

**STAYING AFLOAT: EFFECTIVE INTERVENTIONS
WITH YOUNG PEOPLE IN SOUTH AYRSHIRE**

**An evaluation of the impact of social work services and related agencies
on outcomes for young people.**

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CHAPTER ONE: INTRODUCTION

BACKGROUND TO THE STUDY

This research study, which commenced in June 2006, was commissioned by the multi-agency 16+ Transitions Group within South Ayrshire Council and was initiated with the aim of identifying how interventions could be most effectively targeted to improve long-term outcomes for young people involved with social work services. There was a particular interest in those young people with complex social and emotional needs who, despite having been in receipt of multiple interventions, were in some cases having difficulty in making effective use of supports and services. These young people were struggling to achieve the considerable demands expected of them during the transition to independent living and, in some instances, for several years after. It was hoped that the research study might highlight ways in which social work services and partnership agencies have been most successful in supporting young people to maximise opportunities and achieve positive outcomes in life.

AIMS OF THE STUDY

The overall aim of the study was to outline the range of services offered by social work and related agencies and identify any particular models of intervention or common features within these which appear to have been successful in engaging and working effectively with young people, thereby helping to produce positive outcomes for them.

The two main strands of the study were as follows:

- Identification of particular patterns and models of social work intervention occurring throughout young people's lives, especially those associated with key life events, such as periods of transition;
- Utilisation of a framework of measurable outcome factors in order to ascertain how effective social work provision has been for young people, taking into account their individual circumstances.

By linking these together, the study aimed to identify particular factors, such as the nature and timing of interventions, which indicate more effective ways of delivering services and what works well in producing better outcomes for this group of young people. It aimed to identify gaps in service provision or indicate how these might be enhanced to help young people fulfil their potential.

The specific objectives were to:

- describe the main components of social work provision and other related services such as those provided by voluntary agencies;
- record the number of social workers who have been involved with young people over the course of their lives and, where possible, explore the nature and qualities of the relationship between the young person and their social worker;
- obtain the views of young people about the effect of social work involvement in their lives;

- devise outcome measurements which offer a broad perspective on young people's circumstances, and which might include achievements and self-esteem factors as identified by young people themselves.

In undertaking research of this type it is important to acknowledge that, in addition to the impact of professional services, there will be a number of other factors which influence the direction of young people's lives. There are widely acknowledged difficulties in reliably assessing the impact of social work services in isolation from other external influences. The relationship between intervention and outcome is complex and doubts have been raised about the extent to which it is possible to measure outcomes or attribute them to a specific service (Trinder, 2000). However, it is possible to offer indications as to the likely impact of particular services as long as the wider context is acknowledged and to recognise that other considerations may have influenced their effectiveness.

As the study progressed, additional key issues were identified that are explored within the report. These include suggestions about future methods of case recording, monitoring and on-going evaluation of the impact of interventions.

THE LOCAL CONTEXT

South Ayrshire is a predominantly rural authority with a population of 111,000; its main population centre is Ayr, with the smaller towns of Girvan, Troon and Prestwick to the north and south. The Children and Families Service, which is part of the wider Department of Social Work, Housing and Health has its headquarters in Ayr and two Area Centres housing Children and Families Teams in Ayr and Girvan. There are a range of other services provided including a local authority-run Family Centre, a Residential Unit for young people, the Throughcare Support Team in Ayr and the Youth Support Team based in Troon. Social work services have close links with Education, Health and Housing services in the area; in addition, there are a number of national and local voluntary agencies operating services for young people and their families in the area.

Scottish Executive statistics show that, as of 31st March 2006 there were 252 children and young people 'looked after' by South Ayrshire Council, accounting for 1.1% of the 0-18 population. Of these, just over half (143) were boys, 47 were under 5 years old and 27 were 16 or over. There were 211 children and young people being looked after in the community and 41 accommodated in residential care.

THE YOUNG PEOPLE

The young people who were the focus of the study all had involvement with social work services which necessitated them having an allocated social worker. They included those whose involvement was on a voluntary basis and those who had a statutory order, most commonly a Supervision Order, placed upon them and are thereby young people who were 'looked after' and, in some cases, 'accommodated'. They were, or continue to be, subject to a range of interventions; some of them have

continued to live at home, have been placed in foster or residential care in the local area or in residential or secure care (and sometimes in a custodial setting) outwith the authority. The young people were for the most part born between 1980 and 1991 and are now aged up to 26 years old. However the sample also included children and young people who were under sixteen and, while it was possible to look at outcomes over several years for some of this group, it was clearly not possible to describe longer term outcomes for them.

RESEARCH METHODS AND APPROACH

The study was undertaken using both quantitative and qualitative research methods as follows:

- quantitative data was systematically obtained from 78 case files and a detailed form completed for each young person;
- qualitative information was also gathered from these case files to allow for a more in-depth analysis of the impact of services as perceived by social workers and other professionals involved with the young person;
- qualitative data was obtained through 19 face-to-face interviews with young people on their views and experiences of social work services and their current circumstances and with seven professional workers from both social work services and other agencies involved in service provision.

This duality of data collection, known as triangulation, provides a means of validating information gathered from each source and, in addition, offers important insights into young people's and professional workers' perspectives of the services received.

The anonymised information collected from the files included the following details for each young person:

- Gender, birth year, date of first referral to social work services, length of overall involvement and whether their family was previously known to the agency;
- Reasons for referral and family circumstances;
- A chronological record of services and interventions undertaken with the young person, the age at which these commenced and their duration, including information about the number of social workers they had over this time;
- Any recorded information or analysis about the effectiveness of services, and other factors which may have influenced the young person's progress;
- Whether young people were subject to a statutory order and if accommodated, whether they remained in the local community;
- Any available information about outcomes for young people, including any recorded difficulties and particular achievements and self-esteem indicators, post-social work involvement or, if still on-going, to date.

The proforma used for the case file data collection can be found at Appendix A.

In addition to the design of research tools for data collection from files and interview schedules, frameworks were devised within which to analyse the information. These

related to young people's individual characteristics and referral information, pathways through services and outcome measurement. The latter brought together definitions of outcomes identified from a range of sources, including the Scottish Executive's vision statement for children, as outlined in *Getting it Right for Every Child* (2005) and dimensions widely used in assessment and action planning, to identify goals and monitor children and young people's progress. Key indicators in relation to the enhancement of protective and resilience factors were also incorporated. These frameworks are described in more detail where appropriate within the findings section of the report.

Ethical considerations

The study was guided by the British Sociological Association's Statement of Ethical Practice (1993) and the Code of Practice for Research in Social Work Departments issued by the Association of Directors of Social Work. Every effort was made to ensure that young people participated in the research on the basis of informed consent with a clear understanding of what taking part in the research would entail. Young people, and where appropriate their parents/carers, were contacted by a letter sent through social work services explaining the research in an accessible way, and asked to sign a tear-off form to be sent back in a prepaid envelope if they did not want the researcher to look at their file.

Interviews with young people were arranged through social work staff and most took place at the Throughcare Support Team and Youth Support Team offices. Confidentiality issues were discussed with young people and assurances given that the researcher would not discuss what they said with other people unless a situation arose which concerned their safety or that of another young or vulnerable person. Young people were asked to sign a consent form which clearly stated that they were not obliged to take part, answer any questions they were unhappy about or continue with the interview if they wished to end it. Interviews were set up in a way that enabled young people to have access to a known supportive adult in the event of the interview causing them distress. The letter, consent form and interview schedule can be found at Appendix B.

Information about young people was anonymised and stored securely; in reporting the study findings, care has been taken to ensure that individuals cannot be identified.

THE STRUCTURE OF THE REPORT

The report will begin by setting the context of the study by examining some of the recent policy drivers within Scotland, with particular emphasis on the agenda which requires social work agencies to incorporate ways of measuring the outcomes of their work. There will also be a reference to some of the wider literature which informed the study, particularly texts which explore outcomes evaluation in the field of social work with children and young people and some concerned with resilience.

The main body of the report outlines the research findings which will be divided into five sections, namely:

- Characteristics of young people, including reasons for referral and length of overall involvement with social work and other agencies;
- The services available in South Ayrshire;
- Young people's experience of services;
- Outcomes for young people;
- The impact of services on outcomes for young people;

The study gives considerable emphasis to the views of young people and these are reported in detail in one section of the report. Consideration was given to the use of case studies but, given the size of the authority area, it would have been difficult to retain young people's anonymity.

Following this, a short section will draw on the experience of undertaking the research study to identify gaps in information recording and explore possible options for implementing monitoring and evaluation systems. This will take into account the impending adoption of the new Integrated Assessment Framework and the need to avoid duplication of work.

The report will conclude by outlining the key points highlighted by the research and indications for the future development of services.

CHAPTER TWO: POLICY CONTEXT AND OUTCOMES BASED RESEARCH.

POLICY CONTEXT

A number of factors taken together over the last forty years have led to an increased interest in the evaluation of social work services and an examination of the impact these services have had on outcomes and enhanced life-chances for young people. One aspect of this has been the number of research studies which have questioned the benefits of certain interventions, notably the use of foster care and whether separation from the child's birth family was really in the child's best interests. The emergence of the use of preventative measures to keep children with their families has resulted in a need to compare intervention options and to try to ascertain which are successful in minimising risks and improving outcomes for young people.

Furthermore, a string of enquiries and reports following investigations into the deaths of individual children who child care services have failed to protect has led to closer scrutiny of how these services are managed and how exactly they undertake their tasks. The fact that young people who had been cared for by local authorities were still over-represented in statistics reflecting all aspects of social exclusion, such as imprisonment and homelessness also gave cause for concern.

The notion of public accountability has been further highlighted by an increased preoccupation with standards of 'performance' linked to expenditure. By the end of the 1980s the pressure was clearly on local authority and related social work services across the UK to demonstrate that their interventions were both effective and represented value for money.

In addition to knowledge about the link between interventions and outcomes being important for managers, accountants and policy makers, there are other groups of interested people who need to know about the consequences of child care decisions (Parker et al, 1991). The Report of the Department of Health Working Group which was edited by Roy Parker and his colleagues, although written fifteen years ago, is valuable in clearly setting out the reasons why assessing outcomes in child care is important for practitioners and also for children and families themselves. It suggests that it helps practitioners formulate specific goals, follow them through in a systematic way and examine the results thereby assessing practice effectiveness and learning from the experience. And crucially, it provides evidence for children and their families themselves that the social work service is intervening in a way that is effective and meets identified objectives.

Given that agencies and individual workers within them are generally motivated by a wish to do the best by their clients, the movement for accountability was in itself not contentious; what has required more problematic consideration has been how effectiveness might be measured. The report cited above includes a discussion about possible theoretical frameworks within which to link interventions and outcomes and whether outcomes are best looked at in terms of specific, identifiable goals related to reasons for referral or longer-term general consequences. It is suggested that looking at outcomes in a sequential way and which then move towards more general long-term goals is compatible with the incremental approach of social work practice. It also

raises pertinent questions about when an outcome can be said to have been reached, as progress does not always take place in a linear way. The study explores the issues of whether outcomes should be framed in terms of achievement of positive objectives and not just the avoidance of problems and the need to make provision when measuring outcomes for partial or relative attainment or 'success'. These issues all need to be considered when evaluating social work services.

The report of the Department of Health Working Group led to the design of the Looked After Children Review materials for use in assessment and action planning for children in England. The Scottish equivalent of these materials, 'Looking After Children in Scotland: Good Parenting, Good Outcomes' were adopted and launched on a national basis in 1999; these also identified specific areas of work with young people which required regular review and updates on progress. These included health, education, emotional and behavioural development, social relationships and leisure pursuits.

Since 2001 there have been a number of consultation and policy documents produced by the Scottish Executive with the aim of improving the provision and delivery of services to children and their families in Scotland. 'For Scotland's Children – an Action Plan' (2001) highlighted perceived weaknesses in service delivery, described examples of good practice and made recommendations as to how services might work differently to effect better outcomes for children and young people. There have followed a number of consultation and guidance documents aimed at progressing this work. These include the Integrated Children's Services Planning guidance (2004a), a discussion paper entitled 'Making Services Better for Scotland's Children' (2004b) and a draft 'Quality Improvement Framework' (2006a). The aim of these documents was to find ways for services to come together to agree objectives for improved services and support for young people with streamlined assessment methods, clearly defined outcomes, performance measures and timescales. A further recommendation was that arrangements should be put in place to monitor whether service and individual plans were achieved with a focus on leadership and accountability to ensure lines of responsibility.

At the same time, policy and action planning documents concerned with child protection, youth justice, the education and health needs of vulnerable children and support to children and families affected by substance use were also produced in addition to National Standards and Joint Inspection frameworks in some of these areas. The Education (Additional Support for Learning) (Scotland) legislation (2004) is a major strand of the many initiatives aimed at improving young people's educational experiences. A working group report on Through Care and Aftercare services for young people in Scotland (2002) led to new regulations and guidance, including a system of 'pathways planning' being instituted to extend local authorities' support to young people beyond sixteen.

In 2005 some strands of the proposed developments were progressed through the consultation document on 'Getting it Right for Every Child', the programme for change which politicians plan to enshrine in the proposed Children's Services (Scotland) Bill. In addition to addressing the integrated services agenda it outlines proposals resulting from the first phase of Children's Hearings Review. Guidance on the first practice tool to be designed as part of this, namely the Child or Young

Person's Plan, has just been issued. In a wider context, the 21st Century Social Work Review resulting in the 'Changing Lives' report (2006b) also focuses on services' performance improvement and the monitoring of improved outcomes for service users.

The review published by the Social Work Inspection Agency 'Extraordinary Lives' (2006a) brings together practice examples and research findings to demonstrate ways in which services for looked after young people can make a positive difference to their future lives. Together with the supporting study 'Celebrating Success' (2006b) which focuses on what young people themselves considered had been particularly helpful for them, some key messages are outlined in relation to the ways in which services might promote the achievement of the goals or outcomes highlighted in the vision statements for young people in Scotland.

THE FOCUS ON OUTCOMES

Clearly, expectations on local authorities and related agencies are high in terms of assisting young people to achieve their full potential and monitoring their progress along the way. What is more complex is finding ways to make the link between intervention effectiveness and positive outcomes, given the inherent difficulties in isolating the effects of the intervention from the many other factors which play their part in influencing young people's circumstances and decision-making. Not only may there be a crucial environmental factor that is not accounted for but the effectiveness of an intervention may change over time, for example, as a result of staff changes (Smith, 2004).

There is an increasing range of books, articles and other texts which focus on both evidence-based practice in social work and research relating to 'what works' in producing a positive impact for families who are subject to social work interventions. There are also a number of organisations whose role is to gather and disseminate information for social workers about interventions whose effectiveness can be evidenced by research. This movement is informed by the belief that professionals have a duty to base their interventions in the lives of their clients on more than intuition or whim (Oakley and Roberts, 1996).

There are however, reservations expressed about the potential to over-emphasize outcome-focused practice, suggesting that it may diminish the importance of process (Sinclair, 1998) and that, if the evidence used to measure outcomes is too narrow, other types of knowledge may be under-valued (Lewis, 1998). Identifying objectives and outcomes for clients is not a straightforward process and the point has been made that social work may often be about enabling the development of potential rather than achieving final states (Cheetham et al, 1992).

While the vast array of information now available offers valuable insights into services which have undergone some form of evaluation, there is usually a note of caution sounded about the extent to which claims for effectiveness can be made. It is acknowledged that no particular intervention will work equally well for all people, in all situations, all of the time. However, if services are evaluated in a systematic way, it

may, at the very least, offer some indications that a particular option is likely to be more, rather than less, effective (McNeish et al, 2002).

The volume 'What Works for Children? Effective Services for Children and Families', edited by McNeish et al (2002) brings together a range of evaluations of services for young people from child protection and family support to residential and leaving care services, run by both local authorities and voluntary agencies. Many of the chapters are valuable in that they offer either an overview of research findings into what make services effective or they suggest ways of looking at and framing how the impact of interventions can be judged. In addition, the book makes some important general points; for example, that it is important for services to recognise what they are unable to do so that resources can be concentrated on what can be done successfully.

RESILIENCE

The concept of resilience, which developed initially from the work of Rutter (1985) is being utilised by an increasing number of practitioners and researchers as a basis on which to approach interventions with young people. A resilience-based approach focuses on helping young people to build a protective network for themselves which can increase the likelihood of more positive outcomes for them (Daniel and Wassell, 2002). It aims to build on and enhance potential areas of strength within the young person themselves and the system around them. At the same time, the intervention can also try to address and minimise the particular risks that have been identified for him or her. Resilience, or the capacity to transcend adversity, could be considered the essential quality which care planning should seek to stimulate as a key outcome of the care offered (Gilligan, 2001).

Those who have developed this resilience approach have identified a range of risk and protective factors and ways in which services might address these with young people. These factors, although generally sharing common features, are framed in a variety of ways by different writers but one definition links the six 'domains of resilience' with the dimensions used in the Looked After Children materials referred to earlier (Daniel and Wassell, 2002). The domains used define young people's needs in terms of a secure base, education, family and peer relationships, social competencies, positive values and talents and interests.

It has been suggested that the presence of positive factors in the lives of young people is not in itself sufficient; resilience is a process by which an individual is able to draw on his or her coping resources whenever this is required in their lives (Gilgun, 2005). A basic tenet of the approach emphasized by some in the field is that young people must not be excessively protected from risk so that they learn how to manage risk in as safe a way as possible (Newman and Blackburn, 2002). This could be seen to be a particular challenge for services for whom child protection is an over-riding feature and striking a balance between this and enabling young people to manage risk is not a straightforward task. It has been noted by young people who have had experience of the 'care system' that they felt they had lost out on their childhood, but not had the opportunity to grow up (Kahan, 1979).

In looking at issues of accountability and systems for measuring outcomes, it is important that the focus remains on building and strengthening the young person's competencies and, while attempting to compensate for past disadvantages, not de-skill them and create unsustainable dependency on services which will eventually need to withdraw. A resilience-based approach compliments the outcome dimensions identified in the new assessment, action planning and review materials, used as part of the Integrated Assessment Framework. It also provides a frame of reference within which particular interventions can be examined in detail to see what they contribute to the young person's progress.

CHAPTER THREE: FINDINGS

THE SOURCE AND NATURE OF THE DATA

A total of 78 case files were examined; information in three of these were incomplete and were excluded from the study. The files were made available from five sources and related to young people from the following age groups:

- Throughcare Support Team: 19 young people all currently aged between 16 and 26, the average age being 19 or 20 years.
- Whitletts Area Social Work Centre: 31 young people, 20 of whom were 18-20 years but 11 of whom were just 14 or 15 years. As eight of these 11 young people had five years or more involvement with social work services they were included in the study.
- Girvan Social Work Team: 16 young people, eight of whom were 16 or over and eight just 14 or 15 years but all with at least five years involvement with social work services.
- Family Centre: five family files were studied, including children with a range of ages from three months to nine years.
- Criminal Justice Team: all over 18 years of age; as information about social work involvement was not comprehensive, it was decided to limit the numbers from this source.

The information available from the files varied considerably, in relation to the amount, the type and the ease with which the chronology of events could be catalogued. The most useful sources were reports written by social workers for Children's Hearings, Looked After Children Review reports and minutes and Core Assessments, such as those written by Youth Justice staff. These offered both factual information and some degree of analysis of young people's difficulties and the impact of past services. There was difficulty however, in some cases, ascertaining whether plans for specific interventions with young people, outlined for the purposes of Hearing and Care Reviews, subsequently took place. Case notes were somewhat patchy and there were fewer assessment reports available in the files than expected. There were a small number of exceptions to this, notably when social workers had undertaken, and recorded, detailed profiles of young people's circumstances and needs, for example by exploring factors such as attachment and loss.

The forms which social workers complete when referring individual young people to meetings such as those of the Youth Offending Resource Group, Joint Assessment Team, Central Monitoring Group and the Youth Housing Support Group were useful for the systematic identification of the range of services available and indications of which services were being considered for a specific young person. The Youth Support Team referral forms currently in use were valuable in that they outlined particular issues and areas of work required with young people and a proposed care and action plan to address these; the Youth Offending Resource Group and Youth Housing Support Group complete a similar form.

On the whole, it was possible to gather a reasonably accurate picture of the services delivered, by piecing together information from the forms, letter copies, case recording and reports available. It is worth noting that while forms which outline work **planned** with young people were clearly well designed and used, there was not generally a similar mechanism available to record whether this took place and over what period of time. An exception, and an example of good practice in this respect, is the standardised form used for the Youth Support Team groupwork programmes which records the progress of young people who attend. This is clearly more straightforward to achieve when the intervention is focussed and time limited which is often not the case with on-going casework

In many cases, due to the lack of explicit recording of the impact of particular services, it was only possible to infer the effectiveness of an intervention, or combination of services, by examining subsequent events. For example, if a young person was receiving social work support on a voluntary basis but then required a statutory Supervision Order, the inference was that informal supports were not sufficiently effective. On occasions, there were comments recorded by personnel from agencies such as the Children's Panel noting that services had worked effectively together and that good teamwork had resulted in positive outcomes for young people.

Where such information was available, any other influencing factors which set the context for interventions, were taken into account. This information was provided, for some of the young people at least, through the interview material. Clearly, in a social work service evaluation of this type, it is only realistically possible to offer indications of effectiveness, given the difficulties inherent in isolating the effects of the intervention from the many other factors which influence the ways in which young people develop, act and make choices.

CHARACTERISTICS OF YOUNG PEOPLE

Referral information

Information collected from case files included the age at which young people were first referred to social work, whether their family was previously known to the service and the reasons for their initial referral. Young people were categorized within four age range groups relating to age of first referral so that comparisons could be made between them in reporting some of the findings. The age groups were five years and under, six to nine years, 10-13 years and 14 years and over; these groups differentiated between young people who were pre-school or in the transition stage to primary school, primary school age, in the transition to high school and the 14 plus group who in itself represented a significant number. The young people whose case files were examined were fairly evenly spread across the age groups, with ages of initial referral as follows:

- Up to five years = 19 young people (13 male/ six female)
- Six – nine years = 17 young people (eight male/ nine female)
- 10-13 years = 17 young people (11 male/ six female)
- 14 years and over = 22 young people (13 male/ nine female)

The family's previous involvement with social work services

Within the age groups relating to first referral there was a notable disparity, in relation to their family's previous involvement with social work services, in the numbers of those young people who were initially referred by the age of five and those referred at 14 years or older:

- Of the five years and younger group, the families of 16 of the 19 had previous involvement;
- Of the six to nine years group, the families of eight of the 17 were previously known and of the 10-13 years old group, this also applied to eight of the 17 families.
- However, of the 14 years and over group, only four of the 22 families had previous social work involvement.

The high proportion of young people referred at an early stage of their lives whose families were previously known is as expected and reflects the fact that children whose families have inter-generational and deep-rooted difficulties are likely to reflect this early in their behaviour, with a consequent referral to social work services. They are also more likely to come under social work scrutiny and surveillance. The two middle age groups are equally balanced between those whose families were or were not previously involved. The reasons for the low number of the 14+ group whose families were previously known becomes clearer when reasons for referral are identified.

Reasons for referral

The identified reasons for initial referral to social work services were obtained from the case files and grouped under the following headings:

- Care and/or behaviour boundary setting issues;
- Parental difficulties, for example mental health issues, substance misuse;
- Significant family relationship problems or domestic violence;
- School-related issues, usually non-attendance or disruptive behaviour;
- Offending or negative profile of peer group in the community;
- Other, for example issues related to sexualised behaviour.

The frequency of reasons for referral according to the four age groups was as follows:

Table 1: Number of young people according to reasons for referral

	Care and/or boundary issues	Parental difficulties	Family relationships	School-related issues	Offending/ Peer group	Other
0-five years (19 yp)	13	13	7	3	/	4
six – nine years (17 yp)	14	13	10	5	/	7
10-13 years (17 yp)	7	10	10	7	3	3
14 + years (22 yp)	7	3	6	18	12	7
Total	41	39	33	33	15	17

These figures show that, for children referred up to the age of nine, concerns about levels of care and an identification of parental difficulties (in most cases mental health and to a lesser extent, substance misuse issues) were the predominant stated reasons for referral. Of the family relationship difficulties which featured significantly for the six – nine years group, there was a significant number, that is nine, or half of the total, relating to domestic abuse or general violence within the family.

For the 10-13 years group, parental difficulties (mental health and substance misuse issues identified with equal frequency) and family relationship problems figured as a significant reason for referral, with school-related issues also becoming more significant. However, for the 14 years and over group parental difficulties are not frequently stated as a reason for referral; boundary setting issues and problematic family relationships feature for one third of the group, offending and negative peer group influences appear for half the group, with the highest proportion relating to school-based issues.

There are a number of ways of interpreting the figures in relation to the young people in the older age group. It may be that their difficulties, which are being reflected in lack of school attendance or disruptive behaviour in school and in a negative profile within the community, are not due as frequently to family-based problems such as parental difficulties or relationships, as the stated referral reasons suggest. The fact that most of this group of young people came from families who were not previously known to the social work service suggests that, if family-based problems did exist

prior to referral, they were not inter-generational ones or were at a level that enabled young people to function without coming to the attention of services at an earlier age. It may be the case that the family had avoided social work attention until the young person had come to the attention of services at a later stage of their lives. Whatever the situation, in relation to presenting referral issues, the initial focus would seem to have shifted to the young person themselves; it may be only as the involvement progresses that underlying issues within the wider family are uncovered.

THE SERVICES AVAILABLE IN SOUTH AYRSHIRE

The study identified that there are a wide range of services available to young people and their families in the area, provided by the local authority, other statutory agencies and national and local voluntary organisations. Some of the services to which young people were referred have since ceased operating. The most frequently used services are briefly described below. They are also listed at Appendix B.

It was not within the scope of this study to examine all the services or their interventions in detail. The way that interventions are delivered is affected by factors such as staff changes and the other young people who are referred. The work of some services was examined in more depth because a representative of their staff was interviewed, the young people interviewed were more familiar with the service or there was more information about the service contained in the case files. These services included both statutory and voluntary agencies, working with a range of age groups.

Statutory and voluntary-based casework

Local authority Children and Families social work teams, based in Area Centres undertake individual casework including assessment, development and monitoring of care plans for children, preventative and group work, reports to Children's Hearings and responsibility and welfare of looked after and accommodated children and all aspects of child protection work. The Youth Justice team has responsibility for casework with those young people who meet the criteria for 'persistent offender' status. The Criminal Justice team broadly assumes responsibility for young people and adults over 18 years who are on probation and subject to other orders relating to offending.

The Throughcare Support team offers individual practical and emotional support to young people in the transition from being looked after or accommodated or who are homeless. The service includes Family Mediation, Literacy work and support with mental health issues provided by a NHS-employed nurse based at the project.

Community-based support for young people and families

The Family Centre in Ayr is run by the local authority and works primarily in a preventative way and in partnership with parents to support families, offer parenting guidance, work on mental health issues and undertake individual, group and

therapeutic work with children and families. Stepping Stones for Families, the national voluntary agency, based at Girvan Family Connections is also available for support to families with younger children. The CHILDREN 1st Directions project supports children aged seven to 12 years who are displaying challenging behaviour and offending; the project also offers structured parenting work with their families.

The Youth Support Team, run by the local authority, is aimed at ‘children in need’ and looked after young people aged between 11 and 17 years; it supports them to remain at home, in the community and in mainstream education and undertakes intensive individual and groupwork with young people and work with families in crisis. Target Leisure in Girvan is managed by social work services and offers extra supports for young people who require them to enable them to become involved in activity and sports facilities.

The Residential Unit for young people at Coylton provides an outreach service for young people and families offering support and guidance, with the aim of preventing young people from becoming accommodated.

Education provision and support

The Care and Learning Team, a development of the Looked After Children team, comprises eight teachers and 3 support assistants who offer intensive help to young people as required in mainstream schools. A joint funded social work and education pilot project (known as the SEED project) works on Personal Education Plans with a number of accommodated young people and encourages the development of rich educational environments in local residential and foster care. For young people who require a local alternative to mainstream school there is the Spark of Genius provision in Irvine, North Ayrshire and the Flexible Curriculum Project based at the Space Place in Prestwick. There is no full-time alternative day provision in South Ayrshire.

A number of residential schools have been used by the local authority to educate and accommodate young people; those most commonly used for boys are Kibble School, Geilsland School and St Philips School and Good Shepherd School for girls. Seafield School and Parkview School were among others used for young people. These schools offer a range of provision in addition to education and social support including psychological services and groupwork related to anger and trauma Management.

Health related services

The Ayrshire and Arran Health Board offers services to the families of young children through the Health Visitor system. For those who are identified as having particular needs there is the Educational Psychology Service and the Child & Adolescent Mental Health Service (CAMHS) who undertake assessments of young people and offer individual therapeutic work where appropriate. A small team of nurses can be called upon to provide a service for looked after and accommodated children (formerly known as the LEAP team).

Residential and foster care provision

There is one residential unit run by the local authority at Coylton by Ayr which can accommodate 11 young people up to the age of 16 years. It also has a semi-independent flat for the use of young people who are moving on to independence. The unit aims to meet young people's physical, emotional and social care needs and works with the young person's wider family through its outreach work.

There are 26 foster care families supervised by the local authority and foster placements provided by independent and voluntary agencies such as NCH CAPS and ISCC, Care Visions, Foster Plus and Radical Solutions are also used. Most of these agencies provide placements which offer intensive support or are considered to be alternatives to secure accommodation.

A number of the young people in the study have been accommodated in a secure setting; those secure establishments most regularly used were Rossie, Kerelaw (now closed) and Kenmure St Mary's.

Housing services and support

The Quarriers Supported Accommodation Project based in Ayr offers individual flats for six young people aged 16-21 years; it provides full-time staff support and its aim is to equip young people with the practical, social and emotional skills to move on to more independent accommodation. The project runs an Outreach service which supports young people once they have moved on. The project works closely with the Throughcare Team as its residents are predominantly ex- accommodated and looked after young people.

South Ayrshire Housing Department offers support and advice services for young people through the Ayrshire Initiatives Scheme, through the support of tenancy workers and the Barnardo's South Ayrshire Families Service.

There is housing provision for young people through the use of supported carers and temporary furnished accommodation which can be accessed via the Youth Housing Support group. If young people are assessed as being able to cope in temporary furnished accommodation they are placed on the waiting list for a permanent tenancy.

Careers and activity-based opportunities

There are a range of organisations to assist young people in gaining skills and opportunities for training and employment including Careers Scotland, the Skills Towards Employment Project (STEP), MAYTAG, Rathbone Community Industry and New Start.

There are organisations which offer volunteering experience and activity-based programmes, some of which offer leadership skill training. They include those run by

the Venture Trust, the Prince's Trust, Columba 1400, the Duke of Edinburgh Award Scheme and Outward Bound.

The council runs a range of leisure facilities, for example activities at the Drop Zone in Girvan, which are frequently used by young people in that area.

Services aimed at addressing offending and substance-use

In addition to the Youth Justice Team the NCH Crossover project, run in partnership with North and South Ayrshire Councils, works in an intensive way with young people aged 14 -17 years old who are 'persistent offenders'. The Anti Social Behaviour Team, run by the Police and Community Safety has a role with young people who are causing concern in the community and works with them to try to avoid the need for a statutory order under Anti Social Behaviour legislation. There are formal protocols which outline co-ordination with social work services.

The CHANGE project works with young people who have issues related to sexualised behaviour. Ayrshire Council on Alcohol and Turning Point (and the Bridge Project, now discontinued) focuses on work which reduces alcohol and other substance use.

Advocacy, befriending and other initiatives

The South Ayrshire Befriending Scheme has been running since 1996 and works with a range of children in need; Barnardo's There4U project is an advocacy project for young people which has recently been established.

CHILDREN 1st Family Group Conferencing service operates in the area and is used from time to time; Barnardo's Scottish Adoption Advice is called upon to undertake specific pieces of work with individual young people. There is also a project which can offer support to Young Carer's.

Youth work initiatives include that run by Barnardo's, plus initiatives at Kincaidston Youth Café, managed by social work services, and the Domain Community Centre; these have strong links with the Youth Support Team.

MULTI-AGENCY WORKING ACROSS SERVICES

The findings of the study indicate that the main services for young people in South Ayrshire, for example social work, education and housing, work together co-operatively, particularly at managerial level, and form a positive basis for both service planning and delivery. There are well-established and clear systems for identifying and co-ordinating the provision of services for individual young people which are reviewed and updated as required. Meetings of key personnel from agencies who provide services take place regularly so that the most appropriate interventions for individual young people can be co-ordinated and resources agreed; this process also assists multi-agency communication at ground level.

Some examples of inter-agency planning groups and meetings at which plans are agreed for individual young people are as follows:

- **Central Monitoring Group:** the joint education and social work services group of staff at managerial level discusses individual young people's support needs and examines annual trends, for example in residential school referrals. This developed from the Care and Learning Strategy Group which worked on the implementation of the Learning with Care Report (2001).
- **Joint Support Teams** (formerly Joint Assessment Team): staff from education, social work services and other agencies who work directly with young people meet regularly in each high school, have links with the CMG, and plan joint work for identified young people.
- **Youth Offending Resource Group:** the role of this group, which involves staff from involved agencies, is to agree intervention plans with individual young people and look at youth offending trends.
- **Youth Housing Support Group:** this group, which has been established for 11 years, involves staff from social work services, the housing department and Quarriers Accommodation Project and discusses individual support plans for young people and monitors housing allocations; it also works on joint service planning and protocol development. It is regarded as a good practice model by other authorities.

In addition, there are other fora which involve representatives from across the agencies and at which plans for young people are decided and reviewed, such as Looked After Children Reviews, co-ordinated and chaired by an Independent Officer. There are also single agency monitoring groups such as the social work services Placement and Resources Authorisation Group (formerly Screening Resource Group).

Interviews conducted with key staff from social work services and partnership agencies confirmed that communication between the main agencies was good and formed a strong basis for joint developmental and planning work. It was thought there was a shared aim of working in an integrated way with an agenda for improving services. Interviewees felt that there was a shared ethos in the approach to work with young people, who are considered to be 'children in need'. It was considered, however, that there was some room for further development in ensuring the delivery of effective interventions for young people.

Some staff expressed the view that policy should be more strategically driven and that the rather flat management structure of the social work service as it stood did not lend itself to policy planning, with its chief focus being on managing the service. This was considered to have a knock-on effect in relation to direct work with young people; some concerns were expressed that inadequate lines of communication about care planning for individual young people led to a danger of duplication of work. For example it was felt that there was an overlap of interventions with certain groups of young people, such as those who had a high negative profile in the community, and that resources could be more effectively targeted.

All staff interviewed expressed the view that relationships across services locally were positive and strong and that these could be built upon to develop services in a way that made the young person the central focus of the work.

'There are good pieces of partnership working being developed but they need to be thought through. Sometimes workers are doing the same things and it's hard for staff, and also young people, to see how it all fits together and who will do what. We need to start with the young person and maybe work on changing one thing at a time; assess, implement and evaluate.

Professional staff member.

Most of the staff interviewed, from both social work services and partnership agencies, saw the main strength of the work with young people being in the positive relationships they were able to build with them; staff were seen as caring and committed and prepared to 'go the extra mile'. There was a view that young people were given opportunities to participate fully in meetings at which plans were made for them and give their views about services. Furthermore, it was felt that staff were valued by the authority and this made for a generally positive working environment. Interventions with young people were often very creative and ways of solving problems were inventive and made use of local community resources.

Some concern was expressed about the frequency with which residential schools were used for young people and the difficulties which ensued in equipping young people for their move back to the community. Support was expressed for new plans in place for independence training at one school at least- Kibble School. It was felt that more community-based resources needed to be developed including more locally-based foster placements. The wider issue of how to more effectively support young people during the transition period from being looked after or accommodated was clearly one which interested most of the staff interviewed; the recruitment and use of supported carers was seen as a potential development.

The main gaps in services which were identified by staff were in the area of mental health; it was considered that the services which existed in this area needed to be more accessible and flexible, especially given the number and needs of young people for whom this was an area of concern. The suggestion was made that there needed to be a team of community-based mental health nurses, with a similar role to the one based at the Throughcare Support Team, but for younger children. Two interviewees felt that the former system when young people spent a six week period at an Assessment Centre where psychiatric assessments were available had been effective. A further gap in services identified was that of parenting work for families of primary school age children and teenagers.

MODELS OF SERVICES

The case file examination clearly revealed that the services and interventions made available to young people were all different in some respects for each individual. Young people became involved with services at different ages and remained involved for differing lengths of time, in relation to both specific services and their overall involvement. They also experienced varied combinations of services, sometimes delivered in different ways, for example in terms of frequency and nature of contact or in relation to the individual staff involved. Essentially, mapping out typical pathways

through services is not a straightforward task and risks over-simplifying the ways in which any one individual experienced his or her social work involvement. Previous research studies which have attempted to map pathways through services have encountered similar challenges (for example, Walker et al, 2006).

By dividing the case file information about young people into the four age groups previously identified and detailing the chronological order of interventions it was possible to map some patterns in the way services were offered, although there were no models that could be described as typical. In some instances, young people were maintained within the community with varying degrees of support; in others, family circumstances were such that an alternative living situation became necessary at either an earlier or later stage. Some young people had very specific difficulties which required a particularly focussed intervention. It was only possible to offer the following as examples of pathways through services, although with some variations, such as the age at which interventions occurred, they apply to more than one young person:

<p><u>The five and under age group</u></p> <p>Pathway A</p> <p><i>two years old:</i> social work casework (Supervision Order) ></p> <p>Young person accommodated in temporary foster care for short periods but mainly at home ></p> <p><i>9 years old:</i> practical supports in home such as intensive home help></p> <p><i>11 years old:</i> accommodated in local children's unit & Youth Support & Target Leisure ></p> <p><i>13 years old:</i> Home 5 days per week with Outreach & school support ></p> <p><i>15 years old:</i> referral to Through-care & Careers service.</p>	<p>Pathway B</p> <p><i>five years old:</i> social work casework (voluntary basis) & Family Centre ></p> <p><i>six years old:</i> Supervision Order & Educational Psychology ></p> <p><i>nine years old:</i> Accommodated locally ></p> <p><i>13 years old:</i> Residential school (s) ></p> <p><i>14 years old:</i> Youth support (when back in community) ></p> <p><i>16 years old:</i> Throughcare supports including STEP & accommodation at Quarriers</p>
<p>The Pathway A model of service provision enabled the young person to remain in the community, either at home or accommodated locally; there were few examples of young people who remained at home throughout their childhood and youth. Pathway B, with some variations of it, particularly in relation to the age of being accommodated or referral to residential school, was more usual.</p>	

<p><u>The six to nine years age group</u></p> <p>Pathway C</p> <p><i>seven years old:</i> social work casework (voluntary basis) ></p> <p><i>eight years old:</i> social work run groupwork ></p> <p><i>nine years old:</i> Family Centre ></p> <p><i>11 years old:</i> Supervision Order & Foster care (various carers until 16 years old and beyond) ></p> <p><i>16 years old:</i> Throughcare support</p>	<p>Pathway D</p> <p><i>seven years old:</i> social work casework (Supervision Order) ></p> <p><i>eight years old:</i> Youth Support team ></p> <p><i>10 years old:</i> Target Leisure ></p> <p><i>13 years old:</i> Residential school ></p> <p><i>16 years old:</i> Throughcare Support, & STEP & college course supported tenancy</p>
<p>Two thirds of the young people in this group followed a model of service provision which enabled them to remain in the community - Pathway C is an example of one young person for whom foster care was provided. Pathway D is an example of a young person from the Girvan area for whom residential care became necessary.</p>	

<p><u>The 10 – 13 years age group.</u></p> <p>Pathway E</p> <p><i>10 years old:</i> Social work casework (voluntary basis) ></p> <p><i>13 years old:</i> Supervision Order ></p> <p><i>14 years old:</i> Children’s Hearing Project & Youth Justice ></p> <p><i>16 years old:</i> Throughcare supports & Ayrshire Council on Alcohol.</p>	<p>Pathway F</p> <p><i>10 years old:</i> Social work casework & Youth Support ></p> <p><i>13 years old:</i> Supervision Order ></p> <p><i>14 years old:</i> Increase in Youth Support ></p> <p><i>15 years old:</i> NCH Crossover project & then residential school ></p> <p><i>16 years old:</i> Throughcare supports & Family Mediation</p>
<p>There were equal numbers in this group who followed the model of service provision which enabled them to remain in the community (as in Pathway E) and who went to residential school (as in Pathway F).</p>	

<p><u>The 14 years and over age group</u></p> <p>Pathway G</p> <p><i>14 years old:</i> Social work casework (voluntary basis) ></p> <p><i>15 years old:</i> Supervision Order & Children’s Hearing Project ></p> <p><i>16 years old:</i> Youth Justice Team & Throughcare Support, STEP & New Start</p>	<p>Pathway H</p> <p><i>14 years old:</i> Social work (Supervision Order) ></p> <p><i>15 years old:</i> Residential School ></p> <p><i>16 years old:</i> Throughcare supports & STEP</p> <p><i>17 years old:</i> Supported carers ></p> <p><i>18 years old:</i> Quarriers Outreach & Careers Scotland</p>
<p>All except four of the young people in this group (22 in all) followed a model of service provision which enabled them to remain in the community, an example of which is Pathway G. The four young people who followed a model of intervention such as Pathway H, which included residential school, were all male.</p>	

Given the complexities involved in mapping meaningful models of service provision it was clear that a more useful approach was to look at examples of pathways through interventions which have produced positive outcomes and those which have not and ascertain any common factors which indicate the reasons for this.

A large proportion of the young people whose case files were studied were involved with social work services on an ongoing basis which meant that, in general, the length of overall involvement with the service related directly to the age at which they were referred. Only eight of those young people who had reached the age of sixteen ceased contact with social work services at or before sixteen; of these, five had been referred at 13 or 14 years and the other three at seven, 10 and 11 years. Clearly, the younger the age at which these young people were initially referred, the longer they were likely to be involved with the services. It would be necessary to review the circumstances of more of these young people beyond the age of 21 years to ascertain whether some of them required the support of Throughcare services for a shorter period of time than others.

CHANGES OF SOCIAL WORKER

Information from the case files enabled collation of the numbers of social workers to whom each young person had been allocated over the course of their social work involvement. In general, this shows that there were reasonably consistent relationships formed; detailed figures are given in the table overleaf:

Table 2: Numbers of young people by allocated social worker

Length of social work involvement	1- 2 social workers	3- 4 social workers	5- 6 social workers	More than 6 social workers
Up to five years	18	6	0	0
6 -10 years	6	13	4	2
Over 10 years	5	5	2	2

n.b. Information for five young people was unknown.

There was not sufficient information in the files to reach reliable conclusions about the quality of these relationships although the comments from the interviews with young people on this subject represent what is likely to be a range of experiences.

YOUNG PEOPLE’S EXPERIENCES OF SERVICES

The interviews with young people offered a valuable opportunity to discuss which of the services they had experienced as helpful, or unhelpful, to them. The semi-structured interview schedule comprised four main areas: young people’s experience of the social work service itself, their experience of other services, their involvement with Throughcare services, if appropriate, and other supports in their lives, their achievements and aspirations. The interview schedule can be found at Appendix C.

A key strand of the study was to hear the views of young people and this section will focus on this. Some of the interview material also informs findings presented later in the study which relate to outcomes and the link between services and outcomes.

Young people’s experience of the social work service

The young people interviewed were aged between 13 and 22 and represented a spread in relation to the age at which they had initially been referred to the service. Approximately a third of the young people had been involved with social work services over a number of years, some since they were under five years old; most of them had had no more than four social workers overall, although two of them had had as many as six. Their general experience of social work was mixed – more young people considered it a good support or influence over their lives than those who considered it a negative one, but the majority of young people thought it had been ‘good and bad’ and were able to describe the ways in which it had helped, but had also been a difficult experience.

'They got me a better education, definitely. They got me back to school when I wasn't going. And they did help my relationship with my mum and dad. But it just didn't feel good to have one (a social worker); going to panels made you feel anxious. It was like they ran your life and made decisions you didn't like.

Young man, aged 17 years.

Other points made by the young people about social workers included the following:

Positive aspects

- they gave you opportunities to do things like the Venture Trust;
- they helped sort out problems with school;
- you could tell your social worker something you couldn't tell your mum and your social worker could pass it on to your mum and act as a mediator;
- they tried to get you on the right path;
- they did their best with you and it wasn't their fault that sometimes nothing could make a difference;
- they wrote positive things about you for Panel reports and were on your side.

Negative aspects

- they were not there when you needed them but they were when you didn't;
- they were often late and unreliable;
- they came to get information for reports but didn't really listen;
- their theories about why people do things are not always right;
- they had pre-set plans for you and you couldn't influence decisions;
- they bribed you with going to McDonald's but it didn't work.

Most of the young people had a fairly clear idea of why social workers became involved in their lives; even if this was hard to understand when they were very young, it was explained to them as they became older. Young people had clear views about whether social workers listened to them and this was very important to them.

'My social worker didn't really listen to me. It wasn't a time thing, she had the time; it was just that she didn't know how to get on with me, to speak to me and get me to speak to her'.

Young woman, aged 17 years.

Most of the young people had difficulty in identifying how social work as a service might have done things differently for them – some suggesting that it was mainly down to them as individuals to make the real difference. However, two of them made the same point about one approach adopted by their social workers which had helped.

'There was one who made a difference because she was trying to build up my family by giving us supports, not just being negative and knocking it all down'.

Young man, aged 18 years.

Many of the young people were more forthcoming about how social workers could work more effectively with them and most were able to describe ways in which one particular social worker had been different to the others and, as a result, had made a difference to them. The key messages were that the social workers who were seen as effective were able to listen, to understand and not judge, and were honest and open with young people about what was going on and what might happen to them.

'If you've had a bad experience with a social worker early on you stop taking them seriously. The best ones tell you straight out and don't beat about the bush. They are honest with you, straight like; they explain things to you better'.

Young man, aged 17 years.

Some of the young people recognised that, because of difficult family circumstances, hard decisions had to be taken, which they did not always like or agree with. They were generally very realistic about what social work services were able to achieve, but sometimes felt that more practical help for their parents or a less negative approach would have been helpful. Some of the young people who were critical of social workers also made the point that if it wasn't for social workers they 'would be in the jail or on the street now' so were aware that there had been benefits for them.

General points

Young people made a number of comments in relation to how some services were organised and about changes of staff.

'For a while I had about four different workers for four different things. I felt like I was seeing them every day and I didn't know what they were all for'.

Young man, aged 17 years.

'When your social worker changes, you have to start telling them about yourself all over again and trusting them like. You don't want to get to know them if they're just going to leave – it puts you off'.

Young woman, aged 17 years.

Young people's experience of other services

School (mainstream and residential)

Very few young people reported a positive experience of mainstream school, which was described as 'boring' and 'strict'. When asked how it could have been different, one or two suggested that they would have achieved more if they could have concentrated on the subjects that interested them. Young people also described being made to feel 'different' and 'labelled'; they felt that too much was known about their personal lives. It was felt that once they were in with 'a bad crowd' there was little to be gained from school.

Most of the young people who had experienced education within residential school reported this in a much more positive way describing it as 'interesting' and 'fun'. Small classes were seen as helpful and young people said they 'knew where you stood' with residential staff, who were described as 'showing you some respect'. Young people said they had 'plenty of time to bond with staff', which they clearly appreciated. However, one young person was very dismissive of the residential school he attended and described the education as 'boring, too simple, a joke'.

Community-based support services:

Some of the young people interviewed had attended The Family Centre and while some described it as 'alright' others were more effusive and saw it as 'brilliant, especially some of the staff'. The staff at the Youth Support Team were also generally highly praised and described as 'fantastic' and 'helping you bigtime'. One or two young people described it as only 'okay' and one felt it 'didn't really make a difference' to him, but most appreciated being able to talk to other young people and take part in activities with staff.

'The staff don't just bore you talking to you in a room for half an hour, like social workers do. While you're doing things with them, you can have a good talk, a decent conversation and they treat you like an adult'.

Young man, aged 16 years.

Target Leisure was also praised and described as 'good for making friends'. Two young people had been referred to NCH Crossover Project but reported not having attended very much; one had attended the Fast Track Project, prior to it becoming the Youth Justice Team, but felt that it didn't make much difference to him and that 'talking about things was not enough'.

In relation to help and advice with substance misuse, one young person's experience of the Bridge Project was that 'the others were all too old' and when it comes to drinking alcohol less 'you have to come to the decision for yourself'.

Residential care and post-care accommodation

Young people's experiences of the local residential unit were mixed, with some of them reporting good relationships with staff who 'encouraged you' and others feeling that the staff were 'too soft'. Some felt the experience of living in it depended very

much on the other residents and one young person reported that his time there had a very negative effect.

'My life really went downhill there; I couldn't take life in care and ended up more out of control. There were more influences to go out and do stuff I shouldn't. I couldn't even think – I'd better not do that because it'll hurt my mum; they were just staff and they didn't really bother'.

Young man, aged 19 years.

The experience of living at the Quarriers Supported Accommodation project also varied. For some young people both the project and Outreach staff were 'the best' and 'a big support'; others considered that the staff had been less helpful to them.

Health and well-being services

Young people did not place much value on the help offered by psychological and psychiatric services, mainly because they felt they were being labelled as 'mad' and didn't understand the reasons for the questions they were being asked. One or two of the young people described walking out or going once, but not returning. However, the service offered by the Throughcare Support team-based nurse was very highly regarded, as young people felt they could 'really talk to her'.

Employment, training and activity programmes

In general the young people interviewed felt that they were 'not ready' for employment or the commitment of college and that there was 'no financial incentive' to work. A small number had a very strong work ethic and felt they had gained a great deal from programmes such as Skillseekers, especially when it led to permanent employment.

In contrast, all those who had taken part in a programme such as the Venture Trust or Columba 1400 spoke about it with great enthusiasm and felt that they had learnt a great deal in terms of 'new experiences', 'new skills' and having 'achieved something'.

Young people's experience of Throughcare supports

The young people who were interviewed who had been, or were still, involved with the Throughcare Support team were, almost without exception, very positive about the help and support they received from staff. They described the practical help that was available and the fact that doing practical tasks together helped form a good relationship with staff. The summer activity-based programme also assisted this.

The young people found staff approachable and most of them felt able to discuss personal problems with them. They described the attitude of the staff as good, articulated by one as 'not high and mighty, but with authority, and realistic about me'.

Staff were easy to contact, spent time with them and there was a feeling of being welcome when visiting the office.

Many of the young people reported that they felt they had a different relationship with their Throughcare worker than with their previous social workers. However, they were able to articulate a clear understanding of the difference in role, acknowledging that Throughcare workers did not have to make unpopular decisions for them and were there more to help with the young person's own decision making. They recognised that they had a choice about how much contact they had with staff.

Almost all the young people expressed the view that without Throughcare staff to help them sort out financial matters and negotiate with other agencies, they would have many more difficulties. One young person felt that the supports offered had not made a significant difference and it was up to him to make his own choices; another young person made the point that staff were sometimes too soft and that, although it would be harder for young people, they should sometimes say no to requests (for example, for money) as it was easy to become too dependent.

'Throughcare has been really good. My worker understands me and I can talk to him easily. They do more stuff with you – like practical things. I think they should get an award for all the work they do with us'.

Young man, aged 18 years.

Other support; young people's achievements and aspirations

Young people were asked who else had been a support to them in their lives and who might have offered them help if social workers had not existed. Most of them cited family members, sometimes extended family such as grandparents. Individual teachers were mentioned as having been a help by three young people and foster carers, Quarriers staff and a Tenancy Support worker were also indicated. Friends were seen as helpful by just a few young people; one young person said his friends just led him astray and another commented that 'my pals can't help themselves, let alone me'.

All the young people were able to identify achievements in their lives, or an experience which stood out in their minds or made them feel good about themselves, some of which had come about through their involvement with social work services and other agencies, and some not. These include activity-based experiences such as sailing, cycling around Cumbrae, musical accomplishments and school-related achievements such as winning an award or gaining Standard Grades. Young people clearly valued these experiences which had made them feel respected and increased their confidence. Other young people mentioned having more friends now, getting on

better with family members, having a boy or girlfriend. One young person said that having more self-confidence was important to her; another that not being depressed was what he valued most. For another young person, staying out of trouble was a real achievement and for another earning money and being able to pay bills was important. Most of the young people considered that having a flat of their own to live in was the best achievement of all.

The young people generally had very reasonable goals with owning a flat or house and having a decent job being high on the list. One young person also wanted to start a company and be his own boss. Going to college, drinking less, being able to drive and having a child were also mentioned. Young people wanted to have enough money to live on and one wanted to be able to also save money. One young person just wanted to see more of her brothers, one wanted to leave the area and three reported that they wanted to 'get away from social work' but all felt that they weren't quite ready for this yet.

OUTCOMES FOR YOUNG PEOPLE

Framework of Outcomes

A number of sources were used to devise a framework within which overall outcomes for young people could be measured. The basis is the vision statement developed by the Scottish Executive as outlined in *Getting it Right for Every Child* (2005) which aspires to all young people being safe, nurtured, healthy, achieving, active, respected and responsible and included. These goals translate into dimensions which fit broadly into the following areas of work with young people:

- living situation
- family and social relationships
- physical and psychological health
- education and employment
- social (and anti-social) behaviour
- social inclusion

The particular categories above are those used by the Dartington Research Unit in their Common Language Practice Tools which aim to measure needs, services and outcomes for looked after and accommodated children, but they are broadly similar to a number of other frameworks. The outcomes framework developed for this study adapts the one outlined above and incorporates the nine dimensions, or goals, which Stein (1997) identifies for ex-accommodated young people.

These dimensions are also reflected in the categories used to set out Assessment and Action Planning in the review materials for Looked After and Accommodated children; it is also developed further by the Assessment Triangle utilised in the new Integrated Assessment Framework which details 21 factors around which assessment and planning work with families should be focussed.

The six following dimensions were used by the research study as broad categories within which to assess outcomes:

- **Living situation:**
Outcome - having safe and stable accommodation;
- **Family & social relationships:**
Outcome – having a supportive social network;
- **Physical & psychological health:**
Outcome – good physical and mental health;
- **Education & employment:**
Outcome - progress towards educational and/or career goals;
- **Social & anti-social behaviour:**
Outcome – attainment of life skills, reduction in offending and/or substance use.
- **Inclusion:**
Outcome- overcoming barriers to achieve own self-esteem indicators.

These were later developed in order to look in more detail at the work undertaken with young people by different services. Within each dimension it was useful to develop indicators which outlined more specific goals and outcomes and how progress towards these goals could be assessed in relation to the work of particular services. It was also possible to link this with another approach, which explored the extent to which risk factors could be reduced and protective factors might be enhanced, thereby strengthening a young person's resilience and ability to cope with adversity. These factors were set in the context of each of the six dimensions, the framework for which appears later in the findings on page 39 and in a combined diagrammatic form in Appendix D.

Measuring outcomes

There are a number of general issues involved in considering how best to measure outcomes; a fundamental one is deciding when an outcome can be said to have been reached, given that young people's progress is often not a linear process but often involves two steps forward, one step back or even one step forward, two steps back. The majority of young people whose case files were examined had attained the age of 16 years old, many were over 18 years old and almost all had had at least five years involvement with social work services. As a consequence, outcomes in this context can only be meaningfully defined in terms of outcomes to date, or as being indications of likely outcomes given the evidence of progress thus far. The five Family Centre files were excluded from the statistical findings on outcomes for young people as they focused on family-based interventions and will be considered separately.

Outcomes were scored within each of the dimensions using a points system. Points were awarded in the following way: four points for positive progress, three points for medium to good progress, two points for medium to poor progress and one point for no, or only negligible, progress. The factual information contained in files and discussions with professional staff enabled subjective judgements by the researcher to be kept to a minimum. Some discretion was used in relation to assessing outcomes within the context of young people's individual circumstances and in some instances defining success in terms of reduction or non-escalation of difficulties. Weightings were not given to particular types of issues; attempting to do this would be complex as

numerous variables would need to be taken into account, such as levels of difficulty or psychological factors such as young people’s individual coping abilities.

Overall outcomes, by age of first referral, were obtained by combining all the scores across the dimensions with the exception of the sixth, which related primarily to self-defined esteem factors. The inclusion of this dimension was problematic, partly because information on this area was only available for some young people. The young people who were interviewed were asked about self-esteem factors, described to them as achievements or ‘things they had done or were doing that they felt good about’; information about this was available for some of the other young people from reports contained in case files. This dimension will be considered in a different way.

Table 3: Numbers of young people by outcome and age of initial referral:

Age of first referral	Positive outcomes	Medium > positive	Medium > poor	Poor Outcomes
5 years and under (16 young people)	4 (25%)	3 (19%)	4 (25%)	5 (31%)
6-9 years (15 young people)	4 (27%)	4 (27%)	6 (38%)	1 (8%)
10-13 years (17 young people)	5 (29%)	3 (18%)	4 (25%)	5 (28%)
14 years and over (22 young people)	12 (55%)	4 (17%)	5 (23%)	1 (5%)
Total = 70	25	14	19	12

NB The percentages refer to the number of young people within that age group.

These figures indicate that of the young people who were initially referred to social work services prior to 14 years of age, an approximately equal number achieved positive (or medium to positive) outcomes as achieved poor (or medium to poor) ones, whereas almost three quarters of those referred at 14 years or older achieved positive (or medium to positive) ones. Given the extent of the difficulties the younger age groups are reported to have had, this rate of success would seem to be a reasonable one. The generally even distribution of outcomes (with the exception of the 14+ age group) gives the study more scope to explore the link between outcomes and services, particularly in relation to the initial referral age groups. The indications are that it is possible for young people referred at an early age and whose difficulties require lengthy social work involvement to achieve positive outcomes.

General outcomes information, indicating within which dimensions young people as a group had more success, was also explored:

Table 4: Numbers of young people by outcome dimension and type of outcome

Outcome dimension	Positive outcomes	Medium > positive	Medium > poor	Poor Outcomes
Living situation	34 (48%)	23 (33%)	7 (10%)	6 (9%)
Family & social relationships	20 (29%)	25 (35%)	20 (29%)	5 (7%)
Physical / mental health	7 (10%)	27 (39%)	28 (40%)	8 (11%)
Education/ employment	8 (12%)	29 (41%)	19 (27%)	14 (20%)
Social & anti-social behaviour	14 (20%)	25 (36%)	21 (30%)	10 (14%)
<i>NB The percentages refer to the total number of young people = 70.</i>				

These figures indicate that 80% of young people achieve positive (or medium to positive) outcomes in relation to their living situation which suggests that provision of stable accommodation is an area in which services are relatively successful. In addition, almost 65% or two thirds of young people have a positive (or medium to positive) outcome in the dimension of family and social relationships, which may be an area that services work hard to promote.

In relation to the other three dimensions, outcomes were approximately equally divided between positive (or medium to positive) and poor (or medium to poor). These would seem to be the areas which might require further development in terms of service provision for young people.

The general outcomes presented above can be explored in more detail in relation to the initial referral age groups. While some young people across each age group have positive or poor outcomes recorded within all dimensions, with others patterns emerge in relation to positive or poor outcomes.

Young people referred before and up to the age of five

The young people for whom generally *positive outcomes* were recorded were most often identified as doing well in relation to living situation, family and social relationships and social behaviour.

The young people for whom generally *poor outcomes* were recorded were not doing well in relation to family and social relationships, health and social behaviour.

Young people referred between six and nine years

The young people for whom generally *positive outcomes* were recorded on the whole fared well in relation to their living situation, education and employment and social behaviour.

Most of the young people from this group for whom generally *poor outcomes* were recorded were not doing well in relation to health or education and employment.

Young people referred between 10 and 13 years

The young people for whom generally *positive outcomes* were recorded in many instances had a stable living situation and success in relation to family and social relationships.

The young people in this group who recorded generally *poor outcomes* were almost all faring badly in most of the dimensions across the range.

Young people referred at 14 years of age and older

The young people who recorded generally *positive outcomes* mainly fared well across all dimensions with their living situation and family and social relationships being the areas in which they were strongest.

Those from this group who recorded generally *poor outcomes* were mostly faring relatively badly in all areas except health.

Self esteem factors

The self-esteem factors which young people identified for themselves or which were referred to in reports in the case files were varied, but can be categorized within five main groups as follows: relationships, opportunities, activities, awards and choices.

Relationships: some young people gained a feeling of achievement from having formed good relationships with a particular professional worker, for example a residential worker or with a foster carer or supported carer. Having improved relationships with family members, especially where these had been difficult also featured, as did having more friends, having a boy/girlfriend or partner or having a child, even if the child was not resident with them.

Opportunities: young people clearly gained a sense of self-esteem from taking up opportunities which were outside their usual experiences. Examples of this were Outward Bound courses, voluntary work and learning skills such as Peer Education and Mentoring.

Activities: some young people felt positive about their achievements in activities such as sport, cadets and musical performance, such as singing.

Awards: gaining an award or certificate was something young people saw as an important achievement. Those mentioned included those attained at school, ranging

from Progress awards to Standard Grade certificates and awards for activity courses and training such as Trainee of the Month.

Choices: young people were understandably proud of the fact that they had made difficult life choices or persevered with a goal which required personal application, for example in completing a college course, holding down a job, desisting from offending or reducing alcohol and substance use.

Other outcome measures

Information was recorded for each young person as to the nature of their involvement with social work services, that is whether it took place on a voluntary basis, by way of a Supervision Order, by being accommodated or through a Secure Order. This can be regarded as representing four tiers of involvement, that is (a) informal (b) statutory (looked after by way of a Supervision Order if living at home) (c) looked after and accommodated or (d) placed under a Secure Order. In some instances, young people move back and forth across these tiers, notably when returning to the community from residential care. However, this framework does give indications of the extent to which statutory measures were required.

Table 5: Number of young people by age of first referral and nature of social work intervention

Age of first referral	Voluntary or informal	Supervision Order	Accommodated	Secure Order
5 years and under (16 young people)	2 (13%)	1 (6%)	10 (63%)	3 (18%)
6-9 years (15 young people)	2 (14%)	2 (14%)	10 (66%)	1 (6%)
10-13 years (17 young people)	3 (18%)	4 (24%)	9 (52%)	1 (6%)
14 years and over (22 young people)	5 (23%)	9 (41%)	7 (32%)	1 (4%)
Total = 70	12	16	36	6

NB: The percentages refer to the number of young people in that age group.

This indicates that young people referred before the age of nine were likely to become accommodated before the age of 16 years, with the likelihood of this reducing for those referred after the age of 10 years. Those referred at 14 years or older had twice as much chance of remaining involved on a voluntary basis or under a Supervision

Order, however the numbers who were placed on a Supervision Order or who were accommodated is relatively high.

Most young people referred at an early age continued to be involved with social work services for a number of years and it is notable that four of these young people remained involved on a voluntary basis.

The number of young people who remained in the local community, whether at home or accommodated, or who were at some stage placed in residential care or in secure accommodation or Young Offenders Institution is outlined below:

Table 6: Number of young people by age of first referral and type of placement

Age of first referral	Community based	Residential school placement	Secure or YOI placement
5 years and under (16 young people)	7 (43%)	5 (31%)	4 (26%)
6-9 years (15 young people)	9 (60%)	4 (26%)	2 (14%)
10-13 years (17 young people)	9 (52%)	4 (24%)	4 (24%)
14 years and over (22 young people)	18 (82%)	2 (9%)	2 (9%)
Total = 70	43	15	12

NB: The percentages refer to the number of young people in that age group.

Clearly there are noticeable differences across the age groups, the most marked being that a large percentage of young people referred at 14 years or over were maintained within the community. The overall number of young people who stayed in the community was proportionately much larger than those who were placed in residential schools or secure accommodation. Few differences were recorded across the age range 0 – 13 in relation to the three types of provision.

While it is generally desirable that young people should be supported to remain in their local community, there is no suggestion residential school placement is a negative outcome in itself. Indeed the indications were that some young people who were placed in residential schools benefited from this type of provision and were recorded as having positive long-term outcomes.

FILES ACCESSED THROUGH THE FAMILY CENTRE

Information from the files of the five families who were involved in work at the Family Centre and which was included in the study was recorded in a different way. Progress rather than outcomes were noted, given the early stage of the work with most of the families. Clearly longer term outcomes could only be assessed at a later stage of the children's lives.

The families whose case files were examined were referred to the Family Centre for a number of different reasons but common to all was the impact on the family of maternal mental health issues, in most cases including serious depression. In the case of three of the families, there were problems with the mother/child relationship which were characterised by failure to bond or anger by the mother towards the child. Within one family, there were concerns that children were being exposed to domestic violence and that a primary school age child was effectively caring for two younger siblings. Two of the families had at least one parent who was a serious drug user. All the families consisted of two or three children with ages ranging from babies of a few months old to a child of nine years old; two of the older children of one family were being cared for outwith the family.

The families had been referred to the Family Centre by a range of agencies including other parts of the social work service, namely the local Area Centre Children and Families team, the Health Visitor service, schools and nurseries and by the Police. Two of the families had earlier longstanding involvement with social work services. Close partnership working with a range of other support agencies were a feature of the work with all the families; these included health-based services including health visitors and Community Psychiatric Nurses, Housing Support workers, staff from Turning Point if substance use was indicated and educational support for older children of the family. Two of the families also had valuable support from extended family members.

The Family Centre was able to offer a range of interventions in the form of individual and group work, which to a large extent could be tailored to the needs of individual families. Work was undertaken with parents, children and with families together. The interventions offered including a groupwork programme for mothers known as the Post Natal Depression group, which included relaxation and Art Therapy. This was also offered to two of the mothers on an individual basis, as groupwork was not manageable for them. Other therapies were also used on an individual basis; these included the services of a therapist from the Mindfields organisation. Older children participated in groupwork and Play and Art Therapy. For those families who required attachment and bonding work, Video Interactive Guidance techniques were employed in addition to therapeutic interventions such as Positive Touch Therapy. One family required a period of intensive support which included Family Centre staff staying overnight in the home.

Four of the five families had been involved with the Family Centre over a two year period and the other over a period of seven months; progress was tracked by review reports and case recording which were available in the files. Of the families who had been involved for two years, two were considered to have made progress in relation to bonding and mother/child relationships. One of the mothers had started to confront

deep-seated issues from her childhood and was gaining trust in staff and building on her parenting strengths; the other family was experiencing some fluctuations in one of the children's relationship with the mother and behaviour at school. The two other families who had been involved with the Centre for two years and for whom substance use was an issue were fairly stable in this respect and caring well for their children; one continued to need very careful monitoring and the risks were still considered to be high. Individual work had been established with the family who had been involved for seven months but engagement had been erratic of late and it was somewhat early to assess whether interventions might be effective.

THE IMPACT OF SERVICES ON OUTCOMES

Risk and protective factors

It was useful to explore the impact of services on both immediate and longer term outcomes for young people by reference to the risk and protective factors using the following framework:

<u>Goals & Outcomes Framework</u>		
	Risks	Enhance protective factors by:
Living Situation Goal: Stable accommodation	Lack of secure base	Provision of & support to maintain accommodation.
Family & social relationships Goal: Social networks and support	Social isolation & absence of social networks	Promotion of positive role models & relationships and communication skills.
Physical and psychological health Goal: good health, identity and coping skills	Attachment issues; loss/bereavement; low self-esteem & self-efficacy; identity issues.	Health promotion and emotional development; provision of opportunities for developing sense of self-efficacy & identity.
Education and Employment Goal: positive educational experience, opportunities and career path	Non-school attendance & disruption; lack of opportunities for wider learning & activities.	Provision of needs-led education; opportunities to learn skills, for problem solving/taking responsibility, contributing / feeling valued
Social and anti-social Behaviour Goal: life skills & absence of substance use/ offending	Social isolation; offending & substance misuse.	Provision of social networks & alternatives to offending and risk-taking behaviour.

Outcomes result from the young person's individual circumstances, his or her particular needs and strengths and how services were able to impact on these. Risk

and other influencing factors within the family, community and their own personal experience are unique for each young person. However, different services have particular aims or ways of working which boost young people's protective factors and resilience, especially if their interventions are able to focus on individual needs.

Positive outcomes – what made a difference?

The information available for young people for whom positive outcomes had been recorded were examined in detail in order to ascertain whether particular services or features of services had an impact on their outcomes. Particular attention was paid to those who were referred under the age of ten, as in general they were in receipt of the widest range of services and the indications are that they had the most complex difficulties to surmount. The services provided to those referred within the older age groups who achieved positive outcomes are also outlined. Once again, it is important to stress that it is only possible to offer indications of the impact of services as their influence on young people will be governed by the wider context of each young person's life and factors from within this which are difficult to measure.

Additionally, services will have changed or developed over the years and many of the young people in this study would have experienced them in different ways. A case in point is the Family Centre which currently offers intensive and therapeutic work with families who, in many cases, have complex difficulties; however its focus has changed at different stages of its lifecycle and the impact of its work on some of the young people in the study would be based on interventions delivered several years ago. The observations about services which follow relate to the ways in which they were experienced by young people at the time at which they were involved.

Young people referred before the age of five

There were seven young people in this group for whom positive or medium to positive outcomes were recorded; there were common issues within the family circumstances of almost all these young people, namely their mothers' serious mental health issues and, in some cases chronic depression, which had impacted on their ability to care for the family and in two cases significant alcohol misuse.

Four of this group were aged three years or younger when initially referred and three of these four remained in the community. Although the services put in place for each of these three young people varied in some respects, they were all eventually accommodated. Each young person was accommodated in different settings and at different ages; one young person was accommodated in foster care and then adopted at five years old, another moved from a shared care situation (between home and respite care) and was then placed permanently at seven years old, but with frequent contact with their birth family and the third young person was accommodated for short periods over a number of years, in foster and local residential care and finally with supported carers.

In relation to two of these young people, intensive resources were put in place at some stages for family support in order to address difficulties within the context of the

home but in parallel with this supports were also provided outwith the home which focussed on the young person's own needs in ways that helped to build protective factors for them.

In relation to the risks identified and the consequent protective factors which were enhanced for these young people:

- A stable home base was provided; for these young people this was an alternative one to the birth family home but for two young people there was ongoing birth family contact which maintained the important place of this in the young people's lives;
- The young people had successfully engaged with at least one supportive adult, in some cases more than one, namely an adoptive parent, foster carer and for one young person a particularly valued social worker;
- The development of a sense of identity and belonging had been important; however, all the young people were struggling to some extent with mental health issues and one was misusing alcohol as a way of coping;
- Each young person had made use of the opportunities offered to broaden their experiences and take on responsibilities, which had led to the development of skills and enhanced their self-esteem and confidence;
- All the young people were described as becoming socially competent, as they had had experience of wide social networks.

The services which had undertaken this work with these young people and their families included family support, as mentioned above, provided by Home Helps, Health Visitors and, at a later stage for one family, the Children's Unit outreach services. In addition, Youth Support and Target Leisure, and in one instance the intensive support of a social worker all featured. Clearly, the contribution of foster carers, supported carers and adoptive parents was also crucial.

The other four young people in this group were all placed in residential school by the age of 14, one as early as six years old, with two of them also experiencing secure accommodation. In addition to family circumstances which included the main carer's (usually mother's) significant mental health problems, there was also wider family alcohol misuse and violence and in one instance, major family bereavement. The notable common strands with this group was that they all had positive residential school experiences and were able to develop close relationships with professional staff, either within or outwith the residential school setting. Additionally, they all engaged well with services which either focussed intensively on a particular problem in their lives or helped them to cope or progress with attachment and loss issues or similar psychological difficulties. Thus, significant difficulties from an early age could be mitigated by effective interventions.

In terms of identified risks and the protective factors which were enhanced for these young people:

- A stable home base was maintained, in most instances with the birth family and/or with residential school also featuring;
- Close and supportive relationships with adults were noted; these included Family Centre staff who remained involved over a number of years, residential school staff and, in one case, a befriender;

- Intensive, focussed work was successful in helping young people to make progress in coping with issues such as bereavement and sexualised behaviour;
- Most of the young people did well academically, gained day to day living skills, took part in new activities and attained increased self-confidence;
- Offending and a negative community profile were not issues for most of these young people.

The common services these young people had experienced, in addition to residential schooling, which contributed to the above were primarily the Family Centre, the Through Care team and Quarriers Outreach. The interventions which had been helpful in addressing psychological and other specific issues with young people were wide ranging and included work with the Change Project, the Forensic Mental Health Team at Strathdoon and school-based programmes dealing with Stress Management and Trauma Counselling.

Young people referred between the ages of six and nine

Eight young people in this group recorded positive or medium to positive outcomes; five remained in the community and three were placed in residential school, two of those late in their educational career at age 15. The family circumstances of all the young people were similar to those noted for the younger age group, namely the main carer's mental health difficulties, domestic abuse and/or violence within the family, substance misuse and, in one instance, family dynamics which resulted in the young person being blamed for wider family problems. All the five young people who remained in the community were cared for in a family setting – two at home, two with extended family and one in foster care. Intervention with the three young people who lived with extended families and the young person who lived with two sets of foster carers was minimal and involved primarily social work-based casework, in effect family support offered within the home. The two young people who remained in the original family home both received supports from a range of community-based services which appear to have had a positive impact.

An examination of the particular risks for these young people and the ways in which protective factors helped to minimise these indicates that:

- A secure base was present or provided but where support was required to maintain this it was available for the family;
- Each young person had a relationship with a close, supportive adult and social networks were in place either through the extended family or provided through services such as Youth Support and Target Leisure;
- Most of the young people had a strong sense of identity and belonging, however the two young people who had experienced rejection responded well to therapeutic work, such as psychotherapy;
- Education, sometimes with added supports, took place within mainstream education, engagement with Careers or STEP was positive and one young person developed a sense of responsibility by becoming a volunteer herself; in general the young people had the confidence required to make use of opportunities offered;

- Young people were on the whole considered to have reached a good level of social competence, and offending and anti social behaviour were not indicated as issues for any of this group.

Services which were commonly used for this group were Youth Support – individual and group work, Target Leisure, school-based supports such as a Transition Group, CAMHS and MAYTAG training; the Ocean Trust had also provided a valuable experience for one young person.

The common feature for the other three young people in this group was a residential school placement, although two of them only required this during the last year of their education. For all three, community-based services had helped achieve some positive short-term outcomes but a combination of school non-attendance and risk taking and/or offending behaviour had resulted in a residential placement being required.

In relation to the particular risks identified and the enhancement of protective factors:

- Two of the three young people had a secure family base, the third young person required support to establish a home base on leaving residential school;
- Each of the young people was described as having a supportive adult in their lives, either a family member or professional worker; services such as Youth support and Target Leisure had been provided, but with only limited success;
- Mental health issues were still indicated for one of the young people and two were considered to need further help to reduce alcohol misuse;
- All the young people had benefited from the education offered within the residential setting and made good use of opportunities available;
- The young people had developed good social skills and making good progress in self-care and independence training.

Services which were recorded for this group, in addition to residential school, included those provided by the Family Centre, Youth Support, Target Leisure and the Through Care Team with input also from STEP.

Young people referred over the age of 10

In addition, there were eight young people who were initially referred between the age of 10 and 13 years and 16 referred at 14 years and older who were recorded as having positive or medium to positive outcomes. Focusing firstly on the five young people from the 10 to 13 age group who recorded positive (rather than positive to medium) outcomes, the information collected from their case files revealed that:

- Care concerns, problematic family relationships and domestic violence, and the main carer's, usually the mother's, mental health difficulties all featured as issues for referral and family circumstances factors.
- Young people had successfully engaged with staff and peers from at least one, and sometimes more than one of the following community-based services: Youth Support, NCH Children's Hearing Project, Fast Track team mentor, Young carer's Group, the Change Project and the Through Care team.
- Three of the young people had moved into foster or local residential care, or with extended family.

- It was reported that three of the young people had been encouraged to be self-reliant and made positive decisions for themselves or had benefited from good teamwork support.

The indications are that interventions had an impact on these young people by enhancing a number of protective factors including the provision of a stable base, engagement with a supportive adult, the development of social networks and opportunities to develop self-efficacy and responsibility for themselves.

Case file information about the 12 young people initially referred at 14 years or over who recorded positive outcomes showed the following:

- Recorded reasons for referral for half the young people were for school non-attendance, minor offending and negative profile of their peer group in the community; these appeared as referral issues for the other half of the group also but with additional difficulties identified such as loss and separation issues and maternal mental health problems and substance misuse.
- Youth Support featured frequently as a service with which young people had engaged; other services which appeared to have had a positive impact included CHILDREN 1st Directions project, the Change Project, NCH Children's Hearing project, a Youth Justice run Cognitive Skills Group and intensive social work casework.
- Many of the young people had benefited from participation in activities run by the Venture Trust, Columba 1400, the Duke of Edinburgh Award Scheme and Outward Bound.
- Support from the Children's Unit in Coylton and from a respite carer were also recorded as important for two young people.
- Most of the young people were reported to have used the supports well and had gone on to make good decisions and choices for themselves.

The protective factors strengthened through these interventions include positive role models and adult relationships, participation in social networks, activities which build self-confidence and responsibility and broaden young people's experiences.

One young person from the 14 years plus age group did not engage with any of the interventions offered but nevertheless recorded positive outcomes. He appears to have made positive choices for himself, without the need for formal interventions.

Poor outcomes – common factors

Case file information about young people who were struggling to achieve positive outcomes was also collated and a number of common factors noted across the four initial referral age groups. Although some of those aged 14 years and older had been referred for reasons stated as non-school attendance, offending and lack of parental control, the general reasons for referral which emerged across the groups identified similar factors as those identified for young people who achieved positive outcomes. These included significant family relationship difficulties, domestic abuse and violence within the home, the main carer's mental health issues and parental substance use.

Key points from across the groups were as follows:

- In the case of almost all the young people, some services or interventions had a positive impact, whether in the short term or in relation to one particular area of the young person's life.
- Most of the young people had a positive outcome in at least one or two areas, for example in educational attainment or being in employment for a significant length of time.
- There was evidence that many of the young people had fundamental and complex issues relating to their families that were unresolved and this was crucial in preventing them from making progress in significant areas of their lives; these were often connected to loss, rejection and abuse.
- The lack of a stable home base and, in some cases, the breakdown of foster placements, was a common feature and had led to insecure attachments which were affecting the young person's functioning. Foster care worked well if placements could be sustained but could be detrimental if multiple moves were required.
- Some of the young people were very socially isolated and had difficulty engaging with peers and even with supportive adults; this made participating in some interventions problematic.
- Mental health issues and depression were a feature for some young people in this group and angry and self-harming behaviour was more prevalent than for other groups.
- A negative spiral often occurred when young people who were depressed used alcohol to cope with this and became involved in offending behaviour.
- Frequent offending or one significant offence, such as serious assault, often alcohol-related was a common factor in this group. If offending started at an early age, young people soon escalated up the tariff and if a breach, for example of Probation occurred, a custodial sentence was often the consequence.

While a range of services were made available to these young people, and some had an impact, even a short term one, on certain areas of their lives, there were clearly factors in both the lives of the young people and in relation to services which prevented interventions from being effective.

Key points: the impact of services on outcomes

- **Young people:** Reasons for referral indicated that a significant number of the young people, particularly those who became involved with social work services at an early stage, had very difficult family circumstances to overcome; these included violence within the home and the impact of parental mental health issues and substance use. Loss and rejection were clearly issues for many of the young people. Given the potential impact of these factors on young people's own mental health and their ability to form attachments and relationships, detailed assessment at an early stage is key and may help to establish what needs to be in place to enable young people to manage or make effective use of any interventions required.

- ***The social worker's role:*** The social worker's role is crucial in the assessment process and if possible in providing a consistent person in the young person's life for them to relate to and to have an overview and long term perspective of their needs. Most young people were fortunate in not having many changes of social worker; they clearly valued those with whom they were able to form a trusting relationship, based on openness and the ability to really listen to them. It is important therefore that an important part of the social worker's role is to spend time with young people in order to form a relationship with them and not be primarily a co-ordinator of services for them.

A young person may form a trusting relationship with a residential worker, teacher or other professional staff member instead; having a supportive adult is an important protective factor and the young person may need help to transfer this trust to a new support person if circumstances so require.

- ***The services:*** In some respects, it is beneficial that a range of services is in place so that the likelihood of a young person 'buying in' to an intervention or being able to relate to a staff member is increased. The fact that there were no typical models of service reflects the flexible and generally needs-led ethos which prevailed. However, the number of services meant that there was a danger of overlap and duplication of work and young people feeling swamped by support workers, rather than at the centre of the work.
- ***Engagement with services:*** A crucial issue is why some young people struggle to make effective use of services and how this can be addressed. It would appear that some young people do not have the basic personal resources in place to be able to engage with services, rather than an unwillingness to do so. An emphasis on developing services which address underlying issues, if possible with a whole family focus, would appear to be a way forward.

Enhanced mental health services for all age groups of children and young people, such as that provided by the nurse based at the Throughcare Support team could be invaluable in equipping young people to more effectively make use of interventions, if these became necessary. If underlying issues are not addressed, cognitive behaviour programmes may not be effective.

There was a strong message from young people that interventions which were based around practical tasks and sharing activities with staff were more likely to encourage them to discuss issues that were important to them in an open and relaxed way.

- ***Family work:*** The reasons stated for referral of many of the young people would indicate that interventions with them are best addressed in the context of the wider family. The Family Centre is addressing this work at an early stage of children's lives and at the other end of the age range there is the

Family Mediation work undertaken at the Throughcare service. There may be a need for more of this work with children and young people at the intermediate stages of their lives.

- **Outcomes:** There were more young people for whom overall positive outcomes were recorded than negative ones, even though many of the young people were assessed as having deep-rooted and often complex or multiple difficulties. Those referred at 14 years of age or older had a particularly high rate of positive outcomes but half of the young people referred under 10 years of age also fared well.

In general terms, more young people were successful in sustaining stable accommodation and in developing good family and social networks than had positive outcomes in the areas of health, education and employment and in making progress with social (as opposed to anti-social) behaviour.

For some young people these three areas were linked in that poor mental health influenced their ability to sustain engagement with the structured environment of school, college or work. Risk-taking behaviour, such as offending, often filled the gap and a speedy escalation up the criminal justice tariff led to breaching of orders and consequently to custody.

- **Resilience approach and services:** Using a resilience-based framework for planning and reviewing services enables intervention goals and outcomes to be child-centred and focussed. Questions can be asked about how exactly the intervention will enhance protective factors for young people, thus strengthening their resilience. Clearly some services will be addressing particular aspects of a young person's life; for example, foster care is primarily concerned with providing stable accommodation, however other protective factors can also be developed within the placement.

The study shows that there are examples of services and general characteristics of service delivery within South Ayrshire which form a strong basis for development using these general principles. The general strengths of services lie in the positive relationships which are formed between staff and young people, the good communication, in the main, between agencies and the creative approach to problem solving and working with young people. Young people are encouraged, valued and shown respect. An example of this is the way in which the Throughcare Support Team asks for feedback from young people about their service by way of an annual evaluation questionnaire.

An example of a service which works with young people to develop most of the main protective factors is the Youth Support Team, with its emphasis on relationship building and positive role modelling, communication, creating opportunities and broadening experience, and enhancing confidence and social skills. Its new Music Group project, as an example, is supporting young people to take responsibility by working together to organise and find funding for a music rehearsal space and equipment.

- ***Transitions to independence:*** If young people's protective factors and resilience can be developed early and incrementally, according to the appropriate stages of development and in line with what young people in the wider population would experience within their families, they will be better equipped to cope with the transition to independence. Staff and young people alike recognise that services need to find ways to strike the difficult balance between support and dependency. Young people need opportunities to take on responsibility and to make mistakes, without very serious consequences, such as losing their accommodation. However, there is possibly a need for this approach to be combined with a greater range of supported accommodation services for those aged 16-19 years, particularly as a bridge from residential schooling. The findings suggest that many young people are not equipped, emotionally and practically, to manage the level of responsibility required of them, but where services have worked to build most of the necessary protective factors, they are more likely to succeed.

CHAPTER FOUR: MONITORING AND EVALUATING SERVICES

There is an increasing expectation that local authorities and other care agencies will examine the services they provide in order to assess their effectiveness in producing positive outcomes for their service-users. Social work interventions are expected to have clear aims and goals and a focused approach. Methods need to be found to monitor the effectiveness of the services agencies provide to individuals and to client groups. The research study, through its examination of case files, was able to gain an overview of how this has been undertaken by the social work service in South Ayrshire. While there was not a comprehensive audit of the tools and processes used, some indications can be given as to where gaps exist in relation to recording, monitoring and evaluating interventions. In addition, examples of approaches being piloted or adopted by other local authorities and agencies are outlined.

ASSESSMENT AND CASE RECORDING

The case file examination revealed that social workers took an individualised approach to the assessment of young people's circumstances and needs. Some standardised formats were in evidence, for example use of the Looked After Children Care Planning Assessment and Review materials and the Youth Level of Services Inventory utilised by Youth Justice social workers. There were some examples of detailed assessments being made, such as those in relation to attachment issues. Assessment in some form had taken place in order to refer young people to specific services, such as the Youth Support Team, who required that particular areas of work with that young person be identified; however, the mechanisms employed or the evidence of how the conclusions of the assessment had been reached were not always recorded. The introduction of the Integrated Assessment Framework which is currently being piloted will address the need for assessments to be standardised and recorded as well as the requirement for detailed case planning and monitoring.

Forms used to refer young people to both resource co-ordination meetings and individual services are used effectively in the authority but there were no equivalent tools to record which interventions subsequently took place, what they entailed and how long they were sustained. As previously mentioned, one exception was the Youth Support Service which uses a standardised form to record the progress of young people undertaking group work and copies of these were to be found in individual files. Assuming that communication is taking place between different services, this must be primarily on an informal basis by way of telephone calls and e-mails and these are not always recorded. The Integrated Assessment Framework should provide a mechanism which enables information about interventions with a young person across the services to be recorded and accessed by all involved.

Case recording varied a great deal in the form and detail in which it occurred; where it existed, it often focused on a description of events and there was sometimes lack of clarity about the purpose of the material which the record contained. While inadequate time for detailed case recording is a widespread feature of social work across the UK, there are a number of reasons why good case recording is important and needs to be considered as part of the accountability of social work service staff to those who use

the services they provide. The Department of Health study 'Recording with Care: Inspection of Case Recording in Social Services Departments' (1999) clearly outlines the importance of good case recording; apart from offering continuity and a source of evidence for investigations, it helps to focus the work undertaken and supports effective partnerships with service users. The report argues that by improving case recording, services will also be improved. It quotes one Director of Social Services who commented 'My staff are good at what they do, not what they write down'; the clear message is that social workers do need to write down what they do in addition to doing it, so that evidence of their effective work is accessible to all involved. The report provides a useful guide to the key elements of an effective record.

PLANNING WORK AND REVIEWING PROGRESS

The case files examined for the study varied in relation to the information they contained about the short and long term aims of interventions; this was generally more in evidence for young people who were accommodated, particularly in a residential school setting. Goals and action plans for these young people were regularly reviewed and recorded and offered a mechanism by which progress towards aims could be monitored. For other young people, however, there was no systematic or simple way of tracking outcomes at different stages or seeing how particular interventions had contributed to the young person's progress, other than piecing this together through the collation of material from whichever reports were available. Casework undertaken by local authority social workers is an example of an area which requires a clearer description of the work undertaken and its identified effects.

In order to try to address this deficiency in information systems, which is widespread across local authorities and social service agencies, there are an increasing number of frameworks and methods being devised in order to monitor and evaluate outcomes for service users, both collectively and individually. The four examples outlined here have been or are being piloted in Scotland or in other parts of the UK; the first two relate to monitoring of services in general and the second two to measuring outcomes for individual young people.

The Outcomes-based Accountability approach is based on the work of Mark Friedman and training in its methods have been delivered to over 40 local authorities in the UK. Several are using it as part of their planning and accountability procedures. A study commissioned by the Improvement & Development Agency in England in 2006 into the early impact of the approach on five statutory and voluntary agencies outlined its main features and concluded that there were benefits associated with its use. Performance is measured against initial, agreed outcomes; for each outcome, indicators are established. Indicators are specific, directly measurable pieces of information which give an idea of progress towards the desired outcome. It features community involvement in setting outcomes and innovative financial strategies whereby agencies pool resources and use funds flexibly.

The Performance Improvement Framework was developed by the performance improvement sub-group of the 21st Century Social Work Review and is a tool with which to evaluate services in relation to the seven areas identified as the Scottish Executive's Vision for young people (safe, nurtured, healthy, achieving, active,

respected and responsible and included). There are six key questions and ten areas for evaluation and the remit of the evaluation is a broad one which asks about the management of services, leadership and capacity for improvement of services.

The Common Language Project devised by the Dartington Social Research Unit with the stated aim of improving outcomes for young people offers a structure and practice materials with which to assess and record individual needs and tailor services to desired outcomes. Past events in a young person's life are taken together with risk and protective factors and thresholds or levels of impairment are recorded to ascertain measurable outcomes, with timescales and the services required to achieve these. The paperwork has been piloted by four local authorities and is currently being used in a Scottish local authority in the central belt. It is suggested that the forms employed encourage those filling them in to record less but think more and that they can act as a record, a supervision tool or a review document.

Single Case Evaluation is a system for measuring the effectiveness of interventions which starts with a Local Assessment and Planning Meeting which includes the young person, their family or carer and relevant professionals. At the meeting desired outcomes are decided by asking six standard questions namely, what do we want to achieve? What do we need to work on do so? What is the context in which we are trying to do this? What are the strengths we can build on? What are the obstacles to getting there? What evidence can we use to show that we are getting there? The ensuing action plan is regularly reviewed using realist and formative evaluation methods and the effectiveness of interventions can be assessed and, if necessary, improved. A database is used to bring together information about all the young people for whom services are being evaluated. This approach is currently being used by a local authority in the North of Scotland and is considered to be beneficial in fostering open, partnership working with service users. It is based on methods developed by Kazi (2003).

There is clearly an expectation by the Scottish Executive that general performance indicators will be measured by social work agencies and the Performance Improvement Framework outlined above would appear to be widely favoured as a method for achieving this. In relation to monitoring progress towards desired outcomes for individual young people, essentially what is required is a practical, but not overly simplistic or time-consuming method of recording which enables social workers, staff from related agencies and young people to see at a glance what has been achieved and what the next steps in the process are. It may be, for the immediate future at least, that familiarisation with the use of the Integrated Assessment Framework needs to take place and that its usefulness is then evaluated to see how the information it contains contributes to the measurement of outcomes and intervention effectiveness. Duplication of work and information gathering is likely to be counter-productive, unless it can be achieved in a way that aids the relationship between the young person and their social work and is not yet another piece of bureaucratic form-filling.

CHAPTER FIVE: SUMMARY AND CONCLUSION

This study, undertaken over the nine month period between June 2006 and March 2007, set out to examine outcomes for young people in receipt of social work and related services in South Ayrshire. It also outlined the range of services available to young people, provided by both statutory and voluntary agencies. Using the information available from the case files of 78 young people and conducting interviews with a selection of young people and a range of professional staff, it was possible to make connections between the interventions provided by services and outcomes for young people. The impact of services on outcomes was framed using a resilience approach, that is by examining to what extent services were able to work with young people to enhance the protective factors required for them to make the transition to confident and competent adulthood.

It is, however, important to emphasise again that it is only possible to give indications of the effectiveness of services, as how individual young people experience them will be affected by a number of factors, both personal and relating to operational service issues at the time. A range of influences, external to the intervention, will also have an impact on young people's circumstances and decision making.

The study was able to make some observations about the contribution of services to positive outcomes for young people and about perceived gaps in services, but it must be acknowledged that it was outwith the remit of the study to examine all the services in detail. The number of services available in the area would have required more resources or a different emphasis, in terms of methods employed. The study's main focus was clearly on young people's pathways through, and experience of, services.

THE FINDINGS: SUMMARIES AND KEY POINTS

Referral issues

Young people were initially referred to social work services for a range of reasons, which could broadly be grouped under six main headings: care and / or behaviour boundary setting issues, parental difficulties, family relationship problems or family violence, school-related issues, offending or negative peer group profile and other, specific reasons such as concerns over sexualised behaviour.

There were a high proportion of young people referred at five years or younger whose families were previously known to social work services.

Most young people were referred for multiple reasons, with care and/or behaviour boundary setting issues and parental difficulties featuring predominantly for those referred under the age of ten and parental difficulties and family relationships major areas of concern for those aged up to 13. Parental difficulties included significant mental health problems of the main carer, usually the mother, and substance misuse issues. Family relationship issues in some cases included violence, either between adults or affecting all family members, especially in relation to the group of young

people referred between six and nine years old. Young people over the age of fourteen were more likely to be referred with school-related problems, offending or negative peer group concerns as the presenting issues.

Key points

- Most of the young people included in the study who became involved with social work services before the age of ten were referred for reasons which related to significant and often multi-faceted family difficulties. In some cases, services were clearly required to address deep-rooted issues for young people, requiring considerable resources and challenges.
- Those young people referred after the age of 14 often presented issues relating to problematic behaviour in the school or the community; however, in some cases this reflected wider family issues which required further assessment and engagement with the family to effectively address.

The services available and multi-agency working

The study found that the services available to young people in the area were wide-ranging and that in general communication between agencies was good, in relation to planning and co-ordinating work across services. There were well-established procedures and multi-agency meeting groups aimed at identifying and agreeing resources for the most appropriate services for individual young people. There was considered to be scope for development of services in a more strategic way which would minimise the chances of interventions duplicating work with young people. While some gaps in services were discernible, there were clearly identified strengths in the way in which many services succeeded in engaging with young people.

Typical pathways through or models of services were difficult to devise, which reflected the fact that interventions were used flexibly and were tailored as far as possible to the needs of individual young people.

Young people themselves identified ways in which social work services and other agencies had been helpful or not so helpful to them, but also made observations about how some professional staff had made more of a difference to them than others.

Key points

- Generally positive relationships between agencies provided a good foundation which could be built upon to plan services strategically in order to avoid duplication of work.
- The strengths identified in the work with young people included an ability to form co-operative relationships with them, the strong commitment shown by many staff and the creative ways in which problem-solving was approached.
- Young people appreciated social workers and other professional staff who were open and honest, non-judgmental and who listened to them.

- Undertaking practical tasks and activities with staff was seen as an important way of engaging with them and less threatening or ‘boring’ than sitting and talking.
- Young people gained a great deal of confidence and feelings of self-worth from opportunities to participate, achieve and earn respect from other people.

Outcomes for young people – general and individual

The information available about outcomes for young people was analysed using a framework which referenced a range of sources. By combining these, six dimensions were identified which related to different areas of work with young people and goals within these, with young people’s outcomes then measured on a four point scale from positive to poor. The dimension which related to self-esteem factors identified by the young people themselves was explored separately, as the information was not available for all young people. The five family files accessed through the Family Centre were also considered separately, as the children were all still under the age of ten and outcomes could not be considered in a longitudinal way.

Other aspects of outcome measurement were considered, namely in relation to voluntary or statutory- based involvement with services and whether young people remained in the local community.

Key points

- Overall there was a high proportion of young people for whom positive or medium to positive outcomes were recorded, taking into account the complex family circumstances and needs of many of them.
- There were approximately equal numbers of young people referred under the age of 14 for whom positive or medium to positive outcomes were recorded as those who were assessed as having medium to poor or poor outcomes. A high number of those young people referred at age 14 or over were recorded as having positive or medium to positive outcomes.
- In relation to general outcomes for the whole group, there were a higher proportion of positive outcomes recorded in the areas of: living situation; and family and social relationships. Fewer positive outcomes were recorded in the areas of: health; education and employment; and social behaviour.
- The self-esteem factors identified by young people themselves were broadly located in the following areas: forming strong and positive relationships, participating in new activities and benefiting from opportunities, winning awards and prizes and making positive choices.
- Approximately half the young people in the study were accommodated at some stage in their lives but a high proportion were maintained in the local community.
- The preventative work being undertaken with families by the Family Centre was intensive and, in some cases, endeavoured to manage high-risk situations. The indications were that satisfactory, and in some cases good, progress was being made with most of the families.

Services impact on outcomes

Using a framework which identified risk and protective factors within the appropriate outcome dimension, it was possible to give some indications as to which interventions had made a contribution towards positive outcomes for young people. By looking in detail at the various groups of young people, according to age of first referral and outcome measure, some common features emerged in relation to the enhancement of protective factors which would strengthen their resilience and hopefully stand them in good stead for the demanding stage of transition to early adulthood.

Key points

- The social work role was crucial in relation to undertaking detailed assessment of need and providing a consistent adult with an overview of the young person's development, ideally over a significant time period. It was clearly an additional advantage if the young person was able to form a positive and trusting relationship with his or her social worker.
- The wide range of services available meant that there was a greater likelihood that the young person would engage with at least one intervention and form a trusting relationship with at least one adult. The challenge was balancing this with the need to avoid duplication of intervention and the young person feeling 'swamped' by professional workers and contact with agencies.
- For some young people, the difficulty in using services effectively was less about their willingness to engage or 'buy into' services than their ability to do so. These young people had deep-rooted issues which had not been resolved at an earlier stage of their lives and they were consequently unable to meet many of the demands made of them by agencies, however supportive.
- The ineffectiveness of interventions for young people with very complex needs indicated that more resources should perhaps be targeted at the younger age group, primary school age and below, particularly in the area of mental health and in resilience-building in general.
- The study findings indicated that services were relatively successful in helping young people to achieve positive outcomes in relation to their accommodation and in developing good family and social relationships. Education and employment and social behaviour were comparatively problematic areas, possibly in part as a result of difficulties in relation to mental health and coping skills.
- The promotion of resilience, including graduated independence skills and opportunities for risk-taking in a safe environment, would be beneficial in helping young people make the transition to independence.

Monitoring and evaluation

In undertaking the case file examination, the study was able to identify the strengths and weaknesses in the systems employed by the social work service to record, monitor and evaluate interventions for individual young people. The main strengths were the referral and planning forms which were widely and effectively used, for example when referring a young person to a resource group meeting or some specific

services; the main areas of weakness were the lack of standardised formats for identifying short and long term goals, case recording and reviewing progress.

Key points

- Social work staff are clearly familiar with using the referral and intervention planning forms; similar systems and materials might be developed to record intervention goals and to review progress.
- Case recording formats need to be developed and used, probably employing a computer-based system.
- It would be useful for systems to be put in place to enable information about interventions taking place with a young person across all services involved to be collated and kept within a central case file.
- The planned introduction of the Integrated Assessment Framework will require new ways of working and recording, involving all relevant agencies; it might be beneficial to monitor the effectiveness of the Framework as a tool for addressing the identified gaps before devising new systems which may lead to some duplication of work.

Conclusion

It is clear from this study that, in the main, the interventions provided by social work services and partnership agencies in South Ayrshire are making a positive difference to many of the young people with whom they become involved. There is evidence of a strong ethos of commitment and caring in the approach taken to the work, which is reflected in the generally positive relationships formed between young people and staff. There are a group of young people who are struggling to engage effectively with services; some of these young people require more focused interventions, if possible at an early stage of their lives, to help them cope with damaging family experiences, which may have resulted in mental health issues. Many of the services are working in ways which provide a strong basis for interventions to be developed which focus on strengthening the foundations young people require to engage and succeed. If these foundations can be built, through the incremental enhancement of protective factors, achievable through practical, direct work with young people, their transition to independence should be less problematic.

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APPENDIX A

South Ayrshire Outcomes for Young People: Case File Schedule

A. BACKGROUND INFORMATION

A1. Case number (research) (RCN)

A2. Case number (SA)

A3 Gender M / F

A4 Date of Birth AGE.....

A5 Ethnic background

A6 Home area

A7 Does the file contain an Essential Information Record? Y / N

A8 Does the file contain a copy of the Care Plan? Y / N

B. INITIAL REFERRAL INFORMATION

B1 Date of Initial referral to Social Work services AGE.....

B2 Who first made the referral to Social Work?

B3 Initial reasons for referral:

Cont'd...

B4 HOME CIRCUMSTANCES AT INITIAL REFERRAL:

B4i With whom was the young person living?

B4ii Place in family

.....

B4iii Contact with non-resident parent

B5 SCHOOL & OTHER AGENCIES INVOLVED:

B5i School attended (and dates of previous schools attended)

B5ii Other agencies involved and dates if known:

B6 OTHER RELEVANT INFORMATION AT TIME OF INITIAL REFERRAL (*parental circumstances, any other influencing factors*) :

Number of social workers:

Cont'd...

RCN

**C. RECORD OF INVOLVEMENT WITH SOCIAL WORK
AND OTHER AGENCIES**

C1 DATE SERVICE / INVOLVEMENT COMMENCED

C2 AGE OF YOUNG PERSON **C3 INTERVENTION No**

C4 REFERRED BY?

C5 NATURE OF SERVICE / INVOLVEMENT:

C6 REASONS FOR REFERRAL & AIMS OF INTERVENTION:

C7 IS THERE A RECORD OF WHETHER AIMS WERE MET? Y / N
If so, were they? Or any recorded changes in circumstances...

C8 OUTCOMES OF INTERVENTION:

C9 DATE ENDED (OR ONGOING?)..... **C10 DURATION**

SERVICE RUNNING ALONGSIDE OTHERS? Y / N (if yes see other sheet)

Cont'd..

D. END OF INVOLVEMENT WITH SOCIAL WORK & OTHER AGENCIES / AFTER & THROUGH CARE

D1 DATE WHEN CEASED TO BE LOOKED AFTER

D2 AGE OF YOUNG PERSON

D3 REASONS FOR INVOLVEMENT ENDING:

D4 DID OTHER SERVICES CONTINUE / COMMENCE? If so, which ones?

D5 ANY RECORD OF WHAT THE SERVICE HAD ACHIEVED?

D5 IS THE YOUNG PERSON INVOLVED WITH THE AFTER CARE TEAM? If so, what form does this involvement take?

Cont'd..

E. *OUTCOMES INFORMATION*

E1 ARE OUTCOMES KNOWN FOR THIS YOUNG PERSON? Y / N

E2 DOES S/HE HAVE A SECURE HOME BASE? If so, what type?

E3 IS S/HE IN EMPLOYMENT / TRAINING/ EDUCATION? Any details?

E4 DOES S/HE HAVE SUPPORT OR FRIENDS OR FAMILY?

E5 DOES S/HE HAVE PROFESSIONAL SUPPORT?

E6 ARE THERE OTHER INDICATORS OF SELF-ESTEEM?

E7 ARE THERE ANY KNOWN DIFFICULTIES? Referrals to Youth Justice, alcohol or drug problems, mental health issues etc.

APPENDIX B

**LETTER, CONSENT FORM AND INTERVIEW SCHEDULE –
YOUNG PEOPLE**

18th August 2006

Dear

**Research Project about young people and social work in
South Ayrshire**

I am a researcher from the University of Stirling and I have been asked by the social work department to find out what has helped young people who have or used to have a social worker to get on well and to sort out some of the problems in their lives. The reason for doing this is so that the council can make sure that young people get the help that works best for them.

One of the things I need to do is have a look at information kept in files about young people and this letter is to ask you if it's okay for me to have a look at your information. I will be looking at the reasons why you had a social worker, what sort of help they gave you and how things have worked out. I will be noting things down but I will not be using your name and your name will not be in the report that I have to write at the end. As I am from Stirling, I won't know you and I will not speak to anyone about your personal information.

I hope you will agree to let me do this as we think it will be a help to other young people in the future. If you want to ask anything about this please phone me (01786 - 466433) or speak to Fiona McDonald (01292- 612092).

If you are okay with this you don't need to do anything. If you **don't** want me to look at your file please could you sign the form below and send it back to me in the envelope enclosed as soon as possible. If I don't hear from you within a week I'll assume it's okay.

Thanks very much,

Cheryl Burgess
University of Stirling

.....

Research Project about young people and social work in South Ayrshire

I don't want you to look at the information in my file at the social work department.

Name (please print).....

Signature.....

Date.....

**Research project about social work services for young people
in South Ayrshire.**

Research Consent Form

The research project is looking at services for young people who have been involved with social work and other organisations in South Ayrshire, to try to find out what has been the most helpful for them.

This discussion with you will help me to find out what young people like yourself think of what social workers and others have done for you and tried to help you with.

It is important that you know that:

- If you are not happy about any of the questions I ask you don't have to answer them and you can stop the interview at any time.
- Anything you tell me will not be discussed with anyone else, unless it's something that could be harmful to yourself or other people.
- What you tell me in our discussion will be referred to in my report in a way that ensures that no one knows that it is about you.
- It would be helpful for me to tape our discussion so that I don't need to write too many notes, but if you're not happy about that – that's fine.

Thanks very much for taking part.

I have had the points above explained to me and I am happy to be involved in the research.

Signed.....

Date.....

South Ayrshire Outcomes for young people

Interview schedule – young people

Checklist for initial discussion with young person:

- *The purpose of the research*
- *The topics to be covered*
- *Establish young person's consent*
- *Inform interviewee they can stop at any time, don't have to answer all questions and that a worker (through-care usually) will be around for support if required.*
- *Discuss confidentiality and the boundaries of this*
- *How the material will be used and anonymity assured.*
- *Permission to tape interview*

Social workers & social work in general

1. Can you remember what age you were when you first had a social worker?
2. Do you know why you first had a social worker?
3. What can you remember about them? Did you get on with them?
4. How many social workers have you had before your Through Care worker?
5. If more than one, how long did you have each (roughly) and do you remember particular things about them or what was happening in your life at the time?
6. What do you think their job was? What were they trying to do for you?
7. Was the social worker just for you? Or your whole family? Or you and your brothers and sisters?
8. Do you think they spent enough time with you – or more time with other family members or the adults? How often did you see them and was it enough, too much or about right?
9. What sorts of things did your social worker do with you or talk to you about?
 - Visit at home? Take you out? Go to meetings with you? Introduce you to others who might help?
10. What were the main / most important things that your social worker(s) have done for you?
11. Have social workers helped you get involved in any things that have given you more confidence in yourself?

Cont'd...

12. Do you think that your social worker(s) listened to you and took your views into account?

13. What were the bad things about having a social worker?

14. If some social workers (or one) have helped you more than others, can you think what about them made the difference?

Other services and people

15. What was school like for you?

16. Were there any things which could have been done to make school better for you?

17. Did you go to residential school? Or something like Spark O' Genius? If so, what was this like?

18. Did you go to the Family Centre? Youth Support? Any Youth Support groups? Directions? Crossover? What did you do there? Were they any help?

19. Did you go to Strathdoon to see anyone like a psychologist? What did they do?

20. Did you take part in anything like the Venture Trust? Princes Trust?

21. Have you lived in Coylton Children's Unit or foster care? What was that like?

22. What about Chalmers Road or any homeless accommodation?

23. Have social workers helped you with sorting out housing? Are there other ways in which they or others could have helped with this?

24. Have you needed help with getting work or going to college? Who has helped with this?

25. Has this been difficult? What have been the problems with it?

26. Have you needed help with other things like not offending? Or problems with drink or drugs etc? Who has helped – your social worker or someone else from a special project?

cont'd....

Through care

27. Do you have a through care worker? If so, what kinds of things do they help you with?
28. How often do you see them? Is it more than your social workers before?
28. Does it make a difference to you having a through care worker? Would you have more difficulty sorting out problems if you didn't have one?
29. Do you have a different sort of relationship with your through care worker than you did with your social worker? If so, what's different? *Do they have more time / easier to contact?*
30. Are there things that your through care worker could do for you that they aren't doing?

Other supports

31. Have there been other people in your life, not social workers or similar, who have been a help to you? If so, who? *(Could include teachers, neighbours, family and friends).*
32. What have they helped you with?
33. Overall, has having social workers in your life been a good or a bad thing?
34. Have some parts of social work been better than others? Some people or some things helped more than others?
35. Do you think your life would have been different if social workers hadn't been around?
36. Who might have helped you instead?
36. What other things might social work have done for you? Or how might they have done things differently?
37. What are the difficult things going on in your life just now?
38. What are the good things?
39. Have you done these for yourself or has social work being around helped?
40. How would you like things to go with your life over the next five years?

APPENDIX C

LIST OF SERVICES AVAILABLE IN SOUTH AYRSHIRE

Statutory and voluntary-based casework

- Children and Families Area Team social work;
- Youth Justice Team;
- Throughcare Support Team;
- Criminal Justice Team.

Community-based support for young people and families

- The Family Centre in Ayr;
- Youth Support Team;
- Target Leisure (Girvan);
- Coylton Unit pre-admission Outreach;
- CHILDREN 1st Directions project;
- Stepping Stones for Families project based at Girvan Family Connections.

Education provision and support

- Care and Learning Team;
- SEED project pilot scheme;
- Spark Of Genius and Flexible Curriculum at the Space Place;
- Residential schools including Kibble, Good Shepherd (also St Francis Day Unit), St. Phillips, Geilsland, Seafield and Parkview.

Health related services

- Educational Psychology Service;
- CAMHS;
- Health Visitor Team;
- Looked After Children nurses (formerly LEAP team).

Residential and foster care provision

- Woodhead Road, Coylton Children's Unit;
- Local authority provided foster care;
- Independent foster care agencies including CAPS, Care Visions, Fosterplus, Radical Solutions, ISCC;
- Secure accommodation.

Housing services and support

- Quarriers Supported Accommodation project;
- Quarriers Outreach;
- Housing Support and tenancy workers;
- Homeless accommodation/ temporary accommodation;
- Supported carers.

Cont'd...

Careers and activity-based opportunities

- Careers Scotland;
- Skills Towards Employment Project;
- MAYTAG;
- Rathbone C.I.;
- New Start;
- Activity programmes including Venture Trust, Prince's Trust, Columba 1400, Duke of Edinburgh Award Scheme, Outward Bound;
- South Ayrshire Council Leisure including the Drop Zone in Girvan.

Services to address offending and substance-use

- NCH Crossover project;
- ASB Team;
- CHANGE project;
- Ayrshire Council on Alcohol;
- Turning Point/ Bridge project.

Advocacy, befriending and other initiatives

- Barnardo's There4U project;
- South Ayrshire Befriending Scheme;
- CHILDREN 1st Family Group Conferencing;
- Barnardo's Youth work;
- Kincaidston Youth Café;
- Domain Community Centre;
- Barnardo's Scottish Adoption Advice;
- Young Carers Group.

APPENDIX D - GOALS AND OUTCOMES FRAMEWORK

<p><u>1)LIVING SITUATION</u></p> <p>Stable accommodation</p> <p><i>Scottish Executive Vision – secure and safe</i></p>	<p><u>Indicators for achievement and protective factor enhancement</u></p> <p>Provision of, and support to maintain stable accommodation</p>
<p><u>2)FAMILY and SOCIAL RELATIONSHIPS</u></p> <p>Positive relationships and social networks</p> <p><i>Scottish Executive Vision – nurtured</i></p>	<p>Promote positive relationships, role models, support, advice and communication.</p>
<p><u>3)PHYSICAL and PSYCHOLOGICAL HEALTH</u></p> <p>Good health and positive identity</p> <p><i>Scottish Executive Vision- healthy</i></p>	<p>Enhance sense of belonging and identity; encourage coping and stress management mechanisms.</p>
<p><u>4)EDUCATION and EMPLOYMENT</u></p> <p>Good educational experience and career path</p> <p><i>Scottish Executive Vision – achieving</i></p>	<p>Provision of and support to make use of opportunities to build confidence and set and achieve goals.</p>
<p><u>5)SOCIAL and ANTI-SOCIAL BEHAVIOUR</u></p> <p>Life skills / absence of substance use and offending</p> <p><i>Scottish Executive Vision – responsible and respected</i></p>	<p>Promote life skills and problem solving, independence and alternatives to risk-taking and offending behaviour.</p>
<p><u>6)INCLUSION</u></p> <p><i>Scottish Executive Vision – included</i></p>	<p>Tackling barriers to achievement of above areas and own self-esteem factors.</p>