

# **Oxfordshire Integrated Support Service Pilots**

## **Evaluation Report November 2005**

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# 1. The Context of the evaluation

## 1.1 The pilot areas

The following pilot projects were reviewed: Abingdon, Banbury, Bicester and the City. A comparison was also made with integrated support projects in Kidlington and Thame, that had developed independently. The methodology used for the evaluation is discussed in appendix 4.

## 1.2 Aims set for the pilots (material in italics taken from documentation presented to the ISS steering group July 05)

i) *Pilot an integrated approach to joint agency work in localities that could inform the future development of children's services and explore the potential for new ways of working.*

ii) *Bring key people together to look at the needs in the area to jointly plan and prioritise areas of focus and to identify services and resources as well as gaps in provision, with a particular focus on:*

- *early intervention and a proactive / preventative ethos*
- *increased support to families*

iii) *Provide the focus for the development work to implement the requirements of the governments programme of Integrated Support Assessment (ISA), consisting of:*

- *Common Assessment Framework (CAF)*
- *Streamlined referral systems*
- *Tracking progress*
- *Lead professionals*
- *Service directories*
- *Information sharing protocols and ICT*
- *Jointly planning and reviewing intervention*

## 1.3 Introduction

In exploring the interface between different personnel in children's services, the focus of the pilots have been on the provision for children perceived to be in need of support but not necessarily meeting the thresholds required for referral to other agencies. These children have often been felt to be in a no man's land between the

support that schools can confidently offer and that other agencies have the resources to provide. It is clear that the focus on this group of children, as problematic for service provision, reflects the national picture. Despite the urgent and regular calls for better collaboration between agencies over the last 30 years, documented by Roaf (2002), it has been difficult to achieve outside the well defined teams organising around particular and clearly designated conditions, reported for example by Atkinson, Wilkin, Stott and Kinder (2001). These pilots therefore represent an important contribution to discussion about how 'loose knit' interagency work can function effectively.

The pilot projects have different structures and processes, reflecting their stages of development, styles of management and geographical and population requirements. This has generated a rich set of material for discussion to inform the development of the proposed locality based Integrated Support Services. It has resulted in a number of emerging forms of practice that have provided opportunities for new kinds of dialogue between support agencies, children, young people and their families. At the same time the pilots have raised some issues that need to be resolved.

#### **1.4 Structure of the report**

This report has been organised in sections framed by key questions drawn from the aims set for the pilots (in italics above). These are:

*What do we mean by locality working?*

*How can we best bring people together to prioritise areas of focus and to identify services and resources as well as gaps in provision?*

*What can we learn from the pilots to inform the process of implementing the governments programme of Information Sharing and Assessment (ISA).*

Each question is addressed in terms of themes emerging from the evaluation of the pilot studies, drawing out implications for the development of locality working. Individual pilot case studies have been included in appendix TWO.

## **2. What do we mean by locality working?**

### **2.1 A clearly bounded locality and focussed resources**

One of the strong findings in the evaluation was the importance of having a clearly bounded locality and the capacity to focus all the relevant resources within that locality. Several of the pilots were seriously hampered by a confusing definition of their boundaries, as in the City, or a boundary definition that was not very congruent with current service organisation as in Abingdon.

On the other hand the interagency projects in Banbury, Bicester, Thame, and Kidlington seemed to be clear about the nature of their patch, and the personnel that they could draw upon, thus enabling them to move quickly on to issues of deployment of those resources and the nature of the service they should be providing to a defined community.

### **2.2 Designing a service for the whole locality**

Designing services for localities does raise issues about the management of targeted resources and in particular providing services for 'hot spot' areas. Currently, targeted funding streams, allocated to areas that are arbitrarily related to the local communication systems / locality into which they have been placed, are causing a variety of distortions of service provision.

One such distortion arises from a feeling that some areas get an unfair distribution of resources. The Banbury pilot had managed to create a very coherent multi-agency system for Bretch Hill, successful in part because of the clear boundaries that had been created, but had left surrounding areas of almost equal need feeling that they were unfairly treated in terms of resources.

The Excellence Cluster in the City was set up as an organisational unit, grouping together 'hot spot' areas, cutting across several localities, some of which are not contiguous. Whilst there was a clear logic to this strategy, it has had the side effect of putting a break on the development of coherent locality based provision. Running the cluster as one area, from the perspective of interagency working, had created a context that was too complex to manage.

To regain some of the advantages of locality working in the City, the Multi-agency support team (MAST) was set up to only serve Blackbird Leys. However, this has

been perceived as unfair by other parts of the excellence cluster. Further the staffing of the MAST team could not draw directly on agency workers currently at work on the patch, because nobody is really sure where the patch is, or what resources it has. At the same time it has made the setting up of the MAST team a protracted process, taking a considerable amount of the steering groups time and thus excluding the possibility of discussion of other issues held to be priorities by some group members (see for example, the initial aims of the City ISS in appendix 2d).

The evidence from this evaluation suggests that to produce coherent interagency systems, the organisation of those systems has to be designed for the whole locality in the first instance. The prioritising of resources to 'hot spot' areas within a particular locality, needs to be organised at the level of the locality, to aid communication and minimise distortions to the functioning of services in the rest of that locality.

### **3. How can we best bring people together to prioritise areas of focus and to identify services and resources as well as gaps in provision?**

#### **3.1 What kind of communication structures developed?**

Steering groups were set up in the four pilot areas, chaired by a senior representative from the local authority. The representatives from the local authority were seen as a positive feature by a number of respondents, because they felt it signalled that their concerns were being listened to and the work they were doing was being understood and taken account of 'at the centre'. However this message was reversed in one area because of the frequent change of personnel.

The steering groups brought together a representative group of local workers from the statutory agencies and other key groups, for example, heads of Family Centres. The groups had a strategic responsibility for the development of integrated working for children and families in the locality and acted as a 'clearing house' for issues brought by the representatives. A co-ordinator was also appointed to each project to help to take forward actions agreed at the steering group and to support and monitor developments.

This steering group structure was perceived to work well in Bicester and perhaps rather less well in the other pilots. There were a number of reasons for this. As has

already been discussed the bounded nature of the Bicester locality simplified the context in which everyone was operating. Secondly, the steering group represented a natural development of the work of the Bicester heads partnership, that had been taking place over the previous two years.

In contrast the Banbury and City projects lost time initially, in trying to line up the new project with the substantial multi-agency work that was already going on in some parts of the project area. Whilst in both cases the steering groups did eventually recognise and build on the previous work, this did raise issues of ownership for new stakeholders and concerns of losing ground for those involved in the previous projects. At the same time, because this process of recognition was piecemeal and not explicitly discussed, there were unresolved tensions that remained within the pilots throughout the period reviewed in this evaluation. In Abingdon, the steering group was perhaps hampered for the opposite reason, without momentum from a prepared membership, initial meetings lacked direction.

In all three cases the lack of a formal initial audit of the context in which they were operating, caused the projects to stutter at the start. In the case of the Bicester project, this mapping exercise had already taken place through the Heads partnership group, prior to the start of the project. It would seem that mapping the patterns of interagency activity in a particular locality, is an important prerequisite to action, allowing the project to draw on current and emerging strengths and explicitly address areas of difficulty.

### **3.2 Taking forward initiatives**

A number of working groups were set up by the steering groups to take forward initiatives. Some of these groups were very productive in terms both of process, giving opportunities for interagency discussion around key issues and relationship building, and in terms of outcomes, for example the Integrated Common Assessment Framework (ICAF) and tool kit developed in Bicester. However respondents in some of the pilots complained of the plethora of meetings being held, all with different but very often, overlapping purposes, some with very similar personnel. Some respondents were unclear about the role of some of the meetings they attended and how those meetings connected together. This seemed to be a function of four separate areas of confusion caused by:

- The number of emerging practices / worthwhile experiments that are taking place with separate management structures and funding streams

- The variety of terms being used to describe different groups e.g. teams / forums / core groups / networks are being used interchangeably (see appendix ONE for an attempt at a glossary to resolve this problem)
- The difficulty for support workers of obtaining an overview of the context in which they are working
- The difficulty for support workers of understanding the ways in which they can contribute to discussion of strategic developments,

These findings suggest that the structure of communication systems are important and need to be visible, understandable and easily accessible. And to facilitate this, new members of the locality need to be actively initiated into the 'communication system'. At the same time these developing communication systems need to be continually monitored and tweaked, to ensure they remain as efficient and functional as possible. In order to achieve this, there has to be an understanding of what conversations need to take place, between whom, to ensure effective interagency working.

### **3.3 What conversations need to take place?**

Ultimately the fitness for purpose of the meetings, however configured, will depend on the kind of dialogue that needs to take place. An important area for discussion emerging in all the pilot areas, is the extent to which the Integrated Support Service is seen as:

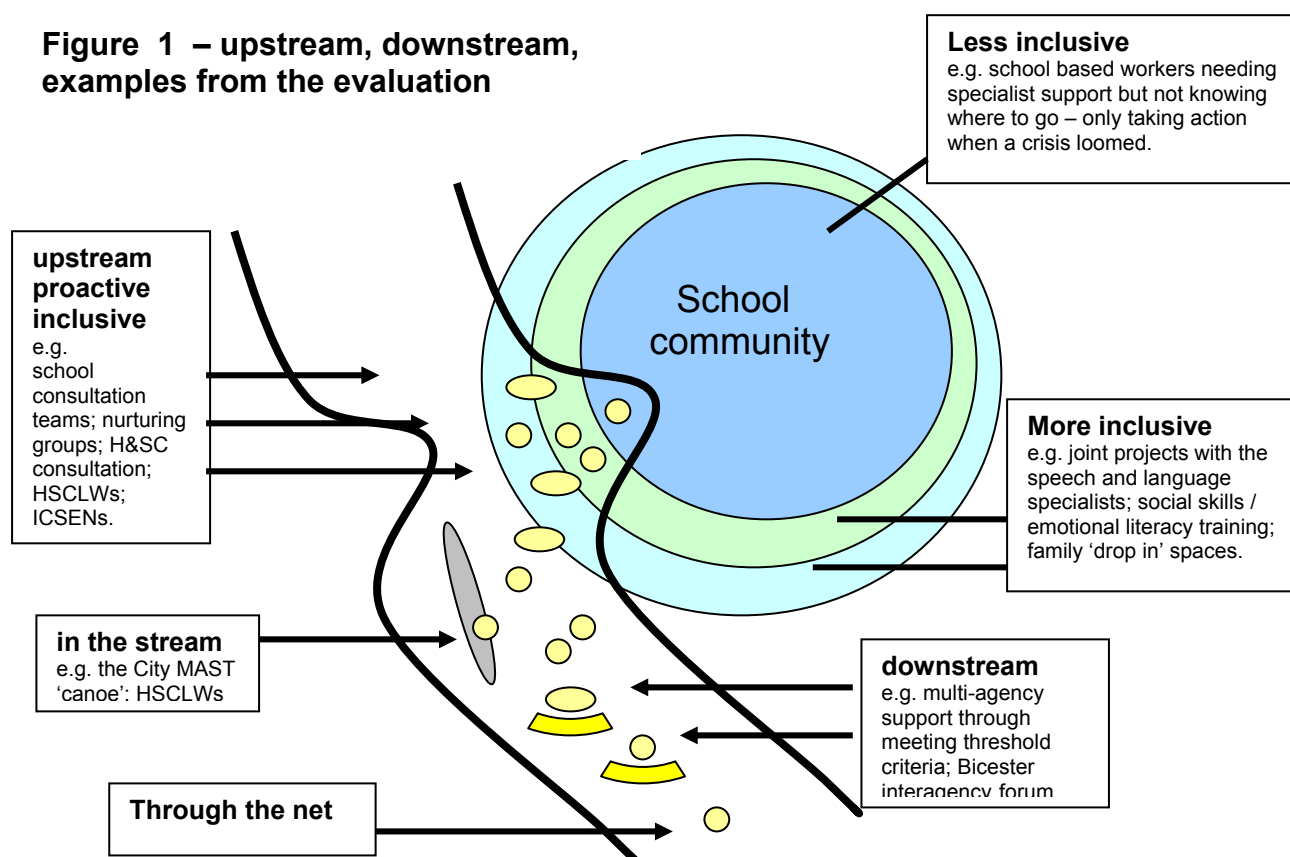
- a way of organising professional engagement around children in difficulties (downstream solutions), or
- a means of involving agencies in a wider agenda around creating environments in which fewer children have difficulties (upstream solutions).

Roaf (2002) has applied the terms 'upstream' and 'downstream' to help with the understanding of the relationship between early and later interventions. The analogy of taking a walk upstream to see why we are finding bodies in the river downstream is helpful in drawing attention to the continuity of experience and the role of context in the definition of need (see figure 1). This emphasis on continuity also helps avoid the often rather artificial polarization of the early intervention, versus crisis intervention, discussion and allows a wider consideration of what good 'upstream' and 'downstream' work might mean. The focus on the context, making 'upstream' safe,

rather than on the individual child, also resonates with the agenda for inclusion that the Every Child Matters agenda is concerned to promote.

The evaluation revealed an impressive number of examples of inclusive practice at different points in the system (notably in Banbury, the City and Thame) and some examples of ways in which schools that were less inclusive were putting a greater burden on the system of support (see figure 1).

**Figure 1 – upstream, downstream, examples from the evaluation**



In addition there were a number of wider community developments impacting upon the ISS pilots that were shaping the environment for children in positive ways. For example the community health 'choosing health' agenda, supporting the development of school allotments and green gyms and the Children's Fund 'make it fun' agenda, with initiatives such as the 'children's chest' (Partridge, 2005). Projects such as these, make a significant contribution to the 'upstream' locality response. If, as is argued here, it is important to have 'upstream' and 'downstream' conversations in the same place, this has implications for the breadth of the membership of meetings. In the context of this evaluation, the open membership of the 'Networks' in Thame and Kidlington were most often addressing both upstream and downstream

approaches and engaging the broadest range of contributors from statutory and voluntary agencies. This was in contrast to the rather tighter representative statutory agency membership of the pilot steering groups.

### **3.4 Debates about thresholds**

Given limited resources there were inevitably visible tensions between service providers wanting to develop inclusive environments and those wanting to protect the resources to ensure effective support for children and families in crisis. This was often expressed in terms of definitions of 'thresholds'. I was frequently hearing from respondents, that some of the pilots (Abingdon, Bicester and the City in particular) were dominated by the Education agenda. Indeed, the pilots in these three areas had been initiated by schools' concerns for pupils for whom they felt both *considerable levels of concern* and *out of their depth in meeting the children's needs*. Thus the focus of these pilots had been on the children falling short of threshold criteria and thus currently, primarily 'educations' concern'. However it could be argued that they were only 'educations' concern' because the use of threshold criteria meant these children were invisible to other services.

The referrals themselves revealed further evidence of the importance of some kind of multi-agency involvement for children prior to their meeting threshold criteria. The majority of referrals to the interagency panels in Bicester and Abingdon, and to the MAST team in the City, were referrals from schools (20 out of 21 referrals were from schools, see appendix 3 for details). Of these referrals, some were agreed to meet thresholds when a single agency referral had previously been turned down. This suggests that current filtering systems are missing some children in need of further provision. On the other hand some of the referrals were agreed by panel members to be inappropriate, because other avenues had not been tried or there was already tier three involvement (e.g. open cases to Social and Health Care / CAMHS). These findings again emphasise the importance of better quality multi-agency dialogue around children who are a concern but not necessarily meeting threshold criteria.

The nature of this dialogue is particularly important because it is taking place on new territory, that is, upstream of the discussion of threshold criteria. In this sense there has been a significant change in the focus of interagency conversations from being about the **handing over of responsibility**, to being about **a variety of forms of joint working**.

### **3.5 Support for upstream initiatives**

The changed territory of the dialogue has resulted in new challenges and, where these have been met, a variety of new practices. There was clear evidence in the pilots of 'downstream' agencies coming 'upstream' to provide more support for schools and correspondingly of schools feeling able to operate more inclusively. Examples of the different ways in which schools felt they were assisted in developing more inclusive responses included:

- support services colleagues who visited schools, most powerfully through the School Consultation Teams (City ISS).
- Social and Health Care, face-to-face consultations with clusters of schools (City ISS).
- Home School Community Link Workers (HSCLW projects in all pilot areas).
- The children's centre as an interagency hub (Banbury).
- The increased flow of dialogue with other agencies occurring as a part of the setting up of the pilots (reported as a very positive experience by respondents in all but one pilot).

A previous evaluation in the City (reported in Glenny, 2005), had drawn attention to the value of the school consultation teams (SCTs) in providing a forum for interdisciplinary dialogue about particular children, and in helping schools develop their provision for vulnerable children. It was clear from the findings of this evaluation that they continued to be effective, and had further developed the functions of the meetings. For example, in order to improve contact with services that did not have the resources to regularly attend meetings, they had a specialist focus to some meetings in order to ensure at least some contact with a particular service, for example PCAMHS / S&HC.

Schools also mentioned the work of the Advisory Team for Inclusion as important in developing inclusive practice, but this service was functioning prior to and independently from the pilots. Their work was seen to be effective through their individual advisory work, auditing protocols and provision of courses. The fact the

work of this service emerges from the evaluation as of being of particular value in extending schools capacity for inclusive practice, raises the question of how the role of this team might be incorporated into locality working.

### **3.6 Involving the recipients of services**

Another conversation that is beginning to take place concerns the involvement of the recipients of services. All the pilots had widened the forum for community involvement in supporting children and young people, developing links with voluntary agencies and a range of community resources. However only the Banbury pilot currently involves the community in the shaping of services by drawing on representation from the recipients of those services. The Sunshine Centre (which functioned as a hub for interagency activity prior to the setting up of the ISS pilot in Banbury – see appendix 2a) was a project that originated through a community initiative. As such it has community representation built into each stage of its management structure. The Banbury pilot also had some means of establishing user feedback, for example in the routine collection of data re. the effectiveness of the role of the Home School Community Link Worker.

The City ISS had a number of stated aims around the development of a better interface with the community (see the City case study in appendix 2d), and respondents in the evaluation see the greater involvement and empowerment of parents as a central principle guiding the development of effective services. Whilst progress with this element of the pilot is very much on the agenda, it has not yet been set up.

The Bicester pilot has emphasised the importance of the voice of the child and has a Bicester-wide primary age school council, now in its third year. However this currently runs alongside the interagency forums for discussion and does not directly relate to them.

The Thame pilot had examples of young people shaping provision through evaluations of some of the services offered, for example the development of contraceptive services at the Thame Bodyzone (see Harrison and Bullock, 2005).

It was also noticeable that there was little direct access to services by end users. Services were normally accessed by others on behalf of children and families (one

exception to this was the Home School Community Link Workers who could be, and were, directly accessed by parents and in some cases children).

### **3.7 What should be the forum for these conversations?**

Involvement of parents and children is difficult to achieve around downstream interventions because of the stigma often attached to receiving such services. It therefore seems likely that genuine collaborative work with service users is most likely to come through forums that are looking at the wider community agenda for children, young people and their families.

This wider remit would also provide an opportunity to bring together discussions about the current range of initiatives relating to young people and their families, for example the youth green paper, extended schools, children's centres and workforce remodelling. At the same time, this might do something to relieve the stress experienced by some respondents, particularly head teachers, who felt overwhelmed by the demands of so many new and apparently separate initiatives. Such a forum could provide the opportunity for a full community response to the needs of children and young people in a particular locality.

### **3.8 How should these communication systems be managed?**

In this evaluation I saw evidence of firm and effective leadership of the pilot projects, which were delivering on key initiatives. However a number of problems identified in the evaluation were developing because of the characteristics of the complex contexts created by trying to integrate support systems. Where such systems have been seen to be successful, it is not because they avoided things going wrong, but because they developed sensitive feedback loops to notice what was going wrong and ensure it could be quickly corrected. In so doing, creating what Vickers (1995) describes as an 'appreciative system' – a system that has the capacity to reflect on itself. There are a number of possible ways of achieving an 'appreciative system' but it is largely a function of obtaining good quality feedback from the ground. The School Consultation teams (SCTs) in the City, and the Networks in Thame and Kidlington are mechanisms for providing this kind of feedback. However there also seems to be a need to specifically build in opportunities for group reflection on this feedback and for someone to have particular responsibility for collecting and acting on this information, effectively 'minding the system'.

In their extensive study of collaborative practice Huxham and Vangen (2005) stress the importance of this key role:

*the nurturing process must be continuous and permanent.. what we mean by nurturing is a continual focus on actively managing the collaboration... implied in this is an expectation that a collaboration is unlikely to be self sustaining so there is a requirement for constant attention simply to keep it from spiralling into decline... (p.80)*

The evaluation indicated that 'systems minding' was not well developed in some of the pilots and that the absence of this role was causing problems. It was unusual to see close attention being paid to the way the communication systems were working. Even where good attention was being paid, progress was impeded by the lack of clarity about locality boundaries. For example, despite a clear focus on the SCTs in the City, it was not understood by some respondents that the SCTs were an important part of the overall interagency communication system. Similarly key personnel in the area responded to my questions as if the MAST project and the ISS pilot were synonymous rather than seeing MAST as just the latest addition to a much larger project.

This tendency for the communication system to become invisible, whilst its artefacts become the focus of attention, is understandable and again emphasises the crucial importance of the 'system minder' role. Where it was working well, for example in Banbury and Thame, it was making a considerable difference to the coherence and sustainability of the project.

Previous research (reported in Glenny, 2005) suggests the following role for the 'systems minder':

- guarding project purpose
- receiving issues and concerns
- freeing up communication across all the related communication structures in a given locality
- orchestrating relationships
- monitoring task completion
- 'norm holding' - deciding what needs to be held tight and what can be left loose
- auditing for role capacity / role overlap (see next section)

In addition to this arduous list the 'systems minder' needs to inspire. Multi-agency work takes time, energy and commitment and in each of the successful pilots there was somebody holding the flame for interagency work and galvanising local support. In the less successful pilot, local ownership was noticeably absent.

The role of the 'systems minder' could be part of the role of a project manager, but is not synonymous with it. Successful project management very often involves linear organisational structures and focussed aims that can result in deliberately shutting out certain perspectives and avenues for action, because they distract from the central project purpose. The 'systems minder' on the other hand, has to tolerate the complexity of a variety of aims and capture as many perspectives as possible. The 'systems minder' has to monitor the environment for small examples of emerging good practice that can be amplified and shared and has to be attentive to things that are going wrong and ready to intervene at an early stage. It is not clear from this evaluation whether these are two roles that one person can play or whether the roles are better separated.

### **3.9 Workforce audit**

One of the features of the current system for support in the national context is that it has developed in a piecemeal way in response to policy developments over time. The result is some overlapping of functioning and some gaps in provision with each bit of the system being separately managed. When pressure builds around a particular identified need, rather than asking current practitioners to adapt or develop their role or their service, a new role / service is created. Creating a new service, bypasses the need to tackle issues regarded as on 'professional territory' and the need to reform practice developed in a previous historical context / resource environment, which often become entrenched. It was evident in the evaluation that the Oxfordshire context displays some of these features. The recent development of the Home School Community Link Worker role is perhaps an example of this.

This fragmentation is further exacerbated by outcome targets that encourage, indeed necessitate, a narrow view of working practice. For example in order to meet targets, roles become narrowly defined so that trained social workers employed in Learning and Culture and Social and Health Care are unavailable to the system beyond their duties focussing on attendance and child protection targets. In

particular it is difficult for them to justify time spent on early intervention / preventative work.

This results in a system dominated by inflexible resources, multiple management structures and a plethora of 'services'. It presents a confusing picture for service users, and indeed evidence from the evaluation suggests that core members of the area support services were unaware of what others on the same patch were doing / able to offer. It also means co-ordination of action becomes difficult to achieve.

### **3.10 Responsive systems**

However it is precisely these kind of interagency quagmires that can be addressed by good communication systems, what was referred to earlier as an *appreciative system*. Such an appreciative system enables its members to gradually tease out the reasons behind the most problematic issues and reshape the system to better meet needs. Over the period of the evaluation a number of examples of this kind of problem solving were evident, particularly through the Kidlington and Thame Networks and in Banbury and the City.

### **3.11 Subsidiarity**

It was clear from the successful pilots that 'Appreciative systems' generate good quality information, facilitating local decision making. However this raises the issue of the need to have flexible resourcing structures to support this. Whilst the pilots were working effectively to rationalise available local resources, it was clear that new initiatives were going to be difficult to achieve without some funding held at locality level. This raises the issue of whether some of the money, in future to be devolved to schools, could be held at the level of the locality. Some partnerships were finding that it was difficult and time consuming to get money back from schools once it had been devolved, and one or two schools opting out could make it difficult for the whole partnership to proceed.

This raises a further question of the degree of power and responsibility that will be delegated to the locality. One interesting way in which the strategic aspects of locality function could be drawn into authority wide planning is through local contributions to the Oxford Children and Young People Plan, and this is currently being trialled by the Bicester pilot group.

## **4. What can we learn from the pilots to inform the process of implementing the government's programme of Integrated Support and Assessment (ISA)?**

### **4.1 Multi-agency referral groups**

In order to explore ways of working that would meet the 'Information Sharing and Assessment' agenda, the pilot areas set up a variety of multi-agency groups to focus on individual case work. In Banbury the multi-agency meetings were focussed around casework in individual schools and the Family Centre. In Abingdon and Bicester the group took the form of a multi-agency panel for the referral of complex cases, perceived to be at tier 3/4. In the City the group was designed as a team with the capacity to work with children and their families for a focussed period of time (usually 6 weeks). The City Multi-agency team (MAST) was intended as an early intervention and so could be working with children at tier 2/3/4. It focussed on children and families for whom there was considerable concern but who were not currently hitting threshold targets. However once the team began to work with the families more closely other evidence emerged leading to further involvement from other agencies in the longer term.

Collated data from the ISS referral forms is presented in Appendix THREE and referral trends are summarised in the next section. The referral forms were developed through the Bicester Steering Group, based on the Assessment Framework documentation and intended as prototypes for an 'Integrated Common Assessment' (ICAF). The development of the forms represents a significant piece of interagency work in itself, involving members from a range of agencies in sharing understandings and concerns about criteria for different types of referral, levels of evidence etc. Evaluation respondents, who had been involved in this process, felt it had been very useful in taking forward their understandings of other agencies perspectives.

### **4.2 Referral trends for the Panels and MAST team**

- i.) A total of 21 cases have been looked at within the integrated Support services process. All referrals have been made with consent.

- ii.) The ratio of boys to girls is almost 2:1. The majority of children are aged between 5 & 11 years of age (72%), with the remainder between the ages of 11.1 to 16 yrs old (28%). All cases discussed have been white children. In three cases ethnicity is not known because of gaps in data completion.
- iii.) Over 95% of referrals are from schools, with just one referral from another agency in the sample.
- iv.) At the time of referral all the families have been known to a number of professionals. The majority of the families have either previously been known to or currently working with at least 5 professionals.
- v.) The children referred had multiple needs. Not surprisingly given the high referral rate from schools, problems within the Education setting figured highly with over 33% having poor school attendance and punctuality, 43% having serious disaffection with learning, 66% exhibiting disruptive & challenging behaviour either within school, neighbourhood or home.
- vi.) Some children did have a number of 'level 4' needs identified. All of those children either at the time of the ISS meeting or following action plan and review did become referrals to S&HC.
- vii.) In all but one case a lead agency was identified. There has been one case where it was recorded that because key agencies were not present at the meeting too much information was missing so an agency could not be identified. A clear action plan however was identified and a date set for review of the case. In the majority of cases the lead agency has stayed with the referring agency i.e., school. In two cases the role has been shared between agencies.
- viii.) Multiple services have been offered with home school community link workers in conjunction with schools, behaviour support and family centres offering most services.

An interesting feature of the data is the high number of referrals from the primary sector and from schools in general. It was also notable that many of these children were agreed at panel to require multi-agency involvement. This suggests that

current screening mechanisms have been missing some children. It was also clear that schools were named as the lead agency in the majority of cases raising issues about the lines of responsibility in schools in such circumstances.

It is too early to be able to measure outcomes for individual children, but it is intended that individual cases continue to be closely monitored.

#### **4.3 Towards a Common Assessment Framework – the ICAF**

Completion of the ICAFs was of variable quality ranging from excellent to very poor. Unsurprisingly, given the areas central role in developing the forms, the Bicester Panel was receiving the best quality referrals. The quality of form completion affected the panel's capacity to discuss the case, and in some instances resulted in a substantial waste of panel time. This raises issues about the understandings of practitioners using the forms. The forms are intended to draw upon models of case work exemplified in the Common Assessment documentation. They are also intended to structure conversations with parents and children to set up a clear action and review cycle.

Respondents expressed a lot of concerns about the ICAF as an assessment tool, colleagues, particularly, but not solely, from education saw it as a cumbersome form filling exercise. This stance comes, in part, from experience of the previous form of multi-professional assessment embedded in statutory assessment procedures. However it also reflects a lack of experience in relation to the underpinning casework, for which no one in schools is currently given either the time or the training.

The completion of the ICAF forms are also an important tool for data collection and so poor completion has implications for monitoring processes.

#### **4.4 Panel process**

The central role of the panel involved agencies in jointly planning and reviewing intervention and thereby directly addressing an ISA objective. The largely fixed membership of the panel, allowed for the discussion of issues surrounding the casework and the recognition of the need for information sharing protocols and streamlined referral systems. This provided a useful complementary dialogue with the steering groups, who were seeking to find solutions to these issues – or at least distinguishing between solutions that were needed at a local rather than an authority wide level.

However fixed panel membership also caused some problems. Firstly this meant that the panel was sometimes discussing children and families in the absence of the caseworkers involved, thus making decisions with limited information, and suggesting follow up that had to be carried out by people outside the meeting. Secondly the panel members felt they were learning a lot through the process, but this raises the question of how that learning takes place for colleagues who were not panel members.

Overall, for the Bicester and City panel/team members interviewed, the experience was regarded positively, reflecting the following comments from a member of Social and Health Care, ..*'It is expensive in time... but we need to work out the relationship between the ISSs and the locality team – until we work out how we are all going to be together we need to carry on with this....'*

#### **4.5 Allocation of lead professionals**

For nearly all the cases that came to the ISS forum, schools were named as the 'lead agency', and as the current key worker, responsibility was very often falling to the Home School Community Link Worker (HSCLW). This raises issues for the role of the lead agency and the lead professional and the levels of responsibilities and oversight that the role involves. Is it for example, understood as synonymous with the key worker? This is particularly important in relation to the cases that emerged in the ISS forum because they had usually been brought at the instigation of the HSCLW because they had felt *'out of their depth'* with the case. It also raises the issue referred to earlier, about how schools are organised to do case work. The resources of Social and Health Care and the Child and Adolescent Mental Health Services are not going to be able to stretch to do individual case work with 'children upstream', even if there is developing good practice in S&HC and PCAMHS in providing consultative services to schools. It is therefore going to fall to schools to be managing casework in a much more systematic way than has been true in the past. At the moment some of this kind of casework is being picked up by HSCLWs, but if they are going to be properly supported by schools then schools need to be leading on the casework role.

From the evidence collected in the evaluation, schools were invariably initiating the completion of the ICAF forms. This raises the issue of why this was falling to schools

rather than other members of pupil services, and how other services should best be organised to support schools with this casework role.

#### **4.6 Sharing expertise**

Child Protection and Mental Health issues predominate in the families that schools experience as particularly vulnerable, and it is in these areas of experience that education colleagues feel particularly ill equipped. On the other hand it was clear from the evaluation that small amounts of upstream support can really help to develop confidence and improve practice. One teacher working with CAMHS had moved from feeling she lacked knowledge of mental health and didn't know what to do to realising '...mental health issues are all about relationships.. with help I can make a difference here..'. Similarly the City pilot in which a group of SENCOs met termly to review cases with a Social and Health Care colleague was very much appreciated by the SENCOs and had, in the view of Social and Health Care, resulted in fewer referrals of better quality. It is also clear that the current proposals for consultation services provided by PCAMS are a good fit with the needs described in this evaluation.

#### **4.7 Building Trust**

It was clear that building trust was an important issue in all of the pilots. There were a number of examples of where processes had impeded the development of trust. For one pilot, colleagues felt the co-ordinator had appeared from nowhere and was not subject to proper process. In three pilots there were concerns that the project was too strongly driven by the educational agenda, and there were tensions between what could be understood as good project management and good collaborative process! (A distinction around the different notions of management expertise explored in section 3.8). At the same time there were a number of interactions that were 'trust building' or 'trust reducing' because of their presence or absence. Key issues here seemed to be:

- feelings of ownership, for example feeling commitment to a patch / locality and involvement in the decision making that takes place in that locality
- sharing activity / starting small, building the 'trust cycle' (Huxham and Vangen 2005)
- space for dialogue, whilst it is clear from the interviews that there are some very different positions held re. medical / social / community models of

intervention, these became much less significant in a context where good dialogue was possible.

## **5. Conclusions**

### **5.1 Achieving ‘collaborative advantage’**

Huxham and Vangen (2005) stress the problems of collaborative work and the difficulty of balancing the time and the effort it takes with the rewards that can be achieved. In this study there are clear indications that certain practices result in the achievement of what Huxam and Vangen call ‘collaborative advantage’ as opposed to the ‘collaborative inertia’ that can easily result if conditions are not quite right. The balance between these two conditions is delicate and there are a number of factors that contribute.

The experience of ‘advantage’ and ‘inertia’ are also personal and may be different for individuals working in the same area depending on their positioning within the system. However it was my impression that for most pilots, most people were experiencing ‘collaborative advantage’ whilst in one pilot, the majority of people were experiencing some degree of ‘collaborative inertia’. Experiencing ‘collaborative inertia’ in a communication system is uncomfortable, tiring, and very difficult for any particular individual to do anything about. However it can be remedied if tackled systemically. The conditions that seemed to need to be in place to achieve ‘collaborative advantage’ in the interdisciplinary / interagency context of this evaluation are listed below:

- Clearly bounded localities (see 2.1, 2.2)
- Good links to the centre ensuring both a supportive framework for locality work and upward flow of information from localities that will be ‘received’ and impact on policy (see 3.1)
- Local ownership of the project (see 3.1)
- Strong project management (see 3.8)
- Systems minding (see 3.8)
- Inclusive communication structures – access and clarity for all (see 3.2)
- Inclusive communication structures – facilitating upstream and downstream conversations (3.3, 3.4)
- Appreciative systems (see 3.8)

- User involvement (see 3.6, 3.7)
- Support for schools in being as inclusive as possible (see 3.3, 3.4, 3.5)

**Table 1 shows features in communication systems that seem to underpin collaborative advantage in relation to data collected in the pilot areas – n.b. this data is impressionistic and based on a small sample of respondents.**

	CS 1	CS 2	CS 3	CS 4	CS 5	CS 6
Clear bounded localities	0	-	√√	0	√√	√√
Good links to the centre	-	√	√√	√	-	-
Local ownership	-	√√	√√	√√	√√	√√
Strong project management	-	√	√√	√	√√	√
Systems minding	-	√√	√	√√	√	√√
Inclusive communication structures – access for all	√	√	√	√√	√√	√√
Inclusive - upstream / downstream conversations	-	√√	√	√√	√√	√√
'Appreciative' systems	0	√√	√	√√	√	√√
User involvement	0	√√	√	√	-	√
Support for developing more inclusive schools	√	√√	√	√√	√	√√
Achieving collaborative advantage	-	√√	√√	√√	√√	√√
Experiencing collaborative inertia	√	-	0	√	0	0
Locally devolved resources	-	√	-	√√	-	√

KEY			
Strongly evident	√√	Evident	√
Emergent but not significant	-	Not evident	0

It was also clear that if these groups were going to be able to continue to develop in a meaningful way they would need to have devolved flexible funding to underwrite the changes they needed to make to enable the ISS to respond effectively to needs identified. Genuine subsidiarity (see 3.11) would also help to ensure that everybody comes to the 'ISS party', because the key locality communication group would be shaping the working context and making a difference to provision and practice. Only the City had such flexible funding as a result of its 'hot spot' status drawing down a range of resource streams. However the Banbury pilot had been particularly effective at bidding for funding and was therefore able to develop new provision. The

Thame Network had also achieved a small amount of project funding to support local initiatives.

## **5.2 Structure or process - to achieve effective locality partnerships?**

The information from table 1 suggests that in order to achieve collaborative advantage a number of processes need to be in place. However the pilots indicate that the structural elements able to deliver these processes effectively could take different forms. The Family Centre in Banbury was acting as a communication hub taking the strain for the local schools, in a situation where the local schools felt under too much pressure to fulfil that role themselves (see figure 2 in appendix TWO a). The Bicester, City, Kidlington and Thame projects were located within strong school partnerships enabling them to both spread the strain and draw upon greater resources of experienced personnel who would carry the interagency flame.

The Kidlington and Thame partnerships (see appendix TWO e and f) were not part of the official pilot but provide interesting examples of the power of informal Networks. Networks function primarily to manage the crucial 'communication system' in which interagency working is embedded, and in this evaluation provided the best examples of inclusive communication structures leading to 'appreciative systems', across a bounded locality. Networks seemed to be working effectively across all phases, with low resource output for the levels of collaborative advantage achieved, and with the possibility of being elaborated in as many ways as the more resource intensive models.

There were also other examples of good multi-agency practice that have developed independently, in other parts of the county. These most commonly occur around secondary schools, sometimes as an extension of the good practice developed from working in Connexions teams and sometimes because of other initiatives, for example the interagency team in Eynsham. However formed, these already established local projects will have emerged as a 'good fit' to local circumstances and provide an obvious starting point for Locality working.

Whatever their individual characteristics, all pilots seem to have been successful in taking forward conversations about the vulnerable children who fall in the zone between the schools 'area of confidence' and the 'thresholds' of other agencies. Whilst one result of the pilots has been an increase in the availability of consultative

support for schools from these agencies, current resource distribution will leave many of these children as primarily the responsibility of schools.

This raises two key issues to be resolved by the new locality partnerships. Firstly does the current workforce reflect the right balance of expertise (see 3.9). Secondly, whatever the outcomes of a workforce audit, it seems likely that the 'Every Child Matters' agenda requires schools to be organised to take on the 'lead professional role, with its implications for individual case work. In relation to this, careful consideration needs to be given to which children require the setting up of this more rigorous approach to case work, so that the assessment process retains its integrity and does not degenerate into a paper exercise for achieving resources (see 4.3, 4.4, 4.5).

One notable and very successful innovation over the period of the pilot studies has been the newly developed role of the 'Home School Community Link Worker' (details of this role are considered in a separate evaluation for the Children's Fund). They are working precisely in the zone that has become the focus for the pilots, they extend the schools capacity for case work and they provide good links to the limited upstream resources that are available from other services. However currently their role is insecure, only being sustained by short term project funding.

### **5.3 Recommendations for locality based Integrated Support Services**

Over the year the pilots were being developed, there were significant improvements in the functioning of the Integrated Support Services and a range of good practices have emerged to facilitate communication between individuals and agencies (see figure 1 for examples). Drawing from the learning of the pilots, there would seem to be a number of principles that underpin the development of good communication systems, and training implications that follow from these:

- i.) Localities need to be clearly bounded and be managing all ISS activity in the area (e.g. it is disruptive to have 'hot spot' projects managed separately within them)
- ii.) There is a need for a key communication group, in each locality, with strategic responsibilities and devolved resources. This group would be inclusive in membership and have a wide brief in terms of children, young

people and their families in the locality (facilitating the opportunities for 'upstream' and 'downstream' conversations). This group needs to link directly and effectively with LA wide strategic decision making groups.

- iii.) The key locality communication group needs to make an audit of current structures and processes before developing new ISS structures to ensure a 'best fit' with local strengths in personnel and other resources. The structures themselves do not seem to be as important as the underlying principles and practices by which they operate (e.g. table 1).
- iv.) The *communication system* needs to be scrupulously minded, so that the services it oversees can be tweaked to meet changing conditions and aspirations, and to ensure the application of the principles and practices that underpin the achievement of *collaborative advantage*.
- v.) The development of a response to the Information Sharing and Assessment agenda has resulted in fruitful interagency dialogue and would provide a basis for a common language and developing shared practice across the county.
- vi.) There are substantial communication and training implications emerging from the evaluation findings. Some of the training initiatives imply a redefinition of roles. Two particular areas require attention prior to the setting up of Locality working.
  - a. Firstly, the role of the 'locality co-ordinator' needs to be explored with its double barrelled function of 'project leading' and 'system minding' (see 3.8).
  - b. Secondly, schools have accrued a number of new responsibilities over the past few years which have been variously attributed to head teachers, heads of year, school counsellors and SENCOs, and to these numerous roles the ISA agenda and the liaison with HSCLWs, is adding further responsibilities. There would seem to be a need to look again at how support is managed in schools, how the interface with pupil services and other agencies is organised, where the

enhanced casework role should be placed, and what training needs to be organised to support its successful completion.

- vii.) Agencies normally working at tier 3, need to be providing consultation services to 'upstream' agencies, to ensure:
  - a. Children with serious issues are not being missed;
  - b. Children with significant but less serious issues are not being abandoned in 'no man's land' because schools feel 'out of their depths';
  - c. Schools are supported in developing their supervision arrangements and case work skills;
  - d. A reduction in the number of children requiring 'downstream' help.

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## **Appendix ONE – Definitions of the variety of groups involved in the communication systems developed for the Integrated Support Services**

To attempt to compare the functionality of these groups, the relationship between structure and function has been teased out in generalised descriptions taken from local usage / national usage re. similar contexts for work:

**Pilot steering group:** a representative multi-agency group functioning as the strategic decision making body for the area covered by the pilot. The group also functions as a 'clearing house' for issues raised re. children's services in the locality, but the effectiveness of this function is dependent on the quality and range of feedback coming to the group. This group is chaired / attended by a local authority representative, and therefore directly linked into local authority planning structures. In order to resolve issues raised, the group may set up and monitor other groups with more specialist functions, for example interagency teams / panels.

**Network:** a group, informal in structure, open to anyone involved in working with children and young people in a given locality. The group functions primarily as a 'clearing house' for issues raised re. children's services in the locality. The inclusive structure of the group ensures feedback is drawn from a wide constituency. Networks may have associated 'core groups' who function to pull together / monitor /action the discussions from the Network and link more formerly with other groups.

**Forum:** a group that combines the functions of the steering group, by ensuring representation from key stakeholders, and the Network, by being open to all interested parties. Like the Network the Forum will tend to have an associated core group / working group to ensure that Forum decisions are followed through.

**Panel:** a representative, multi-agency group who meet together to discuss particular cases in order to ascertain appropriate action and assign personnel and subsequently monitor and review the cases. This group may be discussing / commissioning work carried out by colleagues who are not panel members. Cases submitted to the panel are anticipated to be requiring multi-agency input.

**School Consultation Team:** a multi-disciplinary group of people who work in / with a particular school setting. This group may discuss individual children and commission support, but will be primarily focussed on achieving systemic change in relation to concerns that affect a number of children. Often these changes can not be made by the group acting alone and so the issues will be referred on to the locality strategic group (steering group / Forum / Network).

**Multi-agency Support Team:** a multi-agency team that receives referrals for assessment, and often intervention, focussed by definitions of need / locality.

## Appendix TWO - Case studies

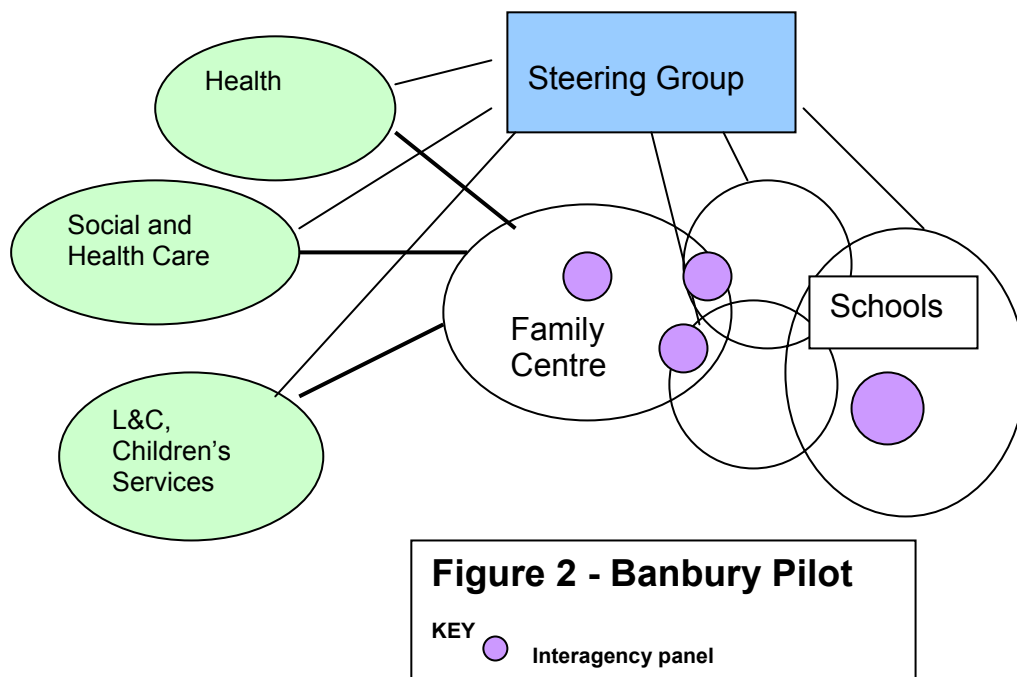
2a	Banbury	2b	Bicester
2c	Abingdon	2d	City
2e	Kidlington	2f	Thame

### Appendix 2a Banbury

#### Introduction

Prior to the setting up of the Banbury Pilot, there had been a substantial interagency initiative in the Bretch Hill area, based around the Sunshine Centre. The Sunshine Centre is a Family centre set up as a response to a community initiative to increase levels of support for families in the Bretch Hill area. It began as a voluntary organisation, although currently also receives some core statutory funding and will become a designated Children's Centre.

The interagency organisation in Bretch Hill is very different from that of the other pilots, and is not easily comparable because of its small size, serving a school population from two primary and one secondary schools. However it is the most integrated, elaborated and coherent example of interagency working seen in the pilot evaluation and raises a number of questions about why it should be so effective and what lessons may be learned for other projects.



The schools and Family Centre are located closely together, with the family centre on the campus of the primary school and within walking distance of the other two schools. The focus of the Sunshine Centre is the community, so that although there is a close relationship with the schools and other agencies, the project feels led by the 'community', through their ownership of

the Sunshine Centre rather than by the schools and agencies as in the other pilots.

### **Issues raised in the evaluation**

The Sunshine Centre seems to function as an interagency hub for the local population, including the schools, particularly the primary schools. There are good links with the secondary school but they have their own interagency team, meeting in the school, a development of their Connexions team. Much of the case work for children 0-11 seems to be managed by the Sunshine Centre, as lead agency, although with a thoroughly knowledgeable and committed contribution from schools.

The Sunshine Centre has also co-ordinated a number of interagency initiatives that had extended the inclusivity of the schools, for example the development of the role of the full-time HSCLW and the nurturing groups. This co-ordination had been in relation to both achieving interagency co-operation in the designing of solutions but also in writing bids for funding support, including sponsorships from the Children's Fund and Vodaphone. Indeed, a look at the financing of the centre revealed a patchwork quilt of funding sources.

The Sunshine Centre itself is made up of a small committed team of Centre based and outreach workers and a co-ordinator, who functions to both run the Centre and to act as a classic example of a 'systems minder' (please see section 3.8 in the main paper).

The Pilot initiative itself has a wider brief than that of the Sunshine Centre and some members of the steering group were looking to develop a model that reflected the developments in Bicester and Abingdon. However it was quickly realised that the strengths of the Bretch Hill project should be built upon. The Steering group did an audit of need to review what was currently being provided and what the gaps in provision were. They then facilitated the setting up of projects, for example a teenage pregnancy initiative, to meet what was felt to be the most urgent gaps in provision.

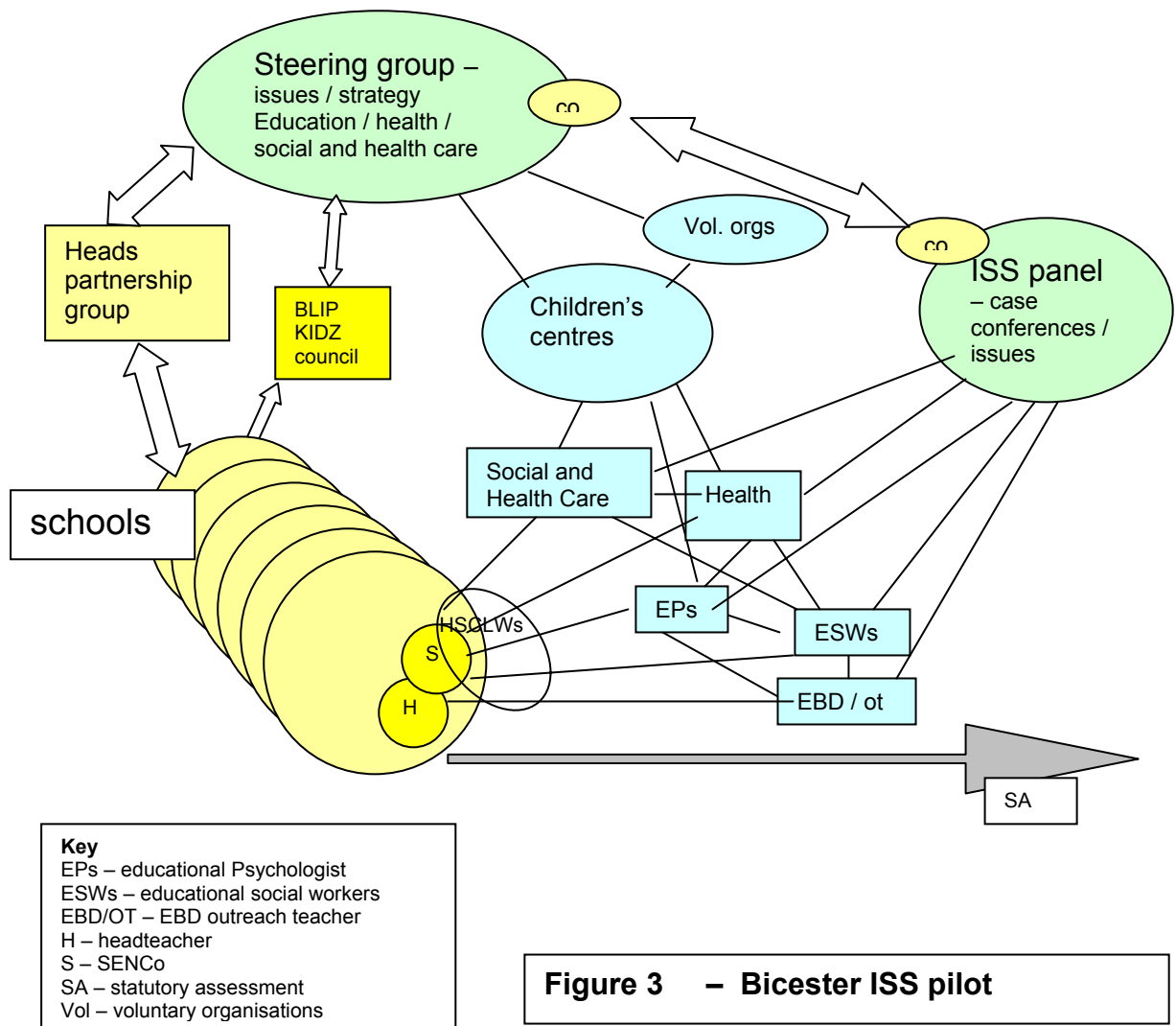
The schools resisted the view of some members of the steering committee that an area interagency panel should be formed, because they had already developed a model of having a panel held in each school. These panels were mainly focussed on case work, unlike the School Consultation Teams in the City, who focussed on issues, because the close relationship between the schools and the Family Centre had meant there were other forums for discussing issues .

There has been a loss in momentum for the development of the wider agenda of the Banbury pilot because there has been a period without a co-ordinator and a change in the Local Authority lead role. However the new coordinator is now in post (September 2005).

## Appendix 2b Bicester

The initiative for the Bicester pilot came from a long standing concern from local head teachers about their work with vulnerable children and their families. They felt that they were not able to access the support they needed to ensure families were being supported effectively. In consequence these families were a constant cause of concern, both in draining resources without effecting good outcomes, and in the level of anxiety raised around the children's needs, that remained unresolved.

The Bicester head teachers partnership group, known as the Bicester Learning in Partnership group (BLIP), had identified some ways forward prior to the start of the pilot. For example, concurrently with the early development of the pilot, the partnership had bid for support from the Children's Fund for a group of 3 Home School Link Workers (HSCLWs) to meet their concerns about the gap in support for vulnerable children and their families.



**Figure 3 – Bicester ISS pilot**

To take forward the pilot work a steering group was set up, with representatives from a range of agencies, serving both as a clearing house for issues and concerns and as a strategic decision making group.

The intended actions for the pilot (from the Development Plan, 14/05/04) were to:

- develop a protocol for information sharing
- develop an information hub for Bicester to track pupils of concern
- establish the Bicester integrated support services (ISS) team
- pilot the 'lead professional' for pupils of concern
- strengthen the Connexions teams in secondary schools
- develop a common assessment framework (CAF) and shared paperwork

The steering group generated a working group to consider the implementation of the Information Sharing and Assessment agenda and the setting up of the ISS panel. The panel was able to draw on personnel across agencies in order to share discussion of children that were causing particular concern. Considerable interagency discussion took place to prepare for the meetings. This included customising the CAF forms for local use and establishing a tool kit to support practitioners in using the forms. Discussion focussed on developing common understandings of what is meant by tier thresholds in each agency.

#### **Issues raised in the evaluation:**

Respondents felt good progress had been made in relation to the intended actions in the Development Plan.

The ISS forum (effectively a panel) meets bi-monthly and is attended by representatives from CAMHS, PCAMHS, Social and Health Care, Health Visiting, Educational Psychology, Educational Social Work, the SEBD outreach team and the two head teachers who co-ordinate the pilot.

The forum has met four times and been well attended on each occasion. Referrals to the meetings could in principle come from any agency but in reality came primarily from schools (one case was brought by a health visitor). The referral forms were circulated to members of the ISS forum prior to consideration of the case. Cases were presented by a key worker attending the meeting for the duration of the case discussion.

Attendance at the forum was regarded by all respondents as valuable, and worth the time spent, because of the important learning that was taking place in understanding each other's perspectives. However some cases that came to the ISS forum raised issues for some colleagues. These included:

**Inappropriate referrals** - in a number of instances the cases were not really at the appropriate level for referral to the panel. This happened because the referrals were deliberately not tightly filtered, in part because the group felt it was important to encourage schools to use the service and so did not want to be gate keeping their referrals. And in part because the referral forms were

new and being completed by people who hadn't all had opportunities for training in their use.

The notion of the 'inappropriate referral' was also one that has traditionally been particularly irritating to schools. Seeing a deteriorating situation, where children and families seemed to need some kind of help, schools had been unhappy when their attempts to achieve help had been turned down, particularly, as was frequently the case, when their own levels of anxiety about the children were very high and when the referral process itself had represented a considerable investment of their time.

Respondents felt that these referrals raised useful learning points for the group. They demonstrated the kinds of support systems that need to be put in place in order to help schools to support children and families that were not in serious enough difficulties to warrant the panel's attention, and to understand the kinds of complex cases that should come to the group.

**Too few cases were being processed in the available time** – several respondents were surprised by how few children were discussed and questioned the use of their time, for so few referrals. However the same people also recognised the tentative nature of dialogue in the meetings. They recognised that as group members got to know each other and trust built, they would be able to process cases more quickly.

**Cases were not necessarily being discussed by key workers** – as the personnel at the meetings were representatives of the different disciplines and agencies, they were often not the people who were working directly with the children and their families, and this limited what the group was able to achieve. It also meant that the feedback from representatives could not always fully reflect the discussion that had been had. Some respondents felt there were problems in a key worker having to take action on direction from the meeting, without the benefit of the full discussion.

**Parents were absent** – some colleagues were also concerned that parents were not present at the discussions of their children and not always fully informed that the discussions were taking place. In one case this had led one member of the group to feel the discussion had not fully respected the child and family.

**Referral forms were laborious to complete and to process before meetings** – this criticism had been particularly, but not exclusively, made by school colleagues, who had a fear of the CAF replacing the arduous and expensive systems of assessment associated with statutory assessment.

**Allocation of lead professionals** – for nearly all the cases that came to the ISS forum, schools were named as the 'lead agency' and as the current key worker it would seem likely to fall to the HSCLW. This raises issues for the role of the lead professional and the levels of responsibilities and oversight that the role involves. Is it for example, understood as synonymous with the key worker? This is particularly important in relation to the cases that

emerged in the ISS forum because they had usually been brought at the instigation of the HSCLW because they had felt 'out of their depth' with the case. The Common Assessment Framework is designed to structure good casework process, but nobody in school has time allocated for casework or is given the training to do it effectively. If schools are to take on the 'lead professional role' then this can not just be a further edition to the present burgeoning portfolios of head teachers or SENCOs .

### **General Overview**

The exploration of the kinds of issues discussed above, helped support workers operating in different contexts with different training to understand the perspectives of other colleagues. It also brought to the surface issues that need resolving if interagency work is to continue successfully. Some of the concerns had already been raised in the ISS forum and been taken forward to the Steering Group for discussion. For others to be resolved, a clear training agenda emerges.

The head teachers interviewed felt much less isolated and more supported in dealing with vulnerable families as a result of the pilot. Links with Social and Health Care in particular were perceived to have improved. This was particularly true of the heads leading the project who felt much better informed about what other agencies could do and how they could be accessed for consultation at an early stage. Other head teachers and SENCOs also reported feeling better informed and supported as a result of the consultation role taken on by the lead heads.

There are still outstanding concerns in the relationship between education and CAMHS. Mental health issues predominate in the families that schools experience as particularly vulnerable, and it is this area of experience that education colleagues feel particularly ill equipped.

There was a feeling amongst respondents, who were not from education, that this was really an education project and their core concerns were a bit sidelined. This is a tricky issue to resolve, as the impetus for the project and the energy to keep it 'on the road' has largely come from education, but it raises issues about the type of community forum that would be ideal to take locality working forward.

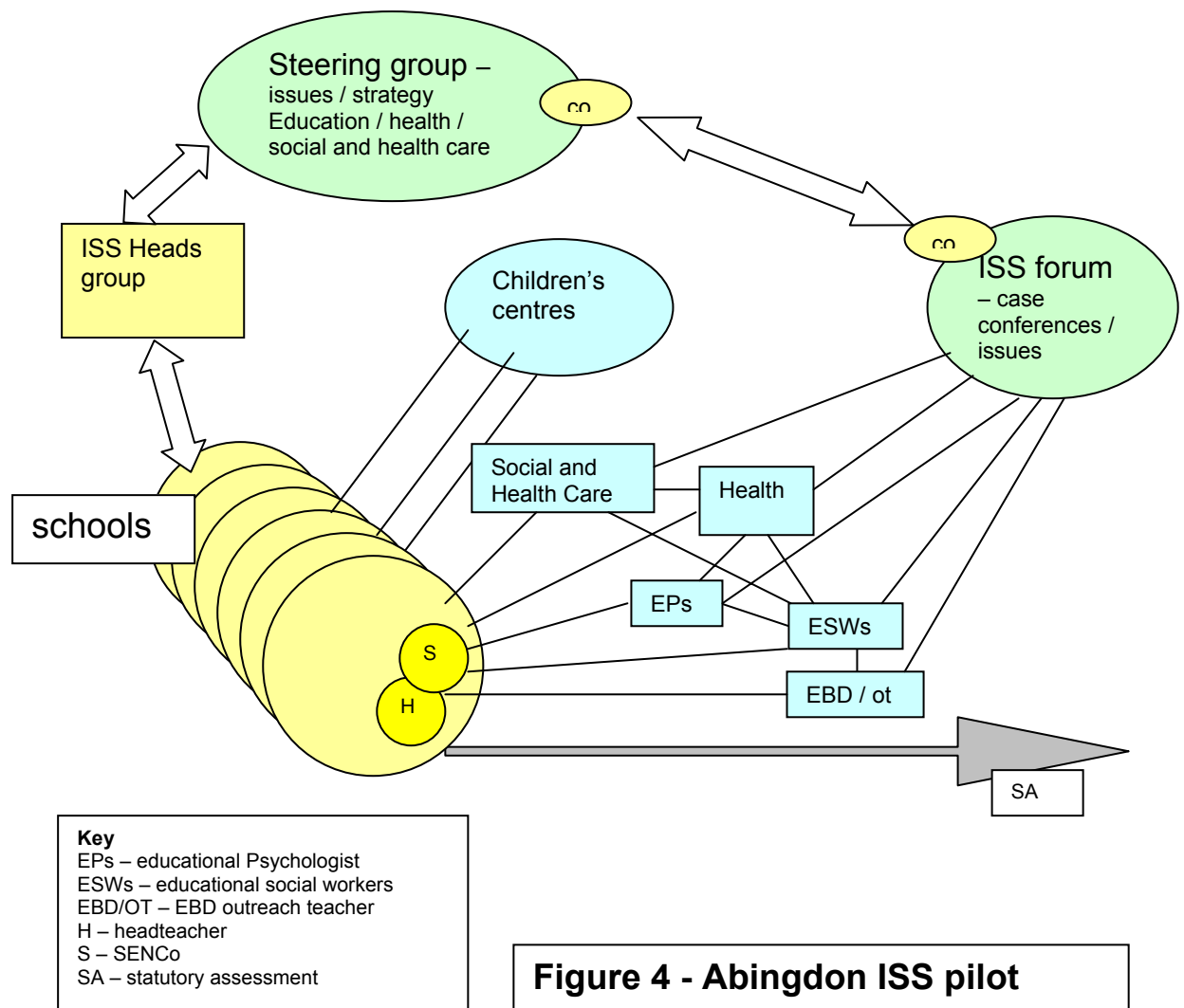
One of the significant features of the Bicester pilot is the size of the area it covers, reflecting a bounded community and including 19 schools. It was therefore both the largest of the pilots and the one most likely to continue in much the same form in the new locality organisation. As a double partnership of schools, it raises the issue of whether size or 'sense of a coherent community' is the most important factor in deciding upon localities.

## Appendix 2c Abingdon

### Introduction:

Abingdon developed a similar model of interagency working to Bicester setting up a coordinator, a steering group and a multi-agency panel to take forward discussion of interagency issues. Also, like Bicester, there was a parallel development in the employment of Home School Community Link Workers (HSCWLs) to support schools in working with families, and as in Bicester these proved a very valuable and effective resource.

Abingdon differed from Bicester in that there was no well developed history of school partnership working around interagency issues and so initially a lot of work was put into identifying local providers and developing understandings of what provision was available. Also because there was no local champion for interagency work, the coordinator was appointed from outside the system of support, although as an ex head teacher in the area, he did have local experience to draw upon.



**Figure 4 - Abingdon ISS pilot**

## Issues raised in the evaluation

The co-ordinator did a lot of work in mapping provision, making links with services and beginning to collate a services directory. He also set up a day when a whole range of services met to talk about what they were able to offer, which evaluation respondents had found helpful. Local head teachers commented on how useful it had been to discuss children, about whom they had concerns, with the coordinator.

The panel has met several times but respondents felt it had not been as effective as it could have been because there had been significant absences from some agencies, leaving those who did attend a bit frustrated. Some members of services had felt there had not been sufficient opportunity to share issues prior to working as a panel, so there were unrealistic expectations about what other services would be able to achieve and consequently an atmosphere of pressure and blame at some meetings. This framing of some workers as not meeting expectations had resulted in some difficulties of communication between meetings, alternating with an analysis of the situation that would only be resolved by more resources. Some referrals had also been felt to be inappropriate, as other work was already in progress so that there was duplication of effort.

The difficulties of the panel were reflected in the steering group meetings where some respondents felt discussion had got rather bogged down around issues of lack of time and resources. The atmosphere of positive problem solving that had been characteristic of other pilot groups seemed to be absent, and without positive developments coming from the meetings, members were beginning to question the value of attending.

There were a number of features of the Abingdon context that were less favourable than in other pilots and this seems likely to have tipped the balance of these meetings. These features were:

- i.) The LA leads changed a number of times over the year, leaving the group rather unsupported when difficulties started to emerge.
- ii.) There was a lack of local ownership so that actions that might have made a difference were not taken up because there was no one who felt they had the time to do it.
- iii.) The locality was not well bounded – a bit of a city with the addition of a couple of villages, so it was not always clear who was committed to the 'patch', often just a small part of an individual workers area of responsibility.
- iv.) With the schools feeling they did not have the capacity to take on the project, there was no other 'hub' emerging (as for example the Family centre was able to do in Banbury). And the group of schools was in any case rather small so

that there was not the same resource of experienced personnel to draw upon as in, for example, Bicester, Thame, Kidlington or the City. In the case of Kidlington and Thame, where there was no additional resource for a co-ordinator, but the much greater involvement of secondary schools had provided the support the hard pressed primary schools needed.

- v.) The co-ordinator moved to a new job, putting further pressure on the rest of the system. This was particularly serious for the Abingdon pilot because as he had been doing much of the link work, he took a lot of that knowledge with him.

**Overview:**

It can be seen that the reasons why the Abingdon pilot did not obtain the same sense of 'collaborative advantage' as the other pilots was not a function of a single cause or the failure of particular individuals. The causes were systemic and so systemic solutions are needed to remedy the situation.

## Appendix 2d The City

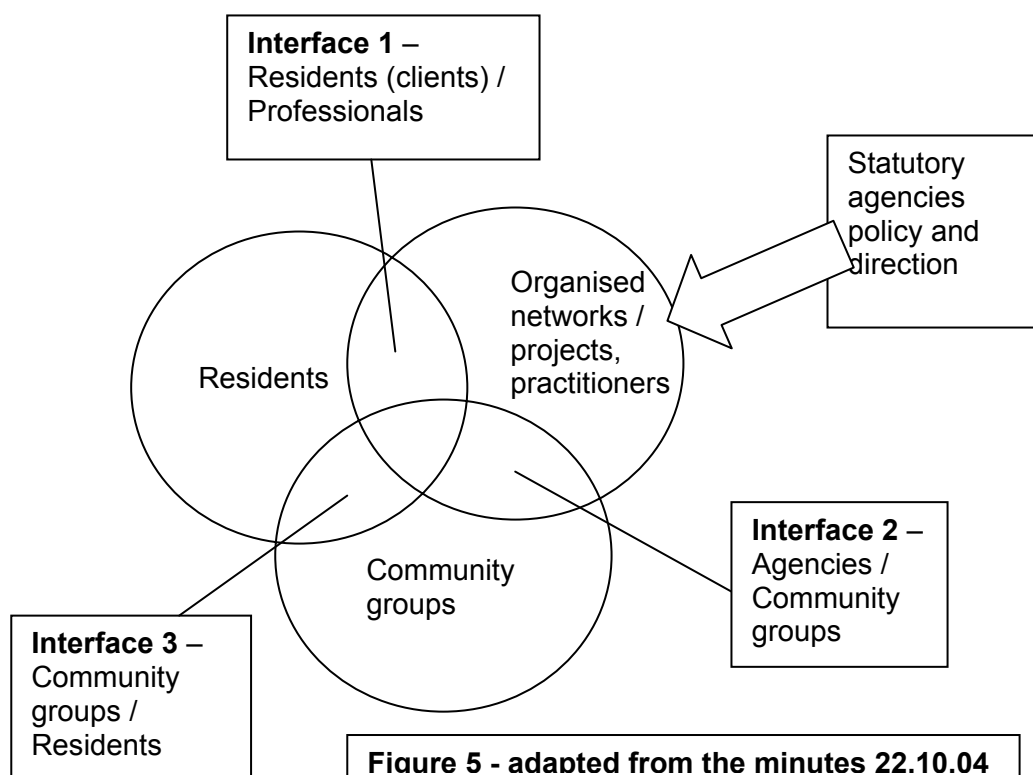
### Introduction

The City project had the overall aim (minutes 13.12.04) of providing “*improved opportunity and access to services*” to the target group of “*vulnerable children their families and carers*” within the context of the community. There were concerns expressed at the initial stakeholders meeting (minutes 27/09/04) that communication with residents was problematic. It was reported to the meeting that residents felt currently their voices were not being heard, despite ‘consultation fatigue’, and that they were receiving only partial information about services. At the same time there was felt to be both duplication of services and gaps in provision, with insufficient account taken of local needs. It was therefore agreed that more effective communication with, and involvement of, residents, should be a key theme of the ISS pilot.

Intended general outcomes were (minutes 22.10.04):

- improved outcomes and experiences for clients
- better communication between agencies and agencies and the public
- targeted and effective use of resources
- appropriate response to local need

These outcomes were further elaborated in relation to three interfaces.



### Interface 1 – Residents (clients) and Professionals (see figure 5)

- improve multi-agency information sharing and communication

- set up joint assessment and response
- support front line staff and channel funding to increase capacity
- give clients better understanding of the purposes and availability of services
- provide a single point of access to services

### Interface 2 – Agencies and Community groups

- improve support for community groups through effective agency participation and channelling funding
- listen and respond to the community agenda
- engage actively in partnership with community groups to deliver front line services

### Interface 3 – Community groups and residents

- support community leaders and activists to encourage greater participation of residents
- promote good local information exchange to improve access to services e.g. website, Leys News
- link to local training initiatives to support resident participation

### The locality

The pilot was focussed on the areas of East Oxford, Temple Cowley, Wood Farm, The Leys, Rose Hill, Littlemore, and Barton because of the indices indicating inequalities of access and deprivation in those areas.

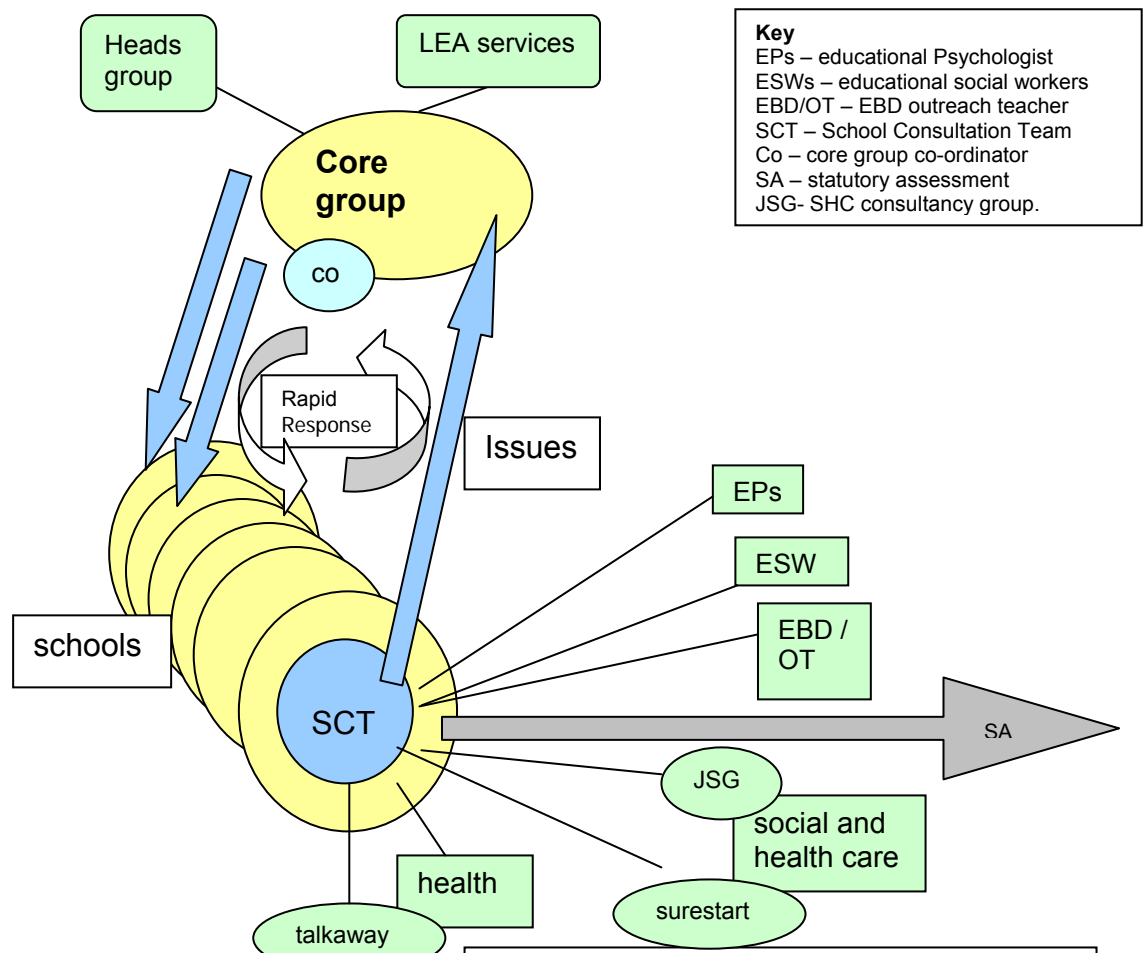


Fig. 6 , support services communication systems in the EIC cluster prior to the City ISS pilot

It was also agreed that the pilot should be built on the strengths of existing projects and as the defined pilot area overlapped with the existing Excellence Cluster, the communication structures (see figure 6) already developed by the Cluster were adopted by the ISS pilot.

The communication structure had at its hub, the Excellence Cluster 'Core Group'. This was an interdisciplinary clearing house meeting to facilitate co-ordinated work with vulnerable children and their families. The 'core group' received information about area needs through reports from the School Consultation teams (SCTs) held each term in all the schools in the area. The Core Group had representation from schools, Learning and Culture and a range of disciplines within Children's Services. It was felt that this group could be expanded to meet the wider agenda of the ISS pilot. New membership included representation from the PCT both from Primary Care and Community Development, Social and Health Care, extended schools, the Children's Centres and the City Council. The group was tasked to consider representation from the youth service, police, street wardens, lifelong learning, housing and the voluntary sector. It was also felt to be important that this group linked into City Area Committees and Local Strategic Partnerships.

#### **City ISS September 04-July 05**

The ISS Core group, with new / expanded membership met in January 05 and again in May. Because of the size of the group, and the weight of the ongoing Excellence Cluster agenda, the Core group functioned much as before, drawing issues from the SCTs and generating possible solutions.

A key issue for development was that raised by children and their families with 'complex and significant difficulties' that were continually surfacing as needing support, from a range of different agencies. A proposed solution was the development of a specialist multi-agency team (MAST) that would work intensively with these identified families in order to give the levels of support that would make a difference to outcomes for their children. It was also hoped that such intensive work would provide the agencies with a better understanding of the kind of intervention that can make a difference for families and inform future work with family members following the intervention. This MAST project was agreed by the Core group and a project team was set up to broker agency membership and discuss ways of working.

However discussion of the MAST project took up much of the Core Group time and therefore left little scope for discussion of the wider agenda set out by the original stakeholder meetings. This raises issues about the conduct of the Core group and the need to consider setting up working party's for such project development, in order to ensure the engagement of all participants whilst maintaining a forum for the wider agenda.

#### **The Multiagency support team (MAST)**

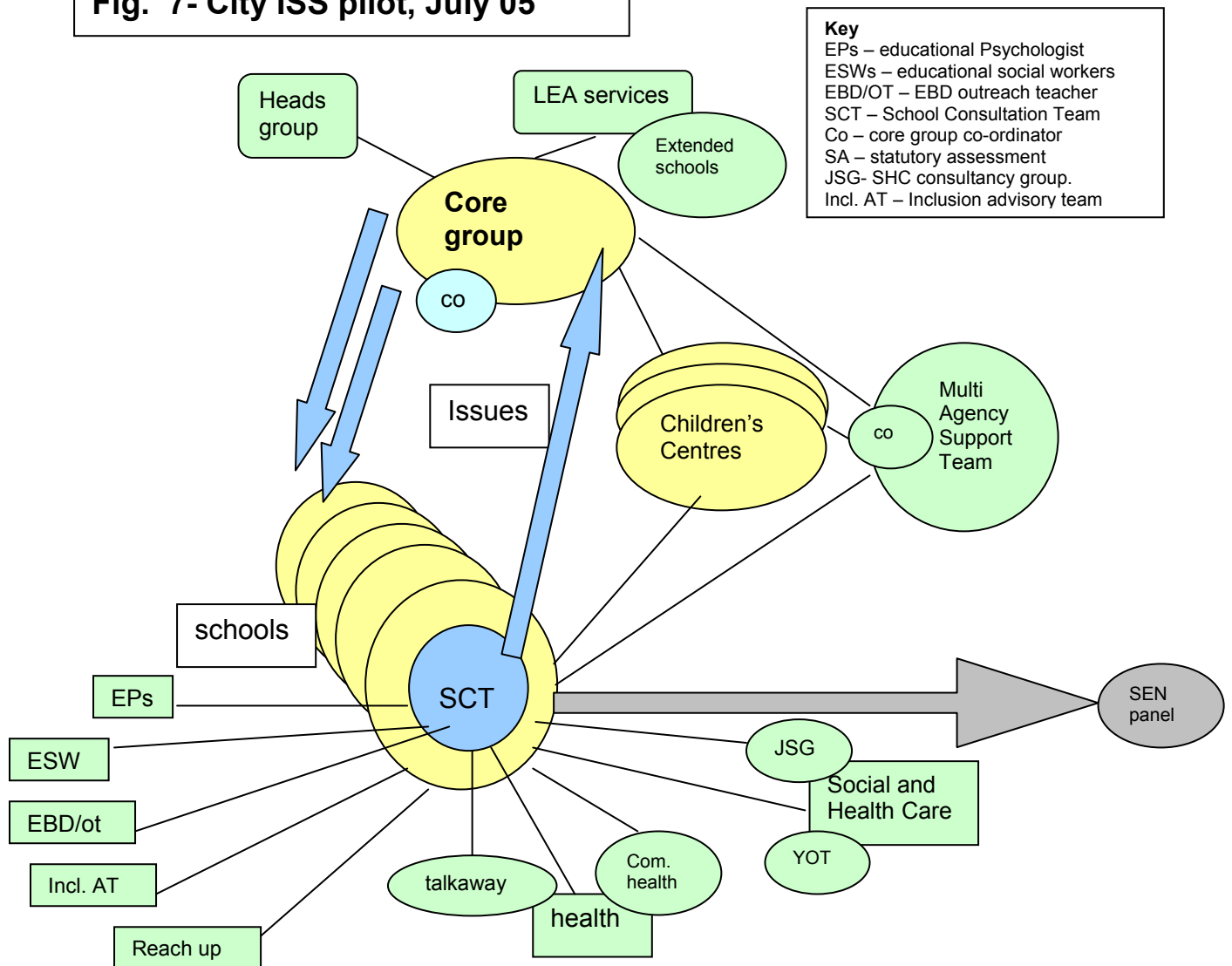
The team has been developed as an experiment in interagency working and been left deliberately loose '*we have something up and running that is*

clearly imperfect but allows people to feel O.K about buying into it and moulding it with us'..

Referrals come through the commissioning function of the School Consultation Teams, following persistent and significant concern despite previous interventions.

The team meets once a week to review referrals and discuss the management of cases, ensuring the allocation of a key worker to each family according to the needs of the situation.

**Fig. 7- City ISS pilot, July 05**



The MAST team is currently made up of:

- a team co-ordinator(formerly a SENCO)
- 3 family workers funded through the excellence cluster,
- .8 of an ESW funded through the ESW service

- .2 of a social worker working as an outreach worker from the children's centre ( who also worked .5 in the City Social and Health Care assessment team)
- consultation support from the PRUISS team
- consultation and supervision support from PCAMHS
- meetings were also attended by the local Educational Psychologist when possible.

**Issues raised in the evaluation:**

For all respondents interviewed the progress made on the City ISS pilot was largely seen to be in terms of the development of the MAST project. Although it was too early to judge its effectiveness it was regarded by everybody interviewed as a positive development both in terms of its aims for children and families and as an exemplification of multi-agency working.

However it also provided a focus for some concerns. For new stakeholders the significant developments in interagency working in the excellence cluster, prior to the start of the pilot, were incompletely understood so that the MAST project was seen as synonymous with the ISS pilot. This focus on one artefact of the communication system was endorsed at meetings where discussions of the City ISS pilot were reduced to reporting back on the MAST project and during the steering group meetings, where discussion of the MAST predominated. Without an understanding of how MAST fitted in to the larger communication system (see figure 7) these respondents felt MAST reflected a limited vision of interagency collaboration. They were disappointed that progress in the first year of the City ISS had focussed on what they felt was a rather narrow model of working with children and families, obscuring the broader community agenda the group had endorsed in their original aims. Some respondents had decided that this narrowing of aims meant that the core group meeting was not a good use of their time and this would influence future group membership.

Concerns were expressed about recruitment of workers to the MAST team. Because of the lack of a strategic overview of staffing in the local area, the MAST team was seen as yet another project to be covered, rather than an accepted way in which local practitioners should be working. In consequence there was some concern from colleagues who were not able to contribute time to the team but who had been working intensively with some of the children and families with whom the team were engaging.

There were also concerns about MAST only covering the Blackbird Leys area, when the pilot project had a wider geographical brief. One function of these concerns was that the original stakeholder group had decided to reconvene in September to try and re-address the wider agenda.

As well as the formal ISS developments, the generally increased levels of cross agency dialogue did seem to have resulted in some interesting informal developments. For example, a number of schools on Blackbird Leys had taken on allotments and were in discussion with colleagues in community

health about the links into healthy eating agendas and the development of a green gym on the Leys.

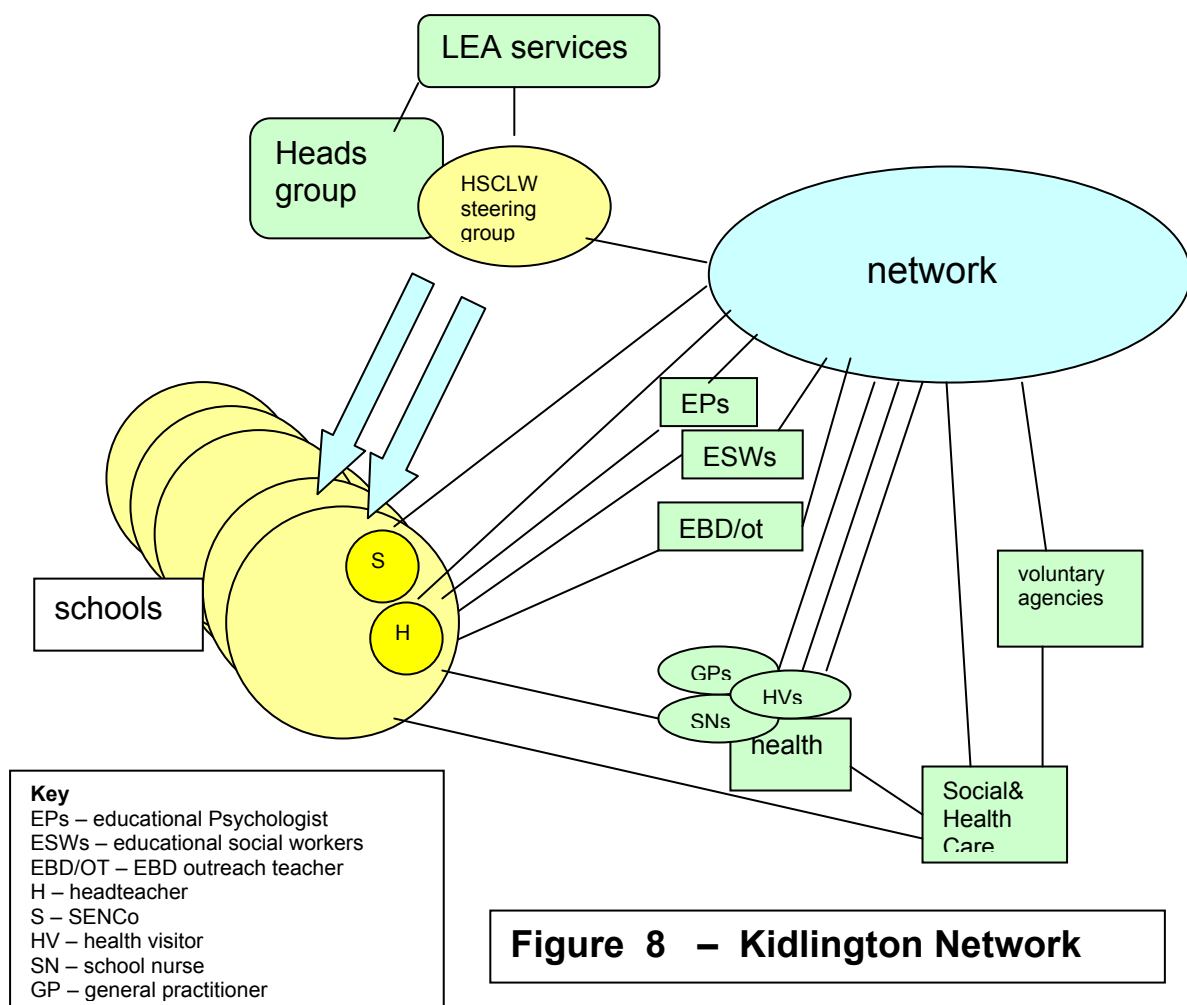
Respondents who had been involved in ISS developments prior to the City pilot gave the most positive perspectives on the MAST developments because of their understanding of the way in which it added functionality to the current systems. They also commented on the continuing importance and value of the School Consultation teams and the adaptations that had taken place to improve these. However there was some concern that despite a clear commitment on the part of the Excellence Cluster to the re-launching of the SCTs they were not as tightly co-ordinated as in the past with some implications for sustainability. The Social and Health Care consultation group was also seen to have continued as a very valuable resource for school providing support for colleagues who needed to discuss individual children for whom they had child protection concerns.

## Appendix 2e

## Kidlington

### Introduction:

Kidlington was not designated as one of the official pilots but has been developing interagency links over the last year. The initiative for change came as the result of work to develop a Directory of Services for the area, initiated by the newly appointed Home School Community Link Worker (HSCLW). Discussions at the HSCLW steering group, chaired by the Head teacher, who also chaired the Kidlington Partnership Heads group, led to the decision to try encourage greater co-operation across agencies. As both the Headteacher and HSCLW had experience of the Thame Network, a modified version of the Thame model was adopted.



An initial meeting was convened with a guest speaker presenting the notion of the Network, and following discussion there was agreement that future similar meetings should be convened. The termly meetings are themed, drawing on the groups current interests and concerns, with lead speakers introducing the topic for discussion, for example, running parenting groups, mental health issues. The formal meeting is held at lunch time and kept strictly to one hour in length, but members use time around the meeting to informally network and raise issues for future discussion.

The Network meetings (3 held so far) have been well attended, 20 at the initial meeting and 12/15 at subsequent meetings. Membership draws on a wide range of statutory and voluntary agencies, including; health visitors, the area school nurse, GPs, the police liaison officer, Youth Offending Team, HSCLW, ESW, Educational Psychologist, Head teachers, SENCOs, youth workers, PCAMHS and representatives from MIND, the Ark, Kaleidoscope and local churches.

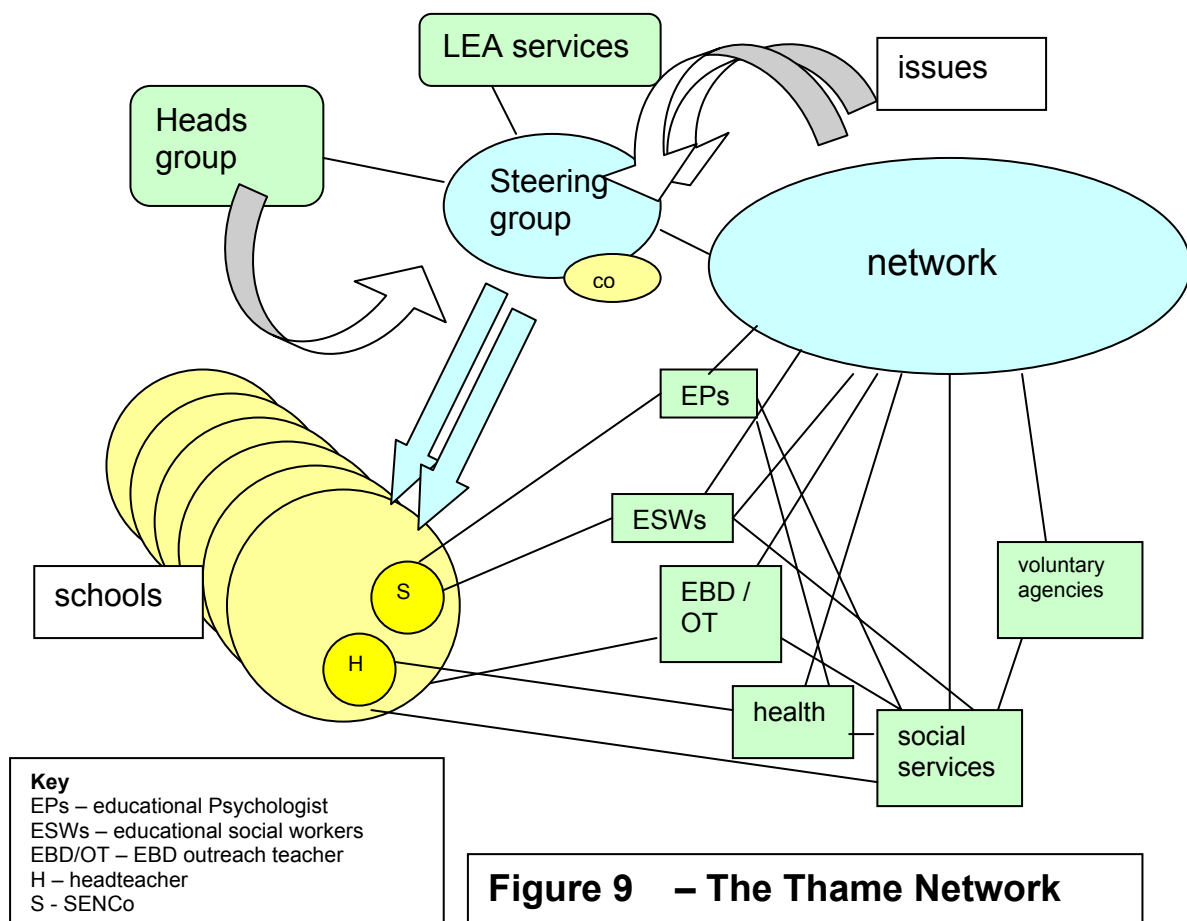
**Issues raised in the evaluation:**

All respondents asked, were very positive about this initiative and able to describe some way in which the Network had facilitated their work and was becoming a forum for resolving ongoing difficulties. A number of informal working relationships had emerged from the Network contact, for example, supervision support from the Ark for the HSCLW and teachers following a particularly disturbing child protection case. The themed meetings had been enjoyed and had both informed colleagues about areas of specialist work and started to raise issues about duplication of effort and gaps in provision.

## Appendix 2f    Thame

### Introduction

The Thame Network has been functioning now for 10 years. The Network has a mailing list of 60 people and holds a lunchtime meeting three times a year for agencies to get together and raise and discuss issues. The Network has a steering group to ensure progress on issues raised by the larger Network group. The problem solving culture generated by the Network has resulted in a number of innovative interagency projects. These have included developing the role of the Home School Link Worker, the development of the first Oxfordshire 'Bodyzone' and a local Directory of resources, available on the web at <http://www.thameresources.org.uk/> .



The longevity of the Thame Network has demonstrated the robustness of this very simple device to improve interagency communication. The Network has been fortunate to have two very committed co-ordinators over the ten year period it has been running. They have both been staff at Lord Williams School and carried out the Co-ordination role as a part of their duties as SENCO and School Counsellor respectively.

One of the problems of a 'Network', particularly one that has been developed by fieldworkers and is therefore not connected to the levers of power or

resource, is that the looseness that allows them to be completely inclusive can also mean that not everyone is fully aware of what they are doing. In a recent review of the Network's functioning the steering group decided that because of an influx of new colleagues, and the imminent remodelling of children's services, it would be useful to refresh the membership and refocus the Network project. This decision was also influenced by difficulties in achieving resolution to family work that was taking place across county boundaries (one third of the children at Lord Williams come from Buckinghamshire). The Network has therefore had a recent high profile meeting to review its mode of operation, to introduce itself to new members, including colleagues working in Buckinghamshire, and to set itself an agenda for the coming year.

**Issues raised in the evaluation:**

Respondents valued the Network and saw it as a place to discuss and try to resolve interagency issues. One newly appointed SENCo had not known about the Network until the recent 'refresh' meeting, but had frequently used the web based directory of resources and been involved with the Home School Link Worker. It was clear from respondents that the recent Thame Partnership inclusion project has had a very useful reciprocal relationship with the Network and the Network Co-ordinator has worked with the Partnership heads on this project.

## Appendix THREE – Data on pupils referred to the ISS panels

I am grateful to Maria Godfrey's for the collection and collation of this data.

It is based on an analysis of all referral forms presented to the ISS Tier Three Meetings during 2005. N.B to be viewed with caution, drawn entirely from a paper exercise conducted over the summer, so that it was not always possible to check figures / incomplete forms.

### Total Referrals to integrated Support Meeting (City Mast)

	Total
Bicester (Feb –June 05)	10
City (June 05)	5
Abingdon (Jan – June 05)	6

#### 1. Gender

	Male	Female
Bicester	6	4
City	3	2
Abingdon	4	2

#### 2. Number of Referrals by Age

	0-5 yrs	5.1 – 11yrs	11.1 – 16yrs	16.1 – 19yrs
Bicester	0	6	4	0
City	0	4	1	0
Abingdon	0	5	1	0

#### 3. Ethnicity

	White British	Not known
Bicester	10	0
City	4	1
Abingdon	6	0

#### 4. Referrals by Agency

	School	Health Visitor
Bicester	9	1
City	5	0
Abingdon	6	0

#### 5. Number's of professionals Involved with Child and/or Family at Time of Referral

Number of Professional Involved	Number of Families
Details not available	6
1	0
2	0
3	3
4	1
5	2
6	2
7	2
8	2
9	2
10	0
11	1

#### 6. Lead Agency Identified

	School	Mast	School / S&HC	School / Health	S&HC	Not Identified

Bicester	5	0	1	1	2	1
City	0	5	0	0	0	0
Abingdon	5	0	0	0	1	0

### 7. Identified referral Issues and Needs as recorded on referral form

This was a paper exercise & the information recorded is what could be taken from the referral forms. The quality of recorded information varied greatly so it was sometimes difficult to precisely identify the multiple problems that many of the children young people & their families were experiencing.

#### Level 3 Needs Oxfordshire Matrix

	Total	Percentage of Total
<b>Childs Developmental Needs</b>		
<b>Health</b>		
Moderate mental / emotional health or behavioural difficulties	21	100
Concerns re: diet, hygiene, clothing	2	9.52
Missing routine / none routine health appointments	2	9.52
Over weight / under weight or enuresis	3	14.29
<b>Education</b>		
Statement of educational Needs	2 3 started	12.5 18.75
Some fixed term exclusions	4	19.05
Poor school attendance & punctuality less than 80%	7	33.3
Serious disaffection with learning and underachievement. Significant truancy, less than 80% attendance and ESW involved	9	42.86
<b>Emotional &amp; Behavioural Development</b>		
Finds it Difficult to Cope with Anger and Frustration and Upset	8	38.1
Disruptive, challenging / offending anti-social behaviour at school or in neighbourhood and at home. Involvement of agencies	14	66.67
Behaviour impacting on health and development	21	100
<b>Family and Social Relationships</b>		
Peers also involved in challenging behaviour	2	9.52
Involved in conflict with peers and siblings	5	23.81
Carer	1	4.76
Is provocative in appearance and behaviour	2	9.52
Clothing is regularly unwashed and at times inadequate / inappropriate	3	14.29
Hygiene problems	2	9.52
<b>Parenting Capacity</b>		
<b>Basic Care</b>		
Mental or physical health needs, substance misuse or health problems such that parenting responsibilities cannot be undertaken	6	28.57
Inability to put child's needs before own	5	23.81
Inability to recognise health needs	3	14.29
Difficult to engage with parents	4	19.05
Parents struggling to provide adequate care	16	76.2
Professionals have serious concern	21	100

Inadequate care not meeting physical needs	3	14.29
Child subject to neglect	3	14.29
Child left unsupervised	1	4.76
<b>Emotional Warmth</b>		
Child / parent relationship at risk of breaking down	4	19.05
Episodes of poor quality care	5	23.81
Guidance and boundaries. Erratic or inadequate guidance provided	2	9.52
<b>Family &amp; Environmental Factors</b>		
Incidence of domestic violence	5	23.81
Housing	1	4.76
<b>Level Four Needs (Oxfordshire Matrix)</b>	<b>Total</b>	<b>Percentage</b>
Substance misuse, self harming	2	9.52
Allegation / reasonable suspicion of serious injury abuse or neglect	3	14.29
Parents unable to keep child safe	3	14.29
Young child left along unsupervised	1	4.76
No effective boundaries	1	4.76
Behaving in antisocial way leading to risk of criminal prosecution	2	9.52
Child beyond parental control	1	4.76
Child has suffered or may have suffered physical / sexual / emotional abuse or neglect	13	61
Regularly seen in inappropriate / inadequate clothing	1	4.76
Hygiene problems	1	4.76
Child presenting as hungry	1	4.76
Violence toward siblings / parents	3	14.29

NB: children have multiple needs therefore figures do not total 100%. Issues and needs descriptions are grouped as in Oxfordshire's threshold of need matrix based on the DOH assessment framework domains

**8. Additional or new Services Offered After ISS Meeting** (Bicester x 10 cases and Abingdon x 4 cases action plan not available on 2 cases.) City info. not available.

Service Offered	Total	Percentage
CAHMS	3	21.4
S&HC	6	42.8
Health	2	14.2
Family Centre	5	35.7
Behaviour Support team	5	35.7
Police	1	7.14
Pastoral Support Programme	6	42.8
Home School link worker	5	35.7
ESW	2	14.2
Family Group Conference	2	14.2
Family Nurturing	1	7.14
Mentor	1	7.14
Education psychology	1	7.14

NB: children are offered multiple services and figures therefore do not total 100%  
A number of services were involved with child / family prior to ISS meeting e.g Educational Psychology & that support continued. It was not identified specifically in action plan as a new service.

## Appendix FOUR Evaluation Methodology

Map the communication systems of each ISS pilot building up a picture from the perspectives of a sample of key respondents within each pilot area.

Do a comparative analysis of the pilots in relation to:

- The particular features of each pilot and their objectives set and achieved
- The principles of effective practice emerging from examples of successful case studies of interagency collaboration (local and national)
- Proposed models of effective collaboration, e.g. Huxham and Vangen, Vickers.
- Provide a comparative evaluation of the fitness for purpose of each pilot.

Data was drawn from:

- Attendance at project steering group meetings, area pilot steering group meetings and multi-agency team meetings (see table following).
- Analysis of documentation relating to the setting up and development of the pilots.
- Interviews with representative key respondents working in schools / support services within the pilot areas (see table following).
- Interviews with managers overseeing the pilot projects (see table following).
- Individual data on children referred to the multiagency panels in Bicester and Abingdon and the multiagency support team in the City. Data was collated from the Common Assessment Framework documentation (see appendix TWO).

### Data sources for the Integrated Support Services (ISS) pilot evaluation

The following contributors to the support services in the pilot areas were interviewed / meetings attended (by either GG or MG):

	Abingdon	Banbury	Bicester	City	Kidlington	Thame
HSCLW	√√	√	√√√	√	√	
Social and Health Care	√	√	√√	√		
Health CH community HV health visitor			√ (HV)	√√ (CH)		
Headteachers	√√√	√√	√√√√	√	√√√	
SENCOs	√		√√	√	√	√
EPs	√	√	√√	√		
ESW						
BST		√				
Vol. sector					√ (ARK)	
Children's Centres	√	√		√√		
Panel meetings	√	-	√√		-	-
Chairs / co-ordinators	√	√√	√√	√√	√	√
Network meetings / ISS steering groups	√√		√√√	√√	√√√	