National College
for Leadership of Schools
and Children's Services

Children's services

Resourceful leadership: how directors of children's services improve outcomes for disabled children

Summary report

Resource

This targeted report has been published alongside a longer report, Resourceful leadership: how directors of children's services improve outcomes for children.

Resourceful leadership puts the concept of resourcefulness at the heart of good leadership of children's services.

As illustrated in figure 1, resourcefulness is the ability to:

— assess and widen your resource base

— select and apply the best 'mix' of resources to address the type of challenge faced

The concept of a resourceful leader is helpful in thinking about the ways directors of children's services (DCSs) are able to:

— assess their situation now and into the future

— actively seek to inform and shape the context they operate in to promote the interests of children and young people

— select a range of responses, drawing on both themselves and others as resources

— apply a response and see it through

Figure 1 The dynamic relationship between leader and context over time

Resourceful leadership defines eight core behaviours of resourcefulness. For the disability theme, the study was able to identify the following resourceful behaviours:

— focusing on results and outcomes through identifying and addressing local needs. This was done by gathering quality data to understand needs properly, improving performance management systems to incentivise teams to address need and improve outcomes, and service innovation to ensure that needs are being met and outcomes worked on effectively.

— demonstrating the ability to collaborate by building the right team. Through fostering collaborative working practices in inter-professional teams across partners and sectors, leaders aimed to broaden the number of parties who were jointly responsible for provision, and widen the range of support available to disabled children and their families.
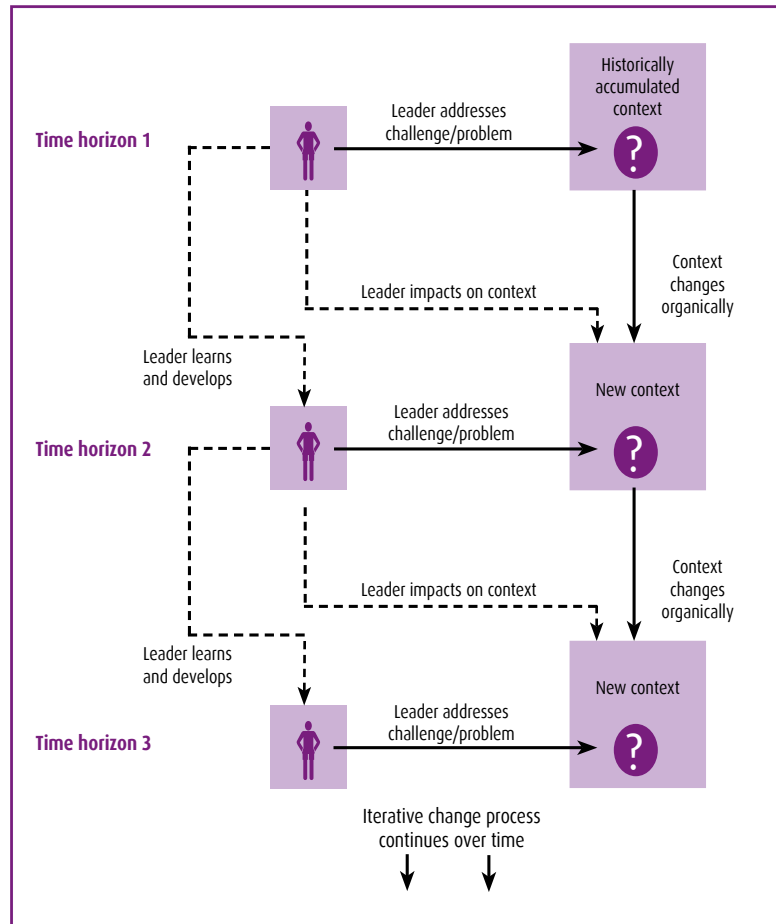
1. These are: openness to possibilities; the ability to collaborate; demonstration of belief in their team and people; personal resilience and tenacity; the ability to create and sustain commitment across a system; displaying a focus on results and outcomes; the ability to simplify; and the ability to learn continuously.

Evidence of effective practice

C4EO has produced a final summary and recommendations and a directors' summary which include examples of effective practice in improving outcomes for disabled children. The reports are based on international research and validated local practice and can be found at:

— www.c4eo.org.uk/themes/disabledchildren/files/disability_final_summary_and_recommendations.pdf, and

— www.c4eo.org.uk/themes/disabledchildren/files/disability_directors_summary.pdf

This report seeks to build on the current evidence-base by:

— identifying the leadership characteristics in DCS's and their senior leadership teams (SLT) which impact on disability outcomes

— strengthening the body of knowledge on leadership and its impact on disability outcomes

— using this knowledge-base to offer practical support to professionals in services for children

Focusing on results and outcomes through identifying and addressing local needs

Outcomes for children with disabilities are important in all authorities and some leaders set this out as a high priority area. Leaders who prioritised disability outcomes noted that identifying the range of needs of disabled children was the first step in ensuring that the most important needs were addressed, and outcomes subsequently improved.

Leaders often identified need through the experience of front-line practitioners in inter-professional teams. Data, however, was also a key source of information on needs as well as a measure of service effectiveness. Leaders often focused on improving or implementing data systems and processes. This helped them to assess needs, incentivise teams to meet needs and deliver new service models to meet needs effectively. This was done in three ways:

— ensuring data quality

— improving performance management systems

— service innovation

Example 1: Ensuring data quality

Leaders in one local authority identified collecting and sharing data as an area which required development. Leaders hired a data analyst to manage and run quality checks on data for disabled children and adults. The data included the individual's location and the nature of their disability. It also tracked when people with disability moved into the county.

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1. **Ensuring data quality**

Ensuring good quality data on disabled children was crucial in enabling leaders and practitioners to understand the needs of the population and to make decisions about which range of services should be provided.

Leaders commented that data on disabled children was generally quite poor, partly due to the complexity of each individual's needs and the consequent difficulty in measuring them. As there is no national database for disabled children, many leaders have needed to draw heavily on knowledge gained from practitioners in Local Integrated Teams or partner organisations to complement quantitative data and inform work on outcomes.

As a result, a number of leaders in the sample have implemented changes to improve the quality of quantitative data through encouraging rigour in data collection, analysis and reporting. Leaders in one authority have sourced external specialists to help collect and analyse data, as shown in example 1.

"Just getting a baseline of where the disabled children are and who are the providers working with them was a challenge as different providers keep data in different ways. We need good quality data."

(Assistant director for children and family support)

2. **Improving performance management systems**

Performance management was used as a tool by a number of leaders to maintain focus on outcomes

for disabled children and incentivise teams to meet needs and work on outcomes more effectively.

Some leaders suggested that there were debates over the right outcomes to work on for disabled children. Measuring performance and setting expectations in this area has therefore sometimes been a challenge. In respect of this, leaders in the sample displayed some innovative approaches towards changing performance management systems.

For example, leaders in one local authority used the 12 statements of intent in the Every Child's Disabled Charter as the performance management framework. Performance was monitored by the disabled children's planning group. As a sub-group of the Children's Trust, this group helped to inform leaders of suggested improvements to enable practitioners to work more effectively towards meeting the needs of disabled children.

In other authorities, leaders have worked with political figures to provide scrutiny on performance and to ensure that outcomes are being addressed effectively, as illustrated in example 2.

Nevertheless, when working with partners and other sectors, especially the voluntary and community sector, some leaders found that differences between expectations sometimes meant that performance management systems were not always effective. As a consequence, leaders invested in building constructive partnerships with voluntary and community sector leaders to ensure joined up priorities and strategies were aligned.

Example 2: Engaging lead members to improve performance

"Getting people thinking in an integrated way" and driving improvement in performance are important when working on outcomes for disabled children. Leaders in one authority invited a local political leader who has a particular interest in services for disabled children to take responsibility for Overview & Scrutiny. The involvement of this member has demonstrated the support for disabled children at the highest level and has helped to improve alignment of objectives in disability across children's services.

3. Service innovation

To evaluate how well need was being addressed, resourceful leaders often monitored services through visits to the front line, user surveys and quantitative data. This enabled them to measure whether strategies were being implemented effectively, that needs were met and outcomes were being improved.

Leaders have found a number of innovative ways to ensure that needs are being addressed effectively and – given the current financial pressures – that services provide value for money.

As example 3 illustrates, some leaders are improving choice for disabled children and their families by offering them control over which services are provided to them to help address their needs.

Some leaders have been using their commissioning teams to gather information about costs and services to help inform procurement and cost decisions and to prioritise services for particular needs and outcomes.

Example 3: Individualised budgets

Leaders in one local authority have introduced a personalised framework for helping disabled children. The intention is to improve quality of service around the child and implement individualised budgets. This means that disability provision becomes more user-centred and leaders will be able to see a closer link between specific outcomes and costs.

Leading collaboratively: building the right team

A key priority for leaders in disability was building a team of professionals who were committed to improving outcomes for disabled children. Through fostering collaborative working practices leaders aimed to broaden the number of people who were jointly responsible for provision, and widen the range of support available to disabled children and their families. Leaders sought to build the right team in two ways:

— Building inter-professional teams

— Working in partnerships and across sector

Building inter-professional teams

Leaders felt that inter-professional teams were fundamental to working effectively on outcomes for disabled children. A team comprising of individual specialists, was an effective way for professionals to share knowledge and experience, as well as take joint responsibility for working on outcomes.

Leaders often built the inter-professional teams around localities, establishing local integrated teams (LITs) which involved:

— social care professionals

— the voluntary sector

— family support

— youth workers

— Connexions

— other professional organisations

Inter-professional teams enabled a range of services to be provided for the child, while tailoring provision to local need. Leaders in one authority found that gaining buy-in from political members to targeting specific problems helped to contribute to successful inter-professional working, as illustrated in example 4.

Despite the successes of LITs, leaders commented that challenges associated with physical location sometimes made logistics difficult. When facilities weren't available, teams had to be split across different locations. In this situation, leaders demonstrated clear communication across teams through formal and informal channels, and showed strong support for a collaborative ethos in the LITs.

"We are very proud of our Kaleidoscope Centre which houses community paediatrics and the TAMHS service and is where we have co-located the psychologists, the inclusion team and the team supporting children with disabilities." (Assistant director, head of access and support)

Working in partnerships and across sectors

Leaders also ensured the right provision for disabled children was available by working with partners in the voluntary and private sectors. Through developing strong, mutually beneficial, collaborative working relationships with these organisations, leaders were able to provide targeted, and sometimes very specialist, support for disabled children and their families, as illustrated in examples 5 and 6.

Example 4: Involving local political leaders in inter-professional working to target need

One leader was able to use a number of professionals in an inter-professional team to cut the waiting list for its autism clinic. The leader drew on education and health as well as political members to develop a series of joint clinics. The close working between the lead member, the principal educational psychologist and lead clinician ensured that the backlog became the concern of many partners and as a result the issue was successfully addressed.

Example 5: Building a strong working relationship with the Voluntary and Community Sector (VCS)

In one local authority the VCS has assisted in integrating disabled children into the community by:

— assisting in the delivery of short breaks for disabled children and involving one autistic group in mainstream youth services

— helping in developing three holiday homes for disabled children and working closely with the Diana Trust in getting children with complex medical needs into the community

Example 6: Building partnerships across sectors

Leaders in one authority developed a disabled children's strategy which included measures to improve partnership working. Leaders forged strong partnerships with independent and private sector organisations to work on their programme, aiming high for disabled children. They were awarded pathfinder status for their work in this area and received additional funding as a result.

Implications: questions for consideration

In the light of these findings, we recommend that directors of children's services and their SLTs review their individual effectiveness and their organisational outcomes by addressing the following questions for action.

Focusing on results and outcomes

How confident are you that you are drawing on all the available evidence to identify local need and inform priorities and decisions?

— How confident are you that you are gathering evidence from all relevant stakeholders?

— Do you have the right systems in place to ensure that data is good quality and can be used to measure performance? How can you improve these systems in the future?

— How confident are you that your performance management system supports your wider objectives for improving outcomes for disabled children?

— Have you built strong working relationships and practices which enable you to consider innovative solutions to improve outcomes for disabled children?

Leading collaboratively

— Who are the key players who can help improve outcomes for disabled children? How can you influence and work with them?

— What are you doing to ensure good working practices are embedded through children's services and partners?

— How do you ensure that you build commitment to shared objectives improving outcomes with your team?

  · The front line?

  · Partners?

  · The voluntary sector?

  · Political figures?

— How confident are you that communication channels are effective within teams and between teams?

— Do you have the right resources in place to deliver effective work on outcomes now and in the future? What could be done to develop and improve these resources or use them differently?