



## Response to HM Treasury/ DfES Review of Services for Children and Young People

The evidence presented here has been gathered over the years 2000 to the present from the sustained involvement of more than 3,000 parents and practitioners across England using Big Wide Talk method and tools.

The method centres on the systematic enabling of dialogue between parents and practitioners about what children actually do and say and the services and spending children actually need. The dialogue is provoked by the shared experience of doing exciting things with children. It is rigorously and creatively documented using purpose-built technologies so that the resultant research can be used by participants to instigate the change they have agreed they think is needed.

Parents and practitioners meet together in place-specific groups where they live and work, undertaking to do exciting things with children either locally, in local authority specific exhibitions or in national gatherings. Evidence, very often film footage, of children fully engaged in all manner of activity is then discussed and either Encounter or Research stories co-authored. In this way both parents and practitioners contribute their respective expertise in non-judgemental but meaningfully informed ways. The outputs from this work connect with the full range of government policy and practice, locally and nationally.

Parents and practitioners are invited to take part in local groups in places identified by the local authority as likely to benefit from the work, mostly where there is evidence of disadvantage. Participants are never referred to the groups. Recruitment is conducted within place-specific word-of-mouth networks. Practitioners augment this by reaching out to isolated people.

Research and Encounter stories are augmented by Parent Authored Profiles, My Maps of Me and other web-assisted tools.

The work is always done in partnership with local authorities and serves as a unique commissioning hub from which to determine locally appropriate, fit for purpose services. All co-authored work is stored and shared on the Big Wide Talk website. Co-authoring at local level is mediated by participation of experts from the national team. Film footage is stored in a growing national archive, a searchable database. And all Research and Encounter stories published on the website are aligned with detailed planning data and policy information on the participative planning database. This means that at any point in time participants and commissioners within the local authority can access detailed information about perceptions of need at the micro level.

The work also contributes to the strengthening of communities by testing and proving the value of collective responsibility and new approaches to collective investment. The subtext is that if people are to do exciting things with children, and they very much do want to give their children this opportunity, then it is necessary to take collective responsibility and to reconfigure existing relationships between people, time and money. Parents are deeply concerned about having time for their children, about children having fulfilment and have profound questions about the ways in which these outcomes can be achieved. Practitioners are concerned to consider the expressed needs of parents and the best ways of deploying local resources. As a result groups are beginning to consider resolving some of their difficulties and dilemmas by sharing their collective needs and strengths. Each group is encouraged to consider themselves as an economic entity at the micro level and therefore as a mechanism for securing income while their children are young. Parents, even in the most disadvantaged places, are enthusiastic about having the power to shape their children's lives. They are motivated to create their own way of life rather than just get a job.

Big Wide Talk is seriously pioneering and ahead of its time and its popularity is growing. There are strategic partnerships involving groups of extended schools and children's centres in Plymouth, York, Devon and Cornwall, with other authorities beginning to consider partnerships in their areas, notably Staffordshire, Lancashire and Hackney.

Overwhelmingly the work demonstrates the engagement of parents even in the poorest areas as active players in building a future fit for children with all of the benefits this delivers for better outcomes for disadvantaged children. The responses listed below are all derived from co-authored work across the network. Further evidence is available at [www.bigwidetalk.org](http://www.bigwidetalk.org) and in *The Big Wide Talk Review 2005-2006*, which is enclosed.

*Support for parents: the best start for children 2005* identifies three underpinning principles for national government policy:

- Rights and responsibilities: supporting parents to meet their responsibilities to their children.
- Progressive universalism: support for all, with more support for those who need it most.
- Prevention: working to prevent poor outcomes for children, young people and their parents from developing in the first place.

The report goes on to describe the government's strategy as encompassing:

- Economic and financial security for families as a foundation for improving the quality of children's lives.
- Support for parents in managing the demands of parenthood and in balancing work and family life.
- Building stronger communities and regenerating deprived neighbourhoods.
- Improving and reforming public services so that they deliver for all children, young people and families in ways that are appropriate to their needs.

Few of our parents and practitioners would object to these principles or to the aims of the government's strategy if they had ever heard or seen them. However these are words. Big Wide Talk participants want tangible action that they can see, feel and discuss. They want to work out what support and prevention mean within their own experience of the demands of bringing up children and the realities of service delivery on the ground in the places where they live.

Consider this example:

Parents in our High Street group in Plymouth live in a lower layer super output area ranked within the 1% of areas with the highest levels of deprivation in the UK. Many of them have children and relatives with complex needs but in a recent conversation with the Assistant Director of Children's Services in preparation for their participation in the Plymouth Joint Area Review, they explained that there were no generic or specialist advice services, no youth facilities, extremely limited access to speech therapy and difficulty in accessing Sure Start outreach in their area. They know that despite their efforts children are exposed to drug-taking and experience a culture in which failure at school is commonplace.

Some of these women cannot read and have complex issues themselves. Nevertheless they are hugely enthusiastic participants in Big Wide Talk. They come climbing on Dartmoor with us with even their smallest children. They co-author locally specific research. They present to local planning forums and conferences. They camp with us at our summer meetings and they are beginning to discuss the ways in which they take collective responsibility even for children with very special needs. The Head Teacher at the school where their group meets is resolute in his view that the work is enhancing school improvement.

"Over the past three years since Big Wide Talk first became involved with our school I have seen the parents grow in confidence, rise to new challenges and become far more able at seeking out alternative ways of supporting their children. The school has benefited from both the support given by the parents and also by the growing understanding they have of how they can help their children to succeed at school. Big Wide Talk is now an integral part of our community work and I am confident that the young children who have had the experience of being involved with the project settle more quickly into the normal routines of school when they enter our reception class."

- John Lynch, Head Teacher, High Street School, Plymouth

These parents want good access to the specialist services their children are entitled to without being told there is no money for them (the reason given for the lack of speech therapy in Plymouth, for example). More than anything else they want to be taken seriously when so many of the realities around them suggest they are not 'worth it'. They do not want to be told how to look after their children by inappropriately trained, poorly paid practitioners. They argue that parenting is the most difficult thing they have ever had to learn and they want affirmation and empathy about the difficulties they have to face, not anodyne advice.

"Being a Mum has been the most difficult thing in our lives so far: as they get older there will be more and more new things in their lives to cope with. There's a lot of information out there about what's wrong and right with parenting, but difficult to know what to access. It makes you worry about whether you are doing the right thing, when there is so much of this information in print and on television. Information would've been passed down word of mouth through different generations in the past."

- Leigham research story, 2006

They are wary of being judged and speak repeatedly of this experience. They rightly assert that they are not responsible for inequality and wish to be acknowledged as experiencing this burden with wit and determination. They do not intend to be pathologised to gain services. Rather, they want practical support and respect.

It is these understandings that constitute **their underpinning principles** and they want to talk about how monies, for instance for parent school advisers, could be spent to give them the kind of day-to-day practical help they need to support their, usually sophisticated, survival strategies.

These are **their strategies**:

- o One parent with three children, two of whom have autistic spectrum diagnoses, would like help sometimes getting her children to school. These two children both like to count small insects on paths and pavements and resist when she insists on moving on. But their attendance is excellent. If she gets sick with the stress of it all perhaps they won't get to school as they do now.
- o Another woman with three children under six, has cleft palate and experienced extremely disrupted schooling herself, has a son with acute communication issues. She used to rely on her mother attending hospital appointments with her but since her father developed Alzheimer's her mother cannot leave him to help her. She needs someone to attend appointments with her so that she is confident of being understood. This is what **prevention** means to the High Street group.

Almost all of the parents in this group live on incomes below the national average. Some of them want jobs but many of them point to the needs of their children and the vigilance needed to keep them safe in the local environment. Childcare is useful to them but in a limited way.

They value their children's future but remain unconvinced that having a low paid job will enrich their children's lives. They know better than most that poverty means that their children will have less chance than better off kids but they know that their lives are already stressful. Working and meeting the demands of employers would be, they think, more stress than they could reasonably handle when they already meet the demands of their children and partners and absorb the costs of the lack of services in their area.

They would prefer to be actively engaged with their children whilst they are young, having the time and space to do exciting things that they know are good for them. They have begun to consider a collective investment approach to augmenting their incomes. **They are beginning to consider what economic and financial security means and what they might consider giving up to get it.**

But they also recognise that some people need more than specific specialist services and practical help. They understand and have started to discuss their anxieties about some children who need safeguarding. **These women could be a huge resource for the local authority as commissioners of**

## **services and as good neighbours rather than as people seen as locked into a cycle of disadvantage.**

So we begin to see how government intentions and parent/practitioner understandings at the very local level diverge and often do not match. Big Wide Talk methods and tools overcome these barriers, making both services and parenting more fit for purpose.

Locally owned co-authored research provides the answers listed below to the questions posed by the review.

### ***Prevention strand of review***

*What should be the role of universal services in providing access to protective and preventative support, risk assessment and referral?*

Direct partnership with parents about the nature and quality of locally delivered universal services can bring precision to the commissioning process. The Big Wide Talk method means that parents and practitioners develop a detailed view about services for individual children and for groups of children. This approach contributes to prevention in two significant ways:

- by strengthening the commissioning process, which makes it possible to develop greater fitness for purpose
- and by deepening the quality of services through the shared commitment of parents and practitioners.

Parents who are in regular dialogue with practitioners about what children actually do and say and the services they need are much more attuned to the knowledge base that informs and supports the use of the Common Assessment Framework.

If parental involvement in the delivery of universal services is enabled and sustained on a strategic basis rather than as an (optional) adjunct to (good) practice our work is providing evidence that this can be the driver for more efficient identification of risk and the preventive demand in any area.

*How can targeted and specialist services intervene earlier to address problems before they become acute?*

By being available. In our experience they are often not available in the most desperate places. We also find there are marked differences between authorities. Participants in York seem much more able to access specialist services than their counterparts in Plymouth but housing is much more problematic in York than it is in Plymouth.

We have also successfully tested greater involvement of specialists in the preventive function of our local groups and in using our exhibitions. Speech therapists are involved in all of our local groups in York so that participating parents can draw on (their) expertise when thinking through their own child's attributes and needs. The speech therapists see this involvement as not only enhancing the quality of diagnostic work but also in maximising their preventive reach.

The detailed observation and analysis of what children actually do and say within the Big Wide Talk method is compellingly useful for early diagnosis and the elimination of false positives on waiting lists and so on.

We have also begun to use innovative approaches to general assessment of children. Our glass climbing wall, supervised by appropriately qualified climbers, provides an exciting and extremely engaging way of focussing on children's capacity for language and communication. Children who have little to say demonstrate sophisticated skills whilst

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others reveal difficulties not previously picked up. Large numbers of children can use the wall. We are writing up research of these experiences, including the evidence gathered at Looking Lighting Learning exhibition, held in Plymouth last year where just under 1000 children were introduced to the wall. An estimated 2,000 children will use the wall at the Our New School exhibition in Truro in October. In November the wall will be erected in the Children's Services Department headquarters in Plymouth and the speech therapy team will work with the Big Wide Talk team to analyse the language skills of the children who climb, with the aim of providing an initial assessment for many more children than at present.

We have used the wall to provoke dialogue and other development with children attending special school in Plymouth with considerable success and this work will be continued in November. The exciting thing here is to recognise the potential for unobtrusive surveillance and assessment which activities such as climbing, provide and rearranging local services to take advantage of them. The climbing experience not only serves as an assessment tool but is also enlivening for the adults who take part. Many parents, especially those of young children and children with special needs, find this moving and transforming. Doing exciting things with children is never a leisure pursuit, there are always multiple purposes being served.

*How can the impact of intervention to prevent children, young people and families with complex needs repeatedly moving in and out of contact with targeted services be sustained?*

Our experience of including children with complex needs in our groups, exhibitions and expeditions is that they stay involved through thick and thin. Our summer meeting, Our Seaside Safari, provides an example. The summer meeting is a network-wide meeting comprising action times when exciting things were done with children and talk times when parents and practitioners got together to share their experience and understandings more generally. Some 36 children in receipt of specialist services attended, of whom ten had complex needs, in each instance attracting the attention of more than five professionals. These children especially those with autistic spectrum diagnoses are not easy to care for. Our ethos of collective responsibility was identified by parents and practitioners as important for the sustained support of these children. Children with special needs stay in our groups for long periods of time. Acceptance and inclusion seem to work.

*How can rights and responsibilities for individuals, families and communities be integrated into services to improve the lives of children and young people?*

In our experience this only happens when rights and responsibilities are locally understood and valued. Most parents take wholehearted responsibility for their children but sometimes adopt a consumerist approach to services expecting everything with little or no involvement themselves. Big Wide Talk has demonstrated that parents are much more likely to be able to maximise their aspirations for their children when they feel able to speak with teachers and other practitioners without being judged or feeling inadequate. In a more equal relationship parents are more likely to understand their rights and responsibilities and feel much more able to secure them. Many parents talk about their own bad experiences of school and have a lack of confidence not dreamt of by confident professionals. However establishing real parental involvement of sufficient quality is never easy and can sometimes be hard to achieve if parents work long hours. Our parents tell us that working parents are less likely to exercise influence on their children because of the need to try to compensate for absence by indulging the children.

*What would be the impact of more preventative services and early intervention on the life chances of children and young people and on the value for money of public spending on children, young people and families?*

Our experience is that more preventive services will be effective in improving the life chances of children if they are of the highest quality. Working with parents and

practitioners in our groups is extremely skilled work requiring practitioners who have good analytical and personal skills as well as lots of face-to-face experience. Such people are not easy to find within existing employment environments. However when they are available the impact of their work is far reaching and in our view highly cost efficient. Many of the children we work with are at risk of leaving school without good qualifications. Parents and practitioners within our groups see being part of Big Wide Talk as an asset they can give their children. They see it as an advantage that they can secure for their children and this is demonstrated in a tangible loyalty to the project and desire to integrate the things we do into a way of life. Parents repeatedly talk about the dilemmas of parenting but just as often the real, life-affirming joy of it. This spirit counts as much as money and contributes perhaps more than anything else to the quality of parenting with its contingent benefits.

The attainment gap between poor children and the rest of the population is of immense concern to democrats everywhere. In DfES sponsored research the impact of *Parental Involvement, Parental Support and Family Education on Pupil Achievements and Adjustment; A Literature review 2003*, Professor Charles Desforges concludes:

"The achievement of working class pupils could be significantly enhanced if we systematically apply all that is known about parental involvement. A programme of parental involvement development initiatives taking the form of multi dimensional intervention programmes, targeted on selected post code areas and steered by a design research process is implicated."

Our work is beginning to confirm this proposition.

It is important to have a clear definition of prevention however. Prevention should not in our view be conceived as separate services distinct from universal services. The systematic engagement of parents in the delivery of universal services using our method and tools is a preventive service.

### **Supplementary questions posed as part of the 'call for evidence':**

*What works in reaching out to the most vulnerable families to ensure they are able to take full advantage of service provision, especially in the early years?*

See above

*What evidence is there of major barriers to developing a preventative system? Are there examples where you have overcome these barriers?*

Our work suggests that the single biggest barrier is the perceived social distance between parents and practitioners and the related fear of disapproval. Writing in *Contemporary Issues in Early Childhood* in November 2000, Patrick Hughes and Glenda MacNaughton describe an examination of the burgeoning literature on parental involvement in these terms:

"Writers consistently noted the problems of creating and sustaining parental involvement. Our review indicates that the problems arise largely from the constant 'othering' of parental knowledge by staff. Such 'othering' subordinates parental knowledge through three themes:

- Parental knowledge is inadequate; parents are actual or potential teachers. Here parents are seen as ignorant about what and how to teach children and parent involvement programmes rectify this.
- Parental knowledge is supplementary; parents are collaborators. Here parents knowledge of their child allegedly complements staff's professional knowledge, but in reality merely supplements it.

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- Parental knowledge is unimportant; parents are absent. Perhaps the simplest most effective form of 'othering'-parents voices are absent from much of the literature about parental involvement."

More recent cross-cultural studies in Europe suggest that professionals have very negative views of parents and parenthood. Researchers working in Portugal, Finland, Norway and Estonia found that 65% of practitioners had negative views about parenting. Development of professionalism in parent-teacher partnerships in Estonia, Finland, Lithuania, Norway and Portugal. E Hujala and L Turja at the European Early Childhood Education Research Association 16<sup>th</sup> Annual Conference, Iceland, 2006.

The starting point for Big Wide Talk requires an orientation on the part of practitioners that:

- If children are not to continue to be unequal in our society there must be changes in the relationships between people, time and money.
- The upbringing of children is dependent not only on the attributes and aspirations of individual parents, but on the interconnectedness and interdependencies of society.
- Children and their needs are marginalized locally and globally and that if the upbringing of children were to be acknowledged as the real motor of the global economy, well-being, equality of opportunity and a more engaged global citizenry would ensue.
- Relationships between adults and the services, which are provided by government, must derive from acknowledged democratic responsibilities rather than individualised consumer rights.

Whilst we are not asserting that everyone who works with disadvantaged children and their families must hold to such views we are clear that this philosophical position supports successful parental involvement.

*What evidence is available on how funding can be freed up at the acute end of provision to spend on preventative services?*

Our view is that this can only be achieved by the strongest possible determination by practitioners to support preventive measures and by the long term monitoring and consideration of benefits and obstacles. The managerialist 'Quality Protects' programme did little if anything to enhance the life chances of looked after children. Monitoring and evaluation are the hallmarks of good practice for strategic planning and for practice. Too often services are described as too pressured to be able to attempt prevention. Only the firmest action to support good practice at the front line will help to rebalance spending from the heavy end to prevention.

In the mid-eighties Strathclyde Regional Council set up a strategic monitoring system designed around a layered approach to prevention. If children moved from level one (universal) services to receive level two services this was monitored with the aim of these children returning to level one. This dynamic was repeated through the four levels of services (or prevention) so that even those children who were looked after were monitored strategically to see if they were being returned to the community. Such an approach is an essential prerequisite to reducing heavy end interventions.

It is our view that our method will reduce the need for heavy end interventions over time with the potential to initiate a gradual siphoning of funding from one level to another. Big Wide Talk methods can be delivered to some 900 households at a cost of £950 per household per year. Big Wide Talk also levers in significant funding within specific partnerships for large-scale exhibitions, which reach out to an average of 2,000 children and their families per event. These figures do not take into account the volunteering, which we generate, and the value of the impacts across other government led agendas.

*How can we build the capacity of parents, families and communities to shape the design and delivery of services for children and young people?*

Experience suggests that radical reform overall is needed to bring this about on a significant scale. Some of the reforms which could make a difference are under consideration within the aegis of the Lyons Inquiry into local government and further changes to the system of delivery to children and families should be deferred until these can be integrated with changes in local government, especially those to do with place-shaping.

In, National prosperity, local choice and civic engagement: a new partnership between central and local government for the 21<sup>st</sup> century, Lyons says:

“Central and local government therefore share an interest in developing a system which enhances the ability of public services to respond to the needs of local people.....The key advantages of making decisions locally are the ability to use local knowledge, to engage the public and support co-production, to convene and join up public services across different providers and sectors and to innovate and test new approaches.”

These ideas connect with our own thinking about the best means of securing fit for purpose services for children and parents. Indeed one could argue that delivering authentic parental involvement in children’s universal services could serve as a mechanism for the sort of place-specific local engagement which Lyons says is essential for our future well being.

Again, it is our view that only as innovative a system as that offered by our method and tools can meet these challenges. Sustained place-specific dialogue about what children actually do and say, aligned with exploration of the services and spending available and needed by parents and practitioners working together, creates a commissioning hub of real power.

## ***Terms of reference for the Review of Disabled Children***

*The key questions the review will address include:*

*What progress has already been made in addressing the needs of disabled children and their families?*

See the *House of Commons Education and Skills Committee, Special Educational Needs, Third Report of Session 2005-06*. This report is deeply critical of services for children with special needs. The experience of our parents concurs with the report with myriad instances of poor or even grossly inadequate provision. But our work offers great hope for such children and their families. We have taken children with significant learning and communication difficulties with us on climbing trips to Dartmoor with good effect. Children with special needs have made good use of our climbing wall and delighted in taking part in our exhibitions and summer meetings. Intelligent spending on exciting provision for these children would enliven many services and communities. We have footage of a child newly turned three with significant communication delay reaching the top of our six metre high climbing wall with real skill, determination and delight. On finishing his climb, he wanted to talk about it: the wall provided intense language stimulation for this child. Everyone who watches this film, whether visiting professional or rigger helping with set-up, has been enthralled.

*What are the barriers currently restricting access to services and therefore effective intervention?*

The services are simply not fit for purpose.

*Are services sufficiently co-ordinated at local level to allow families to access sufficient support to meet their needs?*

No. However they should be co-ordinated and commissioned by sustained and sensitive local practice as described above not by the imposition of top down targets.

*How does the system of support for disabled children and their families compare across the country and abroad? Are there lessons we can learn to improve outcomes?*

Services vary across the country but none of the service systems are adequate. We need to seriously prioritise this work. More money is needed but more importantly we need to win hearts and minds about the inherent value in giving children who are disabled a better deal. We are not familiar with services across Europe. In the developing countries, for example South Africa, services for children who are disabled are either nonexistent or grossly inadequate, shrouded often in superstition and ignorance. The UK should be able to offer a much better example but parents often see themselves at war with services or, more often, at the mercy of them.

*What family support services i.e. key workers, short breaks, sibling support, behavioural management are currently available and how do these relate to other services?*

Services vary enormously. It is our view that neither parents nor practitioners have the space they need to use existing universal services more imaginatively.

*What are the most cost effective interventions in delivering better outcomes?*

Preventive services such as those described above that are expertly tailored to need and within the rigorous control of the recipients.

*Are there interventions, which, if made earlier, could reduce more costly interventions later? How can we identify the need to intervene earlier?*

People know how they experience their own needs. Preventive services are those, which address and respond to this experience. The preventive services that work are therefore those that establish and maintain dialogue at all times.

*What lessons can we learn from the legal frameworks in other countries that might inform the review?*

We do not have a view.

## **Terms of reference for the Review of High Cost, High Harm Families**

*Who are these families? How can we define them and how many of them are there?*

These families can only be reached by involving them in services that they find helpful. There is no substitute for systematic outreach on a place specific basis. We have been able to engage parents with entrenched problems. It is also important to note that so-called 'high cost, high harm' families can also be products of the system.

*What progress has already been made in addressing the needs of high cost, high harm families?*

See above.

*Can we better align local services to improve identification of these families earlier on and before they become high cost high harm?*

See above.

*Are current incentives and levers adequate to deliver co-ordinated responses for families across relevant services such as health, education, housing, social services and the police at local level?*

It is our view that only serious collective responsibility will overcome the barriers to co-ordination. Much of the rhetoric of service improvement is about competition and the meeting of targets for the kudos this brings. Such approaches do not bear fruit.

*What interventions here and abroad have been shown to work in reducing the harm caused by these families and supporting them to exit the cycle of low achievement?*

Universal education, good sanitation, adequate housing as general improvements have worked in the past. Socio-economically UK society is deeply unequal. If we have hierarchies there will always be people who tumble out at the bottom and suffer the consequences. The long-term solution is to reduce inequality. We still have far too many poor children. The eradication of poverty is the real solution.

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*What is the appropriate balance between support and sanctions for these families?*  
Criminalisation of parenting seems misjudged and unproductive.