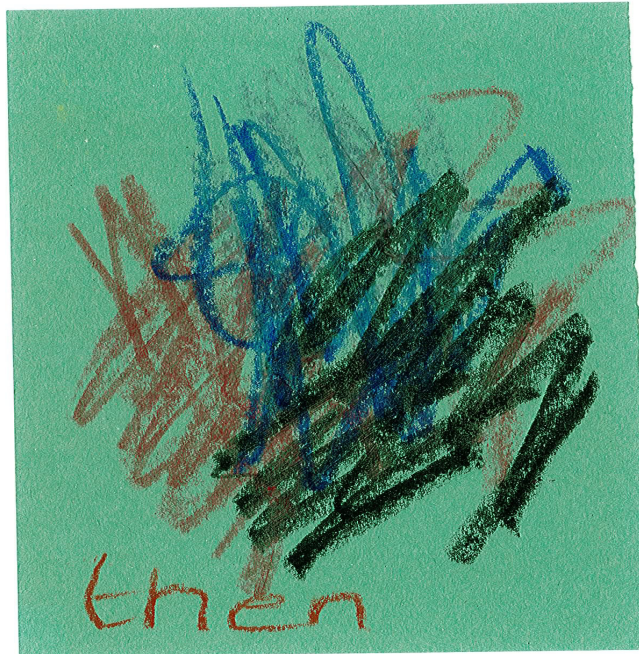


Easington Emotional Well Being Project – Final Evaluation Report

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A Young Persons Reflection on their Experience of the Emotional Well Being Project

Section 1 - Introduction

Easington Emotional Well Being Project

Funding to the tune of £2.3 million from the Working Neighbourhood's Fund (WNF) Programme 2008 - 2011 was secured to fund an integrated Emotional Well Being Service (EWB) for children and young people throughout the Easington area. It was anticipated that it would be a 7 days per week, 52 week per year service delivered at the point of need.

Easington Local Children's Board (LCB) was able to demonstrate successfully to the WNF how investing in the emotional well being of children and young people could support the WNF's aim of building capacity and resilience in communities. This was a major departure from previous WNF approaches and a significant achievement for Easington LCB that its creative and unique proposal had been supported by the WNF.

In summary, the vision of the LCB for the Emotional Well Being Service was to ensure that:

The service will be delivered to children and young people aged 3 -19 living in Easington. It must be available throughout the whole year and be accessible during the day, in the evenings and weekends in venues that are appropriate to their needs.

1.2 Contract Particulars

It must ensure the early identification of needs and provide swift and appropriate support offered in a way that is experienced as seamless by children and young people and which supports particular periods of vulnerability, for example transition between schools, from school into further education, employment or training and from play activities to youth work provision.

3.3 Contract Particulars

The service was aimed at children and young people aged 3 – 19 and consisted of three distinct elements.

- 1. Tier 0 - Positive activities for children and young people**
- 2. Tier 1 - Targeted emotional well-being support through Active Listening training**
- 3. Tier 2 - Provision of a fully integrated school and community based counselling and therapeutic service**

The service was commissioned by the LCB during 2009. It was put out to tender following a period of developing a comprehensive Service Specification and contracts were awarded to successful applicants from October 2009 for an 18 month period to the end of March 2011. Contracts for each separate element were secured: Tier 0 by East Durham Trust a consortium of 14 different services providers from the voluntary and community sector (VCS), with some additional work carried out by CATS in Blackhall and Murton; Tier 1 Active Listening training provided by Barnardos; and Tier 2 counselling by

Action for Children together with the post qualification support for the Active Listening training, although this was transferred to Barnardos to deliver from October 2010.

The initial Service Specification identified 15 key delivery sites which had been selected following a mapping exercise that had revealed a lack of provision for 5 -13 year olds in these areas. East Durham Trust submitted a collaborative bid with 14 providers from the VCS and was awarded the tender. CATS were then contracted, directly by the LCB, at a later stage to provide services in both Murton and Blackhall.

The Independent Evaluation

In December 2010 Investing in Children was commissioned to carry out an independent evaluation of the EWB Project.

Investing in Children is a children's human rights organisation. Created in 1995 as a partnership between Durham County Council and the NHS, Investing in Children has also worked with partners across the UK. IiC has been working alongside children and young people, and the adults who provide services to them, to create a range of effective ways in which they can exercise their right to have a say in decisions that affect their everyday lives. This has included children, young people, parents and carers evaluating service provision in County Durham and further a field.

Aims of the Evaluation

It was agreed that the independent evaluation would report on three key strands as outlined in the Evaluation Brief:

Key Strand 1 – The impact of Outcomes across all Three Tiers

- An analysis of the performance monitoring information
- Identify the impact and related outcomes
- Identify the potential long term positive impact
- Identify the direct impact and contributory impact on strategic outcomes

Key Strand 2 - Service User Engagement and Involvement

- An evaluation of the service user engagement process
- Evaluate the effectiveness of children and young people's involvement in shaping the service
- Relate the above to the strategic outcomes, priorities and principles of the service

Key Strand 3 – Commissioning Process and Economic Impact

- Evaluate Easington LCB's approach to the Commissioning Cycle against the DCC Procurement and Commissioning Strategy
- Identify lessons learned in terms of future commissioning for Easington LCB
- Evaluate the service providers experience of the commissioning process

- Using LM3 principles identify the socio-economic impact of the commissioned services on Easington

Messages from Research

For some time now there has been a recognition that children's well-being means something more than simply an absence of behavioural problems or dysfunction and therefore, that there needed to be a new way of developing and measuring outcomes for children's well-being (Buchanan and Hudson, 2000). This is combined with an understanding that well-being is influenced by what is going on in different domains of a child's life (home, school, community etc.) Buchanan and Hudson make the case for interventions that promote well-being at different levels i.e. at a population level, school *and* community level as well as at an individual level. They state very clearly that interventions need to ensure that they are developed with children and families themselves.

Families do not become involved in social interventions unless there is an element of trust and a belief that what is being offered is what they want and will be likely to improve their situation.

Buchanan and Hudson, 2000, Pg 237

The authors also assert the need to ensure that children and young people themselves contribute to the development of interventions.....

It is ironic that, for so long, there was a reluctance to listen to the one group of people who are 'experts' on their situation – the young people themselves and it is perhaps from them that the strongest message in this book comes.

Buchanan and Hudson, 2000, Pg 24

The Good Childhood Inquiry (Layard and Dunn, 2009), the UK's first independent national inquiry into childhood, was commissioned by the Children's Society. It aimed to increase understanding of modern childhood and to inform, improve and inspire all our relationships with children. Two significant messages emerged about the importance for children of their relationships between their parents, especially with fathers and the importance of friendships. Both of these feature as key factors for children's success and well-being.

The development of integrated services is creating some new and innovative concepts and methods of working which are also underpinned by an academic discourse. Davis (2011) discusses the move to a 'strengths based approach' to working with children and families.

Some writers have sought to emphasise the 'principles' that should underpin the development of new approaches to working with children and families. They suggest that professionals should aim to develop flexible services that are underpinned by a notion of minimum intervention, consider the strengths of families/communities, attend to issues of rights/equity and utilise informal support networks.

Davis, 2011, Pg23

The Marmot Review (2010) into health inequalities in England placed a major emphasis on the effects of social and economic factors during childhood, particularly in the pre-school years and calls for a 'second revolution in the early years'. It also recommends action to reduce community inequalities by developing social capital and through community participation which, it is anticipated, will impact positively on well-being.

The extent of people's participation in their communities and the added control over their lives that this brings has the potential to contribute to their psycho-social well-being and, as a result, to other health outcomes.

Marmot, 2010, Pg 24

A report produced for the Government Office for Science (Foresight, 2008) discusses the changing nature of public services and suggests that:

.....models of service/client relationship require the greatest number of the public to be equipped with the mental capital and disposition to participate. This calls for a policy mindset that aims to foster mental capital and wellbeing across the whole population.

Foresight, 2008, Pg 12

Children's participation in shaping services as a way of achieving empowerment, active citizenship and also of improving the services themselves is well documented and Thomas in (Schoorman eds. 2010) reports on the importance of both the process and the outcomes.

It is not enough for adults to create opportunities for children to be engaged – *'children themselves must be actively involved from the outset in the creation of structures and systems through which they can be heard'*.

Schoorman, 2010, Pg 13

Other areas of research (Naylor and Bell, 2011) describe interventions that are being promoted as a way of offering a significant return on investment by preventing problems in later life include:

- Nurse-family partnerships during pregnancy and the first 18-24months of life
- Parenting programmes
- Pre-school education and support programmes
- School-based programmes for social and emotional learning
- Multi-systemic therapy

In terms of measuring outcomes there are a number of areas of research and policy development that are relevant. The proposed NHS Outcomes Framework is looking at developing appropriate measures for children and young people and the proposals for a new Public Health Service for England,

the new Health and Well-Being Boards, discussions around a new national measure for well-being (Office of National Statistics) are all potentially significant developments. The development of Mental Health Outcome Measures for Children (CAMHS Evidence Based Practice Unit, 2011) and publication of the Mental Health Outcomes Strategy (2011) are also significant.

Guidance around the concept of social return on Investment (SROI), which is a framework for understanding, measuring and managing the outcomes of an organisation's activities (Cabinet Office, 2009) also recommends involving stakeholders in determining which outcomes are relevant.

The New Philanthropy Capital has produced an online toolkit to support organisations in the VCS to measure young people's well-being. This tool has been created in partnership with a number of national charities including: Barnardo's, Beatbullying, The Outward Bound Trust, the Place2Be and The Prince's Trust.

The Well-being Measure provides organisations with a simple, reliable and academically-robust way of understanding the difference they make to young people's lives, by helping organisations to **evaluate seven aspects of young people's subjective well-being**:

- self-esteem
- resilience
- emotional health
- quality of relationships with friends
- quality of relationships with family
- satisfaction with school
- satisfaction with community

New Philanthropy Capital, 2011

A report published by the New Economics Foundation and Action for Children (Aked, Steuer, Lawlor and Spratt, 2009) recommends key service pathways which will help to create the conditions for improving children's psychological and social well-being and influencing positive outcomes over the longer term combined with 'co-production – an active and valued role for children in the design and delivery of services.' The practical guidance produced at the same time (Thompson and Aked, 2009) makes some recommendations about how and why measuring children's well-being is crucial and also suggests a measurement tool for subjective well-being. It states that, 'the use of subjective indicators of children's well-being is important', and also sites a number of measurement tools that are already available.

Developing care pathways, collaboration between services and developing approaches in response to local community concerns are also recommended in research that responds to the development of VAST, a tool for recognising vulnerable children (Hall, 2009).

Research published in 2003 (Weare and Gray) reports on evidence of good practice in developing children's emotional and social competence and well-being and makes a number of recommendations that are relevant to the development of an emotional well-being project.

These are:

- Develop a common language
- Find an appropriate strategic location for work in this area
- Develop the evidence base
- Promote the benefits of work in this area
- Prioritise work on emotional and social competence and well-being
- Take a holistic approach
- Ensure coherence, teamwork and the involvement of parents and community
- Start early and take a developmental approach
- Create appropriate environments
- Introduce explicit teaching and learning programmes
- Promote teachers' competence and well-being

Weare and Gray, 2003, Pg 6/7

The NICE Guidelines for promoting children's social and emotional well-being in primary education recommend that teachers should receive additional training around children's social and emotional well-being and around early identification of anxiety or social and emotional problems and also around involving specialist support where needed.

An area that has been subject to recent research has investigated the under-identification of some learning difficulties and recommends improvements in early identification and focused interventions.

Learning difficulties are a particular problem, affecting 10% of children. Yet too often they remain unidentified, or are treated only when advanced.Improvements in early detection combined with focused interventions could prevent problems developing and create broad and lasting benefits for the child and society.

Foresight, 2008, Pg15

Cooper (2010) also suggests that failure to identify learning difficulties among children as well as failure to identify common mental disorders such as stress, anxiety and depression create long term difficulties into adulthood.

In terms of commissioning there are areas of research that are pertinent, a report produced by the Centre for Excellence and Outcomes in Children and Young People's Services (C4EO, 2010) states that:

Effective local practice is characterised by clarity of purpose; interventions are informed by a comprehensive evidence base; there is a clear analysis of local needs, including feedback from children, families and practitioners; and, critically there is a baseline to enable

the intervention to be tracked at key stages following its implementation to measure impact on outcomes.
C4EO, 2010, Pg 10

The guide to commissioning children's services for better outcomes (Aked and Stephens, 2009) offers practical guidance following their earlier research (Aked et. al, 2009) and suggests that the early stages of commissioning need to be concerned with the extent to which a provider can promote pathways to well-being as well as the need to promote child well-being through design, delivery and evaluation of its service. It also makes a clear case for the importance of outcomes measures and monitoring processes.

Once the contract has been awarded on the basis of outcomes, it is equally important to put in place a monitoring framework that is capable of capturing performance against these outcomes.
Aked and Stephens, 2009, Pg 5

This summary above provides just a small flavour of the key messages from current research around children and young people's emotional health and well-being.

Section 2 - Methodology

Timescales

The evaluation commenced in January 2011 and was completed by the end of April 2011.

Methods

A variety of methods were used to carry out the evaluation. They included:

- In-depth face to face interviews with key stakeholders from the LCB, LCB Commissioners Group, Project Manager, Finance Manager, Locality Manager, Project Coordinator (employed by East Durham Trust), as well as key managers from East Durham Trust, Barnardos and Action for Children
- In-depth face to face interviews with all of the Tier 0 Service Providers
- Interviews with parents and carers
- Focus Groups with parents and carers
- Agenda Days with children and young people
- Interviews with children and young people
- Case Studies
- Analysis of all of the project documentation (monitoring and recording, monthly, quarterly and annual reports, evaluation evidence files, evaluation feedback sheets)
- Interviews with other local service providers (CAMHS, Positive Activities for Young People, Groundwork etc.)
- Participant observation

Reporting

An Early Observations Paper was presented to the LCB Commissioning Group in February 2011.

End of Project Evaluation

At the same time as the independent evaluation was being conducted the EWB Project Manager was in the process of carrying out a final evaluation of all of the services including carrying out a user feedback exercise and drawing together all of the monitoring data that had been collected. The 'Final Project Managers Report October 2009 - March 2011' should be read in conjunction with the Final Evaluation Report.

Section 3 - Summary of Findings

This has been an extremely ambitious programme of activities delivered in a very short space of time. The original data, used to inform the proposals that were developed as the application for WNF, came from a group of people working as part of the VCS Community of Interest (COI). The proposal was based on some original mapping work carried out by the VCS and both local and national research findings around children and young people's emotional health and well being. This research had, for example, suggested that 37% of children and young people in Easington have a mental health need.

All of this information was supplied to interested parties as part of the tender specification documents. The original WNF Area Based Grants were available from 2008 to 2011, although the specific funding for the EWB Project became available in April 2009. (The original Project Milestones set out in the WNF Project Proposal can be found in **Table 8** in the appendices). It was anticipated at this stage that the Project Manager and Finance Officer would be recruited in July 2009 and that the Tier 0 Positive Activities would commence in June/July. As a result of the process of putting together the bid, getting the Service Specification agreed by the LCB, and then the process of procuring the services, key staff were not in post until October 2009 and the actual delivery time for the project was, therefore, reduced to an eighteen month period from October 2009 until March 2011.

The Project Manager, Finance Officer (employed by the LCB) and Project Coordinator (employed by East Durham Trust) all came into post a short time after the start date for the project activities. The post holders had to ensure that the various elements of the project were set up following what is reported to have been a difficult and contentious process of commissioning the project. They were then required to ensure the delivery of the service, as evidenced by the Performance Indicators, in what was already a foreshortened delivery period. There was, therefore, no lead-in time, no initial marketing or PR work carried out and there was little time to develop relationships or establish partnerships. Whilst the time taken to get the Service Specification right and to ensure that it was agreed by all the key stakeholders was time well spent i.e. ensured that there was a high degree of consensus at the outset, it has had an impact on the project outcomes as the actual delivery did not start until 1st October 2009.

The service has delivered positive activities to around 2,646 children and young people. 216 practitioners across Easington have successfully achieved accredited Active Listening Training (this may increase as a number of practitioners are re-sitting the final exam) and 18,241 hours of counselling have been provided to children and families. This is a significant achievement considering the difficult start to the project and the reduced timescales in which the project had to be delivered.

However for reasons that are explained in the report significant issues associated with collecting evidence around performance have hampered the project's ability to be able to demonstrate the extent of its contribution to the improvement of well-being of children and young people in Easington. This

has also meant that a detailed evaluation of the socio-economic impact of the project has not been possible.

Key Strand 1 – The impact of outcomes across all three tiers

Service Providers were expected to support the Local Children's Board to achieve their strategic outcomes for young people and each Tier had an additional set of Performance Indicators that they were expected to achieve over the life time of the project. These are set out below and were set out in the original Service Specification..

(Data for **Tables 1, 2** and **3** has been supplied by the EWB Project Manager.)

Table 1

Strategic Outcomes for Children and Young People	Performance
Increased school attendance	29 CYP ((Evidence from schools receiving counselling support from the EWB Counselling and Therapeutic Service reported 29 CYP who were on the verge of fixed term/permanent exclusions who were supported to continue their education due to EWBS provision).
Improved school attainment at KS2 and GCSE	<p>Information provided by Andrew Beamson, Planning and Performance Officer</p> <p>Achievement of 5 or more A*-C grades at GCSE or equivalent including English and Maths. 2009-2010 (2008-2009 Academic Year) = 48.6% 2010-2011 (2009-2010 Academic Year) = 55.3% Percentage of pupils achieving 5 or more A*-C GCSE 2009-2010 (2008-2009 Academic Year) = 75.0% 2010-2011 (2009-2010 Academic Year) = 83.1% Achievement at level 4 or above in both English and Maths at Key Stage 2 2009-2010 (2008-2009 Academic Year) = 74.1% 2010-2011 (2009-2010 Academic Year) = 75.6%</p>
Improved retention in education post year 11	12 (schools reported retention of 12 YP in FE and attributed this to the Counselling and Therapeutic support received through this contract.)
Improved retention in education, training or employment	18 CYP (The Counselling and Therapeutic Service Provider informed by schools have reported retention of 18 CYP in training/employment and attributed this to the Counselling and Therapeutic support received through this contract.)
Reduction in referrals to Tier 3 CAMHS Specialist Mental Health Services	29% increase in referrals to CAMHS (over the lifetime of the EWBS). A future outcome would be to reduce referrals attributed to the number of trained Active Listeners identifying need and intervening at the earliest opportunity to prevent escalation to CAMHS.

Reduction in youth offending (first time entrants) in Easington LCB area.	2009 = 78 2010 = 69 (reduction of 12.5%)
Reduction in anti social behaviour in 12 of the 15 identified areas (youth related incidents)	Police Statistical Evidence 2009 to 2011 2009 = 2715 incidents 2010 = 2298 incidents (29% overall reduction) 12 out of the 16 areas implementing Tier 0 Positive Activities had a reduction in anti social behaviour and youth related incidents
Increase in the numbers of children and young people who say they are happy	The Tellus Survey which had previously been used to capture this indicator is now redundant. User Satisfaction Surveys were carried out on 339 CYP accessing Tier 0 Positive Activity provision and Tier 2 Counselling and Therapeutic provision and whether CYP deemed this provision as having a positive impact on their emotional well-being. Tier 0 Positive Activities – 94% user satisfaction Tier 2 Counselling and Therapeutic Service – 94% user satisfaction
Increase in numbers of young people engaging in positive activities	2646 (total no. of unique users of Tier 0 positive Activity Provision) October 2009 = 1152 unique CYP March 2011 = 2646 unique CYP Increase of 130%
Early identification and assessment of children and young people's additional needs	41 referrals made to Initial Response Team by Tier 2 Counselling and Therapeutic Service. 34 referrals made from Tier 0 Positive Activities to Tier 2 Counselling and Therapeutic Service. 4 CAFs completed by Tier 0 Positive Activity Providers. 4 CAFs completed by Tier 2 Counselling and Therapeutic Service. 133 CYP identified through Tier 0 Positive Activities and Tier 2 Counselling and Therapeutic Providers as already having a CAF in place.
Reduction in referrals to Children in Need	See Appendix 1
Reduction in Teenage Pregnancy	Statistics not released until May 2012 for 2010-2011 period.

Table 2

Performance Indicators Tier 0 Providers (EAST DURHAM TRUST + CATS)	Performance
No. of Common Assessment Framework processes (Assessment & TAC) completed	4 CAF's completed. Available TAC information inconsistent. 72 CYP identified where CAF already in place.
Range and diversity of activities provided by service providers	Total number of activities to be delivered = 3648 Actual number delivered = 3551 (3% below contract target) (100% Delivered CATS/ 97% East Durham Trust) Sports, arts & crafts, play work, youth work, bike riding etc.) Activity Timetables available on request.
No's of practitioners achieving 9 "Qualification Credit Framework" Credits at Level 3, Active Listening	89 Qualified Active Listeners were from the Tier 0 Positive Activity providers
No's of practitioners engaging in post qualification peer support	42 trained Active Listeners from the Tier 0 Positive Activity providers = 44%
No's of children and young people engaged in Tier 0 Service	2646
No's of children supported to access Tier 2 Service from Tier 0 Service	24 (East Durham Trust) 10 (CATS)
Age, ethnicity and gender of children and young people engaged in provision	1,621 = 3 -13yrs (61%) <u>1,025</u> = 13 -19yrs (39%) 2646 = TOTAL 1 Mixed race (0.03%) 1 Traveller (0.03%) 1 Pakistani (0.03%) 27 not disclosed (1%) <u>2616</u> White British (98%) 2646 = TOTAL
Needs identified as audited through CAF Assessments	4 CAF Assessments completed by Tier 0 Positive Activity providers 72 CYP identified with additional needs where a CAF was already in place
No's of young people achieving accreditation through engagement in Positive Activities	240 (East Durham Trust) 251 (CATS) ----- 491 = 18.5% of CYP accessing Tier 0 Positive Activities (examples of accredited courses include Duke of Edinburgh Awards, First Aid for babysitters, food hygiene, outdoor pursuits)

No's of children and young people accessing Play activities (5-13)	1,621 (61%)
No's of young people accessing youth provision (13-19)	1,025 (39%)
No's of children and young people engaging in 1:1 Active Listening	<p>95 3 - 13 years 79 13 – 19 years 174 Total Number of unique CYP (6.6% of Total No. of CYP accessing Tier 0 Positive Activities.)</p> <p>429 hours of Active Listening delivered by Tier 0 Positive Activity Providers</p>

Table 3

Performance Indicators Tier 1	Performance
No's of practitioners achieving 9 "Qualification Credit Framework" credits at Level 3, Active Listening	Completed Training 234 Numbers Qualified 216 (this may increase as some wave 3 practitioners are still to re-sit)
No's of practitioners engaging in post qualification peer support	174 (80.5%)
No's of post qualification peer support sessions delivered	60 between October 2010 – March 2011
Age, ethnicity and gender of children and young people engaged in Tier 1 1:1 active listening sessions	This information is unavailable as Service Level Agreements were not set up with trainees to provide this information once qualified. There are 174 (7% of CYP accessing Tier 0 Positive Activities) unique CYP reported to have engaged in Active Listening Support via Tier 0 Positive Activities (95 X 3-13 year olds, 79 X 13-19 year olds). Gender and ethnicity were not consistently reported by providers.
No's of children and young people accessing Tier 2 service via Tier 1 service	52 – Post qualification Support Provider (Barnardos) has obtained this information from the Qualified Active Listeners who attended the Post Qualification Support however this is 80.5% of all trained Active Listeners.
*No's of children and young people engaging in 1:1 Active Listening through Tier 0 Positive Activity Provision.	<p>95 3 - 13 years 79 13 – 19 years 174 Total Number of unique CYP (6.6% of Total No. of CYP accessing Tier 0 Positive Activities.)</p> <p>429 hours of Active Listening delivered by Tier 0 Positive Activity Providers</p>

Table 4

Performance Indicators Tier 2 Counselling and Therapeutic Service	Performance
No's of Common Assessment Framework processes (Assessment & TAC) completed	4 95 (TAC's joined as recorded by Provider where a CAF already in place – 61 CYP)
No's of referrals to CAMHS	4354 1:1 CYP 2437 Group 846 Drop In 7,637 (33% of contract) (The no. of Counselling hours delivered to Parents and carers were reported in the number of Group Sessions up to October 2010 and not differentiated) 6791 1:1 CYP 2797 Group 1016 Parents/carers 1:1 counselling hours 10,604 (106% of re-profile contract) TOTAL = 18,241 counselling hours
No's of practitioners engaging in post qualification peer support	742 CYP referrals to Tier 2
No's of post qualification peer support sessions delivered * supplied by Barnardos	60 between October 2010 – March 2011 10 T/C queries
No's of children and young people engaged in the service	742 CYP referrals to Tier 2
Age, ethnicity and gender of children and young people engaged in the provision. (Due to the provider not consistently reporting this from the beginning of the contract a breakdown of the above for 535 has been reported. The adjacent % therefore indicates the age/gender/ethnicity split.)	3-13yr olds = 63% 13-19yr olds = 37% 443 Females = 54% 378 Males = 46% 789 White British = 96% 31 Non-White British = 3.8% 1 Traveller = 0.2%
Needs identified as audited through CAF assessments	4 CAFS completed by Tier 2 Counselling and Therapeutic Service
No's of young people signposted to Tier 0 Positive Activities by Tier 2 Counselling and Therapeutic Service	44 (6% of the 742 CYP engaged in Tier 2 Counselling Service)
No's of children and young people accessing the service via Tier0/1 service	24 (East Durham Trust) 10 (CATS)
Reduction in fixed term exclusions	12 CYP prevented from fixed-term and permanent exclusions due to counselling support
Increase no's young people remaining in Education, Training and Employment post 16	19 18 young people supported to remain in Education and 1 young person in Training and Employment post 16 due to

	Counselling Support.
No. Families have been supported through Family Group Therapy.	14
No. Group sessions delivered to Parents/Carers of CYP accessing Counselling.	29
No. Drop in sessions provided for Parents/Carers.	24

* NB. Post Qualification Support initially provided by Action for Children but supplied by Barnardos from 11.10.10

The Joint Commissioning Strategy, 2009, states that the Key Improvement Priorities will include:

....establishing clear outcome based measures by which implementation of these intentions will be measured.

And that.....

Outcome based contracts will ensure that all contracts include measured outcomes and agreed targets as laid out in binding agreements between the service provider and the commissioner.

Joint Commissioning Strategy, 2009, Pg 31

These 'outcome measures' were set out in the contracts with each of the Providers: East Durham Trust, with CATS, with Barnardos and with Action for Children. However the processes implemented to monitor these outcome measures proved difficult to manage. Part of the problem is that there has been a lack of clarity about the outcome measures and performance indicators themselves as some of the original documentation is, itself lacking in clarity. Age, gender and ethnicity cannot, for example, be performance indicators or outcome measures. The data collected for example around increasing the numbers of children and young people who say they are happy does not mean anything unless there had been a baseline against which the data could be measured. Although the Tell Us survey has collected some evidence on this issue it has not been readily available or utilised in a meaningful way during the lifetime of the EWB Project.

Performance monitoring has, therefore, been problematic from the outset of the project. Although the Service Specification and the contracts for each of the service providers sets out the Performance Indicators that would be used to monitor the delivery of the contract, the processes that were implemented by providers and the evidence that has been generated has been inconsistent, lacking in clarity and generally of poor quality. In addition to this there do not appear to have been any project milestones identified at the outset and, therefore, monitoring progress against published milestones has not taken place.

The difficulties reported during the independent evaluation have been partly as a result of what are perceived, by some providers, to have been constant changes to the information that was being sought as well as a lack of compliance on the part of some of the service providers themselves to supply

the information that they were being asked for. The process of sub-contracting appears to have exacerbated these difficulties as the sub-contractors were not made aware at the outset of the need for monitoring data to be supplied in the way that was set out in the Service Specification. The absence of this data has also created difficulties for the independent evaluation. Without baseline data or comprehensive, standardised measures it has not been possible to evaluate some of the evidence that was supplied. Even by the end of March 2011 very basic data proved difficult to obtain, including accessing the 'unique' numbers of children and young people who had received Tier 0 and Tier 2 services.

In addition to the Performance Indicators set out in each of the contracts the Project Manager designed a Qualitative Measuring Tool which was used to analyse the data that was supplied by each service. An analysis of the data was provided against the five Every Child Matters outcomes (this evidence is available in The Final Project Managers Report October 2009 – March 2011). This tool was developed some time after the contracts had commenced and some of the data had not been collected by Service Providers from the outset. It also does not appear to have been collected systematically and, therefore, interpretation of the data should be treated with caution.

Some of the data collected as part of the Service Report Card by Action for Children was not supplied to the Project Manager although it could have been a rich source of evidence about the positive overall impact on children's emotional well being.

Service Providers themselves stated frequently during the independent evaluation that they felt that they were constantly asked for monitoring data, that the goal posts changed i.e. they were unclear about what evidence they were being asked for, and the data that has been collected does not appear to reflect the Performance Indicators that were set out in their contracts.

It wasn't clear what they wanted to measure or how they would measure it.
Service Provider

Once again the sub-contracting process may be partly at fault for this as some providers were unaware at the start of their contracts that there was a requirement to supply monitoring data. Repeated requests for data were also however, frequently, as a result of non-compliance by some providers to provide this data even once they became aware of their commitment to supply it.

There is, however, evidence that there have been improvements in outcomes for children and young people during the lifetime of the emotional well-being project. This includes reductions on youth offending and anti-social behaviour, improved school attainment and some evidence of increased retention in education post year 11 (see **Table 3**). Caution is needed with some of the data that has been supplied and without detailed interrogation of this data it is unwise to draw robust conclusions. The data for incidents of anti-social

behaviour, for example, suggest that there has been a 29% reduction overall in youth related incidents of anti-social behaviour, between 2009 and 2010. However there are significant variations in local data with, for example, a sizeable reduction in Hutton Henry of 64.29% whilst in Haswell there was, in fact, a 38.46% increase in youth related incidents of anti-social behaviour during the same period.

The apparent reduction in first time entrants to the youth offending system also needs to be treated carefully as this was part of a national phenomenon. It may well be that the EWB Project has played a part in this reduction and there is anecdotal evidence to support this, however without detailed analysis of the data supplied any claims in this respect need to be well qualified.

The data collected around the target to reduce the referrals to CAMHS services indicates that there was in fact a 29% increase in referrals. This can be interpreted in a number of different ways. It may be that the EWB project has successfully identified children and young people with a mental health need (and evidence supplied by the CAMHS teams confirms that, in all but one case, the referrals were appropriate). Or it may mean that the concept of early identification and prevention i.e. providing Active Listening and an accessible counselling service has in fact failed to identify and address children's mental health needs. As the final wave of Active Listening training was not complete until December 2010 and had the largest intake it may be difficult to draw on the latter conclusion at this stage.

Despite the need for caution in making claims about the impact of the project the positive evidence supplied by children, young people and by parents and carers should be considered against this back-drop of overall improvements in outcomes for children and young people in Easington during the project delivery period.

In terms of the overall targets that each contract should have delivered against, the following evidence should be borne in mind.

Table 5

Level of Service	Target delivery	Actual delivery
Tier 0	3,600 children and young people engaged in positive activities (* figures from the tender submission)	2,464
Tier 1	280 Trained Active Listeners	216 to date
Tier 2	No. of actual counselling hours delivered between commencement of contract October 2009 – 30 th September 2010. (35,100 hours over 18 months = 1,950 per month 23,400 Oct-Sept '10)	7,637 (33%)
	No. of actual counselling hours delivered between October 2010 – 31 st March 2011	10,604 (106%)

	(Re-profiled contract = 10,000 hours over 6 month focusing on adjacent 3 areas)	
	TOTAL	18,241

* Figures supplied by Project Manager

Although the original targets have not been met in full it is to the credit of all of the staff involved that the project has delivered the targets identified in **Table 5** above. Feedback from service providers, children and young people, parents and carers and from other key stakeholders suggests that where services were being provided, they were generally of a good quality and did meet the needs of the children and young people they were designed for. The issue about underperformance has been attributed, by some, to poor project management (see below). However there is every indication that this is a project that could, and indeed would have, delivered all of the targets (with the exception of the original Tier 2 targets). By the end of the delivery period all Tiers were delivering to the quality and quantity that they were contracted and it is therefore, likely that given a further 6 months of delivery time, this project would have delivered on target. Underperformance may, in fact, be a consequence of timing rather than a result of deficiencies in project management. This includes the length of time that LCB partners took in agreeing the Service Specification which impacted on a lack of lead-in time and a lack of time to embed the project. This, together with complicated contracting arrangements, a lack of clarity about project outcomes/indicators etc. impacted on underperformance. It is significant that around 20% of the WNF funding was returned at the end of the contract as it had not been spent. Evidence collected during the independent evaluation suggests that had the contract run over the original timescales this 20% would have been spent appropriately on the delivery of services.

Tier 1 - Active Listening and Tier 2 - Counselling

A total of 234 practitioners were trained in three waves. This is a significant achievement in a very short space of time and not without its own difficulties. There has been a very poor up-take of the training in some schools which may be as a result of the process of commissioning. Schools had previously been using other providers and an assumption had been made that this provider would be awarded the tender for this to extend across all schools throughout Easington. However this did not happen. Some schools were, allegedly, not happy with this decision and several were, therefore, apparently uncooperative and initially unwilling either to work along with Action for Children or to release their staff for the Active Listening training.

There were initial difficulties around recruiting participants for the Active Listening training with some reports of poor communication around expectations of the content, time and level of entrance requirements. This caused some confusion and added to the already tense relationships.

However the feedback from participants in each of the three waves of training has been exceptionally positive.

It has completely changed me, changed the way I think about young people and the way I respond to the young people now.

Service Provider

Explicit, detailed, essential to the work we do when we work and communicate with children, young people and families.

Tutorial evaluation

Challenging – thought processes, assumptions, building empathic responses rather than knee jerk emotional or judgemental reactions having formed pre-conceived ideas regarding specific situations.

Tutorial evaluation

Feedback from Active Listening Participants

Example

Ever since I have done the course, the kids are now commenting on how I am much nicer. I didn't realise the impression I was giving the kids, but because I learned to behave differently through the course, it obviously makes the kids feel more comfortable.

Example

I work with children who have special needs and I have used a lot of the creative techniques taught on the course to try and help the kids express themselves in an easier way than just verbally. The kids love the creative techniques and you can find out a lot about them and their worries this way.

Example

I have realised that I understand mental health a lot more now and I am much more able to pick up on signs and symptoms that young people are displaying and I know exactly what to do to make sure they get the right service to help them.

Used with a female young person. 14 years old. We spoke about her current situation of using solvents. I used CBT and the miracle model. The client spoke about her perfect day without substances and the trouble of her family, school and other issues. She stated at the end that she felt this was extremely helpful and would like to try it again.

Information from Case Recording



Children and Young People's Active Listening Evaluation

This is how you help me if I have a problem:

Michelle listens to my problem and makes ~~be~~ me help to see things clearer than usual and she gives me good advice and she is always there when I need her and she makes me happy and makes me laugh.

Young Persons Reflections on the Active Listening

Concerns were expressed within some of the Tier 0 providers about making referrals for counselling, and they expressed fears that this could damage their reputation with local parents who might then be reluctant to allow their children to take part in the positive activities. This lack of buy-in may also be as a result of the sub-contracting arrangements as some of the Tier 0 providers were unaware at the outset of their responsibility to work along with the Tier 1 and 2 services. The event at the Glebe Centre in July 2010 did provide an opportunity for the LCB to rescue the project by clarifying these issues for all providers.

Parents were turning up and finding a counsellor there and not knowing why. Sometimes they were barred and there is still a reluctance to use counselling, they are viewed with massive suspicion.

Tier 0 Provider

It was difficult for Action for Children to deliver in community settings where there was at times a lack of cooperation from some providers or logistical difficulties when, for example, some services were closed over the Christmas holidays but the counselling sessions were still expected to be delivered.

The model of Tier 0 delivering Tier 1 Active Listening, and having Performance Indicators to measure this, whilst also being expected to make referrals to Tier 2, and also having Performance Indicators to measure this created a dilemma for people. Tier 0 providers expressed frustration that they were expected to deliver Active Listening at the same time as making appropriate referrals for Tier 2 and also that if their services were working well and providing an early intervention programme, that this should reduce the need for referrals to Tier 2. The same frustrations were expressed about the expectations around the CAF.

The vision for the service was that it would provide a seamless universally available service which would ensure that children and young people could get the help they needed when, where and how they needed it. As one stakeholder commented young people would just be able to access an excellent service as and when they need it, without realising that there was a specific service in place..

The beneficiaries of the service won't see the difference.
Key Stakeholder

Communication issues have been at the heart of many of the difficulties encountered during this project and the tension between the different Tiers of the service is one example of this. For example, several of the Tier 0 providers also reported during the independent evaluation that they have had no contact at any time from Action for Children and have, therefore, made no referrals for counselling (although this issue had not come to the attention of the LCB prior to this).

Other providers also fundamentally disagreed with the concept of having a counsellor available during their session and, therefore, they did not support this part of the delivery. Greater clarity at the point of commissioning may have resolved this.

Tier 2 - Counselling

Action for Children were, in the first instance, contracted to deliver 35,100 hours of counselling (450 per week). It became clear very early on, to both the LCB and to Action for Children that this was an unachievable target given the lack of lead-in time etc., and with only 7,637 hours (33% of contract) being delivered between October 2009 – September 2010 the remainder of the contract was re-profiled in September 2010, with the hours being reduced to 10,000 to be delivered in the final 6 months of the project. 10,604 hours were actually delivered (106% of re-profiled contract) with over 18,000 hours being delivered in total.

The original number of hours appear to have been calculated based on the total population figures multiplied by the 37% i.e. the figure of young people in

Easington who had a mental health need. However this figure was not intended to be used in this way.

The research that was used as a basis for reaching the conclusion that there were unmet mental health needs in Easington was actually carried out within schools and a group of 6-12 year olds. This research reported:

In comparison to national figures of 10%, it was discovered that 37% of children surveyed had some form of mental health difficulty.

Welsh, P. Howey, L. and Swart, L., 2006, Pg1

However the research was carried out in specific schools, at a particularly stressful time and obtained the feedback from teachers and parents not from the children themselves. Indeed the research itself promotes caution about the generalisation of the results.

Generalisation of the results to any other area of Easington may not be appropriate.

Welsh, P. Howey, L. and Swart, L., 2006, Pg28

The children were simply asked ‘Do you ever feel unhappy in school’?

Key Stakeholder

There was an unrealistic expectation that any service could deliver 35,100 hours in an eighteen month period with no lead-in time and when the counselling staff had not yet been recruited. Action for Children had their own internal staffing and management issues relating to competence of significant members of staff and unforeseen recruitment problems. It was open and honest about these issues and dealt with them as quickly as it was able to. However Action for Children acknowledged that these difficulties contributed partly to their inability to deliver the number of hours they were contracted to deliver. The LCB responded by re-profiling the contract in September 2010 rather than decommissioning the service, and the Provider has now delivered in excess of the agreed 10,000 hours. This is in line with the principles set out in the Joint Commissioning Strategy document around working with Providers to develop value for money services.

These internal management difficulties combined with the lack of cooperation exacerbated the challenges that Action for Children faced in trying to ‘hit the ground running’ and to set up and deliver the required number of hours. However, as the Case Study below demonstrates, feedback from the recipients of the counselling has been very supportive and positive.

Case Study – Young Person

Sarah (not her real name) was referred for counselling by her GP. She had been suffering from panic attacks, some obsessive compulsive behaviours and an eating disorder which had resulted in her dropping out of college and, at one point, becoming almost completely housebound. Her mum had also given up work to look after her.

Sarah met with her counsellor half a dozen times at a place and time that was chosen by her. She was able to resolve some of the difficulties she was facing and eventually has been able to go out of the house, go on holiday and get back into college. Her mum had also gone back to work.

Sarah felt that the flexibility about where she met the counsellor and for how long was really important. She also felt that the fact that the counsellor had kept in touch with both her and her mum when, at one point, she was hospitalised was a great help to her.

She wasn't just leaving me for months, she was still making the effort. If she hadn't rung me I don't think I would have come back.

I didn't feel comfortable seeing a doctor, it makes you feel as though you are ill, not normal.

Sarah feels very strongly about the service coming to an end and says that there are lots of young people who have a need for counselling and is concerned that this now will not be available for them.

Table 6 below shows CYP issues for counselling referrals:

Drug/Alcohol misuse	37	Isolation/loneliness	28
Anger	120	Loss	20
Anxiety/Stress	57	Low confidence/self esteem	70
Behaviour management	131	Mental Health	4
Bereavement	52	None stated	20
Body image	4	Peer relationships	44
Bullying	33	Physical abuse	6
Compulsive behaviour	5	Self harm	19
Depression	40	Sexual Abuse	6
Difficult family issues	128	Split family/separation issue	84
Domestic Abuse	46	Suicide ideation	10
Eating Disorders	14	Violence	19
Emotional Abuse	8	Emotional difficulties	44
Identity/Sexuality problems	1	Low Mood	9
Illness/Disability	33	Looked after Children receiving counselling	14
Paranoid	2	Trauma	4
Lack of social skills	3	Transition	6
Rejection	1	Total number of issues	1,122

* Figures supplied by the Project Manager

Before I came to Action For Children
I felt -

|| as I didn't have much
Self-confidence.



as I felt different
to others.

but now I've been helped and still am
I feel -

|| as I now feel very
confident within myself.



as now I realise
that being different
doesn't matter!

name:
S.T
age: 11

Thank-you Action For Children

Reflections from a Young Person

Outcomes reported by children, young people and parents who used the counselling services have included the following qualitative evidence linked to the Performance Indicators:

- Improved attendance
- Improved family relationship
- Supporting parents to share difficult news
- Improved behaviour
- Being happier
- Closer family relationships
- Improved self esteem
- Coping better with a diagnosis
- Support during a bereavement process

Feedback from young people and from other individuals who have referred to Action for Children has been consistently positive.

A lot of new young people come through my doors the counsellor has made a real difference to their lives.

Tier 0 Provider

In my role as a Parent Support Adviser I have used Action for Children counsellors on many occasions. I have always found them very professional and approachable. They have helped clients, some very vulnerable to deal with very complex issues. The service and support they provide is invaluable to the clients and myself in my role.

Letter of support

If I wasn't able to talk to somebody I would constantly feel confused and upset if there wasn't a way I could fix the problem I have.

Young Person

Feedback from users and from other service providers in Tiers 0 and from local organisations that made referrals has been very positive. On the whole there is a high level of support for the Action for Children service. Whilst their initial ability to deliver the agreed number of hours proved very difficult, where they did deliver it was to a very high quality.

Counselling was made available in a variety of accessible locations, young people could self refer and the service used the Frazer Guidelines to make decisions about confidentiality. This made it as accessible and flexible as possible. The counselling service was also available to children, young people and to parents and carers which made it as broad ranging as possible and acknowledged that the beneficiaries of counselling to parents are likely to be children and that, this is therefore a valid use of this service. This high degree of flexibility has proved a very successful model of delivery towards the end of the contract.

Case Study - Parent

The school suggested that I contacted the counsellor. My son had been seeing someone in school and it had really helped him so I thought I would try. I went to see the counsellor where I wanted and there was stuff going on in my head that I didn't even know was going on. I had just 6 sessions but it got me back to being me again. She was just there for me and I hadn't realised that I was doing everything for the lads, making sure they were OK but I wasn't OK and I hadn't really seen that.

I was snapping at both of the kids all the time but now it has really helped my relationship with them as well.

I have recommended it to other people as well.

Common Assessment Framework

Each of the three Tiers was expected to contribute to other processes to identify and meet the needs of the children and young people they were working with, including using the Common Assessment Framework (CAF).

However the EWB service has revealed significant issues with the use of the CAF. There is little evidence that services have 'bought into' the CAF process and only 8 CAFs were completed by Tiers 0 and 2, although Tier 2 did contribute to a further 95 TAC's or TAF's and Tier 0 (East Durham Trust and CATS) identified 61 additional needs where there was already a CAF in place.

Feedback from Tier 0 providers indicates the following issues that need to be addressed as part of the implementation of the CAF:

- An unwillingness to complete the documentation
- A fear that filling in a CAF means that you have to become the lead professional
- A fear that completing a CAF will result in some statutory involvement
- A reluctance in a small local organisation to 'report' their friends/neighbours business to the 'authorities'
- Frequently reported experience that when people do contribute to existing CAFs they get no feedback which makes them feel that there is little point in initiating one
- A history of the VCS feeling undervalued by the statutory sector and feeling that their views will not be taken seriously and, therefore, not being willing to do this

We live in the same street as the people who are going to take a CAF out against them.

Service Provider

Given the seriousness of some of the issues raised in **Table 6** above, it seems likely that there should have been many more CAFs completed than there were.

Key Strand 2 – Service user engagement and involvement

The Children's Trust has a clear expectation that service users will be involved and will be central to the development of any of its services or activities. This principle is set out clearly in the Joint Commissioning Strategy and the commissioning of the EWB was, therefore, based on this expectation.

The meaningful engagement and participation of children, young people and families will be central to all commissioning activity.
Joint Commissioning Strategy Pg 12

All Service Providers involved in the delivery of this service will be expected to involve children, young people, and parents in the design and delivery of their service(s).

3.1 Contract Particulars

At the point of drawing together the initial WNF proposal there is little evidence that either parents and carers, or children and young people were actively involved. Similarly during the process of commissioning the individual services there was no involvement of service users. In fact, given the tensions that existed, it was a fairly explicit decision that it would be inappropriate to involve children or young people during the commissioning process itself.

At the point of delivery i.e. as part of each of the Tiers of the service, there is evidence of the active involvement of service users with variable levels of involvement of children and young people, or parents and carers. Children and young people were involved, for example, during the recruitment process for Tier 2.

Feedback from the Project Manager collated using the User Satisfaction Surveys suggests that there are high levels of user involvement in the Tier 0 Positive Activities (See **Table 7**).

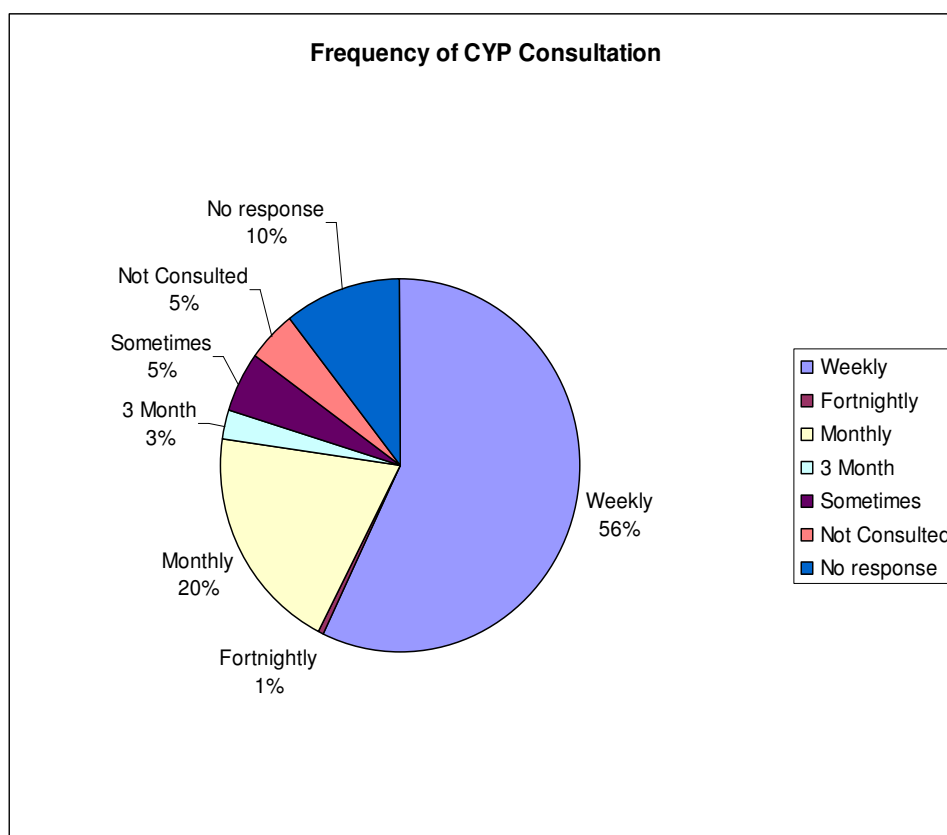


Table 7

The Tier 0 providers of positive activities demonstrate a high level of commitment to involving children and young people in planning activities, choosing equipment, activities, budgets etc. as well as regularly evaluating the services they are receiving (See **Table 7** above). There are some youth forums or other more structured ways that children and young people have been involved in shaping the services.

We made sure it was an additional service not duplicating what was already there and the programme was designed by kids from the outset.

Tier 0 Service Provider

Tier 2, Action for Children, has a Young People's Steering Group that has been involved throughout the lifetime of the project, and was involved in the recruitment process for some of the counselling staff.

Whilst there is evidence of participation with children and young people's engagement being carried out regularly by individual providers there could have been a more structured approach for involving children and young people in the EWB project as a whole. There has not been, for example, a reference group or working group established alongside the EWB project as a whole. Latterly some young people have been recruited through the EWB project to join the LCB Children and Young People's Reference Group which is supported by the Participation Worker but this did not happen for the project

itself. No information was forthcoming about parental involvement through the LCB Participation Worker.

During the lifetime of the project 339 children and young people and 69 parents and carers were consulted by the Project Manager and there has been a great deal of user feedback collated by the Project Manager during the projects delivery.

The plan set out in their tender specification to promote the involvement of children and young people in the consortium approach adopted by East Durham Trust with the support of the LCB Participation Worker does not appear to have been implemented. The Participation Worker, once appointed, appears to have had little involvement in the EWB project at least until the end of 2010.

However the project as a whole would not have continued without feedback from children and young people. By the early part of the summer 2010 the LCB had significant concerns about the delivery of some aspects of the services and were considering decommissioning.

The Project Manager was involved in collecting evidence from children and young people and Investing in Children also supported an evaluation in July 2010 of a small sample of the EWB projects from the perspective of children and young people. Feedback from young people was overwhelmingly positive. This information was delivered to the LCB, who decided that they would not decommission the project but would find ways to support and address the areas of the project which were not delivering.

On a whole the feedback regarding the sessions in general was positive. The children and young people all said they were involved in planning sessions and trips and saying what they wanted to do. They all seemed happy to put forward their ideas and could all give examples of when these ideas had been taken on board and had affected change.

liC Report, 2010, Pg 6

Both groups gave positive feedback regarding the activities, the relationships with the workers, the level of involvement they have in shaping the activities and service and the availability of 'active listeners' or a counselor.

liC Report, 2010, Pg 6

Without this direct involvement of children and young people the services would almost certainly have been decommissioned, and it is to the LCB's credit that young people's views impacted directly on their decision.

The Board could not make a decision to pull the contract after that and there is no greater evidence of dialogue with young people than that.

Key Stakeholder

In terms of other evidence of the involvement of children and young people it is significant that a number of the Tier 0 providers and also the Tier 2 provider have Investing in Children Membership status which demonstrates their commitment to the active involvement of children and young people. Between December 2009 and March 2011 IiC membership has increased by around 50% throughout Easington from 30 to 44 sites which suggests an increase in organisations and service provider's commitment to involving children and young people in decision making processes that are resulting in tangible changes.

As part of the independent evaluation Investing in Children ran three Agenda Days in three separate locations across Easington (see below for a summary of the information collected). The events were held in three of the Tier 0 providers' buildings and information was circulated to all providers and the Project Manager. The dates were set during the Easter holidays and this was a deliberate choice firstly to make them accessible to all children and young people and secondly to ensure that this did not interfere with any of the EWB project activities as this would have been after the end of the projects life time i.e. end of March.

Evidence from the Agenda Days

What have you liked about the sessions?

The trips we go on...
Getting away from "things"
Dave's jokes
I'm not on the streets
Just getting out of the house

What would have made the session better?

More variety of activities (three people said)
If more people came
If we could do outdoor things

What specific things have helped you whilst at the sessions?

People talking to us
When they take you out to have a quiet word, it's better than shouting/talking in front of everyone

Have you had help from a counsellor?

Yes from the Action for Children
They helped me through problems, by like writing letters or drawing and did different things in different sessions.

How did that help?

It was alright
I got told to punch a pillow and that helped me
They have me a stress ball, it worked the best out of everything
I'd prefer a punch bag to take my anger out on, it's better than shouting at people and it's not hurting anyone, but my parents won't let me have one
Told me to draw pictures, or write a letter to someone, it was boring though and I stopped. I'd of rather of had a stress ball.
I sit in a corner by myself and it helps me because I'm alone.
I'd of preferred a girl to talk to, but I didn't get a choice

It was disappointing that there were no participants for two of the Agenda Days. It is however significant that at both of the venues where no young people turned up, the staff had appeared reluctant to advertise the events to children and young people as it might interfere with their own activities, and were uncooperative.

In December 2010 the Easington Area Action Partnership carried out a Young People's Forum Event which was attended by 87 young people to seek their views about their local community. A number of the young people who attended were also service users from the EWB Project.

The top ten key priorities for 2011-12 were:

1. Job creation

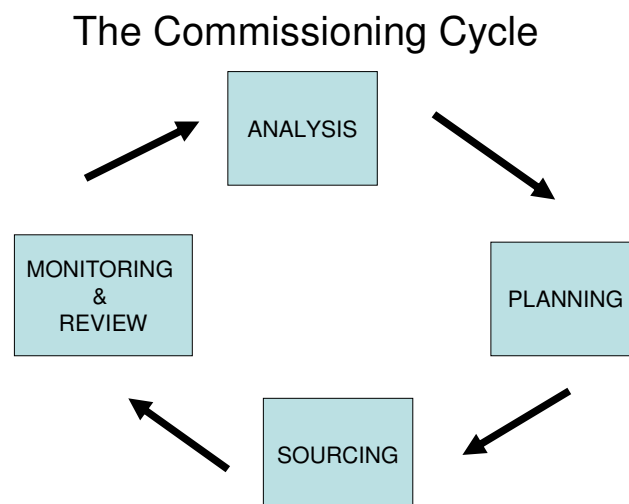
2. Activities for children and young people
3. Clean streets
4. Education and training
5. Mental health issues
6. ASB/Levels of crime
7. Transport
8. Health and well-being
9. Social fabric
10. Regeneration and economic well being

Given that young people in Easington have been on the receiving end of a project on their doorstep delivering both positive activities and addressing mental health and emotional well being issues over an eighteen month period, makes this information difficult to read. It may be that young people have now a greater expectation of positive activities and of the availability of services to address mental health issues OR it could be that this project simply has not reached the children and young people that it was aimed at.

Of the 2646 children and young people who have accessed positive activities this represents approximately 11.76% of the total number of children and young people in Easington (population figures supplied are for 0-19). East Durham Trust suggested that they could work with 3,600 unique service users in the first year (Pg 85 of Contract Particulars) although the actual number is somewhat lower than this.

Key Strand 3 – Commissioning process and economic impact

The EWB project has proved a steep learning curve for the LCB, for the VCS and for the Children's Trust as a whole. With one of the biggest (in financial terms) contracts yet handled by the Trust it has created both opportunities and challenges for all involved.



Commissioning the project followed the Commissioning Cycle (see above). Information from local and national research was used as part of the analysis stage of the process, this was followed by a planning stage involving key stakeholders from the LCB, Contracts Team, representatives from the VCS etc. The sourcing or tendering stage should then be followed by the monitoring and review stage. This project appears to have had some difficulty between these two stages and lessons have been learnt from this process.

One issue that emerged very early on in the process was the lack of commissioning experience for some individuals on the LCB, and this was further exacerbated by the lack of contracting experience for other key players including the Project Manager and Project Coordinator. However without the huge effort from these key players as well as the Locality Manager and the Children's Trust Development Manager it is likely that the project would have failed completely and may even have been decommissioned.

The input from the Contracts Team was highly valued by almost everyone involved, and their contribution is reported in a positive and constructive way.

The contracts team were excellent they could see the difference between being a critical friend and talking about compliances. They worked in an advisory capacity rather than a policing role and that was much more helpful.

Key Stakeholder

However one of the findings from the independent evaluation around the failure to agree a clear set of outcomes, milestones and performance indicators against which the success of the project could be assessed raises a question about who should have done this? There was no distinction made between what constituted Performance Indicators and could be 'measured' and what was factual data i.e. numbers, ages, gender, ethnicity etc. that needed to be collected. Recommendations need to be made for future Service Specifications and for future contracts.

The process of commissioning highlighted the very different relationship that had existed with Easington District Council and organisations within the VCS, and between them and either the LCB or the County Council. Several key players felt that the EWB project should never have been a commissioned service but should have been awarded on the same basis as work that had been carried out across Easington in previous years. There had been a historical relationship between Easington District Council and some local VCS organisations that were provided with grants or support in kind with little in the way of demands for monitoring. This had proven a useful relationship as organisations could get on with delivery and the Council was able to make best use of these organisations. However there appears to have been an absence of transparent accountability or performance management within some of these arrangements and in the new contract culture this would no longer have been sustainable. The timing of the EWB contract and the changes within the County and District council, created a context in which the new contracting arrangements were perceived by some providers, to have

been as a result of the new unitary authority rather than as a result of any European regulations around procurement and contracting.

They didn't understand their contractual relationship with the LCB and that it was different to their relationship with Easington District Council.

Key Stakeholder

The way that the interim funding was provided by the LCB for a 3 month period from June '09, in hindsight, caused further ambiguity and contributed further to the misunderstanding about the difference between grant giving and contracting. The service providers that received this money expected that, when the main contract to East Durham Trust was awarded, that it would be on the same basis. It had required only light touch monitoring and was awarded as a grant more than as a commission. This caused serious misunderstandings particularly when the Project Manager attempted to assert the need for monitoring data to be supplied once the EWB contacts were in place from October '09.

People expected to be able to continue to operate as they had when the interim payment was made.

Service Provider

However there is also some support for the fact that the contracts for Tier 0 were all awarded to the VCS rather than either statutory service providers or the 'big national' players. Having an umbrella organisations i.e. East Durham Trust, act as an intermediary also meant that some of the smaller VCS organisations were able to provide services which under other circumstances they would not have been able to provide. Issues around cash flow and the length of time that invoices are paid is an issue for some of the really small local organisations and working as part of a collaboration of other VCS organisations with the support from East Durham Trust, which was able to manage these financial matters more swiftly, has been an important issue for these organisations. Payment arrangements between East Durham Trust and the LCB took account of the needs of small VCS organisations not to be out of pocket.

Durham County Councils processes are too slow for small voluntary sector organisations cash flow is difficult in the VCS so we needed someone like East Durham Trust who have immediate payment terms.

Key Stakeholder

Without doubt the interim funding also meant the difference, at that time, between some of the VCS providers going to the wall and not.

Feedback received during the independent evaluation suggests that there has been a significant positive impact on the VCS as a result.

Contracts are going to big national organisations rather than local organisations run by local people. This was great to have in Easington run by organisations from Easington.

Service Provider

Organisational change was a quantum leap for some organisations which can bring problems but will leave a legacy of resilience and it has professionalised some of the groups.

Key Stakeholder

The contract with East Durham Trust was not the same as the Service Specification particularly around the issue of the numbers of workers and levels of qualification required per session. This, again, caused significant difficulties between service providers and the Project Manager. There were also ambiguities between the numbers of Active Listeners per session and per organisation/hub and about what constituted 'active listening'. Once again the sub-contracting arrangements appear to have contributed to this difficulty.

To begin with it was understood that this had to take place 1:1 in a separate room and that it was a different type of engagement with a child or young person. By July 2010 this had been altered and could include informal conversations taking place during activities. Whilst the changes meant this freed people up and helped them to deliver, it also created additional difficulties in terms of 'measuring' the number of Active Listening sessions that were taking place.

This has exacerbated an already difficult relationship between service providers and the Project Manager that has been challenging to resolve. On the one hand the Commissioning Group has sought to be flexible and proactive in responding to changes in need and to practice and delivery issues by developing and evolving and by re-profiling and 'tweaking' contracts as necessary. On the other hand, rather than this being regarded as a positive and constructive way to manage a project, it has been criticised by providers of the service on the ground as being inconsistent etc.

Issues around conflicts of interest during the commissioning process are reported to have been dealt with in an open and transparent way. There were a small number of individuals who held positions within the Communities of Interest (COI), LCB, East Durham Trust and as service providers. This created some complex issues around conflicts of interest. However it also meant that there were people involved who had a working knowledge of the people and the organisations on the ground, and could, therefore, make well informed decisions from the outset.

The Commissioning Strategy 2009 was used to underpin all of the commissioning process:

Our commissioning activity will be underpinned by clear principles – these include:

- Commissioning services that will make a real difference to children, young people and families

- A commitment to work with children, young people and families in all our commissioning activity
- Having open and transparent processes so that we can ensure we commission the best possible service to meet need – the best in class.

Joint Commissioning Strategy, Pg 9

The application process through East Durham Trust for funding to Tier 0 providers appears not to have been made clear and there are organisations within the VCS who report that they were 'excluded' from the process and that there was a 'closed shop' approach to the EWB contract. As part of the process of sub-contracting there was a view that if 'your face didn't fit' you didn't get a part of it. This is not consistent with the principles laid out in the Commissioning Strategy around openness and transparency and is further evidence of some of the difficulties that have been created through the sub-contracting arrangements.

Evidence of the socio-economic impact

It is impossible to calculate the socio-economic impact of this project for the reasons outlined above. However there is anecdotal evidence of young people going back into school or college or parents being able to return to work and there is evidence of improved performance at GCSE. With some additional and more robust evidence there may well have been sufficient evidence upon which to make claims about the socio-economic impact of the project.

Evidence that some of the VCS who received the Active Listening training have gone on to do Foundation degrees is an unexpected but very welcome outcome and suggests that there has been a high level of upskilling for some individuals and organisations.

It has upskilled the workforce in ways that you hadn't accounted for.

Key Stakeholder

The employability of people who have done their Active Listening or counselling training and then get opportunities to do their clinical practice has also been increased.

It hasn't delivered £2.3 million of a difference but has it made a difference- absolutely.

Key Stakeholder

The process of commissioning the EWB project has created opportunities for learning particularly around the role of the LCB and also of the Strategic Commissioning Service within the Children's Trust. There had always been plans for the Joint Commissioning Board to become the commissioning body by the time that the contract had ended. The role of the Strategic Commissioning Service is now changing and it is significant that the LCB will no longer be a commissioning body but will inform commissioning processes by providing local intelligence.

Why do we need a commissioning service, a strategic commissioning service when we are working towards localism and practice based commissioning? It is an out of date concept now.

Key Stakeholder

The LCB is not a commissioning body. The Boards will no longer be seen as commissioning bodies and will not commission services, they will inform the commissioning process and become the eyes and ears of the locality to inform the process.

Key Stakeholder

The process of commissioning has had an impact on the VCS in two very different ways and which may, inadvertently, have created more problems that it has solved. On the one hand the process of commissioning has, without doubt, built capacity within some organisations within the sector to deliver services in a new and different way. Many smaller projects have operated within a grants culture and were, previously, unfamiliar with the process of procurement, working to a contract and the rigorous quality assurance and monitoring requirements that this involves.

They were used to a grants culture and light touch monitoring.

Key Stakeholder

The money was seen as an opportunity to keep organisations in existence they didn't see it as part of a three tiered approach.

Tier 0 Provider

However there are some organisations which challenge this view and felt that they were already set up to secure and manage contracts and therefore felt that the level of project management was interfering. These organisations within the VCS were familiar with contracting arrangements and felt they were already well able to do this and that the project management processes were, for them, unnecessarily heavy handed.

We are dictated to all the time. Give us some credit for some professionalism.

Service Provider

On their own, many of the Tier 0 providers would have been too small and not sufficiently able to deliver part of the EWB service. Working as part of a consortium under the umbrella of East Durham Trust has provided them with a unique opportunity to be a part of a new and, for them, innovative way of working. This has built capacity with individuals, organisations and across the VCS as a whole across Easington.

The transformation has been incredible. Groups now understand what it is like to deliver as part of a contract, to see the legal side of things and are now in a better position to go for their own contracts in the future.

Key Stakeholder

Social capital is a big legacy from this project.
Key Stakeholder

The fact that the local authority saw the need to have a coordinated project that built the capacity of the local community is to be applauded.
Key Stakeholder

Our approach to working with the Voluntary Community Sector (VCS) is outlined in this Strategy and the County Durham Compact. We recognise the worth and contribution of the VCS in delivering effective services and the significance of their contribution and influence is reflected in the VCS being represented on the J.C.U.
Joint Commissioning Pg 17

However, there are some difficulties emerging with some of the smaller voluntary organisations now struggling to get re-funded because funders' perceive that they received 'statutory' funding for the emotional well being project and they are not, therefore, willing to re-fund these projects.

Another casualty may have been the larger voluntary sector organisations including regional (DISC, Children North East, Groundwork) who are seen as 'part of the problem' and not part of the solution and a view that although there has been capacity building in some parts of the VCS, additional tensions have been created in other parts which may take some time to resolve.

They are pseudo local authorities really.
Key Stakeholder

They aren't voluntary sector they are just businesses.
Key Stakeholder

There is also evidence from some providers that suggests a degree of suspicion that, whilst the organisations are voluntary sector, some of their staff are Durham County Council employees, and this has been seen as an exercise in the local authority 'feathering its own nest'.

A number of interviewees reported that there has been a positive impact on the development of the LCB which, it is felt, is more well developed and better equipped than other LCB's in the Children's Trust as a result of the need to work together to address the issues raised by the EWB project.

We did pull it off by the skin of our teeth but at a significant cost to individual people.
Key Stakeholder

Use of the Access and Inclusion Fund

A total of 35 applications were made to the Access and Inclusion fund. This was a pot of money that was held by East Durham Trust specifically to support any additional needs for disabled children and young people or children and young people with complex needs. This was to ensure that all of

the positive activities provided were inclusive of all children and young people and that a fully integrated service was available.

In addition funding was made available for the following activities:

- Disability awareness training for 56 VCS providers
- 14 VCS organisations supported with disability policies
- 73 disabled children or children with a special educational need have been supported to access additional services

(NB Figures supplied by the EWB Project Manager)

Participant observation during the independent evaluation confirms that some of the positive activity sessions were fully inclusive of all children and young people and that the additional support provided by the Access and Inclusion fund did ensure that this was possible.

Communication

The model that the EWB used i.e. the 3 different Tiers delivered by 3 different organisations with Tier 0 being in turn delivered by 16 different providers meant that communication was always going to be an issue. The appointment of a Project Manager and Finance Manager and, within East Durham Trust, the appointment of a Project Coordinator should have addressed this issue. In fact communication has been one of the most highly criticised aspects of the whole project.

It was absolute chaos to be honest.

Service Provider

Tier 0 providers felt they kept getting conflicting messages and people got fed up and that's where it went wrong.

Service Provider

This is the most complicated contract we deal with, there were too many demands, it was too complicated and they kept changing their minds.

Service Provider

There was confusion for a while about the role of the Project Manager and the role of the Project Coordinator and about who should do what. Service providers felt that they were receiving conflicting advice or conflicting demands from two different sources. Agreement was reached about the information required and about who should do what. However there does seem to be a question, therefore about whether there was a need for both roles.

Insufficient account has been taken by East Durham Trust around the issue of communication for a number of individuals who worked with the EWB project who had hearing difficulties. The Forum meetings are reported to have been 'a free for all' which some individuals stopped attending as they were unable to contribute to or get anything out of the meetings.

I've missed out, nobody seems to have thought about it and it is disappointing for a project that is about people's emotional well-being.
Service Provider

There remain a number of myths surrounding the EWB project. For example, that it has spent significant amounts of money on high salaries for PCT consultants. There are other examples which demonstrate misinformation about the commissioning process, and about who and how contracts were secured. Another that the service has been 'pulled' by the County Council as part of the cut backs. There were members of staff working in other statutory services that did not know anything about the three Tiered approach i.e. knew about the Positive Activities but not about the whole project. There were also a number of Tier 0 Providers who, even by the end of the Project, were unclear about the bigger picture.

I thought we had money from the LCB to carry on providing the activities just more days a week, which was great for us. I didn't know it was a part of something bigger than that.
Service Provider

As an example of the consequences of the lack of publicity around the project as a whole the independent evaluator interviewed a member of a voluntary sector organisation who was also a local resident, worked in the VCS, is a parent and is also on the management committee of a local Tier 0 service who did not know about the EWB service as a whole. This demonstrates the need for better communication and publicity across the project.

The overall vision of a new, innovative and creative way to tackle worklessness and to raise young people's self esteem, aspirations etc. has been poorly communicated throughout.

There has been no one across the whole project who could see the big picture.
Key Stakeholder

An alternate view also exists, however, that suggests that particularly following the event at The Glebe Centre in July 2010 communication did improve and that this has had a significant knock-on effect across East Durham.

It has increased the partnerships across East Durham. Now there is no in-fighting, we don't fall out and are working together. There is a great body of knowledge, expertise of what's really happening in these villages.
Key Stakeholder

Project Management

Issues around project management have already been referred to above. Whilst it would appear that the process of commissioning itself has created many of the difficulties that this project has encountered, there have also been some difficulties as a result of the way that the project as a whole has been

managed and some criticism aimed at individuals within the management team.

There were so many layers of supposed management and supposed coordination but it wasn't working.

Service Provider

There is evidence of a lack of effective project management and an apparent inability to resolve issues of non compliance with both East Durham Trust and with Action for Children until it was almost too late, and the contract was at the point of being decommissioned. Whether this is ineffectiveness on the part of the Project Manager or sheer lack of compliance by the service providers is a moot point.

We needed a project manager with contract experience who needed to digest the spec and then know it word for word.

Key Stakeholder

There is no project management tool in place, like Prince 2 something with a clear methodology.

Service Provider

Service providers in Tier 0 complained that the 'additional burden' of monitoring that was placed upon them was something that they were not expecting and that was not covered by the costs that they received.

The funding has been great but it's come at a cost, a huge cost to me in terms of bureaucracy.

Service Provider

The amount of money you get per session doesn't cover management or the bureaucracy.

Service Provider

However the time allocation set out in the Service Specification very clearly allocates 1.5 hours of non-contact time for every 2 hours of delivery time and provides a budget of £147 for each of these sessions, as described below:

Contact Time - Activities

Two hours of high quality positive activities for children and young people will be delivered 3 times per week in 15 localities across Easington LCB area totalling 45 activities per week at 2 hours per session direct contact time.

Non Contact Time

1.5 hours of non-contact time has been allocated per activity which must include monthly supervision, planning and set up time, recording and evaluation time at the end of each activity session.

Service Specification, Pg 15

One of the consequences of the sub-contracting, and in some cases the sub-sub-contracting meant that by the time the service was delivered the amount of funding available had been reduced to £100 (per session) i.e. 68% of the original budget. The other consequence of the complicated sub-contracting arrangements was that the accountability was lost. East Durham Trust, for example, has a contract with the LCB to deliver Tier 0 positive activities. When they sub-contracted they did so through a Service Level Agreement with 14 different providers. The SLA did not match the terms of the Contract between East Durham Trust and the LCB and the accountability became blurred. When there were issues about quality and compliance, technically the LCB could only hold East Durham Trust accountable, and any issues they might have had with a sub-contractor were East Durham Trusts' responsibility to resolve. This created additional tensions, contributed to the already difficult communication issues and meant that there was an often remote and even hostile relationship between sub-contractors and the Project Manager who was the face of the LCB.

There were also some tensions between Tier 0 providers around the quality of work that was being delivered.

Some of the delivery has been abysmal and they have been paid the same as the people who deliver a good service. It seems a very poor way to commission and deliver a service.

Service Provider

However, along with the criticism there has also been a considerable amount of praise for the Project Manager personally and professionally.

The Project Manager was great she got me all the forms and sorted them out. People saw this as interference but I didn't, she has been great I needed the hand holding.

Service Provider

The initial project management arrangements are also alleged to have added to the already delayed roll out of the project (see WNF Project Milestones **Table 8** in the appendices) and to the communication difficulties and lack of partnership working at the outset. These have taken considerable time and effort to resolve.

It was clear by the middle of 2010 that there were significant difficulties with the contracts. This was both the Tier 2 counselling contract which was failing to deliver the contracted number of counselling hours, as well as with communication issued across the Tier 0 providers. The Project Manager and Project Coordinator were experiencing difficulties in obtaining support from some of the Service Providers and it was agreed, therefore that the LCB would intervene. A meeting was held at The Glebe Centre in Murton which proved to be the turning point for the Positive Activities provision. It transpired that the contract between the LCB and East Durham Trust was somewhat different to the original Service Specification. This had in turn been translated into Service Level Agreements with each of the Service Providers. These

SLA's did not contain the level of detail that was needed in relation to the performance monitoring requirements that would be expected of each Service Provider. It is unclear why this happened. However it was extremely difficult, therefore, for the Project Manager to request performance monitoring evidence from the Service Providers as they had no expectation that this was a contracted requirement and that their funding had allowed for time to generate this evidence.

Timing has been a significant issue for the project and even had it been delivered over the period that was originally intended this might have been a tall order.

A good model but it needed to be phased in over a 3 to 5 year period.
Key Stakeholder

Publicity

There was a lack of information about the project at the outset. This was partly because of the lack of lead-in time, the fact that none of the key staff were in post when the project started and because of the need for all of the services to 'hit the ground running'. There was a launch event in February 2010 to which 135 people/organisations were invited including VCS, schools and other services and providers. This did go some way to addressing the issues around publicity but it would have been beneficial to have had a communication and marketing strategy in place prior to the project start date.

Continuation planning

There was an expectation at the start of the process that, if successful, funding could/would be obtained and the service would continue after March 2011. Clearly no one foresaw the financial and economic climate that has resulted from the election of the coalition Government in May 2010. However it is still the case that insufficient attention has been paid to the exit strategy or to continuation planning as there had been an explicit assumption that some way would be found to continue to fund the project post March 2011. Resources have in fact been obtained to continue some of the Tier 2 service and the capacity building within individuals and organisations will mean that there are opportunities to embed the good practice that has been developed despite the lack of additional funding being available.

There is considerable criticism about the lack of continuation strategy and about letting people down as well as myths about Durham County Council 'deleting' the service. As the end date had always been March 2011 clearly this is not the case. However, the view that the Council or the LCB has somehow reneged on its agreement to refund the project is a view that persists despite the lack of substance.

To have the service for one group of young people and then not have the service for the next generation of young people, is worse than not having had it at all. It has raised expectations that can't be fulfilled.
Service Provider

It has been a fantastic project but it hasn't been well thought out or planned there were too many changes as we went along that could have been sorted out initially.

Key Stakeholder

Why would you start something that was £2.3 million that you couldn't continue?

Key Stakeholder

For all this to fall off at the end of the conveyor belt is unforgivable.

Key Stakeholder

Universal, seamless services

There has been a fantastic and diverse range of projects, events and activities throughout the Easington area and there is evidence of the provision of a seamless service for some young people through Tier 0 provision and into Tier 2 counselling. However there is also some variation in provision and not all Tier 0 providers were offering an equally universal service. CATS, for example, have operated what was in effect a referral only service with time limited involvement, although the service was in theory open to any young person in the locality.

The proposal will make sure all children and young people have the opportunity to access a guaranteed level of activity in their own community. Sessions will be open access and will provide a diverse range of activities, developed in close dialogue with children and young people and based either in accessible community settings or detached within the neighbourhoods.

Service Specification, Pg 13

There is little evidence of specific targeted work around periods of transition i.e. transition to secondary school or transition into employment or further education as was originally set out in the contract particulars.

It must ensure the early identification of needs and provide swift and appropriate support offered in a way that is experienced as seamless by children and young people and which supports particular periods of vulnerability, for example transition between schools, from school into further education, employment or training and from play activities to youth work provision.

3.3 Contract Particulars

Setting some project milestones would have ensured that services could have been better targeted during specific periods of transition for children and young people.

Ownership

Some members of the COI and other service providers have a view that this project was their idea, that they put together a proposal and took it to the (then) LSP for funding. Some members of the LCB recall that it was a

proposal put together specifically because the WNF became available and they wanted to be able to secure funding for Easington following publication of the research report that had documented concerns about children's emotional well being.

Some saw it as a lucrative contract, others saw it as an expensive contract. For many people they saw it as an opportunity for funding to continue to do what they have always done. This may mean good high quality play work or youth work but it does not appear to have been the innovative, creative programme of activities and events that were first promoted through the WNF. This funding is meant to support creative and innovative solutions to 'age-old' problems and to address worklessness as well as providing an early intervention and prevention programme to address emotional well being issues.

There is evidence that the project has successfully addressed emotional well being issues for children, young people and their families as well as evidence of early intervention. There is less evidence of the project's ability to provide creative and or innovative ways to address worklessness. However in an eighteen month period it is very difficult to see how the project might be able to demonstrate this evidence.

Section 4 – Conclusions and Recommendations

There is no doubt that this has been a politically sensitive and challenging project which has been delivered against a back-drop of tensions and high emotions. However what is also beyond doubt is that a project that could have failed to deliver, has successfully contributed to some important outcomes for some families across Easington. It has also successfully supported a number of individuals and organisations to develop and deliver better quality services that address the emotional well-being needs of children and young people.

There are some important lessons to be learned from the process and every indication from those people involved in this independent evaluation that all concerned are committed to this learning process. Some of the issues from which lessons can be learned are summarised below:

1. The research base

The three tiered model has, without doubt, a good grounding in academic work. There is evidence that universal services provided in a variety of settings e.g. schools, communities etc. which are accessible to all children and young people can contribute to improvements in overall well-being. Research also supports the concept of universal services which have the capacity to detect children's additional needs, can help with the process of early identification of children who need a more specific targeted service. Providing positive activities on children's doorstep, with the additional support of trained 'active listeners' is a model that has a growing evidence base.

There was a strong ethos of children and young people's participation towards the end of the project and feedback from children and young people did result in overturning a decision that would almost certainly have resulted in the decommissioning of the service. Academic research provides evidence that the involvement of children and young people, as well as their parents and carers has a number of benefits and is regarded as good practice.

It is significant that the project proposals were grounded in an evidence base drawn from both local and national research and that there was, therefore, a clear justification for the projects aims and objectives and to support the model that was being promoted. It is disappointing however that some of these research findings were used inappropriately or incompletely.

The VCS service mapping exercise identified 15 key delivery sites for 5-13 year olds but not for the older age group. It is unclear whether the same services were needed, targeted in the same localities for the older age group.

The findings from the piece of research that suggested that 37% of young people had a mental health need should never have been used in the way that it was in the original proposal.

It is also disappointing that a project which was developed using evidence from both locally conducted as well as national research did not continue to

take account of messages from research and emerging evidence based practice whilst operational.

There are some specific areas that could have received greater attention and which, had more evidence from research been used during the delivery period, might have added additional focus to the services that were provided. These include:

- Missed opportunity for pre-school intervention
- A specific focus on early detection of learning disability
- Utilising of existing measurement tools or the development of new measurement tools as well as having subjective indicators of well being which could have informed the project outcomes
- Insufficient involvement of children in the overall design and delivery from the outset
- Relationship with parents especially with fathers
- Children's friendships
- Learning from research around commissioning children's services

2. Performance monitoring and delivery

There is a lack of consistency throughout the project documentation about whether the service is 3 – 19 or 5 – 19. The project documentation and the data collected states variously 3-13, 5-13, 8-13 and, also 13-19.

There has been insufficient clarity throughout the delivery period about project outcomes and performance indicators with no clear agreement about what should be collected, by whom and for what purpose despite the fact that these were clearly set out in the original Service Specification.

In terms of monitoring there is insufficient breakdown in terms of age, gender or ethnicity from which to draw meaningful conclusions across all three Tiers. Ethnic monitoring, for example, was not carried out by all three Tiers, although was part of the performance indicators required.

There has been some criticism that the Tier 0 did not provide sufficiently for the pre-school group 3-5 year olds and there is little evidence of specific services being delivered for this age group.

As a result of the lack of age breakdown on the monitoring forms there is no data about whether the older age group i.e. 16-19 year olds received a targeted service and concerns about the actual numbers who were involved.

There is little evidence of targeted support for the transition periods (transitions between schools or school to further education, employment or training etc.) that were set out in the original Service Specification.

3. Commissioning and management

The project faced difficulties from the outset as a result of the process of commissioning which had, itself been problematic and contentious and which

then resulted in delays, poor clarity about contracts and about measuring performance.

There were significant communication problems and some confusion around roles and responsibilities which might have been addressed if there had been sufficient lead-in time.

4. Strategic vision

This has been an ambitious project and the three tiered model a complicated one to commission and manage. However the LCB has demonstrated an aspiration on behalf of children, young people and their families across Easington which has been the driver for this enterprising project. With greater attention to some of the issues raised in this report the outcomes might have been even more positive.

There is little evidence of a shared vision across the three tiers of the project or shared between the service providers and the LCB. Many providers simply saw it as an opportunity to continue to do what they had always done or as part of an opportunistic way of moving into a new area of work.

There is little evidence of a shared vision to deliver something bold and innovative to tackle the emotional well being issues for children and young people or the issue of worklessness that the WNF is designed to address.

If there had been a professional approach and a shared understanding of what the service was to be about we could have had it up and running a year earlier.

Key Stakeholder

People at a strategic level don't understand what the real issues are. We were criticised for not achieving targets and threatened with pulling the SLA but there was continual interference from various layers and various people none of whom understand the young people we are working with.

Service provider

5. User involvement

There appears to have been little involvement from children and young people or from parents and carers in shaping the project at the outset. Greater community involvement from the end users of the service might have helped to identify what outcomes were important to them and, therefore, to put in place meaningful project outcomes, milestones and performance measures.

Greater involvement from children and young people, as well as parents and carers might also have addressed some of the difficulties that persisted about lack of publicity, suspicion about the services or tensions between the different tiers of the project.

There is, however, evidence that children and young people in particular have had a significant impact on the project during the delivery period.

6. Outcomes for children young people and families

Without doubt the project has had a positive impact on the following:

- Children and young people who participated in the Tier 0 positive activities.
- Children and young people who have received Active Listening
- Practitioners who participated in the Active Listening training
- Children and young people who received Tier 2 counselling
- Parents and carers who received Tier 2 counselling
- Some Service Providers who delivered the Tier 0 positive activities
- It has raised the profile of children's emotional and mental health needs across Easington and built capacity in some individuals and organisations to deliver services which address these needs

Recommendations

These recommendations have been developed jointly by the independent evaluator and the Easington LCB Locality Manager based on the evidence from the Final Evaluation Report.

1. Provide opportunities to scope the market or run provider events before going out to tender so that all interested parties are fully aware of all service expectations and have input as to how services could be delivered.
2. Where possible appoint key members of staff e.g. Project Manager before a new service commences, ideally at the stage of writing the Service Specification and before the tendering process so that the overall vision is fully understood before the service begins.
3. Build in sufficient time for staff recruitment by service providers.
4. Outline project milestones in the Service Specification particularly for long term objectives e.g. NEETS/Teenage Pregnancy etc.
5. Agree and set in place from the outset a monitoring tool and monitoring processes which will capture outcomes that can be scrutinised for effectiveness. This may be a Providers own monitoring tool or one designed specifically to capture the data required for the specific service. Commissioners to set up electronic database/spreadsheet before commencement in preparation for receiving monitoring returns.
6. Ensure clarity is given regarding what are 'Performance Indicators' separate to additional monitoring data to be 'measured' e.g. age/ethnicity/gender etc.
7. Where the emphasis is placed on targeted work e.g. 'around periods of transition' stipulate desired outcomes specifically and areas to target i.e. transition to secondary school.
8. Where there are sub and sub-sub contracting arrangements, Commissioners to meet with all Providers from the outset and not just Lead Provider to ensure full buy-in and that everyone fully understands expectations and accountability.
9. Commissioners to approve all formal communication from the Lead Provider to the sub-contractors to avoid miss-communication due to misinterpretations.

10. Develop Communication and Marketing Strategy before service commences.
11. Ensure clear lines of communication between Providers and Commissioners e.g. establish exclusive email address for queries/returns. Have separate meetings with Provider and Commissioner so that there is a clear distinction between Provider/Commissioner function and relationship.
12. Ensure all involved clearly know and understand their own and other's remit, and their roles and responsibilities.
13. Children, young people, parents and carers to be involved in developing the Service Specification.
14. Children, young people, parents and carers to be involved in commissioning panel process.
15. Children, young people, parents and carers to inform the process of collecting and measurement of performance indicators and outcomes to ensure that they are also important and meaningful for them.
16. As a minimum have quarterly service user events by Commissioners.
17. Ensure within the Service Specification that all Providers continuously engage with service users and evidence this participation.
18. Ask potential Providers to outline full exit and or sustainability strategy taking into account eventualities such as government cuts.
19. Develop exit strategy not only for service users but also for Providers so that they are fully aware of the implications for them being involved in such a commission once contract ends.
20. Commissioning Manager to be involved from the outset in order to provide the overview of the locality.
21. Contract to be set up from the start on a 'Pay on Delivery' (Pay as you go) basis to ensure value for money can be demonstrated.
22. When commissioning training, identify how and what methods will be used to capture long term impact on service users and practitioners for example, this may mean setting up SLA with trainees.
23. If a commission involves training – consider future milestones and when to expect a return on this investment e.g. later impact of higher skilled workforce.
24. Allow a minimum of 6 months embedding time with service milestones on a scaled approach which will then determine overall performance targets.
25. Consider maximum for any management fee e.g. 10% to ensure value for money.
26. Buy delivery outcomes/hours rather than people as this is easier to performance manage.
27. Be flexible and prepared to change and adapt if necessary i.e. to consider contract re-profiling as a pro-active and constructive approach to changing circumstances.
28. As part of the ongoing evaluation Provider and or Commissioner to engage with children, young people, parents and carers who do not access the service and determine why? This could lead to change/improvements in the way that a service is being provided.
29. If available, use a recognised monitoring tool that holds up to scrutiny especially if it can support capturing qualitative outcomes.

Recommendations for an 'Ideal Type' of Emotional Well-being Service

Based on the findings from the independent evaluation the following elements should be considered as essential ingredients for a successful Emotional Well-being Service:

1. Ensure that the service is based on a local analysis of need.
2. Involve children young people and families in the development and delivery of the service from the outset.
3. Ensure that the service is linked to other local provision, initiatives etc. in order to add value and build on shared outcomes.
4. Offer a fully flexible service i.e. available days/evenings/weekends/school holidays.
5. Available where it suits service users e.g. schools AND community settings.
6. Provide specific targeted services around transitions or other periods of risk or vulnerability identified with children and families.
7. Provide a service that is available to children and young people as well as their parents and carers.
8. Consider targeting specific groups i.e. 3-5 and post 16.
9. Provide additional resources for Access and Inclusion but on a reduced scale.
10. Active Listening to be embedded into all service provision.
11. Continue to build in lessons from local and national research.

References

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APPENDIX

Table 8 - Key Milestones from WNF bid document

Key Milestones	Achieved by
Secure Procurement and Contracting Support	April 2009-04
Recruitment of Project Manager & Finance Officer	End July 2009
Commence Positive Activities commissioning	May 2009
Commence commissioning of counselling and therapeutic support services	June 2009
Commence commissioning of "Active Listening Skills" training provider	June 2009
Commence Positive activities delivery	June/July 2009
Commence Active Listening skills training	September 2009
Launch Counselling and Therapeutic support services	October 2009
Establishment of network for Active listeners	October 2009

**No. of Referrals Received by Initial Response Team (Easington) in Period 01-
Oct-09 to 31-Mar-11**

