



from vision to reality

transforming outcomes for children and families

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section 1: overview

from vision to reality: transforming outcomes for children and families

after the debate

Lord Laming's inquiry helped begin a far-reaching debate, and revealed remarkable consensus on the need to reform children's services. A year before the government's green paper, *Every Child Matters*, and publication of the first section of the National Service Framework (NSF) for children, the LGA in partnership with the NHS Confederation, the Association of Directors of Social Services, Association of Chief Education Officers and Confederation of Education Service Managers produced a document, *Serving children well*, setting out some proposals for a new vision for England's children.

In this second document, as members of the Inter Agency Group (IAG), (a more inclusive group of agencies, including the voluntary sector and other key agencies) we look at how these proposals can be translated into reality – offering a tool to assist local authorities, primary care trusts, other local stakeholders, the voluntary sector, and communities to translate their own vision, and the proposals by government, into processes and practices that work in their local context. *From vision to reality* aims to support local partners to:

- improve outcomes for children on a sustainable basis;
- create a whole system approach;
- ensure local delivery of improved services for all children with an emphasis on strengthening preventative and universal services and on safeguarding children.

Genuine reform requires profound change by people and organisations. This document also provides some suggestions about how to:

- design a change process;

- achieve cultural and organisational change;
- plan services that make sense, and use resources effectively;
- improve outcomes for all children and for those that are vulnerable or need extra support, active protection, or alternative care.

Over the next few months there will be a lively debate about the government's white paper and the best approach to take. Each of the partners in the Inter Agency Group will be contributing to that debate and there will sometimes be some differences of emphasis between agencies. This is the sort of debate that needs to take place both at national and local level for the best approach to be developed. The differences that will arise will however be minor and will not detract from the central messages and suggestions in this booklet which we all share.

meeting the challenge

High-quality universal services, such as education and primary health care combined with high-quality services which keep children safe and protected should be at the heart of public services. However outcomes for many children receiving specialist services tend to be poorer than for children who do not. This cannot be right. The challenge is to change the way we behave and organise ourselves. We must integrate services to fit the needs of children, rather than to suit our organisational imperatives. We must create sustained change.

Fundamental change must be rooted in the community, with its engagement and involvement from the very start. Local communities, local families, children and young people can and should be asked to contribute.

four guiding principles

Our belief in local engagement has led us to identify four guiding principles in bringing this change about. These are: partnership; leadership; the change process itself; and the need for learning and evaluation. These four principles underpin section two of this booklet, where we discuss how to turn vision into reality.

1 partnership

Local authorities can lead change, but cannot drive it without the engagement of communities, as well as the public, voluntary, private and independent sectors. Housing, early years services, children's centres, schools, play services, transport, leisure services, Primary Care Trusts, GPs and health services, education and social services – all these shape the experience of local children and their families. The voluntary sector is a significant part of the community infrastructure which is central to family life.

2 leadership

Integrating services will not itself create community champions, or enthuse sponsors to promote the change. The drivers are many, and as a consequence leadership has to be effective. This requires people who are recognised, respected and mandated to create change by local stakeholders. Someone must take the lead and offer the vision.

3 managing change

Change rooted in the community is not easy or fast; it is inevitably time-consuming and complex, resource hungry and people heavy, and probably slower than anticipated. It is crucial that the process not be rushed, but be taken at a reasonable pace.

The local authorities' role is to lead community

change and time must be spent in community capacity building.

Any initiatives must address how to manage this complex change, and be comprehensive – with programme planning, project management, and timescales. Some of the following are needed:

- a transparent strategic plan, where progress is tracked, and there is opportunity to revise and adjust;
- an approach which incorporates professional intelligence from stakeholders, as well as organisational information and data;
- clear rationale and adequate information to minimise risk and possible confusion and incoherence;
- adequate resources and support;
- regular scrutiny of progress;
- communication that is comprehensive, two-way and effective.

4 learning and evaluation

Everyone involved needs to be open to learning. Each step needs to build on good practice, useful data and evidence, and the experience of others. When something is not working, open disclosure and debate will enable the plan and/or the practice to be adjusted.

There needs to be a structured and monitored process of evaluation in place from the beginning. The effectiveness of changes, new ways of working, and integration of services must be evaluated, and the outcomes inform the next stages. This learning and evaluation will reassure the community and everyone on the frontline across stakeholder groups.

Change driven by the community, with different forms of partnership, adds up to a tall order. As we respond to the challenge to change, local authorities and primary care trusts must engage with stakeholders and communities and begin preparing to create something different. We do not underestimate the challenges.

a strategic framework

An overarching strategic body must operate at local level. It can ensure that every stakeholder is engaged at its most senior level and buys into and supports delivery of a local strategic plan for children's services. It also needs to relate to the local strategic partnership.

In most areas the strategic body which already exists as the Children and Young People's Strategic Partnership. It is probable that the bill will propose that the statutory director of children's services should be charged with ensuring that all the relevant local bodies work together in partnership, and the strategic body provides the vehicle for this to happen.

This body is fundamental. It should be the driving force of change, empowered and enabled to achieve real transformations, at the same time as adopting policies and strategies informed by children, their families and communities.

As part of any change, local areas need to decide how this body works, its terms of reference, delegated authority and governance, and membership.

There is no one single model. It could be collegiate, federal, a simple partnership, a more formal joint committee or partnership board, or even a new board. The choice should not cause undue complexity, but must fit into the area's strategic planning context and make appropriate links.

Functions of a strategic body should include:

- leadership;
- co-ordination and co-operation;
- accountability for improved outcomes;
- determination of priorities;
- planning;
- governance (performance, standards, and professional and financial audit);
- change management;
- workforce development.

Arrangements may need to be made to enable voluntary alliances and forums to properly participate. It is also important that there are clear and effective processes to hold members to account.

A strategic plan is required, using needs assessments and resource mapping, which shows how outcomes for children will be improved locally. The plan needs to focus on early intervention and development of family support and preventative services. It should clearly outline how children are to be better safeguarded. It will be a blueprint, but with concrete proposals for change. Goals and strategies need to be supported by individual business and project plans across all the agencies and organisations contributing.

involvement

start with children, families and communities

Involvement should be from the beginning.

Developing the vision, assessing needs, and identifying a plan must be supported and, to an extent, led by the community (even though leadership rests with the local authority).

achieving 'whole system' change

Community involvement is essential for bringing about 'whole system' change covering the spectrum of services, from universal mainstream to highly specialist and restricted.

For much of this spectrum, statutory agencies, service providers, schools and hospitals, the voluntary sector, and service users must work together to define and secure the outcomes. It is therefore necessary to understand the whole system and the degree to which different services are tailored, to make effective and sustainable use of those resources. It is also necessary to invest in capacity building of the whole system.

voluntary and community sector

The voluntary sector has a history of being community and user-driven and has the experience that needs to be built into any change. These organisations understand how families can use their own resources to improve outcomes when they are given support. The sector also has a history of developing innovative services. Its help in planning the local vision is critical.

clear leadership

There is no doubt that to create change requires high-quality leadership. It is also critical that the whole system continues to be directed, with clear leadership responsibilities vested in key people and organisations.

It is important to identify one role with the responsibility for the entire change programme. That

A checklist for improving outcomes: ten steps

- audit needs of local children;
- establish strong mechanisms for involving children and young people, families and communities in improving outcomes;
- agree and publish a shared local vision;
- identify and source resources;
- produce a comprehensive plan;
- ensure services are set against national standards and outcomes;
- support plan with integrated commissioning;
- monitor performance;
- hold overarching shared accountability for effectiveness;
- engage in culture change.

role could also have permanent responsibilities for managing the system and ensuring that outcomes are achieved.

effective safeguarding

Within the overall accountability framework, it is crucial that the specific responsibilities to safeguard children are recognised and fulfilled.

We would expect the Safeguarding Board to monitor the overarching body regarding its safeguarding responsibilities.

section 2: a practical guide

outcomes focus

The focus for everyone has to be on improving outcomes for children. The strategic framework needs to follow a clear path to ensure that this is not lost.

This section is intended to give some practical ideas, using a range of local authorities who have already made significant steps. The *Serving children well* pathfinders have agreed to share their experiences and expertise.

The government is also piloting some models for change through the Children's Trust Pilot Authorities and the Information, Referral and Tracking Pathfinders. The message is that everyone is thinking about change, and there will be the opportunity for a lot of mutual support.

There are also organisations that can offer ways to manage change through information, advice and helpful tools to use.

Change can be extremely costly. There has to be absolute confidence that the end product will deliver the vision and improve outcomes for children. The process has to be well-managed from the start, even before the first formal steps are taken.

Preliminary discussions within the local authority and with partner agencies must identify leadership responsibilities and roles and identify a named senior person to lead. A shadow overarching strategic body may need to be set up to drive the process. A time frame of between two to four years must be set so that plans progress realistically but impetus is not lost. Dedicated resources need to be identified early.

Throughout partners need to ensure that:

- the whole health economy in all its diversity is involved;
- the voluntary sector is central;
- children and families are involved;
- strong links are made between the school attainment and inclusion agendas and improving

outcomes for children;

- schools, head teachers, governors, GPs and other more autonomous bodies are totally involved.

There is no single way to go about the process. Similarly no one can say 'this is where you will finish, and this is exactly what it will look like'.

1 building a compelling story

honest assessment of performance

The first task is an assessment of how well children are, or are not, being served locally. This will also give local partners the opportunity to engage with communities, children, young people and their families, and frontline staff and volunteers. The way to go about this can include:

- an assessment of statutory agencies against national performance indicators and frameworks;
- use of frameworks that measure outcomes for children and their families, such as the Save the Children Model or the Communities Count model from Vermont;
- review of user feedback including complaints;
- focus groups with users;
- group work with front-line staff of all various agencies;
- analysis using GIS mapping of local authority, health and police data, as well as national data;
- cost assessments using Best Value and national comparators.

To use all this information, agreement is needed on what is considered successful and what outcomes

sought. This, in itself, involves local people and professionals in defining problems and solutions, and signals shared ownership and participation. Sharing of information, and laying bare the different language used to describe the same things, helps break down barriers and creates enthusiasm.

The Vermont approach is a good example, as is the work in Portsmouth and in North Lincolnshire based on Mark Friedman's work. Evidence from Communities that Care in the UK shows that having an outcomes framework as part of an honest assessment helps promote cross-sector activity and underlines the need for frontline integration.

Questions

- What is the outcome that communities want, and what does it really mean?
- What does it mean to children and young people?
- What are the problems in the system?
- How should it be measured?
- What services contribute?
- What changes to service provision will meet this outcome?
- Is there evidence of reducing risk or promoting protection in achieving outcomes that can be used?
- What is the cost?
- Will it make a real difference to children, their families, and in particular, vulnerable children?

deciding needs and priorities

Once this information has been collected and analysed, discussion about improving outcomes (a 'what works' test) can take place. Time needs to be spent on identifying exactly what needs are unmet and identifying and agreeing different definitions and levels of need.

Different types of mapping exercise can understand and describe these needs, and show how what works can be put in place or reinforced. Decisions must be made about what areas are going to be considered first, how strategic is the analysis (the more strategic, the less detailed), and what will form the subject of detailed consultation.

Gap analyses can be conducted against the data collected and against the views of stakeholders, and communities (neighbourhoods, and various communities such as black and minority ethnic groups, teenage mothers, parents of young people at risk of offending, etc). This all needs to be considered in the light of national levers, against established national and local priorities, and against resources and potential increases in resources.

Time must be taken to decide in the light of evidence what works well already. A 'build on what's good, change what needs changing' approach is much easier when supported by agreed outcomes wanted, an assessment of performance against those outcomes, and consensus about the need to improve. This takes time. Those areas already at work estimate 18 months to two years. It will require major investment in community engagement and consultation.

Croydon is one example, Cambridgeshire another.

energising people in the field

All this work stimulates interest and engages with

the people that matter, especially children and young people, their families and communities and frontline staff. It ensures that the daily experience of a paediatric nurse, or a local nursery nurse, a play worker or a teacher, can inform the strategic plan and the change programme from the beginning. Indeed it engages people in changing before they even realise. The commitment of staff and their knowledge and expertise can be used as the powerhouse for change.

As staff contribute, there are likely to be real differences of view about solutions. But encouraging frontline staff to say what does not work for them must be balanced by requiring them to contribute constructive ideas to make things work better. This will create energy, reduce cynicism, and generate solutions not perceived by staff who are not part of the frontline. Inter-professional dialogue will create debate, as will conferences, workshops, and learning events.

Examples of success elsewhere can be showcased to help craft a vision and agree desired outcomes. Teams and groups of staff need to work to identify core groups and agree objectives and outcomes. Such exercises help people understand that much of their work is common to that of others, so that co-operation makes sense. Group exercises that tell life stories using case information, or create a picture of how services have been provided, will contribute. Staff and service users need to be engaged, as do staff in a cross-professional and inter-agency way.

This calls for leadership and sponsorship by chief officers and senior staff of all agencies and organisations. They must also be part of the dialogue and debate, and not be a 'smoke-filled rooms' model of change. What must be avoided is starting with how services are structured and organised. Politicians too need to be engaged. Ward councillors can make or break sign-up to the programme.

Central questions

- Which services to integrate?
- Do they target gaps and areas of poor performance?
- Will it reduce inequality and increase inclusion?
- Is it fundable and sustainable?
- Is there local support and commitment?
- Does it meet national requirements?
- Have we explored everyone's views?
- Have we the capacity to manage these changes?
- Can we learn from others?
- What can be done quickly and what will take time?
- How must we change existing plans, policies, people, processes and structures?
- Can we create collaborative working practices?
- Which systems need improving or upgrading?
- What changes in attitudes and professional practice are needed?
- What evidence do we need to gather and learn from?

A detailed framework for this engagement, and for utilising the energy and products of debate, needs to be managed, and regular reports on outcomes brought to the leadership team setting up an overarching framework.

Two good examples are Portsmouth and North Lincolnshire. Portsmouth has applied results-based accountability informed by Mark Friedman's work at the University of Santa Fe.

picturing how things might be different

Debating change should culminate in agreement of a vision for the children of the area and how everyone will contribute to that vision – one that all can identify with, even if some struggle to sign up to it, and sufficiently concrete to give confidence that it has practical meaning.

Specific outcomes cannot be achieved in isolation – there needs to be a recognition that particular services must work together, particularly health, education, social services, early years, play services, youth justice services, and the police. Evidence acquired in the first stages should set out a route map for everyone to see, described in simple, common language and understood by individuals as having personal meaning. What it does not need is a fat document. Examples of both the end result and the product can be found in Sheffield and other areas.

As well as the outcomes wanted, the vision requires a preferred model for how things will be organised and the way in which services will be provided, options for levels of integration, and choices of balance between mainstream and specialist services, the range of needs that are met, and the location of services. There are many theoretical options, but models include establishment of Children's Trusts, merger of departments and wholesale organisation change, or creation of local integrated services with

area specialist services. A number of models are set out under further information.

Consultation also needs to include neighbouring authority areas and the region to ensure commonality where necessary. The outcome will have to be agreed through each and every agency executive and decision-making body. Camden is an example of extensive consultation. Durham shows how to engage with children and young people.

The plan following on from the vision needs to identify options available locally, set out possible models, and identify what happens when. It needs to set out the objectives agreed in terms of outcomes but also what partners want for service user experience, organisational efficiency, better safeguarding practice, and evidenced-based practice.

The degree of change must be set out, and what will stay unchanged specified. There will be no confidence in a grand plan if it is unrealistic. Commitment needs to show in each agency's organisational plans, as well as be modelled by senior staff. This is challenging for agencies whose primary purpose is not explicitly linked to services for children.

Proposals for change arising from the vision and its outcomes should be set out at three levels: the individual (children, young people, their families and carers); the local level (the way services relate to each other); and the whole system. They need to be explicitly linked and relate to the outcomes agreed. Clear objectives which set out the desired outcomes for children and families, describe intended improvements in services (from the way they are provided to the quality of their content), and state the initial focus for change. There needs to be clear information about who is leading the changes and why and how staff and service users can be involved at each step. It also needs to set out the strategic

framework and seek formal legitimacy (democratically and organisationally) for the overarching strategic body, and the appointment of a director of children's services.

A project plan and milestones should be agreed, whether the process is 'big bang' or incremental, whether it will be preceded by pilot phases or developed in full before implementation, and what organisational development will support it. Project work streams and learning sets help cultural change, mutual understanding, and organisational and individual growth. A toolkit for this has been developed in Portsmouth.

These practical elements assist in convincing people that the process will happen, and in generating confidence.

Symbolic action is also important. Launching the vision is an important way of creating engagement, a clear signal to the voluntary sector and local communities about what the future holds and their relationship with the local authority and the primary care trust. Following this, the strategic framework model is the vision in terms of how it is done. Formal contracts are one tool, drawn up and exchanged between agencies, to specify the commitment made (as in Portsmouth). Similarly, agencies can agree 'job descriptions' for each member of groups to steer the process (as in Leicester). Another tool is a compact between the voluntary and community sector, schools and GPs, about mutual responsibilities in the strategic partnership.

2 piloting change

developing capacity for change

Integration is complex and potentially destabilising. There first needs to be a realistic whole system assessment, and a willingness to change at individual and organisational level.

The leadership team need to ask the following questions:

- Are we innovators or not?
- Are we up for change?
- Big bang, progressive, or slow change?
- How successful is our record of change?
- Where are our strongest partners?
- Do we focus inward or look outward?
- Can we learn from each other and from outside?
- How mature are our inter-agency relationships?
- Do we hold each other to account?
- Are we mutually interdependent and do we recognise this?
- When things go wrong, is it mutual responsibility or blame of others?
- Can we reallocate resources, and share budgetary planning and control?
- What are the physical, geographical, technological, and financial constraints?
- Where are the barriers and resistances?
- How can we share responsibility for failure as well as success?
- Are we determined to improve and do we have the will to invest?

integration: planning, commissioning, information

Whatever the plan, the real change is people, processes and policies, not organisations. Many areas go for a 'form follows function' approach. Indeed, as is set out in Clive Miller and Ann McNicholls book *Integrating Children's Services – Issues and Practice*, 'integration is a means to an end'. The logical outcome of improving service-user experience and organisational efficiency is the creation of integrated services delivered through multi-disciplinary and multi-agency teams at area and local levels.

Improved outcomes will mean process changes, as well as a significant change in how staff work in every agency. It may also mean structural change. Strategic processes that need to be looked at are those that support strategic planning, commissioning and contracting, and how information at the aggregate and the individual level is collected, analysed, and exchanged.

The first step is to decide on managing strategic planning collectively. This may mean sharing information, sharing resources to work on the information, and investing in dedicated integrated resources and systems. It certainly will mean sharing data about resources to inform the planning process, and negotiation on priorities for strategic action. Overarching strategic bodies need to agree a preferred approach, identify how to use the resources they have, and create a map of how the process links to other strategic planning processes in every agency. Cheshire, Croydon and Bolton have good examples.

This needs to be supported by decisions about commissioning – whether integrated commissioning is used for lots of individually defined commissioning exercises, or for several defined specific areas, or indeed for all children's services.

Questions to ask include:

- What to commission together and at what level?
- A joint approach, a fully integrated approach, or lead arrangements?
- Will resources be pooled, joint, or separate?
- Will staff from one agency access the service commissioned, will it be open to a range of staff, or open access to service users without referral?
- Will staff managing care plans from all partner agencies commission across services or cross-refer people to individually commissioned units of service?
- How to aggregate information to inform future decisions?
- How to use commissioning collectively to manage our markets and influence what is available locally?
- How to engage with the voluntary sector in joint commissioning?
- How are we going to keep the system open to review and monitor and implement changes?

Language to define commissioning varies across agencies, and can mean purchasing goods or services, organising and arranging the provision of care to individuals, or individual or block contracting or brokerage. What we mean is the whole process of assessing need, identifying resources available, planning how to use the resources, arranging service delivery, and the reviewing of service and reassessing of need.

The way it is supported should also be considered in the light of the various models and options available.

Commissioning creates the levers for service change and reconfiguration allows for shared prioritisation and development of integrated assessment and care management, and stimulates engagement with community groups, the voluntary sector and service providers outside the silos of local government.

Integrated commissioning will bring schools, the NHS acute hospitals and GPs, and criminal justice agencies into the whole system. It also brings innovation, value for money, and improved services that cut waste and duplication.

In due course, it should be the vehicle for delivering the strategic plan and for monitoring progress against that plan. However the structure of an area is developed, the platform for gearing and delivering service change is the commissioning one.

Safeguarding children must be part of integrated commissioning, and the relationship between the strategic overarching body, the safeguarding board, the commissioning board and/or the trust board needs to be explicitly described and properly managed.

Underpinning strategic planning and commissioning is the collection, analysis and manipulation of data. Information sharing is needed at a number of levels. Financial, activity, commitment and demand data are all required at individual and aggregate level. This means sharing and transferring of information in ways that are accessible, consistent and compatible. The presumption has to be that, as new systems are designed, they need to be linked. Decisions must be made on how case data is collected, held and shared.

A joint ICT strategy has to be a priority. This can be based on the development of IRT systems, and there

will soon be learning arising from Pathfinders. One early exercise is to map systems that exist across the whole area, and identify their content, overlap and synergies, and the opportunities that they offer for improvement. Another is to capitalise on the leverage created through developing a significant sized system investment programme.

frontline work: assessment, case handling

Work then needs to begin on processes in the frontline, mapping them and finding opportunities to integrate them. This can be both exciting and challenging. One way is using care pathway models to describe what needs to happen, and then re-engineering systems to achieve this. Requirements of the system need agreement: initial access to services, identification of individual need, assessment of need, planning to meet need, review and adjustment in changing circumstances, and a cessation of services.

The principle has to be that services 'wrap' round the child rather than that the child moves through services – the child's journey needs to be understood, so duplication is identified, and ways to integrate services are found. This developmental process must involve staff and service users, and be followed by production of appropriate tools and procedures and protocols.

New tasks and roles should be identified: for example a care co-ordinator or key worker role, a single assessment framework or a shared care or service plan. Protocols to support the redesign need to be developed and implemented. The most critical are likely to be protocols governing information sharing. The best example is the Bolton Child Concern model.

Once developed it all needs to be tested and then introduced with a high level of training so that staff can use the skills required with confidence.

encouraging innovation

Process changes can be challenging. What is important is agreeing what will happen when, and what will be piloted before it is applied across the system. A simple joint assessment process can be developed, for example for a group of children, and evaluated to see if it can be applied across the board. It could be that staff from different disciplines develop a shared caseload in a single school, or family group conferences are introduced for all young people in need of services as the primary assessment method. It can be as simple or as complex as is found appropriate.

Often staff along with service users themselves have simple but effective ideas. A culture can be created that allows for ideas, and innovation can be celebrated. Innovations forums could be set up and resources be made available for experimentation and evaluation. However, these pilots should be controlled and evaluated so that outcomes assist in informing change – failure needs to be seen as part of the purpose of piloting. Innovation does not have to be large scale or expensive. Evidence from development agencies and standards bodies (Social Care Institute for Excellence, National Institute for Clinical Excellence, Improvement and Development Agency, and the Modernisation Agency) and from academic and research bodies (Joseph Rowntree Foundation, National Children’s Bureau, Research into Practice, the Royal Colleges, etc) can underpin experiment to minimise risk. So too can sharing of best practice in local, regional and national settings, formal and informal. Networks at local and regional levels will support learning from doing.

Learning from doing requires evaluation. Local overarching strategic bodies need to agree how to evaluate progress from the beginning. They can engage an external evaluator, link with a local academic institute, set up peer review, and develop service user panels and juries.

enrolling champions for change

Change needs to be led well, but also needs championing by a whole range of people. The change team need change agents across all the constituencies of the system. One committed teacher can influence a whole school, a committed head teacher several schools. A GP will shift the views of peers far faster than a primary care trust commissioner. A police officer seeing the strengths of preventative approaches can change a whole area’s street patrols.

Effort needs to be made to identify these people, and formal as well as informal ways to use them found. They need roles in the process, in events and exercises, team events and days out to enthuse, engage and facilitate. A little investment in their training, and creation of a peer network, will help them function as champions and not be dismissed by their peer group or constituency.

They should include community representatives, young people – often the most convincing champions – and parents and carers. Those whose bad experiences have driven them to fight and win improvements can be the most effective advocates for change, creating a cultural shift that even the most charismatic leader will not. Investment in them will pay dividends.

identifying enablers and blockers

Change will meet resistance: passive and aggressive, overt and covert, individual and organisational. Blockages need to be identified, and strategies developed to unlock the blockages and deploy the levers and enablers. These may be engagement with key personnel, or convincing politicians of the benefits of change. Levers could be creating a fiscal safety net, or identifying an area of critically poor performance where there is an imperative to change. Other levers include building on what’s good rather

than creating wholesale change, or on focussing on a very small area of change as a first step.

A detailed development checklist, such as in Millar and McNicholls (see further information), can ensure that the process is not subject to stops and starts depending upon the people involved and their capacity to influence, enhance or sabotage the process.

3 giving leadership

accountability

Creating change requires high-quality leadership. It is also critical that the whole system continues to be directed, with clear leadership responsibilities vested in key people and key organisations. The leadership function should be co-ordinated by the overarching strategic body at a local level.

A principal reason for such comprehensive change is to give clarity of accountability, from top to bottom of the system. Accountability has to be explicitly recognised and embedded formally into governance. One way is to undertake some worst case scenario planning and identify how best to record and explain who is accountable to whom for what, when and how. This is then agreed and confirmed in written policies, procedures and protocols, including contracts, service agreements, and job descriptions.

Formal accountability in statute and through fiscal arrangements is not the same as being managerially or organisationally accountable. Democratic accountability is different from formal accountability as senior officers. Professional accountability is also separate from organisational accountability, and is subject to the codes held by professional bodies. Standing orders, financial standing instructions (FSI’s), schemes of delegation and terms of reference are all needed in time for each stage of the process,

and must be updated as the change process rolls out with new requirements coming into place.

The relationship between accountable individuals and accountable organisations needs to be explicitly described in formal agreements: contracts, Service Level Agreements, or compacts. Contractors need explicit accountabilities built into their contract. Legal advice and correct legal vehicles should always underpin accountability arrangements.

Arrangements need to be properly understood by staff: who is in charge, what the whistle-blowing procedure is, and how to raise concerns openly and honestly. This is important in integrated services where multi-professional and multi-agency teams will be managed by people who are not their professional or organisational managers.

In a ‘whole system’, with complex management, it is particularly important to have a single point of accountability. The Director of Children’s Services will hold accountability and be responsible for:

- convening the strategic partnership body and seeing that it produces a plan on schedule;
- ensuring systems are in place for partners to deliver against commitments;
- ensuring that the safeguarding board operates effectively and independently;
- monitoring the whole local children’s services system (especially health, education, social services and the police) and see that it is both safeguarding effectively and delivering high-quality universal services;
- arranging integrated commissioning and service provision;
- putting in place information sharing and referral protocols;

- accepting integrated inspection regime findings and being responsible for follow-up action plans.

Beyond these minimum functions, the role must be able to develop and grow to best meet the needs of local communities.

There are a range of models for this role in those areas that have already integrated services.

- Essex County Council has created strategic leadership through the post of the deputy chief executive, who is responsible for both education and social services but who manages neither.
- Hammersmith and Fulham has appointed a director of children's services, who is strategically responsible for all local authority children's services and for children's primary healthcare, as director of the Children's Trust.
- Milton Keynes has an executive director for children who is strategically responsible for education, early years and children's social services.
- Northamptonshire has agreed that the chief executive should be the strategic leader for children's services.
- Brighton and Hove has a single director of children, families and schools covering education, children's services and the pilot Children's Trust.

The Director of Children's Services is responsible for local systems and bears lead accountability for any system failures. However, the Director cannot be ultimately responsible for services or organisations outside the control of the local authority. Each agency at its most senior levels must accept their

own responsibilities. Having a named person and an overarching body should not absolve each agency of making sure that its governing body has explicit performance and audit reports.

There are different ways to do this and to be clear about who is accountable for what and how. Some areas use compacts, some contracts, and some job descriptions.

- Portsmouth City Council has a contract agreed by all agencies and organisations setting out outcomes and expectations of their own and each others' actions.
- Brighton and Hove has established a Chief Officer Group to ensure joint commitments to the key objectives of the service and take responsibility for key budget decisions regarding the Children's Trust.

the law

It is likely that there will be a new statutory framework governing some of these issues. Local overarching bodies need to be satisfied that their arrangements comply both with primary child care legislation and with other legislative requirements. A legislative framework does not, however, dictate how compliance is achieved nor does it define the models, approaches and solutions to ensure legislation is implemented. Equal opportunities, disability discrimination and human rights law need to be complied with, as do data protection and freedom of information law.

governance

Governance is defined by the Integrated Care Network in its discussion paper *Integrated Working and Governance*, (see further information) from Hodges et al 1996, as

'The procedures associated with the decision-making, performance and control of organisations, with providing structures to give overall direction to the organisation and satisfy reasonable expectations of accountability to those outside it'.

This discussion paper has been produced by those councils and NHS trusts that have set up care trusts, and the point is made that good governance is synonymous with good organisations, good services and good outcomes.

Another source of advice is the recent Audit Commission report on governance (see further information).

Partnerships do present a governance challenge whether legally constituted bodies or otherwise. The extent to which that partnership is collectively and separately accountable for spending public funds or discharging local democratic responsibilities is an area of complexity and potential confusion.

The change programme has to have a formal governance framework that ensures that roles are clear, member performance is properly appraised and managed, openness and transparency are founding principles, and that there are clear standards, accountabilities and codes of conduct. The strategic, policy and performance management tasks of the governing body need to be explicit and supported by clear processes including practice audit, serious incident review, and performance monitoring. There also needs to be clear financial governance, accompanied by good risk management.

Professional governance (often referred to as clinical governance or practice governance) is separate but related, and requires a similarly explicit set of formal requirements.

All this needs to be developed as the change

programme rolls out. It is important not to swamp the process with a superstructure of accountability that creates bureaucracy, stifles innovation, and prevents cultural change and growth at board or council level.

leadership capability

The nature of this change process is enormous. Before beginning, the leadership team needs to decide how to invest in the leaders required through the system to drive the programme, and on suitable staff to take on key roles, especially the director of children's services, and named director in the primary care trust, as well as the accountable senior office in the police.

Leadership development at local level, supported by a sub-regional or regional programme, would be one way, or a coaching and mentoring system, or even employment of a critical friend. Leadership learning sets are another method.

4 risk management

setting up the safeguarding board

One of the most important pieces of work is establishment of the safeguarding board, using as a platform the local area child protection committee; clarification of responsibilities on the board; and maintenance of child protection and safeguarding practice through the change programme – children cannot be put at risk because of changes to improve their safety. A clear message of 'business as normal' should be given.

Safeguarding needs a distinct work stream within the change programme and safeguarding needs to be integrated 'like a stick of rock' as well as be clearly visible in the overarching strategic plan. Relevant outcomes and performance measures need to be identified.

The board needs to be clear that current protocols and procedures are in place while new ones come along, and needs review and audit of practice to continue. The board need to focus on 'governance' of safeguarding practice and on maintaining knowledge and skills, without losing sight of its own development. It needs to use the information that every area gathered in their Climbie Audits and ensure that improvement is progressed.

Priorities for the board will include an audit and review of practice, response to changes in expectation, process and practice, creation of tools as part of common assessment practice, and a look at new ways to engage families in safeguarding. Pilot work on information sharing, referral practice, and tracking children and their families is intimately linked to better practice and needs to inform the board's developmental programme, and vice versa.

The relationship of the board with the overarching body, and with the partner body boards, including children's trust boards where established, has to be unequivocal. The safeguarding board must be able to audit the work of the overarching body in terms of safeguarding, and hold it to account. It should be accountable to the local authority. This requires a full service level agreement, or contract or compact depending on circumstances. The director of children's services has to take clear responsibility for ensuring the board is established, and has to be a key member.

continuity of service while transforming

Continuity of service must be maintained. The project plan and change process needs clear business continuity at all stages. Local decisions will be made about how the agenda progresses.

Questions that need to be asked include:

- What change do we want? Top down, bottom up, or both?
- Do we want to pilot, and then introduce the package in one go?
- Do we want incremental change?
- Do we want new senior staff first, or start with staff development?
- How do we not divert attention from day-to-day work?
- How do we assure business continuity?
- What to keep and build on, rather than change.

Messages about business continuity flag the reality of change but also maintain staff confidence.

5 embedding change

organisation options

Integration has to be multi-layered: at the service user and individual level, at the local service network level and at the whole system level.

Creating new and better ways will result in structural change to a lesser or greater degree, but such change needs to make sense and be relevant to staff and service users.

Section 3 contains some examples.

When the developmental and piloting phase draws to a close, decisions need to be made about

organisation. The options may be shaped to fit local circumstances, but a wide range of models are possible. The degree of integration, multi-disciplinary and multi-agency teams, common processes, and the framework for governance, strategic planning, commissioning and safeguarding will inform the local organisational shape.

children's trusts

This model is being piloted in 35 areas. Each is different, but fundamentally there are three types: commissioning trusts, service provider trusts, and commissioning and provider trusts. They are variable in size, from whole service trusts such as Hammersmith and Fulham, to single service trusts such as Nottinghamshire. The trust boards also vary from entirely separate, to ones that are also the overarching strategic partnership body. For some trusts the lead officer is the director of children's services, for others a children's trust officer or director, reporting to the director of children's services.

Development and learning is part of the pilot stage of a children's trust, and local areas need to look at these pilots to inform their own development.

It is not essential that a children's trust is established, although doing so may be felt by partners locally to be the best vehicle for change.

information infrastructure

Behind strategic and organisational changes there needs to be integrated and comprehensive information about provision and signposting to services, and single points of access. Information and signposting must lead to common assessment processes, shared priorities, shared eligibility criteria, care pathway models and joint care planning models, single key worker roles, and a range of services for early intervention and family support.

There must be clarity about review and reassessment of services, and clear escalation of concern procedures where risks appear to be unacceptable, or where children and young people are at severe risk of offending. All this depends on information and information-sharing.

Ways of building an information infrastructure are being piloted in 10 areas. These are committed to sharing their learning, and again local areas need to look at them. The infrastructure is a top priority, as far as possible to be introduced with the rest of the change programme.

Key tasks include ratification of information sharing protocols, inclusion of all relevant children on a shared data base, fully trained staff, and access to the information at the right level. Additional elements can include access to personal information by subjects, and links between the information system and the strategic planning and commissioning process.

The system must support the new ways of measuring and driving performance improvement, and make people feel that it is an essential aid rather than a constraint. The mark of a successful infrastructure is that it works without people noticing it.

workforce development

All this requires workforce change. There are a range of workforce issues in many agencies, and a serious workforce shortage in many professional disciplines. There are very different approaches to recruitment and retention, pay and conditions, and professional development. There are also differences in the knowledge base of different staff groups, and an absence of single or multi-agency training in safeguarding practice. There is also no coherent planning of skills in the voluntary and community sector.

In any change programme there are three elements – process, policy and people.

Staff need new skills and new tools, to know how to use them and to be confident with them, if they are to work differently. Staff in all our organisations need to move from a collection of professions to a workforce that values different professional skills but equally recognises commonality of purpose, endeavour, and indeed some practice.

Investment in breaking down professional barriers is needed through multi-agency training, and multi-professional groupings of staff. The shared development of some generic competencies for all who work in the children's sector will also help to break down barriers and grasp new opportunities to work differently.

It is the workforce that will make for sustainable change; it needs to feel valued and understood, protected and supported.

Staff need integrated supervision, appraisal and personal development, and access to learning and development opportunities in order to meet their skills gaps and enhance their contributions.

There also needs to be an integrated workforce development plan and a joint training and development strategy.

performance and audit

To ensure sustainable change there must be a comprehensive programme of performance management, local inspection and audit. The overarching strategic body needs regular reports on progress, an annual plan for inspection and audit, and improvement plans arising from them. Each team and member of staff in the system needs their own performance and improvement programme, and to know how their work contributes to the

The process has to be supported by a clear workforce development strategy which will ask questions such as:

- Which skills are required where by whom?
- What are the core competencies that all should have?
- Who will need new skills?
- Are people clear why and what they need to change?
- Are differences in role understood and valued?
- What will make staff feel recognised?
- What will hinder change, and how to overcome this?
- How willing are staff to develop new professional responsibilities?
- How far is a child-focus part of the role?
- What will ensure that staff work with users as partners?
- What will make the improvement and performance management agenda an integrated part of everyday practice?

overall agenda.

evaluation and feedback

Throughout the programme there needs to be evaluation of the impact of change and the improvement achieved. The groups, community

bodies and engagement used to establish the process need to be maintained to give feedback on service user experience.

section 3: case studies of what works

1 Hertfordshire County Council

The county is recognised as the model example for integration of education and children's social services.

Hertfordshire took a long term approach but decided the actual change would be 'big bang'. Preparation took two years, steered by the chief executive and a senior level group. It remained a focused and narrow change despite the size and number of staff involved.

The new structure is led by the acting CEO and reports to a strategic director responsible through heads of service for both children's social services and for education. The post of statutory director of social services remains the responsibility of the strategic director of adult and community services

The council invested in consultancy and change management over the two years to ensure that every member of staff understood the change and its vision and values. The process was micro-managed from the top, with detail worked out prior to implementation using data on needs in each district, resources available, and locations from which to provide services. Schools were engaged throughout.

This approach was dictated by the size of the council and the complexities of a number of primary care trusts and district councils who all needed to understand the change.

The council was able to carry the cost of double running in the two years of preparation, with investment into services continuing while the change was rolled out.

2 Bolton Metropolitan Borough Council

Bolton has, over six years, developed an integrated model of assessment and access to services which is

nationally recognised, and has a strong track record for partnership working.

The council has a wide range of initiatives and services for children, particularly for vulnerable children. It also has a well established local strategic partnership and a new community strategy.

It and its partners have taken the incremental approach to change. They agreed two key changes were needed: at strategic level; and in strategic commissioning. They identified the need for an overarching 'body' to take responsibility for driving forward outcomes.

They took the view that most arrangements were working well, and that partnership developed as a process rather than a new structure.

They therefore set up a children and young people's partnership. Its remit includes developing a vision, considering demographic trends etc, identifying of needs, gaps and priorities, development of outcome measures and targets, and an overview of service and joint service commissioning. The partnership has a wide membership. And it would be linked to the wider strategic framework locally.

They have appointed a children's services manager to support the partnership, which will be supported by a joint commissioning group.

The council has taken an incremental approach to developing new service models at local level, rather than a significant structural change, in order to preserve and maintain its current good practice, and focus on improved co-ordination.

3 London Borough of Croydon

Croydon has a three year timetable for change, through becoming a children's trust in March 2004, and moving additional services into the trust over

three years. The initial phase is CAHMS, Identification and Assessment Services, and aspects of services for children with a disability. During year one, assessments will establish need and resources in each geographical area of Croydon, and develop integrated services linked to extended schools in one area after another.

In year two the rest of services for children with a disability will be transferred, plus family support services (both provided and commissioned). In year three the final geographical stages will be completed, plus educational support services, child health services and the rest of children's social services.

The new identification and assessment service comprises education welfare, social services initial contact and duty services, the SSD assessment team and hospital services, plus representation from primary care trust, health visiting, police, and CAHMS professional. The focus is on child protection and the most vulnerable children.

The trust is building on what is done already, responding to what is known that people want, and redesigning within and across services without any additional resource.

The trust relates to a wider children and young people's strategic partnership, and contains its own trust commissioning unit. A director of children's services reports to the trust management board, which includes the two chief officers, for education and social services. Education and social services remain separate organisations.

4 Cambridgeshire County Council

Cambridgeshire has seen significant improvement in the last four years. It is discussing and developing proposals with a view to agreeing by May 2004. A large rural county, it has a complex combination of

primary care trusts and district councils within its boundary.

The county has had a children and young people's strategic partnership since 2001. Membership is both wide and inclusive. This has recently been reviewed and revised, to ensure 'buy in' and 'ownership'. The partnership's role is as the overarching strategic planning body, and it will become the overarching commissioning body.

The county and its partners take a bottom-up inclusive approach to change, through stakeholder events using a discussion paper by a task group, a subset of the partnership that has the specific remit of developing and integrating children's services. The paper aims to establish an agreed baseline for aspirations. This approach is seen to create a change programme appropriate for such a county.

In the meantime the council is piloting elements in an integrated service that will include an extended schools pilot and also an identification, referral and tracking trailblazer.

5 Nottinghamshire County Council

Nottinghamshire is mixed semi urban and urban but with rural areas. It was badly hit by the collapse of mining but has a developing mix of light technical and distribution industries. It contains seven primary care trusts and a number of district councils. It is a pathfinder children's trust.

The county already has a health and social care partnership board and a children's strategic partnership. The latter has joint planning and commissioning of children's services through a joint commissioning group. The trust board reports both to and through them to their constituent agency governing bodies.

The trust is concerned solely with services to disabled

children. The governing partnerships include all seven primary care trusts, provider hospital trusts, the voluntary sector, and the council. It has been developed based on needs and resources mapping involving parents, carers and children and young people by the Children's Fund work stream for disabled children. Intelligence from the county's 10 Sure Start programmes has been included.

The trust is a commissioner and provider, is governed by a board with senior representation for all partner agencies, and is supported by a project manager. The board will appoint in due course a trust director.

The trust is only part of the range of children's services. Child protection is shared with Nottingham city council, a unitary authority which adds a further level and militates against a whole-service approach.

6 Portsmouth City Council

Portsmouth, a unitary authority, has recently received a good children's services inspection. It has a relatively dense and small population with high areas of deprivation, and linked issues of transient nature relating to the naval base.

The council has an outcome-focused and community development-based approach to building integrated services, using eight strategic outcomes chosen by Portsmouth children as the driver for change.

The council is a children's trust pathfinder. Its approach focuses on integrated commissioning, provision and prevention. It is inclusive of the fully integrated arrangements in place for children with particular needs (eg, disability). It is designed to complement existing integration of strategy, joint operational standards (the compact), commissioning and new inter-agency teams. The trust will be led by a trust manager reporting to the director of education and lifelong learning and, through the

executive directors' group, the director of social services.

It is driven by the Portsmouth city partnership board for children and young people, which will over time set up, direct and manage the Portsmouth children's trust. It is supported by the partnership's commissioning group.

The initiative is based on developing what is in place and working well including projects and pilots linked to government initiatives. The needs assessments and analyses indicate the most deprived areas. The focus for the trust will be to develop integrated services geographically, starting with the most deprived area.

7 Telford and Wrekin Council

A unitary authority in the Midlands, the area overall is highly deprived with significant economic challenges. The council is a children's trust pathfinder.

The overarching body is the Children and Young People's Strategic Partnership, chaired by the director of education, but with senior social services representation. It includes all key agencies, and representatives from all relevant partnerships, (police, probation, Youth Offending Team, Learning and Skills Council, Early Years, Children's Fund, Sure Start, Connexions, Children and Family Court Advisory and Support Service, race equality panel, etc).

The body is supported by five subgroups each led at senior level. Each group lead a particular work stream and the chairs meet to co-ordinate.

The trust is a commissioning-only trust. Its vision is that of the body, and the partnership being the foundation for all its activity. The active trust partners are, however: education, social services, and the

primary care trust. A detailed needs analysis underpinned the decision to apply for trust status.

The trust is supported by three joint commissioning managers. It will co-ordinate planning for children, and ensure linked strategies and a focus on prevention and safeguarding.

8 Essex County Council

In Essex the post of deputy chief executive (learning and social care) has the statutory accountabilities of the chief education officer and director of social services. The post is at a strategic level, with managerial responsibility for service delivery resting with several heads of service. The deputy chief executive will face the challenge of taking a hands-on approach in managing the new safeguarding children boards – without background experience. As a result of its experiences of this structure, Essex believes that authorities will need specialist expertise to provide support, and that there is scope for different solutions in different councils.

9 Sheffield City Council

Sheffield's children and young people's strategic partnership board has agreed to have 'One Partnership, One Plan', completed by April 2004. This plan works toward a children's trust for Sheffield, investing in infrastructure arrangements rather than setting up projects. Early changes include joint commissioning, identification, a tracking and referral project, reconfiguring services to children with disabilities, and a comprehensive review of child protection.

10 Brighton and Hove City Council

A full structural merger of education with children's social care was decided in 2001, and a children, families and schools directorate came into being in 2002 under the director of education. At the same

time the council entered into section 31 agreements with the primary care trust covering adult social care, later incorporated into a new directorate of housing and city support. In 2003, the council, together with the care trust and the provider NHS Trusts, bid successfully to set up a children's trust, and a children's services commissioner was appointed in summer 2003 to establish the children's trust, as a joint post at assistant director level between the council and the primary care trust.

The vision is for a single unified service for children, young people and their families, covering education, social care and healthcare, and partnership arrangements with other statutory bodies (police, probation, housing, etc) and the voluntary sector. The children's trust will not be a separate organisation – it will, in effect be the commissioning mechanism for establishing this unified service. The aim over five years is to review all services and to recommission them as part of the children's trust.

Under the single director, the children, families and schools service directorate is managed by two assistant directors primarily responsible for schools, one for children's social services, one for community and family services, a children's services commissioner, and a head of child protection. As well as being a pathfinder children's trust, Brighton & Hove is also a pathfinder for extended schools, and the two strategies go hand in hand.

Although the new directorate came into being quickly, it built on existing partnership work between the former services, culminating in a three-way Best Value review of children's services in 2001. Its findings informed much of the agenda for service and structural integration.

Governance for the children's trust, and hence the new service, is straightforward. A board comprising the council's children, families and schools sub-committee together with a subcommittee of the

primary care trust board, and observers from other stakeholder bodies, makes the strategic, political decisions. A chief officer group, chaired by the council chief executive, with the children, families and schools director, the primary care trust chief executives, the provider NHS trusts, the local police commander and the chief executive of Sussex Connexions, meets quarterly to take executive decisions. Below that, there are three strategic partnership groups: the children and young people's strategic partnership, the safeguarding children board, and the Connexions local management committee. They take service development forward across all partners. Parents, young people and the voluntary and community sector, all have a central role in the process.

common characteristics

- shared vision;
- strategic partnerships at the highest level;
- agreed and negotiated local framework for the whole system, with explicit links to the wider system;
- outcome measures, objectives and targets;
- needs and gap analysis;
- a leadership process and suitable capacity to lead the change;
- specific accountable officer;
- strategic joint commissioning;
- resource sharing and shared prioritisation;
- preparation, planning and development time of two or more years.

further information

For a list of *Serving children well* authorities and contacts, go to www.lga.gov.uk

Children's Trust pilots are:

Barnsley, Bexley, Blackburn with Darwen, Bolton, Brighton and Hove, Calderdale, Cambridgeshire, City of York, Croydon, Darlington, Devon, Ealing, East Yorkshire, Essex, Gateshead, Greenwich, Hammersmith and Fulham, Hampshire, Hertfordshire, Leicester, Newcastle, North Lincolnshire, Nottinghamshire, Portsmouth, Redbridge, Sandwell, Sheffield, Solihull, South Tyneside, Sutton, Telford and Wrekin, Tower Hamlets, Trafford, West Sussex and Wokingham.

a list of identification, referral and tracking trailblazers (IRT):

Bolton, Camden, East Sussex in partnership with West Sussex, Gateshead in partnership with Newcastle Upon Tyne, Kensington and Chelsea, Knowsley, Leicester in partnership with Leicestershire and Rutland, Lewisham, Sheffield, Shropshire in partnership with Telford and Wrekin.

Serving children well pathfinders

Barnsley, Bolton, Brighton and Hove, Buckinghamshire County Council, Cheshire County Council, LB Camden, LB Croydon, Durham County Council, LB Greenwich, LB Harrow, Herefordshire County Council, Hertfordshire County Council, LB Hounslow, LB Kingston, Knowsley, Lancashire County Council, Lincolnshire County Council, Mid-Hampshire pct, Manchester City Council, Norfolk County Council, North Lincolnshire, Newcastle City Council, Nottinghamshire County Council, Northamptonshire County Council, North Somerset Council, Plymouth, Portsmouth, Rotherham, Sandwell, Sefton, Sheffield, South Birmingham pct, Sunderland, Tameside, Telford & Wrekin, Tower Hamlets, Wirral

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