

Evaluating the early impact of integrated children's services

Round 1 summary report



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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
- Portsmouth City Council
- Sheffield City Council
- Southend on Sea Borough Council
- Stockport Metropolitan Borough Council
- Telford and Wrekin Council
- NFER
- EMIE at NFER
- Research in Practice
- Improvement and Development Agency
- Local Government Association.

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Contents

Foreword	iv
Introduction	1
The impact model	2
Key findings and messages	4
Contexts and definitions	7
The 14 local authorities	7
Definitions of integrated children's services	7
'Confident' children's services authorities	8
Part 1 Impacts	9
Changes to inputs, processes and structures (level 1 impacts)	9
Changes to professionals' experience and attitudes (level 2 impacts)	11
Outcomes for children, young people and their families (level 3 impacts)	13
Embedding (level 4 impacts)	20
Part 2 Contributing features	23
Perspectives	23
Making progress	24
References	28



Foreword

John Harris, Chair of the LARC Steering Group

Context

In early 2007, at the start of the consortium's first year of work, local authorities (LAs) wanted to know if integration of services was having an impact on outcomes. One year on, the question has become – how can we make integrated working deliver better outcomes faster and more consistently? The shift in thinking from integrated *services* to integrated *working* is an important one, and underlines the fact that the real test is whether end users (children, young people and families) experience a 'joined up' service that identifies their needs as early as possible and meets them effectively. The way to deliver that 'joined up' experience will vary according to needs, geography, etc. – but the essence must surely be a shared sense of purpose and the powerful connections individual workers and teams make with other disciplines located within their Children's Trust.

This study underlines the desire for such connections amongst staff and, significantly, from parents, and also the importance of a clear and shared vision within and between organisations. The picture it paints from these messages from the 'front line' of children's services resonates with other current views including the Children's Plan (DCSF, 2007), the Workforce Plan (DCSF, 2008a), Narrowing the Gap (DCSF *et al.*, 2008) and the latest guidance for Children's Trusts (DCSF, 2008b). Steady progress has been made and there are good signs of impact on outcomes, but there now needs to be a step change in the pace and consistency of that progress.

In this context – what is the unique contribution of LARC?

Some four years after the publication of Every Child Matters (ECM) (HM Treasury, 2003), this study records in a structured and evidenced way local perceptions of the current state of play on integration and on outcomes achieved for children and families. It does this across 14 authorities, which on the face of it appear to be fairly typical of the majority of LAs in England. The study provides a baseline against which to assess progress over this next stage of development. The study also highlights the ways in which children and their parents describe the outcomes of support they have received, which remind us why we are doing all this.

Directors of children's services (DCSs) and their partners know that they are on a long journey. The impact model used in this study allows us to capture that journey – providing a clear representation of the different stages. The model has proved valuable in facilitating and recording discussions on progress made. But it should not be assumed that there is a fixed time for each level of impact, or that longevity alone is a recipe for success. The trick is to find fast but sustainable ways of moving through the levels.

If we listen seriously to the views of managers, staff and parents, they highlight some of the important issues and challenges that need to be overcome next on this journey. The range of perceived progress across the 14 authorities also suggests which factors might be the most important in achieving integration and improved outcomes.

But LARC is more than this report of its first year's work. LARC encourages and assists authorities to 'tell their own story', and to benchmark with and learn from others, in a spirit of collaborative and honest enquiry. Its focus is particularly on the 'how' of integrated working; within that, the participating LAs decide the topic(s) for study.

The collaborative approach, with LAs and research agencies sharing the work, has developed capacity and understanding both locally and in the agencies, although it has proved much harder for LA staff to take on the role of active researchers than any of us had understood at the outset. This will be a stronger feature in the planning of future rounds. At the same time, some LAs have identified a range of unexpected gains from participating in LARC, such as understanding the need to develop more robust ways to access the views of parents, and helping a broader range of professionals to focus attention on important local issues.

The value to LAs of developing the skills and partnerships to tell their own story of what works is evidenced by the high level of interest in participating in the consortium's second round.

Some important messages

While this study has looked in 14 LAs at the perceptions of impact for three specific vulnerable groups, there are some messages emerging that probably have wider relevance. Taking a broad overview of the findings and of the current context in children's services, the following points are particularly brought to your attention.

The impact model (see pages 2–3) provides a meaningful way of **identifying and organising different impacts** that LAs, Children's Trusts, their partners and individual services can use to assess where they might be in terms of impact locally. In doing so, this study underlines the **value of listening to parents', practitioners' and service managers' views**, as well as to those of children and young people.

In the next phase of the children's services journey, more attention needs to be paid to developing ways in which we can **measure and therefore evidence progress** on specific outcomes for specific groups in specific areas. Sitting below the ECM outcomes framework, there needs to be a more detailed local framework, underpinned by effective information technology and information-gathering processes. The outcomes noted most frequently by children and their families suggest that an early priority should be the development of robust and comparable measures of emotional health and well being (NI 50 in the national indicator set).

Front-line staff and service managers identify some important aspects of integration that require further development (see page 24). These are confirmed by the picture emerging from this study of the 'confident' children's services authority. This suggests that the **leadership role** in many LAs over the next stage of development towards improved outcomes will need to balance three distinct elements:

- the constant focus necessary to describe and communicate a motivating and appropriate **local vision and clear goals** – understood and accepted by everyone (including those agencies not yet 'signed up')



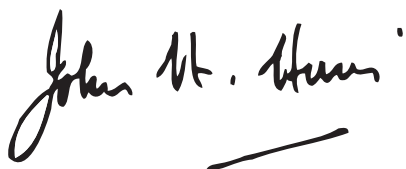
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- the focus on ensuring that **service managers and practitioners develop effective relationships** with and understanding of staff in other teams and agencies (including resolving the logistical and time issues, e.g. around multi agency panels)
 - the focus on **strategic design, infrastructure and resource issues** that continue to demand leaders' attention (such as commissioning).

Next steps

The LARC Steering Group invites local authorities, Children's Trusts and their partners to reflect on their own situation relative to the experiences in these 14 authorities. In doing so, we hope they will examine their own progress in those aspects of integration that seem to be particularly associated with more 'confidently' integrated children's services.

At national level, we hope that the Department for Children, Schools and Families (DCSF), the Children's Workforce Development Council (CWDC) and others will be able to use the picture of integration and impact painted by this study in planning support for faster progress towards, and better evidence of, improved outcomes for children, young people and their families.

LARC authorities will be embarking on further work around integrated working later in the year.



May 2008

Introduction

The Local Authority Research Consortium (LARC) was formed at the start of 2007. In its initial year it comprised 14 local authorities 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 (DCSs) from some of the LARC LAs and also representatives from each participating national organisation. This group gave advice and direction to 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 front-line children's services teams operated.

The research focused on three key groups of children and young people for whom the External Steering Group felt that integrated children's services might particularly make a difference:

- looked-after children (LAC)
- children and young people with autistic spectrum disorder (ASD)
- young people with over 20 per cent absence from school at key stage 3 (KS3).

LAs were asked to select individual cases for each key group whose support exemplified some element of integration.

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.

The project was designed to use a largely qualitative approach. Over 120 service leaders, managers and practitioners and around 200 children and family members gave their views on early impact and on the support they were receiving. Available quantitative data demonstrating the impact of integrated children's services was requested as well, but in most cases, LA partners were not able to provide this kind of evidence yet.

This report is a summary version of the main findings from the LARC Round One study. The views reported here are accompanied by a more detailed account (available at www.nfer.ac.uk/LARC). An earlier report, on service managers' views, was published in January 2008 (Kinder *et al.*, 2008). The views reported there are incorporated into this summary report and the accompanying more detailed report. The full report contains more background information on the 14 LAs, further examples of findings, all the main research instruments used, a commentary on the methodology and an audit of the main barriers and enablers of integration as highlighted by a literature review undertaken at the same time as the research (Robinson *et al.*, 2008). The full report is aimed at senior managers in LAs and Children's Trusts, as well as those in national Government and agencies.

This summary version includes:

- some background on the 14 LAs and definitions of integration
- views on the impacts of integrated services, including those of practitioners and service users, applying the NFER impact model
- key features that the study suggests are associated with further progress towards integration.

The impact model

As well as comparing interviewees' different perspectives, the analysis has drawn on the NFER impact model (see Figure 1). This four-stage model of impact suggests different levels of impact over time.

Level 1 impacts 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.

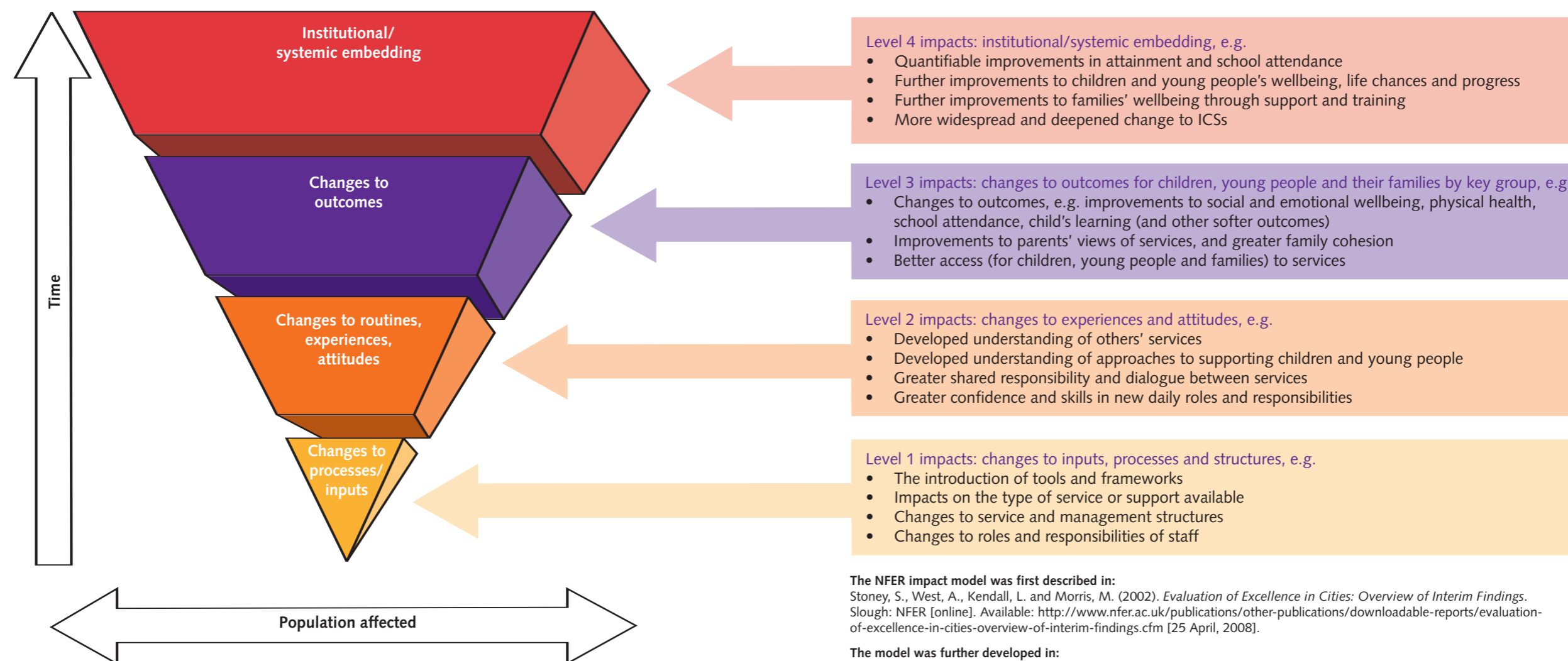
Level 2 impacts involve changes to the experiences and attitudes of the key players within the services involved, i.e. practitioners and service managers.

Level 3 impacts 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 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 final data collection.

Figure 1 NFER impact model





Key findings and messages

Views of children, young people, parents and carers

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.

The study also 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
- 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.

Views of local authority staff and practitioners

Staff interviewees in each of the 14 LAs can identify:

- impacts of integration on processes, structures and cultures, suggesting that the process of culture change is well underway
- impacts for children in relation to the support they receive – these impacts are most often reported in relation to individual children.

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 improvements such as these will become more evident as integration becomes embedded. Practitioners suggest that such embedding will also include support for youngsters at transitions, better supported placements in school, and greater holistic support for young people.

Features perceived to be key in contributing to better integrated services and, ultimately, to outcomes for children and young people are:

- 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
- aspects of front-line delivery (such as multi-agency panels).

Where the interviews and contextual evidence suggest that integration is more mature, the study indicates that this is particularly associated with:

- the quality of working relationships and communication between agencies
- having a clear and shared vision
- having fewer concerns about models of funding and associated accountability.

Challenges and concerns

At this early stage of LAs' journeys towards integration, key concerns raised by practitioners include:

- workload implications, especially in relation to 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, e.g. schools, GPs and health
- issues around communication and leadership.

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 that managers are aware of the existing practices and experiences that practitioners can contribute.

A small minority of LAs could provide quantitative evidence of improved outcomes for groups of children that they would confidently ascribe to integrated children's services. Some suggest it is too early to be able to do this, and some also highlight the need for improvements to current information systems.

Future developments

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
- resources.

Front-line 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 and, indeed, to align service agendas and priorities to encourage further sign-up to the integrated agenda. Listening to practitioners seems important.



Not surprisingly, the research uncovered a range of different discourses and definitions of 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.

Contexts and definitions

This part introduces the contexts in the 14 local authorities and gives some definitions of integrated children's services put forward by the LAs.

The 14 local authorities

The 14 LAs that participated in the study are different in a number of ways.

Type and size of authority: the sample includes large counties, metropolitan authorities, unitary LAs and a London borough.

Longevity of integrated services: in four LAs, it is said that some integration of services and restructuring was a feature before the Children Act 2004. Others focus on more recent milestones such as the appointment of a DCS or the creation of a joint directorate (including health) or the Children's Trust. Creating geographical service areas, districts or localities in 2006 or 2007 is another way of describing the beginnings of an LA's integrated children's services.

Locality: the size of a 'locality' (and also how they were named) is another variation in our sample. There are titles like 'service areas', 'service districts', 'area-based teams', 'community clusters', 'district partnerships' and 'townships'. The scale of a locality can also be very different, with varying populations of children and young people, and different numbers of schools per locality. In some LAs, school networks, clusters and consortia form the local organisational unit.

Annual Performance Assessment (APA) scores: there are some differences in the scores for the current and a previous year. LAs in which accounts suggest that integrated children's services are more advanced are not always those with the highest APA scores. We should note, however, that this study was looking at services and outcomes for specific target groups in a specific area or locality within the participating authorities, rather than exploring LAs as a whole and incorporating all groups of young people.

Definitions 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)"

What do LA staff understand by the term 'integrated children's services'? Eight of the 14 DCSs acknowledge there is not yet a shared understanding in their LA. In contrast, other directors speak of the 'shared vision' or a 'shared definition within the authority and across the partnership'. In these LAs (usually the more 'mature'), this shared vision is mentioned in service manager and practitioner interviews too.

Nearly all LA staff offer a definition of integrated children's services, even when suggesting there is not a common understanding within the local authority as yet. These definitions show that there is much agreement on what integrated children's services actually mean right across the samples of interviewees. Practitioners and service managers most often speak generally on the theme of 'working together' and 'sharing



responsibility' with other agencies, with a few references also to 'less duplication' and 'better coordination'. Terms like 'holistic approach', 'meeting individual needs', 'child at the centre' and 'wrapping services around the child' are also used.

Compared to DCSs and service managers, practitioners focus much less often on integrated childrens services' *processes* in their definitions (such as CAF, locality working, Lead Professional or information sharing systems). In contrast, nearly all DCS interviewees talk about referral and assessment systems, including CAF; and at least half note IT or information sharing and locality working. Two DCSs note the DCSF (2005) 'onion' in their definition, but this does not get a mention from service managers or practitioners. It is noteworthy that managers and practitioners in certain LAs are more specific (i.e. they did refer to CAF, Lead Professional, etc.) in their views of what integrated children's services means. These are the LAs that are more confident in their progress towards integration.

'Confident' children's services authorities

From the contextual evidence described above, and interviewees' comments, it was possible to identify a continuum amongst the 14 LAs from the more mature or 'confident' children's services authorities, to those in earlier stages of integration. This sense of maturity was based on LAs' self-reported level of impact, and the level of agreement on types of impact and key contributing features in directors', managers' and practitioners' views, emerging from researchers' analysis. Maturity/confidence is used throughout the report to explore how impacts and features vary according to LAs' progress with integrated children's services.

Part 1 Impacts

This section reports on the first aim of the study, to explore the early evidence of impacts for services and service-users in the three key groups being studied. It uses the four-stage impact model, set out in the introduction to this report.

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

Service managers and practitioners in all 14 authorities spoke about changes to inputs, processes, and service and management structures in their authority. These changes include, in order of frequency:

- **the introduction of tools and frameworks**, e.g. CAF, multi-agency panels, integrated referral systems, electronic data sharing and information systems
- **changes to service, management and front-line structures**, e.g. central management with services delivered by integrated teams, coterminous operating areas and, in some cases, co-location
- **changes to roles and responsibilities of strategic and front-line staff**, including new appointments, e.g. lead professional, and changes to the Education Welfare Officer (EWO) role – now more 'locality-based' or based in schools and, in one LA, every school with a designated LAC teacher
- **the implementation of training programmes**, especially on the CAF, specialist training for non-ASD staff and parents, and in one LA a practitioner work-shadowed the locality panel process
- **the introduction of meetings and forums to facilitate integrated working**, including partnership agreements, meetings as discussion forums across services, and specific new links with Child and Adolescent Mental Health Services (CAMHS) and schools
- **the development of the type of service or support available**, including earlier intervention work, holistic 'joined-up' packages of support, and a single point of contact for parents and practitioners.

What do service managers say about changes?

Service managers particularly talk about introducing the CAF, developing new electronic data sharing and information systems, and changing management and front-line structures. Examples of new data systems include the development of an integrated children's index in one authority, and a 'welfare call' system for absenteeism in another. Examples of service restructuring are particularly evident for ASD services, including a number of authorities that have redesigned their ASD service around locality working (e.g. with members of the ASD team assigned to specific schools/localities).

What do practitioners say about changes?

Practitioners also talk about implementing the CAF and, in addition, note other integrated assessment and referral tools such as the Fair Access Panel for key stage 3



non-attenders, and other bespoke tools, particularly for ASD (see below). They also focus on taking part in training.

However, practitioners report less change in service management and front-line structures than service managers believe has taken place. A proportion feel there has been little or no change in structures; some believe that there has been strategic and structural change, but that this needs to be communicated more to front-line staff; others feel that they have been working in an integrated way for many years and that the structure of this work has not changed.

How have services (inputs, processes and structures) changed for the key groups?

For looked after children, integrated service development is characterised by the introduction of the CAF and new electronic information sharing.

For children with autism, service development includes the implementation of training for non-ASD specialists and parents. The introduction of the CAF is referred to less often for these children. Instead, some LAs are developing bespoke tools for this group (see Box 1).

For key stage 3 non-attenders, integrated service development also includes using the CAF, and the use of Fair Access Panels.

Box 1 Introducing a joint assessment and action plan for ASD

The service manager with responsibility for children with autism described how processes for assessing, referring and supporting children with autism had changed 'dramatically' with the integration of children's services. From having separate assessments and separate plans for different aspects of service (e.g. CAMHS, occupational therapy, behaviour support), they have developed standard screening tools to be used across all 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 done their own assessment.

What do changes to input, processes and structures look like in 'confidently' integrated authorities?

LAs with more 'confident' integration have introduced *distinctive* tools and frameworks, e.g. a focus on the team around the child (TAC) in one authority, locality and panel working in another, and the lead professional and CAF in another. Interviewees in these LAs also report *particular* changes to structures, e.g. a single management structure with services delivered by front-line teams. LAs at the early stage of integration report less specific changes, e.g. that social care and education have 'come together under one directorate' or that such structural changes are starting to happen (e.g. starting to co-locate).

Comment

The introduction of tools and frameworks is seen as an important development in integrated children's services. Developing a specific and/or customised set of tools in a local authority might also 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). Joining up systems (e.g. for assessments, referrals and information sharing) is important. In addition, ensuring that changes to inputs and structures are implemented consistently and communicated particularly to practitioners seems to be important.

As we have seen, the changes to inputs, processes and structures brought about by integrating children's services include new roles, new relationships and new ways of working for service managers and practitioners. In the next section, impacts at level 2 describe how such changes affect their everyday work and attitudes.

Changes to professionals' experience and attitudes (level 2 impacts)

Service managers and practitioners spoke about changes to their experiences and attitudes relating to their daily work. These changes include, in order of frequency:

- **increased dialogue and closer working**, e.g. more formalised working together, more opportunities to meet with colleagues from other services, and work with a wider range of agencies or services, more common language
- **greater understanding of other services/agencies**, including their roles and responsibilities, awareness of the complexities and concerns of other agencies, and recognising shared goals
- **greater understanding of the target group and approaches to support**, e.g. having a more holistic view of children's needs, more awareness of alternative and effective approaches, and improved understanding amongst schools of the needs of the three target groups
- **change of role or focus**, including a shift in role, for some, away from direct work with children and young people, more focus on outcomes or particular needs, clearer role definition, and moves to a Lead Professional role, but with some concern and reluctance from practitioners
- **greater shared responsibility for the target group**, particularly in relation to LAC, e.g. more mutual support between professionals, clearer and shared agendas for work with LAC, but some reported difficulties getting agencies to share responsibilities, e.g. for LAC, or where services are already 'stretched', and also greater ownership by schools in relationship to key stage 3 non-attenders and children with autism
- **improved relationships with other professionals**, e.g. getting to know other professionals, including on a more personal level, enhanced trust, respect and confidence in others, and some reduced confrontation between professional groups

The CAF focuses schools on the non-attenders who need to be referred

The CAF is seen to ensure that those other than social workers take on more responsibility for LAC

Better relationships are supported by a locally shared vision and opportunities for informal discussions amongst professionals from different agencies



- **improved working practices**, especially more focus on prevention and earlier intervention and greater consistency of support for children across agencies, as well as a speedier response, better use of professional skills and expertise, the streamlining of processes, e.g. less duplication, better coordination, and reflection on practices to ensure that children's needs are being met
- **easier access to other agencies/services**, especially being more aware of and drawing on the provision available to support children and young people, and access to a wider range of support
- **easier access to information about cases**, e.g. better information sharing enables a fuller picture of the child, and better identification of needs and support required – examples were given for key stage 3 non-attenders
- **increased workload** – a negative impact, particularly associated with the use of the CAF, which although felt to be 'useful' and 'comprehensive', is also reported as 'long' and 'onerous'
- **a small number of other negative impacts** including logistical, accommodation, 'territorial' and communication issues.

The CAF and IT systems are seen to improve access to information

The CAF requires 'extra paperwork', 'attendance at more meetings', 'balancing shared priorities'

What do service managers say about changes to practice?

Service managers talk particularly about increased dialogue, closer working and greater understanding of other services/agencies. They also identify greater understanding at ground level of the target group, including a wider perspective of the group and approaches to supporting them, more frequently than practitioners. However, some practitioners do note that they have a different perspective on the target group, through their work with other services.

What do practitioners say about changes to practice?

Practitioners highlight some other impacts, not noted by service managers. These are easier access to other agencies/services (especially for LAC and key stage 3 non-attenders) and to information on cases (especially for key stage 3 non-attenders). They also focus more on the effects of changed roles, including some concerns over these changes. Changed roles are reported more often for those working with LAC and key stage 3 non-attenders, than for those working with children with autism.

What do changes to professionals' experiences and attitudes look like in 'confidently' integrated authorities?

In LAs with more 'confident' integration, service managers and professionals report more significant role changes (e.g. all staff in the locality have new roles/responsibilities) and more clearly defined roles and responsibilities than in LAs at the early stage of integration. However, with significant role changes came some distinct concerns (see Box

2). For example, service managers in these LAs report that they are now responsible for a larger number of professional groups, while some practitioners are concerned about taking on different levels of need in their caseloads (e.g. taking on greater specialist and intensive support as part of their case work, which they had not done before).

Box 2 Changes to roles: clarity and concerns

Clearer role definitions are important impacts in some authorities. In one authority, service managers feel that clearer roles have enabled specialist services to focus on acute need (e.g. for LAC). In another, LAC professionals report focusing more on their core business (i.e. those cases at a higher threshold of need) and feel that this provides a better quality service. In contrast, in another authority, a practitioner expressed concern about the identity of the education welfare service being diminished and there being poor structures in place for the line management and supervision of education welfare officers within locality teams. Losing professional identity and distinctiveness was a concern raised around role changes.

Comment

This section shows how integrated working changes professionals' everyday experiences and attitudes, and indeed their roles. This has brought both clarity and some concerns for professionals. As the example in Box 2 shows, professionals are working differently with children and young people. In the next section, impacts at level 3 describe how such working affects the experiences of, and outcomes for, children, young people and their families.

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

What do service managers and practitioners say about outcomes?

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.

Given the early days of integrated children's services, some managers and practitioners feel it is too soon to describe impact on children and young people (this was said in five of our 14 authorities). Some feel that children and parents themselves would not yet necessarily report or recognise the impacts described above (noted in four LAs).

What do parents/carers and children say about outcomes?

Parents/carers were not specifically asked about the term 'integration' but they were asked about what difference the *support they currently receive* from the LA has made to their child. The children themselves were also asked what difference this has made to them. Table 1 presents in a rank order the views of parents/carers and children on the support they currently receive (each view was given by five or more individuals).

As shown in Table 1, parents and children report similar impacts, although parents focus more on their child's increased confidence than the children do themselves. Parents also mention raised future aspirations for their child and improved communication skills more than children themselves.

It is encouraging that children feel that they get on better at home as a result of the support they receive – perhaps this is a reflection of the more 'holistic approach' that practitioners and service managers talk about in level 1 and level 2 impacts. In addition, parents say they feel better in themselves and in the family home. They

Table 1 Parents' and children's views on support received

Parents' views: 'impacts on my child'	Children's views: 'impacts on me'
<ul style="list-style-type: none"> • Enhanced confidence/self-esteem • Getting on well with school work • Feel safer • Feel happier • Now like/feel happier about going to school • Improved social relationships with peers/improved friendships • Calmer, more relaxed • Improved school attendance • Raised/changed future aspirations • Improved social relationships 'with people'/getting on 'with people' • Improved behaviour • Less angry/aggressive • Improved communication skills 	<ul style="list-style-type: none"> • Getting on well with school work • Feel safer • Feel happier • Improved social relationships with peers/improved friendships • Enhanced confidence/self-esteem • Improved social relationships 'with people'/getting on 'with people' • Now like/feel happier about going to school • Improved school attendance • Calmer, more relaxed • Improved behaviour • Less angry/aggressive • Get on better at home

frequently speak of feeling less worried about their child, having 'peace of mind about their child', being more able to 'cope as a family', having valuable time to spend with their other children, feeling less stressed, more relaxed and having a 'weight off my shoulders'. Some also report feeling more supported, having someone 'there for me', and feeling less alone. Some children also note how the support has 'helped my mum'.

As well as these broad audits of views on impacts for the three groups of children, young people and their families overall, we can also look at the reported impacts for each key group separately.

Some impacts for looked-after children (LAC)

Service managers and practitioners report both increases and decreases in LAC numbers and referrals. They also perceive greater stability and continuity of care for these children, and feel that the coordination of response meets their needs better. According to the carers/parents and children, the support they receive means that these children have improved confidence and self-esteem, feel safer and have improved relationships and friendships. Carers and parents themselves feel less worried about their child. See Box 3 for an example of support for LAC.



Box 3 Support for LAC

Type of support: Teaching assistant 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: A network of different services operates around the child, involving 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)

Some impacts for children with autistic spectrum disorder (ASD)

Service managers and practitioners report improvements in ASD diagnoses and increased referrals. They feel that there is now a greater range of services that supports these children and their families. According to the parents and children, the support they receive means that these children are getting on better at school, they feel safe and they have a more relaxed personal demeanour. The parents themselves feel better able to cope with their child, and are able to give time to their family and other children. They feel well supported and less isolated. See Box 4 for an example of support for children with ASD.

Box 4 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 about 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 these 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 CAHMS 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 CAHMS 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)

Some impacts for young people with poor school attendance at key stage 3

Service managers and practitioners report 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'. According to the parents and young people themselves, the support they receive means that these young people have increased confidence and self-esteem, feel happier, and get on better with their peers and teachers. They are not necessarily happier about going to school, but they do feel that their attendance has improved and that they are getting on better with their school work. Parents themselves feel less worried about their child's education. They

also feel less stressed, more able to cope as a family (including having fewer family arguments), are happier and their own self-esteem has been raised. See Box 5 for an example of support for this group.

Box 5 Support for non-attenders at key stage 3

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

Type of impact: Changes to outcomes (e.g. improved attendance), improvements to outcomes (e.g. 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 non-attender at school, who transferred to one of the practitioner's schools recently where his attendance, initially, 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 that 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 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 Specialist Adolescent Team 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)

Supporting quantitative evidence

As well as accounts of impacts for children, young people and their families, the participating authorities were asked to provide any supporting quantitative evidence that they felt could be 'confidently ascribed' to integrated children's services. As shown in Box 6, a few authorities provided examples. These included, in one authority, reduced LAC numbers and a downward trend in the number of referrals to the Safeguarding

Team. Another authority has analysed their CAF destination data, and found that the majority of needs presented via the CAF are being met at a preventative level, i.e. within universal services, or with targeted support alongside universal services. These responses are felt to show that the CAF is meeting the intended aim to promote preventative interventions.

Box 6 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 this, 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)

Not surprisingly though, given the early days of integrated children's services, most of the responding LAs felt unable to 'confidently ascribe' noted outcomes to changes in services and practice. Managers and practitioners highlight the need for improvements to IT systems in order to quantify impacts for each of the key groups.

What do outcomes for children, young people and families look like in 'confidently' integrated authorities?

In these early days of integrated children's services, level 3 impacts show less clear variation by authority than impacts at levels 1 and 2. However, in LAs with more 'confidently' integrated children's services, managers and practitioners particularly identify 'better access' to services (including quicker response and support in place, a more coordinated/joined-up response and earlier identification) for children and their families.

Comment

Impacts on the service users are described, often in detail, by practitioners, managers, and by children and their parents/carers. Their stories show how, in the early days of integration, work is being done to provide better support for children and families in need. Amongst these stories there are also accounts of how outcomes such as school attainment and attendance, and also aspects of emotional wellbeing, are improved *for individuals*. It appears to be still too early to see improved outcomes reflected in LAs' quantitative data for these groups as a whole. So, at this time, qualitative accounts provide rich feedback to authorities on their progress. Indeed, as noted in the earlier report (Kinder *et al.*, 2008), DCSs themselves highlight the importance of robust qualitative evidence, including the views of children, young people and families, to help ascertain progress. The next section presents the interviewees' views on what else can be done to progress further with integrated working, and embed impacts (level 4).

Embedding (level 4 impacts)

Because most integrated children's services are in the early stages, the majority of service manager and DCS interviewees do not identify embedded impacts. However, they give examples of existing challenges and future aspirations for integrated children's services, suggesting a number of expected longer-term outcomes both for services and service users (see Kinder *et al.*, 2008 for a full list). Practitioners and parents were asked the same questions about challenges and areas for development, and their replies give another insight into what embedded integrated children's services might be like.

Embedding level 1 impact

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, including staff training to use them
- agreed protocols and procedures around sharing data and information
- qualitative assessment tools and tools that advance early assessment
- training for universal services on developments such as CAF
- the involvement of children and families in the redesign of services.

For practitioners, areas for development include:

- data and information sharing/exchange (with housing and youth offending as well as health)
- CAF, particularly training and also opportunities for ongoing advice on its use
- the issue of insufficient time, e.g. for attending multi-agency meetings, completing assessment paperwork, proper joint planning and implementation of interventions.

In this way, front-line perspectives highlight adequate resourcing for the processes of integration as an important consideration for successful embedding, along with continued training and improved information sharing.

Embedding level 2 impact

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

- a common language and terminologies
- full understanding of other agencies' remit and referral criteria
- schools 'buying in' to joint working
- resolution to issues of duplication of services and effective streamlining
- 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 suggest things that need to be done to ensure level 2-type impacts. These include:

- resolving the issue of specialist language and jargon
- maintaining specialisms
- creating better links with schools or other agencies
- ensuring a clear understanding of what other agencies can provide
- commitment of all services to integrated children's services procedures, e.g other agency partners respond to calls for multi-agency meetings, do not 'step out of their responsibilities' or fail to supply the support identified by CAF.

Such front-line comments suggest that resource issues and different service priorities could inhibit or even undermine the embedding of integrated children's services in some instances.

Embedding level 3 impact

In terms of **level 3 impacts** for each of the key groups involved in the research, the DCSs and service-level managers suggest a number of distinct service improvements would be evident as integration became embedded, such as:

- better and earlier identification of children at risk in each key group
- greater availability of one-stop shops
- schools working more effectively on outcomes with other professionals
- training and support for parents and carers.

Practitioners corroborate the need for further development of links with schools, earlier identification and intervention, and further training and support for families and parents. In addition, front-line perspectives reflect that embedded integration could result in:

- all agencies taking responsibility for outcomes (via the CAF)
- time for joint planning and analysis of need with other agencies
- support for youngsters at transitions, including to adulthood
- better supported placements in school
- greater holistic support for young people.

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]. (Parent)”

Listening to the views of service users was an important aspect of this study. To that end, the parent/carer sample for each key group was asked about areas for development and ways of improving services. Whilst views may well have been affected by encounters prior to integrated children's services, these parents and carers nevertheless present an



important picture of the kinds of improvements to which integration of services should and does aspire. It is notable that there were references to key integration and service issues like:

- earlier intervention – ‘get help sooner and when you think you need it, not when things get bad’
- communication/information sharing – ‘I’d like all the different departments to communicate, not to have to go through everything with everyone separately’
- greater understanding and involvement by schools and GPs – ‘train teachers to understand and support these children’
- service reliability – agencies should ‘respond to calls’, ‘deliver on promises’, ‘follow up and do what they say they’ll do’
- clarity of information and procedures, e.g. how to access services’ support and obtain guidelines or information – ‘knowing when and where to ask for help’, ‘a single point of reference’
- one contact person – ‘a key worker’, ‘someone to contact with any query and arrange support’
- being included – ‘my views being listened to’, ‘being treated as individuals’, ‘be respected’.

Comment

The capacity of individual practitioners and interventions to convey these characteristics is not in doubt, and indeed praise and appreciation for professionals and services was often offered during the interviews. 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 investigating parent/carer views further, as a measure of successful and embedded integration.

The next section of this report explores the key features that are perceived to be valuable to the progress of integration in children’s services, and to better outcomes for service users.

Part 2 Contributing features

This part of the report responds to the second aim of the study: to explore service professionals' views on which features of integrated children's services lead to better integrated services and, ultimately, to better outcomes for children and young people, and which are the most powerful in ensuring success.

Perspectives

What do DCSs, service managers and practitioners say about features that contribute to better outcomes?

DCSs and service managers were asked about the contribution to the progress of integration of nine key features drawn up by the project's External Steering Group and marked with * in Table 2), and for any other features they felt contribute to better outcomes. Practitioners were also asked (in an open question) to say what they felt contributes to better outcomes. Their most frequent responses (found in seven or more authorities, i.e. at least half) are shown in Table 2.

Table 2 Key contributing features: DCS, manager and practitioner views

DCSs' views	Service managers' views	Practitioners' views
<ul style="list-style-type: none"> • Consultation with children and families* • Universal services* • Needs analysis and planning* • Locality working* • Targeted services* • Commissioning* • Consultation with service professionals* • Models of funding and resources* • Multi-agency working* 	<ul style="list-style-type: none"> • Working together** • Needs analysis and planning* • Locality working* • Commissioning* • Early intervention • Consultation with children, young people and families* • Workforce training and development 	<ul style="list-style-type: none"> • Communication (within and across services) • Multi-agency panels and meetings • Working together • Relationships, cultures and understandings • Involving parents and children in their own case • Locality working* • Stability and continuity of support • Holistic view of the child • Early intervention

* Indicates one of the nine key features from a list drawn up by the External Steering Group. The features listed are presented in a rank order, taking into account the number of authorities where they were reported, followed by the number of participants reporting them.

** 'Working together' covers responses that refer to joint, partnership and integrated working, sharing ownership, and working more closely with other agencies.

Although there is some overlap between what DCSs, service managers and practitioners believe are the key features contributing to better outcomes, there are some interesting differences, reflecting their different roles and perspectives.



- DCSs confirm the importance of service design and infrastructure issues, while service managers also highlight the importance of ‘working together’, early intervention and workforce training and development.
- Not surprisingly, practitioners focus more on front-line working arrangements (e.g. multi-agency panels, locality working), their relationships and communication with other professionals, and how they work with the child and family (e.g. providing stable support and engaging parents and children in their own case).
- DCSs highlight the role of universal services, including the interface between universal and targeted services – a feature not especially highlighted by service managers or practitioners. It would seem important to explore this interface with service managers and practitioners, who manage and deliver work around thresholds of need, including the allocation of resources to different levels of need.

It is clear that, in addition to the features suggested by the External Steering Group, early intervention and identification, workforce development and training, and aspects of front-line delivery (such as multi-agency panels) are key features felt to contribute to better outcomes.

What do DCSs, service managers and practitioners say about features to be developed?

Each group was also asked to identify the most important features for further development of integrated services. DCSs particularly mention commissioning, and also consultation with children, young people and parents as requiring further development. Practitioners and service managers identify working together and resources as important for further development. Key themes raised at the front line are the lack of sign-up from all agencies (schools, GPs and health were particularly noted), logistical and time issues in convening and attending multi-agency panels, and issues around communication and leadership.

Making progress

Key features in the ‘confident’ children’s services authority

The interviews and contextual evidence suggest that integration is more ‘mature’ or ‘confident’ in some of the 14 LAs than others. To explore this sense of maturity in each LA, researchers used LAs’ self-reported level of impact and the amount of consensus on types of impact and key contributing features amongst directors, managers and practitioners. In the more confident children’s services authorities, interviewees report the following as key to successful integration and improving outcomes:

- the quality of working relationships and communication between agencies
- having a clear and *shared* vision, and positively viewed leadership and management
- fewer concerns over models of funding, e.g. the pooling of budgets.

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 users.

Consultation with the workforce and with children and families, a history of joint working, and resolving issues of time and adequate resourcing for integration are also reported as key features in the more 'confident' children's services authorities.

In contrast, all of these features are highlighted as aspects for further development in authorities in earlier stages of integrating their children's services. For example, they note a need for greater shared ownership and responsibility, ensuring schools are engaged with children's services, developing funding and accountability arrangements and, in particular, making sure that vision and leadership is communicated and shared. As one DCS put it: 'Having a clear vision is all very well, but you need to also develop a shared sense of ownership'.

Reassuringly, many of the key features noted here echo the findings of other research into integrated working. According to the literature (Robinson et al., 2008), the enablers associated with the development of integrated working 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'
- commitment at all levels, including to the vision and to 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.

Key features in LAs: some examples

By way of illustration, the examples below show the key features perceived to contribute to better outcomes first in a confident children's services authority, and second, in a children's services authority at an earlier stage of integration.

In a more mature integrated children's service (Figure 2), there are more positive features, and fewer features identified for development. Vision is important at both management and practitioner level here, and working relationships and understandings are also positive. Also, all groups (directors, managers and practitioners) feel that locality working and having a holistic view of the child are important, suggesting a working principle and approach understood at all levels here.

In an authority at an earlier stage of integration (Figure 3), more features requiring development surface, including aspects relating both to management (e.g. time and resources, leadership) and to delivery (e.g. working relationships and communication between agencies). Notice that none of the positive features are highlighted by all three groups of interviewee, suggesting earlier days in terms of shared identity and consensus in this LA.

Figure 2 Features perceived to lead to better outcomes (a 'confident' children's services authority)

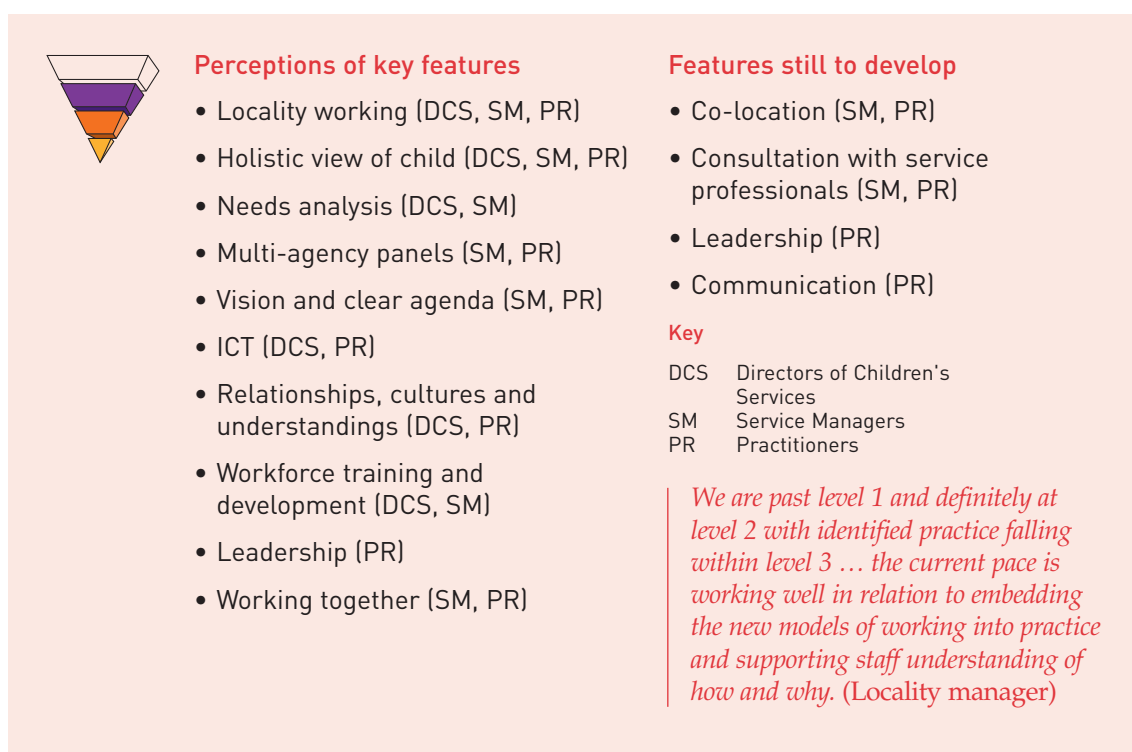
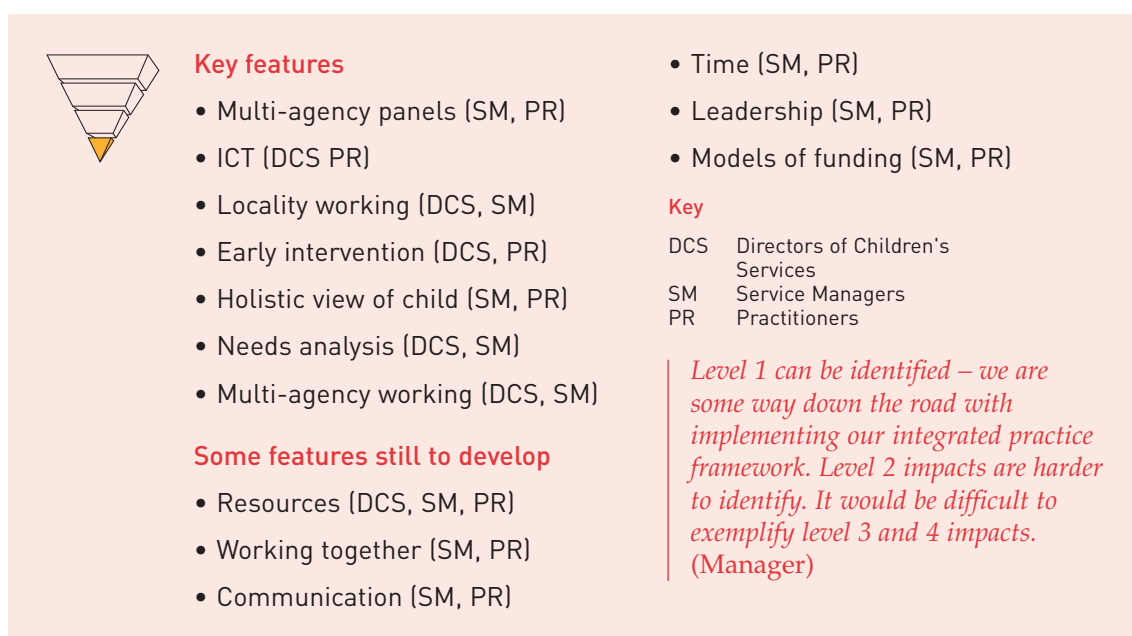


Figure 3 Features perceived to lead to better outcomes (a children's services authority at an earlier stage of integration)



Comment

A common identity is found within the more mature or confident children's services authorities. For example, in one authority, everyone talks about the team around the child approach, and in another, everyone mentions early intervention, the CAF and the Lead Professional. This 'identity', with specific and even customised tools for integrated working, gives these authorities a sense of shared local language and practice, which from the outside, seems to help staff at all levels to understand the work they are doing and the progress they are making. LAs at earlier stages of integrating their children's services will want to consider establishing such a local identity, appropriate to their needs.

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About LARC

The Local Authority Research Consortium (LARC) was formed at the start of 2007. In its first year it 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), Improvement and Development Agency (IDeA) and Local Government Association (LGA).

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.

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