Early Intervention and Prevention in Family Support
DAY 1 OPENING SESSION

*Early Intervention in Northern Ireland*

Pauline Leeson, Chief Executive, Children in Northern Ireland and Eurochild Treasurer chaired the opening session.

Ms Leeson welcomed participants on behalf of Eurochild and Northern Ireland, the host country, recalling that participants were all invited because of their expertise in family and parenting support and peer countries selected because of the inspiring practice they would bring to the seminar. The seminar presented us with the opportunity to examine our practice and share our experiences in early intervention and prevention in family support with a particular emphasis on innovation and integrated working. We were pleased that Government officials from the Czech Republic had joined us to take inspiration from the seminar as they prepared to invest in preventive services for families as part of the reform of their child care system. The seminar was part of an on-going programme of activities undertaken by Eurochild to evidence good practice and improve outcomes for children across Europe. The first step had been taken in 2007, when a Members’ Exchange Seminar on family and parenting support was held in Belfast. Since then, there had been a study visit to Sweden and Denmark and, last year, a Round Table event in Eindhoven, to which many participants in this seminar had contributed. Ms Leeson was delighted to welcome participants to Northern Ireland again as we took this next step in the journey.

Ms Leeson introduced Junior Minister Jonathan Bell to open the seminar.

Minister Jonathan Bell, Office of the First Minister and Deputy First Minister, welcomed participants to Northern Ireland and opened the seminar.

Minister Bell has joint responsibility for children and young people within the Administration. He was previously a councillor in local government and a child care social worker before he became a member of the Northern Ireland Assembly in 2010. He commented on the wealth of expertise in the room and said we could not be dealing with a more important issue. He hoped the next few days would provide a productive opportunity for mutual learning. An event such as this highlights the value of EU countries working together, a principle acknowledged at the highest level in the Northern Ireland Administration. The Administration has a pro-active and forward-looking strategy for engagement with the EU. It wants to see greater levels of networking with the other regions of Europe and shared learning with other Member States. Minister Bell takes a special interest in children’s welfare, especially those most vulnerable. He stressed the importance of having the right policies, structures and funds in place to address identified needs. In this context, Northern Ireland now has a delivery framework for addressing child poverty and its associated problems. Delivering Social Change aims to achieve a sustained reduction in poverty and an improvement in children’s health, well-being and life opportunities. Up to £80 million would be allocated to help regenerate deprived areas and communities. A range of measures had been adopted to drive this, including investment in an integrated and affordable childcare strategy, for which £12 million would be ring-fenced. Overall, there would be a focus at a strategic level on early intervention to tackle issues before they develop into problems and to give children a good start in life. If there were 2 issues arising from these developments that may be of relevance to other regions, they were surely the need for a strong and visible Ministerial commitment, ownership, leadership and the need for a ‘joined up’ cross-cutting departmental approach. Delivering Social Change was supported by research, benchmarking and a monitoring and evaluation process, which was why our seminar was so relevant to the work in Northern Ireland. In closing, Minister Bell said the seminar theme was very close to his heat and he was sure the Northern Ireland Administration was going to benefit from our reflections.

Ms Leeson welcomed, in particular, Minister Bell’s comments on integrated working and improving outcomes for children and ensured the Minister that Children in Northern Ireland, alongside Eurochild, would be helping in the realisation of the Delivering Social Change agenda. There would be a report of
our conclusions and recommendations, which we anticipated the Minister would find a very useful document.

Ann Godfrey, Health and Social Care Board, described the strategic context of child policy in Northern Ireland and the work of the Children and Young People’s Strategic Partnership. Ms Godfrey is Children’s Services Planning Professional Advisor, Children and Young People’s Strategic Partnership (CYPSP).

The CYPSP in Northern Ireland is a partnership for integrated planning of services set up in 2011 to improve supports and services for children and young people. It reflects the clear message from children, young people and parents that they want better coordinated and more accessible services, centred on their needs and not institutional requirements. This issue was recognised by the UK Government in the 1990’s and in Northern Ireland through the Children’s Services Planning Order 1998, which placed a statutory responsibility on the Health and Social Services Boards to carry out this process. Four interagency Children and Young People’s Committees ran from 1998 to 2011, involving statutory agencies, small grass-roots community organisations, as well as larger children’s charities and, crucially, children, young people and families themselves. As a result, practice in thinking and planning started to change, new services were put in place and trust started to build up. The approach that developed was to focus on universal services for the whole population of children and young people with early intervention services for those at particular disadvantage. A four level model of intervention was adopted, based on Pauline Hardiker’s thresholds of need, which links universal, early intervention and specialist services together. A reorganisation of state agencies has made it possible to bring together in one partnership leaders from all the key agencies, which mandate representatives to take part in specific planning groups.

Children’s Services Planning in Northern Ireland has moved from needs-based planning to outcomes-based planning and is focused on children’s rights as well as children’s well-being. In 2006, the 10 year strategy for children and young people, Our Children and Young People-Our Pledge, was published, which provided the common language and common purpose that had, until then, been lacking across Government. It put in place 6 high level outcomes for children that all Government departments and agencies in Northern Ireland are to work together on to achieve:

- Being healthy
- Enjoying, learning and achieving
- Living in safety and with stability
- Experience economic and environmental wellbeing
- Contributing positively to community and society
- Living in a society which respects their rights

Ms Godfrey then described the process of integrated planning and commissioning led by the CYPSP. The process is inclusive and both ‘top down’, involving leaders of the key agencies, and ‘bottom up’, with children, families and communities feeding into the process. It is based on a logic model that begins with the 6 high level outcomes, then a set of statistical indicators related to these outcomes are examined – including qualitative information from children, families, communities and staff across agencies, and information from research – then a determination is made on what needs to shift and change to achieve the stated outcomes.

Getting the information right is crucial. What we plan depends on what information we take note of so we must choose the correct indicators and qualitative information. This is achieved by involving the right people in the process - people with the right expertise and input from children, young people and families.

Detailed outcomes-based planning is carried out by planning groups, geographically based and based, nationally, on disadvantaged groups. Each group looks at both quantitative and qualitative information to see how children and young people are doing in relation to the 6 high level outcomes. Statistical information is mapped under the outcomes and tracked back over a number of years. If worrying indicators are identified, the groups consider what could be done to improve outcomes,
taking account of existing supports and services. The whole set of indicators must be used to measure how well children’s rights are being upheld. In this context, the Government has commissioned the UNESCO Chairs Programme to provide a single set of indicators to harmonise measurement of the children’s strategy with reports on UNCRC implementation.

The CYPSP has made significant progress for Northern Ireland in reaching consensus on, not only the meaning of early intervention, but also how to address the need for a greater focus on early intervention. It sees this as critical to improving children’s outcomes and has agreed this wide vision:

‘….intervening early and as soon as possible to tackle problems emerging for children, young people and their families, or within a population at risk of developing problems. Early intervention may occur at any point in a child’s life’ (source: C4EO ‘Grasping the Nettle report’ 2009)

The Partnership has also agreed on the importance of learning from countries where overall outcomes for children are better – countries which provide universal and easily accessed early intervention, backed up by specialist services. It therefore supports incremental improvement and co-ordination of existing programmes, seeking a long term shift in resources, modelled on Northern European countries.

The CYPSP believes that better co-ordination of organically developed community based services which are culturally appropriate for Northern Ireland is critical and this needs to be combined with targeted evidence-based programmes. Importantly, there needs to be a joined up matrix of all these supports across Northern Ireland. The Partnership supports Northern Ireland becoming an Early Intervention Region and has put in place an action plan to ensure early intervention services are available across age groups and across Northern Ireland. Planning groups are already agreeing priorities and making decisions about how to use funding. Geographic groups are getting ready, subject to agreement, to use separate funding streams together. The CYPSP also oversees the development of Family Support Hubs (the subject of a subsequent presentation) that operate to signpost families to appropriate services.

In conclusion, Ms Godfrey said the CYPSP had an important role to play in ‘linking the layers’ between children and young people, families, communities and agencies, shaped by the Whole Child Model, the ecological model of the child in the world.

Eamon McTernan, Child Care Consultant, Children in Northern Ireland presented the evolving approach to Early Intervention in Northern Ireland, highlighting some of the key issues and discussions.

Mr McTernan referred to the 2006 Northern Ireland Government Strategy Our Children and Young People-Our Pledge, described earlier by Ms Godfrey. One of a number of pledges related to Early Intervention and stated that:

‘….we will promote a move to prevention and early intervention practice, without taking attention away from our children and young people currently most in need of targeted services’

In 2007, the UNICEF Report Child Poverty in Perspective measured the well-being of children in 21 nations of the industrialised world, using 40 indicators to measure material well-being (poverty, health and safety, education, peer and family relationships, behaviour and risks, and young people’s own subjective sense of well-being). The overall table of child well-being is headed by the Netherlands, with Northern European countries (Netherlands, Sweden, Denmark, Finland) claiming the top four places. The UK, within which Northern Ireland was measured, and the United States are in the bottom third of the rankings for five of the six dimensions reviewed, and are at the bottom of the overall ranking. The majority of the countries listed in the top third of the UNICEF table have child welfare systems which are based on the principles of comprehensive universal provision, a high level of integration, and emphasis on early years and early intervention.
The concept of Family Support has caused many difficulties in policy in Northern Ireland and is a contested term. There has been great uncertainty and fragmentation about its definition. But it is a critical concept, because it is about the delivery of services to children in their families. There is a considerable ‘organic’ infrastructure of family support services already in place but the overall application of family support across the country has been uneven – developed in some localities, under-developed in others. There is no framework for measuring effectiveness. There is therefore a critical gap in relation to what makes prevention effective. A consequence of uneven development, the lack of definition and of a common evaluation framework has been a significant underutilisation of capacity.

Mr McTernan re-stated that Family Support is about getting services to children in their families. It is the overarching concept in Northern Ireland’s approach to developing services. There are four main streams that we need to think about when referring to Family Support, which have never been properly connected, and which are all present in any local ‘mix’ of services:

- Early Intervention
- Building Resilience
- Safeguarding Children
- Building Social Capital

The challenge is to develop a conceptual framework and language that is capable of integrating these four elements. This discussion would focus on early intervention but all four elements are interconnected and we need to constantly think in terms of the overlaps between them. It is also important in this work to anchor our perspective on outcomes for children. Parents and carers are vital, but this work is primarily about children, and that is why Northern Ireland continually seeks to underpin this work with reference to the articles of the UN Convention on the Rights of the Child.

Mr McTernan outlined some of the themes that have influenced Early Intervention in Northern Ireland and evidence underpinning these, notably: the impact of neglect and of early intervention on outcomes for children; the cost-effectiveness of early intervention; the earlier the intervention and the greater the leverage.

The CYPSP had thought carefully about definition. Definitions of Early Intervention in the literature refer to both early years and to early stage of difficulty. The CYPSP had adopted the latter, as explained earlier by Ms Godfrey. The CYPSP had also given detailed consideration to two broad schools of thought about how to develop an Early Intervention strategy:

- Evidence based programmes
- Better co-ordination of ‘organic’ community-based services

Mr McTernan developed the arguments in relation to these approaches. In outline, the argument in favour of using evidence-based programmes is that these have been rigorously tested using Randomised Controlled Trials (RCTs), can be identified as ‘blueprints’ and replicated as a core element of an Early Intervention Strategy. However, programmes are usually high cost, low volume and require implementation with fidelity to their original specification and design. Better coordination of ‘organic’ community-based services turns on the argument that family support is more about relationships than programmes, that contextual circumstances do not make poor outcomes inevitable, that resilience can be built and is more likely to occur when services and resources are provided which can enable every child to do well in ways that are meaningful to his or her family and community.

Elaborating on measurement issues, indicators for services which are successful at prevention are needed. There is no ‘quick fix’ for measuring early intervention programmes. It requires time and it needs to be understood that it is a long term project. The debate about the use of RCTs as the ‘gold standard’ for evaluation is on-going. There are important questions about programme fidelity across different cultural contexts. Another critique is that RCT based programmes rely on prescribed approaches that inhibit the quality of relationship-based working, innovation and understanding of
individual nuances of need. Even advocates of this approach acknowledge the ethical issues of how to define target groups and how to avoid data manipulation. On the other hand the measurement of resilience - which is the measurement of opportunities to build and use relationships, to develop informal support networks, to seek supports which are unique to each individual or family – has to rely heavily on user self-measurement as the evidence of improved resilience has to come from the people who use the service.

In referring to the Delivery Plan, Mr McTernan briefly summarised the information presented by Ms Godfrey in her earlier presentation, signalling proposed actions to support the designation of Northern Ireland as an Early Intervention Region and those that the CYPSP had already started to take forward within the context of the Early Intervention Plan. The Partnership would measure and promote the effectiveness of early intervention at a number of levels and using a mix of methods, using a research process linked to UNESCO through the Chairs Programme. The evaluation programme had identified the need to:

- Track the aggregated population level trends - this work had begun and a framework was already in place but more work on specific indicators related to prevention was required
- Gather and evaluate existing research on how to influence each of the outcomes
- Carry out a baseline audit of the quality of early intervention programmes in place in Northern Ireland
- Monitor and review the progress of the RCT based programmes in Northern Ireland
- Develop an Evaluation instrument for measuring resilience that all programmes can use
- Develop an Evaluation instrument to measure the added value of local Family Support Hubs

In conclusion, the processes that make up the Early Intervention Strategy in Northern Ireland had taken well over a decade to develop but they began with a vision that required planners and commissioners to make a commitment to integrated planning and delivery in children’s services, and then to take responsibility for incrementally building progress towards realising the vision by developing and testing new structures starting from the bottom up, learning from international best practice and shaping and influencing policy at every opportunity.

Pauline Leeson, in closing the session, summarised key points:

The approach to Early Intervention in Northern Ireland is very much about an outcomes approach, integrated joined up working, partnership where there is leadership from the top, a focus on children’s rights, an inclusive process with Government working alongside NGOs and a process supported by information and research.

DAY 2 MORNING SESSION

Tony Ivens, Co-Chair, Eurochild Thematic Working Group on Family and Parenting Support welcomed participants to day 2 of the seminar. To put the work in context, he explained that the seminar was a continuation of work started some time ago at the Eindhoven Family and Parenting Support Round Table (May 2011), to which some participants had contributed. Eindhoven was very much about describing inspiring practice, whereas this seminar was about assessing good practice. There were 3 objectives that were detailed in the Concept note and agenda. In summary:

- To review in-depth the case studies presented, their strengths and weaknesses and what we can learn from them
- To look at the potential for transferability across countries
- To contribute to the development of a common assessment framework that provides a credible and robust basis on which to assess inclusion of good practice in Eurochild’s database
In this connection, participants were reminded that Eurochild’s *Compendium of Inspiring Practice in Family and Parenting Support* would be launched at the [Think Parents](#) conference in The Hague 10-12 October.

A ‘tour de table’ followed.

**Emanuela Tassa, European Commission, Directorate General Employment, Social Affairs and Inclusion** then made the opening presentation, making the links with the European Commission (EC) social policy agenda.

The seminar would be looking at what works in family and parenting support. This was an interest the EC had in common with Eurochild and Ms Tassa would share information about that. She would also share information about the [European Alliance for Families](#) and what it is doing in this respect. She began with the EU 2020 targets and the role of the EU:

The EU 2020 strategy was set up by the EC and aims to make Europe a smart, inclusive and sustainable community by 2020. Several targets had been set for Member States (MS) to achieve this:

- A reduction in the numbers of people in/ at risk of poverty in the EU by 20 million
- A ‘drop-out’ rate in schools of less than 10% in all MS and an increase to at least 40% of the population aged 30-34 with third level education
- A 75% rate of employment overall in the EU

These targets are translated by Member States into national targets. The link between them and parenting support is obvious.

Social policy as such, and therefore family policies and parenting support, are not within the competence of the EU. There is a legal base in related areas such as non-discrimination (1957) and workers’ protection (1992). There is also, since 2000, the so called Open Method of Coordination (OMC). This provides a framework for co-operation between MS, whose national policies can thus be directed towards certain common objectives. Under this method, MS are evaluated by one another, with the European Commission’s role limited to coordination and surveillance. This was the case for child poverty and the context in which the [peer review on parenting support](#) was held in Paris last October, in which Eurochild participated. This is also the case for childcare quality (see the recent EC Communication *“Early Childhood Education and Care: Providing all our children with the best start for the world of tomorrow”*).

As family policies as such have no legal basis, the EU ‘added value’ in this area is in the context of mutual learning. An important part of it is providing a common language and understanding of terminology. The European Alliance for Families was created to promote mutual learning in the family policies area. It is a platform for exchange of experience and good practice on all family policies, including parenting support. Since 2007, it has been collecting good practice examples in 10 different policy areas and, with around 100 examples, was currently the largest database for coverage of countries and topics. However, the more examples that were collected, the more difficult it had been to compare them.

This is why, last year, the EC put out a call for tender for a technical support group for the European Alliance for families. Its main new task was to provide an evaluation framework for good practice and the contractor would be delivering on this at the end of the summer. Within the framework, good practice would be assessed on the basis of effectiveness, transferability and sustainability.

The *effectiveness* of each practice would be assessed in a number of areas - the sample size, outcomes, presence of a comparison group, statistical significance etc. – and there would be a ranking of practice examples. In order to be listed in the database of good practice, practice examples must meet all the criteria but they could do this on different levels. Randomised controlled trial (RCT) would receive preferential treatment, meaning that if a project had been evaluated using that methodology, it would rank more highly. This was consistent with the promotion of this methodology by the EC in the
context of social experimentation, where a lot of awareness-raising and capacity-building had been done. Funding and calls for proposals would reflect this preference, accepting its limitations. Other kinds of evaluation, if considered robust enough, would obviously also allow a “high ranking” of the tested programme.

Transferability would be tested in terms of the number of countries in which the project had been tested, whether sufficient information was available to replicate the project somewhere else, whether it was limited to specific situations etc.

Sustainability would be tested in terms of whether there had been any follow-up, whether the testing had been repeated after a while or in another country etc.

This methodology would be first applied to the practice examples already available and a screening process would take place. Practice not meeting the criteria for inclusion in the data base would be kept in a ‘user registry’, either as ‘inspiring practice’ or, pending an evaluation in progress, until they moved up to the higher level. There would be a dedicated template put out on the website for submissions to participate in this evaluation process.

Juliet Ramage, Action for Children, UK, as Thematic Expert to the review, introduced participants to the review process.

Ms Ramage began by sharing information with participants on her professional background, highlighting work she has undertaken that is relevant to the review. She has worked in Northern Ireland on several occasions and commented on the excellent social work practice that exists there. She is currently working on a large project in England, funded by the Department of Education, about encouraging smaller NGOs to develop evidence-based practice. This has led her to believe instinctively that evidence-based programmes are not the whole answer - they are part of the answer but there is so much more that small NGOs are particularly good at and that is about capacity building in communities, building relationships and encouraging communities to be stronger for themselves. This has been evidenced in case studies selected for the review, for example Habitat Bulgaria, where whole communities have been mobilised in the effort to improve the situation of individual families. Returning to Northern Ireland, Ms Ramage said she had been heavily influenced by the approach taken there, predicated on the work of Dolan, Pinkerton and Canavan (see Northern Ireland case study) that shows we are all learning from each other, even without the use of RCTs.

Turning to the review objectives, as the Chair had already outlined these, Ms Ramage wanted to focus on the process. This was about sharing the case studies and learning the lessons. She did not feel that an expert was needed to say what was going well and what was not as peer countries had already commented on how things could be improved, what were the challenges and what were the learning points from which others could benefit. Participants would share and debate these with others and also look at how possible it is to replicate what they did in other countries.

In terms of outcomes, we were seeking a framework to assess good practice that would really work for Eurochild. This would only be as good as the input from participants. We had earlier learned about one model from Ms Tassa, which would almost certainly generate a lot of discussion about what constitutes evidence and the place of RCTs. We might want to reject that approach but this would come at a cost as obviously there were resource implications. Therefore we needed to look at how we marry a change culture driven by resource constraints with what Eurochild wants to do.

In relation to her role in the review, Ms Ramage explained that, so far, she had produced an Assessment report looking at the 4 case studies that she would later present. She had also been asked to formulate key questions for subgroups that would guide discussions to:

...assist in building a shared understanding of what constitutes evidence based evaluation and how this can be incorporated into a framework for evaluating good practice – a direction in which to travel which has common principles but also reflects diversity and experience in a European context.
Ms Ramage took participants through these questions (detailed below under ‘reports from subgroups’) and said she would identify and report back on shared conclusions in the final session. Conclusions from the seminar would inform her ‘post seminar’ report.

**Presentations of inspiring practice**

Reports of inspiring practice and presentation slides can be found on Eurochild’s website. The following are short abstracts of the case studies, followed by points of discussion in seminar.

**Host County Presentation**

**Presenter: Maurice Leeson**, Barnardo’s Northern Ireland (seconded to the Health and Social Care Board)

**Family Support Hubs in Northern Ireland**

Family Support Hubs are central to the development of Northern Ireland’s Early Intervention Strategy. The purpose of Hubs is to ensure family support services are better coordinated and families are signposted to the most appropriate services. Hubs are about linking together existing services rather than creating new services. They are virtual organisations with no space of their own. Hubs will include organisations that provide a range of services. The exact range of services and the methods of delivery will depend on the make-up of the Hub. Hubs will include organisations that provide group work as well as individual interventions. They will also include organisations that provide services from specific centres as well as organisations that provide outreach and home based services. Where there are significant gaps in services the Hub process can work to assess need and identify gaps in provision. This information can be used to direct funding decisions.

The objectives of Hubs are:

- To improve access to early intervention family support services by matching the needs of referred families to family support providers
- To improve coordination of early intervention family support services by creating a collaborative network of providers
- To improve awareness of family support services
- To assess the level of unmet need for early intervention family support services and feed this into the planning process

Non-negotiable elements:

- Voluntary-statutory partnership in the make-up of the Family Support Hubs
- Integrated planning process where statutory community and voluntary organisations are committed to planning services together
- Infrastructure support. Hubs have support needs to function effectively - eg. administration - and consideration needs to be given to this
- Effective management of thresholds between statutory social work intervention and early intervention family support

**Discussion**

Uwe Uhlendorff asked about 2 issues that he thought could potentially be obstacles to cooperation between agencies. The experience in Germany with similar models was that the local authorities were anxious that they would lose power and there was also a problem with budgets. It took a long time to establish a culture of trust and interdependency. **Mr Leeson** said there is always tension around funding. However, the strong involvement of the community and voluntary sectors at all levels in the system has given them a stronger position and a stronger voice in the planning process and this make the difference. They are part of the decision-making process and also share responsibility for meeting
the overall objectives so the focus is wider than individual projects. Ann Hardy added that, although the Hubs had only been in place for a year and a half, the planning process involving the community and voluntary sectors had been in place for 12 years so there was a good basis of communication and cooperation for this development and a long lead-in period.

Fred Deven asked about the Children and Young People’s Participation Strategy and how children and young people are involved in the Hubs. Mr Leeson said that one of the Quality Standards against which Hubs have to measure themselves is the participation of children and young people. He was confident that, when this happens, there will be a range of experiences. Some will be very good and some not so good. The Participation Strategy, overseen by the Children and Young People’s Strategic Partnership, is there to help organisations that need to improve in this area. The Partnership was very clear that, to be effective in early intervention, if children and young people are not participating, they need to be. How this is realised will be different in different places. Some Hubs have very strong links to their communities and they bring that strength with them. Other Hubs may need to look outside of their membership for help to achieve this. Principles for parental participation have been developed by the NI Parenting Forum and principles for children and young people’s participation by the Participation Network. Dawn Shaw, Action for Children, and Ann Hardy said participation was core to many existing services and was part of the overall planning process. There were already local planning fora that involved certain groups of young people and many examples of good practice. The multi-agency group looking at the needs of young people with disabilities was led by the young people themselves. The Chair commented that in Wales there is a ‘Families First Consortia’ based on the same principles as the Hubs and there is now Ministerial guidance that the voice of the child must be heard. It can no longer remain an aim. Mr Leeson said that was why it was such an important part of the QA model.

Tijne Berg asked how community participation was stimulated in Northern Ireland. Mr Leeson said they now had a better balanced representation of community, voluntary and statutory sectors at all levels in the system. There was a vibrant community development sector in Northern Ireland that the EU peace funding had stimulated and those community organisations are involved in service provision. Communities have a unique understanding of what they need. The goal is to bring this together with the expertise of professionals in a mutually supportive way to make services for families more effective. It is not about trying to make community groups into ‘mini professional organisations’. Ms Leeson also referred to the concept of developing social capital and how bigger organisations can work with smaller organisations through community networks to help build their capacity.

Daniel Molinuevo asked about the experience in Northern Ireland of ‘scattergun’ referrals where families are referred to a number of agencies in the hope they will get a service. Mr Leeson said this had been a big issue and related to inadequate/ inappropriate assessment of the presenting situation, particularly in the community sector where they did not like to turn people away. One of the big benefits they would see out of the Hubs is a proper assessment of what was needed and fewer referrals on to other agencies, which is very wasteful of everyone’s time. Ann Hardy said the Hubs perform a coordination service so that families are referred to the agency most likely to meet their needs. Pip Jaffa, NI Parenting Forum, said the Hubs were still in early stages of development and thought the more people got used to working together, the more they would understand each other’s working practice and develop trust in working together.

Peer Countries

Wales, UK. Presenters: Myfanwy Bater and Joanna Cole, Action for Children, Wales

Neath Port Talbot Family Action Support Team (FAST)

The FAST service is a unique service that combines a full range of preventative family support services for children, young people and families on behalf of the local authority. The structure of FAST
means that packages of support can be tailored to match a family's individual needs and a flexible and timely response to urgent situations can be organised. The service aims to promote the safety and well-being of children and develop the positive self-esteem of their parents by providing a range of outreach family support services and co-ordinated interventions. The service can prevent family breakdown and promote the reunification of families, where appropriate, by supporting referred parents to achieve acceptable standards of care for their children.

The objectives of FAST are:

- To prevent family breakdown and promote reunification of families where appropriate, by supporting referred parents to achieve acceptable standards of care for their children through the Family Outreach Service (element of FAST providing intensive parenting support)
- To provide practical support to referred families in their own homes, through the Flexible Home Support Service (element of FAST providing less intensive, practical support – around home conditions, cleanliness, food shopping, etc.)
- To prevent family breakdown, reduce stress in families and promote the development of young children by supporting placements with local day care providers

Non-negotiable elements:

A clear understanding by the commissioners (i.e. funders of the service) and by Social Services, that:

- There is a likely correlation between the level, complexity and existing duration of challenging issues faced by the family and the results of the interventions
- Input from specialist agencies to address the needs of the parents/carers are likely to improve the effects of the family intervention
- Only a proportion of the families worked with will demonstrate sufficient improvement in behaviours to allow their children to remain safely with them
- A clear referral mechanism with identified results – i.e. a clear understanding of ‘what this intervention is meant to address, and how will that be measured’ - with multi-agency ‘gate-keeping’ is essential to allow the project to retain a clear focus on the scale and scope of eligible work

Poland. Presenters: Renata Szredzinska and Karolina Mazurczak, Nobody’s Children Foundation, Poland

Good Parent-Good Start

This is the first Polish programme aimed at preventing the abuse of young children under 6 and promoting positive parenting. The project involves both national and local activities. It was launched in 2007 as a pilot programme in 2 selected Warsaw districts and by the end of 2013 will cover the whole of the Polish capital. The assumptions of the programme have been included in the Strategy for Families which was adopted by the City Council in 2010. The programme is financed by the World Childhood Foundation, the Velux Foundation and City Hall of Warsaw. Since March 2010, the programme has been adopted in another city, Poznań, and is being implemented in 6 pilot rural areas. The programme is known as the Local System for Prevention of Young Child Abuse (LSP). LSP is an interdisciplinary system of cooperation between local authorities, welfare centres, health centres, police, probation officers, psychological consultation points, day nurseries and NGOs.

The overall objective of LSP is to prevent the abuse of young children and enhance the parental skills of parents through an interdisciplinary system operating on 4 levels:

- Reaching families with young children with information about the programme
- Screening all families with children against risk factors
- Offering vulnerable families support
Meeting Notes

- Intervention in cases of abuse

Non-negotiable elements:
- A service offer that is free of charge
- Progressive universalism
- Interdisciplinary cooperation in the planning and delivery of the programme
- Involvement of health centres

**Bulgaria. Presenters: Vyara Ivanova and Boriana Parvanova, National Network for Children Bulgaria/ Habitat for Humanity, Bulgaria**

**Home Improvement Loans for Low Income Families and Families at Risk**

Families in Bulgaria belonging to the most vulnerable groups often live in substandard living conditions which may become a reason for institutionalisation of their children. Sometimes such families have no access to healthcare and their children no access to the educational system. In such a context, the availability of socio-educational services is a question of survival. The programme implemented by NNC member Habitat for Humanity, Bulgaria, demonstrates an alternative way to support low-income families and families at risk and prevent child abandonment and institutionalisation. It works to improve families’ living and sanitary conditions by providing no-interest loans for small home renovations, support for medical expenses, government subsidies and family counselling. Partner community-based organisations also provide additional specialist services and training according to the individual needs of the different communities. Loan repayments are fed back into the Fund for Home Improvements to serve the next families at risk.

The objectives of the programme are to prevent child abandonment and institutionalisation through early stage support for families in need and families at risk by:

- Providing financial assistance for improving the living conditions of families through micro financing schemes
- Working with families to realise these objectives through skills and confidence building
- Providing support for medical expenses, government subsidies and family counselling

Non-negotiable elements:

- The purpose of the micro financing
- The non-charitable nature of the housing support
- The target group i.e. low-income families, living in substandard conditions

**Discussion**

**Fred Deven** asked **Habitat Bulgaria** how the issue of default on loan re-payment is tackled with families in the Home Improvement Programme and what is done about the 10% aggregate deficit. **Ms Parvanova** said in most cases, ‘soft’ measures are taken to talk to families to try to find a solution. This usually involves people from the local community and if necessary, the mayor. Formal measures of taking families to court are a last resort. Ultimately, the organisation has to absorb the aggregate deficit. This is why selection of families for inclusion in the programme is so important. The **Chair** commented that, in general, evaluations turn on whether actions are making a difference to a significant number of families. If 90% of families don’t default, then it could be said this can be regarded as a success.

**Ann Hardy** asked **Action for Children, Wales** about systems of outcome measurement in the FAST project and whether there is a system of aggregating data collected on individual families, within the project, and across other programmes in the area with which they work. **Ms Bater** said there was both...
a system for tracking outcomes for individual families and an electronic system called ‘Recording Outcomes’ to record data for the organisation and for funders.

Ms Parvanova said Habitat Bulgaria was impressed with the ‘Results Based Accountability’ (RBA™) framework used by FAST and wanted more detail of how the system works in relation to evaluation and data management and how time-consuming this is. Ms Bater said it had been time-consuming to set up the system but, once in place, data management was absorbed into the daily routine. Moving from manual to electronic systems would be an improvement, making data easier to retrieve and analyse.

Ann Godfrey asked Nobody’s Children Foundation (NCF), Poland about the power imbalance between and NGO and big statutory organisation. The way that Good Parent-Good Start had encouraged a multi-agency system for early intervention was impressive but how was this power imbalance managed and how were statutory organisations persuaded to participate. Ms Szredzinska said this had been the most demanding part of setting up the system. A strong ally had been the City Hall which oversees all the statutory agencies in Warsaw. So it was a big influencing factor when City Hall showed its support for the programme both financially and technically. City Hall could also put pressure on statutory agencies reluctant to participate but NCF preferred to try to persuade them of the benefits of working together so they made a real investment and did not just participate in a tokenistic way.

Eamon McTernan commented that he had been really interested in the presentation from Wales. The previous day, he had made the point that the term ‘family support’ had been distorted and very fragmented in the way it was used in Northern Ireland. What he meant by that was the distinction that had grown up in policy between child protection and family support, where family support was perceived as a ‘soft end’ activity that related to the early stages of intervention. What the FAST project had confirmed for him was the importance of viewing family support as the central paradigm for designing services at all levels. It is equally as important for children with complex needs as for children with ‘lower level’ needs. It underlined the argument they had been making about family support being the overarching concept within which services are designed at all levels. In relation to the presentation from Bulgaria, it was not that long ago in Northern Ireland that the main initiatives in the highest areas of deprivation were Housing Cooperatives and Credit Unions. It seemed to him that the principles on which the Home Improvement Programme was built were very similar. Housing Cooperatives and Credit Unions are still solid, mainstay parts of the lives of people in Northern Ireland.

DAY 2 AFTERNOON SESSION

Juliet Ramage opened the afternoon session with a presentation of her Assessment Paper. The paper is a collective report of the four case studies of inspiring practice presented for peer review, taking into account comments papers from Stakeholders. It focuses on useful areas for shared debate, transferable practice and messages that would assist the peer review process in developing an assessment framework that responds to changing funding and policy directions in Europe. The following is a resumé of findings, key messages and points of discussion in seminar. These would constitute the basis of later discussion in subgroups.

1. Case studies were all very different in terms of their interpretation of Early Intervention. This was reflected in the nature of service provision, the target groups and the different stages of intervention. There were also very different models of partnership and a wide range of activities. A common assessment framework was needed that placed case studies into categories that allowed for more meaningful comparative analysis and shared learning. Suggestions included categorisation by type of social challenge, as outlined in Uwe Uhlendorff’s paper, but also other categorisations, that, for example, separated innovative practice with emerging evidence from those that have a more robust evidence base. The need for a common language was also evident.
2. Case studies differed significantly in terms of the social, cultural and political context in which they operated. The presence or absence of a national framework for service provision was significant. The challenge was how one can replicate practice across Europe when there was no shared political consensus about investment in early intervention and prevention.

3. Quality standards and common principles in early intervention and prevention were a unifying feature in all the case studies. Points of commonality were well articulated in the Northern Ireland case study, which described 10 underpinning principles that contributed to effective early intervention. Case studies also highlighted the lack of a common benchmark for the qualification level of staff involved in early intervention and prevention work. The quality standards in the Poland case study helped to define the skills and competency base required by staff and had relevance across countries.

These characteristics had universal relevance across Europe and represented what was often not captured in evaluations of evidence-based interventions. They could be adopted into the framework as essential principles to be demonstrated by case study contributors.

Common principles were the ‘hidden backdrop’ to any assessment of an intervention’s effectiveness but they were difficult to measure. Every case study had shown the significance of relationship-based working, not just with families, as in the Wales case study, but also in the investment in partnership working demonstrated in the Bulgarian study to effectively implement programmes. This was not captured in RCTs. Therefore we needed to find a balance between the ‘blueprints’, or evidence-based programmes, and the instinctive feelings of knowing what works. The suggested solution was reflective practice that might be turned into questions to ‘self-evaluate’, at individual, as well as organisational level.

4. Funding challenges were a recurring theme in most of the case studies, for example problems in securing longer term funding, potential conflict in partnership working with state funders, the precariousness of small community groups in the commissioning process etc. Northern Ireland’s case study acknowledged these tensions and recognised that commissioning processes have potential to damage integrated working in NGOs. The responsibility of larger NGOs for capacity building, diversification of funding sources, on-going dialogue with partners helped to overcome this. Developing an evidence base on what works was also linked to security of funding.

5. In relation to evidence, the Northern Ireland case study reminded us that evidence of effectiveness can come from a range of sources. Their framework provided us with useful methodology and tools that could be harnessed and replicated in other European countries and had relevance for reflective working at grassroots, regional and national levels. We needed a balanced perspective, capable of reflecting critically on quantitative and qualitative data, as the other case studies had shown. Cost-effectiveness was important but measuring effectiveness in terms of the ‘social return’ on investment was, rightly, increasing in prominence. The resilience-based framework for evaluation of Early Intervention programmes currently in development in Northern Ireland was eagerly awaited.

6. In summary, Ms Ramage said that all case studies had contributed positively to shared learning, were innovative and highlighted the potential to respond to proposals within the EU to move resources towards social innovation, look at the place of social policy experimentation and the potential for replication. Our challenge was to look at what works, in our communities, countries and in Europe.

Tony Ivens and Tijne Berg, Coordinator of the Eindhoven Family and Parenting Support Round Table led an interactive session, in preparation for the sub-group discussions, on perceptions of what we mean by evidence-based working and what we understand by terminology in use.

In the experience of the presenters, there was still a lot of confusion amongst professionals, many of whom were very experienced, over terminology used. A set of ‘multiple-choice’ questions regarding a hypothetical ‘parenting support project’ had been prepared to stimulate discussion:
- When do you determine the *outcome criteria* of a parenting support project?
- What could be described as the *input* to a parenting support project?
- How would you describe the ‘parenting classes’ offered to families in the project?
- What could be described as the *outcome* of a parenting support project?
- What constitutes *evidence* of increased parenting skills?
- What is the *impact* of a parenting support project?

**Discussion**

There was general agreement that ‘high level’ outcomes (or goals) had to be set at the start of a project but the process could change things and sometimes there were outcomes that were not foreseen. There had to be an in-built flexibility as work progressed with the family. Reflective practice and evaluation provided for adjustment.

Discussion of ‘inputs’ produced some difference of interpretation, with one view that they related to material resources required to run the project (staff, money, premises etc) and another that they related to the programmes offered to families, seen by others as ‘outputs’. This might depend on the design and ethos of the project. Comment was made that the interpretation of inputs as ‘quantifiable’ resources was influenced by the dominant Anglophone model, whereas if viewed in the wider context of ‘resources’, more intangible social resources could be included such as confidence-building, relationship building, role modelling etc. However, there was doubt that an ‘umbrella’, European-wide definition could be agreed upon in view of the different discourses and practice approaches across Europe that influenced this.

Discussion of ‘outputs’, ‘outcomes’ and ‘impact’ similarly generated slightly different perspectives. Helpful suggestions were that ‘inputs’ could be seen as the resources, or effort, put into services. ‘Outputs’ were usually seen as concrete results of the service, or the ‘product’, often measured statistically. ‘Outcome’ and ‘impact’ were seen as the effects of services, differentiated in terms of whether they were the short-term effects (outcomes) or the longer term effects (impact over time).

Presenters made a proposal that we sign up to common definitions for our framework. It was agreed however that it was not realistic to attempt this in the seminar. It would therefore be followed up outside of the meeting.

In concluding the session, we were reminded of the importance of taking into account the different kinds of evidence that can be collected. This would be discussed later in the sub-groups.

**Sub-group discussions**

Participants split into three sub-groups, led by Tony Ivens, Tijne Berg and Juliet Ramage, to consider the questions prepared by Ms Ramage as described above.

**DAY 3 FINAL SESSION**

**Reports from subgroups**

*Questions* were organised around the following topics:

1. Understanding Early Intervention (Group 1)
   - What does Early Intervention mean in your country?
   - In developing our framework, is it more helpful to narrow the definition to one that involves an element of targeted provision, particularly for families where there are signs of emerging vulnerability or ‘at risk’ categories in the population?
   - How do we convince politicians that investing in early intervention does pay off even in times of economic crisis?
2. Quality Standards in Early Intervention (Groups 1 and 2)
   - What are the successful elements that underpin your family support programmes?
   - Would it be useful to adopt a set of quality standards relating to common principles that underpin effective early intervention and prevention, incorporating skills and competency base required by staff?
   - How easy is it to measure these standards?
   - Do you have experience of using tools to measure the quality of your engagement and relationship building in family support?

3. Attribution and Measurement in Multi-Agency Work (Group 2)
   - What are the conditions for successful, integrated working?
   - What are the challenges in measuring the effectiveness on outcomes by different agencies?
   - How can you know which intervention has made the most or least impact?
   - How can you be sure that an intervention by one organisations isn’t harmful to children and families? How can this be overcome?

4. What is Evidence? (Group 3)
   - Can evidence be seen as a continuum with innovative services in their early stage of gathering evidence of effectiveness at one end and a randomised controlled trial at the other end of the continuum?
   - What sources of evidence help create a balance that enables us to reflect critically on qualitative and quantitative data and analysis?
   - What model or standard of evidence should be included in our framework?

5. Innovation, Experimentation and Cost-efficiency (Group 3)
   - How do countries involved in early intervention and prevention in family support define innovation?
   - Is there a risk that the move towards a more robust evidence base can stifle innovation?
   - With funding priorities and policy development moving in the direction of social innovation and social policy experimentation, what role can Eurochild take to ensure that we are able to position ourselves accordingly?

**Group 1: Tony Ivens**

*Understanding Early Intervention:*

There was agreement that there was a need for a broad definition of Early Intervention to include universal services. It would not be helpful to narrow it to targeted services.

Early Intervention was not necessarily a single intervention. If we were to meet the needs of families in the best way, it may mean a ‘package’ of service provision. We therefore needed to be working in an integrated and coordinated way.

Early Intervention should include a ‘community definition’ to enable us to consider the needs of vulnerable communities as well as vulnerable children and families. All actors should have a sense of ownership.
It would be more helpful to use the phrase Early Intervention in conjunction with the word ‘prevention’, hence EARLY INTERVENTION AND PREVENTION was proposed as a definition. It was also proposed that the definition be framed in the context of ‘family support’, which had more positive connotations that the word ‘intervention’. It should, however, be noted that this terminology did not necessarily translate into other languages and we needed to take account of this. We needed, ultimately, to find a form of words that had meaning across Member States.

In relation to how we convinced policy makers of the benefits of Early Intervention, there was a moral imperative not to restrict ourselves to the financial arguments. These had been well rehearsed. Our arguments should, rather, be based on what produced the best outcomes for children and young people and should consist of several discourses around Children’s Rights, Equal Opportunities, Building Social Capital etc.

Quality Standards in Early Intervention

There was general agreement that standards were a useful ‘tool’ to have in our ‘toolbox’, the majority view being that we should adopt the standards as laid out in the ‘shared principles’ section of the Assessment paper presented earlier by Ms Ramage (based on the work done in Northern Ireland). We should bear in mind that there may also be a case for additional standards tailored to a particular service.

Standards are not a kind of ‘service users’ charter’ (as in commercial settings) and should not be regarded as such. Even when they might not be directly applicable, they had value as something to which service providers can aspire. They were also a useful awareness-raising tool.

Group 2: Tijne Berg

Quality Standards in Early Intervention

The group briefly touched on Early Intervention as a preamble to the main discussion. There was agreement that it should relate to intervention at the onset of problems (as interpreted in Northern Ireland) not necessarily at an early chronological age.

Some participating countries had standards in place, others not. However, there was agreement on the importance of standards being in place.

Standards should not be confused with principles, which referred to the underlying values of standards. They must be formulated in a concrete and measureable way (avoiding phrases like ‘we value child participation’) and qualitative as well as quantitative evidence should be used in measuring outcomes.

Reflective practice by professionals (requiring training and supervision) and cooperation/ working in partnership were emphasised. Other aspects that were stressed were:

- The importance of needs assessment - intervention must be needs-led
- The need to maintain a focus on the best possible outcomes for the child when taking account of the different (sometimes conflicting) perspectives of involved parties - this needs skilled intervention
- The need to work from a strengths based perspective that included the strengths of the individual and the community

Attribution and Measurement in Multi-Agency Work

Several conditions needed to be met to ensure successful integrated working. These included:

- Political commitment and commitment at all levels in an organisation, from management to the professionals providing the services
Leadership
- Clarity over the roles of the different actors involved (eg. outlined in a handbook) and their accountability within the multi-agency context
- Guidance on confidentiality and data protection (eg. via shared information protocols) - professionals must know what information they can and cannot share
- Separate organisational evaluations of interventions but using standard methods
- A common assessment of the challenges faced by families, with agreement on the issues at stake by all involved organisations, parents and children – this reduces the risk of a potentially harmful intervention by one of the agencies

The term ‘collaboration’ was preferred to ‘multi-agency work’ as the latter implied an equal participation of all partners, whereas different partners may make different levels of contribution.

Eurochild could play an important role in sharing the available theoretical and practice-based evidence on what works and does not work in multi-agency work and how to realise this.

Group 3: Juliet Ramage

What is Evidence?
Innovation, Experimentation and Cost-efficiency

The group considered evidence in the context of a potential framework that would meet Eurochild’s objectives and what standards of evidence should be included in this framework. The group also looked at some concepts that were relatively new concepts for them around innovation, experimentation and cost-efficiency. The report back was made in an integrated way to reflect the course of the discussion.

There was not necessarily a common understanding of terminology, hence the following interpretations were used (source: European Platform against Poverty and Social Exclusion, Brussels, 06.02.12):

Social Innovation relates to the development of new forms of organisation and interaction to respond to current and emerging social challenges (new ways of doing things).

Social Policy Experimentation relates to testing innovative solutions at small scale and measuring their specific impact on beneficiaries with a view to disseminating them more widely.

Social Policy Experiments involve the use of randomised controlled groups to evaluate the specific added value of the measure (what would have happened if the measure had not been implemented?).

Ms Tassa had helped put all this into context by explaining that we had to do more with less and prove what we are doing was worth doing. There may be new solutions to do things more effectively. We knew that innovation in one country may be something another country had been doing for a long time so we needed a broad definition.

This led to a discussion of RCT’s. The group appreciated that this was a way of linking outcomes/results to a particular programme, a more scientific way of gathering evidence. It enabled you to know what it was that made the difference as one group received the service and the other did not. It also helped to ensure that interventions were not harmful or ineffective. However, concerns turned on:

- How, in social policy, you can ensure the control group replicates the recipients of an intervention
- The well-documented arguments about whether this is a clinical, or ‘deficit’ model
- The ‘transferability’ of evidence-based programmes that have been through RCT that are, essentially, commercial programmes from USA, Canada, Australia etc. that work with a small defined cohort of the population with specific needs
- RCT’s are expensive and programmes expensive to run with fidelity
The ethical issues of withholding services from control groups
- Whether RCT's stifle innovation – if we opt for static, established models that have been through RCTs, how do we facilitate innovation from new ideas and reflective practice from listening to parents and children

The group appreciated that RCT’s could seem attractive to policy-makers and service commissioners and it appeared to be the preferred methodological approach of the EC. It acknowledged the place of evidence–based programmes for a certain cohort of families and young people, alongside broader family support /early intervention approaches based on what we know works. However, the general feeling was that there can be many different approaches to evaluation. An RCT is not, for example, necessarily needed to show an improvement in school attendance or household conditions. Furthermore, the approach should be commensurate with the nature of the project being evaluated, particularly in situations where spend on evaluation would be disproportionate to spend on services. Importantly, evaluation should be a cyclical, rather than a static, process where your evidence base is reviewed and refined and grows accordingly.

Taking account of all this, within the proposed framework:
- Projects would be required to clearly articulate what it is they want to achieve and why they think their activities will be effective (i.e. the outcomes and theoretical approach, underpinned by knowledge/research)
- There would then be some means of categorisation – unless things are organised into some meaningful category, it is hard to compare them (Uwe Uhlendorff would later present some of the categories around social challenge that could be used in order to facilitate shared learning and comparison)
- The aim would be to move from being evidence informed to evidence based (via a reflective process and with timescales for achieving this)
- What is innovative would be highlighted, as well as what can be replicated

The rationale is that, if similar projects are linked/in the same category, they can work together to develop an evaluation framework (comparing like with like), build a stronger case of evidence base across countries and work towards replication. This would also result in a stronger policy campaigning position.

Czech Republic presentation

Miloslav Macela and Klara Trubacova, Ministry of Labour and Social Affairs, made a brief presentation of the situation in the Czech Republic. They appreciated the opportunity to participate in the seminar and had benefitted from hearing about the concrete examples of practice in other countries. There was a big debate going on in their country about the interpretation of early intervention and prevention. The seminar had confirmed their understandings of family support and they would now be discussing with appropriate NGOs the possibility of piloting some projects. They hoped this could be achieved in collaboration with other organisations in the Eurochild network.

Improving the quality of the system of care for vulnerable children had become one of the priorities of the new government and a significant amendment to the Act on Socio-Legal Protection of Children is underway. The amended Act is expected to become effective on 1 January 2013. The Ministry has undertaken a project – The Systemic Support of Processes within the Transformation of the System of Care for Vulnerable Children and Families – in preparation for this. It includes assessment of the situation of children, standards for the work undertaken in the system of care for vulnerable children and families, and support for substitute family care. The project will be launched in July. The Government has also approved 2 important documents, the National Strategy to Protect Children's
Rights and the National Action Plan 2012 – 2015. The reality, however, still presents a big challenge, with territorial disputes between each of the 5 departments involved with children. Cooperation is slowly being achieved with some departments but there is a long way to go. The collective knowledge base displayed in the seminar is not present in the Czech Republic so presenters hoped to maintain a connection with Eurochild.

**Stakeholder presentations**

Stakeholders were asked to comment on case studies and key issues identified by the Independent Expert.

**Daniel Molinuevo**, Research Officer, European Foundation for the Improvement of Living and Working Conditions (Eurofound)

Daniel Molinuevo’s paper focused on the case studies in the frame of the research project he manages for Eurofound on parenting support and education policies across Europe. This has been on-going since 2011 and includes a literature review and case studies analysing the situation in different European countries. As in the case of the studies presented in this peer review, some of the main issues for service providers are the improvement of the evaluation of services (including the perspective of the child), the coordination between different service providers and clarifying their area of intervention in relation to other policies.

Mr Molinuevo highlighted the importance of needs assessment and empowering families through this process. In developing standards, one has to ensure they are measurable from the child, the parents’ and service providers’ perspectives. He referred to the work of Moran P. et al, as detailed in his presentation slides, as a potential ‘gold standard’ to which we should aspire. The educational and training qualifications required of staff to deliver services is an area that may need greater debate as it is clear that the picture over Europe is diverse. Concerning the issue of what constitutes evidence, Mr Molinuevo referred to the work of Boddy, Smith and Statham (2011) which concludes that RCTs may be useful to evaluate some forms of parenting support but other types of evaluation need to be used as well. In England, the use of RCTs as the ‘gold standard’ of ‘what works’ has led to using more standardised parenting programmes. In countries with more tailored forms of support, evaluation takes the form of assessment of individual progress rather than on formal evaluation. In conclusion, Mr Molinuevo said that how parenting support is delivered may matter more than what is delivered. If parents do not feel respected, they are unlikely to engage well with any programme.

**Fred Deven PhD**, Scientific Director, Knowledge Centre WVG- Dept. of Wellbeing, Health & Family, Flemish Community of Belgium, representing the Council of Europe

Fred Deven’s paper commented on the case studies in the frame of the Council of Europe’s work on Positive Parenting. Referring to CoE Recommendation 19 (2006), he highlighted the main principles relating to parenting support:

- Adopt a rights-based approach (treat children and parents of holders of rights and obligations)
- Parenting support is based on a voluntary choice by all concerned / directly involved (except for interventions of public authorities to protect the child)
- Acknowledge that a parent / parents have the prime responsibility for their child, subject to the child’s best interests
- Consider children and parents as partners who share, as appropriate, the setting up and implementation of measures relating to them
- Favoured an equal involvement of parents and respect for their complementarity
- Guarantee equal opportunities for children, irrespective of their family situation, status, abilities or gender
- Recognise the importance of a sufficient standard of living to engage in positive parenting
- Adopt a positive approach to parents’ potential, especially through giving priority to incentives
- Recognise the diverse types of parenting and parental situations by adopting a pluralistic approach
- Develop a long-term view in order to guarantee stability and continuity of policy and, where possible, practice

**Prof. Dr. Uwe Uhlendorff**, Professor of Social Pedagogy, Department of Educational Science and Sociology, Dortmund University, Germany - Coordinator of the Family Platform

Uwe Uhlendorff’s paper commented on the case studies in the frame of the Family Platform project funded by the EU which elaborated the research agenda for the wellbeing of families in future Europe. He considered the extent to which the case studies can be seen as examples of social innovation, given the proposals within the EU to move resources towards evidence-based approaches that embrace social innovation and experimentation. This is critiqued in Ms Ramage’s Assessment Paper under the section on ‘Social Innovation and the Capacity to Implement Elsewhere’.

Prof. Uhlendorff proposed a framework for comparison that categorises practice examples according to the kind of social challenge they address. This would lend itself to a more informed comparative assessment. Projects should then be brought together in a learning process and to exchange ideas. Evidence standards related to their work will emerge through discussion rather than be set at the outset. He provided the following example of what the framework might look like, developed in further detail in the presentation slides:

<table>
<thead>
<tr>
<th>Social challenge Targets</th>
<th>Practice examples</th>
<th>Innovative potentials</th>
<th>Evaluation criteria/ Results</th>
<th>Transferability to other EU countries</th>
<th>Aspects of improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combating poverty, inequalities and precarious living situations. Improvement of health, developmental and living conditions (prevention)</td>
<td>1) Bulgaria, National Network for Children 2)? 3)? ...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>Supporting couples in the transition to parenthood. Improvement of parental skills and parent-child attachment (prevention)</td>
<td>1) Poland, Nobody’s Children Foundation/ Local System for Prevention (Warsaw) 2)? 3)? ...</td>
<td>...</td>
<td>...</td>
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<td>...</td>
</tr>
<tr>
<td>Interventions/ serious concerns for child’s safety or welfare. Child protection, prevention of withdrawing/statutory intervention</td>
<td>1) FAST, Action for Children, UK 2)? 3)? ...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>Improvement of social services Better cooperation between NGOs/ Governmental Organisations</td>
<td>(1) Family Support Hub (Northern Ireland) 2)? 3)? ...</td>
<td>...</td>
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<td>...</td>
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</tbody>
</table>
Outcomes and conclusions

Juliet Ramage presented outcomes and shared conclusions from the seminar debate that would inform her ‘post seminar’ report of countries reviewed, including a recommended framework for evaluating good practice. The session was structured so as to generate debate and elicit reactions from participants in 5 key areas she identified from subgroup discussions.

As a preface to the debate, Ms Ramage made the following general comments:

The Seminar had allowed for open discussion and challenge. Participants did not always have a shared language with commonly understood terms and definitions. However, presentations had shown that this could be overcome as participants had demonstrated a collective commitment to make a difference to families’ lives.

Specific points to note were that:

- ‘One size does not fit all.’ A child/family’s experience is unique and rooted in their social, political and cultural context
- We had looked at early intervention as incorporating both universal and targeted support but had learned from the case studies that vulnerable families (eg. Roma families) or more marginalised groups (e.g. fathers) cannot or do not always know how to access universal services
- We had seen the importance of addressing a family’s priority needs before engaging them meaningfully in wider parenting and health education programmes, for example, sorting out a leaking roof (Habitat Bulgaria) as a catalyst to a family’s further engagement with partner agencies
- Case studies had demonstrated that strengths-based ‘hands up’ and ‘hands on’ approaches are effective and empowering. They focus on building resilience in families to improve long term outcomes

All of the above led us to be cautious about embracing an evidence-based approach that is narrowly focused on ‘blueprint’ models/ ‘manualised’ programmes which emerge from the conduct of expensive RCTs. These activities are often aimed at a targeted few rather than having broader application. We wanted our framework to value evidence from all sources, to value relationship-based working and be capable of reflecting critically on quantitative and qualitative data.

Debate

1. Standards

Ms Ramage posed the question of whether principles can be regarded as standards, whether standards have to be concrete and measureable and, if so, how they could be measured.

The 10 Quality Assurance standards described in the Northern Ireland case study were put forward as an example of how key characteristics of family support drawn from research had been translated into standards that both quality assured, and measured the impact of, local delivery structures for early intervention. They incorporated safeguarding of children and young people, as well as building social capital in communities, thus enabling agencies to clearly identify their roles and responsibilities. They were currently being piloted within the Early Intervention Strategy. The Chair commented that it was important to develop a framework that was robust enough to capture a wide diversity of practice. Another view was that standards could be regarded as something to which we aspired.

2. Format for reporting good practice

Participants were asked to consider the preferred format for reporting good practice.
There was general agreement that a theoretic and research base that links interventions with desired outcomes was needed. Within this, several points of view were put forward. One suggestion was that we start with outcomes, i.e. what should change, then what supports/services should be in place to effect that change. This gets us away from the (sometimes confusing) language of ‘inputs, outputs, outcomes’ etc. A counter view was that we should stick to the ‘accepted’ terminology in use within the EU institutions. A practical proposal was that we consider a glossary of terminology in use. A further suggestion was that we consider how we might use elements of the ‘Results Based Accountability’ (RBA™) model, as used in the case study presented by Wales. In summarising, Ms Ramage suggested that what we were really looking at was a reporting format that outlines:

- The changes we are seeking
- The rationale for these changes and the evidence for this (eg. population surveys)
- Why we consider our actions will achieve the desired change (eg. research base)
- How we know changes have been achieved (evidence base)
- How we ensure our actions reach everyone they are supposed to reach

3. Evidence

Ms Ramage asked for participants’ views on the model of categorising evidence that had emerged from the sub group discussion.

A different kind of continuum had emerged where one moved from an evidence-informed position at one end to an evidence-based position at the other and participants were asked whether they could subscribe to this as a concept. There were no dissenting voices. An additional comment was made that ‘evidence’ could be interpreted in a theoretical, indicative or causal context. There was no disagreement with this.

4. Comparison Framework

Participants were asked to consider the kind of framework that would best facilitate comparative assessment of good practice.

Uwe Uhlendorff had proposed a framework for comparison that categorised practice examples according to the kind of social challenge addressed and participants’ views were sought on this. One concern was how to categorise if projects fitted into more than one category but Prof. Uhlendorff did not consider ‘overlapping’ a problem, nor would it be problematic if a project fell into several categories. A comment was made that the focus on social challenge should be balanced with a focus on Eurochild’s objectives. There was also a reminder that we needed to ensure the framework reflected a focus on children’s rights but it was felt that this should be a ‘given’. In general, the framework was considered helpful and robust but one suggestion from Northern Ireland participants was that we explore the possibility of reconciling the model with ‘Hardiker’s’ 4 levels of intervention described earlier by Ms Godfrey. The issue of balancing child-focused outcomes with parent-focused outcomes was raised. In response, Mr Molinuevo referred participants to the work of Moran P. et al featured in his earlier presentation. He considered this to be the ‘gold standard’ to which we should aspire.

5. ‘Replicability’

Ms Ramage asked participants to consider the ‘replicability’ potential of an evaluation framework.

The underlying assumption of the ‘categorisation’ framework proposed by Uwe Uhlendorff was that identification of countries doing similar work provided for greater comparability potential. Ms Tassa proposed that we consider barriers to replication as well as the potential to replicate. Ms Ramage asked Ms Tassa if there was any comment she wanted to make, or steer for Eurochild, from the work currently being undertaken on evaluation by the EC. In response, Ms Tassa explained that the work being done by the external contractors was within a wider brief than family and parenting support. It
was also more orientated towards collection of quantitative data but, as a result of participation in the seminar, she intended to discuss further with the contractors the inclusion of more qualitative data. She referred participants to the website Promising Practices Network for more information. The Chair commented that Eurochild was ultimately looking to use the evaluation framework more widely in other thematic areas and might be able to input into the EU process.

Concluding Comments

Ms Tassa commented on the EC’s preferred reliance on RCT’s as evidence of what works. She made three points that addressed concerns expressed in the seminar about this approach. Firstly, regarding the ethical implications of social experimentation, one has to accept that experimenting with actions that concern people is inevitable if one wants reform. Secondly, regarding concerns about denial of services to control groups, the assumption was that they would be disadvantaged but, if the experiment did not have positive outcomes, not including them in the trials could be an advantage. Lastly, even in a situation where you have good results, it may be that you can do things differently to achieve better results. The Chair commented that there was not resistance to RCT’s, per se, rather that it is the only option being considered by the EC. Participants favoured a wider approach incorporating other methods. Affordability was also an issue. RCT’s are expensive and the cost would be prohibitive to many smaller organisations.

Agata D’Addato was asked whether Eurochild would now take forward this work to develop a common evaluation framework. Participants thought this a good idea. Ms D’Addato confirmed that Eurochild would now consider the proposals Ms Ramage would put forward in her ‘post seminar’ report in the context of next year’s work programme.

Closing remarks

Pauline Leeson, on behalf of Children in Northern Ireland, thanked everyone who had contributed to making this a highly successful event. It had been an honour for Northern Ireland to host it. Agata D’Addato, on behalf of Eurochild, endorsed these thanks. The Family and Parenting Support Thematic Working Group had a long history of pioneering new tools to promote mutual learning. The outcome of this seminar had exceeded expectations. Eurochild would now be looking at implementing this model more widely within the organisation. Policies and practice should build on a sound evidence base, mutual learning and sharing. This supports Eurochild in its advocacy work and push to achieve better outcomes for children.

Eurochild¹, June 2012

¹ This report was drafted by Anne Williams, Peer Review Coordinator.