

# Evaluating the early impact of integrated children's services

## Round 1 final report



Pippa Lord  
Kay Kinder  
Anne Wilkin  
Mary Atkinson  
Jennie Harland

LARC  
Local Authorities Research  
Consortium

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*The purpose of LARC is to enable children's services authorities to identify where they are – individually and collectively – with whole system change, to identify how to make faster progress on outcomes, and to report on this in a collective way nationally.*

Agreed at Dartington Workshop, February 2008

In 2007, the Local Authorities Research Consortium (LARC) comprised:

- Birmingham City Council
- Brighton and Hove City Council
- Dudley Metropolitan Borough Council
- Essex County Council
- Haringey Council
- Hertfordshire County Council
- Norfolk County Council
- Nottingham City Council
- Oxfordshire County Council
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NFER The Mere Upton Park Slough SL1 2DQ

tel: 01753 574123 fax: 01753 691632

email: [enquiries@nfer.ac.uk](mailto:enquiries@nfer.ac.uk) web: [www.nfer.ac.uk](http://www.nfer.ac.uk)

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# 1 About the study

The focus of LARC's first year was to identify the early impact of integrated children's services and the features that promote or hinder success in improving outcomes for children and young people. The research operated in varied localities within the 14 participating LAs, with one locality being chosen as the focus within each LA. (The term 'locality' was understood to mean a sub-area within an authority which had some meaning for the LA and in which frontline children's services teams operated.)

## 1.1 The key groups being studied

The research focused on three key groups of children and young people for whom integrated children's services might particularly make a difference. These groups were: looked-after children (LAC); children and young people with autistic spectrum disorder (ASD); and young people with over 20 per cent absence from school at key stage 3. LAs were asked to select individual cases for each key group whose support exemplified some element of integration.

## 1.2 The methodology

There were several stages to the research, which was designed so that the work could be shared with a view to increasing capacity in local authorities. Therefore, LA staff also undertook data collection alongside NFER research staff. Each LA had an NFER link researcher and there was a designated LARC key contact in each authority.

- NFER researchers first conducted a scoping exercise on available quantitative evidence, an initial fact-finding visit to LAs, interviews with heads of service for each of the three key groups and interviews with Directors of Children's Services (DCSs) (a total of 67 interviews).
- NFER researchers carried out an interview programme with practitioners working with each of the three key groups and a follow-up interview with the key LA contact/locality manager (79 interviews).
- Personnel in each LARC authority (or sometimes an external consultant commissioned by the authority) conducted interviews with children and young people and with their parents/carers (a total of 198 interviews).
- Three workshops were built into the project timetable. Here, NFER and LA colleagues worked together to design interview schedules, agree plans and timetables for data collection, and share progress to date.

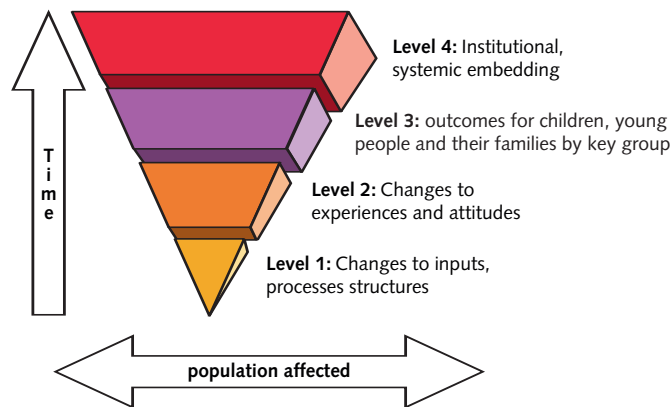
The project was designed to use a largely qualitative approach, capturing views on early impact from DCSs, service managers and practitioners. In addition, interviews with parents/carers and young people themselves shed light on their views of the support they were receiving. The researchers collated and analysed these different perspectives, taking into account the unique context of each LA.

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In essence, therefore, the study provides a unique picture of the perceptions of local managers and practitioners – and of some groups of children, young people and families – on integrated working, some four years on from *Every Child Matters* (HM Treasury, 2003). Their views reflect some of the findings elsewhere in the literature (such as accessibility and acceptability of services, services' greater efficiency and better information sharing between professionals). Whilst it is thought that these service changes will directly affect users, it is notable in the literature that there is, as yet, limited evidence on outcomes of integrating children's services for service users (Robinson *et al.*, 2008).

## 2 The impact model

Figure 2.1: The impact model



*The NFER impact model was first described in: Stoney et al., 2002. The model was further developed in: Morris and Golden, 2005*

As well as comparing interviewees' different perspectives, the analysis has drawn on the NFER impact model. This four-stage model of impact (see Figure 2.1) suggests different levels of impact over time. It comprises:

**Level 1** impacts that relate to changes to inputs (such as the introduction of tools and frameworks), to processes (such as the type of service offered, e.g. earlier intervention) and to service and management structures.

**Level 2** impacts that involve changes to the experiences and attitudes of the key players within the services involved, i.e. practitioners and service managers. These impacts, which are dependent upon perceptual evidence, can also be considered 'soft' impacts.

**Level 3** impacts that change outcomes for the target population, i.e. children, young people and families in each of the three key groups (e.g. improvements in children and young people's emotional wellbeing, improvements to parent's views of services, improvements to children's experiences of services). These impacts include a number of related measures around attendance rates, exclusions, LAC numbers, and the number of referrals and assessments carried out

**Level 4** impacts that are the result of longer-term, more stable and embedded changes to the infrastructure, systems and processes within services, as well as more widespread sharing of practices and ideas.

This model, used in the project's first report, has proved a helpful tool for LAs to reflect on their progress towards integration. It has again been used for this report, and as a discussion point during some of the final data collection.



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## 3 Key findings and messages

The key findings arising from the study are:

- Staff interviewees in each of the 14 LAs can identify impacts of integration on processes, structures and cultures (i.e. impacts at Levels 1 and 2 of the impact model on page 3). This suggests that the process of culture change is well underway.
- In all 14 authorities, staff interviewees can also identify impacts for children in relation to the support they receive; these impacts are most often reported in relation to individual children.
- Children, young people and parents in this study report a range of improvements in outcomes as a result of the support they currently receive. The most commonly noted are: getting on well with school work, feeling safer and feeling happier. Parents also frequently report their child's enhanced confidence or self-esteem. Given this, it would seem important for children's trusts to give early attention to the development of robust and comparable measures of children's emotional health and wellbeing.
- A small minority of LAs could provide quantitative evidence of improved outcomes for groups of children which they would confidently ascribe to integrated children's services. Some suggested it is too early to be able to do this, and some also highlight the need for improvements to current information systems.
- At this early stage of integrating children's services, impacts on children, young people and families are reported by staff in terms of the work being done to better support children and families in need (e.g. better access to services, quicker and more coordinated responses, earlier identification of needs, a single point of contact). Indeed, service managers and practitioners suggest that further outcomes such as these will become more evident as integration becomes embedded. Practitioners suggest that such outcomes will include: support for youngsters at transitions, better supported placements in school, and greater holistic support for young people.
- As well as service design features (such as consultation with children, young people and families, needs analysis and planning, and commissioning), early intervention and identification, workforce development and training, and aspects of frontline delivery (such as multi-agency panels) are features perceived to be key in contributing to better integrated services and, ultimately, to outcomes for children and young people.
- According to practitioners and service managers, the most important features for further development of integration and outcomes are 'working together' (which also included responses covering joint working, and shared ownership and responsibility) and resources.
- Where the interviews and contextual evidence suggest that integration is more mature, the study indicates that this is particularly associated with the following features: the quality of working relationships and communication between

agencies; having a clear and shared vision, and positively viewed leadership and management; and fewer concerns expressed over models of funding and associated accountability.

- At this early stage of LAs' journeys towards integration, key concerns raised by practitioners include workload implications (especially in relation to the Common Assessment Framework (CAF)), the logistical arrangements needed to make 'working together' work (e.g. convening and attending multi-agency panels), a reported lack of sign-up from all agencies (schools, GPs and health are noted), and issues around communication and leadership.
- Frontline comments about the need for commitment from all agencies suggest that resource issues and different service priorities may inhibit the embedding of integration in some instances. It would seem important to continue to give attention to integrated working between services, indeed, to align service agendas and priorities to encourage further sign-up to the integrated agenda. Listening to practitioners seems important.
- Differences in managers' and practitioners' views suggest that it could be important to ensure that changes to inputs and structures are fully communicated to practitioners, and managers are aware of the existing practices and experiences that practitioners can bring to the table.
- The study suggests that parents and carers value a number of elements of integrated services: early identification and intervention; easy access to services and to information about available provision; ongoing, respectful and reliable support; and the greater understanding of their child's needs, especially, it would seem, from universal services like schools. Their comments suggest that they do recognise the value of joined-up interagency activity. Listening to parents' views is an important area to continue to develop in LAs' work.
- Not surprisingly, the research uncovered a range of different discourses and definitions about integrated services. This raises the question of whether investing in further clarifying the 'language' of integration might also be important. LAs that have a sense of 'being further on' appear to share the features of a recognised high profile vision and the local introduction of specific joint-working tools and processes. Both of these characteristics imply sharing and developing a common 'language'. Looking at how a 'language' of integration is understood and adopted locally may be another useful way of measuring the progress towards integration in the future.

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## 4 The Local Authority contexts

### 4.1 The 14 local authorities

The 14 LAs that participated in the study showed considerable variation. The sample covered a range of type and size of authority including large counties, metropolitan authorities, unitary LAs and a London borough.

Views on the longevity of integrated children's services was also a notable variable: directorate-level interviewees in four LAs cited some integration of services and restructuring as a feature in existence before The Children Act (England and Wales Statutes, 2004) (e.g. since 2002 or as a pilot children's trust). Others focused on more recent milestones such as the appointment of a Director of Children's Services (DCS) in 2006 or 2007; the creation of a joint directorate (including Health) or the children's trust. Alternatively, accounts of integrated children's services beginnings included references to creating geographical service areas, districts or localities in 2006 or 2007 (and sometimes the management processes or personnel associated with this service reorganisation).

A third major variable related to the size and also nomenclature of 'locality'. Titles like 'service areas', 'service districts', 'area-based teams', 'community clusters', 'district partnerships' and 'townships' featured across the sample. In addition, the scale of a locality could be very different: with cited children and young people populations varying, as well as numbers of schools per locality (e.g. 40 primary and 7 secondary in one LA's version of a 'locality' compared to 12 primary and 4 secondary in another). In some LAs, school networks, clusters and consortia were spoken of as the local organisational unit, and here numbers of schools would be considerably smaller (e.g. one secondary, six primary and a children's centre).

There was also variation across LAs in the delivery of services to the key groups selected for study, with locality-based services being more prevalent for key stage 3, and authority-wide services featuring more often for LAC. Service delivery for ASD showed the greatest variation.

Finally, comparison of the sample's Annual Performance Assessment (APA) scores (for the current and a previous year) and any Joint Area Review (JAR) result was undertaken and highlighted some variation. Four LAs in the sample had achieved '3' in all categories, five had APA '2' for the year of 2007, four scored '2' in their previous APA, two of which had moved to a '3' in 2007. It was notable that LAs in which accounts suggested integrated children's services was more long-standing or advanced were not always those awarded with the highest APA scores.

These variations suggest that all the interviewee sub-samples, from DCS to young people, were probably experiencing very different integrated children's services cultures. Beyond that, 'integrated children's services' itself is perhaps not a neat or straightforward concept. It does not appear to always have a consistent terminology or a clear chronology. Any comparative investigation of 'early impact' needs to bear that in mind, and analysis reported here has taken account of these differences wherever possible.

## 4.2 Definitions and discourses of integrated children's services

One question posed by the project was how far the terminology of 'integrated children's services' was commonly used and understood by interviewees. To that end, DCSs, service managers and practitioners were asked to offer their definition of integrated children's services and to comment on whether there was a shared understanding of the term within their local authority.

Perhaps not surprisingly, consensus across an LA's interviewee samples was rare. Indeed, some interviewees chose to highlight the inevitability, or even appropriateness, of this:

In [our LA] we have not sat down to develop a single definition, but have discussed definitions about specifics such as early intervention and prevention. The value of this is that it has generated focused discussion that is more useful than a formal definition. (DCS)

I think people's background will influence what their understanding of integrated children's services is. (Service manager)

Over half of the DCS interviewees (eight) indicated there was no consensus on an integrated children's services definition in their LA. Responses noted variously there was 'no working definition'; 'no shared understanding' of terminology; 'no single definition'; 'a greyness about how people interpret [integrated children's services]'; or that the LA was currently 'working towards' a common understanding. In contrast, other DCS respondents stated there was agreement: for instance, one highlighting the 'shared vision' in the LA, and another describing how a definition was 'shared within the authority and across the partnership'. Where directorate-level interviewees were clear on the commonality of viewpoint (three instances), there was corroboration from at least some of the strategic managers and practitioner interviewees, and in one LA, this consensus was particularly evident:

LA X | People put their personal take on things, but I feel that people do have a joint ownership of the vision for integrated children's services. (Service manager)

[Integrated children's services is] shared management, shared budgets, shared vision and shared aims, better coordination of service delivery, joint accountability. This is shared across the locality and the wider local authority area. (Service manager)

There is a shared understanding of integrated children's services, with a lot of publicity in the LA. (Practitioner)

There is a shared vision of locality working [in the LA], with multi-agency working supporting better relationship development between schools, health and GPs. (Practitioner)

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Likewise, where DCSs suggested consensus was not yet apparent, this was evident in the responses of other LA staff interviewed. For example:

LA Y | I don't think there is [a shared vision] we are still at the point of trying to work through what LA understands to be integrated children's services. (Service manager)

| I don't feel there is a well articulated vision or understanding of integrated children's services ... I know about locality working but in terms of a well rehearsed and well articulated understanding, I don't feel this is in existence. (Service manager)

| I'm sure there is a definition within the CYPP (Children and Young People's Partnership), but am not really sure what it is. (Practitioner)

| I'm not aware of a particular definition or understanding for [this LA] and when you speak to other neighbouring LAs, you realise how much further ahead they are. (Practitioner)

Overall, in half of the 14 LAs, most managers and practitioners interviewed likewise highlighted there was no common understanding or definition for integrated children's services, and in four LAs, one or more practitioner-level respondents suggested they required clarification or did not know what the term meant. Comments here included 'I've not heard the term', 'the first time I heard the phrase was when you contacted me', 'people use words and phrases that aren't clear'. Nevertheless, these latter less enlightened perspectives were rare (yet coincided with LAs where some lack of commonality was acknowledged). The vast majority of respondents, at all levels, did suggest a definition of integrated children's services.

#### The discourses of integrated children's services:

| I don't think there is a common definition of integrated children's services in the LA, but I think people have a similar understanding of their destination. (Head of Service)

Nearly all respondents offered their definition of integrated children's services, even where suggesting there was not a shared understanding or common definition in the LA to relay. It is also noteworthy that there was overall similarity in responses to what integrated children's services actually meant right across the samples of interviewees. Thus, practitioners' and service managers' definitions most often used what might be termed a 'generality discourse' that focused particularly on the theme of 'working together' and 'sharing responsibility' with other agencies, with a few references also to 'less duplication' and 'better coordination'. The terminology of 'holistic approach', 'meeting individual needs', 'child at the centre' and 'wrapping service around the child' was a further commonly expressed definition. Compared to DCSs and service managers, practitioners focused much less frequently on the specifics of integrated children's

services processes in their definitions, such as the CAF, locality working, Lead Professional or information sharing systems. In contrast, nearly all DCS interviewees included a reference to referral and assessment systems, including the CAF; and at least half mentioned IT or information sharing and locality working. Whilst two DCSs noted the Department for Children, Schools and Families (DCSF) 'onion' in their definition, this did not appear in service managers' or practitioners' discourse.

It is noteworthy that greater specificity (i.e. references to information exchange, the CAF, Lead Professional etc.) was evident in the discourse of managers and practitioners from those LAs that had invested in/achieved locality working as a strong feature of service delivery. These stand in sharp contrast to the less enlightened or 'generality' discourses noted above in some other LAs:

The vision is that all key services to schools, children and families have a clear understanding of each other's roles and boundaries ensuring they share information appropriately between and across agencies. pulling together ideas on how to support a family and who will lead on that support, identifying what needs to take priority. (Service manager: LA X)

It's the Team Around the Child. Integrated support is working to come up with the best plan to bring about change and identify the correct support for children and their families. Multi-agency roles with statutory and voluntary sectors are coming together to bring about the best change for children and families with a Lead Professional to avoid duplication of assessment and review. (Service manager: LA Z)

My own understanding of integrated children's services is that being integrated is about sharing responsibility with education and health, promoting a better understanding across one another's roles, and with social care no longer taking primary responsibility for all initial concerns, but sharing this responsibility using a new shared assessment framework. (Practitioner: LA X)

Integrated children's services is about multi-disciplinary teams or multi-agency working ... It involves everyone from schools, LA staff and social services. The teams should have a collective understanding of children, what the threshold for referral is and together, refer each case to the appropriate lead service or professional. (Practitioner: LA Z)

It seems possible that service professionals from LAs with more confidently integrated children's services may have a distinct discourse, in effect associating and identifying specific process impacts as an integral component of their understanding of integration. Equally, this analysis may suggest that investment in promulgating a shared vision results in greater clarity and consensus in an LA.

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Directorate-level staff may wish to consider that ensuring a high profile for both the vision and processes of integrated children's services could impact positively on the development of integrated working across an LA. In addition, the analysis may suggest that listening to the discourse of their frontline staff gives an important insight or even measurement of the degree of integrated children's services advancement within an authority.

## 5 Changes to inputs, processes and structures (level 1 impacts)

### 5.1 Summary

Across the 14 LAs, changes to inputs, processes and structures included, in order of frequency:

- the introduction of tools and frameworks (the CAF, panel working and integrated referral systems, and electronic data sharing and information systems)
- changes to service, management and frontline structures (including locality working, central management with services delivered by integrated teams, co-location, coterminous operating areas, restructuring the work of services for key groups, and new resource management)
- changes to roles and responsibilities of strategic and frontline staff (particularly the role of practitioners, changes to the Education Welfare Officer (EWO) role, the 'new' Lead Professional role, and, in one case, the allocation of core office time for service managers)
- the implementation of training programmes (especially for practitioners regarding the CAF, and also awareness and specialist training for non-ASD specialists, including parents)
- the introduction of meetings, forums and forged links to facilitate integrated working (including partnership agreements, meetings as discussion forums across services, and specific new links with the Child and Adolescent Mental Health Service (CAMHS) and schools)
- impacts on the type of service or support available (e.g. the development of earlier intervention work, earlier identification of needs, a holistic 'joined-up' package of support, the provision of a single point of contact for parents, and indeed for practitioners).

Variation by management/frontline staff included the greater perceptions of structural and perceived frontline change by service managers and less so by practitioners. This appeared to be for two reasons: i) practitioners felt that they had been working in an integrated way for many years, and therefore the structural nature of their work had not changed, and ii) practitioners felt that although strategic change had happened (in some cases 'too fast'), this had not been communicated or translated to the point of delivery. However, practitioners were aware of the implementation of training as part of changes to integrated children's services inputs, structures and processes – mentioned by a majority of practitioners interviewed.

Overall, Level 1 developments for LAC services were characterised by the introduction of the CAF and electronic information sharing. The CAF was mentioned less frequently in developments for ASD, where Level 1 impacts emphasised the implementation of training for non-ASD specialists, including



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parents. Accounts of Level 1 developments for key stage 3 non-attenders were similar across all 14 LAs, and were characterised by the introduction of the CAF, and the use of Fair Access Panels.

## 5.2 The introduction of tools and frameworks

The introduction of tools and frameworks was the most commonly referenced change to inputs, processes and structures by service managers and practitioners alike. The introduction of the Common Assessment Framework (CAF) was frequently cited. Whilst most of the 14 LAs had introduced the CAF, accounts of its introduction and usage were most common for LAC, but least frequent for children with ASD. Interviewees in two LAs reported being at particularly early stages of using the CAF. Interviewees in other LAs reported the CAF 'firmly embedded in practice', including in one authority the practice of a 'pre-CAF' form for single agency involvement/response. There was some difference in views on the CAF – on the plus side it was seen to provide common criteria and a standard framework for all services as well as avoiding duplication (by service managers and practitioners), and on the minus side it was felt to be time consuming (by a few practitioners) and, in one case, was seen as a system for referral rather than as a meaningful assessment (a service manager). The main difference in management and frontline views on the CAF was the mention by a few practitioners of the CAF as time consuming (this was not mentioned by managers).

The introduction and usage of the CAF was referred to less for children with ASD than the other groups. Some LAs were developing bespoke assessment and referral tools particularly for this group. For example, a joint assessment and joint action plan for ASD was implemented in one authority, including agreed standard screening tools for ASD. Another authority had developed a bespoke care planning tool for LAC – reported by practitioners to enhance practice and ensure consistency to families.

### Example: introducing the CAF

In one authority, schools are now initiating CAFs when they identify children who have additional needs. The CAF is completed in conjunction with the child and their parent(s) and is then forwarded to the leader of a multi-disciplinary team where it is discussed with the locality coordinator. Depending on the complexity of needs identified by the CAF, the case is either referred to the single support service for action, or referred to a multi-agency panel where an action plan is developed to address complex and acute needs. Subsequently, the Lead Professional, in discussion with the parent(s) and child, coordinates a package of support. The CAF enables examination and understanding of a child's background, together with identification of the most appropriate support for the family, by collating information from a range of sources in a single assessment of need.

### Example: introducing a joint assessment and action plan for ASD

The service manager with responsibility for children with autism (as part of speech and language therapy services) described how processes for assessing, referring and supporting children with autism had changed 'dramatically' with integrated children's services. From having separate assessments and separate plans for different aspects of service (e.g. physical therapy, CAMHS, occupational therapy, behaviour support), the speech and language therapy services have now developed and implemented a new joint assessment and action plan with multi-agency input. Standard screening tools have been agreed across the agencies. After screening, a case can be referred to the joint assessment team, from where an action plan is jointly devised. Previously, each service would have conducted its own assessment.

With regard to the CAF, a sub-group is exploring its use. It was originally expected that the CAF would be used for all children in this LA, but the sub-group found that it does not always work as a process, especially where a single referring agency is also the supporting agency for the CAF destination.

### Example: using a bespoke care planning tool

In one local authority, care assessments are carried out for children requiring ongoing and respite support using a bespoke continuing care planning tool. The tool has been in use for about 12 months and continues to be trialed within integrated children's services. The tool involves joint assessment by health and social care. It is used when there is a high health need (e.g. children with disabilities requiring respite care, and being temporarily looked after). A multi-agency panel discusses the support and associated funding required. The key social worker reviews the case every three months. This ensures that all agencies that need to be involved are involved.

The care plan is felt to save duplication of assessment for families, provide a better understanding for professionals as to who has key responsibilities, and provide information to parents. In the future, it is anticipated that education will be incorporated into this care planning tool.

Other **assessment and referral tools** included the Fair Access Panel for key stage 3 non-attenders (being used by a number of the LAs), as well as **multi-agency panel working**, and, in some LAs, the **team around the child (TAC)** (see also Section 5.3: Changes to service, management and frontline structures).

### Example: team around the child

In one local authority, there is a real focus on the team around the child approach: 'We've trained lots of people to do common assessments and working in the Team Around the Child (TAC). This is ongoing work to bring all up to the same standard on this' (Locality manager). As an example, for looked-after children in this LA, members of the local safeguarding and social care teams explained that, where appropriate, they can commission a local team around the child to work with the young person and their family, in order to 'get that child back down the windscreen'. In this authority, managers are also looking at extending the notion of the team around the child to the 'team around the XYZ need', which, in the case of LAC might be 'the team around the children's home'.

The development of **electronic data sharing and information systems** was also noted as underway in most of the LAs – again, in very early stages in some LAs and further developed in others. For example, an authority has developed an integrated children's index, which has improved knowledge for service managers and practitioners about each case history and awareness of who is working with a child. A 'welfare call' system has been implemented in another authority, focusing specifically on absenteeism. Other authorities talk of marrying up or merging education and social care databases. Such developments were reported by managers and practitioners in order to join up thinking, join up goals and provide easier access to information.

The combination of such tools and frameworks might be important. For example, in one authority, the combination of the CAF, the Fair Access Panel, and the work of the missing/tracking team and its database meant that schools were better able to identify and track their young people missing school (key stage 3 non-attenders). A further example of the introduction of a combination of tools and frameworks is provided below.

### Example: multi-tools and frameworks

In its work with looked-after children, one LA established a Children in Care Service in 2006, comprising, in each network area (locality), a social work manager, educational psychologists, specialist teachers and tutors, and a commissioned specialist mental health service. The service uses tools which require a multi-agency approach, including the CAF, the national assessment framework, annual health reviews, Personal Education Plans, learning style assessments and drug use screening. A resource pack relating to exclusions has been developed for schools. This multi-faceted work has particularly brought on board schools and health into the work of supporting looked-after children.

It would seem that joining up systems (e.g. for assessments, referrals and information sharing) is particularly important.

### 5.3 Changes to service, management and frontline structures

Reports of changes to service, management and frontline structures included the development of **locality working**, also referred to as network-based work, school and community-based work, and work focusing on extended school clusters. Such changes were mentioned more by service managers than by practitioners.

Other reorganisation and restructuring included the introduction of a **single central management structure** with the **services delivered by integrated**, multi-agency teams. Other authorities had **co-located** managers under one roof (e.g. education and social services), and frontline teams sharing the same base (e.g. based in an Extended School), or had introduced **coterminous** operating areas for agencies.

LAs in professed 'early days' of integrated children's services spoke of education and social services 'coming together' under one directorate, but with as yet, no perceived change in management or delivery structures by practitioners. For some practitioners, such very new restructuring was seen to be 'undoing' a service that had worked well. This may have captured a typical response at the introduction phase of integrated children's services.

For **LAC services**, changes to management included new corporate parenting boards or appointments, evident in a few authorities, e.g. one had appointed a new corporate parenting officer.

#### Example: changes to service, management and frontline structures for looked-after children

One LA has redefined its LAC service. Its LAC teams are based in local area offices (although not necessarily aligned with localities yet), with agencies such as health visitors and Connexions attached. It has brought in education support into its LAC service, and has joined up its district and county housing including for LAC. It also has a new centrally managed leaving care team, with co-located working around LAC and Connexions – a structure which is felt to enable team identity and integrated working.

Service and frontline **restructuring** was particularly evident for **ASD services**. A number of authorities were redesigning their ASD service around locality working (e.g. with members of the ASD team assigned to specific schools/localities). Others were developing the notion of outreach – e.g. looking at particular schools having specialist support with targeted outreach to other children across the city and redesigning special schools into complex needs schools with outreach to schools locally. Other LAs reported that their core ASD service remains specialist and unchanged structurally, but that the work of other agencies now supports their service.

### Example: changes to service, management and frontline structures for ASD

In restructuring, one LA has brought together all of its special educational needs and children with disabilities services into a single integrated service with a single manager. Coordinators with specialisms (e.g. special educational needs (SEN)) are still in post. There are specialist teams (e.g. for autism, for speech and language, for visual impairments, etc.), and also 'virtual teams' that can be set up around the child. Locality working is being developed within this overall structure.

For **key stage 3 non-attenders**, a common theme across authorities was the re-definition of the EWO role (see changes to roles and responsibilities below).

The **management of new resources/funding** was reported. For some authorities, integrated working had brought increased funding to some aspects of their work – for example, additional resources for LAC, an investment in in-house fostering services, and the expansion of the ASD service. Others reported a resource strain, for example, as a short-term impact of a shift to early interventions. The allocation of resources direct to localities was reported as being under development in some authorities.

#### 5.4 Changes to roles and responsibilities of strategic and frontline staff

Changes to roles and responsibilities of staff focused mainly on new appointments or roles (such as Lead Professionals). Different approaches and ways of working were reported to be an impact of integrated children's services, in particular working in a more 'joined-up' and customer-focused way, i.e. working across traditional organisational and cultural boundaries to ensure more coherent and responsive service delivery. For practitioners, changes were particularly noted for the EWO role – now more 'locality-based' or based in schools; and every school had a designated LAC teacher. In some LAs, the role of parents was also felt to be changing; parents were seen as part of the 'agencies' involved in working together.

#### 5.5 The implementation of training programmes

The implementation of training programmes was referenced, particularly by practitioners who had been trained in the use of the CAF. These were also seen as opportunities for joint training and greater understanding of other services. Regarding ASD, there was also specific training of non-ASD staff and parents by the ASD service. In one LA, a key stage 3 practitioner reported work shadowing during the transition period to integrated children's services in order to understand the locality panel process.

### Example: the implementation of training around ASD

In one authority, the autism service has produced an autism training framework, which includes a pack for parents. Working with the parent partnership board, the LA has also set up behaviour management training for parents. This resulted in the setting up of a networking group and the development of a web-based interactive forum for parents.

## 5.6 The introduction of meetings, forums and forged links

The introduction of meetings and forums, and greater links with other services, was mentioned by many interviewees. Meetings included multi-agency meetings (as those in tools above), as well as discussion forums across services. One authority gave the examples of multi-agency parenting meetings for LAC (which were felt to aid communication, and provide more input from other agencies), and also informal lunchtime multi-agency events for practitioners. Whilst positive about the opportunity to work with and learn from other services, some practitioners noted that such meetings were time consuming and that there were (too) many of them. The greater involvement and forged links with CAMHS, particularly in the work of ASD services, was frequently mentioned; as was the greater involvement of schools, and particularly the location of work in schools, in integrated work around key stage 3 attendance.

### Example: the introduction of multi-agency parenting meetings

The introduction of meetings, forums and links was described in detail in one authority. In relation to looked-after children, these include the introduction of area meetings on a quarterly basis for all professionals involved with LAC, and informal lunchtime multi-agency events. In addition, 'team parenting meetings' are held every four weeks, organised by the foster agencies where they all come together, i.e. paediatrician, psychologist, health, social workers and the school. This helps with better communication between all the agencies involved, with reviews, and with the consistency of support to the child.

## 5.7 The type of service or support available

Also mentioned were **impacts on the type of service or support available** as a result of the integration of children's services. This included the development of processes such as earlier intervention, earlier identification of needs, a subsequent holistic 'joined-up' package of support, the provision of a single point of contact for parents and an outcomes-based approach to commissioning.

### Example: solutions-focused approach

One authority has introduced a new 'solutions-focused' approach in their work with ASD. This approach looks beyond the standard outcomes (such as attainment and attendance) to look for solutions to other aspects of the child's life, on a case by case basis. Here, children and young people themselves provide self-reports on how they feel their support is going. As part of the solutions-focused approach, these self-reports are starting to explore not just attainment and attendance, but other outcomes such as improved social skills, reductions in bullying, and social involvement in school.

## 5.8 Variation in Level 1 impacts by integrated children's services maturity

There was overall variation in reports of the extent of Level 1 impacts by integrated children's services maturity: in children's services in earlier stages of integration there were reports from a number of service managers and practitioners of 'no impact yet' at Level 1 or of being in professed 'early days' of Level 1 impact. In the more confidently integrated children's services there were no such reports.

In terms of the introduction of tools and frameworks (the largest category in Level 1 impacts), impacts in LAs with more mature integrated children's services were characterised by the introduction of distinctive tools and frameworks (e.g. the TAC in one authority, locality and panel working in another, and the Lead Professional and the CAF in another). In these LAs, there was consensus from service managers and practitioners over these impacts. In LAs in earlier stages of integrated children's services, a more disparate set of responses was evident, including a greater number of reports of anticipated impacts rather than impacts that had already occurred (e.g. plans for common referral processes, 'electronic information sharing to come on board soon', and 'the CAF will be implemented'). Indeed, some interviewees in these LAs reported being at particularly early stages of using the CAF. In contrast, interviewees in other LAs reported the CAF 'firmly embedded in practice', including in one authority the practice of a 'pre-CAF' form for single-agency involvement/response.

In terms of changes to service, management and frontline structures, interviewees in LAs with more mature integrated children's services described changes to particular structures and how those structures now played out (e.g. a single management structure with services delivered by frontline teams, centrally managed integrated children's services with teams around the child such that, for example, EWOs have moved out of schools and into community team around the child (TAC) offices). In contrast, managers in LAs in earlier stages of integrated children's services described more broadly that social care and education had 'come together under one directorate', or that such structural changes were starting to happen (e.g. starting to co-locate), but with as yet, no perceived change in management or delivery structures by practitioners. For some practitioners,

such very new restructuring was seen to be 'undoing' a service that had worked well. This may have captured a typical response at the introduction phase of integrated children's services.

## 5.9 Overview

Table 5.1 provides an overview, in rank order, of the early impacts at Level 1 in terms of changes to inputs, processes and structures, as identified by service managers and practitioners.

**Table 5.1 Rank order of early impacts: changes to inputs, processes and structures**

Service managers	Practitioners
<ul style="list-style-type: none"> <li>• Introduction of tools and frameworks</li> <li>• Changes to service, management and frontline structures</li> <li>• Changes to roles and responsibilities of staff</li> <li>• Impacts on the type of service or support available</li> </ul> <p>And in addition, although smaller numbers:</p> <ul style="list-style-type: none"> <li>• The implementation of training programmes</li> <li>• The introduction of meetings, forums and forged links</li> </ul>	<ul style="list-style-type: none"> <li>• Introduction of tools and frameworks</li> <li>• Changes to service, management and frontline structures</li> <li>• Changes to roles and responsibilities of staff</li> <li>• The implementation of training programmes</li> <li>• The introduction of meetings, forums and forged links</li> <li>• Impacts on the type of service or support available</li> </ul>

The table highlights the greater focus from practitioners on the implementation of training programmes (many practitioners had participated in training), previously reported in the first report based on service managers' views under changes to roles and responsibilities, where opportunities for joint training were mentioned. It also highlights the greater focus from practitioners on impacts relating to the introduction of meetings and forums, usually frontline meetings (e.g. multi-agency meetings). Impacts at Level 2 describe how such changes had impacted on their everyday work. In addition to what is shown in the table, there was greater perception of structural change by service managers than practitioners.



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## 6 Changes to professionals' experiences and attitudes (level 2 impacts)

### 6.1 Summary

This section of the report focuses on changes to professionals' experiences and attitudes as a result of the early impact of integrated children's services. The most commonly identified impacts fell into a number of key areas:

- increased dialogue and closer working
- greater understanding of other services/agencies
- greater understanding of the target group and approaches to support
- change of role or focus
- shared responsibility for the target group
- improved relationships with other professionals
- improved working practices
- easier access to other agencies/services
- easier access to information
- increased workload.

### 6.2 Increased dialogue and closer working

Increased dialogue and closer working between agencies/services was the most frequently cited change across the local authorities for professionals as a result of the introduction of integrated children's services. It was identified as an impact equally by practitioners and service managers and across the target groups, although slightly more frequently in association with ASD compared to LAC and key stage 3 non-attenders.

However, in one local authority, the lack of contact with other professionals identified by practitioners for ASD and LAC was notable, as was also the assertion of one key stage 3 practitioner in another authority that social care and education were now 'further apart than before'. There were also indications that, within other authorities, closer working had not been without its teething problems, for example, logistical or accommodation problems, territorial issues and particular difficulties with regard to complex cases or communication between health and education.

Staff stated that closer working had become more formalised and there were more opportunities to meet with colleagues than before. Closer working with specific agencies or services was frequently noted, for example, between health and education staff for ASD, between social care and education professionals for LAC and between the EWS and police for key stage 3 non-attenders. There was also some indication that practitioners were working with a wider range of agencies or services than they had been before.

Closer working (joint working in particular) was said to have resulted in less duplication of work in some local authorities, as there was clarity about roles and responsibilities and greater coordination of who did what. Increased dialogue, in a few instances, was said to have led to increased understanding of other services (see next section), the beginnings of a more common language amongst professionals and, in some instances, had resulted in improved working practices (e.g. information being passed to ASD practitioners as soon as children have been diagnosed).

#### **Example: closer working and greater dialogue**

In one local authority, closer working amongst practitioners involved with all three target groups was identified as an early impact of integrated children's services. Contact between agencies involved with ASD children was said to have increased and been extended more recently. Working together had facilitated a 'crossing over of professional expertise', whilst, at the same time, one person maintained the link with the family. It was also said to be easier to work with other agencies in relation to key stage 3 non-attenders, in particular, closer working with education was identified as an impact. In addition, closer working amongst the agencies involved with LAC was said to have facilitated discussion about some of the challenging issues associated with this group.

### **6.3 Understanding of other services**

Understanding of other services was another of the most common impacts identified in terms of changes to professionals' experiences and attitudes, identified by practitioners and senior managers alike and across all three target groups.

A greater understanding of other agencies'/services' roles and responsibilities was the most frequent refrain, for example, a greater awareness of the role of the EWS and social services and of how the ASD service fits with other services. This was reported to have raised staff's awareness of the complexities and concerns of other agencies. Moves towards integrated children's services were reported to have increased staff's understanding of how other services work and led to the realisation that they might have shared goals. In some instances, this was attributed to joint working or the co-location of staff, as a consequence of which, professionals were talking to one another more. Greater understanding was also associated with visits to other teams and informal meetings amongst different professional groups. A small number of interviewees described a tangible change in culture as a result of increased understanding. Achieving such cultural change was closely associated with co-location and the development of multi-agency panels. In some instances, improved understanding was said to have led to changes in attitude, more effective working practices or to have increased knowledge of the support available for children and young people.

### **Example: understanding of other services**

In one authority, a shift in understanding between agencies was identified for all target groups. Increased understanding of the role of care staff in relation to LAC was reported to have raised their status in the eyes of other professional groups. ASD professionals were reported to be developing a shared understanding of roles and responsibilities, and greater understanding of the role of the ASD team by medical professionals was said to have led to the receipt of referrals by the team at an earlier stage. Similarly, a key stage 3 non-attender service manager stated that increased understanding of one another's roles had initiated a cultural shift amongst different professional groups, although some conflict, particularly between social care and education, was felt to remain.

## **6.4 Understanding of the target group and approaches to support**

In addition, it was often cited that integrated children's services had led to professionals having a greater understanding of the needs of the target group and how to support them. This was an impact equally cited by practitioners and service managers, as well as one which was associated with all three target groups.

Joint working was reported to have facilitated the sharing of ideas amongst professionals. This had led to a more holistic view of children's needs and promoted professionals' understanding of the child from different perspectives, leading to more informed decision making. It was also said to have raised professionals' awareness of alternative and particularly effective approaches to adopt in some cases. There was a particular emphasis on improved understanding within schools with regard to the needs of all three target groups. A raised awareness of the need for LAC to be maintained in stable placements was noted, as was also, in one instance, a more positive image of LAC in the eyes of the police. In the case of key stage 3 non-attenders, integrated services had allowed staff to harness one another's skills and expertise and this was said to have helped to address the underlying issues of non-attendance and enhanced the ability to address barriers to learning.

### **Example: understanding of the target group and approaches to support**

The CAF and the needs focus of integrated children's services was said to have enabled professionals to examine the underlying causes of non-attendance at key stage 3. As a result, practitioners were able to address the barriers to learning rather than just prosecuting parents. This had also facilitated the use of a wider range of provision and more comprehensive packages of support for engaging young people. According to the service manager, overall, this had led to the local authority being able to offer tailor-made solutions and personalised activities and programmes to young

people. For LAC, integrated children's services was considered to have allowed a range of professionals to input their different perspectives to individual cases and to have led to more informed decisions being taken. In addition, in relation to ASD children, schools and the disabilities team were reported to be jointly exploring the most effective strategies for children and young people.

## 6.5 Change of role or focus


Staff involved in integrated children's services often referred to a change of role or a change in the focus of their work. This was raised more by practitioners than service managers and was more often associated with LAC and key stage 3 non-attenders than with the ASD target group. Within some of the local authorities which were classified as more confident in relation to integrated children's services, there was evidence of more significant role changes and those interviewed were more vociferous about the impact of role changes, both the positive and negative aspects (see below).

There appeared to have been a shift in role, for some, away from direct work with children and young people. Social workers, in relation to LAC, for example, were said to be becoming case managers, whilst those responsible for addressing key stage 3 attendance issues were said to be collecting evidence and information. Integrated children's services was reported by some professionals to have made their work more focused. The CAF, for example, was said to have focused schools on the non-attenders who need to be referred. There were also indications that, amongst some practitioners, there was concern about the role of the Lead Professional and, as such, reluctance to take on this role. Within another authority, a service manager who identified this as an impact talked about the challenge involved in undertaking their new role managing staff from eight different professional groups.

Conflicting views were identified across authorities about the early impact of integrated children's services on roles and responsibilities, some identifying positive impacts, whilst others identified negative impacts, as highlighted by the examples below.

### Example: change of role or focus

In one particular authority, classified as being among one of the most confident regarding integrated children's services, locality working was identified by practitioners and senior managers (from all three targets groups) to have led to clearer role definition. It was also identified by service managers to have led to the ability of specialist services to focus on acute need (for LAC) and to enable practitioners to be more proactive (key stage 3 non-attenders). In another authority, integrated children's services was reported to have allowed LAC professionals to focus on their core business



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because of the higher threshold and, as a result, the ability to provide a better quality service. However, in contrast, in another authority, a practitioner expressed concern about the identity of the EWS being diminished and there being poor structures in place for the line management and supervision of EWOs within locality teams. According to an ASD practitioner within the same authority, the role change from a city-wide team to locality teams had also resulted in a loss of staffing flexibility within the ASD team. A service manager in another authority also reported that there was some anxiety on the ground about losing professional distinction.

In two local authorities, interviewees (a service manager and a practitioner) stated that services/agencies were now more focused on outcomes (as opposed to output or activity) and that all services were working towards Every Child Matters (ECM) outcomes, thereby facilitating a focus on the wider picture.

## 6.6 Shared responsibility for the target group

A greater sense of shared responsibility between the agencies for the target group of children was also highlighted as an early impact of integrated children's services. This was cited more by practitioners than service managers and appeared to be a particular impact in relation to LAC (although a few instances in relation to ASD and key stage 3 were also noted).

According to one senior manager, integration of services meant that the work for LAC was now based on a clear and shared agenda. Greater ownership by schools, in relation to key stage 3 non-attenders and ASD, was a particular feature. According to a LAC service manager, the recognition that a child may have a range of needs had led to a greater sense of shared responsibility and a LAC practitioner stated that professionals now had more investment in each other. Similarly, according to another service manager, the agencies involved with key stage 3 non-attenders were now mutually supportive and they were able to achieve more than they could on their own. In one instance, the CAF, in particular, was reported to have been instrumental in ensuring that those other than social workers take on more responsibility for LAC.

However, in contrast, a few practitioners felt that it had been difficult to get agencies to share responsibilities for LAC and, according to one, services which are stretched (e.g. social care) view integrated children's services as an opportunity to abdicate their responsibilities.

### Example: shared responsibility

Whilst, in the majority of instances, a greater sense of shared responsibility in relation to LAC was identified as an early impact of integrated children's services, within one authority, this appeared to be universally applicable across the three target groups. Practitioners reported increased shared

responsibility with other agencies for LAC and therefore feeling less pressurised and less on their own. Similarly, ASD practitioners reported being involved in shared decision making. In addition, for key stage 3 non-attenders, there was reported to be more ownership by schools and information sharing was felt to have facilitated a full picture and prevented one agency being left with all the work.

## 6.7 Improved relationships with other professionals


Improved relationships with other professionals were also commonly identified as an early impact of integrated children's services. This appeared to be something that was felt more by practitioners on the ground, rather than by service managers, but was equally felt by practitioners across the three target groups.

Practitioners talked about getting to know other professionals on a more personal level and how this had engendered trust, respect and confidence in others (e.g. in the appropriateness of referrals). A constant refrain from practitioners was being able to 'put names to faces' and knowing who to contact. Some practitioners highlighted specific services with which they felt they had developed better relations (e.g. between health and education staff in relation to key stage 3 non-attenders; between social workers and school staff in relation to LAC; and between social workers and early years in relation to ASD). Having a shared vision across the locality was said to support the development of better relationships, as was also informal discussions amongst professionals from different agencies which were possible as a result of the co-location of staff. The increase in multi-agency working was also cited as having been instrumental in furthering such developments, something which was reported to be easier in a small city authority.

Interviewees in local authorities that were classified as more confident in terms of integrated children's services, in particular, were able to talk about how improved relationships had led to further impacts. The establishment of personal relationships was said to have reduced confrontation between professional groups and to have facilitated joint decision making and improved working practices (see next section). However, there were sometimes conflicting views across local authorities, as highlighted by the examples below.

### Examples: improved relationships with other professionals

In one authority, classified as one of the local authorities where integrated children's services is more confident, there was agreement amongst service managers and practitioners about improved relationships between agencies. A service manager stated that locality working supported the process of getting to know partners within clusters. Similarly, practitioners stated that the shared vision across the locality facilitated better relations between agencies and that reduced confrontation between professional groups had led to better decision making. In contrast, in another authority,



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classified in the middle group according to maturity of integrated children's services, whilst it was reported by both practitioners and service managers that relationships had developed across agencies and there was a healthier respect amongst agencies, personalities were sometimes reported (also by both practitioners and service managers) to create obstacles. Difficulty working with GPs was particularly highlighted.

## 6.8 Improved working practices

A variety of working practices were identified as an early impact of integrated children's services. Such practices were highlighted within nine of the local authorities, more by practitioners than service managers. They related to all the key groups, although slightly more often to LAC and key stage 3 than to the ASD target group.

A number of common themes were evident. One common theme was a greater focus on prevention and earlier intervention. Examples included: greater opportunities for EWOs to communicate with support services prior to prosecution and a tighter referral process enabling provision of earlier support in the case of key stage 3 non-attenders, as well as concerns being flagged up earlier in relation to LAC. The move towards earlier intervention had enabled some professionals working in specialist services to focus on the more entrenched cases, e.g. the LAC team was able to focus on providing quality support for LAC.

Another common theme was that, as a result of the move to integrated children's services, there was greater consistency of support for children across agencies or services. This included, for example, a new care plan ensuring consistency for LAC and consistency of input in the home and school setting for ASD.

Other improved working practices cited included: a speedier response, better use of professional skills and expertise; the streamlining of processes (e.g. data sharing). One ASD practitioner interviewed felt that working with other professionals had encouraged him/her to reflect on his/her own practices to ensure that children's needs are being met.

### Example: improved working practices

In one authority, improved working practices as a result of integrated children's services were identified across all three target groups. Use of the CAF in relation to LAC had led to cases being picked up at a lower level, to better streamlining of process, such as data sharing, as well as a greater focus on prevention and early intervention. The specialist LAC service was reported to be able to provide quality work and to meet their needs effectively. In the case of ASD children, improved communication between agencies was said to have led to changes in practice and to a faster response to addressing children's needs. In addition, the service was able to provide

intensive input to the home and school setting and therefore provide consistency across settings. A faster response and the use of skills and expertise appropriate to children's needs was also identified in relation to key stage 3 non-attenders.

### 6.9 Easier access to other agencies/services

This was cited as an early impact for professionals in ten local authorities and, in all but one instance, it was raised as an early impact by practitioners and therefore as something particularly pertinent for ground-level workers. It was also something which featured for LAC and key stage 3 non-attenders, far more than for the ASD target group.

Practitioners spoke of having a greater awareness of the resources available to support children and young people and, as such, an inclination to draw more on their support. In addition, access to other services was reported to have improved, for example, access to therapy services for LAC. They talked about having access to a wider range of provision and utilising this to help address children and young people's needs. One LAC practitioner stated that they were aware of services for supporting families they had not been aware of before.

### 6.10 Easier access to information

Easier access to information was identified as an early impact in nine authorities and was an impact identified by practitioners rather than service managers, as well as being more focused on key stage 3 non-attenders compared to the other target groups.

Better information sharing was said to have led to professionals working with children and young people having a fuller picture and enabling them to better identify where problems are located for key stage 3 non-attenders. Both the CAF and ICT systems that had been introduced were cited as instrumental in improving access to information.

### 6.11 Increased workload

An increased workload for staff was cited as a negative impact in eight of the authorities, in particular, in association with the use of the CAF. This was an early impact identified by practitioners and senior managers. It was also a concern that was identified more in association with LAC and ASD, than it was with key stage 3 non-attenders.

Whilst the CAF was said to be 'useful' and 'comprehensive', it was also reported to be 'long' and 'onerous'. According to some, insufficient time had been allocated for the extra work involved in relation to integrated children's services, for example, in terms of the extra paperwork and the need to attend more meetings. It was highlighted that, in some instances, it was difficult to balance shared priorities with agency priorities and that it had been difficult getting different agencies



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together to attend meetings. There was a view, expressed by one practitioner that the workload was such that it might adversely affect service delivery for ASD children.

#### **Example: increased workload**

In one authority, there was agreement amongst service managers and practitioners and across target groups that the workload had increased as a result of the introduction of integrated children's services. Practitioners talked about the amount of paperwork in relation to LAC and the increased workload for educational psychologists in relation to ASD, as well as the difficulties getting agencies together at the same time and focusing on their own targets when working together. Senior managers also talked about the extra meetings involved and resulting non-attendance by key people.

### **6.12 Variation in Level 2 impacts by integrated children's services maturity**

Level 2 impacts varied by integrated children's services maturity in the following ways.

Within some of the local authorities which were classified as more confident in relation to integrated children's services, there was evidence of more significant role changes (e.g. all staff in the locality have new roles/responsibilities, role change from city-wide to small locality teams, roles redefined to fit triangular intervention approach to support services) than in authorities in earlier stages of integrated children's services (where role changes were described for individuals, but not reported significantly across the workforce as in those examples above). However, it should be noted that where significant role changes were reported, those interviewed were more vociferous about the impact of role changes, both the positive and negative aspects. For example, the challenge for service managers was now being responsible for a larger number of different professional groups. The concern for practitioners was taking on different levels of need in their caseloads (for some the concern was about the number of low-level needs getting through to specialist support, whereas for others the concern was about taking on a greater specialist and intensive support as part of their case work which they had not done before). On the positive side, there were reports from service managers and practitioners in LAs with more mature integrated children's services of clearly defined roles and responsibilities. Such reports of role clarity were less apparent in other LAs.

Interviewees in local authorities that were classified as more confident in terms of integrated children's services were able to talk about how improved relationships had led to further impacts (e.g. trust and confidence in referrals, reduced confrontation between professional groups). There were fewer comments about improved relationships from authorities in earlier stages of integrated children's services.

## 6.13 Overview

Table 6.1 provides an overview, in rank order, of the early impacts at Level 2 in terms of professionals' experiences and attitudes as identified by service managers and practitioners.

**Table 6.1 Rank order of early impacts: professionals' experiences and attitudes**

Service managers	Practitioners
<ul style="list-style-type: none"> <li>• Increased dialogue and closer working</li> <li>• Greater understanding of the target group and approaches to support</li> <li>• Greater understanding of other services/agencies</li> <li>• Improved relationships with other professionals</li> <li>• Improved working practices</li> <li>• Increased workload</li> <li>• Shared responsibility for the target group</li> <li>• Change of focus or role</li> </ul>	<ul style="list-style-type: none"> <li>• Increased dialogue and closer working</li> <li>• Greater understanding of other services/agencies</li> <li>• Improved relationships with other professionals</li> <li>• Easier access to other agencies/services</li> <li>• Improved working practices</li> <li>• Change of role or focus</li> <li>• Shared responsibility for the target group</li> <li>• Greater understanding of the target group and approaches to support</li> <li>• Easier access to information</li> <li>• Increased workload</li> </ul>

The table highlights the additional impacts identified by practitioners over and above those identified by service managers, i.e. easier access to other agencies and services and to information. It also highlights in particular that service managers identified greater understanding of the target group and approaches to support more frequently than practitioners, and that this may be happening less than anticipated at ground level.

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## 7 Outcomes for children, young people and their families (level 3 impacts)

### 7.1 Qualitative impact categories: managers' and practitioners' views

At this early stage of integrated children's services, service managers and practitioners were asked to describe the impacts they have seen for the children, young people and their families in the three groups being studied, in relation to the support they receive. They describe the following types of impact that they feel have happened (grouped here by theme, rather than a rank order).

- Improved outcomes for children and young people (e.g. improvements in children and young people's emotional wellbeing, enhancements to their social skills especially how they get on with their peers, adults and parents, improvements to their confidence and self-esteem, children having better physical health, children are attending school, children are learning and achieving).
- Improvements to parents' views/understanding of services (e.g. knowing where to go for help, knowing who is doing what, a greater awareness of local resources, being more aware of support available for their child, having an understanding that education and social care are working together, not having to repeat their 'story').
- Improvements to parents' and families' wellbeing (e.g. families feel more supported and valued, parents gain confidence, parents are less stressed/more able to cope, parents feel involved and listened to).
- Better access to services for children and their families (including quicker response with appropriate support in place, a more coordinated/joined up response, earlier identification of needs, a single point of contact, network support groups and identification of additional needs, such as bereavement support).
- Improvements to children's experiences (e.g. of transition, continuity of care, stability of placements, needs met within the borough, etc).
- Improvements to children's views of services, noted by practitioners (e.g. children feel listened to and supported; children more aware of what support is available; children see a more coordinated response).

Service managers and practitioners also note changes to a number of related measures such as fewer exclusions, reduction and in some cases increases in LAC numbers, rise in the number of initial assessments for children with ASD, reduction in statements during transition.

Despite these impacts, it was also frequently mentioned (in five authorities in particular) that it was too early to identify impact on children and young people, and in addition, that even where impacts were described (as those above) that children and parents would not necessarily see those impacts yet (noted in four

authorities). Such comments were spread equally between manager-level and practitioner-level interviewees.

## 7.2 Impacts: an audit of parents' and children's views

Parents and children and young people were asked about the difference that the support they received had made to the child. An audit of these views was carried out, and the results are presented in rank order in Table 7.1 (down to nominations by five or more interviewees).

**Table 7.1 Rank order of parents' and children's and young people's views on the support received**

Parents' nominations of impacts on their child: a rank order	Children's nominations of impacts on themselves: a rank order
<ul style="list-style-type: none"> <li>• enhanced confidence/self-esteem</li> <li>• getting on well with school work</li> <li>• feel safer</li> <li>• feel happier</li> <li>• now like/feel happier about going to school</li> <li>• improved social relationships with peers/improved friendships</li> <li>• calmer, more relaxed</li> <li>• improved school attendance</li> <li>• raised/changed future aspirations</li> <li>• improved social relationships 'with people'/getting on 'with people'</li> <li>• improved behaviour</li> <li>• less angry/less aggressive</li> <li>• improved communication skills</li> </ul>	<ul style="list-style-type: none"> <li>• getting on well with school work</li> <li>• feel safer</li> <li>• feel happier</li> <li>• improved social relationships with peers/improved friendships</li> <li>• enhanced confidence/self-esteem</li> <li>• improved social relationships 'with people'/getting on 'with people'</li> <li>• now like/feel happier about going to school</li> <li>• improved school attendance</li> <li>• calmer, more relaxed</li> <li>• improved behaviour</li> <li>• less angry/less aggressive</li> <li>• get on better at home</li> </ul>

As shown in the table above, parents and children reported similar impacts from the support they received, although parents focused more on their child's increased confidence than the children did themselves. Parents also mentioned raised future aspirations more so than children, and improved communication skills (not noted by children themselves). Children felt that they got on better at home as a result of the support they received, which was not necessarily noted directly by parents. However, in terms of home life, the parents tended to comment on the impacts on themselves, discussed below.

Parents commented on the impact of the support their child receives for themselves and their family. These most frequently included:

- feeling less worried about their child/having peace of mind about their child
- being more able to cope as a family, including providing valuable time to spend with their other children

- feeling less stressed, more relaxed, a 'weight off my shoulders'
- feeling supported, having someone there for me, and feeling less alone

A few children also noted how the support had 'helped my mum'.

### 7.3 Every Child Matters outcomes

In terms of the Every Child Matters (ECM) broad outcomes, most reported impacts (reported by managers, practitioners, parents and children and young people) related to **enjoy and achieve** – particularly school attendance (including some hard data) and attainment/achievement (mostly anecdotal or with an individual's story of 'getting on well' with school work), and improved behaviour in school. Other enjoy and achieve outcomes included prevention of exclusions, having a stable and appropriate school placement, SEN statements, and good transitions from primary to secondary school – all noted more so by managers and practitioners than parents and children. However, parents and children themselves particularly noted feeling happier about going to school – an impact rarely noted by managers and practitioners. Practitioners and managers may wish to consider promoting other enjoyment aspects of enjoy and achieve for these young people, for example, to make a difference to their recreation, culture and sporting activity.

**Stay safe** outcomes were also indicated, particularly in relation to integrated children's services placements and child protection issues by managers and practitioners, the support and safety of children with ASD (noted by some practitioners), and how safe young people feel, noted especially by parents and children and particularly in relation to ASD. Several children themselves spoke of feeling less worried and less frightened as a result of the support they were receiving, and there were a few examples of bullying having stopped.

**Be healthy** outcomes included children's emotional wellbeing, reported by all types of interviewee. Children's overall happiness and calmer demeanour were noted particularly by parents and children. On occasion, examples of improved physical and mental health were also reported.

Outcomes relating to **make a positive contribution** were rarely mentioned as such, although it was clear that some practitioners felt that children did feel consulted and listened to. A few young people noted how they felt better able to express their feelings, and a few parents noted their children as more willing to try new things or to participate in school activities. Managers, practitioners and parents noted some individual stories indicating reductions in anti-social/offending behaviour. There may be scope for greater explicit reporting of impact relating to young people's positive contributions (e.g. in decision making, in reducing negative behaviour, and in enterprise activities – the three main areas contributing to this outcome in Children and Young People's Plans, 2006 according to Lord *et al.*, 2006).

Outcomes relating to **achieving economic wellbeing** included support in integrated children's services transitions at 16+ (e.g. when leaving care, to adult services, their housing needs and so on) reported by managers and practitioners, and children's raised future aspirations noted by parents and a small number of

children. However, there was little else explicit in interviewees' comments that could be related to achieving economic wellbeing (e.g. preparation for education, employment or training post-16, access to transport, or their family's housing, and childcare support). One parent noted how the specialist provision for her child with autism had enabled her to have the time to work, and this had improved the family's finances. For one young person in the key stage 3 group, the practitioner noted that provision had been put in place for a bus pass. It may be that two of the groups focused upon did not lend interviewees to focus on economic wellbeing outcomes, i.e. key stage 3 non-attenders and early years ASD/ASD in transition from primary to secondary school. However, there may be scope for managers and practitioners to consider if/how they are achieving economic wellbeing for these groups.

## 7.4 Impacts for looked-after children

According to managers and practitioners, perceived impacts for looked-after children focused on integrated children's services numbers and referrals, the stability and continuity of their experiences, and the coordination of response to meet their needs.

For the parents/carers and children, impacts from the support they received focused on these young people's improved confidence and self-esteem, feeling safer and improved relationships and friendships. Parents and carers themselves felt less worried about their child, and felt as though they themselves could have a break from looking after the child.

What managers say: *impact for LAC*

- *access to services*: needs met earlier, improved access to the right services, coordinated response
- *children's experiences*: greater support for those leaving care, experience a stable school placement, placement in care avoided/experience living in families
- *parents' experiences*: parental attitudes towards services improved, including better understanding of preventative work.
- *related measures*: reductions in referrals to acute services in some cases / increases in LAC numbers in some cases, improved attainment.

What practitioners say: *impact for LAC*

- *outcomes*: improved confidence, self-esteem, physical health and emotional wellbeing
- *access to services*: quicker, more coordinated response
- *children's experiences*: stable care placement (e.g. placement at risk of breaking down was maintained), children feel listened to and supported, placement in care avoided
- *parents' experiences*: better understanding that education and social care are working together, can't 'play services off each other'
- *related measures*: reduction in LAC numbers, improved attainment.

What looked-after children and young people say: *impacts on me*

- feel safer
- improved social relationships with peers/improved friendships
- enhanced confidence and self-esteem
- getting on well/better with school work
- improved relationships with family/parents or with carers
- feel happier
- understanding better what is going on with them.

What parents/carers say: *impacts for looked-after children*

- enhanced confidence/self-esteem
- feel safer
- feel happier
- improved social relationships with peers/improved friendships
- getting on well/better with school work
- improved relationships with family/parents or with carers
- improved behaviour.

### Box 7.1 Support for LAC

**Type of support:** Foster carer, social worker, school (including teaching assistant (TA)), children's mental health worker, education team and EWO.

**Type of impact:** Changes to outcomes e.g. improved school attendance for the individual, improved social and emotional wellbeing; improvements to children's experiences e.g. stability of LAC placement.

**Integrated aspects:** A multi-agency panel, attended by a range of relevant professionals, meets to identify and action solutions to cases.

**The support:** Following his mother's death, this child was not attending school and his home situation, where he lived with his father and older sister, was poor. His case was taken to the local area multi-agency panel where solutions were identified and subsequently actioned. A range of multi-agency professionals attended the panel meeting, including the school nurse who had been supporting the child with healthy eating. He now has a stable LAC placement. The panel was also able to identify and address a housing need for his 16-year-old sister who is now appropriately housed and is attending sixth form college with support from Connexions.

*He is now flourishing – he attends school full time, his LAC placement is stable, he is losing weight (he was previously obese), he feels safe and his behaviour has improved. (Practitioner)*

*He has blossomed since being here ... he feels more like other children. (Foster carer)*

### Box 7.2 Support for LAC

**Type of support:** TA support at school, after school activities, team parenting approach, paediatrician, CAMHS, Children's Home, support for foster carer.

**Type of impact:** Improvements to outcomes e.g. social and emotional wellbeing; improvements to parents' views/understanding of services e.g. awareness of support/interventions; improvements to children's experiences e.g. stability of school placement.

**Integrated aspects:** There is a network of different services that operates around the child which involves information sharing between agencies and shared responsibility.

**The support:** This child had been in care for a long time and had made several moves. He is receiving support from CAMHS, a paediatrician, behaviour support through his school and his foster carer receives out-of-hours support. This support has meant his place at one junior school has been maintained – without the support, it is thought he would have gone through three or four schools. Similarly, the support has enabled him to maintain his foster placement. This period of stability would not have come about without integrated services. Practitioners reported greater shared responsibility amongst agencies, as well as more integrated planning and provision of services.

*A tight network of professional services around the child ... has enabled him to stay in one junior school. The foster carer is receiving a lot of support too.'*  
(Practitioner)

*School has helped, as it has offered him stable support, with structure and routines. That he is stable now and knows what to expect [is good].'* (Foster carer)

*I was able to talk to my social worker, my foster carer and my key worker ... I filled in a consultation form that asks me about my wishes and feelings ... I've been able to make friendships at school, I couldn't keep friends before as I would always be horrible to them.* (Child)



### Box 7.3 Support for LAC

**Type of support:** Family Link services; respite care; social services; CAMHS.

**Type of impact:** Improvements to outcomes e.g. social and emotional wellbeing; improvements to families' wellbeing.

**Integrated aspects:** The approach is multi-disciplinary with regular meetings. Structured care plans provide clear guidance to each agency involved with the child, thus ensuring consistency of approach.

**The support:** The child, who has behavioural problems, has been involved with CAMHS and receiving respite care on and off for some time. He has a colostomy bag due to his bowel not functioning properly and this has caused problems at school. He has 10 hours a week with a sessional support worker which enables him to access community facilities and has provided him with a positive role model. He is also part of the family link scheme which provides 48 hours a month of respite care with the aim of building confidence and self-esteem. The package is also intended to focus his mother on what her child needs. The respite care is having a positive impact on the child and he is happier and better behaved. He has found the transition to secondary level difficult and the support is helping him and his mother find a way forward. The child had become threatening and abusive in school and at home. The family was put on the child protection register due to issues of emotional abuse and this has made the relationship with social workers difficult. The current social worker will continue to work with the child until he is 18 if he stays in the area. The mother feels there are too many people involved in providing support which makes it very confusing, both for her and her son.

*He's really attached to his male [support] worker; it's about helping him build his confidence and self-esteem and allowing him to do childhood things. The respite care offers some outlet. (Practitioner)*

*He is chuffed with his current placement, he has his own room, they go out for meals, take him to sea cadets. [Without the help] it would have been a lot worse for him and my life would have been hell as well. (Parent)*

*[I] feel safe and feel happy some of the time I am at respite. I can go out places now, play with dogs, go out for dinner.' (Child)*

## 7.5 Impacts for children on the autistic spectrum (ASD)

According to managers and practitioners, perceived impacts for children on the autistic spectrum (ASD) focused on ASD diagnoses and referrals, and the range of services that support these children and also particularly their families.

For the parents and children themselves, impacts from the support they received focused particularly strongly on how these children were getting on at school (including from the parents how their child felt happier about going to school), how safe they felt, and also their more relaxed personal demeanour. Parents themselves felt better able to cope with their child, and to be able to give time to their family and other children. They felt less worried about their child, and gained peace of mind knowing that their child was supported in a safe place. They too felt well supported and less isolated.

What managers say: *impact for ASD*

- *outcomes*: improved social skills
- *access to services*: coordinated/joined up services, needs met within the borough quicker access to appropriate support
- *children's experiences*: remain within LA, inclusion in mainstream, good transition to secondary school
- *parents' views*: network support groups for parents, parents more aware of the support available for their child, reduced parental/family stress
- *related measures*: rise in initial assessments, reduction in number of statements during primary/secondary transition.

What practitioners say: *impact for ASD*

- *outcomes*: improved emotional wellbeing, social skills
- *access to services*: greater range of support, including a sense from children and parents that there is a 'range of services supporting me'
- *children's experiences*: children feel listened to and support
- *related measures*: rise in ASD diagnoses.

What children with ASD say: *impacts on me*

- getting on well/better with school work
- feel safer
- get on better with people
- feel happier
- now like/feel happier about going to school
- improved social relationships with peers/improved friendships
- calmer, more relaxed
- doing well at home
- improved behaviour
- improved concentration.

In addition, there were one-off examples of feeling less stressed, feeling more able to cope, feeling more positive, and being helped to 'feel like a normal kid'.

What parents/carers say: *impacts for children with autism*

- getting on well/better with school work
- enhanced confidence/self-esteem
- now like/feel happier about going to school
- feel safer
- calmer, more relaxed
- feel happier
- improved social relationships with peers/improved friendships
- getting on better with people
- raised future aspirations
- improved behaviour, including less angry/annoyed/aggressive
- improved communication skills
- improved concentration
- child understands self more.

#### **Box 7.4 Support for children with special educational needs**

**Type of support:** Autism service and school Special Educational Needs Coordinator (SENCO).

**Type of impact:** improvements to outcomes e.g. social and emotional wellbeing; improvements to children's experiences e.g. school.

**Integrated aspects:** The school SENCO and the Autism Team work closely together – a key feature is the transfer of knowledge and ways of supporting the child to school staff. The child's parents are involved in support through a daily diary system.

**The support:** The LA has been divided into seven new service districts, each one with co-located, multi-agency professionals working within them who are there to directly serve the schools and the community in each area. This child, who has a low understanding of vocabulary, is receiving support in school from the LA Autism Support Service to help him understand what to do in lessons, in order to keep up and not get lost. The SENCO is available to him in the mornings offering support whenever he needs it. The autism team and the SENCO pass on ways of working with the child to teachers in the school so that they can understand him better and are more aware of his needs. Communication with the parent has been facilitated through the use of a diary that goes home with the child after school. His mother feels

reassured knowing that someone is there for him in lessons to explain things that he does not understand.

*[ASD children do not necessarily recognise the integrated nature of the approach] they only look as far as who is in this school that can help me, where is that person who can make sense of the nightmare that I'm sitting in now. (Practitioner)*

*Support in class helps him to calm down and not worry so much, not panic ... it helps him get through the day. (Parent)*

*She talks in a calm way and then I calm down and don't worry as much ... X talks to teachers for me so they understand. (Child)*

### Box 7.5 Support for children with ASD

**Type of support:** Autism team and CAMHS.

**Type of impact:** improvements to outcomes e.g. social and emotional wellbeing; improvements to parents' views/understanding of services e.g. awareness of support/interventions for their child.

**Integrated aspects:** The professionals involved all work together for the child. A referral was made to the Autism Team by the Child Development Centre following diagnosis. The team then worked with the school to transfer and cascade knowledge and information re ASD to other staff, as well as ways of supporting the child in school.

**The support:** The child's attendance at school had dropped because he was incorrectly placed and unhappy. His parents say that without the autism service the child would not be in school. He was having body movements all the time and flashbacks of the episodes. He had become very conscious of this and the practitioner felt the child was heading for a breakdown. The episodes had become disturbing for others and eventually the child attacked a member of the youth club staff. He was seen by CAMHS where the possibility of Tourettes Syndrome was discussed. It has taken a year to decide on a diagnosis. The child was initially given medication to control his movements but it made him very tired. He has now calmed down enough to be able to sit in a room and work with people. The service provided extra support to the school and the child when he was excluded, secured a CAMHS diagnosis and an explanation of the reasoning for the attack which gave the school the confidence to keep him in school. The child's parent feels the support helps to calm the situation down and helps her to think of a way forward, the service comes up with practical solutions and takes her views into account. She feels there is now a future for the child and that there is somewhere to turn to.

*The fact that we were involved gave the school the confidence to keep him in school and things have now stabilised. We have seen the real person come out now. (Practitioner)*

*Previously the school couldn't cope with him. He likes children his own age now and is interested in developing friendships. (Parent)*

*Dr X helped me stop wiggling and giggling. (Child)*

## 7.6 Impacts for young people with poor school attendance at key stage 3

According to managers and practitioners, perceived impacts for young people with poor school attendance at key stage 3 centred on their improved attendance, better access to and awareness of services through single points of contact, and the sense for children and particularly their parents that 'something is being done for me'.

For the parents and young people themselves, impacts from the support they received focused on getting on better with school work, improved school attendance, enhanced confidence and self-esteem, feeling happier, and improved relationships especially with peers and with teachers. Note that with this improved attendance did not necessarily come comments relaying feeling happier about going to school (an impact noted for ASD children). Only a small number of the key stage 3 young people noted this impact.

These parents themselves felt less worried about their child, particularly with regard to their education (e.g. 'I feel better in the knowledge that they are going to school and "getting a good education"'). They also reported feeling less stressed, more able to cope as a family (including fewer family arguments), happier and indeed with their own self-esteem raised.

What managers say: *impact for key stage 3 non-attenders*

- outcomes: prevented exclusions
- access to services: quicker resolution of cases
- children's experiences: better signposting to appropriate services
- parents' views: parents appreciate single point of contact and direct involvement with case
- related measures: improved attendance.

What practitioners say: *impact for key stage 3 non-attenders*

- outcomes: improved social skills, confidence and self-esteem, and behaviour
- access to services: identification of additional needs (beyond attendance) (e.g. bereavement support), quicker action/support in place

- children's experiences: children don't have to repeat story, children aware of what support is available
- parent's experiences: more aware of what support is available, aware of bigger picture, parents see something is being done, appreciate one-stop shop
- related measures: improved attendance.

What young people at key stage 3 with poor school attendance say: *impacts on me*

- getting on well/better with school work
- enhanced confidence/self-esteem
- feel happier
- improved school attendance
- feel safer
- improved social relationships with peers/improved friendships
- get on better with people, including teachers
- improved behaviour, including less angry/annoyed/aggressive
- able to express feelings better.

What parents/carers say: *impacts for key stage 3 non-attenders*

- getting on well/better with school work
- improved school attendance
- enhanced confidence/self-esteem
- feel happier
- feel safer
- improved social relationships with peers/improved friendships
- improved relationship with teachers
- improved behaviour, including less angry/annoyed/aggressive
- raised future aspirations.

#### **Box 7.6 Support for children with poor school attendance**

**Type of support:** EWO, social services, school social inclusion manager.

**Type of impact:** Changes to outcomes e.g. improved school attendance for the individual child, improved social and emotional wellbeing; improvements to parents' and families' wellbeing e.g. families feel more supported and valued.

**Integrated aspects:** all the relevant agencies are working together as a team to share information about the child and plan accordingly.

**The support:** This child was a total non-school attender who transferred to one of the practitioner's schools recently where his initial attendance was 'appalling'. He was referred to the EWO who found it difficult to engage the family which was subsequently placed on the child protection register. This meant all the necessary agencies were involved and part of the protection plan entailed the parents working with the EWO on non-attendance. The school set up a reintegration plan which was initially successful but then tailed off because of issues at home. The parents were then prosecuted because the child's attendance had deteriorated again. The child is now receiving support from the EWO, the school, social care and the Specialist Adolescent Team (SAT) and his attendance has improved. As a result of integration, all the agencies involved are working together as a team and sharing information. Without integration the situation would have been very different as the family was skilled at playing one agency off against another – they can no longer do this.

*The relationship with the parents is stronger. There are other professionals involved and because the agencies are now working together as a team, this helps them to know what's going on rather than what the family tells them.*

*(Practitioner)*

*It's knowing that the EWO is on my side when the children are playing up – I can rely on her support and she is someone to listen to me and advise. I also feel that the SAT worker has helped in getting me to set boundaries.* (Parent)

*I would have been at home lounging around doing nothing and not listening ... [now] I feel my grades are getting better, I want to be a fire-fighter – the help I've had has given me more confidence to achieve.* (Child)

### **Box 7.7 Support for child being bullied at school**

**Type of support:** Attendance improvement officer; one-to-one teaching from a personal tutor; SENCO at school.

**Type of impact:** Changes to outcomes e.g. improved school attendance for the individual child, improved social and emotional wellbeing improved attendance, enhanced confidence; improvements to parents views/understanding of services e.g. awareness of resources available locally

**Integrated aspects:** All the relevant agencies are working together to share information about a child. It is a multi-agency approach which will be facilitated by the introduction of a shared database.

**The support:** The child was experiencing issues with bullying. He had been physically attacked in November 2006 and did not attend school for a year after the event. The attendance officer came to the family's house to discuss why the child was not attending and talk through the options available to

them. She referred them to the visiting teacher service who worked with the child through one-to-one teaching on the school site. The service helped to reintegrate the child into school. The child's mother also contacted a voluntary organisation for advice as she felt the school was not sufficiently supportive. The mother felt that because of this advice she received the support she needed for her child. She felt listened to and supported by council staff and the attendance officer who helped her talk to the school and get them to recognise that the bullying was taking place. 'Once we got past the negativity of the school freezing us out, the support was there ... we had to fight to get it to start with.' The school has, however, learnt lessons and is reported to have changed the way they handle bullying. The mother does feel, however, that the Council could have been better informed by the school about why her child was not attending before any visit to her was made.

*We have always tried to work together and get in contact with other agencies, so I don't know that I've noticed a lot of difference really. Integrated children's services has helped with their confidence and self-esteem and helped them to get back to school. (Practitioner)*

*Although the staff didn't work in the same teams or offices they worked really well together to support us and didn't keep asking us the same questions over and over. (Parent)*

*I would not be back in school if it was not for X (personal tutor) and mum helping me. (Child)*

## 7.7 Negative impacts

Most reported impacts were positive. However, some negative impacts relating to the individual cases of children and young people and their families were reported. Practitioners noted in a very few cases where the support put in place had actually been detrimental to the young person, e.g. that returning to mainstream had not helped a key stage 3 youngster, or where the support had not made a difference to a child's attendance or exclusion from school. One practitioner also noted that parents had negative views of social workers, and were thus concerned about their presence on multi-agency panels. A couple of negative impacts were reported by a few children and young people themselves, including where a care placement had made the child unhappy, and where children felt they were not getting on well at school despite support.



## 7.8 Quantified impacts

Quantification of impacts was rare in interviewees' accounts. A request (and reminder request) was sent to all 14 participating authorities for quantified evidence of impact that they felt could be 'confidently ascribed to integrated children's services'.

### Evidence of quantified impacts: responses from LAs

- 'early days', cannot 'confidently ascribe' at this stage (six local authorities)
- evidence of quantified improvements not necessarily ascribed to integrated children's services (e.g. ascribed to work that pre-dates integrated children's services, or to particular projects) (three local authorities)
- evidence of quantified improvements ascribed to integrated children's services (two local authorities)
- no response (three local authorities).

Quantified improvements attributed to integrated children's services included, in one authority, reduced LAC numbers and a downward trend in the number of referrals to the Safeguarding Team. Another authority had analysed their CAF destination data, and found that the majority of needs presented via the CAF were being met at a preventative level (i.e. within universal services, or with targeted support alongside universal services). Here, a large minority of CAF cases resulted in a multi-agency response; and a minority required the response of specialist services. This focus on responses from universal and targeted services was felt to show that the 'CAF is meeting the intended aim to promote preventative interventions ...'.

### Evidence of quantified impacts: an example ascribed to integrated children's services

In this small, unitary authority, localities operate a 'staged model of intervention': Stage 1 universal services; Stage 2 targeted intervention from practitioners in locality team (vulnerable); Stage 3 provides a TAC approach through a locality 'Children and Family Panel' (complex); and Stage 4 provides acute services intervention.

The Common Assessment Framework (CAF) was introduced in this LA in January 2007 across all schools and agencies working with children and young people and their families. The authority undertook an evaluation of the effectiveness of the implementation of the CAF, looking particularly for 'early insights into the quality and consistency of CAFs, the extent to which early intervention and integrated working is promoted and whether outcomes for children, young people and families are being improved'.

The evaluation showed that most CAFs were being made by universal services (i.e. at stage 1 of this LA's staged model of intervention). An analysis of the destination of the CAF showed at which stage of the four-stage model a child's needs were being responded to. The destinations of 228 CAFs were analysed. The majority of needs were being met at stages 1 and 2, i.e. a preventative level. A further significant minority required a multi-agency response at the Children and Family panel. A minority required referral to acute services. It was reported that 'this analysis shows that the CAF is meeting the intended aim to promote preventative interventions and ensure that needs are met at the appropriate stage of the intervention model'.

### **Evidence of quantified impacts: an example from a particular 'partnership' project**

An example of a particular 'partnership' project having an impact provided by one authority focused on year 7 attendance. The Transition Project collected data of a year 7 cohort, and compared their attendance figures with those of the same children when they were in year 6 in primary school. For the secondary school in the locality under study, the cohort's attendance figures improved by 0.5 per cent. Research staff from the LA stated that they would normally expect attendance to deteriorate between year 6 and year 7. (Note that in the previous year, without the Transition Project, that cohort's attendance figures did improve, but by just 0.1 per cent.) In addition, in this school, the percentage of pupils who had above 95 per cent attendance compared with the previous year rose by 11.7 per cent, from 47.5 per cent in year 6 to 59.2 per cent in year 7. The Transition Project involved the secondary school working with its four feeder primaries, with school improvement officers, education welfare officers and the local City Learning Centre (CLC). CLCs are part of the 'Excellence in Cities' initiative. Each CLC in the authority has had a team of staff working within each partnership to raise the standards of teaching and learning through the use of IT. Staff involved in the Transition Project noted that participants had been committed to the process and enjoyed the experience. Current attendance information suggested the majority of students were settling in well to the secondary school and some were already accessing extra activities.

As noted above, quantification of impacts rarely featured in interviewees' accounts. Managers and practitioners highlighted the need for improvements to current IT systems in order to quantify improvements for each of the key groups. However, as noted in the first report, the importance of robust qualitative evidence, including the views of the children and young people themselves, was emphasised by the DCSs.

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## 7.9 Variation in Level 3 impacts by integrated children's services maturity

Level 3 impacts showed less clear variation by integrated children's services maturity. However, there was one clear area where variation occurred: that of better access to services for children and their families (including quicker response and support in place, a more coordinated/joined-up response, and earlier identification). These were more often cited (by service managers and practitioners alike) and with greater exemplification in LAs with more confident integrated children's services than in LAs with less mature integrated children's services.

## 8 Towards systemic embedding (level 4 impacts)

At the interim reporting stage of this project, it was noted that, unsurprisingly, because most integrated children's services were in the early stages, the majority of service manager and DCS interviewees did not identify institutional or systemic embedding. Nevertheless, throughout their discussions with researchers, these interviewees spoke about existing challenges and future aspirations for integrated children's services, suggesting a number of expected longer-term outcomes for both services and service users. Examples were audited, collated and presented using the impact model levels. For the second phase of the research, the same questions about challenges and areas for development were presented to practitioners and to parents in order to widen the perspectives on what systemic embedded integrated children's services might mean to those directly working in and experiencing frontline service delivery.

### 8.1 Embedding Level 1 impacts

According to service managers and DCSs, embedded **Level 1 Impacts** (changes to inputs, processes and structures) would include:

- an integrated information and intelligence system around individual children
- IT tools and systems to support such integration, together with provision of staff training
- agreed protocols and procedures around sharing data and information
- qualitative assessment tools and those that advance early assessment
- training for universal services on developments such as the CAF and Lead Professionals
- the involvement of children and families in the redesign of services
- including Health Services in locality and multi-agency teams
- a national outcomes framework integrating Health Services.

For practitioners, the issue of data and information sharing was also particularly prominent as an area for development, with Housing and Youth Offending as well as Health being referenced as the services that could improve their information exchange. The CAF was also noted as a development area, particularly training and also opportunities for ongoing advice on its use. General training on multi-agency working and training in a multi-agency forum were further aspects of Level 1-type activity regularly suggested by the practitioner sample. There were references to clarifying procedures e.g. routes into Team Around the Child. The other strong message about integrated children's services processes and structures coming from the practitioner sample related to the issue of time. Resolving a perceived overcommitment to attending multi-agency meetings and to completing assessment paperwork, as well as providing sufficient opportunity for the proper joint planning and implementation of interventions emerged in a number of interviews. Thus, along with training and improved information sharing,

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frontline perspectives highlight adequate resourcing for the processes of integrated children's services as an important consideration for successful embedding.

## 8.2 Embedding Level 2 impacts

According to service managers and DCSs, embedded **Level 2 Impacts** (changes to the experiences and attitudes of service professionals) would mean:

- a common language and terminologies
- full understanding of other agencies' remit and referral criteria
- schools 'buying in' to joint working, and especially with social care colleagues
- resolution to any issues of duplication of services and effective streamlining
- the inclusion of police and GPs in locality working
- co-location of services is recognised as a valuable attribute of integrated children's services
- specialist skills in services remain valued and not diluted.

Practitioner responses also raised a number of these Level 2-type impacts as areas for development. There were references to resolving the issue of specialist language and jargon; maintaining specialisms; creating better links with schools or other agencies; and ensuring a clear understanding of what other agencies can provide. Another practitioner response highlighted the value of informal networks and suggested their continuation and development. A further distinct frontline perspective did surface in relation to the commitment of all services to integrated children's services procedures: there were comments about needing to ensure that all agencies responded to calls for multi-agency meetings; that certain agencies and individuals did not 'step out of their responsibilities'; or that support identified by the CAF was actually forthcoming. Such frontline comments may suggest that resource issues or non-congruent values could inhibit or even undermine the embedding of integrated children's services in some instances.

## 8.3 Embedding Level 3 impacts

In terms of **Level 3 impacts** for each of the key groups involved in the research, the first report suggested a number of distinct outcomes would be evident as integrated children's services became embedded:

### For looked-after children

- better identification of children at risk of going into care
- greater ownership of corporate parenting by the children's trust and all its partners
- greater availability of one-stop shops
- schools working more effectively with other professionals specifically around the needs of looked-after children.

LAC practitioners corroborated the need for further development of links with schools and earlier identification and intervention. Also suggested was the greater involvement of CAMHS and Health and to ensure all aspects of need (e.g. sexual health and wellbeing) were covered. Involving other agencies in strategies for supporting carers and maintaining placements was another impact that the frontline perspective thought integrated children's services might deliver.

### For children and young people with ASD

- further improvements to the inclusion, integration and access of children and young people with ASD to mainstream education
- greater access to improved provision and outcomes for the families of children and young people with ASD (e.g. parents being better able to understand and cope with children with autism)
- greater focus on earlier identification and intervention
- quantitative impacts that would be personal to each child (e.g. progress in their own personal achievement, speech, language, communication)
- recognition of the increase in numbers nationally of children and young people with ASD.

Practitioner perspectives also emphasised earlier identification and intervention regarding ASD (e.g. 'signposting' in early years); more support and training for families; and for better supported placements in mainstream. In addition, frontline perspectives reflected that integrated children's services could result in all agencies taking responsibility (via the CAF); time for joint planning and analysis of need with other agencies; and support for ASD youngsters at transitions, including to adulthood.

### For young people not attending school at key stage 3

- greater engagement of a range of services around wider issues of key stage 3 poor attendance
- more alternative provision.

Practitioners here also noted that further developments in integrated children's services should result in greater holistic support at key stage 3 (there was a particular reference to such requirements in Pupil Referral Units (PRUs) and for the specialist interventions from CAMHS required for girls with emotional and behavioural difficulties (EBD)). Developing information exchange with other agencies also surfaced particularly from this sub-sample as did the value of co-location.

### Parent and carer views

*It's about understanding, people understanding. When we had the larger meetings, it was the fact that everyone got together and discussed what was the best next step for [my child].*

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A key imperative for the research was to obtain the perspectives of service users and, in keeping with this principle, it was important to reflect on what an integrated children's service might be like for them. To that end, after discussion about current experiences of agencies working with their child, the parent/carer sample for each key group was asked about areas for development and ways of improving services. Whilst in some instances their views may well have been affected by encounters prior to integrated children's services, these parents and carers nevertheless presented an important picture of the kinds of improvements to which integration of services should and does aspire. It was notable that, albeit a completely different discourse, there were references to key integrated children's services issues like earlier intervention ('get help sooner and when you think you need it, not when things get bad') and communication/information sharing ('I'd like all the different departments to communicate, not to have to go through everything with everyone separately').

The hope for greater understanding and involvement by schools and GPs also surfaced, with a number of ASD parents particularly suggesting training for teaching staff. Another theme highlighted by some of the parent sample was a wish that services would 'respond to calls'; 'deliver on promises', 'follow up and do what they say they'll do'. Here, the implication from some users was of, in the past, feeling let down, overlooked ('being brushed off') or inadequately supported. Unsurprisingly, regular, reliable contact and responsiveness were valued characteristics of service delivery.

Another required feature was clarity of information and procedures: how to access services' support ('knowing when and where to ask for help'); and obtain guidelines or information. One response also noted the value of 'a single point of reference – a single key worker – someone to contact with any query' as 'it seems hit and miss where you end up'.

Finally, the parent and carer sample nominated the issue of 'my views being listened to', 'being treated as individuals', 'being respected' as a desired element of any service delivery. The capacity of individual practitioners to convey these characteristics was not in doubt, and indeed praise and appreciation for professionals was often offered during the interview. Nevertheless, this list of suggestions for improved provision by service users may be worth scrutiny for all those involved in integrated children's services. It may signal the value of further investment in, and investigation of, parent/carer views and discourse as a measure of successful integration.

## 9 Contributing features

A key aim of the study was to explore the contribution of different characterising elements of integrated children's services. It was hoped to establish which features appear to be the most powerful in ensuring success and/or lead to cultural change and better outcomes for children and young people.

As a starting point, DCS and service manager interviewees were asked what they felt had been the contribution of key features of integrated children's services from a list originally drawn up by a member of the project's External Steering Group and agreed by LARC. The list entailed:

- needs analysis and planning
- commissioning
- locality-based working
- multi-agency working
- models of funding and how resources are matched to priorities
- consultation with, and the views and expectations of the workforce
- consultation with, and the views and expectations of children and young people, and families
- targeted services (i.e. in relation to the three key groups)
- universal services (e.g. as provided by schools, health, etc.).

In addition to the features above, DCSs and service managers were asked an open question about what they felt had contributed (or would contribute) to outcomes for children and young people and their families, and whether there were any other contributing features in addition to those listed. Practitioners were also asked an open question about what they felt had been the key reasons for any successes to date, and what factors they felt were making the most positive impact for their key group.

This chapter sets out the findings in relation to the key contributing features under the following sections:

- DCSs and service managers' views
- practitioners' views
- the variation in key features according to confidence or maturity in LAs' integrated children's services.

### 9.1 DCS and service manager views of key contributing features

Both DCSs and service managers were asked for their views on the contribution of nine key features drawn up by the project's External Steering Group, as well as for additional and open comments regarding their views of any other key contributing features. Table 9.1 provides a ranked comparison of the key features identified by DCSs and service managers from seven or more authorities (i.e. half). The full list



of contributing features mentioned by interviewees is presented at the end of this chapter.

**Table 9.1 Comparison of DCS and service manager views of key contributing features**

DCSs	Service managers
<ul style="list-style-type: none"> <li>• Consultation with children, young people and families* (11)</li> <li>• Universal services* (11)</li> <li>• Needs analysis and planning* (10)</li> <li>• Locality working* (10)</li> <li>• Targeted services* (10)</li> <li>• Commissioning* (9)</li> <li>• Consultation with service professionals* (8)</li> <li>• Models of funding and resources (8)</li> <li>• Multi-agency working* (7)</li> </ul>	<ul style="list-style-type: none"> <li>• Working together (12)</li> <li>• Needs analysis* (12)</li> <li>• Commissioning* (9)</li> <li>• Locality working* (9)</li> <li>• Early intervention (8)</li> <li>• Consultation with children, young people and families* (8)</li> <li>• Workforce training and development (7)</li> </ul>

*\* indicates a feature from the list of nine drawn up and probed with DCSs and service managers.*

As the table above shows, the DCS responses reiterated the nine key features previously identified by the project's External Steering Group. This suggests some commonality and consensus amongst DCSs on the key features contributing to successful integrated children's services. Service managers' views of the key features of successful integrated children's services were slightly different: only four of the nine probed key features were identified in half or more authorities. Rather, service managers chose to highlight the importance of working together, early intervention and workforce training and development.

DCS views on the key features highlight issues relating to service design (e.g. needs analysis, consultation and locality working). For DCSs, the role of universal services appears to be a key feature of this service design. Several DCSs conveyed a vision of the interface between universal and targeted services as being central to integrated children's services. They explained that establishing the threshold of need for targeted support was important, such that universal services (e.g. schools and health) could support low-level needs.

In contrast, service managers were much less likely to refer to universal services as a key feature of integrated children's services (referenced in four authorities). It may be that the discourse of 'universal' and 'targeted' services that DCSs refer to is not as prevalent among service managers. Note that most service manager interviewees were from specialist services for LAC and ASD, and targeted support around attendance for the key stage 3 group, rather than universal services. Similarly, whilst DCSs referred to multi-agency working, service managers referred more often to 'working together' more broadly, (including joint working, shared ownership, and working more closely with other agencies).

DCS and service manager interviewees also referenced certain features important in contributing to integrated children's services, which required further development in their LA. For DCSs, these features included commissioning (referenced in five LAs), consultation with young people and parents, models of funding and resources and further work on the interface between universal and targeted services (all referenced in three LAs). Although 'working together' was highlighted by service managers as having contributed to integrated children's services, they also identified it as a key feature for further development (in ten LAs). In addition, service managers referred to the need for further developments regarding resources (in six LAs) (e.g. workforce capacity issues, social services budgets), models of funding and resources (e.g. pooled budgets and joint funding), relationships, cultures and understandings, co-location, and workforce training and development (all referenced in five LAs).

## 9.2 The key features of integrated children's services contributing to outcomes for children and young people: practitioners' views

Table 9.2 provides a rank order of the key features of integrated children's services perceived to contribute to outcomes for children and young people, according to the number of authorities in which practitioners mentioned that feature. It includes those features which were identified within seven or more local authorities (i.e. more than half of the authorities studied in phase 2).

**Table 9.2 Key contributing features: practitioners' views**

### Practitioners' views

- Multi-agency panels and meetings (10)
- Working together (10)
- Communication (within and across services) (10)
- Relationships, cultures and understandings (9)
- Involving and engaging parents and children and young people in their own case (8)
- Locality working\* (8)
- Early intervention and early identification (7)
- Holistic view of the child (7)
- Stability and continuity of support (7)

*Note that practitioners were interviewed in 13 of the 14 participating LAs. Practitioners were asked for their views in an open question. The list of features probed with DCSs and service managers was not probed with practitioners. However, a \* indicates features nominated by practitioners that match those on the list.*

The features highlighted by practitioners and shown in Table 9.2 focused on aspects of frontline delivery (e.g. multi-agency panels), practitioners' relationships with other professionals (e.g. working together, communication) and how they work with the child (e.g. early intervention, holistic view, providing stable support). The involvement of parents, children and young people in their own case was also felt to be important by practitioners (e.g. engaging parents in their child's support,

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and ensuring parents and children have a say in their support and that their views are listened to).

Other features, mentioned in five or more authorities, also focused on aspects of frontline delivery and relationships, and included the CAF and CAF panels, training and development (e.g. on other services' roles, responsibilities and remits, and joint training alongside other agencies), the personal qualities of staff (i.e. integrated children's services impact is in part dependent on quality of staff and their willingness to forge links with other services, sometimes on their own initiative and commitment) and multi-agency working. Practitioners also mentioned the impetus of policy and legislation associated with integrated children's services as being crucial to accelerating integrated children's services, e.g. professionals' day-to-day work driven by ECM and Children's Act agendas.

Although practitioners were asked an open question here, some of their responses highlighted the features on the list set out for DCSs and service managers. The most frequent of these were locality working (noted by practitioners in eight authorities, mainly in relation to the key stage 3 and ASD groups), and multi-agency working (in five LAs). Other features mapping to those on the list were cited far less frequently, e.g. needs analysis and planning (referenced in three LAs), consultation with children and young people and families (cited in three LAs), consultation with service professionals (referenced in two LAs), models of funding (referenced in one LA) and targeted services (cited in one LA).

The four most commonly cited features were also amongst those referenced as requiring further development by practitioners, i.e. working together, communication, relationships across agencies, and to some extent multi-agency panels. A key theme reported across all of these features was a lack of sign-up from all agencies to integrated children's services (schools were particularly noted in this regard in relation to looked-after children), as well as logistical and 'time' difficulties in convening and attending multi-agency panels. Issues with communication and leadership (e.g. from management regarding integrated children's services) were also noted by practitioners (in eight LAs). IT and models of funding were particularly highlighted as areas for further development. In addition, both practitioners and service managers noted an issue with human resources, recruitment and retention with regard to LAC social work.

### 9.3 DCS, service manager and practitioner views compared

As a brief overview, DCSs reported the nine service design features of integrated children's services (suggested by the Steering Group) as key contributors to accelerating integrated children's services. Service managers also highlighted some of those service design features (e.g. needs analysis, commissioning and locality working) but in addition noted working together, early intervention and workforce training and development as key to integrated children's services. In contrast, practitioners focused on aspects of their frontline delivery, including working with and relationships with other professionals, and how they work with the child (including involving the children and their family in their case).

Looking across these views, it is clear that, in addition to the list of nine features suggested, early intervention and identification, a holistic view of the child and training and workforce development are key features (or terminology) perceived to have an important contribution to outcomes for children and young people.

#### **9.4 The variation in key features according to how mature or 'confident' LAs are with integrated children's services**

As noted in Chapter 4, the 14 LAs that participated in the study showed considerable variation. However, it was possible to place the 14 LAs on a continuum from those in early stages to those with more confidently integrated children's services, using two key variables:

- LAs' self-reported level of impact (i.e. reports of the extent of impact in their LA according to the levels on the impact model)
- the amount of consensus on types of impact and key contributing features amongst directors, managers and practitioners.

It is interesting that those authorities with higher levels of reported impact, and with interviewee consensus on types of impact and contributing features, tend to be those that have been integrated for some time, suggesting that it takes time to achieve impact for the end user themselves.

A further analysis undertaken by researchers then explored the variation in features in LAs' children's services deemed to be more confidently integrated compared with those authorities in earlier stages of integration. There were three areas of clear variation, set out below.

- Working together, relationships and understandings, and to some extent communication between agencies, were cited as positive features in those authorities with children's services deemed as more confidently integrated. Very rarely were these features nominated for further development in such authorities. In contrast, in authorities in earlier stages of integration of children's services, professionals' relationships, working together and communication between agencies were frequently cited as requiring further development. In particular, there were issues around all agencies taking shared ownership and responsibility, ensuring schools are engaged with integrated children's services, and some remaining cultural divides between education and social care. These were noted by service managers and practitioners alike.
- Having a clear and shared vision was a key feature exclusively perceived as positive in the authorities deemed to have confidently integrated children's services. Service managers and practitioners were positive about this. In contrast, clarity of vision was felt to require further development in children's services in earlier stages of integration, with particular concerns over how vision is communicated, shared and owned. As one DCS put it: 'Having a clear vision is all very well, but you need to also develop a shared sense of ownership'. Similarly, leadership and management were also positively perceived in their contribution to integrated children's services in the more confidently integrated authorities. In other authorities, service managers and practitioners felt that

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strategic communication about the introduction of ECM and integrated children's services, the processes of change, and the timescales involved could be improved.

- There were no negative comments about models of funding (e.g. the pooling of budgets) in the authorities deemed to have more confidently integrated children's services. In contrast, in authorities in earlier stages of integrated children's services, interviewees were particularly concerned that their funding and accountability arrangements were not yet well developed. DCS and service managers were concerned about funding structures, joint funding and commissioning; whilst practitioners were concerned about who funds what and transferring resources between partners.

In addition to the three areas of clear variation discussed above (i.e. working together and relationships, clarity of vision and leadership, and models of funding), three further features varied somewhat according to the confidence or maturity of integrated children's services. These were:

- consultation with the workforce and with children and young people and parents (more positive in LAs with more confidently integrated children's services, and rarely mentioned as a contributing feature in those authorities in earlier stages of integrating children's services)
- history of joint working (noted mainly for those authorities deemed to be more mature in their integrated children's services) (e.g. building on existing models of integrated working). As a contributing feature, history of joint working was not mentioned by those authorities in earlier stages of integrating their children's services
- resolving time issues and adequate resourcing for the processes of integrated children's services were key features mentioned in authorities in earlier stages of integrating their children's services.

## 9.5 Key features in LAs: some examples

By way of illustration, this section provides examples of the key features perceived to contribute to integrated children's services in four of the participating LAs' children's services; two of which were deemed to be more confidently integrated (Figures 9.1 and 9.2) and two in earlier stages of integration (Figures 9.3 and 9.4).

Figures 9.1 and 9.2 show how in children's services characterised as being more confidently integrated, there are more positive features, and fewer features identified as requiring development. In one of the LAs with more confidently integrated children's services, service managers and practitioners recognised 'vision and clear agenda' as being a key feature (Figure 9.1) (indeed this was a key feature in all four most confidently integrated children's services, though may only have been mentioned by one or two interviewees). Another of the more confidently integrated children's services has focused strongly on the development of 'TACs' (Figure 9.2) in providing a structure and way of working to underpin integrated children's services.

Figure 9.1 Features perceived to lead to better outcomes (a 'confident' children's service authority)

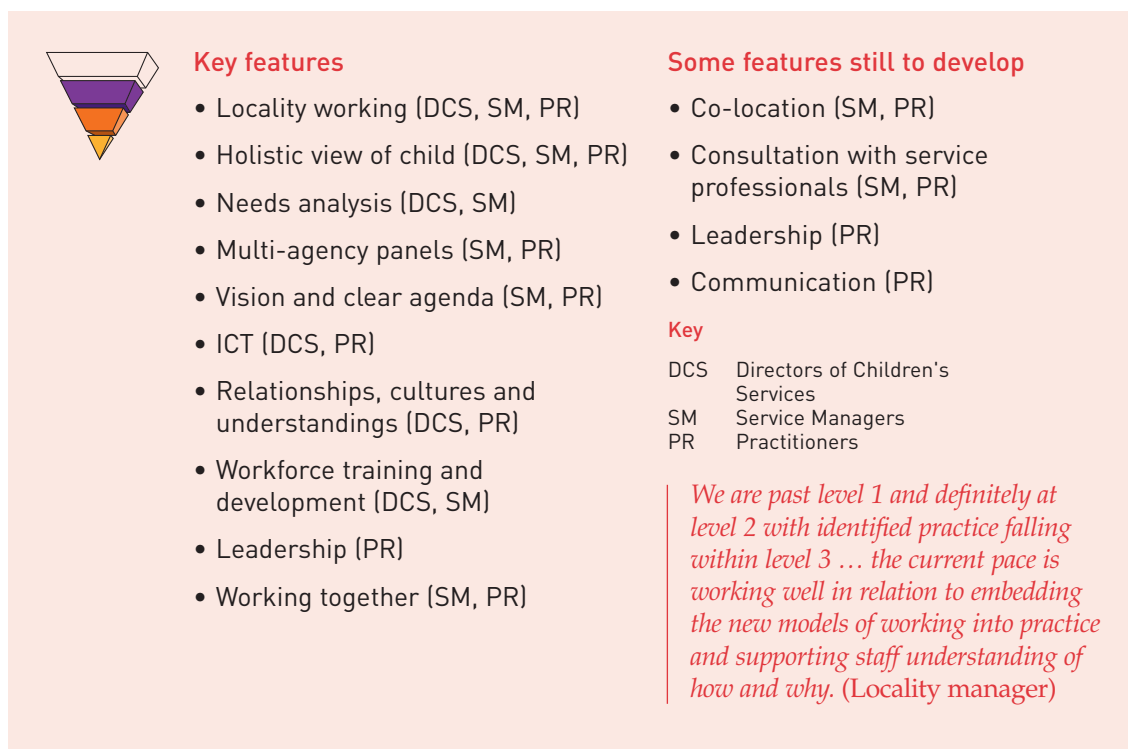
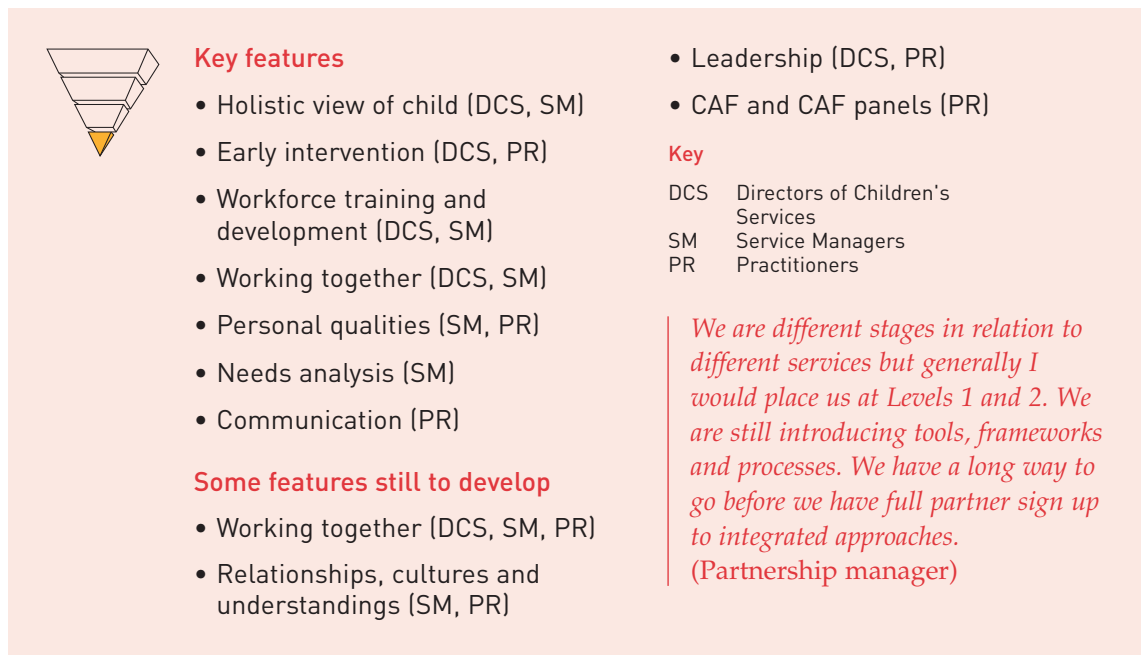


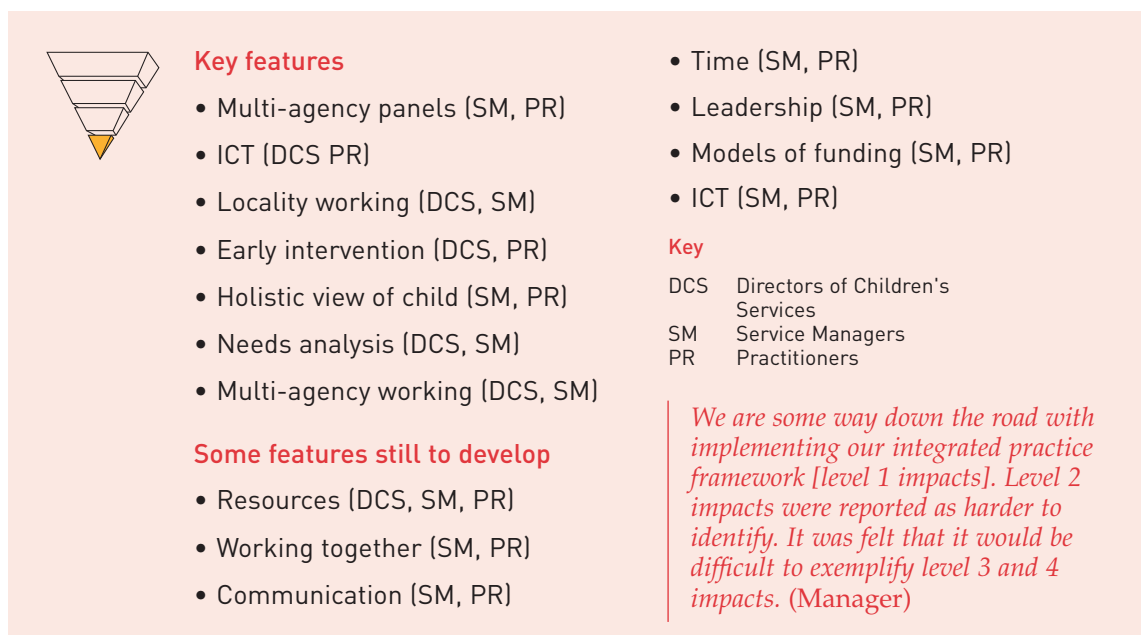
Figure 9.2 Features perceived to lead to better outcomes (a 'confident' children's services authority)



**Figure 9.3 Features perceived to lead to better outcomes (a children's services authority at an earlier stage of integration)**



**Figure 9.4 Features perceived to lead to better outcomes (a children's services authority at an earlier stage of integration)**



Figures 9.3 and 9.4 are of authorities deemed to be in earlier stages of integrated children's services. The examples demonstrate how in earlier stages of integrated children's services there are slightly fewer positive key features, and more features requiring development, than in the previous two examples of the more confidently integrated children's services authorities. In both of these authorities, the need for further development is reported in terms of professional's roles and relationships (e.g. working together), the tools and frameworks to support integration (e.g. the CAF, resources, models of funding) and strategic impetus and workforce management (e.g. leadership).

Note how all four of the examples shown here highlight 'needs analysis' as being a key feature in existence, and most identify 'early intervention' and a 'holistic view of child'. Indeed there was little variation in the nomination of these features by how confident authorities were with integrated children's services. On the other hand, other nominated features would seem to be particular to specific approaches to integrated children's services, and found in particular LAs only, such as TAC (nominated as key in four of the 14 LAs).

## 9.6 An audit of key contributing features

All of the features perceived to contribute to integrated children's services and its outcomes for the three key groups were audited. The audited features could be grouped into the following overarching categories:

- 'service design' features put forward by the project's External Steering Group
- type of support and approach
- relationships and roles
- tools and frameworks
- strategic impetus and workforce management.

Table 9.3 below presents, within each category, the audited features presented in order of frequency (according to the number of LAs in which the feature was cited and by how many interviewees).



**Table 9.3 Key features perceived to have contributed to integrated children's services**

<b>Feature</b>	<b>Examples</b>	<b>No. of LAs</b>	<b>No. of interviewees</b>
<b>'Service design' features identified by the External Steering Group</b>			
<b>Needs analysis</b>	e.g. analysis of local needs and priorities, mapping and identifying gaps in provision, identifying the needs of specific groups of children	14	35
<b>Commissioning</b>	e.g. local commissioning, commissioning based on needs analysis, developing understanding of commissioning (e.g. within schools)	14	22
<b>Locality working</b>	e.g. (sic), area working, frontline locality teams, school-cluster teams	13	36
<b>Consultation with children, young people and families</b>	e.g. surveys to gather children's, young people's and families' views, gathering their views on service design and improvement and the appointment of staff	13	28
<b>Targeted services</b>	e.g. targeted services for the three key groups, services which respond to a particular threshold	13	18
<b>Multi-agency working</b>	(sic)	12	23
<b>Universal services</b>	e.g. as provided by schools, extended provision and some health services, universal services as part of a continuum of support, including for low-level needs and early intervention	12	15
<b>Consultation with service professionals</b>	e.g. gathering practitioners' views on organisational, cultural and role change	11	19
<b>Models of funding and resources</b>	e.g. pooled budgets, joint funding and commissioning with partners, resource focus on early intervention	9	14
<b>Type of support and approach</b>			
<b>Early intervention</b>	e.g. early intervention and prevention, earlier identification, earlier intervention and assessment of risk factors and indicators	13	26
<b>Involvement of children, young people and parents in their case</b>	e.g. engaging parents in their child's support, ensuring parents and children have a say in their support	11	26
<b>Holistic view of child</b>	e.g. professionals seeing wider picture of child, considering all child's needs and working in a more holistic way	10	30

Table 9.3 Key features perceived to have contributed to integrated children's services *continued*

Feature	Examples	No. of LAs	No. of interviewees
<b>Type of support and approach <i>continued</i></b>			
<b>Stability and consistency of support</b>	e.g. consistent messages from services working with children and families, stable placements and support at points of transition	10	22
<b>Recognition of children's skills and successes</b>	e.g. celebration events	5	6
<b>Specialist services</b>	e.g. specialist services and professionals with specialist skills for specific groups, part of the continuum of support, importance of integrity of specialist services and practitioners	5	5
<b>Alternative provision</b>	e.g. alternative curriculum provision, extra curriculum opportunities	2	3
<b>Relationships and roles</b>			
<b>Working together</b>	e.g. joint partnership and integrated working, shared ownership and responsibility, and working more closely together	14	36
<b>Relationships, cultures and understandings</b>	e.g. new awareness and understanding of each other's roles, remits and service offered	14	23
<b>Communication</b>	e.g. greater dialogue, discussion and communication within and between services, increased knowledge of who to communicate with and channels of communication	11	22
<b>(New) roles and responsibilities</b>	e.g. Lead Professional role, wider responsibilities in terms of levels of need	10	14
<b>Personal qualities of staff</b>	e.g. staff willingness to work with other agencies, staff initiative to make contact	9	14
<b>Common approaches to/understandings of children</b>	e.g. services' shared understandings of ASD, key stage and LAC children, shared approaches to working with children	7	11

Table 9.3 Key features perceived to have contributed to integrated children's services *continued*

Feature	Examples	No. of LAs	No. of interviewees
<b>Tools and frameworks</b>			
<b>Multi-agency panels/meetings</b>	e.g. multi-agency panels and meetings, area panels, locality panels	11	24
<b>CAF and CAF panels</b>	e.g. CAF assessments, CAF referrals, CAF panels	11	19
<b>IT/data and information sharing</b>	e.g. common and shared IT systems and databases (e.g. Care First online database), use of email for data and information exchange	8	17
<b>Teams around the child</b>	e.g. TAC, TAC meetings, Team around school, child and community (TASCC)	5	10
<b>Co-location</b>	e.g. frontline teams share base/office within locality/area	5	6
<b>Role of Children's Centres and Extended Schools</b>	e.g. services delivered in local areas through Children's Centres and extended service schools	3	6
<b>Integrated performance indicators (PIs) and targets</b>	e.g. the importance of matching up targets/PIs across different services nationally and locally	3	3
<b>Resources</b>	e.g. funding, capacity of workforce, human resources, retention and recruitment of staff	3	2
<b>Strategic impetus and workforce management</b>			
<b>Workforce training and development</b>	e.g. training on other services' roles, responsibilities and remits, joint training alongside other agencies, away days, visiting other agencies, shadowing and secondments	10	20
<b>Leadership and management</b>	e.g. effective leadership through change process, communication from management regarding integrated children's services rationale and timescale for implementing change, visibility of senior management commitment to integrated children's services	10	13
<b>Vision and clear agenda</b>	e.g. clear priorities and vision for integrated children's services, shared understanding of logic behind integrated children's services, shared ownership of vision	10	13
<b>History of joint working</b>	e.g. building on work with certain partners, existing models of integrated working, pilot multi-agency projects	7	13
<b>Legislation and policy impetus</b>	e.g. focus on ECM outcomes, drive from Children's Agenda	7	10
<b>Innovation</b>	e.g. risk taking, innovation, creativity	4	6
<b>Size of LA</b>	e.g. small, compact authority	2	2

## 10 What does the literature tell us? Some comments for consideration

There is a vast canon of research literature and theory on the concept of integrated working between services. Three dimensions of integration recur and can be presented as the following questions for considering progress in integrated children's services:

- To what **extent** are we integrated: e.g. is it sharing information, coordination, joint management, formal merger?
- At which structural **level** are we integrated: e.g. is it at delivery to service user, at local management or at a whole system level?
- How far is the **reach** of our integration: e.g. what other agencies and sectors are we integrated with?

The extent, level and reach of integration each will have implications for impact, but the literature is rather less robust on this, particularly on evidence of the impact on service users (e.g. Anning *et al.*, 2006; Broadhead and Armistead, 2007). Prevention, accessibility and acceptability of services, improved ECM outcomes, greater empowerment and engagement with services all surface in the literature as likely effects for service users (e.g. Tunstill *et al.*, 2007). Efficiency and speed of decision making, response time, information sharing with partners and with parents are also referenced as effects that integration might have on processes and structures directly affecting users (e.g. Boddy *et al.*, 2006). In addition, inter-professional impacts, both positive and negative, emerging from integrated services' new ways of working are often highlighted in detail, with conceptual frameworks to explore the implications (and inherent tensions) of new roles, workplace identities and professional boundaries (e.g. Frost and Robinson, 2007). Such impacts have emerged in the accounts of interviewees throughout this study.

Equally, it may be of interest to note that some of the literature has recently begun to question whether integration is leading to better outcomes (e.g. Allnock *et al.*, 2006), and whether full integration is the ultimate model of multi-agency activity. (Warmington *et al.*, 2004). Adding to the plethora of models and nomenclatures used in the literature to define and describe the concept of integration in its three dimensions outlined above, the latter study invents new terminology such as 'co-configuration', 'knotworking' which posits rapidly changing, partially improvised collaborations between otherwise loosely connected professionals as a more realistic model (and even goal) of integrated working. All this highlights the continuing complexity of the discourses and concepts of integration.

Reassuringly, many of the key features noted in the LARC study echo the findings of other research into integrated working (Robinson *et al.*, 2008). According to the literature, the enablers associated with the development of integrated services are:

- clarity of purpose/recognition of need ('continuing success is more likely where arrangements are based on a coherent and long-term vision and the focus in individual services is on compatible goals')

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- commitment at all levels (including the vision and ensuring adequate funding and resources)
  - strong leadership and management ('effective multi-level visible leadership is an enabler of success')
  - relationships/trust between partners ('the need for strong personal relationships, trust and respect amongst partners; ... requires a realistic time frame; ... a history of working together and earlier positive experiences of collaboration are instrumental in success ...')
  - understanding and clarity of roles and responsibilities.

For this study, the required focus was not processes, but impact. In pursuit of this aim, not surprisingly, the research uncovered a range of discourses and understandings that varied between the different sub-samples of interviewees. This raises the question of whether engaging with (and investing in clarifying) the language of integration might be an important aspect of implementation and embedding. It emerged that those LAs that have a sense of being 'more mature' or 'more confidently' integrated in their children's services appeared to share the features of a recognised high profile vision and local introduction of specific tools and processes. However, these are commonly identified enablers of integration in the literature. Both of these characteristics also imply sharing and developing a common terminology. By way of conclusion, looking at how a localised terminology is understood and adopted may be a useful way of measuring the embedding of integration in the future.

## Appendix 1 Thumbnail outlines of the 14 LAs

### Local authority A

This LA is a small, unitary authority, divided into three locality areas. In 2002, education and social care services joined together to become the Children, Families and Schools Directorate. In October 2006, the Children, Families and Schools Directorate merged with the NHS Trust Children's Directorate to become the Children and Young People's Trust. The integrated structure includes health staff being seconded into area-based teams. Indeed, services are delivered through multi-agency teams and local partnerships, unless they are too small or specialised, where they remain a city-wide service.

Area-based team structures consist of an Area Assistant Director (who also retains a city-wide responsibility), a partnership/commissioning manager, the Sure Start Early Years service, Youth and Connexions services, Safeguarding (social care), and the schools/community support team.

### The locality

The area chosen for this study includes previous and existing initiatives demonstrating integrated and multi-agency working. For example, the 'On Track' and 'Children's Fund' initiatives. The area has 19 primary schools, four secondary schools, two Children's Centres and one gateway (at the time of data collection there were plans for a further full offer Children's Centre and two gateways). There are 16,353 children and young people in this locality.

### Target groups

For **looked-after children (LAC)** each locality has a social care manager, a Duty and Assessment and Family Support team, and a Long Term team. Frontline work takes place in the locality. In addition, city wide, there is an Assistant Director for Social Care, a Fostering and Adoption team, and a Child Placement team. The Assistant Director for Social Care provides support to the Area Assistant Director and the social care area manager in each locality where appropriate. There are 119 LAC in the area (30 of whom are in respite care), from a total LAC population of 469 in the LA.

The numbers of **children on the autistic spectrum** (children with ASD) are small in each locality in this authority, and so services for ASD are not provided through locality-specific teams. Instead, services for younger ASD children are managed by the Sure Start service (which is responsible for transitions of children into primary schools and their support through Children's Centres). Two full-offer Children's Centres provide integrated health and parenting support services alongside early years care in this locality. Care Pathways are developed for children with ASD up to the age of nine years, and from there they are served by the city-wide disability service. In addition, School and Community Support also provides area-based services to support children and young people with ASD. The team is made up of Educational Psychologists, Education Welfare Officers, School

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Nurses, Learning Support Service, Speech and Language Support Service and Community Mental Health Service. There are 200 children and young people in this authority on the autistic spectrum, of which 21 are aged 0–5 years in this locality.

School and Community Support (see above) also provides area-based support to **young people at key stage 3** with over 20 per cent absence from school. Education Welfare Officers (EWOs) are attached to these area-based support teams, but not actually based in the locality. The lead EWO in each area-based team provides case work supervision, and links to the city-wide Principal Educational Welfare Officer (who sits within another directorate from the School and Community Support service). There are 115 year 9 young people in this target group in the four secondary schools in the chosen locality.

### Local authority B

This LA is a large county authority. The authority began its journey towards integrated children's services in 2005 focusing on prevention and early integration, followed by extensive consultation regarding reorganisation. From 2007, when the Children's Services directorate was formed, work began to restructure services on the ground. The process of integrated children's services has been aided by a pathfinder children's trust from which integrated services and processes have been developed and expanded. Services are provided through integrated locality teams and locally managed, centrally delivered services. The authority is divided into five locality areas on a geographical/ward basis, coterminous with Primary Care Trust (PCT) areas, each with a locality manager. Twenty-nine multi-agency TASCs (Teams around the School, Child and Community) have been established across the whole authority, based within localities and with associated TASC managers. As well as the TASC model, key features of integrated children's services in the authority are the CAF and a change programme manager to oversee the development of integrated children's services.

### The locality

The locality under study has 40 primary schools (two of which are special schools), and seven secondary schools. Three TASCs operate within the locality, which was chosen due to its high indices of deprivation.

### Target groups

At the time of data collection there were 209 **looked-after children (LAC)** within the locality, 157 primary children on the **autistic spectrum (ASD)** and 168 secondary children with ASD (i.e. 325 in total in the locality), and 196 **key stage 3 non-attenders**. Services for both LAC and ASD are centrally managed and locally delivered with additional needs being met by locally based TASCs. Services for key stage 3 non-attenders are usually provided through the TASC team; Education Welfare Officers are now working as part of TASC teams and are managed by the TASC manager.

## Local authority C

This is a small, unitary authority. The Children's Service was formed in 2005 with the merging of social care and education, followed later that year by the development of children's trust arrangements. A pre-existing tier 2 and 3 (vulnerable and complex) model of locality working was in existence over 2005/06 and supported the further development of locality teams and a continuous service. The authority has been divided into three localities on a geographical/ward basis and operates on the basis of a 'staged model of intervention' (Stage 1 Universal services; Stage 2 Targeted intervention from practitioners in locality team (vulnerable); Stage 3 the provision of a TAC approach through a locality 'Children and Family Panel' (complex); Stage 4 provision of acute services intervention). Locality teams incorporate multi-agency representation and are managed by a Locality Management Team. Integrated Youth Support Teams are co-located in localities and other multi-agency locality teams are co-located together, with these teams being geographically based within the locality on an incremental basis. The CAF and information-sharing protocols are in use along with a Child and Family Panel.

### The locality

Within the locality under study there are 12 primary schools, four secondary schools, five Children's Centres and approximately 13,000 young people. There was no significant reason for choosing this locality for the research; it was felt to be as well developed as the other two. There is a locality coordinator who is able to draw upon a range of services and professionals. Localities work with children and young people primarily on the basis of which school they attend. Locality coordinators work with team managers who are aligned to different localities to draw in additional support for children.

### Target groups

Services for **looked-after children** (LAC) are provided by Stage 4 acute/authority-wide intervention. There are approximately 150 LAC within the locality. Services for **children on the autistic spectrum** (ASD) are provided by acute/authority-wide statutory services (i.e. Stage 4 services intervention). Children without diagnosis may come through locality teams or the Children and Families panel (stage 2 or 3) for universal or targeted support. The team around the child approach is used with very young children with ASD (i.e. under 5 year olds). There are approximately 20 children with a diagnosis of ASD within the locality. A range of professionals (e.g. EWOs, Educational Psychologists, Behaviour Improvement Teachers, Mental Health Officers and children's Key Workers) support **young people at key stage 3** with over 20 per cent absence from school. These professionals are integrated into the locality team. There are between 50–100 key stage 3 young people in this target group in the locality.



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## Local authority D

This LA is a unitary authority in the West Midlands covering an area of 112 square miles. The LA came together as Children's Services in 2005, although a Joint Commissioning Unit, which supports the Strategic Partnership, was established in 2003 as a children's trust pilot. There is an Integrated Children's Portfolio which ensures the integration of social care and education (rather than merely 'bolting' them together). This LA has five School and Community Clusters based around Ward areas, each managed by an Integrated Service Manager, all of whom come from different backgrounds (e.g. education, social care, police). These School and Community Clusters provide Tier 1/2 Services and have close working arrangements with the Tier 3 Service from all agencies.

### The locality

The cluster chosen for participation in the current study is the most deprived area in the borough with higher numbers of children and young people in the target groups of LAC and ASD. This, it is believed, poses challenges for how to make integrated children's services work for the area's children and young people. From a research perspective, it is hoped that participation in the study will provide valuable information to inform delivery in the other clusters. The priority areas identified for this cluster by the Change for Children Board are preventing teenage pregnancies (one of the highest rates in England) and improving behaviour. These are in addition to the general priorities of the Children and Young People Strategic Partnership (CYPSP). The cluster has 14 primary schools, two secondary schools, three special schools and one Children's Centre. There are around 40,900 0–18 year olds in the LA as a whole and 11,100 in the central cluster area.

### Target groups

Support for looked-after children (LAC) in the clusters is provided by an LA-wide Tier 3 service made up of five frontline teams: a safeguarding team, a help-desk outreach team (HOT); two assessment and case-management teams and a LAC specialist team. A Corporate Parenting Task group, chaired by a Cabinet Member and bringing together all agencies that support LAC in the borough, has been in existence for 18 months. There are 81 LAC in the cluster under study, out of a total LAC population of 227 (as at February 2007). Referrals for children on the autistic spectrum (ASD) to the CAMHS Service are usually made by primary mental health workers who work in the clusters. Many children and young people with ASD are in mainstream education and their support is provided through schools in their cluster. There are 270 children and young people with ASD living within the cluster under study, the majority of whom are in the age groups 1–4 and 10–15. Young people at key stage 3 with over 20 per cent absence from school are supported by school-based EWOs in each of the clusters. A central team (Attendance Support) headed up by an Attendance Leader then supports the clusters. This is believed to provide a more strategic approach to support for this key group. There are 52 pupils in this group within the locality.

## Local authority E

This LA is a London Borough. The process of integration into a Children and Young People's Service began at a structural level in April 2005, with a year's planning prior to this. A review of processes was conducted after five months of operation. In January 2007 a common referral system was established, whereby need would be defined at the start of the referral process and services allocated accordingly.

The authority is divided into three Children's Network Areas (CNAs) – an approach adopted so that services could be shaped to local needs. Each CNA covers a number of geographical wards, and each includes two Network Learning Communities of schools which have been established for some years. Targeted services work together in CNAs as multi-agency teams. Specialist services work borough wide. Each CNA has a network manager. Fortnightly Children's Network panels deal with referrals in CNAs to any service. Monthly multi-disciplinary team meetings in each CNA consist of all services that deliver on the front line.

### The locality

The Children's Network Area under study covers seven wards and has 22 primary schools, three secondary schools, four Children's Centres, five special schools and one 'integration scheme'. According to census population projection, there are 58,464 young people in the borough, of which 24,907 live in the network under study. The area was chosen because it was a pilot for the Children's Network Area approach. It is also the largest and most deprived area in the authority, and consequently has the most services working within it.

### Target groups

**Looked-after children (LAC)** in the CNAs are served by a borough-wide specialist service, integrating education and social care. The LAC team deals with a high proportion of children and young people in care who attend school out of the borough. There are 49 LAC attending schools in the chosen area, and two attending a local college. For **children on the autistic spectrum (ASD)**, there is also borough-wide specialist provision including an assessment centre for children with ASD, to which some referrals come from the CNA. At the time of gathering data there were 121 children with ASD who were currently accessing school provision in the chosen area. **Young people at key stage 3** with over 20 per cent absence from school are supported in their locality (i.e Children's Network Area), with referrals being made through the Children's Network panel. Funding for secondary education welfare has been devolved to secondary schools. There are 110 pupils in the chosen area who fall into the key stage 3 target group (17 in year 7, 50 in year 8 and 43 in year 9). These pupils attend the three secondary schools that fall within this CNA.

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## Local authority F

This is a small, unitary authority. One of the themed working groups of the strategic partnership in this authority is locality-based early intervention and preventative services. This working group consists of senior managers from across the partnership, which is working to implement a multi-agency framework based on the continuum of services from the DCSF. This has a number of drivers, including the implementation of the CAF and the use of Lead Professionals, as well as the introduction of locality management teams. Local area management teams feed into the strategic partnership. Locality managers have been appointed and this will help further the understanding of the needs of the locality. Multi-agency locality teams (MALTs) are the main vehicle for delivery.

### The locality

The authority is concentrating on putting into practice the aims of integrated children's services in one locality to try it out and there is a locality-based steering group. The locality contains the first full service extended school so there has already been some development and movement with regard to integrated children's services. The headteacher is enthusiastic and wanted a multi-agency meeting at his school instead of the school alone looking at children's individual needs. There were already some services but not a joined-up system in place where they would identify and plan the needs of children together, and bits of working were being done separately. There are multi-agency meetings within the school and monthly CAF meetings. Within the locality there are eight secondary schools, 22 primary schools, two special schools and five Children's Centres.

### Target groups

For **looked-after children**, the authority used to have specialist teams working intensively with education, CAMHS etc. and as such, there is a strong history of working together. More recently, they have been working with LAC in more generic teams. This has been found to be effective in ensuring that information is not lost and that their needs are met. Within the locality there are approximately 138 LAC. For **children on the autistic spectrum (ASD)** the LA's strategy has extended the focus from education to multi-agency involvement in young people's needs. Integration with regard to ASD is more advanced in other localities because the communications and interaction team is not locality based, although the plan is for the team to be split into localities. Within the locality there are approximately 142 0–19 year olds and 104 0–13 year olds with ASD. For **young people at key stage 3** with over 20 per cent absence from school, services are not locality based: services are city wide. The authority is planning to move to a model of city-wide services with delivery arms in various localities. To an extent, there is already integrated working regarding non-attendance but work is not totally integrated regarding engagement and supporting/keeping children in school. The approximate number of key stage 3 non-attenders is 310 and numbers within the PRU 47. The Pupil Referral Unit (PRU) is a city-wide service.

## Local authority G

This is a large, metropolitan authority. The DCS was appointed in 2006 and the children's trust was developed at the same time. A children and young people's board was put in place, underpinned by a memorandum of understanding between agencies and their chief officers who have a 'duty to cooperate' with the local authority. This board coordinated a number of initiatives across the city. The LA has three area planning groups aligned to three PCTs, which, in turn, link to 40 school clusters and these map on to six area networks of schools. At this stage, the LA has deliberately not restructured and their approach has been to adopt a logic model methodology to the development of children's services. In summary, this means starting from agreed outcomes and putting in place evidence-based activities to address these outcomes, measures of success (outputs) and agreement on investments required to deliver the outcomes. (This may lead to redesign and integration of services if it is evident that it is required.) In some parts of the local authority there is cluster alignment of professionals (e.g. health, Education Psychology, Education Social Workers) around extended clusters and they have attempted to join up in communication teams. There is a CAF steering group alongside the clusters where agencies come together.

### The locality

The locality chosen for this study has a history of positive interagency working (the geography lends itself to this). The locality has a strong identity. There are also significant challenges. It was chosen for the Joint Area Review (JAR) because it 'hits a lot of the disadvantage buttons'. However, it is also able to showcase good practice. There has been significant regeneration and there is the spirit and the will to work together. The children and young people population for the 0–19 age range within the locality is 2847 (31 per cent of the area population). The locality has one secondary school and four primary schools. There are high indices of disadvantage, low attainment at 16, a high proportion of Not in Education Employment or Training (NEET) and 44 per cent free school meals (FSM).

### Target groups

Provision for **looked-after children (LAC)** sits within specialist services. The locality comes under the North East operational manager, under whom there are three teams with allocated social workers for LAC. There are 20–50 LAC within the locality. Provision for **children on the autistic spectrum (ASD)** comes under city-wide specialist services, with key workers attached to localities. There is a review currently taking place with regard to SEN provision (i.e. including ASD). There are approximately 10–20 ASD children (based on 9, 10, 11 and 12 year olds) within the locality. For **key stage 3 non-attenders**, the Education Welfare Service (EWS) is a city-wide service, with four managers and six area networks of schools. The number of key stage 3 children in the locality with over 20 per cent absence was not available at the time of collating this data.

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## Local authority H

This is a unitary authority area on the south coast with a 0–19 population of around 45,000. The LA boundaries are coterminous with those of the PCT and the police. The LA was a children's trust Pathfinder but was not an Information Sharing and Assessment Pathfinder. The integration of services at the governance and strategic levels of integrated children's services are very well developed and include the full engagement of schools. There is some integrated frontline delivery (a number of well-embedded multi-agency teams) supported by emerging integrated processes. There are five locality areas (called Community Improvement Partnerships (CIPs)). The LA is about to recruit Integrated Service Managers to work at the locality level to embed integrated working at Tiers 1, 2 and 3.

### The locality

The locality was chosen for the LARC project because of its history of integrated working (the area was an On-Track and Youth Inclusion and Support Panel (YISP) pilot area). The area has around 7000 children and young people 0–19. There is one secondary school and six infant, junior and primary schools and a Children's Centre. It is an area of high deprivation and has a high proportion of social housing.

### Target groups

There are 20 **looked-after children (LAC)** with a home address in the chosen CIP (from a total LAC population of 263). However, the research focused on those LAC in respite care and there was only one of the cohort who came from this locality. The service supporting these children is a city-wide service with good multi-agency links.

For **children on the autistic spectrum (ASD)**, services are city wide and not focused on the chosen locality. However, educational psychologists are increasingly becoming based in CIP areas to support the schools in those areas with children and young people on the spectrum. There are 12 ASD children of all ages in the locality. For the research, two of these were interviewed from the locality plus two from another area.

**Young people at key stage 3** with over 20 per cent absence from school are supported by Education Welfare Officers (EWOs). Primary EWOs are centrally based because there are only three of them, while secondary EWOs are school based, rather than being linked to a particular CIP. There are 96 pupils in the chosen area who fall into the key stage 3 target group, 44 of whom attend its one secondary school. For the research, all of the interviewees came from the area. All were on the caseload of the Education Welfare Service but only one had had a CAF assessment which had led to a Team Around the Child. However, two of the four had been through the YISP panel in the locality.

## Local authority I

This is a medium-sized metropolitan borough authority with approximately 72,000 0–19 year olds living in the borough. The LA started piloting a community cluster approach in 2006 as part of its Inclusive and Supportive Communities Strategy and has now completed the rollout of its six clusters. Each of these six clusters are supported by Extended Services Coordinators (of which four are now in post). Clusters are paired as a Local Partnership and all three Local Partnership Managers are now in post. Related services – for example, 'Services for Young People' (comprising the unified management of Connexions, Education Welfare and Youth Service) – are being reconfigured to be area based, in this example from May 2008.

### The locality

For looked-after children, and children with autism, no locality was chosen for the study. The location chosen for studying young people at key stage 3 with over 20 per cent absence from school is a deprived isolated estate in one of the six clusters in the LA. There is no secondary school on the estate. The young people are based out in four secondary schools, two of which are within the cluster boundary. The school with the greater proportion of students from the estate was identified as the base for the project which was designed to involve both in-school and off-site work, the latter enabling the project to be accessible to the young people resident on the estate regardless of which secondary school they attended.

The cluster itself comprises 24 school settings: two secondary high schools; one secondary special school; two pupil referral units; 17 nursery/infant/junior/primary schools and 2 early years centres.

### Target groups

The service for **looked-after children (LAC)** is a borough-wide service. Their whole approach is multi-agency. They have had the early intervention team underpinning the IT/information systems and working toward marrying their databases with other agencies. Speech and language therapy services for **children with autistic spectrum disorders (ASD)** were brought together and co-located with social care for disabilities, SEN equipment and adaptation services, and the autism partnership and disabilities database. There is still a long way to go: for example, they do not have joint operational procedures. However, in terms of ASD they are further along the process and have changed the assessment process dramatically so that they do a joint assessment, one plan with multi-agency input, and are working as a team. This started in January 2008 and it is a huge change. Work on **key stage 3 non-attenders** centred on one full service extended school. They have a person responsible for the CAF in school and supporting services are provided by multi-agency partners including Connexions, Education Welfare, Youth Service and Positive Activities for Young People (PAYP).

## Local authority J

This is a large county authority which has been divided into five geographical Children's Service areas, each of which is further sub-divided into two or three localities based on a number of high school cluster areas. The DCS was appointed in October 2005 with the joint directorate being formed in January 2006, which included the appointment of five Area Directors. Three Area Service Managers were then appointed in each of the five areas in September 2006. The line management of operational teams was shifted to Area Service Managers, although the configuration of existing teams remained until further consultation had been undertaken. Restructuring of services and teams is now being planned in each of the areas, with staff at all levels being involved in designing the new service. Multi-disciplinary frontline teams are currently being planned to deliver services in the respective localities.

The Dartington logic modelling approach has been used to provide a theoretical framework for integrated children's services. CAF and Care First information sharing database systems have been introduced. The authority has adopted a top-down approach to integrated children's services, so impacts may yet to be felt at the front line.

In the future there are plans to co-locate staff in one building (based on assessment of size of locality and teams) and develop community delivery points (e.g. schools, Children's Centres and extended services).

### The locality

The geographical area under study is sub-divided into three localities and has 93 primary schools, 12 secondary schools, four Children's Centres, five special schools and a PRU. At the time of gathering data there were 48,600 young people in the area. The area was chosen because there is an established Area Partnership, existing examples of integrated working to build upon and high levels of need. Each of the three localities within the area is managed by an Area Service Manager who has responsibility for a locality as well as responsibility for leading a number of area-wide teams (covering different aspects of service). Each locality has developed an enhanced school support team, and also draws on services delivered by local, area-wide and county-wide teams.

### Target groups

There were 285 looked after children (LAC) in the area (excluding those in respite care) at the time of collecting data. Data for ASD and key stage 3 young people was not available at locality level, although there were 95 children with ASD at county level according to a DfES survey. **Services for looked after children (LAC)** are provided by a team within the area which currently works to city boundaries (not the new CS area or locality boundaries). This city-wide service happens to be managed by one of the three Area Service Managers studied here. There is no specialist **ASD** team. For **children with autism**, there is some provision from a county-wide disabilities team (although ASD often do not meet the threshold for this service). Other ASD provision comes from a team of senior educational psychologists, behaviour support staff and specialist teachers. Services for **key stage 3 non-attenders** are provided by an attendance team. This happens to be managed by one of the three Area Service Managers under study here.

## Local authority K

This LA is a large, rural county authority. Initial 'realignment' brought together the social care and education directorates. With the appointment of the new DCS in June 2007, the LA is moving towards greater integration of services. This LA has a Children and Young People's Board. Initially to help with the integration of the new children's service, a Service Integration Board was established which reported to the Board. However this board has now been wound up and a review of the current board arrangements has taken place. Three new 'area partnerships' will in the future report to the strategic board. There is a Locality Steering Group made up of operational senior service managers (with representation from all services).

The LA is divided into three areas, each managed by a Joint Management Group. Thirteen localities are spread across these three areas, each with a locality coordinator.

### The locality

The locality chosen for participation in the current study is one of four in the central area. The rationale for this choice was that the locality has a longer history than others of integrated working, is also the area with the highest levels of deprivation and need and has been in receipt of additional resources. Educational psychologists, behavioural support staff and social care staff work in the localities within virtual teams. The locality work is based on meeting universal need, with LA-wide specialist service input when necessary. In the last year, Health has redrawn its boundaries to be coterminous with locality areas. The chosen locality has six primary schools, one secondary school and two special schools (one secondary for emotional and behavioural difficulties (EBD) and one 0–19 for specific learning difficulties (SLD)), as well as a Pupil Referral Unit and Integration Service (PRUIS).

### Target groups

**Looked-after children (LAC)** teams are based in local area offices, although these do not match the locality areas. The service is currently considering how to deliver effectively in the localities. Within the chosen locality, there are between approximately 20 and 50 children in the looked-after system out of a total LAC population of 409. The LA's SEN support service has three area coordinators (coterminous with the areas of the LA) who work across five specialist teams (one of which is for **children on the autistic spectrum (ASD)** forming three virtual teams. Services are delivered across the LA through the 13 localities with specialist units located in specific schools. It is estimated that there are 20–50 young people with ASD in the locality. The Attendance and Pupil Welfare Service provides LA-wide support for **young people at key stage 3** with over 20 per cent absence from school. The service has recently identified named staff for each of the 13 localities. An estimated 50–100 young people in this target group reside in the locality chosen.



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## Local authority L

This is a large unitary authority with a child population of about 125,000. The process of integration began in 2005 when children's social care and the local education authority were integrated to create a Children and Young People's Directorate. Seven service districts have been established in this LA to ensure that services became more integrated and locally driven and these have been in operation since September 2006. Service districts bring together multi-agency teams of education and health and this year social care and the service districts will align geographically. In the longer term it is intended that this alignment will enable co-location. The LA is also integrating the children with learning difficulties and disabilities service, including the SEN service, with social care. The LA is trailblazing 'Contact Point', (known locally as safetyNET) an information sharing system, which has information about the professionals working with each child (this is to be implemented nationally in 2009). An Integrated Practice Manual has been produced to help all agencies provide a consistent approach when practitioners are undertaking a CAF and the Lead Professional (LP) role, etc.

### The locality

The locality was chosen because it was the first service district and therefore the 'test bed' for integrated children's services. This is the second largest of the seven service districts (based on population), with the largest school population. There are four secondary schools, 22 primary schools and three Children's Centres. There are 6163 children from reception to year 6, and 4646 children from year 7 to year 14 in the locality.

### Target groups

For **looked-after children (LAC)** who require permanent alternative care, there is a city-wide Permanence and Through Care Service. There are approximately 68 LAC (average over the last three years) within the locality. For **children on the autistic spectrum**, there is a specialist city-wide **ASD** service with a history of working closely with other services. There are approximately 121 ASD children (categorised as SEN type) within the locality. For **key stage 3 pupils** with over 20 per cent absence, EWOs are part of the multi-agency team within the service district and they are piloting working together to support families. There are approximately 215 **key stage 3 pupils with over 20 per cent absence** from school within the locality.

## Local authority M

This is a medium-sized, metropolitan authority. The Children's Service was formed in 2006, with strategic integration taking place in the joining of education and social care directorates, the forming of a children's trust and joining universal and targeted services together into a directorate. The authority comprises five 'townships' as defined on a geographical/ward basis. The authority recognises itself as being in 'early days' of integrated children's services and discussion is taking place regarding the model of frontline integrated services.

Integrated processes and tools, such as the CAF and the Lead Professional role, are being introduced and rolled out to the five townships. The authority is exploring building on work with school clusters to create services within townships. The townships have specific needs and populations so a long-term plan for a cycle of needs analysis and evaluation is also being examined.

## The borough

The borough under study has 78 primary schools, 22 secondary schools, seven special schools and 17 Children's Centres (Phase 3 still to be developed) and approximately 75,000 children and young people. The borough is split into five township areas. The Integrated Services Manager along with five staff (still to be appointed/seconded) will work together to roll out the CAF and the Lead Professional role to the five townships. Practitioners are currently mostly working across the authority rather than specific to localities/townships. One township area is being used as a pilot area for integrated services but this is still in an early stage of development.

## The locality

The locality under study has 11 primary schools, five secondary schools, five Children's Centres and 16,656 children and young people. The locality was chosen as it has been piloting the CAF and the Lead Professional role in one locality area to date.

## Target groups

The **LAC population** in the borough is approximately 500. The **LAC population** in the locality is approximately 100+ children and young people. There is no locality-level data for **ASD**, although last year there were 53 young people with ASD across the whole authority. There are between 50–70 **key stage 3 non-attenders** also being targeted for the purpose of this study. Services for LAC, ASD and key stage 3 non-attenders are usually classed as specialist services and are currently delivered across the authority, not on a locality basis. At the time of data collection, there had been no specific restructuring of operational teams to create multi-agency teams, although teams have tended to work together and make cross referrals.

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## Local authority N

This LA is a large, county authority. It undertook a three-year pilot of children's trust arrangements, and reports a history of structural integration with education and social services amalgamating in 2000. Structures for integrated children's services are in place, and training programmes for the Common Assessment Framework (CAF) have been implemented.

The LA is divided into ten district children's trust partnerships. These partnerships are being established around extended schools consortia. In turn, the extended schools consortia are based on aggregations of 82 local communities. Services work at three levels in this LA: at county level, district level and in/via the extended schools consortia.

### The locality

The district chosen for this study was involved in the pilot children's trust arrangements in this LA. It is also one of the areas with highest need in the county, which has prompted close working relationships across the district. The chosen area encompasses three extended schools consortia. Overall it has seven primary schools, two secondary schools, two special schools and two Children's Centres. There are 6,500 0–19 year olds in this district, which contains one of the most deprived areas in the county.

### Target groups

The **looked-after children (LAC)** service is made up of three teams – the assessment team, the locality team and the LAC team. Frontline work is carried out in the locality by locality teams. This includes the work of health services (e.g. school nurses, health visitors). An authority-wide specialist advisory service includes teams for autism, speech and language, visual impairment, etc. The autism team is quite large, and so recently divided their work around school clusters, with members of the team being allocated to particular school clusters. **Young people at key stage 3** with over 20 per cent absence from school are supported by the newly instigated post of Alternative Improvement Officers (AIOs). AIOs each work with a small number of schools in the extended schools consortia. However, their base is not actually in schools. Their base is with the authority-wide attendance and improvement team. No data was provided in terms of population sizes for these three key groups.

## Appendix 2 About the study

### Background

During 2006, work around the Change for Children agenda was a major topic of debate amongst local authority staff, colleagues at Research in Practice (RiP) and the National Foundation for Educational Research (NFER). It was suggested that local authorities (LAs) needed the support of research evidence to assess the extent to which, during the early stages of implementation, the service integration aspects of the Change for Children agenda were working and starting to have their intended impact.

A workshop about this issue was hosted by RiP at Dartington Hall in Devon on 15 and 16 December 2006. It was attended by a number of invited LA colleagues and agencies, together with representatives from NFER, the Improvement and Development Agency (IDeA) and the Government Social Research Unit (GSRU). At this workshop it was agreed that there would be considerable value in launching a cross-authority project which could assess, at the local level, evidence for the early impact of integrated children's services. A range of ideas was put forward as to the form and focus that such a project should take, with participating authorities forming a Local Authority Research Consortium (LARC) at the start of 2007.

In its first year of work, LARC comprised 14 local authorities: Birmingham City Council, Brighton and Hove City Council, Dudley Metropolitan Borough Council, Essex County Council, Haringey Council, Hertfordshire County Council, Norfolk County Council, Nottingham City Council, Oxfordshire County Council, Portsmouth City Council, Sheffield City Council, Southend on Sea Borough Council, Stockport Metropolitan Borough Council, Telford and Wrekin Council; as well as NFER and EMIE at NFER, Research in Practice (RiP), the Improvement and Development Agency (IDeA) and the Local Government Association (LGA).

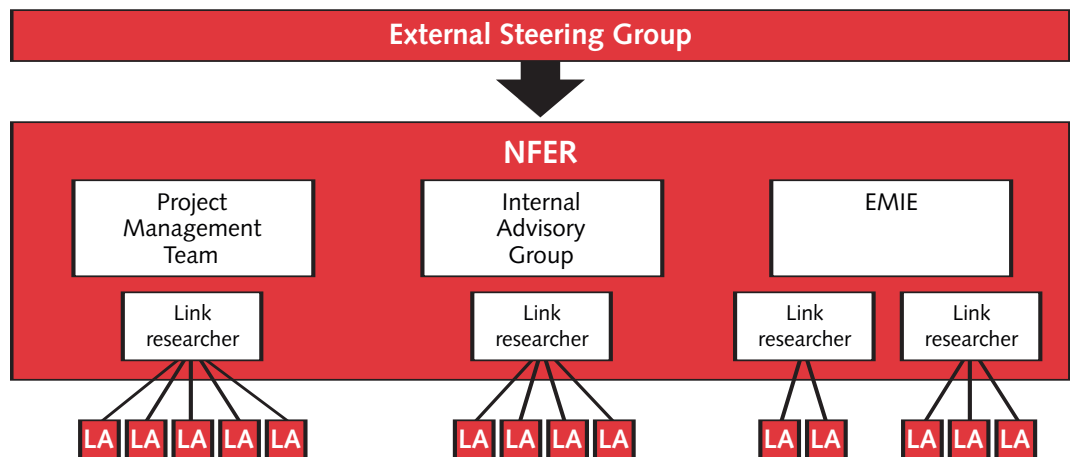
### Research design and methodology

The LARC study was designed as a collaborative project with the overall aim of providing, as far as the data would allow, evidence on the early impact of integrated children's services on children and young people in a range of local authority contexts.

#### LARC: the partnership

Figure A2.1 below sets out the structure of the partnership which was complex, with a number of 'links' in the chain of responsibility. It also had a circular element as some of the participating LAs were also represented on the External Steering Group.

Figure A2.1 Structure of the LARC partnership



The study was overseen by the **External Steering Group** representing the 14 LAs, NFER, RiP, IDeA and LGA. This group was responsible for:

- representing client and partner interests and ensuring that the project resources were well spent
- providing overall direction and advice to the project team and ensuring that the project met its aims
- contributing to the dissemination and information plan relating to the project and its findings.

An **Internal Advisory Group** was responsible for:

- providing advice and overall direction to the project team
- monitoring progress to ensure that the project met its aims
- contributing to the design of research instruments and data collection strategies
- quality assurance
- contributing to the dissemination and information plan relating to the project and its findings.

**EMIE** at NFER was responsible for marketing, information and dissemination relating to the project through its website and LA channels. Through the EMIE website, LAs were able to access:

- a project outline (providing information about the project)
- information about, and contact details for, authorities involved in the project
- details of the interview process and examples of research instruments
- frequently asked questions (FAQs)
- LA documents (e.g. structure charts, plans and strategies)
- workshop information
- contact details for NFER researchers.

A **project management team** of NFER researchers took responsibility for:

- the day-to-day implementation and coordination of the project
- the design of research instruments and data collection strategies
- facilitating workshops
- collating and analysing the data collected and preparing reports
- contributing to the dissemination and information plan relating to the project and its findings.

Four NFER **link researchers** were assigned to the 14 participating LAs (as shown in Figure A2.1) and were responsible for:

- liaison with the key contact within their LAs
- organisation of the data collection programme in each of their LAs
- data collection in their LAs
- attending/facilitating workshops
- support to LA interviewers (e.g. through training on using the research tools and modelling interviews).

The **14 participating LAs** were then responsible for:

- completing information required in an initial scoping exercise by the required deadline
- identifying the locality to be focused on in the study and ensuring access for data collection amongst relevant stakeholder groups
- identifying a key contact within the LA to act as access point for the link researchers and oversee the work conducted as part of the study
- feeding back views to, or attending, the Steering Group
- identifying and providing adequate time and resources for the person to be responsible for LA data collection
- ensuring the return of data collected to NFER for inclusion in analysis and report writing
- attending workshops
- adhering to project protocols.

In six instances, there was a further link in the chain where LAs employed an external consultant/researcher to conduct the data collection in their authority. In one authority, an external consultant was employed to oversee the study and act as the initial access point for the link researcher assigned to that LA.

### **The key groups being studied**

The research focused on three key groups of children and young people for whom integrated children's services might particularly make a difference. These groups, which were identified and agreed by the LARC Steering Group, were:

- Looked-after children (LAC)
- Children and young people with autistic spectrum disorder (ASD)
- Young people not attending school at key stage 3 with over 20 per cent absence.

### Aims of the study

The key aims for the project can be summarised in the following two questions:

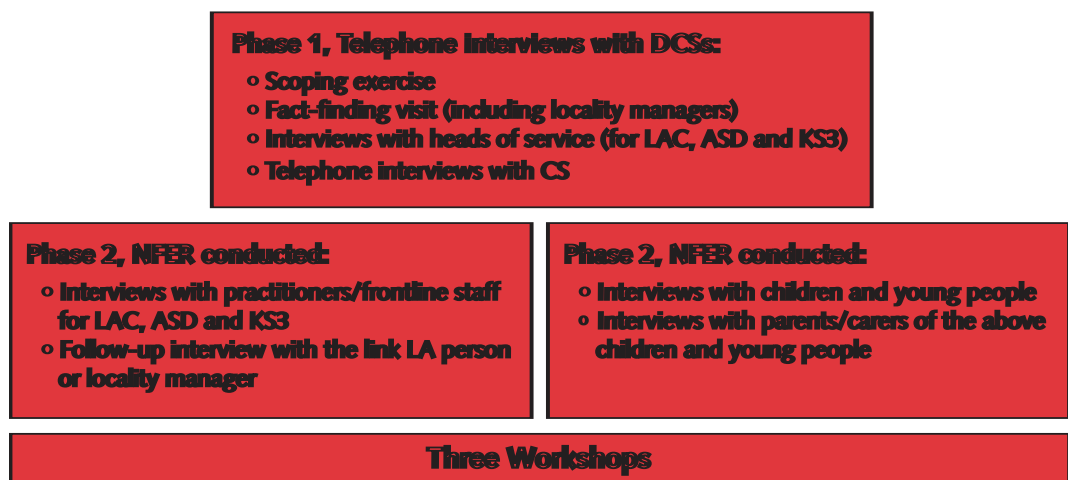
- Is there early evidence of success, cultural change and progress towards achieving locally desired outcomes for three key groups of children and young people (looked-after children, younger children of primary age with ASD and young people not attending school at key stage 3) in the local authorities studied and what is this?
- What has been the contribution of different characterising elements of integrated children’s services, and which of these appear to be the most powerful in ensuring success and leading to cultural change and better outcomes for children and young people in the authorities studied?

### Methodology

This project was run in collaboration between NFER, LARC and (where these were in place) their research partners. It operated in varied localities within the 14 participating LAs, with one locality being chosen as the focus within each LA. (The term ‘locality’ was understood to mean a sub-area within an authority which had some meaning for the LA and in which frontline Children’s Services teams operated.) The project collected both numerical/quantified data and the experiences and views of different groups of stakeholders. These stakeholders represented strategy-level and operational management, service coordinators, and practitioners and clients – children, young people and their families.

There were two phases of research activity and a series of workshops, as shown in Figure A2.2 below.

Figure A2.2 Research activity in Phases 1 and 2 of the study



In **Phase 1**, NFER conducted:

- a scoping exercise to enable both LAs and NFER to understand the scope of the research work and plan accordingly
- an initial exploratory fact-finding interview with the key link LA person or locality manager
- interviews with heads of service (for LAC, ASD and key stage 3)
- telephone interviews with DCSs.

In **Phase 2** of the research, NFER conducted:

- interviews with practitioners/frontline staff for LAC, ASD and key stage 3 (up to two per key group)
- a follow-up interview with the key link LA person or locality manager.

In addition, NFER researchers provided operational support to LAs which was used flexibly as dictated by LA circumstances and needs, e.g. for modelling of interviewing practices.

In **Phase 2** of the research, LAs conducted:

- interviews with children and young people (up to six per key group)
- interviews with the parents/carers of the above children and young people.

It was recommended that LAs allow 12 days for their commitment to the Phase 2 data collection: four days per key group for conducting and writing up interviews with up to six children/young people and their parent/carer.

Three **workshops** were built into the project timetable to allow NFER and LA colleagues to work together to design/agree interview schedules; agree plans and timetables for data collection; and to feed back on progress to date.

The aim of the initial workshop was to:

- give an overview of the project
- facilitate discussion regarding locality working
- explain authorities' role in the collection of data
- introduce the NFER researchers to the authority representatives with whom they would be working.

The second workshop provided:

- an update on progress with Phase 1 research activity
- preliminary analysis of Phase 1 interviews conducted to date
- the introduction of an 'impact model' (from which it became apparent that this would be a useful analysis and reporting tool)
- an outline of planned research activity for Phase 2 (including sampling, interview schedules and practical help for LAs with interviewing)



- 
- information on the content of the EMIE website and how to navigate it.

The third and final workshop offered:

- an overview of the project to date (including inviting comment on the interim report)
- feedback on the quantitative data being collected
- a discussion of the key features/variables of integrated children's services
- presentations by the Social Exclusion Task Force and Barnardo's on guidelines for commissioners and providers on evaluating and rating interventions
- an opportunity to review and reflect on the methodology employed in the project.

### **Research protocols**

The project had a formal governance framework, project protocols and pooled funding.

#### **Selecting the children and young people to be interviewed**

The children and young people were professionally nominated by key personnel from each LA. NFER recommended that the sample included examples where integrated children's services was working really well, examples where integrated children's services was working reasonably well and also examples where integrated children's services was not working so well. It was also recommended that the sample reflected the gender and ethnicity of children in the key group in the locality and that only children and young people after key stage 1 be considered for interview.

#### **Obtaining informed consent**

Permission from the parent of the child/young person was necessary for their child to be interviewed. This required the interviewer to provide parents/carers with information on what questions their child would be asked; how the data would be recorded, kept and reported; and issues related to data protection and confidentiality. In addition, informed consent of the child/young person themselves was sought at the time of the interview. This included informing the child/young person about the following:

- the purpose of the research
- why he/she was invited to participate
- that he/she had the right to withdraw
- what was expected of him/her
- how the information would be used.

NFER produced and circulated a standard template for obtaining written consent from the child, young person and their parent/carer to be interviewed. In addition, a child/young person/parent/carer-friendly project summary was produced by NFER. Examples of these documents are included at the end of this appendix. LAs

were advised to consult NFER's Code of Practice Implementation Guidelines (Section 1), which contains further information about obtaining permission from both parents/carers and their children, prior to undertaking any interviews.

### Selecting the LA interviewers

NFER recommended that the LA interviewers involved in Phase 2 be selected on the following basis:

- he/she had undergone a full Criminal Records Bureau (CRB) check
- he/she had previous and relevant skills, experience and professional knowledge of working with children and young people preferably from each key group
- he/she had similar abilities and attributes of a professional researcher
- he/she had knowledge of the NFER code of practice with regard to interviewing and disclosure.

It was recognised that some young people/interviewees may prefer to talk to someone they are familiar with (e.g. those with ASD) and this was left to service providers' discretion. However, it was suggested that, generally, it was advisable not to use staff who worked directly with the young people on a daily/regular basis.

### Achieving consistency

NFER provided LA interviewers with standardised interview schedules to ensure consistency in the way in which interviews were conducted (see examples at the end of this appendix). In addition, the NFER Code of Practice and Implementation Guidelines were distributed to all participating LAs with the recommendation that they should be consulted before conducting any interviews with children and young people. These documents provide detailed information in relation to conducting interviews and specifically note:

*[NFER staff] will normally make written notes and/or use a recorder during the course of an interview, meeting or observation activity, as means of recording information (unless the purpose of the meeting is for briefing or background purposes only). Where recorders are to be used, consent will be obtained from participants, advising the teacher or similar person in charge where children or vulnerable adults are concerned.*  
(NFER, 2005, p. 5)

NFER also circulated a document entitled: 'Interviewing; a researcher perspective' which contained basic information about the skills and approaches necessary for successful interviewing.

The NFER Code of Practice and the Implementation Guidelines provide detailed information in relation to child protection issues and what interviewers should do if any emerge during the interview. It notes:

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*If, in the course of an interview or other research contact with a child or vulnerable adult, it becomes apparent to an NFER staff member that the person may have been the subject of physical, sexual or emotional abuse, the head of institution or another appropriate authority and the Project Director must be informed and a record kept of the incident and actions taken.*  
(NFER, 2005, p. 5)

Furthermore, it was assumed that all interviewers would be aware of, and conform to, their own local code of practice on this matter.

### **Managing interviewee confidentiality**

All interviewers (NFER and LA) were expected to adhere to the provisions in the Data Protection Act (1998) regarding the use of data that identifies individuals. This includes that:

- the data is fairly and lawfully processed by ensuring that each of the data subjects or their legal guardian have consented to the holding and analysis of the data for the purposes of the research project. In the case of sensitive personal data, the explicit written consent of the data subject or legal guardian is sought; where this is not forthcoming, the data subject is omitted from the research. In collecting the information it is made clear the NFER Trading Limited is the data controller, that it is to be used solely for the purposes of the research project, and that the information will only be used for research analysis purposes and not released to any other party. Any research output will only be in aggregate form, and will not identify any individual
- the data collected is used only for the **research purposes** declared to the data subjects at the outset
- only data that is **relevant** to the research is collected, and no individual is identified in research outputs
- the data collected is always that provided by the **data subject** at the time of the research.

The NFER project team and LA interviewers summarised the data collected according to agreed standardised templates. Information storage was subject to appropriate levels of security and confidentiality and was managed by NFER staff. This confidential information will not be removed from NFER premises without the permission of the Project Director. Storage of such information is typically for two years.

### **Informing children, young people and their families of the findings**

NFER will produce appropriate documents for children, young people and their families informing them of the research outcomes. These will be designed to be short, succinct documents (likely to be an A4 foldout providing a research summary) tailored to the child/young person and parent/carer audience. It is intended that every child, young person and parent/carer interviewed as part of the research receive a copy of this document at the end of the project.

### Quality assurance

Quality Assurance at NFER is overseen by a Quality Assurance committee representing all of the research departments and services. This committee promotes Quality Assurance procedures throughout the organisation, through meetings, presentations and messages to staff and management. The committee also organises and undertakes annual probes and audits of particular activities, investigating the appropriateness of the procedures and compliance with them. The results of such probes are reported to the Senior Management Team of the Foundation and changes in practices agreed. The Quality Assurance committee then implements and promotes these.

### Sample sizes achieved

The following tables show the total numbers of interviews conducted in Phases 1 and 2 of the study.

**Table A2.1 Interviews conducted in Phase 1 of the study**

Interviewee	Totals
Fact-finding interviews	15
Directors of Children's Services	13
Service managers (LAC)	14
Service managers (ASD)	7
Service managers (key stage 3)	13
Service managers (key stage 3 and ASD)	2
Service managers (all three groups)	4
<b>Total</b>	<b>68</b>

**Table A2.2 Interviews conducted in Phase 2 of the study**

Interviewee	Number of interviews	Totals
LAC Practitioners	21	Practitioners: 69 (82%)
ASD Practitioners	22	
Key stage 3 Practitioners	26	
Follow-up interviews	10	Follow up: 10 (71%)
LAC CYP	21	Children and young people (CYP): 102 (49%)
ASD CYP	46	
Key stage 3 CYP	33	
ASD and key stage 3 CYP	2	
LAC parents/carers	16	Parents/carers: 96 (46%)
ASD parents/carers	44	
Key stage 3 parents/carers	34	
ASD and key stage 3 parents/carers	2	
<b>Total</b>	<b>277</b>	<b>277 out of a possible 518 (53%)</b>

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## Commentary on the methodology

From reflection on the methodology employed in Round 1 of the research, a number of points emerged which can be grouped under the following three main issues:

- conceptual
- methodological
- logistical.

### Conceptual issues

A major issue for participating LAs was the belief that the selected key groups were not necessarily those that would best illustrate the early impact of integrating children's services, particularly the LAC and ASD groups. There was general agreement of the value of taking forward at least one of the groups into Round 2 in order to ensure some comparisons over time. The consensus was that the key stage 3 group would be the most suitable in this respect. Suggestions from LA representatives for other groups to be included in Round 2 were children and young people who have experienced preventative working at an early stage (e.g. the CAF, TAC), such as those on the edge of care.

The timing of the evaluation was believed to have been a bit premature, especially given that, in some of the participating LAs, the impact of integrated children's services was being evaluated before the necessary processes had been fully implemented. Few LAs, at this stage of their development, were able to produce quantitative evidence of impact that they could 'confidently ascribe' to integrated children's services.

### What worked well?

- The impact model, which was seen as a useful tool for organising information and indicating how developments roll out progressively over time.
- The mutual and reflexive learning experience afforded by the collaborative design of the project. This was felt to have had a positive and developmental effect on LA staff with lessons learnt, such as, for example, the need to strengthen the participation of parents/carers and to support staff in undertaking this.
- The focus on outcomes.
- Embedding research in practice.

### Methodological issues

The research focus on the child/young person was questioned by some LAs. The suggested size of the sample (up to 18 children and their parents/carers per LA) was queried and there was a view in some cases that signs of early impact would only be attributable to service processes and professionals. Equally, given the multi-agency focus of the project, it was felt that it would be valuable to interview more than two practitioners involved with the child/young person.

The lack of available quantitative evidence that could be confidently ascribed to integrated children's services meant the research relied largely on qualitative accounts of impact. This allowed the focus to be on the different discourses and perspectives of the various sub-samples.

#### **What worked well?**

- The framework for the research which ensured that the timetable was adhered to, tasks accomplished and outputs delivered.
- Analysis of different discourses provided triangulated insight into degrees of impact.

#### **Logistical issues**

It was felt that the links between LA Steering Group members and LA workshop participants were not strong enough and that this had sometimes led to a 'disjointed', rather than shared, understanding of the project at LA level, its focus and how its aim would be met: 'It's a more distinctive world at DCS level'. It was suggested that Round 2 of the research would need to have a higher profile. However, LA representatives felt that this would need to be put forward as a proposal for participants in each authority to agree and sign up to as part of a period of consultation, with perhaps a local launch event so that all involved were clear about what they were signing up to.

Several LAs raised the issue of their capacity to conduct the interview programme with children/young people and their parents/carers. The amount of work required in the 12 days recommended was believed to have been underestimated. As an earlier section on the structure of the LARC partnership noted, a number of the participating LAs employed external consultants/researchers to undertake the interviews, rather than doing it 'in-house'.

Communication emerged as a particular logistical issue. The lines of communication were long (as shown earlier in Figure A2.1: the structure of the partnership) and time was lost chasing people up. Where LAs employed external consultants/researchers to undertake the interviewing, this added a further link in an already long chain.

Where the key LA contact was able to act as a gatekeeper and 'conduit', ensuring access to research participants and facilitating the organisation of the research programme, this worked well. However, in some instances, several key contacts were identified because different staff were dealing with different key groups. This made the process more complicated and time consuming.

#### **What worked well?**

- Collaboration between LAs and the project team, facilitated by the identification of a single point of contact within each LA.

## Sample research instruments

The following research instruments were designed in order to collect data from the 14 LAs at each phase of the research:

- scoping tool (a short proforma to the 14 LAs to help researchers define the scale and scope of the project on the ground in LAs)
- fact-finding visit probes
- Director of Children's Services (DCS) interview schedule
- service manager interview schedule (for each of the key groups)
- practitioner interview schedule (for each of the key groups)
- child/young person interview schedule (for each of the key groups)
- parent/carer interview schedule (for each of the key groups).

Examples of a selection of the above research instruments are now provided.

### Scoping exercise: LARC Scoping tool



#### Evaluating the early impact of integrated children's services

Evaluating the early impact of integrated children's services is a collaborative research project which will run from March 2007 to March 2008. It will operate in varied localities within 15 participating Local Authorities (LAs), with one locality being chosen per LA. For this study, the term 'locality' is understood to mean a sub-area within an authority which has some meaning for the LA and in which front-line Children's Services teams operate.

#### Scoping exercise

As part of NFER's initial scoping for this project, we are asking LAs to complete this short form. This will help us to identify the possible localities to be involved and the kind of data that LAs and NFER can use together as part of this project.

It will also help to focus on the three key groups that have been selected by the steering group for this project. These are:

- looked after children
- children with Autistic Spectrum Disorder (ASD) aged 0–13 years
- young people not attending school at key stage 3 with over 20% absence

We hope that this short exercise will also be useful for your own purposes in identifying a locality and some of its contextual features relating to the key groups relevant to this project, as well as considering what data is already collected/available.

NFER will use Local Authority returns to help define the scale and scope of the project on the ground in LAs.

## Identifying a locality

### 1. What are you/your LA using to define locality?

Population  Geographical area/ward  Services/provision/front-line teams

Other

### 2. How are your integrated children's services structured around localities (as defined on page 1 for the purposes of this project)?

### 3. Have you identified a (possible) locality for involvement in this project?

Yes  No

locality 'name'/area:

no. of primary schools:

no. of secondary schools:

no. of Children's Centres:

children and young people population  
(approximate no. & age range this  
refers to, such as 0-19)

other key areas



## Integrated children's services and the key groups in this project

### 4. Looked after children

If you have already identified a possible locality for the project, please could you provide some detail at locality-level on looked after children.

**Local population of looked after children (approximate no.)** *(an estimate only is needed here to help us gauge the scale of the project, e.g. less than 5, 5-10, 10-20, 20-50, 50-100, 100+, etc)*

**In addition to PLASC data, what other data does your LA already collect at locality locality-level in relation to looked after children?** *(e.g. LAC attainment, adoptions, etc.) (please note that you do not need to give exact facts and figures at this stage)*

**Which key teams/services/people associated with looked after children should be involved in this project?** *(i.e. as participants in the research) (this might involve giving their views in interviews, completing pro-formas, etc)*

operational frontline:

line manager/strategic:

other:

## Integrated children's services and the key groups in this project (cont.)

### 5. Children with Autistic Spectrum Disorder (ASD)

If you have already identified a possible locality for the project, please could you provide some detail at locality-level on children with ASD.

Please indicate by ticking the appropriate box, which aspect of children with ASD you intend to focus on?

1. Early intervention and impact of Children's Centres
2. ASD children and their transition from primary school to secondary school

Please could you fill in the boxes below for the aspect you intend to focus on.

**Local population with ASD (approximate no.)** *(an estimate only is needed here to help us gauge the scale of the project, e.g. less than 5, 5-10, 10-20, 20-50, 50-100, 100+, etc)*

**In addition to PLASC data, what other data does your LA already collect at locality locality-level in relation to children with ASD?** *(e.g. SEN statements, etc.) (please note that you do not need to give exact facts and figures at this stage)*

**Which key teams/services/people associated with children with ASD should be involved in this project?** *(i.e. as participants in the research) (this might involve giving their views in interviews, completing pro-formas, etc)*

operational frontline:

line manager/strategic:

other:

## Integrated children's services and the key groups in this project (cont.)

- 6. Young people at key stage 3 (Years 7, 8 and 9, i.e. aged 11–14) with over 20% absence at school.** *(Please note that this is a DfES definition of persistent absence. We are using this as a way of identifying our key group of interest here, which could include fixed term exclusions and poor attendees who are in danger of becoming disengaged).*

**If you have already identified a possible locality for the project, please could you provide some detail at locality-level on young people not attending school at key stage 3 with over 20% absence.**

**Local population of young people at key stage 3 with over 20% absence at school (approximate no.)** *(an estimate only is needed here to help us gauge the scale of the project, e.g. less than 5, 5–10, 10–20, 20–50, 50–100, 100+, etc)*

**In addition to PLASC data, what other data does your LA already collect at locality locality-level in relation to people at key stage 3 with over 20% absence at school?** *(e.g. SEN statements, etc.) (please note that you do not need to give exact facts and figures at this stage)*

**Which key teams/services/people associated with people at key stage 3 with over 20% absence at school should be involved in this project?** *(i.e. as participants in the research) (this might involve giving their views in interviews, completing pro-formas, etc)*

operational frontline:

line manager/strategic:

other:

### Integrated children's services and the key groups in this project (cont.)

**7. Do you already collect locality-level data on these key groups by Every Child Matters outcomes?** (e.g. *Be Healthy, Stay Safe, Enjoy and Achieve, Make a Positive Contribution, Achieve Economic Wellbeing*).

Yes  No  Intend to

**Further details:**

### The contribution of your LA to this study

**8. Would you be able to identify the kind of staff who might be able to work on the data gathering for your LA for this project?**

E.g.

- Research, information and data staffing
- Research partners/local consultants
- Other

**9. Would you be able to anticipate how much time you will need to commit to the following over the course of the project?**

1) Exploring and calling existing data:

2) Conducting local interviews:

**Please could you return this form to Pippa Lord by Friday 23rd March (details on the front). Thank you very much.**

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## Interview schedules

### LARC Fact-Finding Visit probes

#### Before the visit

Contact the Link Person for your LA and request:

- Explain co-research (including accessing EMIE website) and requirements of research for this term (fact-finding visit, service-level interviews).
- Ask for integrated children's services Locality Overview interviewee (either the senior manager for all localities, OR the manager for the locality identified for the research).
- Attend a multi-agency meeting as a way of introduction (if appropriate).
- Documentation any policies & procedures, terms of reference and minutes e.g. for integrated children's services strategic planning meetings, locality integrated children's services meetings, structure charts, info for parents/children/community on integrated children's services, existing research in that LA.
- Check whether there are any LA research protocols/procedures that must be adhered to/approvals applied for. If so, are there any time implications for this? With the LA, act immediately on them.
- Delegation of the research within LAs:
  - who within the LA will do the 12 days required (i.e. who it has been delegated to) and (if known) plans for how to use the days
  - how best can we support them (i.e. using the 'flexible' day).

NB. Any updates to the information already held on the LA (e.g. key contact details) or any concerns raised at this point will need to be centrally logged by Link Researchers to ensure that the whole team is made aware.

#### The visit

Integrated children's services Overview interview:

- Definition of integrated children's services – what is theirs?
- Genealogy/history of integrated children's services and locality working in their LA.
- Why have you chosen this particular locality?
- Current structure (including diagram) at the locality front line for our three key groups: LAC; ASD and key stage 3 non-attenders.
- Planned further developments.
- Collect any relevant documentation.
- Identify an interviewee from each of the 3 key groups for next visit (service-level interviews) and, if appropriate, the locality manager as well.

## LARC Telephone Interview schedule for Directors of Children's Services

### A) Working definitions of integrated children's services

For the purposes of this project, we're exploring whether there is a common working definition or understanding of Integrated Children's Services that can be used, or whether a range of definitions are required.

For example, one working definition might involve delivering work in a more joined up way, to meet the needs of children and young people, and with a move towards prevention and early intervention rather than crisis intervention.

#### 1. Briefly, what is your working definition or understanding of integrated children's services?

Probes:

- Is that a common understanding of integrated children's services across the LA?
- When did integrated children's services come about in your authority?
- When did things shift? When could you date the change from in your authority?

### B) Impact on the three key groups/LAC/ASD/key stage 3 non-attenders and their families

#### 2\*. What do you see/what would you like to see as early indicators of success for LAC? [e.g. attainment, attendance, involvement in placement planning, involvement in LAC review, health care provision]

*Probe:*

- What evidence will show you that?
- How will that outcome have come about (i.e. what are the mechanisms or processes for achieving it)?

#### 3\*. What do you see/what would you like to see as early indicators of success for ASD? [e.g. attainment, attendance, single point of contact to join up service provision]

*Probe:*

- What evidence will show you that?
- How will that outcome have come about (i.e. what are the mechanisms or processes for achieving it)?

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4\*. **What do you see/what would you like to see as early indicators of success for key stage 3 non-attenders?** [e.g. attainment, exclusion, attendance]

*Probe:*

What evidence will show you that?

How will that outcome have come about (i.e. what are the mechanisms or processes for achieving it)?

5\*. **Are there any other outcomes** you've seen/would like to see that come about through integrated children's services? What are these?

*Probe:*

What evidence will show you that?

How will that outcome have come about (i.e. what are the mechanisms or processes for achieving it)?

### **C) Key contributing features to integrated children's services**

6\*. **What do you think are the key contributing factors that impact on the planning and delivery of integrated children's services?**

7. **We are also specifically exploring 9 key features as part of this research.**

How have each of the following features contributed to integrated children's services and a positive impact on outcomes for LAC/ASD/key stage 3 non-attenders...

*7a) needs analysis and planning?*

*7b) commissioning?*

*7c) consultation and the views and expectations of service professionals?*

*7d) consultation and the views and expectations of C&YP and families?*

*7e) a focus on locality working?*

*7f) a focus on multi-agency working?*

*7g) models of funding and resources?*

*7h) targeted services?*

*7i) universal services?*

For those features identified as contributing to impacts, were they already in existence, newly developed or revised with the implementation of integrated children's services?

8. **Is there anything else** that has contributed to positive outcomes for LAC/ASD/key stage 3 non-attenders? What? How?

### **D) Further developments**

9. What do you and your colleagues still need to work on, develop or change in order to develop integrated children's services and bring about further improvements for the three key groups/LAC/ASD/key stage 3 non-attenders?

10. Is there anything else that you would like to add?

**Thank you very much for your time**

## LARC Interview schedule for Heads of Service including the key groups in the locality and the locality manager

### A) Your role and responsibilities within integrated children's services

#### 1\*. Briefly, what is your current role within the LA, in terms of:

- \*your overall role/job title
- \*your role with regard to integrated children's services
- \*your role in the locality being studied for this project
- the particular focus for your work
- who your service work with mostly (e.g. in terms of clients and other practitioners)

### B) Working definitions of integrated children's services

For the purposes of this project, we're exploring whether there is a common working definition or understanding of integrated children's services that can be used, or whether a range of definitions are required.

For example, one working definition might involve delivering work in a more joined up way, to meet the needs of children and young people, and with a move towards prevention and early intervention rather than crisis intervention.

#### 2\*. What is your working definition or understanding of integrated children's services?

Probes:

Is that a common understanding of integrated children's services across the LA?

Is that a common understanding of integrated children's services within this locality?

### C) Integrated services and the three key groups

We're also exploring how integrated services are now structured at the front-line for the three key groups/LAC/children with ASD/key stage 3 non-attenders [as appropriate to interviewee].

#### 3\*. For the three key groups/LAC/ASD/key stage 3 non-attenders [as appropriate to interviewee]:

3a) To what extent are services becoming/already integrated?

3b)\*What specific structures are in place to support integrated children's services? (e.g. multi-agency meetings, multi-agency panels, an office in the community)



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3c)\* What tools and processes are you using to support this new approach? (e.g. the CAF, electronic information sharing systems, common referral procedures, Lead Professionals, Common Core of Skills and Knowledge)

#### **D) Impact on services**

This research is focusing on the early impacts of integrated children's services. We'll talk first about the impact on services, and then any early impacts for the children and young people.

**4\*. In relation to the new or different ways of working within your service area, what has been the impact for your work and the work of your service?**

Probes:

- How has your role changed since integrated children's services came into being?
- \*What specifically is new and different from your service's previous ways of working?
- Do you have any examples of practice that you would wish to share with others?

#### **E) Impact on the three key groups/LAC/ASD/key stage 3 non-attenders and their families**

**5\*. What visible difference is the new approach making to LAC/ASD/key stage 3 non-attenders and their families? [as appropriate to interviewee]**

Probes:

- \*How do you know? What key sources of evidence do you have showing that there are positive outcomes for LAC/ASD/key stage 3 non-attenders?
- To what extent are you and your colleagues achieving your (locally) desired outcomes for these clients?
- To what extent do those outcomes meet the five Every Child Matters outcomes (probe Be healthy, Stay Safe, Enjoy and Achieve, Make a Positive Contribution, and Achieve Economic Wellbeing)?

#### **F) Key contributing features to integrated children's services**

**6. What do you think has been the key reason for any positive impact to date on outcomes for the three key groups/LAC/ASD/key stage 3 non-attenders?**

\*Have any of the features identified on the laminate (provide an A4 laminate with the list of key features of integrated children's services) contributed to a positive impact on outcomes for LAC/ASD/key stage 3 non-attenders? (We are specifically exploring these features as part of this research.)

\*A4 laminate re any successes to date related to (and if so, how):

*6a) needs analysis and planning?*

*6b) commissioning?*

*6c) consultation and the views and expectations of service professionals?*

- 6d) consultation and the views and expectations of c&yp and families?*
- 6e) a focus on locality working?*
- 6f) a focus on multi-agency working?*
- 6g) models of funding and resources?*
- 6h) targeted services?*
- 6i) universal services?*

For those features identified as contributing to impacts, were they already in existence, newly developed or revised with the implementation of integrated children's services?

7. **Is there anything else that has contributed to more positive outcomes for LAC/ASD/key stage 3 non-attenders and their families** [as appropriate to interviewee]?

E.g. data sharing, understanding the values and cultures of other services, co-terminosity, use of the CAF, early intervention, other?

### **G) Areas of difficulty and areas to develop further**

8. **What so far has been problematic, difficult or is not working well in terms of delivering integrated services for the three key groups/LAC/ASD/key stage non-attenders** [as appropriate to interviewee]?

*Probes:*

- *How are you getting over any problems and challenges?*
- *What, if anything, is holding you back?*

- 9\*. **What do you and your colleagues still need to work on, develop or change in order to bring about further improvements for the three key groups/LAC/ASD/key stage 3 non-attenders** [as appropriate to interviewee]?

Anything else

10. **What other comments/messages do you have about the new way of working and integrated children's services strategy in your LA?**

Thank you very much for your time.

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## LARC Interview schedule for practitioners

### A) Your role and responsibilities within integrated children's services

1\*. Briefly, what is your current role within the LA, in terms of:

- \*your overall role/job title
- \*the particular focus for your work
- \*which children and young people you work with mostly.

### B) Working definitions of integrated children's services

For the purposes of this project, we're exploring whether there is a common working definition or understanding of integrated children's services that can be used, or whether a range of definitions are required.

For example, one working definition might involve delivering work in a more joined up way, to meet the needs of children and young people, and with a move towards prevention and early intervention rather than crisis intervention.

2\*. **What is your working definition or understanding of integrated children's services?**

### C) Impact on services

This research is focusing on the early impacts of integrated children's services. We'll talk first about the impact on services, and then any early impacts for children and young people.

3\*. **In relation to the new or different ways of working within your service area:**

3a)\* what has been the impact for you and your work

Probes:

- How has your role changed since integrated children's services came into being?
- What specifically is new and different from your previous ways of working?

3b) to what extent is your work becoming/already integrated with other services?

3c) are there particular structures in place to support integrated children's services? (e.g. multi-agency meetings, multi-agency panels, an office in the community)

3d) what tools and processes are you using to support this new approach? (e.g. the CAF, electronic information sharing systems, common referral procedures, Lead Professionals, Common Core of Skills and Knowledge)

3e) Do you have any examples of practice that you would wish to share with others?

**D) Impact on the three key groups/LAC/ASD/key stage 3 non-attenders and their families** *(interviewers to choose as appropriate)*

**For LAC**

4a. **What do you see/what would you like to see as early signs or indicators of success for LAC?** [e.g. attainment, attendance, involvement in placement planning, involvement in LAC review, health care provision]

Probes:

- What evidence will show you that?
- How will that outcome(s) have come about (i.e. what are the mechanisms or processes for achieving it)?
- To what extent do those outcomes meet the five Every Child Matters outcomes (probe Be healthy, Stay Safe, Enjoy and Achieve, Make a Positive Contribution, and Achieve Economic Wellbeing)?
- Can children and young people and parents/carers themselves see any benefits of the new approach at this stage, and if so, what reactions have you had?

4b.\***Can we talk now about the young people being interviewed as part of this study? Can you give me any examples of impacts on them, or ones you are working towards?**

Probes:

- What evidence has/will show(n) you that?
- How will that outcome(s) have come about (i.e. what are the mechanisms or processes for achieving it)?

**For ASD**

5a.\***What do you see/what would you like to see as early signs or indicators of success for ASD?** [e.g. attainment, attendance, single point of contact to join up service provision]

Probes:

- What evidence will show you that?
- How will that outcome(s) have come about (i.e. what are the mechanisms or processes for achieving it)?
- To what extent do those outcomes meet the five Every Child Matters outcomes (probe Be healthy, Stay Safe, Enjoy and Achieve, Make a Positive Contribution, and Achieve Economic Wellbeing)?
- Can children and young people and parents/carers themselves see any benefits of the new approach at this stage, and if so, what reactions have you had?

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**5b.\*Can we talk now about the young people being interviewed as part of this study? Can you give me any examples of impacts on them, or ones you are working towards?**

Probes:

- What evidence has/will show(n) you that?
- How will that outcome(s) have come about (i.e. what are the mechanisms or processes for achieving it)?

### **For key stage 3 non-attenders**

**6a.\*What do you see/what would you like to see as early signs or indicators of success for key stage 3 non-attenders? [e.g. attainment, exclusion, attendance]**

Probes:

- What evidence will show you that?
- How will that outcome(s) have come about (i.e. what are the mechanisms or processes for achieving it)?
- To what extent do those outcomes meet the five Every Child Matters outcomes (probe Be healthy, Stay Safe, Enjoy and Achieve, Make a Positive Contribution, and Achieve Economic Wellbeing)?
- Can children and young people and parents/carers themselves see any benefits of the new approach at this stage, and if so, what reactions have you had?

**6b.\*Can we talk now about the young people being interviewed as part of this study? Can you give me any examples of impacts on them, or ones you are working towards?**

Probes:

- What evidence has/will show(n) you that?
- How will that outcome(s) have come about (i.e. what are the mechanisms or processes for achieving it)?

### **E) Key contributing features to integrated children's services**

**7\*. What do you think have been the key reason(s) for any successes to date?**

Probes:

- What is making the most positive impact for the three key groups/LAC/ASD /key stage 3 non-attenders?
- Does this relate to the new integrated approach?

**F) Areas of difficulty and areas to develop further**

8. **What so far has been problematic, difficult or is not working well in terms of delivering integrated services for LAC/ASD/key stage 3 non-attenders** [as appropriate to interviewee]?

*Probes:*

- How are you getting over any problems and challenges?
- What, if anything, is holding you back?

9. **What do you and your colleagues still need to work on, develop or change in order to bring about further improvements for LAC/ASD/key stage 3 non-attenders** [as appropriate to interviewee]?

10. **Do you have any other comments/messages about the new way of working in your LA?**

Thank you very much for your time.

## LARC Interview schedule – Young Person (key stage group)

Topics	Questions
<p><b>A. About you ...</b></p> <p><i>Warm-up questions, if needed (please ask the **questions here)</i></p>	<p>First of all, can I ask ...</p> <ol style="list-style-type: none"><li>1. What is your name?</li><li>2. **How old are you?</li><li>3. **Are you attending school at the moment? [If No] What are you doing instead?</li><li>4. What do you like doing in your spare time?</li></ol>
<p><b>B. About the help/support you are receiving</b></p> <p><i>Interviewer to adjust questions according to the type of support being provided, e.g. the young person may be involved with more than one service or professional.</i></p>	<p>I'm now going to ask a few questions about the help and support you receive when you're at [X]/working with [X] [as appropriate]</p> <ol style="list-style-type: none"><li>1. **Who helps you?</li><li>2. How did you come to be involved with [X name, X project]?</li><li>3. **Did you have a say in that, were you able to express your views?</li><li>4. **Did you feel your views were listened to?</li><li>5. What activities do you do [with X, at X project, etc]?</li><li>6. **Do you think all the people who support you work well together? [get details] [Do they talk to each other?]</li></ol>
<p><b>C. Impact</b></p> <p><i>Interviewers should ask each question to find out what difference the support they receive is making to each of these areas.</i></p>	<p>I'd now like to ask you about whether the support and help you get has made any difference to you.</p> <ol style="list-style-type: none"><li>1. **Do you think the help you get has made any difference to you? [If yes] What difference has it made?</li></ol> <p>Thank you. I've got some other areas I'd like to ask you about, to see if it has made any difference to you.</p> <ol style="list-style-type: none"><li>2. Do you think the help you get has made any difference to how well you feel? [If yes] What difference has it made?</li><li>3. Do you think the help you get has made any difference to how safe you feel? [If yes] What difference has it made?</li><li>4. Do you think the help you get has made any difference to how well you are doing at school [or alternative, as appropriate]? [If yes] What difference has it made?</li><li>5. Do you think the help you get has made any difference to you personally (e.g. confidence/self-esteem, wellbeing/ happiness)? [If yes] What difference has it made?</li></ol>

## LARC Interview schedule – Young Person (key stage group) *continued*

Topics	Questions
	<p>6. Do you think the help you get has made any difference to how you get on with other people? (e.g. friends, peers, family members, teachers, other adults)? [If yes] What difference has it made?</p> <p>7. Do you think the help you get has made any difference to what you want to do in the future (e.g. study or career)? [If yes] What difference has it made?</p> <p>8. Do you think the help you get has made any other difference to you? [If yes] What difference has it made?</p> <p>9. **Do you think things would have been any different for you now, if you hadn't had this help/attended this project? [If yes] In what way?</p>
<b>D. What is working well for you?</b>	<p>1. **What is it about the help you have received that has made a difference?</p> <p>2. **What do you like best about the help you get?</p> <p>3. Is there anything you don't like about it?</p> <p>4. **Is there anything about it that you feel could be improved or made better?</p>
<p><b>E. Finally ...</b></p> <p><i>After thanking the young person for their time and contribution, interviewer to end by explaining that the young people involved will receive feedback on the research – probably in the form of a child-friendly leaflet setting out the main findings.</i></p>	<p>That covers everything I wanted to ask you, unless there is anything else you would like to add?</p> <p>Thank you very much for your time.</p>



## LARC Interview schedule – Parent/Carer (key stage group)

Topics	Questions
<p><b>A. About you and your child...</b></p> <p><i>These are introductory, warm-up questions. Use as ice-breakers, as appropriate.</i></p>	<p>First of all, can I just ask ...</p> <ol style="list-style-type: none"><li>1. What is your name?</li><li>2. **And we'll be talking about [X ... check the child's name]. Can I just check, you are his/her (parent, foster carer, grandparent ...)?</li><li>3. **Could I ask if your child is attending school at the moment? If No, what are they doing instead?</li><li>4. What sort of things is your child interested in?</li><li>5. What sort of person would you say your child is (e.g. confident, shy, quiet, loud, happy, sad, calm, lively)?</li><li>6. What sort of person would you say they are at school/alternative (hard working, good attender, do they like it)?</li></ol>
<p><b>B. About the service/ support/help you and/or your child are accessing/receiving</b></p> <p><i>Interviewer to adjust questions according to the type of support being provided, e.g. the parent/carer or child may be involved with more than one service or professional.</i></p>	<p>I'm now going to ask a few questions about the help and support you and your child receive at the moment with X/at X [as appropriate]</p> <ol style="list-style-type: none"><li>1. **How long have you and/or your child been receiving the service/support?</li><li>2. **Who provides that support/help?</li><li>3. How did you/they come to be involved with [X name, X service]?</li><li>4. **Did you or your child have a say in that, were you able to express your views?</li><li>5. **Did you feel your views were listened to?</li><li>6. How easy was it to access the support?</li><li>7. What activities do you/your child do (with X, at X project, etc)?</li><li>8. **Do you think all the people who support you and your child work well together? [get details] Do they talk to each other?</li></ol>
<p><b>C. Impact.</b></p> <p><i>Interviewers should ask each question to find out what difference the support the parent/carer and/or child receive is making to each of these areas.</i></p>	<p>I'd now like to ask you about whether the support and help you and your child get has made any difference to your child.</p> <ol style="list-style-type: none"><li>1. **Do you think the help you/your child get has made any difference to your child? [If yes] What difference has it made to him/her?</li></ol> <p>Thank you. I've got some other areas I'd like to ask you about, to see if it has made any difference to your child in any other way.</p>

## LARC Interview schedule – Parent/Carer (key stage group) *continued*

Topics	Questions
	<p>2. Do you think the help you/your child receive has made any difference to how well your child feels? [If yes] What difference has it made?</p> <p>3. Do you think the help you/your child receive has made any difference to how safe your child feels? [If yes] What difference has it made?</p> <p>4. Do you think the help you/your child receive has made any difference to how well your child is doing at school? [If yes] what difference has it made?</p> <p>5. Do you think the help you/your child receive has made any difference to your child personally (e.g. confidence/self-esteem, wellbeing/ happiness)? [If yes] What difference has it made?</p> <p>6. Do you think the help you/your child receive has made any difference to how your child gets on with other people (e.g. friends, peers, family members, teachers, other adults)? [If yes] What difference has it made?</p> <p>7. Do you think the help you/your child receive has made any difference to what they want to do in the future (e.g. study or career)? [If yes] What difference has it made?</p> <p>8. Do you think the help you/your child receive has made any other difference for you child? [If yes] What difference has it made?</p> <p>9. <b>**</b>Do you think things would have been any different for your child now, if you/they hadn't had this help? [If yes] In what way?</p> <p>10. <b>**</b>Has the help you/your child receive made any difference to you? [If yes] What difference has it made?</p>
<b>D. What is working well for you/your child?</b>	<p>1. <b>**</b>What is it about the support or help that has helped you and/or your child, what has made that difference?</p> <p>2. <b>**</b>What does your child like best about the support/service?</p> <p>3. <b>**</b>What do you like best about it?</p> <p>4. Is there anything your child doesn't like about it?</p> <p>5. Is there anything you don't like about it?</p> <p>6. <b>**</b>Is there anything about it that you feel could be improved or made better?</p>

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## LARC Interview schedule – Parent/Carer (key stage group) *continued*

Topics	Questions
<b>E. Finally ...</b> <i>After thanking the parent/carer for their time and contribution, interviewer to end by explaining that they and the young people involved will receive feedback on the research – probably in the form of a leaflet setting out the main findings.</i>	That covers everything I wanted to ask you, unless there is anything else you would like to add?  Thank you very much for your time.

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## LARC parent and child leaflets and participation letter

### LARC Parent and child consent letter

←Name→  
←Address→  
←Address→  
←Date→

Dear Parent/carers

#### **Evaluating the early impact of integrated children's services: what do YOU and YOUR child think?**

I am writing to ask if we could talk to you and your child. We are interested in your opinions on the services and support that your child receives. Are they making a difference to you and your child? What is working well? What could be improved?

We want to find out the impact of services and support for children and young people [DELETE OR WORD AS APPROPRIATE] who are being looked after by the local authority or by foster carers [as appropriate]/ with Autistic Spectrum Disorder (ASD) / who are in years 7, 8 or 9 but not attending school regularly. The interviews will be about 20 minutes and all the information collected will be treated as confidential. Individual children, young people and parents will not be named or identified in the research or any reports.

I would really like your permission for your child to take part in the research and an indication of whether you would also be willing to be interviewed. Please could you return the forms on the back of this letter by ←INSERT date→, indicating whether or not you are happy for you and your child to participate.

If you would like to talk to someone before making your decision to participate in the research, please do not hesitate to contact me on ←INSERT phone number→. If you would like more information about integrated children's services, please ask me or visit: <http://www.everychildmatters.gov.uk/deliveringservices/integratedworking/>

We hope that you and your child will be able to take part in this important evaluation.

Yours sincerely

←Name→  
←job title→



✂ .....

**Permission for my child** to be interviewed for the project 'Evaluating the Early Impact of Integrated Children's Services'.

PLEASE RETURN THIS FORM TO ←INSERT NAME and ADDRESS→ BY ←INSERT date→

I have read the letter regarding the research about the early impact of integrated children's services and agree to **my child's** participation.

**Yes/No** (Please delete as applicable)

**Print child's name:** .....

Signature of parent/carer: ..... Date: .....

✂ .....

✂ .....

**Parent/carer agreement** to be interviewed for the project 'Evaluating the Early Impact of Integrated Children's Services'.

PLEASE RETURN THIS FORM TO ←INSERT NAME and ADDRESS→ BY ←INSERT date→

I have read the letter regarding the research about the early impact of integrated children's services and I am happy to participate.

**Yes/No** (Please delete as applicable)

**Print parent's/carer's name:** .....

Signature of parent/carer: ..... Date: .....

✂ .....

✂ .....

**Child agreement** to be interviewed for the project 'Evaluating the Early Impact of Integrated Children's Services'.

PLEASE RETURN THIS FORM TO ←INSERT NAME and ADDRESS→ BY ←INSERT date→

I have read the information sheet regarding the research about the early impact of integrated children's services and I am happy to participate.

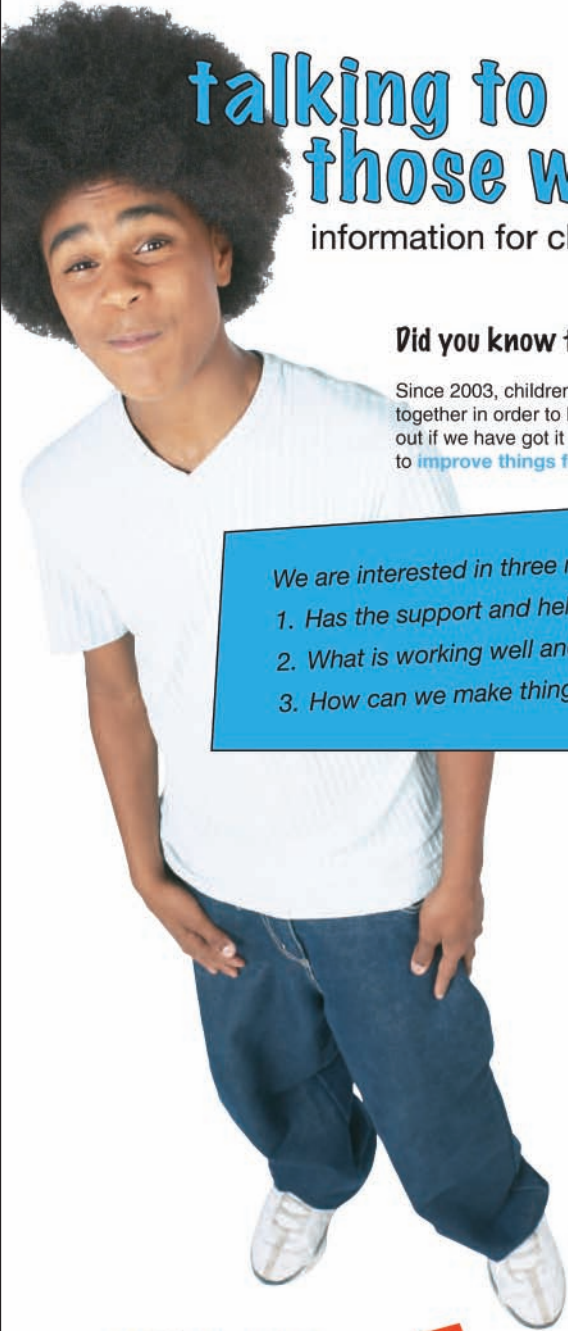
**Yes/No** (Please delete as applicable)

**Child's name/signature:** .....

Date: .....

✂ .....

## LARC Child/young person friendly information leaflet



# talking to those who matter

information for children and young people

### Did you know that your ideas really matter?

Since 2003, children's services have been trying to work together in order to help you in the best possible way. Finding out if we have got it right is really important because it helps us to **improve things for you** in the future.

We are interested in three main things:




1. Has the support and help you get made a difference to you?
2. What is working well and why?
3. How can we make things better?

We are interviewing some children and young people. We want to give you the chance to **talk about the things that really matter to you.**

### You can help us!

If you would like to tell us what you think, that's great! It would take about 20 minutes. If you would like to be interviewed, ask your parents or carers or key worker for more information.

If you would like any more information about this research, please contact Pippa Lord or Anne Wilkin on 01904 433435 or email [p.lord@nfer.ac.uk](mailto:p.lord@nfer.ac.uk) or [a.wilkin@nfer.ac.uk](mailto:a.wilkin@nfer.ac.uk).

 **LARC** Local Authorities Research Consortium  **I&DeA** Improvement and Development Agency  **Local Government Association** Analysis and Research

# talking to those who matter

information for parents and guardians

## Did you know that...

...finding out about what you think of the **support your child gets** really matters?

Since the introduction of Every Child Matters in 2003, local authorities and partner agencies have been working with children and young people in a more joined-up way. Finding out if we have got it right is important because it helps us to **improve the services and support** that are on offer to your child.

We are interested in three main things:

- 1) Has the support your child gets made a difference to you and your child?
- 2) What is working well and why?
- 3) What could be improved?

## You can help us!

We are doing some confidential interviews with parents and carers and their children. We want to **hear about your views and experiences of the support that your child receives**. If you would like to tell us what you think, that would be great. Please fill in the forms to let us know if you would like to be interviewed. The interview would take about 20 minutes.

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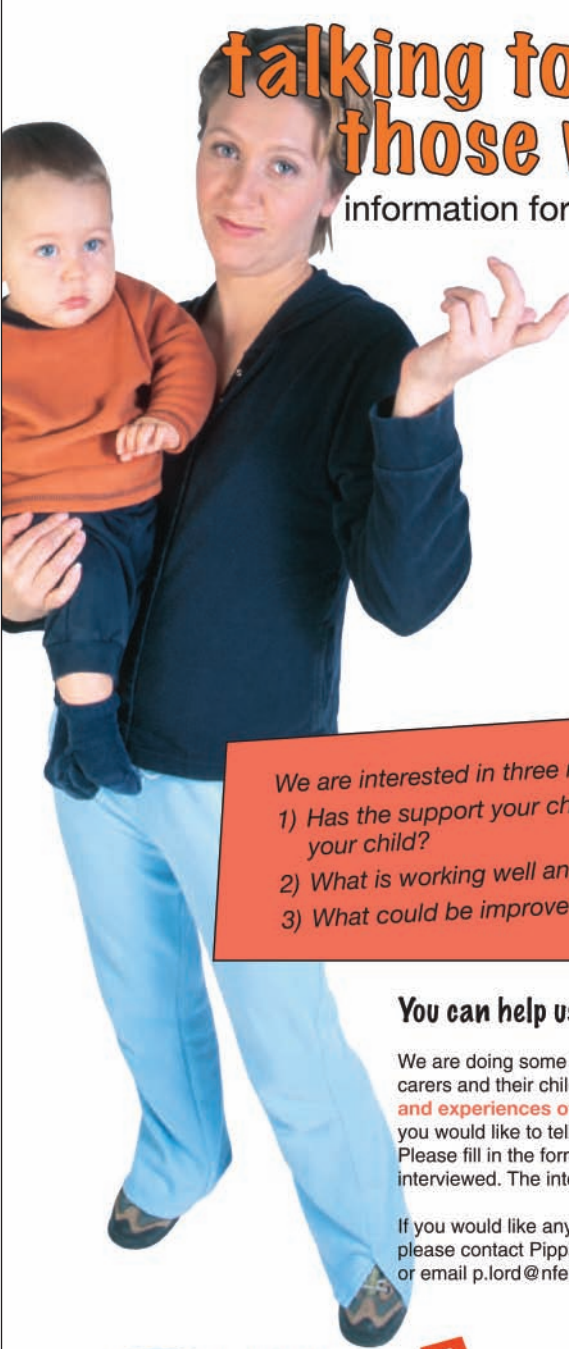
research in practice

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Innovation and Development Agency

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LARC Parent/carer friendly information leaflet



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## Appendix 3 Barriers and enablers of integrated working: A summary of the literature

### Introduction

This summary is taken from the 'companion' literature review to the LARC study (Robinson *et al.*, 2008) which explored different models and theories of integrated working. As well as presenting overarching issues, the literature review organises its findings along three dimensions, namely:

- the extent of integration: i.e. the stage or depth of integrated activity
- the level of integration: i.e. the organisational structures and also systems and inter-professional issues underpinning integrated working
- the reach of integration: the involvement of other agencies and organisations.

In this summary, the key barriers and challenges associated with integrated working overall and within the three dimensions of integration are outlined.

### Overarching issues

#### Barriers

- **Contextual barriers/political climate** – changes in political steer; financial uncertainty; agency reorganisation; organisational change climate (e.g. Allnock *et al.*, 2006); local needs at odds with meeting national priorities; coterminosity and rurality generating challenges and costs for networks (ibid). Tensions between integrative model of ECM and pressure for change in individual services e.g. national Service Framework and white paper encouraging school autonomy (UEA and NCB, 2007).
- **Organisational challenges** – agencies with different policies, procedures, systems. Information sharing – not all agencies collecting same data due to different remits, and huge challenge of integrating information sharing because of professional, technical and ethical obstacles involved (Anning *et al.*, 2006).
- **Cultural/professional obstacles**: negative assessment and professional stereotyping; different professional beliefs. (Allnock *et al.*, 2006). Differing levels of qualification and experience can lead to conflicting views (Tunstill *et al.*, 2007). A need for agencies to learn interagency working as a 'learning process with tensions and difficulties as well as insights and innovation' (Warmington *et al.*, 2004).
- **Commitment obstacles**: where managers do not experience integrated working as part of core work, integrated working is vulnerable to changes in work priorities and real ownership is not embedded. (Bell, 2007). Explicit commitment to integration is required, different level of buy-in likely, certain agencies/individuals may need additional nurturing to engage them (Tunstill *et al.*, 2007).

### Enablers

- **Clarity of purpose/clear recognition** of need for partnership working [e.g. need to avoid duplication, better use of resources (Allnock *et al.*, 2006); coherent and long-term vision; (Percy-Smith, 2005); common aims and collective ownership (Atkinson *et al.*, 2002).
- **Commitment at all levels**; commitment to vision (Leathard, 2003); strategic commitment of resources (Noaks *et al.*, 2003) building collaborative capacity at strategic level (Edwards *et al.*, 2006).
- **Strong leadership/management**, champions (Boddy *et al.*, 2006); dedicated posts for developing capacity (Wheatley, 2006); effective multi-level leadership/effective operational management of complex interdisciplinary relationships, accountability and supervision (Boddy *et al.*, 2006); modelling/national qualification in integrated centre leadership (Anning *et al.*, 2006).
- **Strong personal relationships/trust between partners** (Allnock *et al.*, 2006); realistic time frame for developing trust (Wheatley, 2006) ; previous history of working together/positive experience of collaboration (Bronstein, 2003)
- Understanding/clarity of roles and responsibilities e.g. role of Lead Professional (UEA and NCB, 2007).
- **good communication and joint training.**
- restructuring needs to follow **careful consideration of the needs of children**; types of service required to meet those needs; experience and skills required of staff, along with physical location (Dartington Social Research Unit, 2004).

### Extent of integration (the stage or depth of collaborative activity)

#### Barriers

- Increasing integration (bringing separate organisations into a new structure) requires comprehensive planning and well-defined communication channels. Risk is greater because each partner contributes their own resources and reputation (Fox and Butler, 2004).
- Willingness to enhance capacity of another organisation requires sharing risks and responsibilities and also rewards (which can enhance the potential of the collaboration) (Himmelman, 1992).
- Integrated partnerships' risk of dependency on individuals can be lessened by commitment at strategic level (Broadhead and Armistead, 2007).
- Integration has risks of accountability, weaker value for money and poor governance (Glasby and Peck, 2006).
- Conflicts of ideology, and different power relations may be the key to difficulties in partnership working. Time and resources to build and sustain synergy-working are 'costs', alongside any benefits of added value (Kemshall and Ross, 2000).

## Enablers

- Local willingness to collaborate; balancing mainstream and specialist services; involvement of service users; evidence-based practice (e.g. on improved outcomes); establishment of integrated systems (upgrading and integrating records and document management systems); training and development; capacity for change (e.g. a change plan, shifts in skills knowledge and attitudes); focus on gains and benefits (Miller and McNicholl, 2003).
- For mainstreamed integrated working to be effective and sustained it needs to: be localised and build on localised integrated working; respect professional roles; involve families and communities; have strong leadership; be embedded in home agencies and have links with adult services (DCSF, 2007).
- Development workers and senior officers are crucial players in sustaining momentum; local authority leadership and vision drives the initiative. Partnerships strengthened by local events and research, continuity of personnel is crucial (Broadhead and Armistead, 2007).

## The levels of integration – organisational issues (structures and processes)

### Barriers/challenges

#### Structural challenges:

- at strategic level: commissioning e.g. barriers to pooling budgets; at frontline service delivery: joint working and co-location e.g. suitable buildings, agency commitment, sustainability, allaying fears on staff concerns and conditions, realistic timescales (Wheatley, 2006)
- persistence of divergent missions or remits (Goodwin, 2006)
- different assumptions about the vision underlying the whole system integration can lead to tensions (Miller and McNicholl, 2003).

#### Process challenges:

- *system processes* – assessment and information sharing – securing time; understanding roles; meeting training needs; achieving service-user involvement; confronting restrictive eligibility criteria. Inter-professional processes – key working and Lead Professional – establishing and extending roles to cover a wider range of users. Capacity-building processes – overcoming lack of capacity at children’s trust manager level (Wheatley, 2006)
- frontline cultural differences among managers and professionals – different professional models/values for understanding cause and scope of interventions (medical vs social care models); different understandings of procedures and terminology (UEA and NCB, 2007)
- different terms and conditions over employments (Anning *et al.*, 2006)
- dilemmas over different organisational procedures and cultural values concerning confidentiality and database access; professional status and loss of role and professional expertise (deskilling) (Frost and Robinson, 2007).

## Enablers

- Flexibility, capacity for change, recognising it takes time to change/realistic time scales; develop effective leadership (Wheatley, 2006).
- Planning; shared vision; a resourced strategy and action plan; importance of leadership; a focus on outcomes; involve voluntary sector and families/children (Percy-Smith, 2005).
- At joint working/co-location level: **preparation** gathering evidence of potential benefits; setting data out as potential outcomes; linking to local change agenda; reviewing resources; securing leadership commitment; reviewing management skills/capacity. **Managing integrated working** – stakeholders agreeing principles, goals, roles; developing participatory culture; planing family/child participation; planning co-location; staff awareness raising; continuing professional development (CPD)/change management with staff groups; addressing contractual issues. **Assessment processes** – agree definitions; developing one model with buy-in; establish relevant, understandable and measurable outcomes; key worker level: promote status; involve families; establishing a multi-agency management group (Wheatley, 2006).
- Leadership and capacity at strategic level; continuity of personnel, career pathways and progression (Broadhead and Armistead, 2007).
- physical proximity (working in the same building or locality-based working) (Jones *et al.*, 2004).
- effective information sharing as a means of enhancing joint professional practice (DCSF, 2007; Miller and Stirling, 2004).
- joint models, language and service-delivery approaches; shared principles (DCSF, 2007; Anning *et al.*, 2006).

## Reach of integration – involvement of other agencies and organisations/service users

- Where partnerships are widened, care needs to be taken that power imbalance inherent in such widening does not negate wider inclusion. 'Status-inequality issues' need to be overcome (Allnock *et al.*, 2006).
- Perspectives/goals of less powerful partners may be overridden by internal priorities of fundholding agencies, leading to failure to use potential contribution (Kemshall and Ross, 2000). Power imbalance between partners may mean lead partner obtains preferential treatment for referrals (Tunstall *et al.*, 2007).
- At level of user involvement, procedures may be such as to alienate parents rather than involve them (or they may be alienated if too much is expected of them) (Cooper, 2004).
- Good partnership depends on limiting the number of partners to avoid non-manageability, alternative means of involving some groups (young people and parents) in decision making may be needed (Asthana *et al.*, 2002).

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## Glossary of terms from the literature relating to multi-agency activity

- **Joined-up:** deliberate and coordinated planning and working, takes account of different policies and varying agency practice and values. Reference can be to joined-up thinking, practice or policy development.
- **Joint working:** professionals from more than one agency working directly together on a project.
- **Multi-agency/cross-agency working:** more than one agency working together. A service is provided by agencies acting in concert and drawing on pooled resources or pooled budgets.
- **Multi-professional/multi-disciplinary working:** working together of staff of different professions, background and training.
- **Interagency working:** more than one agency working together in a planned and formal way.
- **Cross-boundary working:** agencies working together in areas that extend beyond the scope of any one agency.
- **Cross-cutting:** cross-cutting issues are those that are not the 'property' of a single organisation or agency. Examples include social inclusion, improving health, urban regeneration.
- **Integration:** agencies working together within a single, often new, organisational structure.
- **Networks:** informal contact and communication between individuals or agencies.
- **Collaborative working/collaboration:** agencies working together in a wide variety of different ways to pursue a common goal while also pursuing their own organisational goals.
- **Cooperation:** informal relationships between organisations designed to ensure that organisations can pursue their own goals more effectively.
- **Coordination:** more formal mechanisms to ensure that organisations take account of each other's strategies and activities in their own planning.
- **Partnership:** 'two or more people or organisations working together towards a common aim' (Leeds Health Action Zone, 2002).

Source: Percy-Smith (2005) unless otherwise stated.

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## About LARC

The Local Authority Research Consortium (LARC) was formed at the start of 2007. It comprises 14 local authorities: Birmingham City Council, Brighton and Hove City Council, Dudley Metropolitan Borough Council, Essex County Council, Haringey Council, Hertfordshire County Council, Norfolk County Council, Nottingham City Council, Oxfordshire County Council, Portsmouth City Council, Sheffield City Council, Southend on Sea Borough Council, Stockport Metropolitan Borough Council, Telford and Wrekin Council; as well as NFER and EMIE at NFER, Research in Practice (RiP), the Improvement and Development Agency (IDeA) and the Local Government Association (LGA).

LARC is a collaborative venture, with shared governance of all the research undertaken. An External Steering Group is made up of Directors of Children's Services from some of the LARC local authorities (LAs) and also representatives from each participating national organisation. This group gave advice and direction to the study.

## About this study

The LARC study is a collaborative project which aims to assess the extent to which, during the early stages of implementation, the service integration aspects of the Change for Children agenda are working and starting to have their intended impact. This report is based on the analysis of over 120 service leaders, managers and practitioners and around 200 children and family members conducted in Round 1 of LARC.

National Foundation for Educational Research  
The Mere, Upton Park, Slough SL1 2DQ  
email: [enquiries@nfer.ac.uk](mailto:enquiries@nfer.ac.uk)  
tel: 01753 574123 fax: 01753 691632  
web: [www.nfer.ac.uk](http://www.nfer.ac.uk)