

Table 6.1 Every Child Matters outcomes

| ECM outcome | ECM aims | OFSTED expectations | Government ECM targets |
|--------------------|---|---|---|
| Be healthy | <ul style="list-style-type: none"> • be physically healthy • be mentally and emotionally healthy • be sexually healthy • live healthy lifestyles • choose not to take illegal drugs | <ul style="list-style-type: none"> • parents/carers receive support to keep children healthy • healthy lifestyles are promoted • children's physical and mental health is promoted • children are enabled and encouraged to take regular exercise • environmental health risks to children and young people are identified and minimized | <ul style="list-style-type: none"> • reduction in the percentage of obese children under the age of 11 • reduction in the death rate from suicide and from undetermined injury • reduction in rates of pregnancy and sexually transmitted diseases among under-18s • reduction in average alcohol consumption, harm caused by illegal drug use and the percentage of children smoking • an increase in the percentage of children eating five portions of fruit and vegetables a day |
| Be safe | <p>Protect children from:</p> <ul style="list-style-type: none"> • maltreatment, neglect, violence and sexual exploitation • accidental injury and death • bullying and discrimination • crime and antisocial behaviour in and out of school, and • that children should have security, stability and be cared for | <ul style="list-style-type: none"> • children being informed about key risks to their safety and how to deal with them • pupils in a safe environment • the incidence of child abuse and neglect minimized • local services establish the identity and whereabouts of all children aged 0 to 16 • agencies collaborate to safeguard children according to the requirements of guidance | <p>A reduction in the:</p> <ul style="list-style-type: none"> • percentage of 11–15-year-olds who have been bullied in the past year • numbers of 0–15-year-olds injured or killed in traffic accidents • re-registrations on the Child Protection Register • fear of crime and antisocial behaviour |

(Continued)

Table 6.1 (Continued)

| ECM outcome | ECM aims | OFSTED expectations | Government ECM targets |
|------------------------------|--|---|---|
| Enjoy and achieve | <ul style="list-style-type: none"> • children are ready for school • they attend and enjoy school • they achieve stretching national educational standards • they achieve personal and social development and enjoy recreation | <ul style="list-style-type: none"> • parents/carers receive support to help their children enjoy and achieve • action is taken to ensure that educational provision for 5- to 16-year-olds is good • educational provision is available for children who do not attend school • children have access to a range of recreational activities • Looked-after children, and those with LDD are being helped to enjoy and achieve | <ul style="list-style-type: none"> • percentage of 11-year-olds gaining level 4 in English and Maths • percentage of 14-year-olds meeting level 5 targets in English, Maths, Science and ICT • percentage of 16-year-olds getting five A*-C grades at GCSE, including English and Maths • half-day absences • take-up of cultural and sporting opportunities by 5- to 18-year-olds |
| Make a positive contribution | <ul style="list-style-type: none"> • engage in decision-making and support the community and the environment • engage in law-abiding and positive behaviour in and out of school • develop positive relationships and choose not to bully or discriminate • develop self-confidence and successfully deal with significant life changes and challenges • develop enterprising behaviour | <p>The school should ensure children and young people:</p> <ul style="list-style-type: none"> • are supported in developing socially and emotionally • are supported in managing changes and responding to challenges in their lives • are encouraged to participate in decision-making and in supporting the community • are encouraged to take part in and initiate voluntary activities to support the community and environment • refrain from bullying, discrimination, antisocial and criminal behaviour | <ul style="list-style-type: none"> • the percentage of secondary pupils participating in school council elections, mock elections, voluntary and community engagement • the percentage of 10- to 19-year-olds admitting to either bullying in the past year or threatening, attacking or being rude because of skin colour, race or religion • the number of crimes brought to justice and the number of permanent and fixed period exclusions |

Table 6.1 (Continued)

| ECM outcome | ECM aims | OFSTED expectations | Government ECM targets |
|-----------------------------|---|---|--|
| Achieve economic well-being | <ul style="list-style-type: none"> engage in further education, employment or training on leaving school be ready for employment live in decent homes and sustainable communities have access to transport and material goods live in households free of poverty | <p>Schools:</p> <ul style="list-style-type: none"> helping to prepare 11- to 19-year-olds for working life delivering 14–19 education in a co-ordinated way and ensuring that education and training for 16–19-year-olds is of good quality helping looked after children and young people to achieve economic well-being minimizing the cost of school trips for those families experiencing financial hardship providing flexible choices that children and young people can review and revise | <ul style="list-style-type: none"> the percentage of 16- to 18-year-olds not in education, employment and training (NEET) the numbers of 18- to 30-year-olds participating in higher education the amount of good-quality social housing cleaner, safer and greener public spaces and the improved quality of the built environment in deprived areas the stock and take-up of childcare for all families |

Source: TES, 2008

Table 6.2 National Service Framework for children, young people and maternity services

| Standard title | Standard descriptor | Main themes in standard |
|--|---|---|
| 1. Promoting health and well-being, identifying needs and intervening early | The health and well-being of all children and young people is promoted and delivered through a co-ordinated programme of action, including prevention and early intervention wherever possible, to ensure long-term gain led by the NHS in partnership with local authorities | Child Health Programme to reduce health inequalities Multi-agency health promotion Healthy lifestyles promoted Universal and targeted health promotion Access to targeted services Early intervention and assessing needs |
| 2. Supporting parenting | Parents and carers are enabled to receive the information, services and support which will help them to care for their children and equip them with the skills they need to ensure that their children have optimum life-chances and are healthy and safe | Universal, targeted and specialist services to support mothers and fathers Up-to-date information and education for parents Support for parents of pre-school children to help children develop secure attachments and to develop Support for parents of school-aged children to involve them in their child's learning and behaviour management Early, multi-agency support for parents with specific needs, i.e. mental health problems, addiction to drugs, alcohol; parents of disabled children, teenage parents Co-ordinated services across child and adult services Multidisciplinary support to meet the needs of adoptive parents/adults caring for looked-after children |
| 3. Child, young person and family-centred services | Children and young people and families receive high-quality services which are co-ordinated around their individual and family needs and take account of their views | Appropriate information to children, young people and their parents Listening and responding to them in relation to their care and treatment Services respectful to the wishes of children and young people Improved access to services Robust multi-agency planning and commissioning arrangements, i.e. Children's Trusts, Common Assessment Framework Quality and safety of care in delivering of child-centred services |

Table 6.2 (Continued)

| Standard title | Standard descriptor | Main themes in standard |
|---|--|--|
| | | Common core of skills, knowledge and competencies for staff working with children and young people, across all agencies |
| 4. Growing up into adulthood | All young people have access to age-appropriate services which are responsive to their specific needs as they grow into adulthood | <p>Confidentiality and consent for young people</p> <p>Health promotion to meet needs, i.e. reduce teenage pregnancy, smoking, substance misuse, suicide, sexually transmitted infections</p> <p>Support achievement of full potential, e.g. Connexions and Youth Services</p> <p>Improved access to services and advice for those who are disabled, in special circumstances or who live in rural areas</p> <p>Transition to full adult services</p> <p>Additional support available for looked-after children leaving care and other young people in special circumstances</p> |
| 5. Safeguarding and promoting the welfare of children and young people | All agencies work to prevent children suffering harm and to promote their welfare, provide them with the services they require to address their identified needs and safeguard children who are being or who are likely to be harmed | <p>All agencies prioritize safeguarding and promoting the welfare of children</p> <p>LA children and Young People's Plan</p> <p>Clarification of agencies' roles and responsibilities</p> <p>Profile of local population to identify and assess vulnerable children</p> <p>High-quality integrated services to meet needs of children at risk of harm, abused or neglected</p> <p>Effective supervision for staff working with children to ensure clear, accurate, comprehensive, up-to-date records are kept, and high-quality services delivered</p> |
| 6. Children and young people who are ill | All children and young people who are ill or thought to be ill or injured will have timely access to appropriate advice and to effective services which address their health, social, educational and emotional needs throughout the period of their illness | <p>Comprehensive, integrated, timely local services</p> <p>Professionals support children, young people and their families in self-care of their illness</p> <p>Access to advice and services in a range of settings</p> <p>Trained, competent professionals providing consistent advice to assist and treat a child who is ill</p> <p>High-quality treatment, and high-quality care for those with long-term conditions</p> <p>Prevention, assessment and treatment of</p> |

(Continued)

Table 6.2 (Continued)

| Standard title | Standard descriptor | Main themes in standard |
|---|---|---|
| | | pain management improved. Integrated Children's Community teams and Community Children's nursing services working outside hospital |
| 7. Children and young people in hospital | Children and young people receive high-quality, evidence-based hospital care, developed through clinical governance and delivered in appropriate settings | <p>Care integrated and co-ordinated around their needs. Play for children in hospital is essential</p> <p>Children, young people and their families treated with respect, involved in decision-making about their care, and given choices</p> <p>Planned discharge from hospital for children</p> <p>Hospital stay kept to a minimum</p> <p>High-quality evidence-based care provided</p> <p>Hospitals meet responsibilities to safeguard and promote welfare of children</p> <p>Care is provided in an appropriate location and in a safe environment</p> |
| 8. Disabled children and young people and those with complex health needs | Children and young people who are disabled or who have complex health needs, receive co-ordinated, high-quality child and family-centred services which are based on assessed needs, which promote social inclusion and, where possible, enable them and their families to live ordinary lives | <p>Services promote social inclusion</p> <p>Increased access to hospital and primary health care services, therapy and equipment services, and social services</p> <p>Early identification of health conditions, impairments and physical barriers to inclusion through integrated diagnosis and assessment processes</p> <p>Early intervention and support to parents</p> <p>Palliative care is available where needed</p> <p>Services have robust systems to safeguard disabled children and young people</p> <p>Multi-agency transition planning occurs to support adulthood</p> |
| 9. The mental health and psychological well-being of children and young people | All children and young people, from birth to their eighteenth birthday, who have mental health problems and disorders have access to timely, integrated, high-quality multidisciplinary mental health services to ensure effective assessment, treatment and support, for them and their families | <p>Professional support for children's mental health is available in the early years</p> <p>Staff working with children and young people contribute to early intervention and mental health promotion and develop good partnerships with children</p> <p>Improved access to CAMHS with high-quality multi-disciplinary CAMHS teams working in a range of settings</p> <p>Gaps in service addressed particularly for those with learning disabilities</p> <p>Care Networks developed and care in appropriate and safe settings</p> |

Table 6.2 (Continued)

| Standard title | Standard descriptor | Main themes in standard |
|--|---|---|
| 10. Medicines for children and young people | Children, young people, their parents or carers, and health care professionals in all settings make decisions about medicines based on sound information about risk and benefit. They have access to safe and effective medicines that are prescribed on the basis of the best available evidence | <p>Safe medication practice</p> <p>Use of unlicensed and off-label medicines comply with local and safety standards</p> <p>Enhanced decision support for prescribers</p> <p>Improved access to medicines</p> <p>Clear, understandable, up-to-date information provided on medicines to users and parents. Greater support for those taking medication at home, in care and in education settings – safe storage, supply and administration of medicines</p> <p>Equitable access to medicines and to safeguard children in special circumstances, disabled children and those with mental health disorders</p> <p>Pharmacists' expertise is fully utilized</p> |
| 11. Maternity services | Women have easy access to supportive, high-quality maternity services, designed around their individual needs and those of their babies | <p>Women-centred care with easy access to information and support</p> <p>Care pathways and managed care networks</p> <p>Improved pre-conception care and access to a midwife as first point of contact</p> <p>Local perinatal psychiatric services available</p> <p>Choice of where best to give birth, i.e. home or maternity unit</p> <p>Post-birth care provided based on a structured assessment</p> <p>Breastfeeding information and support for mothers</p> |

Source: DFES/DH, 2004c

Table 6.4 Mapping and evaluating the impact of multi-agency provision

| ECM outcome/ impact | Health | Social care | Education | Police | Voluntary and community organizations | Other agencies (Connexions, Housing) |
|--------------------------------|---------------|--------------------|------------------|---------------|--|---|
| Be healthy | | | | | | |
| Stay safe | | | | | | |
| Enjoy and achieve | | | | | | |
| Positive contribution | | | | | | |
| Economic well-being | | | | | | |
| Impact and outcomes | | | | | | |
| Improvement plan priorities | | | | | | |



Photocopiable:

Effective Multi-Agency Partnerships, Sage Publications © Rita Cheminais, 2009

Table 6.5 Evaluating the ECM outcomes in a children's centre

| Relevant PI results | Be healthy | Comments |
|--|--|----------|
| <p>National PIs:</p> <p>Local PIs:</p> | <p>Please set out the key activities the children's centre has undertaken to help children and families to be healthy and adopt healthy lifestyles and give an assessment of their impact.</p> <p>Factors to consider are:</p> <ul style="list-style-type: none"> – children's and families' starting points when first making contact with the children's centre – do children take adequate physical exercise and eat and drink healthily? – what measures do you take to assess children's health and what has this shown you? – in what ways do you use good and innovative practice to improve outcomes? – are there any mitigating factors which have prevented you reaching the outcomes you wanted? – what is the centre's impact on groups who find services hard to reach? | |
| | <p>Overall effectiveness in meeting this outcome (rate as outstanding, good, satisfactory or inadequate)</p> | |

(Continued)

Table 6.5 (Continued)

| Relevant PI results | Stay safe | Comments |
|--|------------------|-----------------|
| <p>National PIs:</p> <p>Please set out key activities the children's centre has undertaken to help children and families to stay safe and give an assessment of their impact.</p> <p>Local PIs:</p> <p>Factors to consider are:</p> <ul style="list-style-type: none"> – children's and families' starting points when first making contact with the children's centre – how do you encourage children and their families to adopt safe practices? – what measures do you take to assess children's safety and what has this shown you? – in what ways do you use good and innovative practice to improve outcomes? – are there any mitigating factors which have prevented you reaching the outcomes you wanted? – what is the centre's impact on groups who find services hard to reach? <p>Overall effectiveness in meeting this outcome (rate as outstanding, good, satisfactory or inadequate)</p> | | |

(Continued)

Table 6.5 (Continued)

| Relevant PI results | Enjoy and achieve | Comments |
|--|--|-----------------|
| <p>National PIs:</p> <p>Local PIs:</p> | <p>Please set out the key activities the children’s centre has undertaken to help children and families to enjoy and achieve and give an assessment of their impact.</p> <p>Factors to consider are:</p> <ul style="list-style-type: none"> – children’s and families’ starting points when first making contact with the children’s centre – what measures do you take to assess children’s enjoyment and achievement and what has this shown you? – what are children’s attitudes, behaviour and attendance? – how do you encourage children’s spiritual, moral, emotional and cultural development? – in what ways do you use good and innovative practice to improve outcomes? – are there any mitigating factors which have prevented you reaching the outcomes you wanted? – what is the centre’s impact on groups who find services hard to reach? <p>Overall effectiveness in meeting this outcome (rate as outstanding, good, satisfactory or inadequate)</p> | |

(Continued)

Table 6.5 (Continued)

| Relevant PI results | Make a positive contribution | Comments |
|---|-------------------------------------|-----------------|
| <p>National PIs:</p> <p>Please set out the key activities the children's centre has undertaken to help children and families to make a positive contribution to the community and give an assessment of their impact.</p> <p>Local PIs:</p> <p>Factors to consider are:</p> <ul style="list-style-type: none"> – children's and families' starting points when first making contact with the children's centre – what measures do you take to assess the contributions children and their families make and what has this shown you? – how do you encourage children to express their views and contribute to activities in the centre, their local community or their family? – in what ways do you use good and innovative practice to improve outcomes? – are there any mitigating factors which have prevented you reaching the outcomes you wanted? – what is the centre's impact on groups who find services hard to reach? <p>Overall effectiveness in meeting this outcome (rate as outstanding, good, satisfactory or inadequate)</p> | | |

(Continued)

Table 6.5 (Continued)

| Relevant PI results | Achieve economic well-being | Comments |
|--|--|-----------------|
| <p>National PIs:</p> <p>Local PIs:</p> | <p>Please set out the key activities the children's centre has undertaken to help children and families achieve economic well-being and give an assessment of their impact.</p> <p>Factors to consider are:</p> <ul style="list-style-type: none"> - children's and families' starting points when first making contact with the children's centre - what measures do you take to assess the progress children and their families make towards achieving economic well-being and what has this shown you? - how do you link with learning providers, such as FE colleges and the local LSC and how do they link with local childcare provision? - in what ways do you use good and innovative practice to improve outcomes? - are there any mitigating factors which have prevented you reaching the outcomes you wanted? - what is the centre's impact on groups who find services hard to reach? <p>Overall effectiveness in meeting this outcome (rate as outstanding, good, satisfactory or inadequate)</p> | |

Source: Sure Start, 2007: 13-18 DfES, Self-Evaluation form for Sure Start Children's Centres pp. 13-18. © Crown Copyright 2007



Photocopiable:

Effective Multi-Agency Partnerships, Sage Publications © Rita Cheminais, 2009

Table 6.6 Evaluating partnership working in a children's centre

| |
|--|
| How are you making the best use of private, voluntary and community provision when providing services? |
| Who are the private, voluntary or community organizations providing services within or in partnership with the centre? Are there groups that provide services to children and families in the area that you have not worked with? Are there plans to develop closer working links with these groups in the future? |
| What improvements have been made for families as a result of integration to links between services, e.g. the centre and specialist services, transition to school? |
| (Where appropriate) how successfully does the centre link work between its main site and satellite or other sites? |
| How are partner agencies (such as PCT and Jobcentre Plus) involved in the planning and decision making process? |
| Overall effectiveness of action to integrate services (please rate as outstanding, good, satisfactory or inadequate) |

Source: Sure Start, 2007: 25



Photocopiable:

Effective Multi-Agency Partnerships, Sage Publications © Rita Cheminais, 2009

Table 6.7 Example of an extended school evaluation profile on external partner agencies' collaborative working

Tick ✓ relevant boxes

| | Consideration of current position | | | | Direction of progress | | |
|---|-----------------------------------|--------|------|-----------|-----------------------|--------|---------------|
| | Very strong | Strong | Weak | Very weak | Improving | Static | Deteriorating |
| Aims | | | | | | | |
| The extended school's aims are clearly expressed | | | | | | | |
| These aims are shared by all staff | | | | | | | |
| The aims have been developed in partnership | | | | | | | |
| Aims are owned by partner staff | | | | | | | |
| Aims are clearly understood by key target groups | | | | | | | |
| Collaborative culture | | | | | | | |
| Staff appreciate the demands of partner agencies | | | | | | | |
| Staff have a good understanding of partners' language and culture | | | | | | | |
| Staff understand the need for collaboration and are committed to it | | | | | | | |
| Colleagues from other organizations are valued | | | | | | | |
| Environment | | | | | | | |
| The environmental needs of staff from other agencies working in school are understood | | | | | | | |
| Adequate resources are provided to enable colleagues to work effectively | | | | | | | |
| Environmental constraints to collaboration have been addressed | | | | | | | |

Source: Coleman, 2006: 58



Photocopiable:

Effective Multi-Agency Partnerships, Sage Publications © Rita Cheminai, 2009

- You have built in the monitoring and evaluation of multi-agency collaboration, on the impact of service delivery, from the start.
- You have ensured everyone involved understands the monitoring and evaluation process being utilized.
- There is a named person in the setting responsible for monitoring and evaluating the impact and outcomes of multi-agency provision.
- There are robust procedures in place for systematically recording what is to be evaluated.
- Clear, agreed, shared realistic objectives are used for monitoring and evaluating impact and outcomes of multi-agency provision.
- You are involving an external evaluator in the process to present an objective view.
- You are monitoring and evaluating the effectiveness of partnership working, in addition to multi-agency service outcomes.
- All relevant key stakeholders are involved in the evaluation process.
- There is an agreed and known timescale for reporting back on outcomes.
- There are clear systems in place for feeding back the results from monitoring and evaluating multi-agency service provision throughout the year, and at the end, which are in an accessible form.
- There are clear plans and procedures in place for celebrating achievements from multi-agency service activities, within the educational setting.

Figure 6.5 Checklist for monitoring and evaluating multi-agency provision

Table 6.8 Evaluating the effectiveness of a multi-agency partnership

| Partnership aspect | Evidence descriptor | Developing | Achieved |
|---|---|------------|----------|
| 1. Purpose and Leadership | Share a common vision and purpose which is understood and accepted as important throughout the multi-agency partnership | | |
| | Seek 'win-win' solutions | | |
| | Willingness to do things differently | | |
| | Consensus building and ownership of partnership plans and activities | | |
| 2. Outcomes and client focus | Always focused on results and outcomes | | |
| | Satisfying the needs and expectations of clients/service users | | |
| | Understand the needs, motivations and practices of service users | | |
| | Involving users in service development | | |
| 3. Culture and communications | Promotes 'can do' values in getting things done | | |
| | Accepts there are different ways of working | | |
| | Open and effective communications at all levels, including the use of IT | | |
| | Sustaining the partnership by fair sharing of risks and rewards among practitioners | | |
| 4. Learning and Innovation | Continuously seek improvements in activities and ways of working | | |
| | Practitioners are keen and willing to learn from each other, and from elsewhere | | |
| | Opportunities are created for practitioners to work and learn together to share ideas and experiment | | |
| | Monitoring and evaluation are aimed at learning and performance improvement | | |
| 5. Management for partnership performance | Put in place necessary management practices and resources | | |
| | Managing change to achieve partnership goals, i.e. progress unlikely without some change | | |
| | Facilitating improvements in how practitioners work together | | |
| | Acceptance of accountability for action | | |

Source: Educe, 2001: 2–8



Photocopiable:

Effective Multi-Agency Partnerships, Sage Publications © Rita Cheminais, 2009

Table 6.9 Evaluating multi-agency partnership commitment and contributions

| Educational setting's objective(s) and interests | How role/contributions of practitioner has been affected | Driving forces that have influenced practitioners interest and commitment | Concerns and constraints for the practitioner | Importance of partnership to the practitioner | Benefits gained from practitioner involvement | Costs/risks of practitioner involvement |
|--|--|---|---|---|---|---|
| | | | | | | |

Source: www.lgpartnerships.com/resources/lead-assessing.asp



Photocopiable:

Effective Multi-Agency Partnerships, Sage Publications © Rita Cheminais, 2009