Promoting the Well-being of the Primary School Age Child

REPORT ON THE CONFERENCE HELD ON:

21 & 22 SEPTEMBER 2010

At Cumberland Lodge,
Windsor Great Park

Report published December 2010

CONTENTS

1.   FOREWORD AND ACKNOWLEDGEMENTS

Richard White, Chair of the Conference Steering Group

This report provides an overview of the deliberations at the 23rd annual conference of The Michael Sieff Foundation held at Cumberland Lodge, Windsor Great Park, on 21 and 22 September 2010. It is intended as an adjunct to the full programme and other speakers' PowerPoint material which is available on the Foundation website. A shorter report in printed form is being prepared for use at a Parliamentary Briefing being planned for March 2011.

'*Promoting the Well-Being of the Primary School Age Child'* is the third in a series moving up the age range. Helping children to move through the vital stage of their life in primary school is an important and difficult task in modern society. It has to combine development, well-being and education within a complex structure in school and in the community.

As can be seen from the Appendix at the end of this report the conference was attended by a wide range of people involved in the policy and practice development of early years' and primary age services, including those working in Central and Local Government, CAMHS, Children's Services, Education and Special Needs, Research and Voluntary Agencies.

The format of the conference encourages those attending to exchange ideas and information in the light of papers which are delivered by leading speakers. Outside formal sessions there are opportunities to network with colleagues and discuss issues arising from the conference themes. Recommendations for future action emerge from these discussions.

Key themes which were discussed at this conference were:

- the importance of and understanding child development;
- the importance of the effect on the brain of early life experiences;
- the related need for early intervention, in respect of which the role of the health visitor was again noted and supported by the Government this December;
- the variety of options for intervention based in the community;
- the value of the extended school as one of those options;
- the associated need for training of teachers on the well-being of children.

I would like to thank Louise Appleby for her able administration of the organisation of the conference.

The conference programme, delegate list and speakers' presentations and speeches can be viewed at the Michael Sieff Foundation website:

www.michaelsieff-foundation.org.uk

2. WELCOME FROM SIEFF CHAIRMAN

John Tenconi, Chair of the Michael Sieff Foundation

Welcome to the annual Sieff conference, the 23rd year in which it has been held. In previous years we have met over three days. This year we decided to reduce the length of the conference to two days to decrease pressure on time and funding. We have sought to retain the balance of speaker input and discussion time. For those of you who have not been before we do not consider this merely a conference but rather an opportunity to consider practice and policy development and thus for those attending to participate in promoting thinking on the topics under consideration.

In this time of heightened economic pressure on Government and citizens it is even more important that organisations like Sieff continue to address the needs of those people, otherwise the most vulnerable will inevitably be the most susceptible to further cuts in the support, help and attention they deserve. This, and our Young Defendants Working Group, is our contribution to the Big Society espoused by the Coalition. We believe that the unique nature of Sieff conferences can contribute meaningfully to outcomes for those young people, whose issues we address.

We are therefore continuing to address these needs in this, the third year of our five year conference programme. We are particularly pleased to have here tomorrow Tim Loughton, Minister responsible for Children and Families and a range of representation from education, health and social services.

Lastly I would like to bring you some news from Elizabeth Haslam, without whose astonishing efforts, the Sieff Foundation would not exist. She tells me that she is starting a new career as a promoter, publisher and broadcaster on Cyprus radio. The show will run initially three times a week on Monday, Wednesday and Friday at 8 am to 9 am our time. She will be hosting guests speaking and answering questions on all manner of issues of interest to her audience. You can hear the show on 91.4 Coast FM and it starts on11th October 2010. She has asked me to convey to you that if any of you find yourselves in Cyprus and would be willing to take part on your specialist subjects she would be delighted.

I now hand over to Naomi Eisenstadt, whom I know, far from relaxing in her retirement from the Cabinet Office is engaged in many important initiatives. We thank her warmly for taking time to chair this conference in her busy schedule.

3. KEY SOCIAL AND DEVELOPMENTAL ISSUES FOR CHILDREN FROM SIX TO TEN YEARS

Presentation by: David Utting, Independent Writer, Research and Policy Analyst in Children and Family Matters

David Utting is a writer, researcher and policy analyst. He is Secretary of the Independent Commission on Youth Crime and Antisocial Behaviour and was formerly Deputy Director of the Policy Research Bureau and Associate Director (Public Affairs) of the Joseph Rowntree Foundation. His authored and co-authored publications include Crime and the Family (Family Policy Studies Centre, 1993), Family and Parenthood (Joseph Rowntree Foundation, 1995), Reducing criminality among young people (Home Office, 1996), What works with young offenders in the community? (Barnardos, 2000), Support from the Start (DfES, 2004), Risk and protective factors (Youth Justice Board, 2005) and Interventions for children at risk of antisocial personality disorders (Policy Research Bureau, 2007). He also contributed to Children, their world, their education, the final report of the Cambridge Primary Review (Routledge, 2009)

KEY POINTS FROM PRESENTATION

Children's 'Theories of Mind'

Children's learning is socially mediated and parents, carers, peers and teachers are all important in their education. As noted last year by the Cambridge Primary Review, it is also now recognised that children think and reason in much the same way as adults. What they lack, and acquire during childhood, is experience; together with the ability to reflect on their own thinking and learning and to regulate their behaviour and social interactions. Children use their cognitive skills to work out their own explanations for what they observe, what happens to them. They construct reasons for the way other children and adults behave and they tend to be biased towards their own hypotheses, favouring information that endorses their existing 'theories of mind'. This confronts us with primary age children who have already concluded from the evidence in their everyday lives that they are somehow unloveable, 'naughty' and incompetent in ways that radically affect their preparedness to learn and their behaviour.

Continuities in Conduct Problems

In order to promote healthy social development and learning and prevent serious long-term behaviour problems ways must be found to help children to adjust their misplaced theories about themselves. It is also important to change the evidence on which they routinely draw – the social, learning or environmental context. Severe behaviour problems among primary-age children are disruptive and symptomatic of multiple background problems that can include abuse and neglect. They also 'matter' because of continuities between behavioural disorders in childhood and conduct problems in adolescence and in adulthood. As many as 15 per cent of five-year olds may exhibit persistently oppositional and defiant behaviour. By the end of primary school, the proportion with diagnosable conduct disorders will be fewer than one in ten, but those who remain chronically antisocial will be moving to secondary school with a track record of low attainment, and exclusion among their peers. What follows will tend to be involvement in persistent and increasingly serious crime.

Risk and Protective Factors

Most children who are persistently antisocial at age six do *not* grow into chronically antisocial adults and career offenders. But severely antisocial children and their families need early help in preventing long-term disorders. Knowledge concerning risk and protective factors supports taking a public health approach to prevention. Risk factors that increase the probability of later problems have been found in communities, families, schools and among peer groups as well as children's individual characteristics. Likewise, protective factors buffer children against risk in otherwise difficult circumstances. Some risk factors relating to life stressors like poverty, unemployment, overcrowding and illness are mediated through their impact on parenting. Risk factors like low achievement and disruptive behaviour, are more specific to the primary school years.

Early Intervention

In terms of family-focused prevention, the evidence highlights the effectiveness of behavioural, skills-based parenting programmes. They have also been used with some success to help parents of children with Attention Deficit-Hyperactivity Disorders (ADHD). Evaluations also show how multi-modal packages of support can tackle multiple risk factors. For example, in the *Seattle Social Development Project* training to improve the social and reasoning skills of primary-age children was combined with a parenting programme and a classroom skills programme for teachers. *Multi-dimensional Treatment Foster Care* has been used in the UK as well as the US to take a multi-modal approach with young offenders and children in care with behavioural problems.

Among primary schools, remedial strategies, used for both literacy and numeracy, apply lessons gained from effective programmes like the *Reading Recovery* programme. Anti-bullying strategies and policies have learned from the *Sheffield Anti-bullying Initiative* in the 1990s, which combined 'whole school' promotional work with individual intervention. An example of a specific programme used in some UK primary schools is *PATHS (Promoting Alternative Thinking Strategies)* that enhances social competence, self-control, emotional understanding, positive self-esteem, personal relationships and problem-solving.

These are areas highlighted by the Independent Commission on Youth Crime and Antisocial Behaviour in its recent report *Time for a fresh start*. It calls for a structured programme of investment in the most promising preventive approaches, backed by systematic arrangements for sharing authoritative guidance about effective services. Provided we choose and implement our interventions carefully, we know enough to take effective preventive action.

4. THE NORMATIVE DEVELOPMENT OF CHILDREN BETWEEN SIX AND TEN YEARS

Presentation by: Dr Eileen Vizard, Consultant Child & Adolescent Psychiatrist, NSPCC & Honorary Senior Lecturer, UCL

Dr Vizard qualified as a Doctor in 1974, subsequently trained as a general adult psychiatrist before training as a child psychiatrist and as a psychoanalyst. She is an Honorary Senior Lecturer at UCL.

Dr Vizard works as a Consultant Child and Adolescent Psychiatrist and is Clinical Director of the National Clinical Assessment & Treatment Service (NCATS) formerly known as the Young Abusers Project (YAP) based in North London. The YAP/National Clinical Assessment &Treatment Service was founded by Dr Vizard in 1988 and sees children and young people from around the UK with extremely complex problems including sexually harmful behaviour.

For the last thirty years, Dr Vizard has specialised in work with abused and abusing children, with sex offenders and with their families. She has acted as an Expert Witness in both Criminal Proceedings and Family Proceedings and has trained Child Psychiatrists and other disciplines in giving Expert Evidence. In 1997 Dr Vizard published the Expert Witness Pack, a guide for experts in Children Act 1989 proceedings which was updated in 2007.

Dr Vizard has published extensively, has researched and taught widely within the field of child care, child abuse, child witnesses, adult and juvenile sex offenders. She has contributed to many Government Publications over three decades.

Dr Vizard's current research interest is the early origins of juvenile sexual offending and intervention with severe personality disorder emerging in childhood. The results of a three year Home Office funded research study into these issues have been published on the Department of Health website. Research into effective treatment interventions with children showing sexually harmful behaviour is now planned.

KEY POINTS FROM PRESENTATION

Lifespan Development

As the concept suggests, development of human beings continues across the whole lifespan until old age. Most physical development occurs in childhood, adolescence and young adulthood, including brain development which will continue into the mid twenties and possibly later. Older adults can also acquire new physical and cognitive skills and these may protect against the ageing process – the 'use it or lose it' notion.

Child & Environment

Children are very much affected by their environment as they grow and develop. There is a dynamic tension between the effect of 'nature' (inherent child qualities) and 'nurture' (family & wider environment) which is moderated by the child's own resilience to bodily stresses (illness) and environmental stresses (poverty, abuse etc).

Child Developmental Models

Many child developmental models use the notion of 'stages' in development to chart a child's progress towards adulthood. It is probably best to draw on a range of these models to understand normative child development. However, Attachment Theory does provide a model which describes the child's developing autonomy within the framework of a secure attachment relationship with a reliable and loving care-giver. Different types of attachment are described which are relevant for clinical practice with children from dysfunctional backgrounds.

Normative Child Development

Normative child development can be described in four categories:

Physical, Intellectual, Emotional and Social development.

Developmental Milestones

Children who are reared in safe and nurturing environments will show normative development. This means that they will pass through stages of development in each category in a generally stop/start manner, rather than in a totally smooth and entirely predictable manner but they will eventually have reached all the relevant developmental milestones by late adolescence or early adulthood.

However, children with developmental disorders, with chronic illnesses or children from abusive or deprived backgrounds may show developmental delay which can affect some or all of the four categories of their development at different points in their childhoods.

Assessment of Child Development

The assessment of a child's development should be undertaken by fully trained health professionals, including paediatricians, health visitors, psychiatrists and psychologists. However, all disciplines working with children and adolescents should have a basic training in child development, including the recognition of any alerting features which might require a professional assessment as well as an understanding of which professionals to approach for specific assessments.

5. WHAT HAPPENS WHEN DEVELOPMENT IS NOT NORMATIVE? THE GENETICS AND NEUROSCIENCE OF CHILD MALTREATMENT AND EARLY ADVERSITY

Presentation by: Dr Eamon McCrory, Co-Director, Developmental Risk and Resilience Unit, UCL & Consultant Clinical Psychologist, NSPCC

Eamon McCrory, PhD, is a Senior Lecturer at UCL where he co-directs the Developmental Risk and Resilience Unit with Dr Essi Viding. He is also a Consultant Clinical Psychologist with the NSPCC working with children displaying serious behavioural problems and a Visiting Assistant Professor at the Child Study Centre, Yale. His research and clinical interests have focused on conduct problems in childhood and more recently he has been researching the impact of early adversity and maltreatment using fMRI in children and adolescents. One strand of research relates to the investigation of possible neurocognitive mechanisms underlying resilience and their relation to the child's environment - including peer and care-giving relationships as well as child specific coping strategies.

SUMMARY OF PRESENTATION

Childhood maltreatment is associated with later psychopathology, including conduct disorder, antisocial personality disorder, anxiety, and depression. However, the neurobiological mechanisms by which childhood adversity heightens vulnerability to psychopathology remain poorly understood. There is likely to be a complex interaction between environmental experiences (such as maltreatment) and individual differences in risk versus protective genes, which influences the neurobiological circuitry underpinning psychological and emotional development. Brain imaging research in children and adults is providing evidence of several structural and functional brain differences associated with early adversity. These in turn are likely to be associated with patterns of psychological adaptation that may ultimately increase a child's risk for later psychopathology.

In relation to the brain imaging evidence, there is relatively consistent evidence for reduced white matter and reduced grey matter volume in the cerebellum of maltreated children, but no differences in relation to the hippocampus. The structural findings are more mixed for the prefrontal cortex (PFC). Functional brain imaging research suggests that experience of maltreatment is associated with increased amygdala and anterior cingulate cortex response in affective and cognitive control paradigms, respectively. Event related potential studies have found that children who have experienced severe social deprivation show a generalised pattern of cortical hypoactivation. Increased brain activity specifically to angry faces in prefrontal regions has also been observed in physically maltreated children, likely to represent the neural correlates of increased attentional monitoring for social threat.

Gene X Environment research suggests that a child's genotype may partly determine their level of risk and resilience for adult psychiatric outcomes, including depression and PTSD following childhood maltreatment. It is important to bear in mind, however, that positive environmental influences, such as social support, can promote resiliency, even in those children carrying 'risk' polymorphisms exposed to maltreatment. Future research will investigate the influence of clinical interventions as a positive environmental factor that may serve to moderate environmental and genetic risk.

In summary, the series of neurobiological changes associated with maltreatment can, on the one hand, be viewed as a cascade of deleterious effects that are harmful for the child; however, a more evolutionary and developmentally informed view would suggest that such changes are in fact adaptive responses to an early environment characterised by threat. If a child is to respond optimally to the challenges posed by their surroundings then early stress-induced changes in neurobiological systems can be seen as 'programming' or calibrating those systems to match the demands of a hostile environment. From a clinical perspective, such adaptation may heighten vulnerability to psychopathology, partly due to the changes in how emotional and cognitive systems mediate social interaction. For example, early-established patterns of hypervigilance, while adaptive in an unpredictable home environment, may be maladaptive in other settings increasing vulnerability for behavioural, emotional and social difficulties.

While initial research has focused on these neurobiological adaptations following maltreatment, there is increasing interest in exploring the concept of resilience and those factors that may promote or enhance neurobiological mechanisms important for emotional regulation and coping.

Key Reference:

McCrory, E., De Brito, S.A., Viding, E. (2010). Research Review: The neurobiology and genetics of maltreatment and adversity. *Journal of Child Psychology and Psychiatry*, 51: 1079–1095.

6.   LONGER TERM IMPACTS OF CHILDHOOD ADVERSITY – CONSIDERING RISK AND RESILIENCE AND IMPLICATIONS FOR PRACTICE

Presentation by: Antonia Bifulco, Professor of Health and Social Care, Lifespan Research Group, Royal Holloway, University of London

Professor Antonia Bifulco is a research psychologist who directs the Lifespan Research Group at Royal Holloway, University of London and co-directs the Centre for Abuse and Trauma Studies a collaborative venture with Kingston University. She undertakes research into the lifespan psycho-social causes of mental health difficulties in women and inter-generationally. She has published extensively on the role of childhood neglect and abuse in and adult adversity, in longer term mental health problems. Her work utilises an attachment model is showing mediating effects of insecure attachment styles on childhood adversity and later disorders such as depression and anxiety. The role of close relationships both as sources of risk and resilience are also identified. Prof Bifulco is particularly concerned with propagating high quality research methods which include intensive, narrative style interviews to explore the context of experience of adversity and trauma in depth. This includes the Childhood Experience of Care and Abuse (CECA), and the Attachment Style (ASI) Interview. Professor Bifulco is currently working closely with health and social care services to improve assessment procedures in Child and Family services.

www.lifespanresearch.org.uk   /   www.cecainterview.com   /   www.attachmentstyleinterview.com

KEY POINTS FROM PRESENTATION

Introduction

The presentation aimed to look at the effects of neglect and abuse experience which occurs in primary school age children and beyond, and to see the impacts on psychological disorder in late adolescence and in adulthood. This allows for an examination of continuities in risk profiles which follow through the life course. Given that not all children who suffer from neglect and abuse develop later psychological disorders, the issue of resilience is also addressed. The question of how this knowledge can impact on professionals working with children at risk is discussed.

Psychosocial risks in adolescents are high in the UK. The UNICEF (2007) report shows the UK to be among the lowest in terms of wellbeing in teenage years and other reports show high UK rates internationally of psychological disorder which have been increasing for years, although with some early evidence of stabilisation (Maughan et al 2008). This is paralleled by high risks common in UK adults, including family breakdown, single parenthood, domestic violence and clinical disorder such as depression, anxiety and substance abuse. All of these have shown to have common early causes in childhood experience of neglect and abuse.

Childhood adversity in itself is complex, being part of a systemic family context. Thus some pertain to the family context of deprivation, conflict or instability. Others include behaviour of parents and others which are directed towards the child. This includes poor relationship with parents (involving high antipathy/criticism; low supervision; or high discipline) it also involves maltreatment (neglect, physical abuse, sexual abuse or psychological abuse). In many ways the stressful context in which parents develop psychological disorders is the very same context in which the children get maltreated and suffer parallel or greater stress levels but

which also impacts on their development. While all these factors are highly unpleasant and potentially damaging for the developing child, the ones that have the greatest lifelong impact are neglect and abuse, physical, sexual or psychological.

The CECA (Bifulco & Moran, 1998)

The Childhood Experience of Care and Abuse (CECA) is a standardised retrospective interview utilised with adolescents or adults to determine narrative but quantified accounts of childhood experience up to age 17. The factual orientation of the measure reflect parent/perpetrator behaviour in an investigative manner. Reliability and validity are established with good agreement between family members raised together and interviewed independently about their early life. The questions and scoring cover family context and the child's own experience of neglect and abuse within a chronology. All the experiences are collected together with the context of the experience, identifying the parent or perpetrator, the severity, timing and duration of experiences of maltreatment. For example, when questioning about neglect various details of material care (e.g. being fed and clothed); household routines, health and hygiene, socialisation and friendship and school attendance and work as well as providing emotional support are all included. A score of '1-marked', '2-moderate', '3-mild' or '4-Little/no' severity is made depending on the number of indicators present, their pervasiveness and intensity. Similar scoring is applied to experiences of abuse. The CECA differentiates emotional abuse in terms of Antipathy which encompasses cold, critical or hostile parenting, from Psychological Abuse which incorporates sadistic and coercive control including parental behaviours such as humiliation, terrorising, deprivation of basic needs or valued objects, emotional blackmail, corruption etc. This is an important distinction given the much greater impact on disorder of the latter.

Prevalence of Neglect/Abuse

The prevalence of severe instances of neglect or abuse are relatively common in the community. CECA findings show rates of 29% for any severe neglect or abuse in inner city mothers (e.g. 18% neglect, 19% physical abuse, 10% sexual abuse, 2% psychological abuse). These are very similar to the rates found by Pat Cawson (2000) in her national survey for the NSPCC finding rates of 1 in 4, (15% neglect, 21% physical abuse, 18% sexual abuse and 6% psychological abuse). Most individuals survive such maltreatment - around a third of those exposed develop psychological disorder. However, there are dose-response issues around the multiples of abuse experienced which substantially raise risk.

Neglect/Abuse and Clinical Disorder

Findings from the CECA over 20 years are summarised. Studies funded by the MRC and undertaken by the Lifespan group have focused intergenerationally on mother-adolescent offspring community samples both representative and high-risk in relation to common clinical disorders such as depression, anxiety and substance abuse. The studies show that whilst most childhood adverse experience relate to clinical disorder in adolescence or adulthood there are important messages in the size of the associations. For example if any one type of neglect, physical or sexual abuse is examined then there is an odds-ratio of 3.96 for adult disorder but higher at 5 for adolescents and their disorder. Similarly there is variation in the odds-ratio for different types of neglect or abuse: sexual abuse has highest odds-ratio of 7 in adults or adolescents, neglect and physical abuse both have odds-ratio's of around 3 for adult disorder and 5 for adolescent disorder. This means that where neglect or abuse is present there is almost a 4 to 5-fold higher likelihood of disorder in later life ensuing, but with greater impact in adolescence. The experience of antipathy from parents had lower odds-ratios of between 1.9 to 2.9. Clearly this has implications for which experiences might be the most damaging and implications for child protection versus child in need classifications in practice.

Dose-response effects are evident in the severity of abuse experienced – there is a linear increase in likelihood of adult disorder depending on whether the severity is 'mild', 'moderate' or 'marked' across all the key experiences. Another such effect is for multiple abuse – there is a linear increase for each type of abuse and adult depression with a single abuse at 23% for lifetime chronic or recurrent clinical depression rising to 64% for all 4 types.

Family context related to abuse includes parental conflict, loss of parent or deprivation/ poverty. Each of these at least doubles the likelihood of neglect or abuse occurring in the household with any one factor tripling risk. In adolescence neglect or abuse results increases by 2 to 3 times for teenage pregnancy, lack of planning in home leaving or teenage depression. Childhood neglect and abuse similarly leads to around twice the risk of domestic violence, adult sexual assault and separation from married/cohabiting partner.

Using and Attachment Framework

An attachment framework is used to encompass and understand these different findings. Using the Attachment Style Interview, insecure attachment style is shown to mediate between childhood experience and adult disorder, as well as relating to poor support and low self-esteem. In adolescents there is a particular link of mothers neglect and abuse, anxious attachment style and emotional disorder.

In studying young people who were the offspring of vulnerable community-based mothers, despite very high social risks (94%) as many as 80% also had coexisting positive experience in terms of peer group, support and school achievement. In addition 30% had Secure attachment style and 14% markedly high self acceptance. Thus risk and resilience factors can coexist in our complex urban living. These later were tested as resilience factors with secure attachment style or high self esteem buffering against adult disorder and halving the likelihood of disorder when neglect and abuse was present.

Practice Implications

These findings were discussed in relation to health and social care practice and the need for good standardised assessment, aids to the analysis of complex child care cases for care planning and the importance of attachment frameworks in guiding practice. Ongoing collaborations of the Lifespan group include assessing attachment style in young people in residential care to inform intervention (for St Christopher's Fellowship) and training social workers in use of the CECA scoring procedures for child protection in order to better categorise and analyse complex cases (for Kingston Safeguarding services).

A final plea was made for further developing assessment tools that could be used with primary school-age children themselves. Examples given were childhood life events measures developed in the 1980s-90s (Sandberg and Rutter et al 1993). These serve to develop the child's own narrative about adverse experience and stress and can be triangulated against parents' accounts. They also provide a platform on which the child is given an opportunity to have their own voice heard.

7. WHAT WORKS IN READING AND MATHEMATICS – LESSONS FROM THE BEST-EVIDENCE ENCYCLOPAEDIA

Presentation by: Professor Robert Slavin, Director at the Institute for Effective Education, University of York

Robert Slavin is currently Director of the Center for Research and Reform in Education at Johns Hopkins University, part-time Professor at the Institute for Effective Education at the University of York (England), and Chairman of the Success for All Foundation. He received his B.A. in Psychology from Reed College in 1972, and his Ph.D. in Social Relations in 1975 from Johns Hopkins University. Dr Slavin has authored or co-authored more than 300 articles and book chapters on such topics as cooperative learning, comprehensive school reform, ability grouping, school and classroom organization, desegregation, mainstreaming, research review, and evidence-based reform. Dr Slavin is the author or co-author of 24 books, including Educational Psychology: Theory into Practice (Allyn & Bacon, 1986, 1988, 1991, 1994, 1997, 2000, 2003, 2006, 2009), Cooperative Learning: Theory, Research, and Practice (Allyn & Bacon, 1990, 1995), Show Me the Evidence: Proven and Promising Programs for America's Schools (Corwin, 1998), Effective Programs for Latino Students (Erlbaum, 2000), Educational Research in the Age of Accountability (Allyn & Bacon, 2007), and Two Million Children: Success for All (Corwin, 2009). He received the American Educational Research Association's Raymond B. Cattell Early Career Award for Programmatic Research in 1986, the Palmer O. Johnson award for the best article in an AERA journal in 1988, the Charles A. Dana award in 1994, the James Bryant Conant Award from the Education Commission of the States in 1998, the Outstanding Leadership in Education Award from the Horace Mann League in 1999, the Distinguished Services Award from the Council of Chief State School Officers in 2000, the AERA Review of Research Award in 2009, the Palmer O. Johnson Award for the best article in an AERA journal in 2008, and was appointed as a Member of the National Academy of Education in 2009 and an AERA Fellow in 2010.

KEY POINTS FROM PRESENTATION

Introduction

An important change is beginning to happen in education policy and practice. Where educators have historically paid little attention to evidence of effectiveness supporting policies and practices, policy makers are increasingly looking to high-quality research to decide how to improve the outcomes of primary and secondary education.

One important tool in evidence-based policy has been the development of systematic reviews of research of "what works" in teaching practices. These include the UK EPPI Centre, the US What Works Clearinghouse, and the US/UK Best Evidence Encyclopaedia, a collaborative project of the University of York and Johns Hopkins University. The Best Evidence Encyclopaedia, or BEE, uses consistent review procedures to summarise the findings of high-quality studies of educational innovations. These are studies in which programmes are compared to well-matched or randomised control groups over periods of at least 12 weeks, on valid learning measures.

BEE reviews have now summarized the findings of more than 400 studies of primary and secondary reading and mathematics. Reports, available at www.bestevidence.org.uk, provide user-friendly reviews and lists of programmes according to their evidence base, and versions of all of the reviews have been published in academic journals (see list below). Additionally, patterns of findings are emerging across the subjects and year levels.

What Works in Reading and Mathematics?

Each of the BEE reviews broke the studies down into categories, especially: a) innovations in curriculum, b) use of ICT, and c) instructional process innovations. These had very different outcomes.

Curriculum Innovations

A total of 77 studies examined innovative curricula, such as new textbooks and new conceptual approaches to reading and maths. In reading, innovations included textbooks emphasising phonics and those emphasising alternatives to phonics; in mathematics, the innovations ranged from conceptual approaches emphasising problem solving and multiple solutions to very traditional approaches emphasising solving algorithms.

What is striking about these evaluations is that they showed very small effects on learning. It's not that curriculum doesn't matter, but there is hardly any evidence that changing textbooks makes much of a difference on traditional measures of reading or maths.

ICT

Since the 1970's, educational innovators have been predicting that technology will soon revolutionise education. However, in terms of outcomes, technology has not yet made much difference. Across more than 130 high-quality studies, overall effect sizes averaged only +0.11. Effect sizes were somewhat higher in primary maths (+0.19), but were lower in secondary math (+0.08), beginning reading (+0.11), upper-primary reading (+0.06), and secondary reading (+0.10). There were more promising effect sizes for modern uses of mixed-methods approaches in which the computer plays a role in an extensive set of activities (ES= +0.20) and for programmes that use brief video content threaded into teachers' lessons (ES=+0.26), but there are smaller numbers of these studies (see Cheung & Slavin, 2010).

Instructional Process Approaches

The category with the strongest positive outcomes, instructional process approaches, includes methods such as co-operative learning, enhanced classroom management and motivation, and teaching of metacognitive skills. 100 studies had an average effect size of +0.27. Programs that combine instructional process with ICT or curricular changes also had positive outcomes. The effect size across 39 such studies was +0.26.

Conclusion

What the evidence tells us is that the way to improve students' learning is to train teachers in specific teaching methods, such as cooperative learning and classroom management. Simply changing textbooks or introducing ICT do not change the fundamental relationship between pupils and teachers. Effective programmes are ones that give teachers effective tools to use to increase pupils' motivation, comprehension, and ability to solve problems.

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8.   AFTER DINNER SPEECH: HOW ARE THE CHILDREN?

Presentation by: Dr Maggie Atkinson, Children's Commissioner for England

Dr Maggie Atkinson was appointed Children's Commissioner for England in 2009 taking up the post on 1st March 2010. She has a 30 year career working with and in the interests of children and young people.

Maggie graduated from Cambridge with a degree in History in 1978 and went on to get her PGCE from the University of Sheffield a year later. In 2008 she gained a Doctorate in Education from the University of Keele. In 2010 Maggie received a Honorary Doctorate of Civil Laws from Northumbria University.

The Children's Commissioner began her career teaching English and taught in schools ranging from inner cities to shire counties for 11 years.

Most recently she was Director of Children's Services in Gateshead. This involved leading staff in various professions and disciplines, as well as 88 partner schools. She also headed revenue budgets for all council services for children and young people. Prior to this role Maggie held a number of national and local government positions.

She is married, with two adult stepchildren. Maggie is a keen gardener, craftswoman and musician in the spare time she manages to get.

Maggie Atkinson's full speech is available at – www.michaelsieff-foundation.org.uk

9.   CHILD AT RISK – WHAT IT TAKES TO NARROW THE GAP

Presentation by: Christine Davies CBE, Director, Centre for Excellence & Outcomes in Children and Young People's Services

Christine is the Director of the Centre for Excellence and Outcomes (C4EO) in Children and Young People's Services which was launched in July 2008. The C4EO's principal aim is to identify, coordinate and disseminate 'what works', in order to significantly improve the outcomes of children, young people and their families – realising the full potential of Every Child Matters (ECM).

Christine also continues to lead the national programme on 'Narrowing the Gap' (in children's outcomes) which identifies leading practice in improving outcomes for vulnerable children and young people. She sits on the National College's Guiding Coalition, advising on the leadership programme for Directors of Children's Services; is a member of the Expert Panel advising the Government on Safeguarding; is a Board Member for Partnerships for Schools (Building Schools for the Future) and a member of the Specialist Schools and Academies Trust (SSAT) Advisory Council.

Christine was awarded the CBE in the Queen's 2005 Birthday Honours for 'an outstanding contribution to education.

KEY POINTS FROM PRESENTATION

Narrowing the Gap (NtG) is a two year programme hosted by the Local Government Association (LGA), supported by Improvement and Development Agency (IDeA) and funded by Department for Children, Schools and Families (DCSF). Its aim is to narrow the gap in outcomes between vulnerable and excluded children and others, against a context of improving outcomes for all.

From October 2008 the programme will be overseen by C4EO. The NtG programme focuses on five key lines of enquiry which are how to:

- Create and sustain the right links between schools, children's centres and children's services
- Engage and support parents and carers in helping their children to succeed
- Use the new systems and process brought into being by Every Child Matters to orientate services more towards prevention and early intervention
- Strengthen and align local leadership and governance arrangements – professional and political
- Strengthen systems for developing local leaders to deliver improved services based on the understanding of what works

The programme has a small core team of experienced sector experts, led by Christine Davies CBE, which includes Dame Gillian Pugh and Jane Held.

This team is supported by a reference group of which CSN, NCB, IDeA, NFER, RiP, SCIE, CWDC, TDA, NCSL, Audit Commission and OPM are critical partners.

 For more information on Narrowing the Gap and C4E0 please following link below:

http://www.c4eo.org.uk/narrowingthegap/default.aspx?themeid=9&accesstypeid=1

10. SERVICE REFORM IN AN AGE OF EFFICIENCY

Presentation by: Nick Whitfield, Director of Children's Services and Culture, London Borough of Richmond

Nick has been Director of Children's Services with the London Borough of Richmond since 1 April 2008. He particularly enjoys working in the wider partnership and also with such fantastic schools. His agenda for service provision is based on the belief that we should have high expectations of what children can achieve and should ensure joined up services that support their progression. This is the aim of all of his work.

Nick studied Botany and Animal Physiology at London University, and following a PGCE went into teaching Science in Hounslow. He then took the unusual step of becoming a monk in the Benedictine monastery of Douai in Reading. During the six years he was there he was sent to Oxford where he studied Philosophy and Theology, which he felt was one of the most interesting and challenging periods of his life.

Nick held a number of teaching roles within London schools and then moved into inspection in Kingston upon Thames as Head of Learning and School Effectiveness. This involved helping teachers and the schools they work in improve their performance.

SUMMARY OF PRESENTATION

Quindrats are the answer!

The central theme of my presentation is that early intervention and prevention are the most cost effective ways of ensuring good outcomes for children and young people.

This requires a strong partnership between providers of universal services, such as schools, providers of specialist services, such as social care teams in local authorities, with clear targeting of interventions bridging the gap between the two.

In order to achieve this there are two principles that need to be applied:

- Intervention should be based upon clear evidence so that the intervention meets real need rather than a perceived or imagined need.

- That delivery of intervention and the decision making around this delivery should be as localised as possible so that there is the possibility of stepping up to more specialized provision or stepping down from a targeted intervention into the services provided universally.

In the London Borough of Richmond upon Thames this is being achieved by grouping together the schools into five local areas, locally known as Quindrats in order to commission appropriate amounts of service designed to meet local need. These clusters are growing in maturity but still have to work hard to make sure that there is a shared agenda and that partners genuinely support each other rather than competing for scarce resource. The partnerships need to be supported and there is a need to guard against the ever present danger of large scale bureaucracy. It is also necessary to keep revisiting the purpose of the partnerships in order to avoid creating the impression that the collaboration can answer all questions. An example of this is the need for secondary schools to also gather within the

borough to collaborate on issues that only affect them. Another example is not trying to use the Quindrats for issues such as admissions which are best dealt with on a whole borough basis due to the statutory nature of these services.

The current economic climate will prove challenging for all of those in public service, however with strong partnership relationships and clear and focused planning, such localism will have a major part to play in sustaining the progress towards better outcomes for all.

11. ANALYSIS IN SOCIAL WORK ASSESSMENTS

Presentation by: Stephen Pizzey, Social Worker and Trainer

Stephen has been a practising social worker in the field of child care since 1976. He was a senior social worker specialising in working with adults and children with learning disabilities between 1981 and 1985. He became a team manager in 1985. In 1989, Stephen was appointed as head of the social work department at Great Ormond Street Hospital for Children and held this post until 1995. Between 1988 and 2005 he acted as a guardian ad litem in public law proceedings. He was the independent chair of the Haringey Area Child Protection Committee (post-Climbie, 2001-2002). He also held a part time position as a lecturer in social work at Brunel University (2002-2004)

Now Stephen undertakes a range of independent social work assessments in care proceedings; reports in actions for damages against Local Authorities including cases of historical abuse; and teaches social workers and allied professionals on the use of standardised assessment instruments, analysis, planning interventions and measuring outcomes. He has prepared serious case reviews; investigated complaints made against Local Authorities and voluntary agencies; and prepared child protection procedures for local authorities and area child protection committees. He is also a trustee of the Michael Sieff Foundation.

Stephen's publications include:

1. Pizzey, S. and Davis, J. (1995). *A Guide for Guardians ad Litem in Public Law Proceedings under the Children Act 1989.* London: HMSO.
2. Pizzey, S. Cox, A, Bingley Miller, L. and Walker, S. (2009) *Assessing Parenting and the Family Life of Children Using Standardised Assessment Tools.* York: Child and Family Training.
3. Bentovim, A. Cox, A, Bingley Miller, L. and Pizzey, S. (2009) *Safeguarding Children Living with Trauma and Family Violence: A Guide to Evidence-Based Assessment, Analysis and Planning Interventions.* London: Jessica Kingsley.

Stephen Pizzey's presentation is available at – www.michaelsieff-foundation.org.uk

12.   GOVERNMENT RESPONSE

Address by: Tim Loughton MP, Under Secretary for Child and Families

Mr Loughton's speech is available on the Sieff website – **www.michaelsieff-foundation.org.uk**

QUESTIONS TO TIM LOUGHTON

Peter Wilson: I am interested to hear that the Mental Health Review is highlighting CAMHS which is encouraging. What kind of thinking is going into this? There has been a lot of work over the last 15 years trying to promote and work towards a comprehensive CAMH service. Given what you've said, how do you think you can continue supporting the move towards comprehensive CAMHS - where does it sit?

Tim Loughton: I would like to see mental health on a level playing field with physical health, with the portion of cake going to mental health increased. It is important to tackle the stigma that is mental health. There are flaws with CAMHS - mental health services are a Cinderella service within the NHS and then CAMHS are the Cinderella service of that Cinderella service.

More should be happening in children's centres, some of the most successful ones I've seen are those that have other services sited within them - district nurse, dentist, etc. There is a real role for school nurses and social workers within schools. I've seen some very good schools that have bought in social work for their schools. This enables school nurses / social workers to have conversations with teachers about concerns of / about a child, and then they can signpost on to specialist services. This doesn't happen enough and then it can take ages to access services - we need accelerated access to services for children.

I'm a big fan of Richard Layard's work – give children talking therapies before chemical drugs prescribed.

There is now a greater focus on public health within the Department of Health. Andrew Lansley is Director for Public Health which shows a commitment by the Government to the health of the population.

Amy Weir: What are your thoughts on inter agency working in particular with relation to social workers and health visitors and the expansion of these roles. Role of social work in hospital teams - they used to make such a difference to children.

Tim Loughton: We've heard and talk so much about inter agency working, it's not rocket science but in practice it doesn't happen. A huge amount of time and money has gone into safeguarding. However, I would contend that children in 2010 are no safer from coming to harm from a parent / carers than when Victoria Climbié died. The actual child protection system has become so complex, risk adverse and is more about protecting the system than children. It's a tragic and perverse consequence!! Local Safeguarding Children Boards and Children's Trusts – I'm not sure of the relationship between both of these. They have an important role - the response of the Government is that there is a need to strengthen the Boards and so they've added 2 additional lay members, making the table bigger! In practice

you need 2 or 3 people – social worker, GP and health visitor. I feel health visitors' needs to take ownership of the problem and get up and do something about it. The buck doesn't get picked up!!   One of Laming's recommendations was that there should be a social work link in each hospital - this is not happening in every hospital. This is a major consideration and weak point and one of the things I'd like to address.

Eileen Vizard: It is really important for all disciplines to receive training on child development – are there any plans for this to happen? How will this slot into consideration of social work training. What extent will time be made for child development training?

Tim Loughton: The Children's Workforce Development Council (CWDC) has done good work in the training of social workers and expanding their knowledge into child development. CWDC have ear marked money for social work training and Moira Gibb is working with them on this area. I have visited good professional development centres were social workers, police, teachers and other professions are all being trained together from the same training manual and so are speaking the same language. I think OFSTED should look at how this is being done and it should become an inspection requirement.

Stephen Pizzey: The social work profession welcomes the notion of reducing unnecessary administration. We do need to become more efficient but do not want to lose sight of the fact that social workers need thinking time, they need to be supervised, provide supervision. All these factors contribute to a more efficient use of time. Families don't need us camped out on their doorstep.

Tim Loughton: Social workers have got to be able to do their job and if this means being in the office doing research / planning, that's fine. If they are at the sharp end seeing families then they need that degree of flexibility. There is no degree of flexibility at the moment as they are chasing their tails having to fill in ICS forms, ticking boxes, back covering, etc. If we restore public confidence in this profession then we might start to restore confidence by social workers themselves in the social work profession. Social workers may then be able to make better, value based decisions - it is down to the value judgement of social worker on how they do the job. To be able to do this they need to feel confident that they are supported by managers; with managers that are practitioners and sympathetic. When social workers get preferment they shouldn't lose their job at the sharp end; they should still keep on a small caseload. I want to be able to trust social workers to get on with their job and make value judgements instead of spending all their time completing tick box forms.

The Earl of Listowel: It is reassuring to see a Minister, a well informed, experienced Minister here, at a time such as this. I am comforted by what you said about Moira Gibb and Eileen Monroe. Sitting amongst practitioners we were reminded that social work used to be a Masters profession and now you can get onto a social worker degree course with 2 Ds and 1 E at A level.

What progress is being made to support our newly qualified SW, what is drop out rate? Need to reduce case load and get good supervision in place. Has consideration been given to looking towards other resources? There are guardians, other professionals who could give support to new social workers to rebuild this vital element that works towards safeguarding our children.

Nick Whitfield: I am encouraged hearing what you said about prevention. Can you say anything about the supply side of social workers; the shear need to get people trained quickly to do this preventative work?

Tim Loughton: My biggest fear and the biggest single impediment to Eileen Monroe's work is the calibre of workforce coming through. Students currently need low A Levels passes, the pass rate of social work degrees is low and fall out after 2 years in the job is high. We are spending lots of money training social workers and the calibre of many of those being trained will never make good social workers. We need more people coming into the profession for the right reason, with the right qualifications and motivation. Need to train a super breed of social workers that we can deploy into very challenging cases. We also need to restore the image and confidence in the social worker profession. We need the public and the media to get on board to value social workers like they do teachers and doctors otherwise we won't be able to attract the right people into the job.

Catherine Powell: I am delighted that there are plans afoot to increase the number of health visitors - acceptability is link to universality. Given that GPs traditionally have been the worst at engaging, out of all health professions, in the safeguarding arena and they are now taking on a commissioning role, how do we get them to come up to the mark?

Tim Loughton: This is a valid point and I am currently in discussion with colleagues about the need for more work on the role of GPs and others with regard to safeguarding. GPs are a weak link under current system, GPs tended to hide behind patient confidentiality. I recently asked a group of GPs about Contact Point and only one had heard of it via their child's school (not in their professional role). I switched it off in August as it was not working; GPs were not plugged into it and they need to be. A different system is being looked at for vulnerable children so if a child appears in A&E and the paediatrician has vague suspicions then they can access the system where they can see if there is 'any form' on that child. If then the same child ends up at another hospital and a similar search happens then the earlier search should be flagged up by the system.

Terry Philpott: The quality of people in social work is not a new thing. Research in 1978 by Martin Davidson showed it was impossible to get on a social work course. Social workers will never be perceived as teachers as they are not seen by most families. In child abuse enquiries it always seems to show that professionals didn't talked to each other, neighbours were not listened to and social workers didn't revisit the family.

Tim Loughton: Even if you did have poor quality social worker back in the 1970s there was a lower caseload and less administration work. Now we have poor social workers but also bigger case load and lots more admin. I should state that most social workers are very good!! What I want Eileen Munroe to do is reduce the number of regulations; but make sure the regulations left are the right ones. Eileen Munroe is producing a scoping report for next Friday; an interim report for January and then her full report will be ready in April 2011.

When it was decided that we should publish all serious case reviews most people were horrified. However, people could see what went wrong, reports were anonomised, it gives confidence, so not seen as being hushed up. Eileen Munroe is looking at how serious case reviews are written; they should be serious learning tools and if so we should have the confidence to publish them in full. I see the executive summaries of all serious case reviews. It's not always the social workers fault, sometimes it's failings within the police force or health but social workers always get the flack via the media, etc, etc.

Eileen Vizard: Thanks for the information you've given us, some I found very encouraging. Is it possible to look again at the conflicting rules on sharing of information between different disciplines?

Tim Loughton: Eileen Munroe is looking at this too and I am for greater sharing between professionals.

Naomi asked Tim if the Government should / could have a role in cultural change – the culture of how we think about children, parents, role of parents, etc. Please would you take that away with you?!

13. RECOMMENDATIONS FROM WORKING GROUPS

GROUP 1 - RESEARCH

Recommend that:

1. The messages from existing research should be consolidated and incorporated into policy, practice and professional development, including education and training.

2. Research priorities are set to develop our understanding of what a whole child approach entails.

GROUP 2 – EXTENDED SCHOOLS

School should be at the heart of the community, providing for the extended needs of pupils, families and community

1. **Unite to succeed**

   - focus on early intervention/prevention
   - locally based, multi-disciplinary teams, working in clusters. Teams to include: health visitor, nurse, social worker, family support, education welfare, primary mental health worker, youth service, etc
   - wrapping services around child and family 'Team around the Child'
   - common language, common values, common assessment
   - collaborative working makes better financial sense
   - each community will find its own solution – the key is that they work together

2. **Culture and Training**

   - ensuring structures and processes underpinned by a culture of co-operation and high aspiration for all children
   - driven by leaders who 'walk the talk'
   - shared sense of common purpose
   - re-shaping the workforce and ensuring it is appropriately trained, supported and celebrated!
   - trained to work with and communicate with children and families
   - understand child development and child protection

GROUP 3 – CHILD DEVELOPMENT

Children's rights to normative child development

1. **Don't throw away what is good**

   - re expansion of health visiting and school nursing workforce
   - keep CAF AF and specialist assessments
   - the evidence of what works is there

2.   Early identification and intervention is key

- core training for the children's workforce
- the use of a common language to describe child development
- the importance of supervision
- cost benefit analysis

GROUP 4 – MANAGING VULNERABLE CHILDREN IN NEED IN SCHOOL

1.   Review the content of teacher training courses with regard to child development (including physical, social, emotional and educational, with particular reference to safeguarding), to enable schools to recognise and effectively support worrying / concerning behaviour through early identification

2.   For those children whose needs are beyond the capacity of the school, and who therefore require a CAF to be raised, there should be a robust interagency response. LAs should appoint a senior officer to be responsible for managing the process, to ensure that all agencies maintain a level of responsibility and accountability. This appointment could be seen as a local children's commissioner.

GROUP 5 – WORKFORCE ISSUES

How can we have most impact on children's lives in a time of reducing resources?

Fragmentation is Inefficient

Working Together

- Using a common language
- Co-located staff where possible
- Creating efficient communication
- Maintaining professional identity and contribution
- Use and embed CURRENT assessment frameworks (CAF to Assessment Framework)
- Working in partnership with families

Making Every Penny Count for the Vulnerable Child

Funded Together (Place based budgeting for children)

- Making early intervention work locally
- Avoiding the bureaucracy of individual funding streams
- Increasing flexibility for local solutions

Seamless Expectations and Clear Roles and Responsibilities

Trained Together

- All of the children's workforce need a joint core training including child development
- Joint professional training so they understand each other's roles and responsibilities
- Continuing training, development and learning with effective supervision within professional disciplines.

ADDITIONAL NOTES FROM DISCUSSION GROUPS

GROUP 1 - RESEARCH

Focus on the child as a whole

- The complexity of the child and its environment.
- The child in context: cutting across health, education, social contexts.
- Introducing new dimensions to acknowledge the child's complexity with a view of changing trajectories – e.g. sibling attachment.
- Re-starting research to develop interventions and other tools that service the needs of practitioners (moving beyond assessment).
- From evaluation to asking the practitioners what do they need (and asking parents and children?).
- From evaluation to studying the interagency cooperation.

Consolidation of research

- Consolidation of research perspectives and multidisciplinary approaches.
- Links of research with policy and decision making: both policy-driven / evaluation and research outside policy processes.
- Continuity of research: mechanisms and accessibility (problem with starting each time anew)
- Links with special issues and processes – e.g. social mobility & inclusion / exclusion.
- Both national and international dimensions (with caution).
- Building on successes and learning from failures.
- Issues of methods and quality of evidence in a difficult financial context: priorities and criteria for commissioning.

GROUP 2 - EXTENDED SCHOOLS

- Purpose
- Impact on child/family
- Current problems / barriers
- Solutions
- Recommendations

What is extended schools?

- Identifying needs of community, signpost … or provide services (8 am – 6 pm).
- Involve parents – provide additional support.
- Build sense of community.
- Learning from parents / communication within families / parenting skills.
- Core offer – what schools can offer.
- Partnerships / clusters.
- Quite small level of funding e.g. £25k for 3 schools.
- Depends on LAs – commitment varies.
- Total places? Partnerships – housing, NHS, Police, etc. Pooling budgets, area based solutions. Nottingham. Finding solutions.
- Measuring results?
- Do schools have capacity to take on additional responsibility?

- Other agencies won't engage / lack of continuity.
- Re conceiving role of school – social project – health professionals, etc. in schools – counsellor, social worker.

What are the benefits?

- Universal approach – lack of stigma
- Early intervention
- Build expertise
- Need data / evidence on impact
- Need support to manage liaison / conflict resolution / allocate resources
- Role of other voluntary / community organisations – e.g. English language. School as facilitator.
- Holidays
- Impact on low income parents – could have big impact.

    Political direction
    o   New money from Pupil Premium. How allocated? FSM? Deprivation index?
    o   Less ring-fencing

- Social enterprises / voluntary sector can run services
- "Schools are at the heart of community, providing for extended needs of pupils, families and communities.
- Communities decide how to deliver it
- Involve all parents
- Build up resilience
- Government create the environment … change the culture, work with other professionals.
- Needs appropriate resources.
- Funding gave schools a kick-start on this agenda – some will continue it.
- Emotional wellbeing links directly to standards and educational outcomes.
- Devolve staff out of local government into separate agency (social enterprise?) or into schools? Lewisham model?
- Regardless of structure (i.e. academy, community school) – multi-agency model can work.
- Need some sort of co-ordinating function.
- Will the market provide?
- Relies on every head having some moral purpose.
- Risk of atomisation
- Culture, not structures
- Schools should do an audit of their community, and should be encouraged to collaborate, to do an audit of the needs of the whole community, in order to determine common purpose.
- Schools need to write to succeed, and should be enabled to speak a common language, and have common values, and deliver a common purpose. Will need refocus of training needs of all professionals working with children. Merge TDA and CWDC. We should reconceive the role of the schools as a community resource, not just an educational one. Emotional wellbeing underpins educational achievement.

GROUP 3 – CHILD DEVELOPMENT

Children's rights to normative child development

- Preventative health e.g. dental caries, obesity / malnutrition, infectious diseases, access to full range of CAMHS.
- Achieve full potential – education, healthy, safe, emotional resilience, positive sense of identity, ready for adulthood – productive.
- UNCRC

Training in child development for all children's workforce

- Early identification of developmental delay / difficulties
- Common language for child development. Modify some terms e.g. normal – normative
- Specific / professional discipline
- Core training / multi-disciplinary – education, health, social care
- Cost-benefit analysis – early intervention can save huge amounts of money over a lifetime.

Assessment framework maintenance

- CAF and Assessment framework for multi-agency assessment and planning
  - o chid at centre
  - o sequencing – specialist
  - o clarify of information sharing

- CAF – AF – Specialist
  - o Analysis (Stephen Pizzey's work) – Working Together (HM Gov, 2010)
  - o Planning

Re expansion of HV / SN Workforce

- Investment in HV services can save money in adult life – parents/children
- Readiness for school
- School health (professionally trained)
  - o Support children in school (and staff)
  - o Physical development and wellbeing
  - o Emotional well-being
  - o Sex and relationship advice

Keep what is good

- Evidence of what works
  - o Locally based
  - o Child at centre
  - o Universal provision – HV / schools
- E.g. parenting programmes
- Extended schools
- 12 golden threats C4EO
- FNP
- Children's Centres
- Multi-dimensional treatment foster care
- Training of specialist staff (all disciplines)

To view presentations, speeches and further resources developed out of this conference please go to the following website:
www.michaelsieff-foundation.org.uk