisocial behaviour in childhood. *British Medical Journal* 2004;328:512-514. This article uses the example of mentoring for young people to show how research can contribute to our understanding of services, and how experimental research has an important role to play in social care as well as medicine.

NCB *Highlight on Home Visiting*. The NCB Highlights are probably the most widely used research evidence 'products' in the UK with 9,500 copies distributed to children's charities, social services departments and academic institutions. Highlights are peer-reviewed by academic, policy and practice experts before publication.

The Project Planning and Review Tool. This was devised to keep research at the forefront of the minds of those planning a service while also providing a tool for project planning in general (objective 5).

Stevens M, Liabo K, Frost S, Roberts H. (2005) Using research in practice. A research information service for social care practitioners. *Child and Family Social Work* 2005; 10: 67-75. This article in a journal read by social care professionals working in children's services, discusses the findings from the first year of our evidence request service.

1c) Contribution to the Network

We have benefited from and contributed to, a range of activities across the network, and have valued the library services provided by the centre.

Contribution to network wide communication and dissemination activities

We attended and presented at all meetings called by the centre. We regularly contributed to the centre's newsletter, use the Evidence Network logo on our outputs, and have commented on papers produced by the centre. We ensured that centre members (as well as an ESRC representative) were invited to node events.

Extent of networking with the other nodes within the network and with the Coordinating Centre

Our closest links have been with RURU (St Andrews), Public Health (Glasgow), and Social Policy (York). Ian Walker (Warwick) and Frank Windmeijer (IFS) provided helpful advice, support and assistance with an appointments panel for our income study funded by Barnardo's.

Value added through co-ordinating activities with other participants within the Network and with the Coordinating Centre

Network-wide

The Public Health node, Social Policy node and WWfC are co-investigators (with York CRD and the University of Lancaster) in an ESRC methods programme project on evidence synthesis. Our links across the network were also helpful in work we completed in the summer of 2003 for the London Health Commission, on evidence on reducing inequalities in child health for the Mayor's Strategy for London.

Centre

Our closest links with the centre have been with Deborah Ashby and Annette Boaz, with whom we have discussed methodological issues, and who have taken an interest in our work on mentoring. We have appreciated advice from Lesley Grayson and Alan Gomersall. Sarah Frost helped facilitate meetings between the Evidence Network Centre and practitioners to discuss research findings on mentoring and Sarah Frost and Patricia Lucas presented at the

Evidence Network Centre conference Integrating Evidence-Based Practice With Continuing Professional Development, held in London on 7th November 2002.

RURU

Staff from WWfC have liased closely with Dr Sandra Nutley's team, presented at two of the annual workshops organised by them, and were co-investigators in a commission from SCIE.

Public Health

WWfC collaborated with the Public Health node on delivering critical appraisal training for practitioners. Roberts and Petticrew have recently completed a book on systematic reviewing in the social sciences for Blackwells and co-edited a special issue of *Child: Care, Health and Development* on evidence to coincide with the publication of the Children's NSF (National Service Framework). They published a joint paper on evidence triage in the *Journal of Epidemiologist and Community Health*, and are currently completing an article on publication bias in qualitative work. Val Hamilton has given helpful advice on database searching.

<div align="center">References</div>

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