

Realising Children's Trust Arrangements

National Evaluation of Children's Trusts
Phase 1 Report

University of East Anglia
in association with the National Children's Bureau

Research Report
No 682

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Executive Summary

1 Children's trusts are an important part of the Government's policy for improving children's services. The policy, developed in *Every Child Matters*, the Children Act 2004 and the National Service Framework for Children, Young People and Maternity Services, aims to improve outcomes for all children by reconfiguring and integrating services around their needs. Children's trusts are an organisational form which brings together social services, health, education and other services. They are based on common principles, but considerable local flexibility is encouraged to respond to local needs and opportunities.

2 Thirty five English children's trust pathfinders were selected by the Government in 2003 and began work in April 2004. Every local area should have a children's trust by 2008. The three year National Evaluation of Children's Trusts was commissioned in 2004. In December 2004, it produced an interim first report, based on a survey of all 35 children's trust pathfinders. Since then the national evaluation has conducted in-depth interviews with strategic, managerial and frontline professionals working directly with the public, in 8 pathfinder areas and 3 non-pathfinder areas. A questionnaire survey of headteachers in schools was undertaken in 8 pathfinder areas examining their awareness of children's trusts. Additional documentation relating to the development of children's trusts were collected and reviewed. The views of three types of service users were sought, children, young people and parents and carers. They took part in group discussions in twelve panels in eight pathfinder areas. The aims of this part of the evaluation are to describe local developments involving children's trusts and to identify enabling and obstructing factors.

National vision and local responses

3 Professionals in all sectors are responding positively to the national vision for integrated children's services and improved outcomes for children. They believe these changes can be achieved if introduced with due attention to establishing new ways of working, a learning culture in organisations and a coherent multi-agency training programme.

4 There is strong support for the view that the new integrated, child-centred approach will improve outcomes for children, young people and their families. Professionals in all areas offer examples of positive developments in services for children, emphasising children's needs, early intervention and multi-agency working. These developments need time to bed down. Immediate challenges include managing the size and pace of the change programme, integrating pre-existing initiatives such as Sure Start and Children's Fund and matching local responses with national agendas.

5 Although children, young people, parents and carers are generally unfamiliar with the concept of a children's trust, parents and young people by and large welcome the idea of integrated services. They hope that more integrated arrangements will enable them to better access services. Those parents with experience of professionals working together report significant improvements in the services they receive. Children and young people had high expectations of improvements to services which will need to be sensitively managed.

6 The current services that they most liked vary between children, young people and parents/carers groups. Children enjoy after school clubs whilst young people find specialist services helpful for example for sexual health and drugs. Parents respond positively to Children's Fund and Sure Start initiatives. They also identify current services that they are dissatisfied with, particularly services for disabled children. Responses from parent panels suggest that children with multiple complex social care and health needs for example disabled children are substantially under supported across the case studies sites. Both parents and young people highlight the difficulties in finding information about the services available to them.

7 A number of areas for improvement were highlighted by children and young people, these include safety, transport, health and age-targeted sport and recreation activities. These areas reflect closely the recent Green Paper *Youth Matters* and lend support for a focus on developing these aspects of services for children and young people.

Participation of children and families in children's trust arrangements

8 The professionals interviewed are generally committed to developing service user participation with children, young people and their parents and carers. They report modest levels of service user engagement. Levels of participation of children and families in children's trust arrangements vary considerably between case study areas. In a few areas they are involved in strategic groups and some have made arrangements to consult users, but many are still devising their participation strategy. There is a lack of systematic approaches to the participation of children and families and a lack of clarity about the type and extent of user participation required. There is much to be learnt about promoting participation from existing programmes such as the Children's Fund and Sure Start.

Information sharing, common assessment, co-location and schools

9 Information sharing and common assessment processes are being piloted in some case study areas but are not operational generally. In the case of Information Sharing and Assessment, concerns remain amongst professionals about professional openness and data security. In the case of common assessment frameworks, there remains concern about purpose and operational management. Parents, however, are in favour of greater co-operation and information sharing between different agencies and professionals, though both

they and young people feel strongly that information should be secure because it could be misused.

10 A range of co-located children's services are being developed. Of the 341 schools who responded to our survey, 9% are already providing co-located services and 18% extended services. In some cases interviewees believed that co-located services are already improving outcomes for children and young people. Both interviewees and panel members are positive about the concept of co-located services. However, parents are concerned that sensitive information held in schools may not be as secure as data held in GP surgeries and social services, they were also worried about additional burden on schools. Young people want these services to be readily accessible.

11 During the period of our fieldwork, guidance was being prepared about the roles of lead professionals. Perhaps not surprisingly therefore, the study finds some lack of clarity across case study sites about their roles and responsibilities.

Multi-disciplinary working in practice

12 The organisational structure of children's services is changing. The cultural climate is changing more slowly. It is recognised that integration of services is a complex task which will take time to achieve. Change champions are keen to find and push forward solutions. Interviewees think that the *Every Child Matters* vision of integrated working might help to break down cultural barriers by encouraging cross-sector cooperation in the best interests of the child.

13 There is some lack of clarity about new roles and responsibilities and some evidence of anxiety and confusion about restructuring among frontline staff. Different roles are emerging both for traditional professionals in multi-agency teams and for new types of workers who support professionals. Recruitment and retention of staff are major challenges to the preventative aims of *Every Child Matters*. Cross-agency understanding is reported to improve job satisfaction and retention of workers. Training is urgently needed to support new ways of working and to provide cross-agency understanding.

Strategies for inter-agency cooperation

14 Integrated strategy entails four interrelated components: joint planning and commissioning, budget pooling, involvement of the voluntary and community sectors, and participation of service users.

15 Various budget pooling arrangements have been developed. They vary in terms of inter-agency governance structures, management protocols and budget sizes. Formal pooled budget arrangements have clear lines of accountability within the local children's trust structure. Setting up a formal pooled budget is complicated involving negotiation and legal contracts, and an informal approach is often a preferred starting point. Interviewees feel that

budget pooling arrangements depend on local needs and require clear objectives to address local needs.

16 Four case study areas are already in the process of preparing the local Children and Young People's Plan (CYPP) following the requirement by the Children Act 2004 to have a CYPP in place by April 2006. Producing a CYPP is recognised by local authorities as an exercise to help them improve the services for children and young people through joint assessment and working closely with partners.

17 Different elements of joint commissioning are being developed. These include needs analysis, resource and service mapping, and service redesign. Challenges to joint commissioning include de-commissioning, user participation, negotiation with multiple partners, and having partners from outside the local authority's geographical boundary.

18 The involvement of the voluntary sector and service users is regarded as essential. The voluntary sector and service users seem keen to participate, but representing their diverse interests is a challenge. It is necessary to improve communication between voluntary sector representatives and other partners. We have found no participation by the private for-profit sector.

Inter-agency governance arrangements

19 The strategic focus of inter-agency governance is on jointly provided services often at the intersection of health, social care and education. Typically the focus is on prevention, for example the early identification of children's needs, social inclusion and special educational needs. At this stage, embryonic Local Safeguarding Children Boards appear to be operating separately.

20 Inter-agency governance is effective if the children's trust is part of the Children and Young People's Strategic Partnership. This ensures that chief executives of partnership organisations are involved in developing strategy, plans and formal agreements. Inter-agency governance arrangements are less secure when children's trust arrangements are facilitated by a group separate from the partnership without the involvement of chief executives. Leadership and management of change is time consuming for strategic managers. Secondment of key strategic leaders and operational personnel to inter-agency teams can facilitate change.

21 Many sectors are included in inter-agency governance arrangements, although the police and the youth justice system are under-represented. General practitioners and representatives of the private sector are not included in the case study governance arrangements. Relationships between partners are most productive if there is a shared vision, a climate of trust, a willingness to cooperate and agreed terms of reference. Inhibiting factors are difficulties establishing working arrangements at strategic level when there are many partners and the transaction costs associated with brokering multiple agreements. Formal agreements between partners for the delivery of children's trust arrangements have established lines of accountability for statutory duties,

delivery of services and financial management. Informal agreements, in contrast, run the risk of not being sustainable in the longer term.

Messages for those developing children's trusts

22 Managers, professionals and service users are all enthusiastic about the *Every Child Matters* vision. Many remain uncertain about its implications for themselves and for children's services. This uncertainty partly follows from policy's flexibility, and may decrease with implementation. Professional roles are changing, requiring appropriate inter-professional and interagency training as well as experience of working together. The roles of lead professionals need to be clarified. Local context and history are major determinants of local developments, with recent successes building on fruitful co-operation in the past. Effective leadership is essential for success. Human factors, such as mutual trust between people working in different agencies and professions, greatly influence local developments. Short term flexible arrangements allow rapid progress but clear agreements, protocols, management structures and accounting procedures, for instance on information sharing and assessment and on common assessment frameworks are needed to ensure continuity.

23 In conclusion, professionals implementing children's trust arrangements may wish to consider:

- developing an understanding of the relationship between current practice and what is required to deliver the *Every Child Matters* vision,
- formulating strategies to balance preventative, targeted and universal services for children at all levels,
- creating an atmosphere and culture of change,
- showing that they are committed to change (especially chief executives),
- paying attention to the technical sequencing of changes,
- avoiding frustration owing to overload and pace,
- ensuring that the local change programme is transparent, and that there is clear communication with stakeholders,
- sharing expertise – it is the driver of change,
- showing enthusiasm and sharing commitment to stimulate change,
- developing formal agreements to embed sustained change,
- and that successful change will depend on a focus on improved outcomes for children and young people.

CHAPTER 1 INTRODUCTION

24 The National Evaluation of Children's Trusts was formally commissioned in April 2004 by the Department for Education and Skills and the Department of Health. The evaluation is being undertaken by an interdisciplinary team of academics based at the University of East Anglia, in partnership with the National Children's Bureau. A first interim evaluation report was published in December 2004. This report, at the end of phase 1 of our evaluation, offers initial findings based on early analysis of the progress and achievements of trusts, with a particular focus on eight case study pathfinders and three non-pathfinder authorities. It develops and expands the themes we addressed in our first interim report of December 2004, but the discussion and the conclusions we draw are of necessity tentative and provisional.

25 This report differs from our first interim report in a number of respects. The focus is deliberately at higher resolution: we concentrate on the experiences of implementation of children's trust arrangements in eight case study sites and the experiences of integrating children's services in three non-pathfinder sites. The data on which this report are based were substantially collected between December 2004 and May 2005. In each area a group of professionals representing strategic, managerial and frontline roles were selected for interview. In total 107 professionals were interviewed, drawn from a number of sectors including health, education, social services, local authority, joint local authority and Primary Care Trusts, Connexions services, voluntary and community sector and youth offending teams. Children's trust pathfinders provided us with updated information about their financial plans and administrative arrangements. The National Children's Bureau investigated children, young people and parents and carers' perspectives of services for children. Headteachers in eight case study pathfinders were surveyed and 341 responded (for further details on methods and sampling, see Appendices 1, 2 and 3). By the time our data collection ended, pathfinder trusts had been operating for twelve months; their experiences, like ours, were developing and their practices were in many ways tentative and provisional.

26 The report is concerned with the early experiences of working in new ways, in new structures and in developing organisations. A key finding, which should not be under-estimated by policy-makers, practitioners or other researchers, relates to the sheer scale and complexity of the task facing trusts and trust managers. By scale, we mean both the challenges of organisational scale working across health, education, social care, youth justice and other organisations, and the size of the pathfinder population - as we indicated in our first report, pathfinder authorities account for 20% of children in England. By complexity, we mean the conceptual and managerial difficulties of the task facing children's trusts as they seek to secure inter-agency governance and strategic and operational relationships which will produce improved outcomes for children. This task necessarily involves the co-ordination of different professional groups and different organisations working with children with multiple needs. The implications of both scale and complexity, and the relationship between them for change management, pervade this report and we

return to it in our final chapter. However, it is important to begin by noting that children's trusts are engaged at the forefront of a reconfiguration of both targeted and universal services for children. The challenges facing change managers are huge; whilst we offer an analytical account of their work in this report, we are frequently humbled by their commitment, imagination and industry.

27 Trusts' experience of development and change can be conceptualised in a variety of ways. The first is **structural**, and provides the essential organising framework for this report. The Department for Education and Skills (DfES) has articulated a powerful model for thinking about integration, placing children and families at the centre of service design and delivery, and building around this concentric rings of integrative activity integrated people and integrated working, integrated processes, integrated strategy and commissioning, and integrated governance. The model provides the structure for the organisation of this report, which, like the department, places children and families at its centre. For each 'ring' we explore the experiences of stakeholders and unpack the processes of change and development.



Figure 1.1 Government vision of integrated children's services

28 A second approach to understanding the development of trusts and of integrated services more generally is driven by **policy**. We noted in our first report that children's trusts were one of the government's policy responses to the recommendations of the Laming Report. Since the completion of our first interim report, the Children Act 2004 has received the Royal Assent and the Government¹, through both its policy guidance² and its field forces, has worked

¹ Children Act 2004. <http://www.opsi.gov.uk/acts/acts2004/20040031.htm>

² DfES, 2005. Lead Professional Good Practice Guidance for children with additional needs <http://www.everychildmatters.gov.uk/files/1F7266BC0B5CA9758EC4F28A9F46C>
DfES, 2005. Guidance on the Children and Young People's Plan

to support local authorities in the process of implementation and local change programmes. This advice is compendious, and relates to the work of a series of agencies and sectors. The publication of, and response to, this guidance provides an important element in the policy agenda for children's trusts. In the process of their day-to-day work, in their relationships with schools, Primary Care Trusts, social care teams and so on, trusts are, of necessity, taking account of new statutory arrangements and policy guidance. Put simply, the policy context for trusts is different when we completed our fieldwork as compared to November 2004 (when our interim report was published), or April 2004 (when trusts began working) or October 2003 (when bids for pathfinder status were prepared). This developing policy context is a key element in the provisionality of trust development.

29 A third dimension to understanding the work of trusts is provided by the **wider context** of local government, education, social services and health. In the period of our fieldwork, a general election took place, and data collection was interrupted. Children's trusts formed a component of the manifesto of the government which was re-elected in May 2005. The Office of the Deputy Prime Minister has initiated a programme of work on the relationship between central government, local government and communities (e.g. Local Area Agreements)³ in which children and young people play a central part.

30 These different conceptualisations of provisionality shape the work of trusts and need to be seen as central to understanding this report. What we offer here is based on our work in local authorities, but in local authorities at a time of rapid, often difficult change. **Chapter 2** explores the relationship between national vision and local responses to consider the aspirations of local authorities for children, young people and families. We also examined children, young people and their families'/carers' perceptions of current services for children and their views about how they can be improved.

31 **Chapter 3** explores the reasons why professionals feel children and families should participate in children's trusts and reviews the kinds of participatory activities used in case study areas. It also examines the challenges to participation and possible future developments. **Chapter 4** examines integrated working arrangements in local authority areas, including information sharing, common assessment and co-location of services. It also reports children, young people and parents and carers' perceptions of these arrangements and the results of the first of two headteacher surveys. **Chapter 5** specifically reviews some key issues for integrated working arrangements that stem from multi-agency and inter-agency working practices. **Chapter 6** explores a key dimension of responses to the changing policy and local agenda, examining the

<http://www.dfes.gov.uk/consultations/downloadableDocs/Online%20Consultation%20Document.doc>

³ ODPM, 2004, Local Area Agreements: A prospectus,

http://www.odpm.gov.uk/stellent/groups/odpm_localgov/documents/page/odpm_localgov_029989-01.hcsp#P39_1214

ODPM, 2004, Local Area Agreements Advice Note 1

http://www.odpm.gov.uk/stellent/groups/odpm_localgov/documents/downloadable/odpm_localgov_033305.pdf

management of inter-agency approaches to planning, commissioning and budgeting for integrated services for children. It also includes a review of the involvement of the voluntary and community sector and service users in strategic planning. **Chapter 7** broadens the focus to consider issues of inter-agency governance in trusts. Finally **Chapter 8** brings together a number of key messages for professionals involved in the development of children's trust arrangements. Underlying the report is a central concern with change and with change management as trusts develop and as professionals come to terms with the implications of working in trusts. We anticipate this report will provide insights into the process of change and, we hope, support policy makers and practitioners in their work in the service of children.

CHAPTER 2 NATIONAL VISION AND LOCAL RESPONSES

How have children's trusts arrangements been used to respond locally to the national Every Child Matters vision for greater integration of services for children? What are professionals' perceptions of the immediate challenges of the management of change? What are professionals and service users' opinions of the benefits of the integration of services?

2.1 Overview

32 Professionals working in partnership across sectors to bring about children's trust arrangements have responded positively to the national vision for integrated children's services and improved outcomes for children. They think that these changes can be achieved if introduced slowly with due attention to establishing new ways of working, developing a learning culture in organisations and providing a multi-agency training programme. A priority is building effective partnerships between sectors to achieve joint planning and delivery of integrated services.

33 There is strong support from professionals for the view that the new integrated, child-centred approach is likely to improve outcomes for children, young people and their families or carers. Across case study sites, professionals give examples of positive developments in services for children which they report need time to bed down. These initiatives are characterised by a greater focus on children's needs, early intervention and multi-agency working.

34 However, there are concerns about the ability of services to achieve improved outcomes for children in the short term, particularly from managers. Immediate challenges are managing the size and pace of the change programme, integrating pre-existing initiatives such as Sure Start and matching local responses with national agendas. Many managers of frontline services are uncertain about what changes are needed and are concerned about their capacity to implement them.

35 Although generally unfamiliar with the notion of children's trusts, parents and young people generally welcome the idea of integrated services. Accounts from the parent panels suggested children with multiple complex social care and health needs for example disabled children are substantially under supported across the case studies. A number of the issues highlighted in the children and young people's panels, such as safety, transport, improved sports and recreation provision and a wider choice of targeted activities for young people, are similar to those in the Government's recently published Green Paper, *Youth Matters*⁴. Managing children and young people's expectations will

⁴ DfES, 2005, *Youth Matters*, www.dfes.gov.uk/consultations/downloadableDocs/Youth%20matters%20pdf.pdf

need to be sensitively balanced with resource availability. Both parents and young people highlight the difficulties in finding out about the services available to them.

2.2 Introduction

36 Since our last report, children's trusts arrangements have evolved in what has been a changing policy environment. As a result that there are some differences between what pathfinders set out to do and what they are currently expected to deliver. When the evaluation undertook its Baseline Implementation Survey (BLIS) of children's trust pathfinders⁵ in July 2004, they were working with the *Every Child Matters: Next Steps*, document published in March, 2004⁶. Pathfinders were involved in developing flexible ways of integrating children's services based on commissioning arrangements designed to meet local needs, and formalising existing joint working. The Children Act, 2004⁷ received royal assent on November 15th. It set the statutory framework for the integration of children's services in all local authorities in England under children's services authorities. It also legislated for the appointment of directors of children's services in each local authority, answerable to the children's services authorities executive and lead members for children's services, politically accountable on behalf of the executive. At the time of the case study interviews in the early part of 2005, trusts were grappling with the alignment of children trust arrangements within the planned statutory framework of the Children Act, 2004. They were also in the process of appointing directors of children's services and lead members. At the time of writing this report the Government is preparing guidance on its workforce strategy⁸, and has recently published its guidance on the role of lead professionals⁹ and the prospectus for extended schools¹⁰.

⁵ NECTP, 2004. *Children's Trusts: Developing Integrated Services for Children in England, National Evaluation of Children's Trusts, Phase 1 Interim Report*. DfES <http://www.everychildmatters.gov.uk/strategy/childrenstrustpathfinders/nationalevaluation/>

⁶ DfES, 2004. *Every Child Matters: Next Steps*. <http://www.everychildmatters.gov.uk/publications/>

⁷ Children Act 2004. <http://www.opsi.gov.uk/acts/acts2004/20040031.htm>

⁸ Workforce strategy webpage: <http://www.everychildmatters.gov.uk/deliveringservices/workforcereform/childrensworkforcestrategy/>

⁹ DfES, 2005. Lead Professional Good Practice Guidance for children with additional needs. <http://www.everychildmatters.gov.uk/files/1F7266BC0B5CA9758EC4F28A9F46C>

¹⁰ DfES, 2005. *Extended schools: Access to Opportunities and Services for All* <http://www.teachernet.gov.uk/wholeschool/extendedschools/>

2.3 Children's trusts responses to changes in service provision

... if I was honest, I think people are quite daunted by the task, you know, because it is a big task ... but I still think they're hanging on to ... this vision ... We owe it to the children ... to do this ... I think most people accept that, but we are, you know, daunted I think, but we'll get there.
(Quote from strategic member of a local authority)

37 The transition to children's trust arrangements and integrated children's services is "an ambitious and wide-ranging programme of root-and-branch reform"¹¹. Such reform involves massive and weighty bureaucratic changes which can appear overwhelming: "*think of it organisationally and it's full of minefields, full of protocols, full of management structures, it's full of all of that ...*" (local authority, strategic professional). The process has been likened to 'bereavement', because people need to get used to the loss of what has gone before.

38 Children's trusts, therefore, are part of a change programme which certainly can look daunting. However, we find most interviewees, both at the strategic and frontline level, are largely enthusiastically committed to the integrated, child-centred approach.

It ... starts with a central and pivotal message that the children's trust ... gives an ethos ... which is around putting children and young people at the centre of service provision, and helping children and young people achieve in a whole range of areas – achieve better physical health, achieve better mental health, achieve academically, achieve economically, and all of those kind of central expectations and wishes.
(Manager, Health)

39 Interviewees across sectors and at all levels judge the proposed changes to be worthwhile because they believe the new approaches can ultimately improve outcomes for children, young people and families. They are clear about the benefits of early intervention to prevent the escalation of problems and to ensure that all children have the opportunity to achieve, be healthy and attain economic well-being. Indeed, in some areas, interviewees feel outcomes are already improving as a result of integrating children's services. For instance, a headteacher reported that working with a multi-agency team had a positive impact on children in her school. The preventative measures that had been put in place, enabled a family support worker to help parents to resolve their difficulties.

40 The evaluation found that overall the hearts and minds of professionals have been won over to the new framework for improving outcomes for children, balanced by the view that 'the journey' will take time and may be jeopardised if rushed. Interviewees are almost universally enthusiastic about the vision of

¹¹ House of Commons Education and Skills Committee, 2005. *Every Child Matters: House of Commons Select Committee Report*.
www.publications.parliament.uk/pa/cm200405/cmselect/cmeduski/40/4002.htm

integrated children's services although it is generally felt that further time is needed for embedding new initiatives and for giving attention to detail. There is a view that the change process is in the early stages and that leaders are needed who can envision the future, listen to management and frontline professionals' concerns and create a learning climate where obstacles can be overcome. Professionals at strategic and operational levels report that multi-agency training programmes help them to understand each others' professional perspectives. They also find that multi-agency initiatives such as Children's Fund and Sure Start help to establish constructive ways for professional to work together. We found that a key to implementing the vision are change champions, often charismatic professionals. Typically they are hybrid or cross-over workers, drawn from diverse sectors who have experience of cross sector working. In the process they built up trust and confidence in each others' professionalism and are able to promote these new ways of working.

41 The frontline professionals are familiar with the spirit of the national *Every Child Matters* vision and its five outcomes but have not always absorbed the details of the local implications. Some frontline professionals from different sectors are focusing jointly on the provision of services for individual children. They are beginning the process of breaking down boundaries between sectors for example between social services and health. Interviewees recognise that these first steps, involving professionals from different sectors, creates complexities that can not quickly be overcome. They need to collaborate to develop integrated services and processes by sharing working practices and specialist knowledge and to trial and adapt new ways of working. There is a view that these steps should be taken slowly and care taken to establish that improvements in services can be sustained.

42 Some at the management level in health, education and social services while in principle supportive of the vision are more uncertain, or perhaps more willing to express scepticism, about the ability of children's trust arrangements to deliver that vision. As the linchpins between strategy and implementation they are acutely aware of the challenges of managing these fundamental changes in the delivery of services. They often mention the need for training in the management implications of integrated working practices. In a context of continual change, managers think that it might be difficult to motivate frontline staff and, at this early stage, they are not clear whether and to what extent their staff have bought into the vision. Managers anticipate 'cultural clashes' and 'cultural differences' between professionals from different backgrounds and think that working through these problems will take time and may result in outcomes or services for children becoming worse before they get better. They express the opinion that new ways of multi-agency working will take time to evolve. In their view changes should be piloted and evaluated at a local level and where necessary modified to ensure they are fit for purpose.

2.4 Communicating the vision

43 Within this change context, holding and communicating a joint vision is recognised by interviewees as crucial. Strategic and management personnel are passionate about integrated children's services and the child-centred approach and clearly recognise the importance of spreading that vision and keeping it simple and direct.

putting it at its crudest ... we are trying to simplify the process for the public and for people ... We're trying to make the whole way that care is arranged simpler for people and we're trying to ... get efficiencies by sharing resources and sharing budgets, and ... that whole effort is focused on ... a handful of key priorities that affect our young people and our families. And ... that's all it is.

(Strategic, Local Authority)

44 These are still very early days and we are not yet able to evaluate the roll out of the change programme or the response of the wider professional communities involved. It should be noted that we interviewed key informants who mostly occupied change driver and change champion positions in the trusts (for further information about the interviewee sample see Appendix 2). Local authorities will need to consider those who are not yet on board:

... there are whingers and moaners and there are movers and shakers and then there are ... people in the middle who come to work, do what they have to do, and they do a good job and they go home. It's these movers and shakers that go that extra half mile that you need to get on board. If you've got a group of people who are motivated, that motivation is infectious so it passes down. ... They're going to say, come on we can do it, it'll be great and when you've done it you'll feel really good about yourself, because you will have done something a bit different, ... a bit outside the norm.

(Frontline, Health)

45 There are challenging times ahead, after this early honeymoon period, which may be markedly different to the current experience. There is a general consensus that strong leadership is needed at all levels, from chief executives to directors and managers of frontline services, to consolidate the new integrated children services framework. Interviewees report that leaders need to be able to articulate a vision for the future and help staff to see how they will be able to make the proposed reorganisation a reality. Developing this shared vision with agreed priorities is reported to be crucial to future success. Interviewees recognise that the vision needs to be supported by structures, agreements, systems and processes including:

- inter-agency governance arrangements,
- local needs assessment and mapping of services,
- priorities agreed by all sectors,
- joint planning,

- systems for financial management (including joint commissioning and pooled budgets),
- communication systems,
- working protocols,
- delivery systems for information sharing, common assessment etc.,
- clear lines of accountability.

46 Some strategic professionals identify the need to bridge the 'adaptive gap'¹² between the vision and the new reality by building staff confidence, allowing them the flexibility to solve problems as they arise in the new working environment. They believe staff needed to be given sufficient autonomy to make decisions thereby owning the problem and solution.

2.5 The management of change

2.5.1 Pathfinder status as change accelerator

47 Strategic interviewees from health, education and social services say that the main reason they applied to become pathfinder children's trusts was because they had already embarked on integrative working between two or more sectors. It is hardly surprising then that pathfinders report having been involved in at least some aspects of integrative work for several years enabling them to lay the foundations of productive partnership working between sectors and establish mutual trust and confidence. Pathfinder status has accelerated the change process by raising the profile of their work and producing a positive energy and momentum to build links between existing services and establish new ones.

As our arrangements began to develop then of course the pathfinder trust ... acted as an accelerator and then just got sucked into the process. ... We didn't kind of dream it up, well this is what the Government want, ... we had actually done a significant amount of investigation and evaluation of services before we moved forward. ... The pathfinder trust initiative is kind of manna from heaven really ...

(Strategic, Local Authority)

48 Bidding for and gaining children's trust pathfinder status helped cement local partnership working. Interviewees report that bidding had brought partners from different sectors together including in some cases representatives of voluntary and community groups. In at least one instance local authority elected members had been instrumental in initiating the pathfinder bid and used it as a lever to bring partners together. In other pathfinders the bid raised awareness among elected members about the possibilities for more joined-up services for children. Gaining pathfinder status has also brought valuable advice and support from children's trust networks that focus on specific aspect

¹² Heifetz, R., 1997. *Leadership without easy answers*. Harvard University Press

of pathfinder working such as extended schools and, some direct help and support from the DfES.

2.5.2 Pacing change

49 The Government considers the programme of change as “transformational”¹³. However, as we stated in our first interim report, “pathfinders emphasised the importance of taking a slow or incremental approach to managing change, if it is to be achieved successfully”¹⁴. Strategic interviewees agree it is vital to pace change in order to develop good systems for communication, training and accountability. Time is also felt to be needed so that local needs can be assessed thoroughly and for effective planning.

50 Strategists taking a whole system, top down approach to planning for integrated children's services find that it is complex and as a result time consuming. They argue that this approach is preferable because a bottom-up approach based on short term initiatives creates uncertainties for participants which may cause them to be reluctant to get involved in the future. Interviewees stress the value of a thorough needs analysis, based on good quality data and local knowledge, in order to design services and systems to match demands. They emphasise that planners should establish from the start that integrated services add value to existing arrangements. Strategic interviewees draw attention to the need to identify the ‘social capital’ from each professional discipline - health, education and social care - that will be beneficial to new integrative working arrangements and to ensure that it is retained. They recognise that in implementing plans these complexities also need attention as frontline professionals from across sectors come together, get to know each others' backgrounds, expertise and working practices and establish working routines.

51 Pathfinders focusing on services for specific groups of children find that they need to take incremental steps while keeping in view the longer term goals of improving services and outcomes for children. Interviewees speak of taking opportunities when they arise through new funding sources or capitalising on successes to build trust, experience and confidence in new ways of working. This allows professionals to identify and solve problems on a smaller scale and to trial ways of working, before embarking on larger scale changes with professionals and children.

¹³ House of Commons Education and Skills Committee, 2005. *Every Child Matters: House of Commons Select Committee Report*, p. 11, para. 18.

www.publications.parliament.uk/pa/cm200405/cmselect/cmeduski/40/4002.htm

¹⁴ NECTP, 2004. *Children's Trusts: Developing Integrated Services for Children in England, National Evaluation of Children's Trusts, Phase 1 Interim Report*, DfES. <http://www.everychildmatters.gov.uk/strategy/childrenstrustpathfinders/nationalevaluation/>

But actually, for me, it's about recognising the need to do it, realising the preventative work with younger children is essential, and just getting on and doing it, and if it takes you 10 years, it takes you 10 years, you know. There is very little point in saying, Oh I can't do it tomorrow because I haven't got enough money, because you just have to set off and see where you get.

(Strategic, Education)

2.5.3 Kick Starting Change

52 A proliferation of government funded programmes has provided a major kick start to the new integrated arrangements¹⁵. Several long standing programmes are strong drivers for the integration of children's services and have advanced the development of children's trust arrangements. Multi-agency working has been established for some time, even for some years, for instance through Sure Start, the Children's Fund and Youth Offending Teams, and more recently through extended school initiatives and through trailblazers such as Identification, Referral and Tracking (IRT).

53 The Children's Fund¹⁶ launched in 2000 to tackle disadvantage among children and young people in the 5-13 age range, has been an invaluable source of creative initiatives. Our attention was drawn in several pathfinders to initiatives that have informed integrative working practices and supported successful partnership arrangements particularly with the voluntary sector. There is evidence of work to improve children and young people's participation in children's services including face-to-face dialogue about local needs. There are examples of increased opportunities for parenting groups and initiatives for the inclusion of hard-to-reach children and young people.

54 The challenge now will be to incorporate the multiplicity of small integrative initiatives, and their funding streams, into the whole integration programme. Interviewees feel time is needed for bedding down and rationalising these initiatives. Interviewees are uncertain about the effect of the realignment of both Sure Start and Children's Fund within the local authorities. They are concerned about the extent to which these non-statutory initiatives can or will be embedded or ring-fenced in children's services authorities and whether or not they can be sustained in the same novel and ambitious ways. These views are similar to those found by the National Evaluation of Children's Fund¹⁷.

¹⁵ Joseph Rowntree Foundation, 2005. *Findings: The provision of integrated services by family centres and New Community Schools*. www.jrf.org.uk/knowledge/findings/socialpolicy/pdf/0235.pdf.

¹⁶ *The Children's Fund*, <http://www.everychildmatters.gov.uk/strategy/childrensfund>

¹⁷ National Evaluation of the Children's Fund, 2004. *Research Report 603, Prevention and early interventions in the social inclusion of children and young people*. DfES, Nottingham. http://www.ne-cf.org/core_files/RR603.pdf

2.5.4 Funding change

55 Interviewees generally believe that an integrated service can lead to efficiency savings in the long-term, but they are anxious about both the lack of dedicated funds for the change programme itself and how pump priming initiatives will be absorbed into the mainstream. They are clear that there needs to be sustained Government support and are anxious about the fragility of short-term funding. Interviewees give the impression there is little dedicated Government funding for the implementation of the change programme, including for the major training programme they feel is required for multi-agency working. Concerns about the longer term funding for new initiatives are well rehearsed¹⁸ and we find similar concerns about the consequences for new initiatives of integrating their various funding streams into children's trust arrangements.

I think, you know, to be very crude about it, the political line is to say Sure Start local programs have worked brilliantly, ... we want all children to have the benefit of those kinds of improved services, so what we're going to do is give the Local Authorities the cash that would otherwise have been ring-fenced distinctly to the Sure Start projects to enable them to roll out those successes, those good experiences, those good practice models, that learning elsewhere, so that all children get a better start. Which of course is asking more of local areas for the same money, ... so there's no new money that I'm aware of.

(Manager, Joint Local Authority and PCT)

56 Managers of new services or trailblazing projects are acting as transformational leaders in the field. They are usually seconded from permanent jobs within their sector to perform a specific task for a limited period. It is questionable whether these individuals will be able to continue driving the change once their period of secondment ends. It is possible that these energetic and creative professionals may be head-hunted and their expertise lost from the local area. A huge effort is being put into innovative ways of working and there is a perceived risk of burn out. In several pathfinders there are examples of some key staff turn-over and the knock on effect of recruiting suitable substitutes.

2.6 Matching local needs with national expectations

57 Early findings suggest that pathfinders are planning to meet local needs using the flexibilities of new approaches such as single education plans, pooling funding, commissioning services and preparing a children and young people plan. Secondments of senior officers and the establishment of working groups are helping to build partnerships between sectors and to assist with planning for

¹⁸ Joseph Rowntree Foundation, 2005. *Findings: The provision of integrated services by family centres and New Community Schools*.
www.jrf.org.uk/knowledge/findings/socialpolicy/pdf/0235.pdf.

change. Pathfinders are optimistic that they can successfully align targets across sector plans particularly those negotiating Local Area Agreements¹⁹ with Government. It is clear that local diversity is being guided by a fundamental commitment to the *Every Child Matters* vision. This is reflected in most of the case study areas in the way strategic, advisory and community action groups are organised and in local authorities' community plans. Some trusts are planning locally contextualised solutions, using Section 31 Agreements between health and local authorities²⁰ and common assessment protocols, as well as locally determined forms of extended schools.

58 It is as yet unclear how pathfinder children's trusts will balance the Children Act 2004, and other national statutory and inspection requirements, with their particular local needs. Some pathfinders complain of the frequency of visits from representatives of the DfES, as well as the continual evaluation and assessment which detracts from implementation. Many pathfinders who are located within Children and Young People's Strategic Partnership boards already find themselves with the responsibility for, or significant involvement in, preparing for the newly introduced Annual Performance Assessments²¹ of local authorities and Joint Area Reviews (see Chapter 7). This additional workload places a heavy demand on staff in addition to managing the pathfinder initiatives.

2.7 Professionals' views of how outcomes can be achieved

59 Some professionals think that there is scope for streamlining children's services so that outcomes for children can be achieved more efficiently and effectively. Professionals feel that children, young people and their parents and carers should participate in the development of services and that assessments and support programmes should be developed with due regard to their rights. Authorities are mapping children's services to identify what is available as a precursor to developing directories of services, others to find duplication and gaps. Some health professionals think this process will help identify core services and care pathways so that children, young people, parents and carers can see what is available, for example for young people with hearing difficulties. They also think there is scope in new arrangements to decommission ineffective services and re-commission others.

60 Clearly signposted access points for services are mentioned frequently by professionals as important entry points for both service users and frontline professionals seeking support for children. Health and local authority professionals feel that children, young people, families and carers will get quicker access to support through a local directory of services preferably on-line. This information could also be used by professionals to direct users to

¹⁹ ODPM, 2004. *Local Area Agreement: A Prospectus*.

<http://www.info4local.gov.uk/searchreport.asp?frompage=search&id=20853>

²⁰ DH, 2000. *Guidance on Health Act Section 31 Partnership Arrangements*.

<http://www.dh.gov.uk/assetRoot/04/05/74/23/04057423.pdf>

²¹ OfSTED and CSCI, 2005. *Arrangements for the annual performance assessment of children's services*.

services. Educational professionals in particular said that families should have access to a local 'one-stop-shop' where they can get advice from informed professionals and some services, as envisaged in proposals in the roll out of Sure Start children's centres²².

61 Professionals agree that children, young people and families will receive help more quickly and with fewer obstacles if bureaucracy is reduced. All are in favour of reducing the collection of routine information, rationalising assessment procedures and improving information sharing and communication between professionals. They report that parents are positive about information sharing in an area where it had been piloted.

62 A keyworker/lead professional who can be the main point of contact is felt to be needed to coordinate and sequence appropriate support for children, young people and parents or carers. We found examples of this kind of frontline role in health, education and social care sectors in most case study areas. For instance, in the social care sector a social worker acts as the keyworker for parents with mental health and alcohol related problems and involves professionals to support the health, safety and social development of their children. Similarly in the health sector a midwife ensures that mothers with mental or health difficulties receive appropriate treatment and that their babies are both safe and healthy. She liaises with and coordinates support from professionals from other sectors and plans a pathway of care for mothers. In the education sector inclusion workers employed in schools help support children and families and provide advice about the services available from other sectors. A challenge for future children's trusts and children's services authorities is to decide to what extent it is possible or indeed necessary, to merge these parallel track keyworker/ lead professional pathways of care.

63 Different types of multi-agency or multi-disciplinary teams or networks are described by professionals as a means of improving outcomes for children and families particularly those with complex needs when expertise from several sectors are needed²³. Professionals report that these forms of multi-agency working require coordination. Teams were reorganised in one authority when one family was found to have two 'teams around the child' working with different siblings. The parents found it very difficult to manage two incompatible care programmes. The following examples that are already operational were described by interviewees:

- 'teams around the child'. These are described by social service sector workers as networks of professionals supporting looked after children leaving local authority care and needing advice about education, training, housing and health matters;
- 'teams around the family'. Led by social service or health sector workers, these are networks of professionals who work together to keep parents and

²² Sure Start webpage: <http://www.everychildmatters.gov.uk/earlyyears/surestart/local/>

²³ NECTP, 2004. *Children's Trusts: Developing Integrated Services for Children in England*, National Evaluation of Children's Trusts, Phase 1 Interim Report, DfES <http://www.everychildmatters.gov.uk/strategy/childrenstrustpathfinders/nationalevaluation/>

their children together in difficult circumstances with the purpose of ensuring the children's well-being and preventing them being taken into local authority care;

- multi-disciplinary 'teams around the school'. These involve the identification and review of children's learning and behaviour needs are in place in the education sector;
- 'teams around the community'. These include an anti-social behaviour team working in a preventative way with youth services, youth offending teams, housing services and voluntary and community groups to encourage positive behaviour and reduce crime and anti-social behaviour.

2.8 Children, young people, parents and carers' views of children's trusts

64 The National Children's Bureau (NCB) carried out panel interviews with children, young people and parents and carers²⁴ (for further information about methods and samples see Appendices 1 and 3). Panel participants represented a wide spread of public care and specialist service experience. Service users, especially parents of disabled children and disabled children and young people using specialist services, have a great deal of knowledge of services and methods of working. The views of specialist services come only from parents and young people with children's views embedded in universal services, although several children, for instance those who were disabled, were actually receiving specialist support. Children's understanding of 'services' is inclusive, they consider all activities for children as services such as, shopping, leisure activities, police and schools.

65 Children and young people have little or no knowledge of 'children's trusts' as an entity; parent and carers' knowledge of children's trusts is also limited, although participants on one parent panel are beginning to become involved in their children's trust and have some basic awareness. Although generally unfamiliar with the notion of a children's trust, parents and young people welcome the idea of integrated services. Parents have observed some instances of joined up working, such as CAMHS and the education department working together, and all agree that services are better for children when professionals are working together.

I have seen a positive effect that, if the people do work together, it does work. Occupational therapists and speech therapists are in the same office and his physio is just in the office next door. So his physio will pop in ... and the three of them will all sit there and discuss it and one of them, not all three, they'll say 'who's gonna ring us?' and it's usually the physio because we see her the most. And she'll pick up the phone and say, 'I'll come out, we've had a discussion' ... And we'll go through everything that they discussed and the best plan of action.

(Parent)

²⁴ It should be noted that the views of children, young people and parents and carers in this report are those of the panel participants only rather than a wider population. Additionally, where children, young people or parents/carers are mentioned this relates back to this specific panel.

66 One young person gave a good example of a voluntary organisation which is working together well with other professionals.

Yeah I think that they [voluntary organisation] partner quite well really to [other] organisations...rather than saying, oh they'll do it to all themselves they partner with a lot of people who are specialist in areas so that they can target services. Say they're working with a child that's got particular educational needs then they'll work alongside education workers and stuff like that. And they always have a carers' week as well and that's quite good.

(Young person)

67 Parents are extremely vocal about the negative impact of the current way in which professionals are working but both parents and young people found it difficult to envision the mechanisms of integrated services.

I think it's very hard ...for them to actually know about that individual child, you're always being referred to the next person. You start with the health visitor and they refer you to somebody and then they refer you to a speech therapist ...I try and ring [other professional], if she's not in you've got to talk to someone else... but that person doesn't know what I'm talking about, then [other professional] I can never get hold of... you have to start all over again explaining what you want and what you need, and ...they haven't got a clue what you're talking about and they've got to go off and do the same work [the other professionals] done and it's like god it just feels like you're in a vicious circle.

(Parent)

2.9 Children, young people, parents and carers' views of existing services and how these can be improved

68 A number of the issues highlighted in the children and young people's panels, such as safety, transport, improved sports and recreation provision and a wider choice of targeted activities for young people, are similar to those in the Government's recently published Green Paper, *Youth Matters*²⁵. Children and young people want services which are free or low cost but they also want services of good quality. Existing facilities are described as frequently run down or poorly resourced. The most popular existing service for children are after school clubs, such as drop-in computer clubs, sports clubs and homework clubs. An important issue for Muslim children is the difficulty in accessing clubs. They want clubs to alter their opening times so that they do not clash with times when they have to attend Mosque school.

²⁵ DfES, 2005, *Youth Matters*, www.dfes.gov.uk/consultations/downloadableDocs/Youth%20matters%20pdf.pdf

69 Children and young people want a wider range of sports, health and leisure facilities, with skate parks being very popular. Young people are positive about youth clubs but want provision to be aimed at particular ages of children and young people. Provision of age sensitive services is even more essential in rural areas. Interestingly parents want more services for all age groups so siblings can go together. Young people want more youth clubs which are open for longer hours, more sports provision, fitness clubs for obese young people, and they want parks to be cleaned and repaired. They are keen on free or cheap services, such as free buses for children under 16, the new Educational Maintenance Allowance²⁶ for students returning to college and cheap entry to youth clubs.

70 Young people selected a wide range of services they believed most effective for them but particularly highlighted specialist services. In one site, young people are very satisfied with the services they have available, in particular those for sexual health and drug education. They welcome the wide range of services available to choose from.

I mean I do go to [name of service] and they're based in the Young Peoples' Centre once a week, they do offer a really wide range of services to gay and lesbian people, like they have sexual health workshops. ... they also save space for people who just want to hang around with other people in a similar situation as them without their parents knowing. It's all confidential, basically.

(Young person)

71 Young people in one panel praised the Youth Council for allocating funds to services young people feel are appropriate. Connexions is also reported to be a good service, in particular for young people who are not achieving at school.

Connexions is all right. I'm in there more or less everyday because I won't go to my lessons. It's better than the school itself because you can like get a cup of tea whenever you want, or coffee ... they're pretty informal ... you get on all right with them. I've been on that course. They give us advice. Just that it's better than school.

(Young person)

2.9.1 Safety concerns

72 Lack of transport is a key safety issue both for children and young people, and is also highlighted by parents, especially for families in rural areas, as one parent reported:

²⁶ What is Education Maintenance Allowance (EMA)? <http://www.dfes.gov.uk/financialhelp/ema/index.cfm?SectionID=1>

My kids cycle three miles to school every day. They cancelled the public buses. If they can't get on, they leave them at the bus stop. They can't come along the by-pass, because there is a barrier between the by-pass, between the path and the road to stop silliness. They need to cross the path to the cycle path.

(Parent)

73 Some children feel unsafe on public transport and suggested there should be separate transport systems for children to get to school and clubs. Disabled children need improved accessibility to buses. Young people report that bus routes have been drastically cut. In one area the school bus is only operating in the morning due to the bad behaviour of some young people and lack of adequate provision to solve this.

74 Security and safety is a significant concern for children and for young people. They want more people to patrol parks, security cameras in areas where teenagers hang out, better lighting, more police on the streets and a reduction in speeding by drivers.

More police. More ASBO bans. In our area, our anti-social team, they came down to our local youth club on Thursday and what they did is they had a talk to us and told us what they are doing in our area and how we could help. They said they're going to build a picnic area at the back of an old factory and ... they're only going to build it if we're going to take part and we're going to keep it in its state that it comes in so we said that yeah, as a youth club we'd help keep it where it should be, like going up and having days for litter picks and taking graffiti off and stuff like that.

(Young person)

75 Children and young people are concerned about bullying. Children welcomed peer-led schemes in schools such as 'buddy' systems or play leaders, where they can approach older children for help and support. Some children said they are being bullied by other children at school and in local recreation facilities and some also thought staff did not help support them with bullying issues. Children want to see patrols in parks to look out for their safety.

2.9.2 Health and social care specialist services

76 Accounts from the parent panels suggest children with multiple complex social care and health needs are substantially under supported across the case study sites. There are especially troubling accounts of difficulties encountered with services for disabled children and their parents. Children report some negative experiences with hospitals and GP services. They feel these are under resourced, under staffed, situated too far from their homes and that they have to wait too long to see the doctor.

Children are being ill as I'm talking right now and it's very busy there. Children have problems right now, they have to go. But hospitals are very far away from children's homes. They have to travel too much.

(Child)

77 Children, young people and their parents and carers are frustrated with the length of time they had to wait for medical services. In one panel they are concerned that, although there are numerous and very good services, many of them are short-term funded and could be closed down without notice. The sustainability of non-mainstreamed services, such as Children's Fund projects, is a concern for some young people who said they would not use mainstream services because they found them intimidating.

78 The parents and carers' panels mentioned many services or aspects of services with which they are dissatisfied but problematic experiences are most common for parents of disabled children. These parents feel mainstream services provide a very variable service for disabled children and essential services which help with communication are difficult to come by. Parents assert that special schools are much more effective than mainstream schools at this kind of service, providing better linkage with other agencies. Parents of disabled children also state there is a lack of services that children can attend unaccompanied by parents, which is limiting both for the child and the parent.

79 Members of all the parent and young people's panels highlight the difficulty in finding out about services on offer. Parents feel it is always up to them to search for services and there is no one to provide comprehensive information. In fact, the panels often became a way for the participants to find out about existing services.

I was 14. There's not a lot of, and still isn't a lot of advertisement of the centre so if it isn't through my friend I probably would never have known anything about the centre, which is a shame because it's a great place to go if you have nothing else to do.

(Young person)

80 Difficulties with finding out about services is particularly significant for parents of disabled children.

You have to know what it is that they provide before you see them because they won't tell you what they provide. They will just say what do you want or what have you heard about and you're supposed to know, and they won't tell you. The only things they tell you about are things that won't cost them any money. And I've paid out so much over the years to put him into clubs in the holidays.

(Parent)

81 Once appropriate specialist services are accessed, according to parents, children and young people typically have to wait for a first consultation. All panels report that the waiting lists for specialist services such as educational psychologists, physiotherapists and, in particular, mental health services are lengthy which means there is no immediate support for families.

CAMHS as well, could be improved. Again, the waiting list time... by the time you get to the point where he wants referral, you really need the referral. You need the hit, you don't go for it until you need the help. That's the trouble. You don't think six months before, I might need help in six months.

(Parent)

82 The majority of parents and carers report great satisfaction with Children's Fund initiatives and Sure Start programmes and, in one case, a children's trust social inclusion project. These services are seen as accessible in terms of location and cost, appropriate in terms of the range of services provided, and approachable because of the non-judgemental attitude of professionals involved. Parents of children with additional needs praise support groups for providing opportunities to discuss issues and, most crucially, for enabling them to discover what services are available.

CHAPTER 3 PARTICIPATION OF CHILDREN AND FAMILIES

How are children and families involved in children's trusts? What are professionals' views on engaging children and families in participatory activities in children's trusts?

3.1 Overview

83 Professionals are enthusiastic about the participation of children, young people, parents and carers in the development of children's trusts. At this early stage professionals report mixed and modest levels of service user engagement beyond consultation. A few areas have service users involved in strategic groups and some have arrangements in place to consult them, but many are still devising a participation strategy. There is a lack of systematic approaches to the participation of children and families, with most areas making only limited attempts at participation.

84 Challenges to participation have been highlighted, in particular there is a lack of clarity about the type and extent of service user participation required. There is much that can be learnt about promoting participation from existing programmes such as the Children's Fund and Sure Start. In general the professionals interviewed are committed to future user participation from children, young people and their parents and carers.

3.2 Introduction

85 One important part of children's trust arrangements is the participation of children and young people and parents and carers in the trust. *Every Child Matters* states that "community participation will be critical to the success of future arrangements" and the Government expects that children, young people and parents are given a voice in the design and delivery of services²⁷. The importance of active child, parent and carer participation has been an important finding in evaluations of other government initiatives such as Sure Start and the Children's Fund²⁸.

86 In our July 2004 baseline survey a majority of the 35 pathfinders reported that user participatory activities were present or were in the process of being developed. Processes to enable parent and carer involvement were marginally more advanced than arrangements to engage children and young people.

²⁷ DfES, 2004. *Every Child Matters: Change for Children* <http://www.everychildmatters.gov.uk/publications/?asset=document&id=15516>

²⁸ National Evaluation of Sure Start: <http://www.surestart.gov.uk/research/evaluations/ness/>. National Evaluation of the Children's Fund: <http://www.ne-cf.org>

When participatory user processes were in place, there was a greater emphasis on design and evaluation of services rather than strategic planning and governance. Typically pathfinders built on prior local traditions of children and parent involvement which varied in character and focus²⁹.

87 The case study interviews with professionals enabled a closer exploration of the scope and experience of user participation. We examine in this chapter how the case study sites are involving children and their families in the children's trust arrangements. The reasons why professionals feel service users should participate in children's trusts are investigated, as are the kinds of participatory activities taking place in the case study areas. The challenges professionals see associated with effective participation and the future of participation are also examined.

3.3 Reasons for involving children, young people, parents and carers

88 The professionals interviewed for this study are generally aware of the benefits of service users participating in children's trust arrangements. They feel that by consulting with children, young people, parents and carers, and focusing on their needs and desires, service users can feel involved and empowered.

*It's very empowering to feel that you have been part of the process
(Quote from frontline professional from the health sector)*

89 Participation is thought to result in positive outcomes for both service users and their communities, allowing for issues to be resolved and resulting in services responsive to children's and families' needs.

*Participation helps us focus far more on the outcomes that children and families want...and be very much rooted in their experience
(Strategic, Social Services)*

²⁹ NECTP, 2004. Children's Trusts: Developing Integrated Services for Children in England, National Evaluation of Children's Trusts, Phase 1 Interim Report. DfES. <http://www.everychildmatters.gov.uk/strategy/childrenstrustpathfinders/nationalevaluation/>

90 These findings sit with other work in this area³⁰, which suggests that the involvement of children and families in decision making results in positive outcomes, although there is still no systematic research to show actual benefits³¹.

3.4 Children and young people's involvement in children's trusts

91 There is substantial variation in the ways in which the different case study areas are involving children and young people in children's trust arrangements, as has been found in other organisations³². In some areas there is no active involvement of children and young people at all in the children's trust arrangements specifically, although children are involved in other related activities, particularly those facilitated by the Children's Fund. Professionals in these areas are aware of this limitation to their trusts and aim to involve children and families in the near future, for example by accessing pre-existing groups of children and young people such as Youth Parliaments and looked-after children's groups. Remedial activities have been adopted in some case study areas with low participatory engagement, for instance the setting up of task groups:

It's probably a big gap to be honest in the way that we work and in the way that we are moving forward with the children's trust

(Manager, Health)

³⁰ See The National Evaluation of the Children's Fund, 2004. *Children, Young People, Parents and Carers' Participation in Children's Fund Case Study Partnerships*. DfES, Nottingham <http://www.ne-cf.org/briefing.asp?section=000100040009&profile=000100080002&id=953> for a detailed review

Children and Young People's Unit, 2001. *Learning to listen: core principles for the involvement of children and young people*. CYP, London. <http://www.everychildmatters.gov.uk/participation/buildingaculture/>

Andrews, R. and Cowell, R., 2005. *Civic Education and Local Government: A Literature Review*. ODPM, London

Andrews, R. and Cowell, R., 2005. *Civic Education and Local Government: A Literature Review*. ODPM, London

³¹ Sinclair, R., 2004. Participation in Practice: Making it Meaningful, Effective and Sustainable. *Children and Society*, 18: 106-118.

³² Oldfield, C. and Fowler, C., 2004. *Mapping Children and Young People's Participation in England, Research Brief*. DfES, Nottingham.

National Evaluation of the Children's Fund, 2004. *Children, Young People, Parents and Carers' Participation in Children's Fund Case Study Partnerships*. DfES, Nottingham <http://www.ne-cf.org/briefing.asp?section=000100040009&profile=000100080002&id=953>

Children and Young People's Unit, 2001. *Learning to listen: core principles for the involvement of children and young people*. London, CYP.

<http://www.everychildmatters.gov.uk/participation/buildingaculture/>

Kirby, P. and Bryson, S., 2002. *Measuring The Magic? Evaluating and researching young people's participation in public decision making*. Carnegie Young People Initiative, London <http://www.carnegieuktrust.org.uk/cypi/publications>

Carnegie Young People Initiative, 2001. *Taking the initiative*. Carnegie Young People Initiative, London http://www.carnegieuktrust.org.uk/cypi/publications/taking_the_initiative

DfES, 2002. *Good practice guide: on involving young people in the governance of Connexions as decision-makers*. DfES, Nottingham <http://www.connexions.gov.uk/partnerships/publications/connexpubs/index.cfm>

The children's trust have just commissioned some work to do with getting people involved

(Manager, Voluntary Sector)

92 Previous studies have shown that the involvement of children and young people in inter-agency governance can be difficult and indeed there is uncertainty about its benefits³³. The National Evaluation of the Children's Fund found that the structured and formal mode of strategic partnership meetings were felt by many Children's Fund programme managers to be alienating to children and young people³⁴. It may be more appropriate for children's trusts to use a more informal approach to participation rather than involving children and young people in the formal governance structure at the strategic level. However, in the case study areas a small number of attempts have been made to involve children and young people at a strategic level. At least three have young people's forums/councils which report to the children's trust boards, while others have plans to include children and young people on children's trust strategic boards.

There's a young people's forum...and we are looking to identify reps from that group to feed into each of the subgroups.

(Strategic, Connexions Service)

The children are going to have representatives in the co-ordination groups where they can obviously manage bids and improve bids, so that's going to be an interesting one.

(Manager, Social Services)

Board meetings are organised so that young people can attend.

(Strategic, Local Authority)

93 In one area a non-voting place on the children's trust strategic board has been made available to young people (see chapter 7). This place will be filled by an elected member of the area's Youth Council, although at present the Youth Council is still in the early stages of development and elections will not take place until 2006.

94 The involvement of children and young people in the children's trust takes various forms across all areas. In many cases there have been a number of small, successful activities involving children and young people but there has not been an approach that represents a systematic framework for participation. Sporadic rather than sustained participation of children and young people and their parents and carers was highlighted as a problem in other studies³⁵.

³³ Percy-Smith, J. 2005. *What works in strategic partnerships for children?* Barnardo's, Ilford Essex

Oldfield, C. and Fowler C. 2004. *Mapping Children and Young People's Participation in England, Research Brief.* DfES, Nottingham.

³⁴ National Evaluation of the Children's Fund, 2004. *Children, Young People, Parents and Carers' Participation in Children's Fund Case Study Partnerships.* DfES, Nottingham <http://www.ne-cf.org/briefing.asp?section=000100040009&profile=000100080002&id=953>

³⁵ Carnegie Young People Initiative, 2001. *Taking the initiative* Carnegie Young People Initiative, London http://www.carnegieuktrust.org.uk/cypi/publications/taking_the_initiative

95 Often the voluntary sector has been used to access groups of children and young people, particularly those with special or additional needs, because the voluntary sector is felt to have existing good relationships with these groups. A number of pre-existing user groups have been asked to evaluate the services they receive through events, focus groups and questionnaires. However, in these circumstances participation appears to be consultation rather than active involvement in decision making.

What we've identified as a weakness is there is quite a bit of participation going on out there but it doesn't get pulled together.

(Strategic, Social Services)

There's this group ... who are consulted for a whole range of things. So they're a group that meets regularly that look at issues that relate to disabled young people.

(Frontline, Social Services)

96 As we found in our earlier survey of all pathfinders³⁶, the case study data show that children and young people have successfully been involved in the interviewing of staff members, both those at the frontline and directors of children's services. Service user and voluntary sector involvement is also discussed in Chapter 7.

3.5 Parents and carers' involvement in children's trusts

97 We find that, as with the participation of children and young people, the involvement of parents and carers in trust arrangements varies across the areas, with parents and carers tending to be more involved in projects than higher levels of governance. From the documentary evidence we collected, we found that three case study areas had made formal provision for parents and carers to sit on their statutory boards (see chapter 7). However, none of the interviewees mentioned parents and carers having places on strategic boards, although there was some discussion about parent representation on sub-boards. Interviewees are more likely to talk about young people rather than parental involvement in children's trusts. This pattern may indicate less involvement of parents and carers in trusts, professionals' lack of precise information on user involvement or may reflect current cultural emphasis on the involvement of children and young people in service delivery.

98 As with children and young people, some case study areas have no parent or carer participation, but again professionals are aware of these limitations and are working towards ways of overcoming them. Parents and carers who have

Kirby, P., Lanyon, C., Cronin, K. and Sinclair, R., 2003. *Building a Culture of Participation: Involving children and young people in policy, service planning, delivery and evaluation*. DfES, Nottingham

³⁶ NECTP, 2004, Children's Trusts: Developing Integrated Services for Children in England, National Evaluation of Children's Trusts, Phase 1 Interim Report, DfES <http://www.everychildmatters.gov.uk/strategy/childrenstrustpathfinders/nationalevaluation/>

become involved are often approached through the voluntary sector. Sometimes the voluntary sector is used to represent parents and carers' views, rather than to facilitate direct parental involvement.

They have had representatives from the voluntary groups attending...who have a very wide knowledge of parents' views.

(Manager, Health)

99 In some areas professionals have visited parent groups to talk about the children's trust and feedback these views to the trust board. This process is felt by some to be more representative than having one or two 'token' parents on a trust board. In other areas parents have been asked to complete questionnaires and evaluation forms; in one case a questionnaire was drawn up by parents for other parents to complete. In a further area parents and carers have taken part in the selection interviews for frontline workers.

3.6 The challenges to children, young people, parents and carers' participation

100 Whilst the professionals interviewed for this study share a strong commitment to eliciting children and families' perspectives, they identified a number of challenges to user participation. Underlying these challenges is a key question about professionals' conceptualisation of 'participation'. Participation simply means taking part³⁷, but how this activity is interpreted can vary widely. At one extreme, participation is a term used to refer to the active involvement of children and families in decision making about the nature, organisation and delivery of services which directly affect them, whilst at another extreme participation is a synonym for consultation or merely informing children and families about the delivery of services³⁸. In our study similar differences in conceptualisation emerged in discussion with interviewees who talked about a wide range of activities when asked about participation. Local authorities struggle, for a number of reasons,³⁹ with engaging young people and their families, which can hinder their attempts at participation however conceived.

You've got people upstairs who don't know or understand what they mean by participation.

(Frontline, Voluntary Sector)

³⁷ Oxford English Dictionary: <http://www.oed.com/>

³⁸ Carnegie Young People Initiative, 2001. *Taking the initiative*. Carnegie Young People Initiative, London http://www.carnegieuktrust.org.uk/cypi/publications/taking_the_initiative

³⁹ ODPM, 2005. *New Localism – Citizen Engagement, Neighbourhoods and Public Services: Evidence from Local Government*. ODPM, London. http://www.odpm.gov.uk/stellent/groups/odpm_localgov/documents/page/odpm_localgov_034808.pdf

In terms of engaging young people on a kind of wider scale and with a wider remit of contributing to evaluating services, or contributing to developing services, or to having views on issues of access or efficacy, or appropriateness, we aren't very good

(Manager, Health)

101 The interviewees are aware of the challenges to participation, however these have been thoroughly discussed elsewhere and will not be reviewed in detail here⁴⁰. Some of the key issues highlighted by the professionals are the need for the participation of children and families to be fully representative and for participation to be appropriate to the decisions being made and those taking part. The avoidance of tokenism is stressed, as are the many practical considerations to undertaking participation of children and families, such as transport to meetings. In addition, the issues surrounding rewarding participants were highlighted, as was dealing with peoples' apathy towards becoming involved. It is also suggested that some decision makers do not feel that user participation is important. However, as the Government has shown, in order for participation to be successful there needs to be commitment from senior management teams. Without this commitment 'participation' is likely to be ineffective or non-existent⁴¹.

The only concern that I would have... would be they're not wholly representative of the whole population

(Strategic, Connexions Service)

So I don't think it's about a child or a parent necessarily being co-opted onto some steering group because I think that's tokenism

(Frontline, Social Services)

But it's also the practical support about transport, child care for parents

(Strategic, Social Services)

⁴⁰ National Evaluation of the Children's Fund, 2004. *Children, Young People, Parents and Carers' Participation in Children's Fund Case Study Partnerships*. DfES, Nottingham <http://www.ne-cf.org/briefing.asp?section=000100040009&profile=000100080002&id=953>

Oldfield, C. and Fowler, C., 2004. *Mapping Children and Young People's Participation in England*, Research Brief. DfES, Nottingham.

Lambeth, Southwark and Lewisham Health Action Zone, 2000. *The participation of children and young people*. www.haznet.org.uk/hazs/hazmap/lsl_child-partic-summary-feb00.pdf

Carnegie Young People Initiative, 2001. *Taking the initiative*. Carnegie Young People Initiative, London http://www.carnegieuktrust.org.uk/cypi/publications/taking_the_initiative

DfES, 2002. *Good practice guide: on involving young people in the governance of Connexions as decision-makers*. DfES, Nottingham. <http://www.connexions.gov.uk/partnerships/publications/connexpubs/index.cfm>

⁴¹ Children and Young People's Unit, 2001. *Learning to listen: core principles for the involvement of children and young people*. CYPUP, London.

Some colleagues think that it's important to reward people in terms of, financial rewards and stuff. I'm not so sure about that, I think where people have done something exceptional then maybe it is appropriate to reward them, but I think there's also a lot of reward in just intrinsically doing, being engaged, which in a sense are greater than the monetary reward, but perhaps young people are a bit more money focused and, seem to want the money

(Strategic, Social Services)

Some people don't want young people to attend meetings

(Frontline, Voluntary Sector)

102 Interviewees believe that children and families want to be more involved in participation and this interest should be built upon. They feel that more effort should be put into learning from other multi-agency organisations who have encouraged participation such as Sure Start, the Children's Fund and Connexions service⁴². With enthusiasm and the use of existing infrastructure they feel that participation could be a successful aspect of children's trusts.

The group of parents that I've been working with on the children's' trust... they're growing and they're part of it and they can see they're part of it because we're involving them

(Strategic, Social Services)

We [connexions] have got a long way to go, but we've learnt a lot about how to go about doing that and the skills required in that, but it can help the trust. I think we've got quite an important contribution to the trust

(Manager, Connexions Service)

3.7 The future of participation

103 The professional interviewees are all very enthusiastic about participation in the future, hoping that fuller inclusion of children and families will result in a user driven children's trust. However, there are differences in what people think would be successful participation. There are some who feel that children and families should be fully involved in children's trust boards and other strategic formal groups. Others feel that consultation groups for children, young people, parents and carers are a better and more appropriate method of involving them in children's trusts.

I would want to see the involvement of young people and parents on that board

(Strategic, Education)

⁴² *Ibid.*

Percy-Smith, J. 2005, *What works in strategic partnerships for children?* Barnardo's, Ilford Essex

I'd be looking towards the overarching steering groups and strategy groups having appropriate representation from both children and parents and carers...but I don't think it's about saying 'we should have a young person on the group'...there has to be other ways of doing it than just getting round a table

(Frontline, Social Services)

I think the Youth Council and maybe something similar for parents, where you've got a facilitator and you go through all the papers and you sort of interpret them and provide a good summary, and enable them to understand and in such a way that they can actually comment on them and then feed that back

(Strategic, Voluntary Sector)

104 Further specific suggestions for future participation include user forums, workshops and interest groups as ways of providing feedback on services and accessing users' ideas. Others want greater involvement of young people and parents on interview panels. As found in other research⁴³, there is less clarity about how much weight to give to user perspectives and little in the way of transparent mechanisms to track actual impact. Whatever the route, all professionals want children's trusts to have an effective approach to participation that allows children and families to say what they want and for that to be heard.

I would like to be able to sit here and say well we know what they think because we've asked them

(Strategic, Health)

Young people are fantastic, more young people than you would think are fantastic at planning and decision making, but it's about getting it right for them and making it possible for them to participate

(Manager, Education)

⁴³ Roberts, H. 2000. Listening to children and hearing them. In Christensen, P. and James, A. *Research With Children: perspectives and practices*. Falmer Press, London

CHAPTER 4 INFORMATION SHARING, COMMON ASSESSMENT, CO-LOCATION AND SCHOOLS

How are children's trusts developing new working cultures and new arrangements for sharing information and assessment? To what extent are children's trusts developing and incorporating new working arrangements in co-located sites? What are children, young people and their families' views of information sharing and assessment and co-location? To what extent are headteachers aware of children's trusts and children's trust arrangements?

4.1 Overview

105 Information sharing and common assessment processes are being piloted in some case study areas. They are at the experimental stage and many managers and frontline staff are not clear how these processes will affect their work. Few headteachers are currently involved in their children's trust although more intend to become involved in the future. Professionals recognise that there need to be local protocols for information sharing. Clear management structures and cross sector working groups were seen as important enabling factors. A variety of types of co-located children's services are also being developed. In some cases it is reported these initiatives are already improving outcomes for children and young people. Given their very early stage of development, it is not yet clear how these initiatives will be incorporated into authorities' overall strategies for integrated children's services.

106 Children, young people and their parents and carers are positive about inter-professional working though unclear how integrated working will emerge in practice. They have mixed opinions about information sharing and assessment, with parents generally supportive of information sharing and young people more cautious. They generally see value in co-location of services but have mixed feelings about the siting of such centres, some favouring dedicated children's centres and others welcoming a variety of sites across the authority's geographical area. Parents are concerned that sensitive information held in schools may not be as secure as data held in GP surgeries and social services.

4.2 Introduction

107 The Government aims to develop communication across professional boundaries through improved sharing of information and a common approach to assessment of children's needs. Ministers will decide later this year whether to proceed to a national Information Sharing (IS) index of all children. In the meanwhile the Department for Education and Skills (DfES) is encouraging local authorities to address the practice and organisational aspects of information sharing. The DfES is also advising that there is no information technology (IT) system which currently meets all the requirements of the IS index. Therefore any IT arrangements local authorities make must be regarded as interim. There is no funding for these unless local authorities are Identification, Referral and Tracking (IRT) Trailblazers. A Common Assessment Framework (CAF) is currently being trialled in some local authority areas with a view to full implementation from April 2006. Promotion of multi-agency working by placing multi-agency teams in co-located sites has been encouraged for some time.⁴⁴

108 This chapter gives an overview of the issues raised by interviewees and by children, young people, parent and carers about the new and evolving arrangements for information sharing, common assessment and co-location of multi-agency professionals. This chapter also includes preliminary findings from the evaluation's headteachers survey. The survey was carried out in May 2005 in the eight children's trust pathfinder case study areas (see Appendices 1, 2 and 3 for methods and samples).

4.3 Information sharing and assessment (ISA) and common assessment frameworks (CAF)

109 The evaluation finds that information sharing systems and processes, and various forms of common assessment, are being piloted in some case study authorities. These are in the early stages of development and, as one frontline interviewee from social services commented, "*it's hardly hit the operational side at all*". There is not yet the evidence to establish how children's trust arrangements will enable these developments. However, there are examples of promising practice among IRT Trailblazers⁴⁵.

⁴⁴ DfES, 2005. Information Sharing and Assessment – Introduction. www.dfes.gov.uk/ISA/sharing_Assessment/intro.cfm.

⁴⁵ DfES, 2005. Information Sharing and Assessment – ISA update. <http://www.dfes.gov.uk/ISA/keepUpToDate/issue2.cfm>

Cleaver, H., Barnes, J., Bliss, D. and Cleaver, D. 2004. *Developing Identification, Referral and Tracking Systems: An evaluation of the Processes Undertaken by Trailblazer Authorities, Early Findings*. DfES Research Report 521. <http://66.102.9.104/search?q=cache:UivCTxxY0LkJ:www.dfes.gov.uk/research/data/uploadfiles/RB521.doc+DfES+IRT+Trailblazers&hl=en>;

DfES, 2004. Information Sharing and Assessment Newsletter. www.warrington.gov.uk/publications/learning/IRT_Briefing_december03.pdf

110 Interviewees at all levels generally welcome the new initiatives as vital to improve outcomes, particularly because of their potential to reduce duplication of assessments. This is similar to the findings of our baseline implementation survey in 2004⁴⁶.

111 Interviewees are enthusiastic about improved information sharing and joint assessment, but many feel that ISA and CAF remain substantial pieces of work for authorities to implement. As one frontline voluntary sector interviewee said, these are “*two of the biggest issues*” for children's trusts and children's services authorities to address. One manager in education describes the current change context as one where aspects of integration are being trialled independently in a variety of separate pilot projects, leading to “*lots of separate products*”. The next stage will be “*managing the transition so that practice is embedded within the organisation. I think one of the problems, to be fair to everybody, is that the change is still uncertain*”. The current challenges are summed up by the following interviewee:

We have to accept that what we're talking about is not just structural it's actually personal as well, because if you get a group of professionals in one space, they all have their own professional perspectives and their own motivations and their own suspicions about each other and all the rest of it, so the best examples of partnership working I think are where people have been open and honest about those and negotiated them from the outset.
(Quote from manager in a local authority)

4.3.1 Interviewees' perceptions of the challenges to information sharing and assessment (ISA) and the common assessment framework (CAF)

112 Perhaps because ISA is in the early stages of development, interviewees' responses across the cases are mixed. Most interviewees feel it is important to improve information sharing, however some feel information sharing should be about building better professional relationships rather than IT systems and some feel the current systems of assessment are working well and that common assessment might be burdensome.

113 Many interviewees are positive about the new systems and procedures' ability to improve outcomes for children and young people. They also perceive a number of challenges ahead for ISA implementation. Interviewees at all levels are conscious that a major challenge for ISA is entrenched sector cultures, involving inter-professional rivalry, suspicion and boundaries. In particular there are barriers around ownership of information, with practitioners unwilling to let go of agency ownership, as illustrated by this manager: “*if it's a child protection issue sometimes we stick those things in an envelope and staple them up, so things are shared but we try to do it on a more, as a need to know basis*” (Joint Local Authority and PCT).

⁴⁶ NECTP, 2004. *Children's Trusts: Developing Integrated Services for Children in England, National Evaluation of Children's Trusts, Phase 1 Interim Report*. DfES.
www.dfes.gov.uk/childrenstrusts/evaluation/

114 There is much talk of mistrust between sectors about the sharing of information. Some interviewees are wary of other sectors' ability to safeguard information or alternatively perceive other sectors to be unacceptably guarded about sharing information. There is a perception that the health sector in particular is unwilling to share information. It is believed that doctors refuse to share information in order to avoid litigation and because of "*their culture of autonomy*" and elitism, as one strategic interviewee from education put it. This interviewee felt the Government must "*take on the medical professions because their structures are not fit for purpose for ECM*" and, indeed, one medical interviewee felt that CAF is currently more appropriate for social care than the health service. Several interviewees, particularly in the voluntary sector, perceive a tension between information sharing and establishing and retaining client trust, and there is a concern that vulnerable clients might divulge information too easily. Potential conflict is noted between rights of the child, human rights and freedom of information.

115 Several interviewees are uncomfortable with the use of IT systems for ISA. This concern is because of a fear of surveillance, a personal prejudice against IT or, more frequently, because of a perception that practitioners are already successfully sharing information without formal IT arrangements. A number of interviewees are concerned about managing an increase in the quantity of information collected and dealing with an increase in the amount of paperwork. There is also a need to change attitudes and practices among administrative staff.

... the administrator, the finance officer, the human resources manager, they've all got to play their part in this as well, and that's big isn't it really, because that's changing great big monolithic sort of organisations really.
(Strategic, Local Authority)

116 Among some managers there is a lack of knowledge and/or clarity about what 'common assessment' is. They perceive that there is a major challenge with lack of understanding of different sectors' professional languages. There is some concern that the national CAF will interfere with local assessment solutions.

117 The Government was in the process of consulting on lead professionals during March and April of 2005⁴⁷ therefore, at the time of the interviews, interviewees were awaiting Government guidance that has since been published⁴⁸. Perhaps not surprisingly, therefore, the study finds some lack of clarity across case study sites about the roles and responsibilities of lead professionals and the extent to which these can be mapped on to key workers or care coordinators. Questions are raised about which professional groups will take the lead for common assessment. One interviewee expressed concern that the teachers' workforce agreement will not allow teaching staff to complete

⁴⁷ DfES, 2005. Lead Professional Consultation.
www.dfes.gov.uk/best/leadprofessional/index.cfm.

⁴⁸ DfES 2005. Lead Professional Good Practice Guidance for children with additional needs
<http://www.everychildmatters.gov.uk/files/1F7266BC0B5CA9758EC4F28A9F46C>

common assessment forms and there is a perception that GPs simply will not complete common referral forms. In one case study site, where ISA progress is further forward, staff expressed some concern about the workload involved in being a lead professional.

4.3.2 Children, young people, parents and carers' views on lead professionals or key workers

118 All parent participants wanted just one professional working closely with the family and to coordinate professionals from other agencies. Those young people who are better informed about children's trusts welcome the idea of key workers or lead professionals. Parents and children feel they receive a better service from professionals with whom they have built a good relationship.

We have an amazing health visitor. Yeah, she was out of this world, I mean we have letters from the hospital, and, because he was a special care baby when he was born, this letter was filled with words ... I said look, I've got this letter, I know he's gonna have disabilities but what does the letter mean? And she went through it step by step with me ... I mean we knew what the word was but we didn't know the meaning of it. She actually got on the phone and found out while we are there. Yeah, because she took time out.

(Parent)

119 However, both parents and young people are uncertain how a more co-ordinated approach will work in practice.

I think there needs to be a key worker, which has been spoken about before, but it's never happened ... But how many children have got special needs in the [authority]? That's never going to happen. Yes, a hell of a lot of people have got to do that, and it's frightening how many people have got special needs, and how the hell are they going to give everybody a person?

(Parent)

120 There was some concern in one parent panel that if professionals work together this might mean the child will lose the right to a second opinion of diagnosis or services required. They are worried that if a professional makes a judgement on a child and shares this with others, the judgement will then be accepted by other professionals.

121 Both parents and young people suggest a counsellor might be a good person to coordinate care. It may be that the 'counsellor role' is perceived as professionally neutral and as yet without social stigma.

122 Many parents spoke about how difficult it was for the child and the family when professionals did not stay long in their jobs and whilst they understood why this may be, it had a detrimental effect on the care of the child. Parents believed it was important that each professional built up a relationship with the

child and family and could then provide appropriate services to the child. When professionals left it meant that the care of the child was put on hold while a replacement was found and then the whole process began again. Social workers, in particular, were seen by parents, young people and children and as not providing a reliable and consistent service.

We've never had the same social worker before. I've never had one that stayed. I've had four. What good is that to anybody? That can't help anybody, can it?

(Parent)

I'd like to talk to my social worker on my own. And I'd like to have more time to talk to her. In private. At home.

(Child)

Social workers should have a contract for two years. It is better for a young person to develop a relationship, be able to talk.

(Young person)

4.3.3 Promoting confidence in information sharing and assessment

123 The response to ISA is mixed and, while a number of interviewees appear to be anxious or confused about ISA and CAF, many interviewees at all levels are confident ISA could eventually improve outcomes for children. Perceptions of challenges to ISA are not always well founded and perhaps demonstrate both that these are very early days in the change process, particularly for ISA, and that staff need more information. Given the stage of ISA development in the case study sites it is too early to judge the contribution of children's trust arrangements to the direction of ISA, however there is some comment that the trust and ISA are integral arrangements.

Well I see it as integral to the trust because the trust for me is a way of working and the common processes is the vehicle for supporting the integrated frontline delivery which is through the lead professional multi-agency teams and linking that up with all extended schools and so forth. ... The trust needs this service delivery process to achieve the integrated delivery, and all of that needs the other things the trust needs to deliver in terms of inter-agency governance and planning and commissioning. So it's all one part of the same thing.

(Strategic, Social Services)

124 ISA involves new structures and processes, including IT solutions, although in one authority interviewees are clear that ISA is neither exclusively about structures and systems nor just about implementing new mechanisms for practitioners to share information. ISA is also about improved partnership and collaborative working:

... for us it was much more about how do we bring agencies to work more effectively with one another because whilst you may share information

there are still other issues in relation to making sense of that information through good communication; so language, understanding roles and responsibilities and accountability in terms of action once you have a piece of information, and what you do with that in terms of finding solutions for children. So for us it was much more about a service delivery process that was supported by technology that will make the process of working together, the service delivery process, more efficient because it will speed up the potential for practitioners to get to information to know who to talk to, to bring the right people together, to produce the plans and so on.

(Manager, Local Authority)

125 Although IT is vital to the future of ISA, it is not viewed as the whole answer to improved integration, as a social services manager explained: *"I'm not actually pushing the IT solution, I'm sort of pushing the personal contact solution, which is the basis for IRT anyway"*.

126 Interviewees in a number of case study sites share the view that the detail of professional practice needs addressing as much as systems and processes. A strategic interviewee from health stressed the importance of being clear about the reasons for sharing certain information on a child and how that information will be used and stored. It is also felt important to change the attitudes and practices of those in administrative roles because, as one interviewee notes, those who process information also needed reassurance about cross-sector sharing.

127 The development of trust among professionals and other staff from other agencies is a critical factor in successful information sharing. Many interviewees think that to achieve this trust practitioners needed to understand better the expertise and working practices of other agencies. Interviewees frequently point to a need for multi-agency working and common training to help promote the collaborative relationships needed for information sharing. Some interviewees emphasise the importance of clear, straightforward standard procedures and protocols for information sharing, echoing previous research⁴⁹.

128 Interviewees emphasise the need for clear management structures and for the establishment of cross-sector sub-groups to enable joint strategic working. Interviewees also see value in changing working practices in relation to clients as mechanisms for building cross-sector professional confidence. For instance, practitioners from different agencies could agree with families about what could be shared, practitioners could record information more sensitively, including using a shared professional language, and practitioners might make joint agency home visits to gain both parents and professionals' confidence in shared working.

129 Across the case study sites interviewees recognise the need for improved information sharing and joint assessment. In one site several reasons are given as to why ISA and CAF are particularly valuable tools for integration. One

⁴⁹ Home Office, 2004. *Safety and Justice: sharing personal information in the context of domestic violence – an overview*. Home Office Development and Practice Report 30.

interviewee points to the future potential benefit of being able to check a child's details with an ISA co-ordinator, including finding out which agencies are already involved with the child's family to avoid duplication. Another interviewee feels the new legislation around ISA has already generated significant progress in integrative working by putting pressure on agencies to stop using confidentiality as an excuse to block information sharing. The authority has provided staff with a CAF tool kit which has enabled shared working by articulating "*a professional shared language and ... shared definitions and understanding*" (Local Authority, Manager).

4.3.4 Children, young people, parents and carers' views of information sharing

130 Early findings from panel participants suggest parents and carers and young people generally welcome the new integrated working arrangements, although young people are more cautious about some aspects of information sharing. Most children did not have strong opinions because of difficulties conceptualizing these issues.

131 Young people, and some children, expressed strongly that they wanted to be involved in the information sharing process and help make decisions about who should have access to information.

132 Young people in one panel had already discussed what they thought about the sharing of information and user access. One of their suggestions was that the young person should have access to information on themselves but not to sensitive information.

They should have access to information about themselves. No, I think they should have what they need not sensitive information. So some information could be withheld but generally, anything general.

(Young Person)

133 They also felt that young people should be able to choose who had access to their information and to be able to block certain people from accessing information.

We said that we'd try and get a block on certain things, certain people to find out that we didn't want to. The person involved should be asked who they didn't want the information. The child and the parent, they should sit down and say right, are you happy to see a social worker to see it, are you happy for this person to see it.

(Young Person)

134 Nearly all parent participants think professionals should share information. They feel that repeating the same information to each and every professional is a waste of valuable time, especially as they have to wait for appointments to do this. They also report that going through their child's history again and again has a negative effect on them. Additionally, they feel a huge responsibility to

ensure they do not miss information which may affect the appropriateness of services provided to their child.

And it's the emotions that you've got to go over and over and over again. You're constantly going, oh, tell me what, what was the pregnancy like and what was the birth like and what was, when did you, and you're going back over. Constantly frightened that you're going to forget something, cos obviously it's further and further away ... and you're just bringing up the emotion of it all again.

(Parent)

135 Parents have strong opinions on how information should be shared, who it should be shared with, and how it should be stored. Some parents believe that the data protection systems already in place - including the 'need to know' - is an acceptable system. They feel that sharing information will help their family so much they do not mind who has access to this information.

136 Most parent participants think basic information should be collected and every other professional involved should then contribute information appropriate to their specialist area. They feel that parents and children should then discuss which professionals could access this information which should be kept on a central database.

You could have all the basics. Then each professional could then ask you for their area of interest. It's no good a dentist wanting to know what the school class does or something, but if you've got the basic information there. And then they could fill in the gaps.

(Parent)

137 Parents acknowledge there may be a problem with parents and carers having access to all records. Some parents, in particular those with no prior experience of social service support, also feel there may be a great deal of opposition to social services having access to all information available.

You're going to get some controversy there with the social services aren't you? I should imagine there being quite a few families that wouldn't want any contact with social services documented on a national database for whatever reasons. I know but I think also as well it depends on, because when she first said she was referring mine to, or a social worker was coming I literally freaked, a social worker come in my house.

(Parent)

138 While parents are enthusiastic about professionals sharing information, it was notable that young people are more cautious. Young people in one panel had given a great deal of thought to sharing of information and user access before it was raised in the panel format. One of their suggestions is that the young person should have access to general information on themselves but not to sensitive information. They also feel that young people should be able to choose who can access their information and that they should be able to block certain people from accessing information.

139 Young people have mixed opinions about IT solutions to ISA. Some are especially concerned about the security of information stored and are worried about hackers and computers crashing. Others think computers are far more secure than paper.

4.4 Co-location of children's services

140 A variety of types of co-located children's services teams are being developed, including extended schools, school clusters, family support centres, children's centres, 'one-stop-shops' and 'pop ins'. It is reported that positive outcomes have already been achieved for children, young people and families through these new ways of working. Interviewees at all levels are acutely aware of the many institutional and cultural differences between sectors. Professionals involved in existing co-located, multi-agency teams report that staff have generally been able to ignore these differences, although this was not always the case (see Chapter 5).

141 In one area, an information technology enabled form of co-location is being planned, to be decided on when the authority has a director of children's services in place. In the proposed plan, practitioners will have laptop computers which could be linked to a central information technology system. This plan will enable practitioners to provide 'one-stop shop' services at various locations to meet the needs of children, young people and families in different geographical areas. This authority's form of co-location will involve a central base where all staff will be co-located - with services delivered both at the centre and through a number of smaller locations or community bases.

142 The experience of multi-agency, co-location enables professional to have closer scrutiny of each others' activity and foci of concern. Whilst this proximity can generate closer understanding, it can also create misunderstanding and potential tensions. For example social workers and teachers across the case study areas have different views about the most appropriate venues for the co-location of children's' services. At the time of fieldwork, co-location of service providers for school age children was being trialled through social services' family centres and through extended schools. In schools there are examples of on-site multi-agency teams and peripatetic 'pop in' services. Professionals suggest some parents might be unwilling to approach social services centres for help because of anxiety about child protection whereas other parents might be reluctant to approach schools because of their own poor childhood experiences in school⁵⁰. Professionals based in family centres feel that the early preventative care they offer could alleviate such anxieties by building confidence. Professionals based in schools feel it is important that key workers and others involved in a social care role are clearly identified and distinguished from teaching staff. A number of interviewees indicate that co-located sites

⁵⁰ This is in line with the findings of the Joseph Rowntree Foundation, 2005, *Findings: The provision of integrated services by family centres and New Community Schools*, www.jrf.org.uk/knowledge/findings/socialpolicy/pdf/0235.pdf.

should be both education and social services neutral. There is a perceived danger, however, that following such a co-location route could leave teachers in particular on the margins of integration⁵¹.

143 There is evidence that headteachers are often frustrated by difficulties in contacting social workers. They also perceive that social workers focus on safeguarding children rather than preventive work. But whenever headteachers expressed this frustration they also say that they understand how hard-pressed social services are. A number also say they are dismayed at the low pay social workers receive. Professionals involved in some form of co-located working feel it is vital for education personnel to work alongside social services personnel to see at first hand their difficult working conditions. Among education interviewees there is a recognition that schools' frustration with social services is a cultural issue that must be tackled through learning about the realities of the pressures on social services. Meanwhile social services and health personnel are concerned about the ability of education staff in co-located sites, particularly new workers, to manage social care, especially where child protection might be involved. Additionally social workers worry that the rather narrow attainment focus of some teachers may not equip them for a more holistic *Every Child Matters* approach to child well-being.

144 Some interviewees suggest co-location may increase job satisfaction by providing a fixed, more efficient, purpose-built base from which to work. Others feel that integration may result in worse conditions and job satisfaction for those workers who are moved from family and children's centres to peripatetic 'one-stop-shops' or 'pop-ins'. It is agreed there is a need for some form of co-located base for the provision of support and supervision for those who are dispersed in peripatetic roles. As a strategic interviewee from social services comments, "*you run the risk of workers being isolated*".

145 Most of these co-located sites and multi-agency teams were established some time before the development of children's trusts arrangements. They are supported through a variety of funding streams, some of which have been ring-fenced. It is uncertain how trusts will enable these various initiatives and their funding streams to be incorporated into authorities' overall strategies for integrated children's services. Financial arrangements for children's trusts are reported in more detail in Chapter 6.

4.4.1 Children, young people, parents and carers' views of co-location

146 Children who participated in the panels had a very limited understanding of co-located services, particularly because it was hard for them to conceptualise the difference between services like education, health and social services from those such as recreation, shopping and theme parks. Young people welcome the idea of a centre where they can readily access health, social services and

⁵¹ Universities Council for the Education of Teachers, 2005. *DfES Consultation: Children's Workforce Strategy Consultation Response from UCET*, para. 13, <http://www.ucet.ac.uk/res1jul05dfesconschildworkf.pdf>.

education. Young people on one panel report a centre would improve services for them because, at present, they have to go to several different areas of town to access services. Some young people think there should be a centre in each part of their local authority and others that there should be one, located in the town centre. All parent participants agree it will be better if they can access all services for their children under one roof. Those parents who are aware of purpose-built centres are very positive about them.

The new multi centre will be better. The new multi purpose youth and community centre, that's what it's supposed to be. Well the youth club's supposed to be in there, children's trusts, Sure Start supposed to be in there, dentist, community centre. There's supposed to be a health thing in there.

(Parent)

147 However, like the young people, parents in rural areas are concerned that co-located centres might be situated some distance from their homes and therefore would be inaccessible.

148 In the opinion of the majority of parents in our sample schools were not suitable for co-located children's services. One reason given is that it will be difficult to decide which school will house the centre and what catchment it will serve. Parents are also concerned with the burden it will place on schools which are already overloaded.

I don't think the school's the right venue for it. It's not the right area at all. School is for, if you like, for education and not for health or welfare and things like that. All these other professionals that you might have to deal with. I think it's unfair to burden the school with it, for a start off, but unless you have a separate office or separate part of the building within the school whose sole purpose is to deal with all these other matters, but not the school ... I think the schools have probably got enough on their plate already without dealing with all these other bits and pieces. There should be another central office somewhere else for all this.

(Parent)

149 Parents express substantial fears about confidentiality if a multi-service building is within a school because it is a public space and they felt it was not appropriate to have more personal issues and data being dealt with under the scrutiny of the rest of the community. Parents felt that GP surgeries and social services were more secure places for handling personal issues and data. However, children do see schools as secure places.

Confidentiality because there'd be loads of provision under one roof if you're concerned about ... I mean the school office, you have a notepad quite often by the phone and you're putting just things on it. You know so and so rang. I think you'd have to be very careful how that will work.

(Parent)

4.5 Headteachers' views of children's services

150 The Children Act 2004 places 'relevant partners' under a formal duty to co-operate but does not extend this duty to schools. However, the Government is encouraging schools to engage in new integrated arrangements by extending their services. The Government's prospectus on extended schools is now published and calls for schools to expand the range of services they provide by 2010⁵². Pathfinder extended schools have been operating since 2002⁵³. Some interviewees pointed to the similarity with previous Community Schools approaches, but recognised that the *Every Child Matters* vision of greater inter-agency working is more ambitious.

151 The evaluation examines headteachers' views in two ways. A number of our interviewees were headteachers and we also conducted a postal questionnaire survey of all headteachers in the eight pathfinder children's trust case study sites⁵⁴ (see Appendix 1 for methods). Respondents were asked whether they had previously heard of children's trusts but were not asked to describe what they understand children's trusts to be. Just over half (56%) of the headteachers in the surveyed schools had heard of children's trusts prior to receiving the questionnaire (range 30% to 94% in the individual case study areas). Altogether 71% of special schools, 69% of secondary schools and 53% of primary schools had previously heard of children's trusts, possibly suggesting greater receptivity to children's trust ideas in special and secondary schools.

152 While some headteachers we interviewed recognise the value of participating in children's trusts arrangements, they are aware this is not the case for all headteachers. A number of interviewees are concerned that headteachers may not participate in integrated working because they manage delegated budgets, are subject to conflicting pressures and are not under a statutory duty to co-operate. They think that headteachers of schools facing challenging circumstances may be more likely to participate to improve their communities, as might those who have a personal commitment to inclusion. One health sector interviewee pointed out that, in his experience, headteachers are keen to draw on support from the health sector, which may be a route to

⁵² DfES, 2005. *Extended Schools: Access to opportunities and services for all - A Prospectus*, www.teachernet.gov.uk/doc/8509/Extended-schools%20prospectus.pdf.

⁵³ Cummings, C., Dyson, A. and Todd, L., 2004. *Evaluation of the Extended Schools Pathfinders*, DfES Research Report 530. <http://www.dfes.gov.uk/research/data/uploadfiles/RR530.pdf>.

⁵⁴ The Survey was undertaken only with Headteachers in schools in the eight case study areas and therefore can only be seen to represent these areas, not schools in England as a whole. See Appendix 1 for more details of the methods used.

encouraging less enthusiastic headteachers to support the children's trust initiative.

153 Of the head teachers who responded to the survey, 9% of their schools provide co-located services, while 19% have extended services. Headteachers interviewed for the evaluation are clear why service integration through schools is beneficial:

Because if a kid goes in the morning to primary school completely knackered, unable to work, disillusioned, crying, ... it's nothing to do with whether he can read or write, this is ... about family life falling apart, and that's the kind of stuff we need to be doing more about, because that stops learning.

(Headteacher)

... we didn't have any choice. ... I mean you've got to get the emotional side of the child right before you can ever start on the learning. So it's nothing that we've chosen to do, it's because we've have an absolute desperate need for it and a lot of children ... have been on the at risk register for a long time. And we've have a lot of looked after children.

(Headteacher)

154 By working closely with social services and health, schools are able to provide support to children, young people and families enabling troubled children and young people to return to the classroom:

School improvement and inclusion can go hand in hand and ... you can't do that alone as a teacher, or a school, or an education department, you actually have to work with partners on that ... it's actually about children's services, it's about the well-being of young people.

(Headteacher)

155 However, our survey findings show that just 8% of schools are currently working with their trust, with only 1% currently involved in the management of the children's trust. Although 10% of schools plan to become involved in the children's trust in their area, the vast majority have no plans to become involved or feel being involved is not applicable to them. This indicates that in England as a whole, a very low number of schools are likely to be involved in the integration of children's services.

156 The majority of headteachers who responded to the survey feel the children's trusts in their area has had no impact on their schools. However, of the 30 headteachers whose schools are involved in their children's trust, many report the trust has impacted on their school in a variety of ways, as detailed in Table 4.1. Most feel this impact is positive.

Table 4.1: The percentage of schools involved in their children's trust who report the trust has impacted on their school

	Percentage of schools who are involved in children's trusts who report an impact on their school (n=30)	Numbers of schools who are involved in children's trusts who report an impact on their school
Impact on work in supporting children's well-being	87	26
Impact on work with pupils	79	24
Impact on information sharing arrangements	73	22
Impact on relationships with other professionals	69	21
Impact on needs assessment arrangements	63	19
Impact on tracking arrangements	63	19
Impact on identification of children at risk/in difficulty	59	18
Change in role definitions between education and health services	59	18
Change in role definitions between education and social services	56	17
Impact on case management	44	13
Impact on the level of temporary exclusions	26	8
Impact on the level of overall attendance	19	6
Impact on the level of permanent exclusions	15	5

157 The headteachers we interviewed felt schools should engage in integrative working. However, this has not been an easy process and has involved the headteachers in a great deal of personal time and commitment. They are looking forward to the progress of children's trust arrangements and service integration to generate greater and sustained support. Two headteachers, both committed to social inclusion and integrated working, felt distanced from their authorities' plans for integration, one because of frustration over the slow pace of change, the other because she felt trust arrangements are not well communicated. For these two headteachers there is no tension between inclusion and raising standards because they went hand in hand. However, they thought that for many headteachers social inclusion took second place to the high priority accorded to raising measured pupil attainment.

CHAPTER 5 MULTI-DISCIPLINARY WORKING IN PRACTICE

What are the challenges and barriers to greater integration of staff, and what are the tensions and future worries among staff? To what extent is the climate within children's services changing given that barriers to joined-up services are deeply entrenched?

5.1 Overview

158 Cultural barriers to joined-up children's services are numerous and deeply entrenched. There is some lack of clarity about new roles and responsibilities and some evidence of anxiety and confusion about restructuring among frontline staff. New roles are emerging both for multi-agency team professionals and for new workers, not yet part of an established professional body. Recruitment and retention of staff are acknowledged as major challenges to the broader prevention aims of *Every Child Matters*. Training, particularly in cross-agency understanding, is felt to be urgently needed, especially as it is felt to improve job satisfaction and retention of workers.

159 The organisational structure and climate of children's services are changing slowly. It is recognised that integration is a complex task which will take time to resolve. Change champions are acutely aware of barriers between professional cultures and are keen to find and push forward solutions. There is a sense that the *Every Child Matters* vision of integrated working may help to break down cultural barriers by encouraging cross-sector cooperation in the best interests of children.

5.2 Introduction

We need to establish new cultures in the workplace so that individual professionals work horizontally across professional boundaries rather than vertically in professional hierarchies ...

(*Every Child Matters* 2003)

160 The *Every Child Matters* vision recognises the crucial importance of the professional workforce to improve outcomes for children and young people. To this end the Government launched the Children's Workforce Strategy Consultation, to take place between April and July 2005⁵⁵. The implementation of children's trust arrangements is closely linked with workforce strategies that aim to recruit and retain staff, to strengthen inter-agency and multi-disciplinary working, and to strengthen leadership and management.

⁵⁵ DfES, 2005. *Children's Workforce Strategy Consultation Strategy*. www.dfes.gov.uk/consultations/conDetails.cfm?consultationId=1310.

161 This section deals with workforce issues relevant to the integration of practitioners for children's services, namely professional identity, supervision, pay and conditions, recruitment and retention, training and the value of change champions. The following interviewee provides a summary of the new working ethos and the challenges raised in terms of workforce development and training.

It should mean that we're able to intervene earlier and in a more joined up way with families that need it in particular, so we'll link them more effectively into the Children's Centres and to the Family Centres and get family support going, get the early education going, make sure that the child care is there, basically being smarter about noticing early signs of stress and dealing with it ... But that then raises a big issue about workforce development, because in these multi-agency teams we need to have professionals who are confident about their own specialist capabilities and who are also able to work in a kind of general sense across a broader range of fields and who know when not to go any further, you know, so when to hand over to another professional ...

(Strategic, Local Authority)

5.3 Integrated working and professional identity

5.3.1 The traditional professional practitioners

162 Interviewees were asked whether they or other staff are concerned about losing their professional identity through the new integrated working arrangements. In general, interviewees' initial responses suggest they have not perceived this to be a major consideration. Similar to the findings of the Sure Start Evaluation, interviewees are usually already involved in and committed to the integration process and showed a considerable willingness to overlook sector loyalties in the interests of improving outcomes for children and young people.⁵⁶ However interviewees are concerned about real and perceived future changes to professional roles.

163 Professionals at the strategic level are aware that staff may be worried about their future professional identity however, in their opinion, these staff worries are unfounded. Findings from the National Evaluation of the Children's Fund support the strategic interviewees' view: in its examination of integrated working arrangements, "there were no signs that multi-agency working led to the development of a generic all purpose practitioner"⁵⁷. Strategic and management interviewees appear to put forward a consistent message that there is a need for all staff working with children to have certain shared

⁵⁶ National Evaluation of Sure Start, 2005. *Implementing Sure Start local Programmes: An in-depth study*, para. 6.110. www.ness.bbk.ac.uk/documents/Activities/implementation/861.pdf.

⁵⁷ National Evaluation of Children's Fund, 2004. *Collaborating for the Social Inclusion of Children and Young People: Emerging lessons from the First Round of Case Studies*. http://www.ne-cf.org/core_files/RR596.pdf

knowledge and skills, referred to by some as the 'common core'⁵⁸. In particular there is felt to be a need for understanding of, sensitivity to and respect for others' professional roles and responsibilities. However, there was also a concern to ensure that professional expertise will continue to be valued and professionals will retain their distinctive identities. In one authority, a strategic health interviewee reports that a deliberate decision has been made to make the trust "a *strategic vehicle rather than an employing vehicle*" so as to enable employees to retain sector identities. Notably this was found to apply when professionals in multi-agency teams were still closely linked, especially through supervision, with their professional bodies and sectors. The general view is summed up as follows:

What we need to do though is bring the skills together in a better mix and in a better way, so don't be concerned for your professional identity, because we'll always need it. We'll always need you to do the job, we just might need you to do it slightly differently.

(Strategic, Social Services)

164 Our findings show there is a general feeling among interviewees that professional identities have not been put at risk by integrated working, in their experience, and will not be put at risk in the future. Three contextual issues are relevant to the understanding of these findings. Firstly, it must be noted that interviewees in our sample are more likely to be enthusiasts and change champions and so perhaps less likely than others to report professional anxiety. Secondly, it was reported that among the staff group as a whole there is some anxiety about potential changes to professional identity, as well as to professional roles and practice. Thirdly, early findings suggest that professional identities at the management level may be affected by the change programme because of a perceived need for a more 'generic' management role in integrated services. When asked about their recent professional life, interviewees in management and strategic positions routinely describe and celebrate an eclectic professional background, demonstrating the value they place on cross-sector knowledge and understanding and a lack of professional defensiveness. There may be an increased requirement for all managers to show an ability to work sympathetically with staff from across different sectors and to let go of their own professional allegiances, working practices and expectations. As the Sure Start evaluation also found, managers in the new arrangements will be on a steep learning curve of multi-disciplinary practice⁵⁹.

58 DfES, 2005. *Common Core of Skills and Knowledge for the Children's Workforce*. www.dfes.gov.uk/commoncore/docs/5610_COMMON_CORE.pdf and see, www.dfes.gov.uk/commoncore/back.shtml.

⁵⁹ National Evaluation of Sure Start, 2005. *Implementing Sure Start local Programmes: An in-depth study*, para. 6.111, www.ness.bbk.ac.uk/documents/Activities/implementation/861.pdf.

5.3.2 *Generalists, non-professionals or 'parent professionals'*

165 Many interviewees refer to a new type of worker emerging from workforce restructuring. A number of bodies within children's trusts and across the health, social services and education sectors are taking advantage of opportunities outlined in the Government's children's workforce strategy⁶⁰ to develop new kinds of workers. Interviewees sometimes referred to these new roles in the context of workforce flexibilities and economic efficiency. Workforce restructuring can lead to specialist staff being deployed more effectively and efficiently by targeting their expertise. It can also lead to the development of new types of professionals who identify, treat or refer problems earlier, with greater emphasis on prevention.

166 In the education sector such workers have various titles. One school refers to them as 'parent professionals', highlighting that, in the school context, these new workers are often drawn from the parent population. The new workers are seen as invaluable for early intervention and prevention work and for increasing social capital⁶¹ in deprived areas by providing opportunities for parents to develop skills and confidence.⁶²

167 Interviewees report a number of concerns about the lack of professional status of the new workers. These workers are acquiring new skills through training in an *ad hoc* way, depending on what is available locally and depending on their own time and commitment. The Government proposes that such workers could progress through new career pathways, however some interviewees point out that their new skills are not yet leading to a nationally recognised profession and that, as a consequence, their qualifications and skills might not be nationally transferable. At present these workers tend to remain at low status and some interviewees feel they might not be able to act successfully as advocates for children and young people, a particular concern in potential child protection cases. Their new roles are being developed and individual workers' roles are also under development, therefore job descriptions vary⁶³.

168 Two different forms of integrated working arrangements may be emerging. One form is multi-agency teams of professional workers working in teams or networks to provide services which 'wrap around' the child. The other form is made up of a two level workforce of 'gate-keepers' and professional practitioners. We found that the 'gate-keepers' or 'gate-way' workers could be professionals (potentially lead professionals) but more often were, lower status workers (key workers). This second form of integrated working may address

⁶⁰ DfES, 2005. *Children's Workforce Strategy Consultation*.

www.dfes.gov.uk/consultations/downloadableDocs/5958-DfES-ECM.pdf.

⁶¹ ODPM, 2005. Civic Education and Local Government, Para. 5.1.

www.odpm.gov.uk/stellent/groups/odpm_localgov/documents/page/odpm_locgov_035597.pdf

⁶² Craig, J., Huber, J. and Lownsborough, H., 2004. *Schools Out: Can Teachers, Social Workers and Health Staff Learn To Live Together?*, Demos/Hay Group.

www.haygroup.co.uk/downloads/The_Extended_School_report.pdf.

⁶³ DfES, 2005. *Children's Workforce Strategy Consultation*.

www.dfes.gov.uk/consultations/downloadableDocs/5958-DfES-ECM.pdf.

economic concerns by establishing a less expensive workforce of 'gate-keepers' to filter and/or treat at the softer end of prevention, in order to free up more expensive professionals for targeted services. In some cases, interviewees talk about parents effectively taking the role of 'lead professional'. As one interviewee admits, "*I know it sounds awful, but we don't have to pay parents!*" (Local authority, Strategic).

5.4 Supervision in new integrated arrangements

169 While interviewees generally seem to be clear that professional expertise and identities will be retained, strategic and management interviewees appear less clear about how supervision and line management will eventually function.

I think we're talking about almost dual line management arrangements, that every professional within the system will probably end up with a person or people who they relate to in terms of work allocation in that multi-agency context, and a professional supervisor who they look to for training, development, performance management and so on. I mean we've still got to do quite a lot of work on how that will roll out in practice, and in the different professional groups that we're talking about.

(Local Authority, Strategic)

170 A number of interviewees describe staff in multi-agency teams who receive this kind of dual supervision. Those practitioners who are already involved in multi-agency working, such as in Sure Start, are familiar with this kind of arrangement. However, interviewees who are unfamiliar with multi-working are often unsure how supervision will work in practice.

171 Interviewees say there is a potential for tension between the needs and expectations of the line/team manager and the professional supervisor. They feel that clear and open communication, trust and respect of professional expertise will be required to prevent conflict and to achieve professionally appropriate supervision. It is suggested that managers will need to have high performance expectations of all professionals in their team, and will have to be the final arbiter in any dispute. Managers will need to be open, trusting, but also assertive, it is thought.

172 Supervision seems to take different forms for professional practitioners and non-professional workers. While those in the traditional professions receive a more rigorous, sometimes theory based or clinical supervision, the non-professionals' supervision is less developed, sometimes leaving workers feeling out of their depth with difficult cases. Supervision of new workers could also be used to improve efficiency. For example, Children and Adolescence Mental Health Service (CAMHS) training and supervision is being used to develop the skills of teaching assistants and to free up mental health workers for more difficult cases.

5.4 1 Delegation and accountability

173 A number of interviewees say that for integrated working to function successfully there has to be a good level of confidence among specialists for them to risk delegating responsibilities to professionals in other fields. Interviewees repeatedly refer to the need for trust to be developed through the experience of joint working and inter-agency communication. Since new workers could be nurtured who are, as yet, non-professionals, mechanisms will also need to be established for professional practitioners to gain confidence in when and whether to delegate to these new workers as well. It might be important for practitioners to 'let go' of some elements of their responsibilities and to develop trust in others' abilities. As one health manager explains: *"There has to be the respect for the role and that comes down to understanding doesn't it, it all comes down to good communication. Every single bit of it."*

What proportion of the entire work should be being done by specialist psychiatrists, and how much of that should be done at a lower level by mental health workers, people who can actually deal with things at an earlier stage ...? We need to be very intelligent in the way we design that service to make sure we've got the right amount of resource in at every level, and that it's in the right place, and that the reach is good. Because one of the fears of the specialist professionals is that it will all go horribly wrong, because ... the last retreat of the professional is to say, 'refer it to me because if it's referred to me I know that I'm going to be a safe pair of hands with it,' and actually it's a braver decision to say, 'no you've got the tools for the job you deal with it', and at a higher threshold, if it's clear that they need more specialist support, then refer it.

(Strategic, Local Authority)

174 Interviewees also suggest managers and practitioners will have to be clear about the different practitioners' responsibilities and levels of ability, as well as levels of accountability, if they are to refer and delegate appropriately.

5.4.2 A challenging role for management

175 A number of interviewees point to the crucial role of management for the successful functioning of integrated working. Managers will need to acknowledge practitioners' professional roles and expertise, protect professional boundaries, allocate cases according to the skills of staff in multi-agency teams and trust professionals within their teams. They will need to balance a recognition of the distinct skills and expertise of the different professionals in their teams with a requirement for common skills.

176 Such challenges might be overcome by the culture shift of the *Every Child Matters* vision. But some interviewees think that there needs to be greater clarity and Government guidance on roles and responsibilities to avoid the risks of fractured and blurred accountability.

177 Some interviewees are negative about the notion of cross-professional management and supervision and some questions were raised in particular about the place of health and, in particular, of doctors in the context of managing multi-agency working. The National Service Framework for Children, Young People and Maternity Services⁶⁴ places an expectation on health, including medical practitioners, to improve the standard of children's services. However, it is as yet unclear how management and supervision will develop in the multi-agency working context where tensions associated with autonomy, authority and accountability could make management of medical personnel a particular challenge for non-medical managers.

I think the difficulty with managing them will be, in the lead person, you have all the accountability, sort or responsibility, but no power sometimes. So, for instance, you know, if someone's in charge of a team with ... medical people in it, and they say to that doctor, 'well close that case,' and they say, 'I'm not closing it the child might die,' who's going to decide, the manager who's some social worker ... or a doctor?

(Strategic, Local Authority)

178 Inequalities in professional status and power were raised more generally by a few interviewees. This does not appear to be a major concern among most interviewees, but it does raise questions about the effect of perceived professional inequalities on the ability of professionals to challenge colleagues, particularly if they are in multi-agency team management roles.

179 Managers are crucial to the change process but early findings suggest that some feel vulnerable as a result of the change programme. A number of interviewees report that managers are under pressure, both because of their challenging new management roles and because of personal concerns about restructuring, sector aligning of pay and conditions and career progress. One strategic local authority interviewee suggests multi-agency working is "*almost unmanageable, because of the skill mix, and the expectations are different for all of them*" and certainly this is widely perceived to be a major challenge for management. However, one manager from social services commented, "*it's an exciting job and ... it's very good for personal and professional development as well as for the service. I mean there are lots of wins in doing the job*".

5.4.3 The need for communication with staff

180 A number of interviewees report evidence of anxiety and confusion among practitioners because of uncertainty about future roles. One or two frontline interviewees report significant misconceptions at the frontline about role change and some managers are concerned about the need to reassure staff as the change programme moves forward.

⁶⁴ DH, 2004. *The National Service Framework for children, young people and maternity services*.
www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/ChildrenServices/fs/en.

181 Strategic and management interviewees report a good level of consultation with staff. But there also appears to be a need to communicate more clearly and urgently with practitioners to address misconceptions about professional roles.

If people feel we're all just going to go into a soup and be stirred around and my individual skills and everybody else's will be diluted to make this soup, that isn't a multi-disciplinary team that is now a new group of workers which is homogenous ... And at the moment I think there's a terrible confusion between the two and I think staff are picking up on that confusion and wondering, well quite what is happening and am I an educational psychologist going into this group, or am I now a new, as yet to be titled worker along with the rest of those? You've got to address that because that will become a resentful rubbing point for too many fairly quickly.

(Strategic, Education)

5.4.4 Learning from earlier multi-agency team working

182 The importance of learning from earlier forms of multi-agency team working, such as through Children's Fund and Sure Start, is emphasised by a number of interviewees⁶⁵. Clearly this experience is valuable. Some practitioners told us they have been working in multi-agency teams for up to five years. *Every Child Matters* used Children's Fund and Sure Start as exemplars for integrating children's services more generally⁶⁶. But children's trust integration, covering all children's services, is on a much larger scale. The experience and learning from these successes may not transfer readily to the authority-wide context.

Sure Start is totally new and so instead of being an education person, or a this person or a that person, you became a Sure Start person and people liked that badging. Sure Start has very positive badging.

(Strategic, Education)

183 The Sure Start 'badge' helped people lose attachment to sectors. However this 'positive badging' may not transfer readily to the larger context of children's trusts and children's services authorities. The Sure Start evaluation found that some workers identified with Sure Start precisely to avoid identification with mainstream services⁶⁷. This is not to diminish the value of the learning potential of initiatives like Sure Start but, as shown in other research⁶⁸, the transfer of

⁶⁵ National Evaluation of Sure Start Website. www.ness.bbk.ac.uk/whatsNew.asp Implementing Sure Start local programmes: An in-depth study.

www.ness.bbk.ac.uk/documents/Activities/implementation/861.pdf.

⁶⁶ DfES, 2003. *Every Child Matters*, para. 2.4,

www.everychildmatters.gov.uk/files/EBE7EEAC90382663E0D5BBF24C99A7AC.pdf.

⁶⁷ National Evaluation of Sure Start, 2005. *Implementing Sure Start Local Programmes: An in-depth study*, para. 6.114. www.ness.bbk.ac.uk/documents/Activities/implementation/861.pdf.

⁶⁸ Carpenter J., Griffin M., and Brown S. 2005. *The Impact of Sure Start on Social Services, Chapter 2.5*, SureStart. www.surestart.gov.uk/doc/P0001652.pdf.

learning to a different and in this case significantly larger context needs at least to be cautious.

5.5 Cross-sector variations in pay and conditions

184 Many interviewees already involved as practitioners in multi-agency teams say that pay differentials are not in themselves an insurmountable barrier to integrative working. These interviewees report that the 'positive badging' and co-operative working in their experience of multi-agency teams have helped to compensate for such discrepancies. This apparent disregard for pay differentials may be attributable to our interviewees' roles as change champions with a broadly positive approach to integrative working. 'Positive badging' appears to have helped them to attenuate these discrepancies through good will or, occasionally, because they genuinely do not seem to be interested in the differences, but also because of the impact of improved job satisfaction from working in these teams. This apparent disregard does not reflect the national picture; workforce unrest in relation to pay and conditions particularly in social services and pervasive recruitment and retention problems have been relatively common⁶⁹. Interviewees in all case study sites identified the need to clarify expectations about working hours, length of day and length of holidays as a priority for workforce development.

185 In general pay and conditions are not seen as a major issue in the case study sites at present, although one interviewee reported a past experience where discrepancies in pay and conditions were an issue when a co-located team was brought together. Another interviewee, a manager of a family support centre, reported their experience of getting practitioners from different sectors to work together despite their differences. Both these experiences required good management and continual effort by the whole team in order to get successful results. It is notable, however, that the following interviewee, as a social services manager, apparently expects everyone in the team to follow social services working conditions in the best interest of the child:

My view is that people shouldn't come to work in multi-agency teams unless they're prepared to be flexible, ... we work with children and families and it's flexible, so our families don't want to see us between 9 and 5, if they're having a crises they don't plan it between 9 and 5, so we have to be able to respond. If it's a timed piece of work, yes it can be fitted between, but I think that personalities in the team make a lot of it, and if you're a strong, supportive team, we should support each other in whatever, we're a multi-agency team and whoever's having their crises or problem, whatever, it doesn't matter the agency, we're a team and we should all work to support each other.

(Manager, Social Services)

⁶⁹ For instance see <http://www.epsu.org/a/774>

186 It is important to note that many people involved in multi-agency work are on secondments and short term contracts. With this kind of arrangement issues surrounding pay and conditions can be obscured by regularly changing contracts. Interviewees welcome the Government taking a lead on this matter but felt local flexibility was also required.

5.6 Staff recruitment and retention

187 The pattern of recruitment and retention differs across services and across the country⁷⁰. Most case study authorities have identified serious problem areas that the Government's Workforce Strategy is intended to address⁷¹. A number of interviewees perceive recruitment as having a particularly damaging effect on prevention because local authorities recognise that statutory child care for severe cases, especially child protection, must be a priority in the light of the Laming Report⁷². In this sense, recruitment and retention are generally acknowledged as major challenges to the broader preventative aims of the integration programme. One interviewee suggests cross-agency sharing of child protection could make the social worker's job more attractive and improve recruitment and retention. However, a number of interviewees are concerned that social workers who prefer to work in family support will be pushed into child protection and other professionals pushed into the severe end of prevention work. There is already evidence that this pattern of transfer is causing resentment and frustration among those who want to work in prevention and there are concerns that insufficiently trained workers are inappropriately responsible for aspects of child protection. This accounts for some of the tensions in safeguarding children which needs child protection and family support to be genuinely joined up and balanced. It also suggests potential difficulties in managing sections 10 and 11 of the Children Act (2004).

188 On the other hand, several interviewees argue the integrated approach has the potential to improve job satisfaction which will have the knock-on effect of improving recruitment and retention across children's services. Job satisfaction could be increased both by offering training opportunities to non-professional workers for new, more challenging roles and responsibilities, and by achieving greater success in improving outcomes for children and families through multi-agency working.

5.7 Training and professional development for integrative working

189 Interviewees repeatedly identify training and professional development as vital to the new forms of integrated working. Interviewees want training to involve a joint sharing of knowledge of each other's professional role, rather

⁷⁰ DfES, 2005. *The Children's Workforce in England: A Review of the Evidence*. www.dfes.gov.uk/consultations/conDetails.cfm?consultationId=1310.

⁷¹ DfES, 2005. *Children's Workforce Strategy Consultation Strategy*. www.dfes.gov.uk/consultations/conDetails.cfm?consultationId=1310.

⁷² DH, 2003. *The Victoria Climbié Inquiry*. <http://www.victoria-climbié-inquiry.org.uk/finreport/downloadreport.htm>

than training in new joint knowledge. Training and professional meetings and networking are thought to offer important opportunities for professionals to build relationships and trust across sectors.

Tremendously helpful, where you've got a range of people from different backgrounds working together on the same issues ... And we need more events, more central training for all these agencies, so that we're all here and doing the same things and working together to resolve difficulties really.

(Manager, Education)

It's all about building relationships, networking ... and knowing where you can go, who you can go to.

(Manager, Voluntary Sector)

190 Interviewees say that information sharing and common assessment training are particularly important with certain kinds of training, particularly in child protection, a core requirement across sectors. The need for training to develop the skills of non-professionals is stressed, particularly in the area of child protection.

191 Interviewees suggest that substantive training for integrative working is not yet in place. Some report that training budgets are small. Much training is currently provided locally and is essentially 'in-house'. It also appears to be *ad hoc*, with people applying for training courses as they see fit. This is providing a flexible workforce tailored to local need, but could lead to a nationally inflexible workforce, suitable only for local, 'home grown' needs. Local resources will be lost if workers move from the area. Training is currently changing, with a number of new integrative training courses being established in higher education. Interviewees are clear that training is a vital driver of change, as has been shown elsewhere⁷³.

5.8 Change champions

192 A number of interviewees highlight the crucial role of change champions at all levels of children's services. Acting effectively as 'missionaries', as one interviewee suggested, these visionary people are already motivating and encouraging less enthusiastic members of staff through the example of their own actions. Change champions are described as confident people who are able to pass that confidence to others more reluctant to change:

⁷³ ESRC, 2005. *Services for Children: Training needed to tackle complexity of New Labour's joined-up approach*.
www.esrcsocietytoday.ac.uk/ESRCInfoCentre/PO/releases/2005/february/index7.aspx.

The people that are champions have ... confidence in their own field. I think it's the ones who feel comfortable with what they do and they're looking at developing their own practice. People I think who have got ... personalities and social skills that are open and willing to learn from other people and to change their ideas, as uncomfortable as that might be. I'm not sure that there's a type, but you know them when you see them.
(Manager, Social Services)

193 One interviewee refers to change champions as crucial because, as she puts it:

They can see and feel and touch the vision.
(Strategic, Social Services)

CHAPTER 6 STRATEGY FOR INTER-AGENCY COOPERATION

How and to what extent are children's trusts developing a shared approach to planning and commissioning of services? How and to what extent are these trusts combining resources and pooling budgets between agencies?

6.1 Overview

194 A variety of budget pooling arrangements have been developed in the case study areas. These arrangements vary in terms of inter-agency governance structures, management protocols and budget size. Within the local children's trust structure formal pooled budget arrangements have clear lines of accountability. Setting up a formal pooled budget is complicated, involving negotiation and the drawing up of legal contracts. An informal approach, such as aligned budgets, is the preferred starting point. Interviewees feel that budget pooling should depend on the context and have clear objectives to address local needs.

195 Different approaches to joint commissioning for needs analysis, resource and service mapping, and service redesign are being developed. The challenges to joint commissioning include de-commissioning and negotiation with multiple partners, including partners from outside the local authority's geographical boundary.

196 The main enablers to participation are building the skills of stakeholders, taking care that those taking part are treated fairly, and ensuring that their participation is encouraged and appreciated. These enablers are particularly important for the involvement of the voluntary and community sector and service users. Their participation is regarded as essential for the success of children's trust arrangements. Early findings suggest both groups are keen to participate. Representing the diverse interests of the many voluntary and community sector organisations is a challenge in all case study sites. It is necessary to improve communication between voluntary and community sector representatives and other partners. There is no clear evidence of participation by the private for-profit sector in our sample.

6.2 Introduction

197 The proposed integration of children's services is supported by the flexibilities of cooperation for local authorities and health partners set out in Section 31 of the 1999 Health Act⁷⁴ and, more recently, by the duty to cooperate set out in the Children Act 2004⁷⁵. Children's trusts are intended to pursue integrated strategies for local service planning and commissioning based on the following actions: rigorous analysis of local needs, development of the market for the provision of children's services, workforce planning, clear aims and accountability for pooled resources, ongoing evaluation of performance against outcomes, and the proactive engagement of children, young people and families.

6.3 Developing pooled budgets and Section 31 partnership agreements

198 The baseline implementation survey (BLIS) of all 35 Pathfinders in July 2004 showed that 13 pathfinders had pooled budgets between partner agencies. More planned to have pooled budgets in place from the beginning of the financial year 2005-2006. At that time, 15 pathfinders had implemented or were in the process of developing a Section 31 partnership agreement⁷⁶

199 Since then there have been several important changes in the policy context in relation to budget pooling. The Children Act 2004 gave further powers to local authorities and partners for budget pooling through a duty to cooperate. The Government announced 21 pilot Local Area Agreements (LAAs) in October 2004, of which 8 were children's trust pathfinders⁷⁷. This initiative requires local authorities and local strategic partnerships to include a Children and Young People 'block' in LAAs that sets out their area's activities against the five *Every Child Matters* outcomes⁷⁸. The LAAs also gives freedoms and flexibilities for local authorities and partners so they can achieve agreed outcomes through the pooling of various funding streams⁷⁹.

⁷⁴ DH, 2000. Guidance on the Health Act Section 31 Partnership Arrangements. <http://www.dh.gov.uk/assetRoot/04/05/74/23/04057423.pdf>

⁷⁵ Children Act 2004. <http://www.opsi.gov.uk/acts/acts2004/20040031.htm>

⁷⁶ NECTP, 2004. *Children's Trusts: Developing Integrated Services for Children in England, National Evaluation of Children's Trusts, Phase 1 Interim Report*. DfES.

⁷⁷ Local Area Agreements Pilot Authorities.

<http://www.idea-knowledge.gov.uk/idk/core/page.do?pagelId=627986>

⁷⁸ ODPM, 2004. Local Area Agreements: A prospectus.

http://www.odpm.gov.uk/stellent/groups/odpm_localgov/documents/page/odpm_localgov_029989-01_hcsp#P39_1214

⁷⁹ ODPM, 2004, Local Area Agreements Advice Note 1.

http://www.odpm.gov.uk/stellent/groups/odpm_localgov/documents/downloadable/odpm_localgov_033305.pdf

200 This section further explores the development and management of pooled budgets and Section 31 agreements in case study areas. It has a specific focus on governance arrangements, management protocols and the perceptions of strategic, management and frontline staff towards these arrangements.

6.3.1 Budget pooling arrangements

201 Pooled budgets in children's trusts differ in terms of their inter-agency governance arrangements and management protocols. These arrangements and processes depend on local factors, such as the needs of client groups, existing or planned resource pooling and service integration agreements, the extent of co-terminosity of service delivery boundaries, and the number of potential partners and their statutory duties. Only four case study sites had pooled budget arrangements and they varied in terms of size, purpose and management approach. We found that both formal and informal models were emerging.

202 Formal arrangements for budget pooling contain some essential components, including clearly defined purposes, management protocols, inter-agency governance structures, budget host agency, financial accountability and audit procedures. However, each individual component varies, dependent on the local context. Table 6.1 summarises the main features of formal budget pooling arrangements in the four case study areas and the rationale for these arrangements are given below:

- one authority identified that it had a high percentage of disabled children and young people, as well as children and young people with mental health difficulties. Two pooled budgets were, therefore, established with the specific purpose of supporting a Children and Adolescence Mental Health Service (CAMHS) and services for children with disabilities;
- in another authority, a joint commissioning arrangement had been established as part of the service development of the Children and Young People Strategic Partnership (CYPSP) which had been in existence since 2002. A pooled budget was then established in 2004 to strengthen the joint commissioning arrangements;
- in one case study area, a pooled budget had been set up to cover some social and health services for children and young people;
- a small pooled budget had been established within one authority for the provision of sitting and standing equipment for children in early years. This was a special case where all the partners were within the same local authority but from different sectors, therefore formal arrangements were set up to facilitate the operation of the budget.

Table 6.1 The main features of pooled budgets in case study sites

	Pooled budget for CAMHS and disabled children	Pooled budget for joint commissioning	Pooled budget for children and young people services	Pooled budget for specified equipment provision
Partners	Local authority and Primary Care Trust (PCT)	Local authority and PCT	Local authority and PCT	Local Education Authority (LEA), Early Years Development and Childcare Partnership (EYDCP), social services department
Host organisation	Local authority, which also provided the financial administrative systems on behalf of the partners.	PCT was responsible for providing the necessary financial and administrative support to enable effective and efficient management of the pooled fund.	Local authority	The Physical Disability Support Service, LEA
Budget manager	Children's Trust Manager	Director of Modernisation & Commissioning in PCT	Executive Director of Finance in Local authority	Acting head of Inclusion Support Service of LEA and Partnership Officer of EYDCP
Performance measurement	Quarterly reports, annual returns, expenditure and remaining balance information, plus other indicators by which the partners could monitor the effectiveness of the pooled budget and lead commissioning agreement	Quarterly monitoring reports from the budget manager, including both service and financial information. These were submitted to the Joint Commissioning Steering Group	The Joint Agency Group monitored the Client Boards performance against the pooled budget.	Progress reported to the Steering Group of the Pathfinder on a bi-monthly basis.
Finance and audit arrangements	The host partner arranged for the audit of the accounts annually as part of their normal external audit arrangements.	Developed by the host authority taking account of guidance from the Audit Commission and that contained in 'Guidance on the Health Act Section 31 Partnership Arrangements'	Arranged by the Local authority. Social services directorate was responsible for the administration and audit of the pooled budgets. The Joint Agency Group agreed the Client Boards financial allocation within the overall pooled budget.	Within standard LEA processes
Over spending	Liability defined	Any overspend will be funded in proportion to the partners' contributions for the year in which they occur.	Protocol defined	Within standard LEA processes
Under spending	Under-spend would be retained by the partners in proportion to each partners level of contribution to the pooled budget, in consultation with the partners.	Under-spend would be returned to the partners in proportion to their agreed contributions unless The Joint Commissioning Steering Group decides to allow the under-spend to be carried forward within the pooled budget for use in the next financial year.	Protocol defined	Within standard LEA processes
VAT	Protocol defined	Protocol defined	Protocol defined	
Audit arrangement	Protocol defined	The budget is subject to the audit arrangements of the host authority	Arranged by Local authority	Within standard LEA processes
Protocol for disputes	Protocol defined	Protocol defined	Protocol defined	Protocol defined

203 Informal arrangements for budget pooling, in contrast, do not need a budget host agency to ensure financial governance and accountability. We found two different informal approaches in case study areas:

- an aligned budget that involved the grouping together of the separate budgets from different partners into a 'virtual' budget which then supported multi-agency activities. Technically the individual funds were still held within separate agency budgets allowing them to account for their own contribution;
- a joint budget for CAMHS that had been set up for several years. In this case, all the relevant agencies met annually in a multi-agency steering group to do a needs analysis and map out the gaps, against both the Government's criteria for mental health and local need and existing services. It was then decided where the money should be spent in the following year. Once all the agencies had a clear idea of the forthcoming needs, normally in April of each year, a formal agreement between agencies would be written down to indicate incomes and expenditures. In this case the health authority administered the overall budget and managed the services. The health authority invoiced individual agencies for services delivered.

204 These informal arrangements simplified the procedure and might be an easy starting point for a formal agreement.

205 Pooled budgets can vary in size but they are normally expected to have clearly defined purposes and be based on an agreement between partners. The variation in size and sources of income of the pooled budgets in case study areas depended on their purposes and functions. This variety, in four case study areas, is summarised in Table 6.2.

Table 6.2 The size of pooled budgets and the percentage of contribution by sectors in case study areas

Types of pooled budget in case study areas	Budget size (£)	Contribution by sectors (%)			
		Social service	PCT	Education	Others
Authority 1: Pooled budget for children and young people services	15,725,000	83	17		
Authority 2: Pooled budget for disabled children	5,612,962	66	20	14	
Authority 2: Pooled budget for CAMHS	2,903,625	47	52	1	
Authority 3: Pooled budget for joint commissioning	724,454	32	25		43
Authority 4: Pooled budget for specified equipment provision	16,500	9 (Carers Grant)		61	30 (EYDCP)

Please note one authority had two different pooled budgets

6.3.2 Section 31 and establishing pooled budget arrangements

206 We find that Section 31 partnership arrangements have been an important catalyst for the creation of pooled budgets. They give NHS bodies and local authorities the flexibility to jointly improve services. The Act provides powers to support integration by means of the following functions:

- pooled funds - the ability for partners to contribute agreed funds to a single pool of money, to be spent on agreed projects for designated services;
- lead commissioning - the partners can agree to delegate commissioning of a service to one lead organisation;
- integrated provision - the partners can join together their staff, resources, and management structures to integrate the provision of a service from managerial to frontline levels.

6.3.3 Perceptions of budget pooling

207 Interviewees at strategic, management and frontline levels have mixed views about budget pooling. The majority of interviewees think that budget pooling is a useful way to support integrated service provision and changes in professional cultures. However, some express concerns about achieving agreement between partners, capacity for budget management and ensuring compatibility between budget pooling and other integrated work.

208 Interviewees have started to respond positively to the new powers and duties placed on LAs and relevant partners by the Children Act 2004. They recognised the usefulness of the new flexibilities in relation to resource pooling, but also their helpfulness for organising governance arrangements and strategic planning. However, it is too early to evaluate the impact of these new flexibilities.

209 Budget pooling has been reported as helping to bring different agencies together. For example an authority is using a pooled budget to set up a single Safeguarding Unit. This brings together the staff from the PCT, social services, education and the general hospital's child protection team under one management structure. It is also reported that budget pooling entails sharing responsibility between partners for delivering outcomes. This procedure helps individual partners to think more broadly beyond their own 'silo' and to start to ask 'we' questions rather than 'me' questions. This cultural change is felt to be fundamentally important for building up integrated teams to deliver services for children.

Actually what does this mean to a child? The way the budgets worked previously was about a health budget for a child, a social service budget for a child, an education budget for a child, now its about a budget for a child. So philosophically that means that you have to change your language and your approach and, yes, that has been quite an interesting process.

(Quote from strategic member of a social services department)

210 Some interviewees think that there is more flexibility attached to having a pooled budget. This flexibility helps service providers to find and to deliver integrated and efficient services to children with complex needs without the constraints of fund identity.

It [pooled budget] has worked really well, and it has led us to think much more creatively about the money that is available rather than have to go around negotiating all the different bits, because it's all in one box... and we have been able to put packages of care together without having to argue about whether it's health or whether it's education or whether it's social services. You can save on overheads for a start. If you do a block contract ... you can cut out all the bureaucracy so for a start you are into saving probably £100,000 or more just on bureaucracy before you even begin with cheaper price. So it seems to me that that's very encouraging...

(Strategic, Social Services)

211 The full merit of budget pooling can only be realised when it is aligned with joint needs assessment and planning and cooperation between partners. Some interviewees think that budget pooling by itself cannot improve outcomes for children and young people. An evaluation of the Section 31 arrangements under the Health Act 1999 previously suggested that pooled budgets only add value where there is already a high degree of trust and clarity of purpose among partners⁸⁰. To make pooled budgets work effectively, attention needs to be given both to capacity building in terms of training and attention given to transition costs.

If we pooled budgets, I think there is some capacity-building in there but you have to remember that the change management has to happen. That's what will suck the resources, is if you don't put the change management structure in to effectively manage that pooled budget and the changes in working, it won't work. ... you have got to put something more in, to be the catalyst to support people through that process.

(Strategic, Health)

212 A variety of challenges have been encountered in case study areas when setting up pooled budgets. In one area the process of setting up pooled budgets had been hindered by inter-agency governance issues, contextual factors such as socio-economic profiles and geographical boundaries and budget ownership concerns. This view is echoed by a strategic level professional from another area:

Budget pooling is not a place to start. If you're talking about system-wide transformation, we've got to iron out a whole lot of fundamentals about different ways of working.

(Strategic, Education)

⁸⁰ Hudson, B., Hardy, B., Glendinning, C. and Young, R., 2002. National Evaluation of Use of the Section 31 Partnership Flexibilities of the Health Act 1999 Final Project Report. Nuffield Institute for Health, University of Leeds.

213 These observations indicate that the budget pooling process needs to be carefully designed. Establishing a shared vision is essential to the process. It is also important to be clear that budget pooling needs to be tailored to, and reflect, the particular local needs.

214 Pooling budgets is a more straightforward exercise where people from different agencies have a history of integrating some services for children and young people and have begun to pool resources.

In fact it has gone amazingly straightforwardly. It took a bit of working in terms of identifying exact amounts in the budget in the first place, before we pooled them. There was a load of technical work to be done about exactly what was in and what wasn't in and all that stuff, other than that it has been a joy...

(Strategic, Social Services)

6.4 Developing joint commissioning in case study areas

215 This section explores who is involved in carrying out joint commissioning, how joint commissioning is carried out, and how joint commissioning is viewed by different professionals. This section draws on findings from field interviews and documents provided by the case study areas.

6.4.1 Establishing joint commissioning bodies

216 Joint commissioning bodies have been established in different ways in terms of their roles and functions, management protocols, inter-agency governance arrangements and accountability procedures in case study areas. There are two types of joint commissioning bodies in the case studies: a joint commissioning unit and a children and young people's board.

217 A joint commissioning unit has been set up by a local authority and PCT in 2003. The staff of the unit are managed within the PCT but funded by a pooled budget from the PCT, local authority social service department and other sources. In this case, the PCT is the host partner of the pooled budget (see section 6.3). The unit is headed by the Director of Modernisation & Commissioning of the PCT. There are two joint commissioning teams within the unit, the Children's Team and the Adult's Team. The Children's Team comprises a head of commissioning, two generic joint commissioning managers, a teenage pregnancy co-ordinator and administrative support. The team delivers joint commissioning activities across the local authority. The Joint Commissioning Steering Group, which was composed of members of the PCT and the local authority, oversee the coordination and business planning of the joint commissioning teams. The Joint Commissioning Steering Group also reports to the local authority Health & Social Care Partnership Board (H&SCPB).

218 The other type of joint commissioning body is a Children and Young People Board in one area. It acts as the commissioning group of the Children's Trust to commission services from the local authority and health pooled (Section 31) budget. In this case the social services department of the local authority is the provider of services. The Lead Planning and Commissioning Officer leads the planning, commissioning and evaluation of client based services and supports the work of the board.

6.4.2 The process of joint commissioning

Table 6.3 The joint commissioning process

Children Act 2004 Nine-step commissioning process	Commissioning cycle in authority 1	Service redesign process in authority 2
1 Look at outcomes for children and young people	1 Issue identification / outcome focus	1 Service review, including: consultation with users, value for money analysis, using benchmark data, scrutiny of outcomes
2 Look at a particular group of children and young people	2 Undertake a population needs assessment	2 Service redesign, aimed at: efficiency and quality, integration with wider service aims and objectives, the right shape across the three service tiers, multi professional and area based working, partnership with users, community groups, other agencies
3 Develop a needs assessment from users and staff views	3 Map current services and resources	
4 Identify resources and set priorities	4 Analyse gaps	
5 Plan a pattern of services and focus on prevention	5 Undertake a service redesign	
6 Decide how to commission service efficiently	6 Complete a service specification and plan (including decommissioning)	
7 Commission – including using pooled resources	7 Implement and contract	3 Service procurement, specifying: outcomes to be achieved, price, quality monitoring arrangement, integrated management arrangements, arrangement for service and contract review
8 Plan for workforce and market development	8 Monitor and review	
9 Monitor and review services and process		

219 Joint planning and commissioning, together with pooled budgets, are regarded as a powerful tools for providing more joined-up and responsive services. We found that there is no standard procedure for the development and operation of joint planning and commissioning. The draft Guidance for the Duty to Co-operate in the Children Act (2004)⁸¹ currently proposes a nine-step process of joint planning and commissioning. The case study areas have developed similar commissioning processes but with different priorities. Table 6.3 compares the local commissioning cycles in two of our case studies with the Government's nine-step process. The three models listed in Table 6.3 have many similarities, such as needs analysis, resource mapping, gap

⁸¹ The consultation ran from 22 December 2004 to 16 March 2005, at: <http://www.dfes.gov.uk/consultations/conDetails.cfm?consultationId=1283>

analysis, priority setting and best value principles. However, early findings suggest there was no planning for workforce and market development in the commissioning process in these case study areas.

6.4.3 Emerging issues in joint planning and commissioning

220 The importance of involving the voluntary sector and service users in the commissioning process was frequently addressed by interviewees. There are various efforts to get the voluntary sector and service users involved. These include undertaking public consultations and ensuring that voluntary sector and service users' representatives participate in relevant groups or boards. In some cases services have been commissioned from voluntary sector organisations. Increasing the voluntary and community sector's capacity to engage in the commissioning process has been achieved by helping them understand the process used by the authority. There are examples of children and young people being involved through school workshops, surveys of previous service users, one to one interviews and focus groups to ascertain how service accessibility and cultural sensitivity might be improved.

221 Some interviewees report that the voluntary sector needs to be clearer about how it will contribute to local authorities' new strategies:

Third sector agencies have to demonstrate where they will work in support of the strategy, where they will work in partnership, or relationship to the specialist CAMHS services, how they will impact and affect the overall provision of children and young people's services.

(Manager, Health)

222 De-commissioning of surplus provision, redundant services or less effective services, in order to develop better ones, is an important part of the commissioning process. Although based on a careful local needs assessment and a review of current services and their effectiveness, de-commissioning is still a challenge in practice for various reasons. Senior officers are reluctant to make changes because they are worried about job losses. Interim service provider arrangements are needed to cover transition periods while new services are being developed. Performance monitoring arrangements are needed to make ensure new services are effective.

223 Other challenges were identified by a children's trust with experience of joint commissioning:

- negotiating with multiple partners whose agencies have different cultures, professional values and status;
- negotiating with partners outside the local authority area regarding those services for children and young people whose relatively small numbers meant services were not viable unless commissioned jointly;
- transaction costs (the financial or time consequences of any activity) for all working with multiple partners in a changing policy context, both nationally and locally;
- responding to the complex needs of the most vulnerable children.

6.4.4 Preparation of Children and Young People's Plan

224 The Children and Young People's Plan (CYPP) is an important element of the reforms underpinned by the Children Act 2004⁸². It is expected that the CYPP is organised around the five outcomes for children and contains a statement of: the local vision for children and young people; key outcomes; a strategic analysis; actions (with timescales); reference to joint planning with key partners; performance management and review of children's services; and an outline of the consultation undertaken in its preparation. Local authorities are required to have a CYPP in place by April 2006 (except those local authorities exempted by virtue of an 'excellent' Comprehensive Performance Assessment rating)⁸³.

225 Although a year ahead to submission, four case study areas are already in the process of preparing the local CYPP. Producing a CYPP is recognised by local authorities as an exercise to help them improve the services for children and young people through joint assessment and working closely with partners. Of the four authorities in the process of preparing CYPP, three of them are rated as "excellent" authorities and are not formally required to do so.

I mean we're moving on developing a Children and Young People's Plan together, that will do a lot to help us better understand where our needs are in our strategic direction, we've got the Local Area Agreement, and that, in itself, I mean all of the analysis of need will support the process.

(Strategic, education)

We've had a dry run of the Children and Young People's Plan this year, even though we didn't have to do that, but we thought it would be a good learning experience, and as an Excellence Authority we didn't have to do it

(Strategic, local authority)

6.5 Involving the voluntary sector and service users

226 Voluntary sector and service users (children, young people and families) were consistently regarded as important players in the development of children's trust arrangements. Interviewees agree that the voluntary sector and service users should be closely involved in the children's trust activities. Such participation is also discussed in Chapter 3.

⁸² See section 17 "Children and young people's plans" of Children Act 2004, <http://www.opsi.gov.uk/acts/acts2004/20040031.htm>

⁸³ See "Guidance on the Children and Young People's Plan": http://www.everychildmatters.gov.uk/_files/044DFC459373D196D6375FE643336B5E.doc

6.5.1 Institutional arrangements

227 The institutional arrangements within the local inter-agency governance structure are important factors for facilitating voluntary and community sector and service user involvement. The terms of reference for children's trusts and CYPSP boards indicate that the voluntary sector and service users have the opportunity to participate in the decision making process. Such arrangements may strengthen the partnership between statutory and voluntary sectors.

228 In most case study areas there is space for at least one voluntary sector representative to sit on the children's trust or CYPSP board. In some areas places for parent and young people representatives are also included on the children's trust or CYPSP boards. Table 6.4 shows the places provided for the voluntary sector and service users on boards, as set out in the boards' terms of reference. This institutional arrangement ensures that voluntary sector and service users can influence the development of children's trusts at the strategic level. However, it is a significant challenge for representatives of the voluntary sector and service users to represent the diverse interests of large numbers of voluntary and community sector agencies and service users.

6.5.2 Involvement in action

229 There are examples of the involvement of the voluntary sector and users in projects under the auspices of children's trusts. In one authority a Children and Young People Resource Centre run by a voluntary sector organisation provides a co-located multi-agency service. The project mixes information provision with a range of centre and community based activities. The building also functions as a centre for local community groups and professionals by providing space that can be booked on a sessional basis. Services and facilities provided by the centre include:

- a home based service that provides a 'sitter', who will care for a disabled child and their siblings for a number of hours per week;
- a centre-based play and activity service providing a number of weekly sessions to children aged 18 months to 5 years, who have learning and/or physical disabilities including Autistic Spectrum Disorders;
- a range of play and activity sessions that are both centre and community based – the service is for children and young people aged between 5-19 years who have learning and/or physical disabilities;

Table 6.4 Representatives of the voluntary sector and service users on the relevant boards in some of the case study areas

Area	Board name	Total No of Board members	Voluntary sector and service user representatives as set out in Board's terms of reference
Authority 1	Children and Young People's Strategic Partnership Board	-	Including chief executives and directors of the various agencies such as voluntary agencies
Authority 2	Children's Trust Board	13 (6 voting, 7 non-voting)	non-voting members, including: 2 voluntary forum representatives, 1 parent representative, 1 young person representative
Authority 3	Children and Young People's Trust Board	19	2 parent/carer representatives, 2 voluntary sector representatives
Authority 4	Children's Trust Advisory Board	9	1 voluntary sector voting member, 2 voluntary sector non-voting member
	Children's Trust Management Group	10	1 Community Organisations Forum representative
Authority 5	Children and Young People's Strategic Partnership Executive Board	12	1 voluntary sector representative
	Children and Young People's Strategic Partnership Supervisory Board	15	none
	Children and Young People's Strategic Partnership Forum	36	3 voluntary sector representatives
Authority 6	Children's Trust Partnership Board	19	1 Faith sector representative, 2 North Bank Forum representatives, 1 National Children's Home representative
Authority 7	Children and Young People's Strategic Partnership Board	26	2 Council for Voluntary Services representatives
Authority 8	Children and Young People's Strategic Partnership Board	-	1 Parent representative, 1 Children and Families Voluntary Sector Forum representative
Authority 9	Children and Young People's Strategic Partnership Board	18	1 Council of Voluntary Youth Services 1 Association of Voluntary Organisations in Community Care

Sources: the data in this table were obtained from various documents provided by case study areas or published at local authority's web-sites.
No data were available for two sites.

- a community based service specifically for autistic children and young people offering group based activities for 8-19 year olds with a 1: 1 staffing ratio;
- activities, information and peer support sessions for siblings and parents/carers of disabled children and young people.

230 Children's Fund Ambassadors is a project funded by Children's Fund in one children's trust. The Ambassadors are children and young people between 14 and 16 years of age who are offered paid employment and a chance to gain a qualification in community work skills. They work with the many children's services across the authority to identify how young people would like to get involved with decision making processes that develop and improve services for young people in the local authority area. The activities of Children's Fund Ambassadors include:

- taking part in conferences in the local area concerning children and young people;
- regularly attending children's trust meetings;
- engaging in various projects such as the 'First Age University'.

6.5.3 Encouraging the involvement of the voluntary sector and participation of service users

231 Several issues regarding the involvement of the voluntary sector and service users emerged during the field visits. Case study sites have found that it is important to increase the capacity of the voluntary sector and service users in order to engage them fully in the children's trust activities. For example in one authority the children's trust meet with voluntary and community organisations regularly to help them understand budget issues and the process of commissioning. Pathfinderers are aware that it is important to involve the voluntary sector, not only as strategic partners in the process of service design and commissioning, but also as providers of services. However representation of the large numbers of voluntary and community organisations is a challenge. The voluntary sector organisations have different interests and different capacities to deliver in each case study site. Reporting back to a wide range of organisations is seen as particularly difficult. Ensuring the full and fair involvement of the voluntary sector in children's trust activities, including as service providers, is acknowledged to be challenging.

6.6 Translating strategy into action

232 All the case study areas have developed strategies to promote children's trusts arrangements. The next challenge is to translate these strategic arrangements into action to bring about positive outcomes for children and young people. It was reported by local senior officers that setting up pooled budgets and joint commissioning was less problematic than changing the behaviour of the frontline workers. Frontline staff, however, appeared to have a different view:

Trying to understand the bureaucracy up there is really confusing, because trying to look at how people commission things, and how that works through the trust and, I don't understand it, and I don't think most people do.

(Frontline, Education)

233 Many interviewees recognise a need to build a bridge between the strategic arrangements and the action on the ground as the next step.

Because the huge programme is, how do you effect cultural change? How do you change the way that people behave? Because we can have all these structures in place, we can have the multi-agency group and we can have pooled budgets and we can integrate sort of services, from a management point of view, but what people do on the ground, how they decide to do assessments, and how they do assessments together, how they share information, how they agree to coordinate services and have lead professional people in place ... that won't happen unless we put a programme of change in place, and that's the bit of work that we are now working on. I think that's the next development really for the pathfinder trust.

(Strategic, Joint Local Authority and PCT)

CHAPTER 7 INTER-AGENCY GOVERNANCE ARRANGEMENTS

To what extent have children's trusts developed robust and inclusive inter-agency governance arrangements? How do they bring together public, private, voluntary and community organisations to develop services that meet the needs of children and young people?

7.1 Overview

234 Inter-agency governance is effective when the children's trust pathfinder is part of the Children and Young People's Strategic Partnership. This ensures that chief executives of partnership organisations are involved in developing strategy, plans and formal agreements. Governance arrangements are less secure when children's trust arrangements are facilitated by a group that is separate from the partnership without the involvement of chief executives.

235 Relationships between partners are most productive in the context of shared visions, a climate of trust, a willingness to cooperate and where there are agreed terms of reference. Inhibiting factors are difficulties establishing working arrangements at strategic level with many partners and the transaction costs associated with brokering multiple agreements.

236 Many sectors are included in inter-agency governance arrangements but there are some notable exceptions. We found that the police and the youth justice system are under-represented and general practitioners and representatives of the private sector are not included at all.

237 Leadership and management of the change programme is time consuming for strategic managers. In some case study areas the secondment of key strategic leaders and operational personnel to inter-agency teams has helped facilitate change.

238 Formal agreements between partners for the delivery of children's trust arrangements establish lines of accountability for statutory duties, delivery of services and financial management. Informal agreements run the risk of not being sustainable in the longer term.

239 The strategic focus of inter-agency governance is on jointly provided services often at the intersection of health, social care and education. The safeguarding of children is identified as a priority in all children's trusts, but is not the main focus of their activities. The focus is usually on prevention, for example the early identification of children's needs, social inclusion and special educational needs.

7.2 Introduction

240 Since the inception of children's trusts, pathfinders have had to take account of the Children Act 2004⁸⁴ which places a duty on local authorities to appoint a director of children's services and a lead member with responsibility for building and sustaining partnerships on which children's trusts could be based⁸⁵. Children's trust pathfinders are usually at the centre of the development of children's services authorities. In many cases inter-agency governance of children's trust arrangements have evolved in response to these national changes.

The Children Act and the Change for Children Agenda clearly state we have to develop a Children's Services Authority and have a director of children's services and a lead member in the children's strategic partnership. Plus we are a pathfinder authority for Local Area Agreements, so what we have to do is look and see how we can start to link all of that together with the children's trust, so over the next few months the trusts will go through some changes.

(Quote from strategic professional from the health sector)

241 This chapter explores some preliminary findings about the role of inter-agency governance arrangements and how this contributes to developing services for children in eight case study children's trust pathfinders and three non-pathfinder authorities. The following sections illustrate what factors appear at this stage to have facilitated children's trust arrangements or to have inhibited progress.

7.3 Organisational structure and climate of children's services

242 The organisational structure of children's services is evolving to accommodate changes in national policy and government initiatives, particularly Children's Fund, Sure Start and Youth Offending Teams. As a result there is a focus on early intervention and preventative work. In the main, services being developed are at the intersection of health and social care. Occasionally the education sector is involved, particularly when issues relating to social inclusion and special needs are included. Although safeguarding is stated as a priority in all children's trusts, it is not a main focus.

243 The organisational structure in which children's trust arrangements are operating is complex. Each local authority has a strategic partnership with a designated sub group, the Children and Young People's Strategic Partnership (CYPSP), which has the remit for developing children's services. The partnership is perceived by the majority of professionals as representing the

⁸⁴ Children Act 2004. <http://www.opsi.gov.uk/acts/acts2004/20040031.htm>.

⁸⁵ Statutory Guidance on the Role and Responsibilities of the Director of Children's Services and the Lead Member for Children's Services. May 2005. <http://www.everychildmatters.gov.uk/files/E77F49A6650FE725FED2265E639D05D6.doc>

embryonic children's services authority. In the majority of cases the CYPSP includes the children's trust pathfinder or a group with a similar remit which is preparing the way for children's trust arrangements. One pathfinder authority has set up six sub-groups of the CYPSP, five with responsibility for each individual *Every Child Matters* outcomes for children with a sixth focusing on increasing the participation of children, young people, their families and carers. It is usual for the CYPSP to be linked to community based action groups and to clusters of schools.

244 Children and Young People's Strategic Partnerships involve key local agencies and are focused on strategy. Elected members are involved in these partnerships and sometimes chair the group. The evaluation found that political leadership is an important factor in successful partnerships. It helps to galvanise the involvement of key players, a finding similar to the Office for Standards in Education and the Audit Commission, 2003⁸⁶. It is usual for key members of the CYPSP to be members of Area Child Protection Committees and to be contributing to the setting up of Local Safeguarding Children Boards. In one pathfinder the CYPSP had formally been allocated the responsibility for Annual Performance Assessment⁸⁷ and Joint Area Review arrangements.

The work has been developed through consensus and that only happens if you have effective leadership, and that's my role as a chair. All the agencies working together towards a common goal, making sure that organisations are not marginalised, or not left out. My role is to make sure that those views are brought on board, or offer opportunities for them to be aired, and if, if there is a consensus for those views to be taken forward. The aim is to mould those different views into some form of shape, which I have no doubt will result in the most effective services for our children.

(Strategic, Local Authority)

245 Children's trusts are contributing to the work of the CYPSPs by facilitating the development of the integrated processes and people aspects of the Children Act 2004⁸⁸. They are implementing pilot projects and co-ordinating and nurturing the involvement of partners. Among the initiatives led by children's trusts are multi-agency work to develop processes such as common assessment, information sharing protocols, joint commissioning of services, pooled budgets and frontline services for specific groups of young people. A less frequently reported initiative is the creation of a directory of children's services to connect users and services.

⁸⁶ HMI, 2003. *Corporate governance of local education authorities*. Ofsted, HMI 582.

⁸⁷ OfSTED and CSCI, 2005. *Arrangements for the annual performance assessment of children's services*, Office for Standards in Education and Commission for Social Care Inspection.

⁸⁸ *Children Act 2004*. <http://www.opsi.gov.uk/acts/acts2004/20040031.htm>.

246 A few authorities are at an early stage of building partnerships and mapping services and needs in preparation for developing proposals for the way forward. In these cases little progress has been made in commissioning services or pooling budgets.

Partnership needs to be worked at, it's about building on trust, it's about having the right people in the right place at the right time. If you haven't got that it makes life very difficult.

(Strategic, Education)

247 A shared vision and trust between strategic partners are viewed as prerequisites to productive cooperative working and strong partnerships. There is some evidence that partnerships between local authorities and other service providers are becoming more formalised. Some inter-agency governance arrangements are guided by agreed terms of reference that include procedures for decision making, resolving disputes, monitoring, accountability and codes of conduct. Four case study pathfinders use locally drawn up contracts for jointly provided services or Section 31 agreements (see Chapter 6). The initial transition and start-up costs of negotiating and formalising legal arrangements are reported to be time consuming and expensive but essential, a view supported by other studies of inter-agency collaboration⁸⁹. In the longer term it is doubtful that jointly provided or commissioned services will thrive without secure working agreements.

A lot of the good working relationships are based on people working well together, but if this were to change and new people came in it might not work like that and a lot would be lost.

(Strategic, Local Authority)

7.4 Changes in inter-governance arrangements of children's trusts

We've got to do things smarter, because otherwise people are going to meetings with the same people, that is ludicrous so we've tried to streamline.

(Strategic, Social Service)

248 There is evidence of a rationalisation of inter-agency governance arrangements. The intention is to reduce the transactions between chief executives, other local authority officers and representatives of partnership organisations. Key initiators of these changes are local authority chief executives and directors of children's services who are devising structures that streamline strategy and planning groups. There is evidence that this work is informing the preparation of a single children and young people's plan⁹⁰ and helping with the alignment of different sectors' plans.

⁸⁹ Ranade, W. and Hudson, B., 2004. Conceptual issues in inter-agency collaboration. *Local Governance Studies* 29 (3): 32-50.

⁹⁰ DfES, 2005. The Children and Young People's Plan (England) Regulations 2005. <http://www.dfes.gov.uk/consultations/downloadableDocs/Regulations%20ONLINE%20VERSION.doc>

249 Core membership of the eight pathfinder children's trust boards remains the same as at the time of our Baseline Implementation Survey⁹¹ in August 2004. Local authority, social services, education and health are all still represented, and the Connexions service is now involved in all of the pathfinders sampled. Voluntary and community sector representation is growing and they are found on most boards (see Chapter 6). The most commonly unrepresented groups are general practitioners, the police authority, local probation boards, professionals working with young offenders, young people, parents, employers, the private sector and elected members. The police authority, local probation board and youth offending teams need to be included in governance arrangements of children's services to comply with the Children Act 2004.

7.5 Leadership of children's trusts and development of integrated services

250 In the majority of case studies the leadership drive for children's trusts comes from the social care and health sectors. These sectors have established common priorities for providing services for specific groups of children and young people such as those with mental health and physical disabilities. These organisations, with common agendas, usually have previous experience of successful joint working (as discussed below and as found in other research on partnership working)⁹². In nearly all children's trusts the education sector initially played less of a leadership role. But in one, headteachers initiated the development of children's services in a cluster of schools. There are no examples in our sample of managers of frontline services in health or social services taking similar initiatives.

251 Elected members and senior officers in local authorities are setting the agenda for change. Chief executives of local authorities have begun to establish directorates for children's services and appoint directors as a means of facilitating multi-agency working. Lead members for children's services are beginning to be identified. There is evidence that elected members have engaged with community action groups to identify children's needs and that these views have been fed into the decision-making process. Local authority chief executives have started to break down boundaries between agencies by engaging with chief executives of other organisations providing services for children, such as Primary Care Trusts and the Connexions services. Within local authorities, directors of education and social services brief key elected members and are accountable to elected members through the scrutiny and cabinet committees.

⁹¹ NECTP, 2004. *Children's Trusts: Developing Integrated Services for Children in England, National Evaluation of Children's Trusts, Phase 1 Interim Report*. DfES.

⁹² Gray, B., 1989. *Collaborating: Finding Common Ground for Multiparty Problems*. San Francisco: Joey Bass.

We have the political leadership, the political will and we have the legal responsibility, so we will ensure, through our monitoring that a high standard of service is provided, it doesn't matter who provides that.
(Strategic, Local Authority)

252 The appointment of directors of children's services signals a qualitative change in children's trust arrangements. Staff expect that this key appointment will hasten further integration of services and changes in working practices. At the time of the fieldwork across 11 case study sites, one local authority had a director of children's services in post since 2002, six had recently appointed directors, and four were not yet appointed. Where directors are not in place some professionals feel the change process has temporarily slowed down and there is some expression of uncertainty about the next steps. Professionals across sectors agree that the new director's sectoral background is less important than their leadership skills and the personal qualities needed to bring about massive organisational changes. It will be for future research to determine the influence on trust priorities of the current trend for directors of children's services to be appointed from education backgrounds⁹³. Existing staff have taken on new strategic roles in some authorities, providing some continuity of leadership. This is viewed positively by many managerial and frontline professionals.

The director of children's services' responsibilities are clear and tangible because they are in the legislation, so it wouldn't matter what background you came from.

(Strategic, Social Services)

253 In pathfinder authorities children's trust managers see their leadership roles changing from piloting initiatives and linking with related programmes to assisting with the implementation of children's trust arrangements. They typically facilitate the working of the pathfinder, manage initiatives to develop inter-agency governance such as formal agreements, and pioneer pooled and aligned budget arrangements. They also continue to link with other initiatives, such as the common assessment framework, and forge partnerships with voluntary and community groups.

7.6 Pre-existing relationships between providers of children's services

254 Children's trust pathfinders benefit greatly from pre-existing productive relationships between service providers. This history of joint working helps establish trust and confidence between partners and is viewed as a prerequisite for inter-agency governance. There are examples of education and social services departments being restructured into single directorates and of a combined health and local authority funded post entitled, 'Chief Executive of the Primary Care Trust and Director of Social Services'. Close

⁹³ House of Commons Education and Skills Committee, 2005. *Every Child Matters, Ninth Report of Session, 2004-05, Vol 1.*

working relationships between health and social care have smoothed the way for joint commissioning of services for children with disabilities and those with mental health difficulties. In many areas national initiatives bring together professionals from different agencies to provide specific support for children or to work on integrated processes such as Identification, Referral and Tracking and joint commissioning of services. In one cluster of schools existing constructive relationships between headteachers facilitates collaboration with other providers of services.

255 Pre-existing relationships between partners are more problematic in areas where local authority and health services are not coterminous. The practicalities of different agencies covering different geographic areas working together is challenging, as found in other studies⁹⁴. The difficulties are particularly great for shire and large unitary authorities with large geographic areas, dispersed centres of population and multiple partners particularly from the health sector. In these areas initiatives tend to focus more on service delivery than establishing integrated processes such as information sharing. Where the local authority's partner spans another authority, this is less of a problem. It has been tackled by partners organising themselves to provide services to individual local authorities, as in the cases of both a Primary Care Trust and a pan authority Connexions service.

7.7 The responses of health, education, social services and other sectors

256 Sectors are responding positively to The Children Act 2004 duty to cooperate guidance⁹⁵. In the main, top tier officers across all sectors express a high level of commitment to improving outcomes for children and they were represented on CYPSPs. At chief executive level there is usually a high degree of commitment to partnership working and a willingness to listen to the views of young people and their families. In some case study areas partners have sufficient confidence in each other to pool budgets and to create new types of multi-agency teams or networks to provide services for children (see Chapter 6).

257 In the health sector, many Primary Care Trusts have undergone reorganisation and have made new appointments specifically for children's services with specific remits to cooperate with local authorities. Where these new appointments are established there is an impetus to move forward at strategic level. Where health services have not separated adults and children's services and where their budget deficits inhibit pooling resources it is difficult for them to work in partnership with local authorities.

⁹⁴ Cameron, A. and Lart, R., 2003. Factors promoting and obstacles hindering joint working: a systematic review of the research evidence. *Journal of Integrated Care*, 11, 9-17.

⁹⁵ Children Act 2004, <http://www.opsi.gov.uk/acts/acts2004/20040031.htm>.

258 Education services are most active within children's trust arrangements where children's needs are complex and involve health and/or social services. In one cluster of schools, social inclusion workers are supporting children and families. Headteachers in one pathfinder have agreed to pool school budgets to pay for five area-based, multi-agency team coordinators. We established from our survey of headteachers in pathfinder areas that those not directly involved with children's trust arrangements have very limited views of developments and are unclear how they will be involved (see Chapter 4).

259 In social services there is strong support and a willingness to develop services to improve outcomes for children, young people and families. From a social services perspective, the children's trust pathfinders seem to have prevention as the dominant agenda. The general view is that early intervention and prevention are the best way of safeguarding children in the long term. Safeguarding arrangements are dealt with separately through the Area Child Protection Committee, the embryonic Local Safeguarding Children Boards and social work teams which continue to provide services for children with acute needs and child protection services. There is a minority view that child protection issues are in danger of being overlooked in any new children's trust arrangement framework. This concern has also been expressed by the Audit Commission in their analysis of the potential benefits and risks of the children's trust approach⁹⁶.

260 Chief executives of Connexions services are involved fully in developing children's services and serve on CYPSP boards. They support cross-sector working by seconding personal advisers to work in multi-agency teams. Some Connexions services are moving to the local authority. In one authority the chief executive of the Connexions service chairs a subgroup of the CYPSP on outcomes to achieve economic well-being.

261 Managing the changes needed to develop children's trust arrangements is time consuming. Those in leadership roles are involved in activities to set up new arrangements both within their own organisations and in partnership with other providers. This involves working with partners in developing strategic plans, managing resources, consulting with their workforces, networking to share good practices and promoting changes with staff and user groups. These activities necessarily take them away from the task of leading and managing their own services and are often seen as additional to, rather than part of, their primary role.

7.8 From inter-agency governance to improving services for children

262 In the case study sites governance arrangements for children's trusts are at different stages of development. Those at the forefront were shifting their focus from setting up infrastructures and developing joint working practices to changing working practices in the frontline. The majority of authorities are

⁹⁶ *House of Commons Education and Skills Committee, 2005. Every Child Matters, Ninth Report of Session 2004-05, Vol 1.*

planning action and implementing projects and service plans. A few pathfinders have developed formalised partnership arrangements and are in the early stages of commissioning services and establishing pooled budget arrangements. Time is needed for these plans and arrangements to be implemented. Newly commissioned services need to be monitored and evaluated at a local level before it is possible to judge the impact of more integrated children's services on outcomes for children.

263 There are early signs that initiatives are focusing on identified local needs such as child and adolescent mental health and disabled children. These kinds of problems could be described as 'tame problems'⁹⁷ – where solutions are known and where there is a chance of finding an answer. Other work is underway that has the potential to support improvements in children's well-being by the development of more effective systems for use by professionals, such as information, sharing and assessment. As many of these initiatives have yet to be implemented fully or evaluated, the outcomes are still unknown. The more 'wicked issues', defined by Richards⁹⁸ as 'the complex and often intractable social problems that do not fall under the remit of any single organisation', such as reducing anti-social behaviour in young people, have not as yet been given the same degree of attention through children's trust arrangements.

264 Gradually, in a joined-up way, children's trust arrangements are paving the way for better outcomes for children. These early developments need to be nurtured and supported through the early phases of implementation and to be adapted and improved.

The best analogy I can give is you're trying to tackle this from both ends, think of it as a tunnel. Some authorities that are excellent at frontline delivery have really got it cracked and have got interagency working on the ground but when it comes to the strategic level they haven't got a clue. It's about trying to build a tunnel - get sign up strategically and to drive forward on the ground.

(Strategic, Education)

⁹⁷ Richards, S., Barnes, M., Coulson, C., Gaser, L. Leach, B. and Sullivan, H., 1999. *Cross-cutting issues in public policy and public service*, DETR, London

⁹⁸ Richards, S., Barnes, M., Coulson, C., Gaser, L. Leach, B. and Sullivan, H., 1999. *Cross-cutting issues in public policy and public service*, DETR, London

CHAPTER 8 MESSAGES FOR PROFESSIONALS

265 The policy framework for children's trusts, and for children's services more generally has evolved rapidly. In response local authorities have been developing a number of work streams simultaneously to bring about change in their own organisation and their relationships with partners. Some authorities are in the early stages of piloting and implementing the change for children programme, however, in general there is still a great deal to do in restructuring delivery systems, reorganising personnel and developing processes such as information sharing protocols and directories of children's services.

266 It is clear that whatever the challenges and complexities, the great majority of professionals see the commitment engendered by *Every Child Matters* offering an enormous opportunity to bring about a step change in children's services. Expectations among staff are high. At the same time, staff at all levels are uncertain about what the changes will entail. Children, young people, their families and community members are increasingly being involved in evaluating and sometimes designing services, but there remain some difficulties around achieving the vision of participation given the complexity of need for some children. There is widespread professional and research support for the concept of effective inter-agency working and its potential to bring about change⁹⁹, but examples which link effectively from inter-agency governance, through to strategy, commissioning, delivery and evaluation are still to be firmly embedded. In this chapter, we draw together conclusions and offer tentative messages from our work for professionals developing children's trust arrangements.

8.1 Contextual issues in developing children's trusts

267 Contextual factors, such as socio-economic profile, geographical boundaries and local government arrangements are seen by professionals as having powerful contingent effects on organisational architecture. Trust professionals frequently talk about challenges arising from local pathologies of need, organisational forms and geographical boundaries. Planning is more complex and potentially more time consuming where the population of children has diverse needs, in large authorities with district and county councils or where many services are not coterminous with the local authority. Large authorities need to deliver services on a district or area basis and face complex delivery issues, with high transaction costs. Small, and especially unitary, authorities are more likely to have services in greater proximity to each other making easier access for service users and contact between

⁹⁹ Leathard, A., 2003. *Interprofessional collaboration: from policy to practice in health and social care*. Brunner-Routledge, Hove
Coles, B., Britton, L, and Hicks, L., 2004. *Inter-agency work and the Connexions strategy*. Joseph Rowntree Foundation, London.

professionals. These contextual factors loomed large in professional perceptions of the nature of the management task.

268 There are also contextual factors which might be called historical; some children's trust pathfinders brought to their work a history of successful cross sector working. Where joint working had been productive in the past, there was confidence at strategic and operational levels about the prospects for further change. Children's trust pathfinders may constitute an atypical sub-population of local authorities, since prior experience of successful cross-sector working was more likely to provide a basis for the submission of a successful bid for pathfinder status. A particular feature of prior involvement in other government initiatives, including Sure Start, Children's Fund or the reconfiguration of Youth Offending Teams has been the emergence of a new type of professional who brings their own sector expertise to a multi-agency team. As a result, many local authorities are well placed to address wider change agendas on the basis of the capacity of their organisations and the skills of professionals to support further changes¹⁰⁰. In these authorities, considerable progress has been made toward creating what Hill, Wise and Shapiro have identified as "an atmosphere and culture of change"¹⁰¹. Effective change agents in trusts, at whatever level, are sensitive to the consequences of geographical and historical contexts in relation to the change agenda.

8.2 Delivering successful change for children: integrating working arrangements

269 One of the striking features of our fieldwork is the extent to which the vision of better outcomes for children set out in *Every Child Matters* commands almost universal support amongst children's professionals at strategic, commissioning and operational levels. Achieving the *Every Child Matters* vision will depend on the extent to which frontline professionals working with children, young people and their families are empowered to work successfully in new ways. The test of inter-agency governance arrangements, commissioning agreements and managerial arrangements is in the extent to which they allow professionals to work successfully with children, young people and their families around the five *Every Child Matters* outcomes. The changes needed, particularly at the point where professionals from different sectors need to work together in new ways, involve a major step change in working practices.

¹⁰⁰ Craig, Huber and Lownsborough have identified three significant challenges for schools and public services in inter-agency working: force of habit, retreats into isolation and local political difficulties; see Craig, J., Huber, J and Lownsborough, H., 2004. *Schools Out: can teachers, social workers and health staff learn to live together?* DEMOS and Haygroup, London

¹⁰¹ Hill, P.T., Wise, A.E., and Shapiro, L., 1989. *Educational progress: Cities mobilize to improve their schools*. Rand Center for the Study of the Teaching Profession, Santa Monica, CA

270 To be successful, the process which supports this change requires a number of ingredients. Staff across children's services need to understand the implications of working in a trust and its potential benefits: there is clearly more work to be done here, perhaps most obviously in schools and health centres. Personnel need support and encouragement to be involved in the change process and to help create the children's trust. Frontline professionals need opportunities to practice joint working in environments which do not put outputs at risk. Training programmes need to be structured to challenge stereotypes and to break down traditional barriers between professional groups. Those in managerial and strategic roles need to listen carefully to frontline staff so that the nature of problems is explored and locally workable solutions defined¹⁰².

271 Trust managers need to ensure that they have taken time to manage the sequencing of training and development, continuing specific assistance and support¹⁰³. Sensitively constructed programmes are important for a number of reasons, including:

- to manage staff expectations about the pace and extent of changes,
- to help staff understand the roles of different professionals,
- to prepare staff for new ways of responding to children's needs,
- to train staff in the use of new systems and protocols,
- to ensure that the perspectives, concerns and aspirations of operational staff are built into working arrangements,
- to encourage staff to lead aspects of the local *Every Child Matters* change programme.

272 New types of professionals who manage or work in multi-disciplinary teams will need extensive induction, training and professional or clinical supervision, both to ensure they maintain and update their foundational expertise and to ensure that they can deploy this expertise in new ways. Leaders and managers of frontline services urgently need to be updated on the proposals and timescales for change, and to have full opportunities to incorporate these into their development plans for their own institutions and units. This is particularly important for those in universal services such as schools and health centres who are crucial to the success of the change for children programme, and who, in some cases, continue to see the concern of children's trusts and integration more generally as being with targeted rather than universal services.

¹⁰² Hayden *et al.* suggest that teams can be supported through successful systems change through programmes which work through five developmental stages: understanding the current context, change initiations, growth of commitment to change, full change implementation and desired new context; see Hayden, P., Frederick, L., Smith, B.J., and Broudy, A., 2001. *Developmental Facilitation: helping teams promote systems change*. Centre for Collaborative Educational leadership, Denver, Colorado.
See also Horak, B.J., 2001. Dealing with human factors and managing change in knowledge management: a phased approach. *Topics in Health information Management*. 21, pp. 8-17. Horak notes the importance of addressing "fear" in knowledge management initiatives.

¹⁰³ Fullan, M., 1991. *The New Meaning of Educational Change*. Teachers College Press, New York

273 The enthusiasm of professionals' commitment to consulting young people and parents matches their aspiration to place children and families at the centre of service reorganisation. However, we note the mixed and rather minimal levels of service user participation beyond consultation about services. Repeatedly, professionals cite difficulties in making effective use of formal structures for participation, in particular the difficulties around the representativeness of those who become involved in service improvement activities and of securing 'authentic' participation from service users. Roberts points out that listening to children, hearing what they say and acting on it are three different activities, which are often elided¹⁰⁴. Therefore effective participation poses serious training challenges. In some cases, 'participation' might become an additional burden on children and families who already face serious challenges. It may be that universal, locally based neighbourhood models of inclusive participation, focused on where children live rather than on their interactions with children's services provide more effective models which will promote the inclusion of children in participatory practices. It would certainly be beneficial for different instances of participation across children's services to be joined up.

8.3 Building successful strategic arrangements in trusts

274 Our evidence suggests that productive partnership working at strategic level is essential if managers are to align individual plans and develop joint strategies. As a starting point, each partner in the children's trust needs to have a clear understanding of the others' professional roles, responsibilities and values as well as their strategic priorities, planning processes and budgetary cycles¹⁰⁵.

275 Chief executives and directors have a key role to play by engagement in activities that enable existing understandings of each other's roles and the sector's objectives and working practices to be explored and clarified. This process has assisted with dispelling myths and prejudices about different professions and organisations as a prelude to the development of a positive climate needed for effective partnership working. Evidence from earlier initiatives suggests that joint decision-making and pooling of resources was relatively limited¹⁰⁶. There is evidence that the commitment of chief executives to the *Every Child Matters* vision has been instrumental in brokering change, in establishing organisational commitment and in removing structural and procedural barriers to effective children's trust arrangements.

¹⁰⁴ Roberts, H. 2000. Listening to children and hearing them. In Christensen, P. and James, A. *Research With Children: perspectives and practices*. Falmer Press, London

¹⁰⁵ Compare Austin's "seven Cs": Clarity of purpose; Congruency of mission, strategy and values; Creation of value; Connection with purpose and people; Communication between partners; Continual learning; Commitment to the partnership. Austin, J. E., 2000. *The Collaboration Challenge: How Nonprofits and Businesses Succeed Through Strategic Alliances*. Jossey-Bass Publishers, San Francisco.

¹⁰⁶ OFSTED and SSI, 2001. *The Children's Fund: first wave partnerships*. OFSTED, London.

As ever, the visible commitment of senior managers to change processes is positively associated with successful implementation practice¹⁰⁷.

276 Confidence and trust between strategic partners is a major factor in establishing children's trust arrangements. With so much at stake chief executives and directors need assurance that their partner organisations are well managed and financially sound. Where this is not the case the evidence suggests that the development of children's trusts is likely to be severely inhibited. It is in situations of this sort that it is possible that leaders of organisations will retreat to developing children's services that are within their jurisdiction and avoid entering into partnerships that might flounder due to poor management and lack of funding.

8.4 Creating the conditions for change through inter-agency governance

277 The evidence suggests that the long-term viability of successful children's trust arrangements is predicated on clear terms of reference for inter-agency governance. This is, of course, an unsurprising conclusion, but it requires a more detailed discussion. There is some evidence that early in their existence, trusts operated without clear terms of reference or formalised agreements. They relied instead on the effective change agency of key staff and on the commitment of partners to the implementation of the *Every Child Matters* vision. The lack of clear terms of reference does not appear to have inhibited collaboration; indeed, the sense of community and commitment which was engendered early on may have over-ridden organisational difficulties and complexities. However founding members of the children's trust board need to plan for successors to take on their work. Without agreed policies and procedures there is a danger that what operates successfully as custom and practice is not easily passed on. Formal agreements to which partners have subscribed provide clarity of purpose for the children's trust and clear lines of accountability. They may also provide a framework for developing relationships with groups and agencies who are not committed to the detail of the change process. Statutory bodies such as the local authority and Primary Care Trust need to remain accountable for their statutory duties both for providing services and for managing public funds. Formal agreements such as service level agreements and pooled budgets can make these lines of accountability transparent. Children's trusts need to agree their functions which can be reviewed and changed at a later date. Focusing solely on inter-agency governance arrangements at the early stages of developing a children's trust is likely to reduce the potential for effective progress.

278 Evidence suggests that the children's trust board needs a strong chair able to lead the group and manage the difficult task of bringing all parties to the table. The membership of the children's trust board needs to comprise chief executives and directors at sufficiently high level in their organisations to

¹⁰⁷ Other complex inter-agency and collaborative initiatives cite the importance of senior staff commitment. See Judkins, M., Golden, S., Ireland, E. and Morris, M., 2005. *Evaluation of Aim Higher, Excellence Challenge Implementing Aim Higher: the experience of ten partnerships*. NFER, Slough.

be able to make decisions and to ensure that decisions made at board level are implemented. The nature of children's trust arrangements requires the participating organisations to make decisions that will affect their own organisations strategic plans, budget plans, management structures, staffing and recruitment, resources and financial management. If the organisation's representative is not authorised to make these decisions then the progress of the children's trust is severely impaired.

8.5 Making change work through successful budgeting

279 The move toward children's trust arrangements has implications for pooling resources to support new ways of working and the development of common processes such as information sharing protocols. Managers of children's trusts strongly advise beginning in this relatively informal way with temporary arrangements, and our field evidence gives some support to their advice, though we have indicated above that arrangements need to be formalised once they are underway. Managers report advantages in testing out new ways of working before committing to more permanent arrangements. This tentative step helps to provide information about how joint services and the professionals working in them relate to traditional services and what support systems are needed for them to work effectively. Piloting also helps establish the actual costs involved as a precursor to establishing a pooled budget in the future.

280 There is some evidence that demand driven budget planning based on needs assessment has led in a few instances to formal pooled budget arrangements between organisations. Managers of children's trusts do not advise this formal route unless partners have experience of more informal approaches to joint working and of commissioning. An advantage of a pooled budget arrangement is that it can facilitate the commissioning from a host provider of services that draw together professionals from different sectors. This allows the budget to be managed solely for the purpose for which it was intended rather than being held by partners with the risk of it being redirected for other purposes. The most frequently used arrangement is the Section 31 agreement between health services and local authorities. Local authorities and health services with experience of setting up such agreements seem to find the process more straightforward than those starting from scratch. Time needs to be allowed for setting up formal agreements for the first time because of the planning required to enable negotiation between partners to take place. Some local authorities have started to respond to the new pooling powers available through the Children Act 2004. However, it is too early to evaluate the impact of these new flexibilities.

8.6 Pulling the threads together: mapping successful change management in children's trust arrangements

281 The evidence we have suggests that the successful construction of children's trust arrangements poses significant change management

challenges. These derive from diversity of services covered, the scale and complexity of the enterprise, the geographical and historical context and the changing policy framework. Several trust managers are deploying change agency skills of a very high order, and are deploying them across several sectors and organisations. Their skills are delivering early organisational successes.

282 Whilst this is a complex change management process, much of what we know about successful change in health, social care and education applies also to these inter-institutional settings. We can distil from the research evidence on successful change a series of precepts specific to successful change agency in trusts (See Box 8.1).

283 A final issue concerns the relationship between national policy makers and children's trusts. It is clear from our fieldwork that children's trusts are well-supported by central government, and that central government policy guidance has been clear, timely and instrumental in shaping practices. However, it is also clear that the policy context for children's trusts has changed rapidly over the last 18 months. In this sense, the Government is itself a participant in the change process; much of what we have argued about the relationship between organisational change and effective development in trusts might, therefore, be explored in terms of the relationship between the Government and trusts.

284 From the precepts detailed in Figure 8.1 and our evidence base we have been able to identify a series of considerations for planners, managers and frontline professionals:

Box 8.1 Successful change management in trusts: precepts from the literature

Successful change agents vision the relationship between the current state of affairs and the desired state (the "adaptive gap"¹⁰⁸).

The key priority is creating an atmosphere and culture of change¹⁰⁹.

The visible commitment of chief executives to change processes is of more than symbolic importance¹¹⁰.

Change processes involve attention to technical sequencing: planning and providing resources¹¹¹.

Change agents need not to get frustrated by overload and pace¹¹².

Shared expertise is the driver of change¹¹³.

Effective local change programmes require transparency and clear communication with stakeholders¹¹⁴.

Enthusiasm and shared commitment can stimulate change; formal agreements embed sustained change¹¹⁵.

There is a need for continuing specific pressure and assistance¹¹⁶.

Outcomes matter: successful change depends on a focus on improved outcomes for children and young people¹¹⁷.

¹⁰⁸ Heifetz, R., 1997. *Leadership without easy answers*. Harvard University Press, Harvard.

¹⁰⁹ Hayden, P., Frederick, L., Smith, B.J. and Broudy, A., 2001. *Developmental Facilitation: helping teams promote systems change*. Centre for Collaborative Educational leadership, Denver, Colorado.

Hill, P.T., Wise, A. E., and Shapiro, L., 1989. *Educational progress: Cities mobilize to improve their schools*. Rand Center for the Study of the Teaching Profession, Santa Monica, CA

¹¹⁰ Pratt, J., Gordon, P. and Plamping, D., 1999. *Working Whole Systems: putting theory into practice in organisations* London, Kings Fund

Scottish Executive Health Department, 2005. *Beyond Boundaries: A Development Approach To Improving Inter-Agency Working* Edinburgh, Scottish Executive

¹¹¹ Fullan, M., 1991. *The New Meaning of Educational Change*. Teachers College Press, New York.

¹¹² Fullan, M., 2002. *Leading Large Scale Sustainable Reform*.

<http://sustainability2000.terc.edu/nav.cfm/keynote/paper>

¹¹³ Elmore, R. F. and Burney, D., 1999 *Leadership and learning: Principal recruitment, induction and instructional leadership in Community School District #2, New York City*. University of Pittsburgh, Learning Research and Development Center, Pittsburgh, PA.

¹¹⁴ Donkin, R., 2004, *HR and reorganisaion: meeting the challenge of change*, London, CPID

¹¹⁵ Fullan, M., 1991. *The New Meaning of Educational Change*. Teachers College Press, New York.

Joyce, B. and Showers, B., 2002. *Designing Training and Peer Coaching: Our needs for learning*. ASCD, VA, USA.

Martin, V., 2003. *Leading change in health and social care*. Routledge, London

¹¹⁶ Hargreaves, A. 1998. The Emotions of Teaching and Educational Change, in Hargreaves, A., Leibermann, A., Fullan, M. and Hopkins, D. (Eds.) *International Handbook of Educational Change*, Vol. 5. pp. 558-575. Kluwer Academic Publishers, London

¹¹⁷ Compare Teddle, C., and Stringfield, S., 1993, *Schools make a Difference: Lessons Learned from a 10 Year Study of School Effects*, New York, Teachers' College Press.

Mortimore, P., et al 1988, *School Matters: the junior years* Wells: Open Books.

285 **Strategic planners** may like to consider how they can:

- maintain a unity of purpose across sectors at strategic level,
- keep staff across sectors and service users involved and engaged in the change process through purposeful communication,
- continue to ensure a balance between preventative, targeted and universal children's services,
- develop coordination mechanisms such as cross sector planning, commissioning processes and pooled budget agreements that all parties can sign up to,
- resolve contractual issues for personnel working in multi-agency teams,
- ensure that reviews of services take place within a positive climate so that staff morale is supported during what is an unsettling process,
- be aware of the particular challenges presented to managers by the change programme and ensure morale is maintained,
- be aware that piloting and evaluating new approaches to working with children is time consuming so there will necessarily be a time lag before a children's services delivery model can be finalised.

286 **Managers of services** are likely to need to know the effect that integrating children's services will have on their working practices and workforces. They may need to prepare for:

- integrating processes into service delivery e.g. common assessment framework, information sharing arrangements, accessing a directory of services for children,
- developing frontline professionals and new workers' capacity to implement new integrating processes,
- developing the knowledge and skills of staff in universal services, especially key people to work with professionals from across sectors and those in multi-agency teams,
- ensuring adequate supervision and training for staff in new roles,
- developing the capability of some staff to work in multi-agency teams including training and professional development for inter-disciplinary understanding,
- ensuring that there are sufficient staff to fill posts left vacant when staff are recruited to multi-agency teams,
- finding suitable accommodation and resources to facilitate new ways of integrated working.

287 **Professionals at the frontline** who are at the forefront of delivering services for children may need to be supported to acquire new working practices and develop their own specialisms. The following may be required by frontline professionals:

- a common core of skills and knowledge for all staff working with children across sectors including the voluntary, community and private sectors,
- training to use integrated systems such as common assessment, information sharing etc.,
- training and professional development for inter-disciplinary understanding,
- on-going development opportunities to enhance their own professional sector knowledge and skills,
- appropriate supervision from their own profession background for example clinical supervision for medical workers.

288 **All those working in children's trusts** may need to focus on:

- developing participation skills,
- thinking about meeting the systemic needs of children and young people, rather than organisational structures.

APPENDIX 1 DESIGN AND METHODS

A1.1 Design context

A1 The national evaluation of pathfinders is a three year (2004-7) multi-method, follow-up study where strategic, service and child welfare outcomes are compared over time across different types of children's trust pathfinders and some non-pathfinder areas. This report focuses on the early implementation phase using the following data:

1. A Baseline Implementation Survey (BLIS) of all 35 children's trust pathfinders (see our interim report for full description of survey and geographic area analysis¹¹⁸).
2. In-depth case studies of eight children's trust pathfinder areas including
 - interviews with professionals
 - documentary analysis
 - children, young people and parent and carer panels
 - a survey of headteachers
3. In-depth case studies of three children's service localities which are not children's trust pathfinders
 - interviews with professionals

A2 Data on baseline child welfare outcomes and children's well-being indicators will be presented in a separate report later in 2005.

A1.2 Selection of children's trust pathfinder case studies

A3 A sample of eight children's trust pathfinders was selected using a purposive sampling strategy to ensure they were typical of the spread of the work of children's trust pathfinders across England. The main sampling selection dimensions were:

- *Level of integration:* Baseline levels of children's trust pathfinder integrated activity (across inter-agency governance, strategy, processes and people) varied (see NECTP, 2004¹¹⁹ for full details). Seven pathfinders showed high integration, from which three were selected, 23 showed intermediate integration of which three pathfinders were chosen and five showed low integration from which two case studies were selected.

¹¹⁸ NECTP, 2004. *Children's Trusts: Developing Integrated Services for Children in England, National Evaluation of Children's Trusts, Phase 1 Interim Report*, DfES <http://www.everychildmatters.gov.uk/strategy/childrenstrustpathfinders/nationalevaluation/>

¹¹⁹ *ibid.*

- *Client group focus:* baseline levels of children's trust pathfinder client group focus varied. Altogether 15 children's trust pathfinders focused on specific client groups (e.g. disabled children, vulnerable / looked after children) of which we included three, while 20 pathfinders attempted to focus on the total population of children, of which we included five.
- *Demographic profile:* the case studies were chosen to be representative of a range of demographic factors. Ten attributes were reviewed, including population size, family structure, unemployment, ethnicity, deprivation and whether areas were rural or urban. It was ensured that a relative range of these criteria were covered, with the areas representing high, medium and low levels of these criteria not simply extreme levels. Statistical tests were run in order to ensure the areas were representative of the original 35 pathfinders and thus the whole of England.
- *Authority type:* a range of authority types were selected. Two of seven counties were selected (one part and one whole), two of eight London Boroughs (one outer, one inner) and four of 20 unitary authorities.
- *Regional spread:* an attempt was made to ensure the case studies were geographically diverse. However, because of the large number of selection criteria, complete regional spread was not possible to achieve.
- *Social services star rating 2004:* we attempted to include at least one of each star rating in our case study collection, although we were unable to include an area which received no stars.

A1.3 Selection of children's service localities which are not children's trust pathfinders

A4 Three case study sites were chosen from the 115 local authorities which are not children's trust pathfinders. As BLIS data were unavailable for these sites, other proxy sources were used to aid selection. The main sampling selection dimensions were:

- *Active engagement in the integration of services for children and young people:* we were particularly interested in areas which had a promising and distinctive approach to integration and which were likely to provide examples of good practice. We were alerted to potential sites via professional networks and by DH and DfES information (including inspection of those who were unsuccessful in the bids for children's trust pathfinder status as only a proportion of all highly regarded authorities received status). Following provisional selection, a web based review of the areas was undertaken to ensure the selected sites were distinct and varied before making our final decision.
- *Authority type:* as a way of overcoming the imbalance in the number of county local authorities which were children's trust pathfinders compared to

the number of county local authorities in England, we specifically selected two county areas for the non-pathfinder group.

- *Regional spread:* an attempt was made to ensure the non-pathfinder case studies were geographically diverse and to increase the geographical spread across all the case studies. The areas selected enhanced the overall regional spread of the case studies.
- *Social services star rating 2004:* we considered the social services star ratings of the non-pathfinder sites, however we were unable to include areas which received one or no stars.

A1.4 Professional interviews

A5 The aim of these interviews was to describe professionals' perspectives of children's trusts and the integration of children's services in the 11 case study areas. The processes of change management (both strategic and operational) and the identification of barriers and enablers that affect the impact of children's trust pathfinders and the integration of children's services were particularly investigated. Follow-up interviews with the same professionals are planned for Spring 2006 in order to track changes in professionals' perceptions of the implementation of integrated children's services in their areas.

A1.4.1 Semi-structured interview schedule

A6 The same schedule was used for professionals from all sectors and levels, although certain questions were only aimed at strategic or frontline staff. The instrument was adapted slightly for the non-pathfinder areas, by removing specific references to children's trusts. The main sections included:

- professional background and the perception of influence this background had on the development of the children's trust;
- interviewees' personal role in the children's trust, changes to their role that had occurred or were expected as a result of the introduction of a children's trust and the impact of these changes;
- history of the children's trust development in area, and factors which influenced the motivation to apply for children's trust pathfinder status and perceptions of different sectors' initial views;
- local children's trust vision and links to the *ECM* framework;
- early organisational changes (successes and failures) which occurred as a result of the children's trust and perceptions of key local players;
- integrated governance and strategy (strategic interviewees only) and links between children's trusts and children and young people's strategic partnerships, the children's fund and the voluntary sector;
- integrated working, challenges and benefits of information sharing, common assessment, co-location and pooled budgets;

- integrating people, challenges and benefits of management in an interagency context (strategic interviewees), challenges and benefits working in interagency contexts (frontline workers);
- involvement of children and young people and parents and carers in the trusts, professionals' attitudes to user participation, aspirations for children's outcomes through children's trust engagement.

A7 The interview instrument was piloted with two strategic and two frontline professionals from different sectors and subsequently adapted. The full interview schedule is available from the National Evaluation of Children's Trusts team¹²⁰.

A1.4.2 Selection of interview sample

A8 A key feature of the sampling framework was to capture:

- the perspectives of a full range of key actors *across professional sectors*, in particular health, education, social services but also other groups such as the voluntary sector and youth offending teams where possible.
- the perspectives of the full range of key professionals across *responsibility level* either involved in strategic, managerial or frontline role activity.

A9 In order to choose the most suitable interviewees, a key contact in each case study area, usually the children's trust pathfinder manager or equivalent, was asked to nominate a long list of professionals covering a range of sectors and types of staff who were actively involved in developing children's services. From this list a researcher selected a shortlist. The composition of groups varied depending on the focus of activity in the children's trust or local authority area. For example where children's trusts focused on education issues, more education professionals were chosen, while where children's trusts were involved in developing health services for children and young people more health professionals were interviewed.

A10 Between nine to twelve professionals involved in the development of integrated children's services were selected for interview in the eight children's trust pathfinders case study sites, while six and eight professionals were interviewed in the three additional areas. All planned interviews took place (there were no refusals) and each lasted between one to two hours. The main interviews were undertaken between January and May 2005. In total 107 professionals were interviewed in 2005, 62% were female, 38% male (see Appendix 2 for full sample characteristics).

¹²⁰ necp.team@uea.ac.uk , 01603 593626

A1.4.3 Data analysis

A11 The interviews were tape recorded, fully transcribed and entered into NVivo for qualitative analysis. The data were coded and analysed thematically, with comparisons made across sectors and between strategic, managerial and frontline responses. Within the report quotes from interviewees are given in italics or quotation marks and described by their professional level and sector in brackets, for example (Frontline, Health).

A1.4.4 Consent and confidentiality

A12 The researchers undertook to respect the anonymity of case study sites and individuals and not to identify sites without obtaining consent. The consent of each individual was gained in writing for the recording of interviews. Transcripts were sent to interviewees who requested them for information and account was taken of any comments that were retracted. The study protocol was approved by the Central Office for Research Ethics Committees and the UEA's School of Education ethics board.

A1.5 Documentary data from children's trust pathfinders

A13 To chart the development of children's trust pathfinder governance and strategic planning arrangements, all eight pathfinder case studies were asked to update documentary evidence collected in July 2004. The check-list of required documentation included information on expenditure, budgets, pooled budget arrangements across health, education and social care – including contribution by the voluntary, community or private sector, Section 31 Partnership Agreements, 'in kind' arrangements, new services and formal inter-agency strategy and governance arrangements. The financial arrangements update form used the same categories as the baseline survey to establish changes since previous year.

A14 Five of the eight pathfinder case studies returned documentary evidence.

A1.6 Children, young people and parent/carer panels

A15 The National Children's Bureau (NCB), in association with the Council for Disabled Children, was contracted to work in partnership with the evaluation team to undertake 12 children, young people and parent/carer panels. NHS Research Ethics Committee approval to conduct research with young people and their parents/carers was agreed by the Cambridge Research Ethics Committee for this study.

A16 The NCB gained agreement from key personnel in case study sites to set up 12 separate panels across the eight pathfinder sites. Each of the panels was composed of one of three types of participants: a) children aged 11 and under; b) young people of 12 to 18 and c) parents and carers. Four of each type of panel were run. The panels met in May-June 2005 and will meet twice

more in September-October 2005 and March-April 2006. NCB used a purposive sample design to develop panels that were matched to the particular foci of the children's trust in each area.

A17 Research participants were included if they had a relevant depth and range of experiences of services of the local children's trust pathfinder and an attempt was made to include participants with a range of characteristics (*inter alia* gender, age, ethnic background). Participants were identified through existing participatory structures in the case study areas and their informed consent was sought.

A18 The methodological approach involved three types of interactive focus groups (one for each set – under elevens, over elevens and parents/carers). Each focus group had between 12 and 20 participants and sessions lasted between two and a half to three hours. Each panel session was conducted by two researchers who were experienced in conducting research with children. The researchers assured panel participants that their responses would remain confidential. Care was taken to ensure the participant's well-being. Activities included discussions, individual tasks, drawings and exercises. Tape recordings were made of each session and transcribed.

A1.7 Headteachers survey

A19 A postal questionnaire survey was undertaken with the headteachers of schools in the eight pathfinder children's trust case study areas. The aims of this survey were to investigate headteachers' awareness of children's trusts, whether schools are involved in children's trust arrangements and if children's trusts are having any impact on schools' work (e.g. supporting children's well-being, relationships with other professionals, work with pupils, needs assessment arrangements and attendance levels). This will be a longitudinal study and there will be a follow-up survey in 2006.

A20 After piloting with 12 headteachers, the main questionnaire was sent to *all* primary, secondary and special schools in each of the eight pathfinder children's trust case studies, a total of 1184 schools, during May 2005. A return envelope with a freepost address was sent with the questionnaire and all schools who returned questionnaires were offered the chance to win one of two £50 book tokens. At the end of two weeks a follow-up letter was sent to those schools who had not returned their questionnaires, offering them slightly more time to complete and return their survey. In total 341 surveys were returned, giving a response rate of 29%. Response rates for individual case study areas ranged from 13% to 36%. Altogether, 30% of primary schools, 21% of secondary schools and 35% of special schools responded. The questionnaire responses were coded and inputted into SPSSv12, which was used for statistical analysis. A copy of the questionnaire can be obtained from the National Evaluation of Children's Trusts team¹²¹.

¹²¹ necp.team@uea.ac.uk , 01603 593626

APPENDIX 2: CHARACTERISTICS OF PROFESSIONAL INTERVIEWEES

A21 The following details the characteristics of the interviewees at Time 1 (January – May 2005).

Table A2.1: Breakdown of interviewees by professional background

Health only	Social Services only	Education only	Joint LA & PCT	Local Authority (other*)	CNX	Voluntary	YOT	Total
23	17	26	8	19	5	7	2	107
21%	16%	24%	7%	18%	5%	7%	2%	100%

* i.e. local authority professionals whose roles were not confined to health, education or social services, e.g. youth worker and who did not have joint appointments with PCTs (see section A2.5)

A22 Table A2.2 shows that, of the largest three service sectors, more health and education professionals were interviewed than social services professionals.

Table A2.2: Breakdown of interviewees by responsibility level of professional staff

Strategic	Manager	Frontline	Total
49	37	21	107
46%	35%	20%	100%

- Table A2.2 shows that a greater proportion of strategic professionals were interviewed than managerial or frontline professionals.
- Of the 37 professionals in the managerial category the majority also undertook frontline work.
- The highest proportion (33%) of the 21 frontline professionals was interviewed from the health sector.
- The highest proportion (24%) of the 37 managerial professionals interviewed was from the education sector.
- The highest proportion (24%) of the 49 strategic professionals interviewed was from the local authority sector.

A2.1 Professional groups not, or under-, represented in time 1 interviews

- No professionals were interviewed from the police or youth justice system, although two professionals from youth offending teams were interviewed.
- Only one professional from the education welfare service was interviewed.
- No professionals were interviewed from drug and alcohol teams.
- No GPs were interviewed.

A2.2 Health professionals' characteristics

A23 These professionals were employed by PCTs or by other NHS trusts.

- Strategic – these professionals were mainly directors or assistant directors of services for children and young people, as well as one director of nursing and clinical services and one policy leader from the NHS.
- Managerial – this group covered a range of professionals including a clinical lead from a children's therapy team, a development manager for children's nursing, a head of speech and language therapy and a manager of a child and adult mental health team.
- Frontline – professionals included consultant community paediatricians, a lead nurse from a school health team, a school nurse, a psychologist and a parenting programme coordinator.

A2.3 Education service professionals' characteristics

A24 These professional were employed by local authorities.

- Strategic –this group consisted of executive directors, directors, deputies and heads of children and education services including access and social inclusion and one secondary headteacher involved in a children's trust.
- Managerial – these professionals were mainly headteachers of schools as well as a principal education social worker.
- Frontline – the interviewees from this group were working in a range of roles and included an educational psychologist, a portage manager, a social inclusion worker, keyworkers, a special educational needs co-ordinator, teaching assistants and teachers.

A2.4 Social services professionals' characteristics

A25 These professional were employed by local authorities.

- Strategic – these professionals were employed in the roles of children's trust pathfinder managers, children's services development managers, executive directors/directors and deputy/assistant directors of social services and heads of children's services.
- Managerial – these were mainly heads of social work, children's team managers, family support services managers and team managers.
- Frontline – these were all social workers.

A2.5 Local authority sector professionals' characteristics

A26 This category was used for professionals from local authorities who either had overarching roles that spanned several services such as the chief executive of the local authority or where two or more traditional services were being re-aligned such as integrated children's services or where professionals from other local authority services were involved in providing services for children and young people such as youth and community services.

- Strategic – participants were employed in roles such as chief executives, directors of children, families and schools, directors of children's services, heads of preventative family services, programme managers for children's

services, lead planning and commissioning managers, children's trust managers and elected members with lead responsibility for children and families.

- Management – these professionals were mainly youth service participation managers, youth services inclusion and access officers, information sharing and assessment programme managers and youth offending team managers.
- Frontline – these interviewees were employed by the local authority in youth, community or leisure services including out-of-school coordinators, youth inclusion support project managers and youth offending team officers.

A2.6 Joint local authority and PCT sector professionals' characteristics

A27 These professionals were employed by both local authorities and PCTs.

- Strategic – this group included professionals employed through joint funding between the local authority and PCTs such as a children's trust manager with the role of commissioning children's services.
- Management – this includes professionals who were managing or coordinating integrated children's services that involved health services at the point of delivery such as children and families centres and a home-school referral initiative.
- Frontline – professionals in this case were employed through joint funding initiatives that included health services for example a teenage pregnancy coordinator.

A2.7 Voluntary and community sector professionals' characteristics

A28 These professional were all employed by both local and national voluntary organisations.

- Strategic – these were employed in the roles of chief executives and directors at local area level.
- Management – professionals were employed as service or centre managers and development workers.
- Frontline – these were employed in the capacity of participation workers.

A2.8 Connexions services professionals' characteristics

A29 These professional were all employed by Connexions services.

- Strategic – participants were employed in the roles of chief executives and directors of operations.
- Management – these were employed in the role of Connexions services development managers.
- Frontline – no frontline professionals were interviewed.

APPENDIX 3 CHARACTERISTICS OF PANEL PARTICIPANTS

A3.1 The children's panels

A30 One of the children's panels consisted of children selected from a specialist group for disabled children, while a second panel contained children who were part of a social integration project within schools. Members of the third children's panel were drawn from a voluntary project which aims to give a voice to children and the final panel was made up of children involved in a Children's Funds project also aimed at raising children's voices.

A31 In total 35 children took part in the panels. They had the following characteristics:

- Fourteen children were male, while 21 were female.
- The ages of the children ranged from five to 16 years. The majority (26) were aged between eight and 11 years.
- Twenty-three children described themselves as white British, while nine said they were Asian Bangladeshi, one was Asian/British Asian and another was of mixed/duel heritage.
- Eleven children had a disability. The most common disabilities were Attention Deficit Hyperactivity Disorder (ADHD) and Asperger's Syndrome, however children with Down's syndrome, learning difficulties, poor eyesight and deafness were also represented.

A3.2 The young people's panels

A32 One young persons' panel was drawn from members of a Youth Council and young people involved in Children's Fund activities. The second panel consisted of young people involved in their local Youth Parliament, Youth Council or Connexions, while the third group was formed especially for this consultation. The fourth panel contained young people recruited through the Children's Fund.

A33 Altogether 40 young people took part in the panels. They had the following characteristics:

- Twenty-five young people were male, while 15 were female.
- The ages of the young people ranged between 10 and 21 years, although the majority (25) were aged between 13 and 16 years.
- Thirty-three young people described themselves as white British, while three were of mixed/duel heritage, two were black/black British and one white/Gypsy/Roma (self-described).
- Five of the young people had a disability. These included young people with non-specific learning difficulties, autism, ADHD and blindness.

A3.3 The parent and carer panels

A34 One panel was made up of parents and carers who were part of a support group for parents of children with additional needs and who had also carried out consultation work on services. The second panel consisted of parents who used a Sure Start programme, while the third contained parents involved in an in-school social inclusion project. The fourth panel was attended by parents known to social services through their disabled children.

A35 Altogether 27 adults took part in the panels, 24 parents and three carers. The adults had the following characteristics:

- Two were male, while 25 were female.
- The ages of the adults ranged from 25 to 64 years, with the majority (17) aged between 35 and 44 years.
- One parent described themselves as British Asian, while the remainder described themselves as white British.
- Two of the parents had medical disabilities.
- Seventeen adults were married, six were separated or divorced and one was single. Three declined to answer this question.
- Seventeen parents/carers lived in a married couple household, two lived in a co-habiting couple household while five described their household as lone parent. Three declined to answer this question.
- Ten parents/carers were employed, two were unemployed, one was long-term unemployed and eight were looking after their home/family. Three declined to answer this question.
- The parents/carers had between one and five children, with the majority (15) having two or three. Two adults had no children and were in the final stages of adoption.
- Six parents/carers had children aged five years or under, 20 had children aged between six and ten years and 19 had children aged between 11 and 15 years. Four had children aged over 16.

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APPENDIX 4 ACRONYMS

List of Acronyms used in NECT Phase 1 Report

ADHD	Attention Deficit Hyperactivity Disorder
BLIS	Baseline Implementation Survey
CAF	Common Assessment Framework
CAMHS	Child and Adolescence Mental Health Service
CSA	Children's Services Authority
CYPSP	Children and Young People's Strategic Partnership
DfES	Department for Education and Skills
DH	Department of Health
ECM	Every Child Matters
EYDCP	Early Years Development and Childcare Partnership
GP	General Practitioner
IRT	Identification, Referral & Tracking
IS	Information Sharing
ISA	Information Sharing and Assessment
IT	Information Technology
LAAs	Local Area Agreements
LEA	Local Education Authority
NCB	National Children's Bureau
NECT(P)	National Evaluation of Children's Trusts (Pathfinders)
Ofsted	Office for Standards in Education
PCT	Primary Care Trust
YJB	Youth Justice Board
YOT	Youth Offending Team
