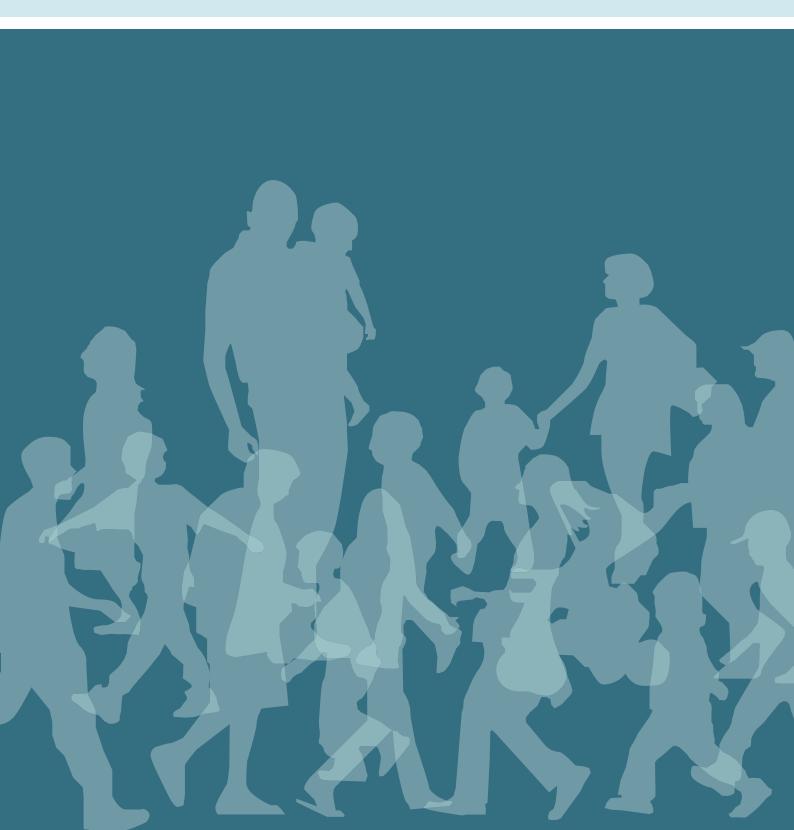FRAMEWORK FOR
INTEGRATED PLANNING
FOR OUTCOMES
FOR CHILDREN AND FAMILIES

FOREWORD

I warmly welcome the publication of this document which is a comprehensive guide as to how to do integrated planning that focuses on outcomes for children and families. The Framework for Integrated Planning for Outcomes for Children and Families is relevant to policy makers, service managers and practitioners and will assist in ensuring that children are placed at the centre of all our work. In 2004, Co-operation and Working Together (CAWT) secured funding for the Children's Services Planning and Information project from the European Union INTERREG IIIA Programme for Ireland / Northern Ireland 2000 - 2006 managed for the Special EU Programmes Body by the DHSSPS and the Department of Health and Children. - Measure 3.2 Health and Well-being. The Children's Services Planning and Information Group consists of Children's Service Planners, Research Officers and Children's Services Information Officers from the four Health Boards, that is, the Western Health and Social Services Board, the Southern Health and Social Services Board and the Health Services Executive West and Dublin North East regions (previously the NWHB and the NEHB regions).

Inspired by the work of Con Hogan in Vermont, the group set out to explore how best to move from a position of reacting to events and measuring service provision to a place where policy makers and practitioners could understand and analyse the state of well-being of children and families and proactively plan with other agencies and service users for better outcomes.

The policies developed by governments in Northern Ireland and the Republic of Ireland greatly assisted the process. Our Children and Young People - Our Pledge (OFMDFM 2006) and The Agenda for Children's Services (Office of the Minister for Children 2007) both articulate outcome statements for children and this development will enhance and facilitate improved cross border work in relation to children and family services.

The CSP&IG group commissioned the Child and Family Research Centre in NUI Galway to facilitate the development of this Framework for Integrated Planning for Outcomes for Children and Families. This Framework is a practical tool to assist you to do integrated planning based on improved outcomes for children.

CAWT CSP&IG has also developed in parallel a web-based mapping system that maps services and outcomes for children and young people in the cross border region of Ireland and is available at www.outcomesforchildren.org.

I am confident that this document will be a valuable addition to our efforts to ensure that all children in the island of Ireland grow up in an inclusive society where they are healthy, happy and secure.

Colm Donaghy
Director General CAWT

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PART 1

1.1 Why a Framework for Integrated Planning for Outcomes for Children

That children should be placed at the centre of society as fully respected and supported members is now increasingly upheld nationally and internationally from both rights and best practice perspectives. Flowing from this, the desire to ensure that all children experience better outcomes in their lives is a compelling and influential force. It demands that organisations examine how they can work together to answer a fundamental question: 'What do we want for children?' and chart a process so as to achieve those outcomes. This document provides an overview of the 'playing pitch' and the strategies and tactics for achieving outcomes. It aims to guide policy makers, services and practitioners committed and charged to work day in day out with and for children. Because achieving outcomes for children is a collective enterprise, the model proposed is for *integrated planning* for better outcomes for children. For the model to work, it should allow policy makers, services and practitioners to address three reflective questions:

1. Are we making a positive difference for children (as a result of planning for the right outcomes)?
2. How will we know it (by monitoring achievement of agreed outcomes)?

3. How will we measure this (through evaluation that gets us to full information or "the true story behind the apparent story")?
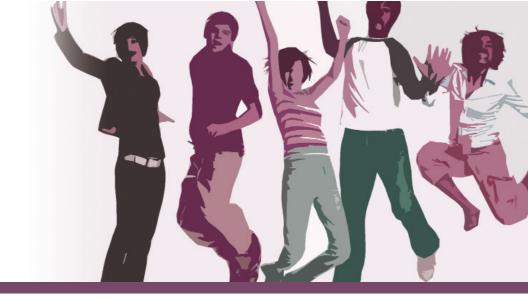
Throughout the following sections and illustrations it is intended to address all three central questions and at the end of the model we will return 'retrospectively' to consider whether the task set has been achieved.

1.2 What does this framework look like?

This framework is set out in four parts. This first part is about making clear what Integrated Planning for Outcomes is about. The second part is about explaining the different ideas that are crucial for Integrated Planning for Outcomes for Children. It looks at four ideas in particular:

- Outcomes
- Indicators
- Integrated Planning and Integrated Commissioning
- Participation

This section explains what these ideas are, why they are important, what you need to put them in place and identifies some of the challenges in doing so. The third part is central. It is about how you actually do integrated planning work and is laid out in a series of objectives and associated processes. Included in this section are practical ideas for how best to get together

and work together and it gives advice about how to focus on and plan for an outcome. The fourth and last part is about monitoring and evaluating your Integrated Planning work; it aims to help you think about whether the integrated planning was effective, both in terms of working together and most importantly, in terms of what it has resulted in for children (using the three reflective questions as a guide).

1.3 About Rights and Outcomes for Children

While many children experience difficult lives, involving threats to their childhood and their development into adulthood, more than any other time in history children on the island of Ireland are a focus of policy concern. This is evidenced in the increasing state investment in children and the extent to which they are on the social agenda throughout the island. At this point, we have the capacity, in terms of our knowledge and understanding of children's lives and the available financial resources for policy and services, to make a real difference to their lives. Professionals and ordinary citizens alike have identified that for too long our work for children has been service-led; we now want our work to start with the outcomes that we hope to achieve for children and to develop policy and services from there.

Alongside an outcomes focus, the arrival of the United Nations Convention on the Rights of the Child (UNCRC, 1989) has awakened us to the importance of rights and the particular benefit of a rights approach to outcomes. Also strong in our thinking is the idea of the whole child approach, reflecting the fact that all aspects of well-being are interrelated and that we cannot respond to them in single-focus or with fragmented actions and interventions. Following from this is the fact that in many areas of children's lives, we need to develop our policies and plan our services and activities (and in some cases deliver them) together with colleagues working in different sectors to our own. An important aspect of children's rights is participation by children, their parents and other adults; something we welcome because we believe that participation in planning, implementing and evaluating policy and services will improve them. The more fundamental reason is that children and young people have the right to this involvement.

This framework is about helping people think about and do Integrated Planning for Outcomes for Children following a rights based, participatory and whole-child approach. It brings together a lot of ideas with which people are already familiar, and combines them with the aim of bringing about changes in the way we do our planning and ultimately, changes in the lives of children and young people. The framework has been developed by CAWT and so we hope that it will be used north and south of the border.

In striving to achieve the best outcomes for our children and young people we are all aware that our work takes place in the context of government strategies. Both *Our Children and Young People - Our Pledge* and the *National Children's Strategy and The Agenda for Children's Services: A Policy Handbook* identify high level outcomes which all of us can work towards. These high-level outcomes provide a guide to how we go about our work and overarch everything we do for children and young people. Adhering to such outcomes should not be viewed as stifling or hindering the creativity that abounds in so many of our workplaces and amongst our colleagues. On the contrary, they provide the opportunity for all of us to contribute to the betterment of children's lives. In light of these outcomes, this model allows us to make that contribution in a collective manner through integrating our planning processes, sharing our expertise, and being creative, while at the same time making space for innovation and inventiveness at the individual level also.

1.4 Who is this framework for?

Integrated planning for outcomes for children and young people is something which has to happen across sectors. Thus, it should be equally important to those in education as it is to those in children's physical health services. There are other policy and service sectors, for example, the environment, whose efforts greatly affect the day to day lives of children, and their place in integrated planning processes is highly significant.

Put simply, if you work in a policy or service sector which affects children's lives, this framework is for you. Not only is this framework a cross-sectoral one, it is also relevant to people working at all levels across the policymaking-frontline service delivery continuum. Even if the specifics of what it looks like vary depending on where you are in the system, the ideas that it presents are equally applicable to the policy maker, the service planner, the agency manager, the project manager and the front-line worker. Again the key point is, if your job impacts on children, this framework is for you.

1.5 Reflective Practice in Integrated Planning for Outcomes for Children

There are those who suggest that good practice is so central to achieving better outcomes, and so subjective or solely relationship based, that to try and measure it by way of independent indicators is pointless. Conversely, there are those who suggest that practice does not count and that if a proven model is found it can be replicated by anyone anywhere as part of service planning for outcomes for children.

Taking this debate to the extreme you could have a service which solely focuses on how practitioners work and not on the content of what they do in terms of trying to achieve indicators for outcomes or in opposition you could have those who just deliver programmes robotically and ignore the apparent or other needs of service users.

Neither extreme position will lead to better outcomes. A key feature of good integrated service planning is to realise the importance of both practice styles and intervention models, and the significance of reflective practice in service planning and in delivery. Reflective practice, by its nature, involves practitioners and policy makers engaging in a process of describing what they do and questioning those actions so as to improve the overall experience for children and young people, and themselves. The practice of being reflective is central to integrated planning and delivery; it adds to the process itself and can at the same time maintain a focus on achieving balance between the two extremes outlined above.
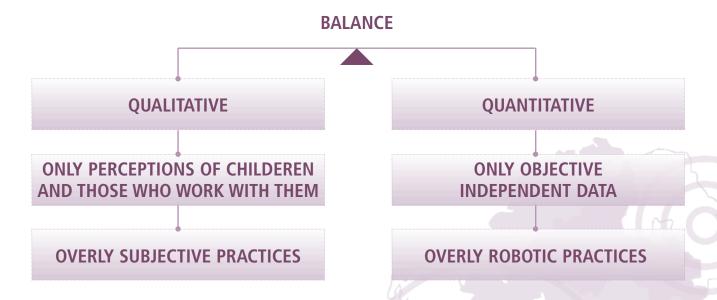
BALANCE

Figure 1. Qualitative / Quantitative Reasonable Continuum in Service Planning for Outcomes for Children

PART 2

This part of the framework focuses on the core elements of outcomes, indicators, integrated planning and commissioning, and participation - the key things that you need for successful integrated planning for outcomes for children.

2.1 Outcomes

What are they?

At a basic level **an outcome is an articulated expression of well-being of a population in a place, which provides all agencies with the opportunity to contribute to that outcome with their individual programmes.** Particularly in an inter-agency setting, focussing on outcomes permits agencies to contribute to a shared outcome while at the same time concentrating on individual organisational goals. The idea of adopting an outcomes-based approach is to reorient organisations from a position of primarily focussing on inputs (such as resources) to one where all work is aimed at the achievement of outcomes for the user. In this sense we can see outcomes as being the result of a process of multiple interventions - hence the acknowledgement that an outcome is never going to be measurable by a single indicator or piece of data. It is also important to remember that employing an outcomes approach is not an all-or-nothing concept. It should be recognised as a method which guides staff along a path and assists them in

their everyday work towards achievement of an end state, as opposed to older or traditional modes of working which tend to focus on the process, or the 'doing' aspect. It is also important for organisations to understand the difference between service-based and client-based outcomes, the former being concerned with the quality, nature and extent of what is provided while the latter, more significantly, is centred on the end effects of provision for the user.

Specifically, outcomes have the following characteristics:
* Clear, declarative statements of well-being framed in positive language;
* Measurable through linking the outcome to a set of attainable goals;
* The result of a collaborative process;
* Interactive and interdependent;

Alongside the development of outcomes is the embedding of a rights-based approach to services. Emerging from the UNCRC (1989), a rights-based approach has at its core four principles which should underpin the development and identification of outcomes for children:
* The principle of non-discrimination;
* The principle of the best interests of the child;
* The principle of respect for the child's view and right to participate; and
* The principle of the child's right to life, survival and development.

Thus, in developing and identifying outcomes, a rights-based approach will be central to the process. The primary (but not sole) implication here is that the voice of all children will be heard in the identification of outcomes. Overall the UNCRC represents a comprehensive framework for the development of outcomes in a national/local setting from which indicators can be drawn.

Initiatives which ascribe to the principles of the UNCRC could begin by helping children and young people understand the UNCRC rights and asking them what changes these would require in their everyday lives. A next step envisages the development of service plans, again with the active participation of children and young people in the process. The activation of such plans will require states to bear their duty to uphold the rights embodied in the treaty. It will also require individuals in organisations which work for children and young people to be aware of the role they play in upholding those rights.

Why are Outcomes important?

In addition to the requirements laid down by the UNCRC, identifying outcomes in a manner which is rights-based also serves a number of other purposes:

- It is an approach which can promote the effectiveness (or otherwise) of services by constantly drawing all those involved back to the single question - what do we want at the end of this process?

- It maintains focus and gives the process energy to move beyond deliberation to action;
- In a time of ever increasing desires for efficiency and value for money, developing and utilising such an approach ensures a greater degree of clarity regarding results, and thus has knock-on effects for accountability;
- It can minimise the allocation of resources to those activities which do not produce results;
- It improves and aids the maintenance of collaborative processes;
- It leads to a sharing of resources;
- It can support a more equitable delivery of services and enhance credibility of the organisations involved;
- Put simply, focusing on outcomes ensures everyone has a role and can contribute, including the service user;

There are also risks involved in adopting this approach which can impede the identification of outcomes:

- The need to come up with 'some outcomes.' An outcome is a complex thing which usually has a number of facets to it and performance indicators attached to it. In striving to achieve results, organisations can lose sight of outcomes. In this sense managers should think about managing for the achievement of outcomes as opposed to the oft-cited managing for results or provision of outputs, an example of the latter being solely concerned with how many children receive a particular service;

- Related to the above point is the danger of coming up with too many outcomes. Participants need to be realistic about what can be achieved given resources available;
- The *potential* weakening of accountability of agencies. Collaborative processes can result in responsibility being shirked. To counteract this it is essential that all staff/agencies involved realise that responsibility is shared - the person leading the process does not carry such responsibility on her/his own. At the same time it is important to recognise that integrated planning at the strategic level should not cause a denial of responsibility at the individual agency level - they should be seen as two different, albeit interrelated, levels;
- Technological impediments can limit or counteract the benefits of using such an approach. An inability to share information is an important issue to consider here. I.T. systems which are underdeveloped or incompatible can result in a lack of information, which in turn can hinder the integrated planning process;
- Insufficient sharing of good practice to support agencies and partners in developing and implementing plans can thwart the process and achievement of outcomes. Thus the need for all to be part of the integrated planning experience from the start, and be committed to it, is essential.

What needs to be in place in order to focus on outcomes?

As with other aspects of this model, commitment is the first essential which needs to be in place. Other factors also need to be taken into account:

1. There needs to be a shared meaning about what is to be achieved. This requires a clear dialogue about what exactly the organisation wants to achieve;
2. A transparent process of engaging with service users at every level, and staff members in organisations. This can lead to ownership of desired outcomes and thus ensure greater compliance regarding their achievement;
3. The fostering of a working culture which reflects and respects the rights of the child. This requires a period of critical reflection by all participants on current work practices and how they may need to be altered;
4. Time - critical assessment of organisational capabilities, and the identification of outcomes, are not things which happen overnight. A space has to be created for staff to think, draw on previous experiences and reflect honestly on them;
5. Opportunity - organisational cultures and pressures can sometimes militate against adopting this approach. It is important for agency staff, and in particular, leaders, to recognise and be aware of this;
6. The identification of a lead person who can drive the process and attain the commitment of agencies and staff.

At its most basic level there needs to be agreement among agencies and planners - regardless of sector, whether front-line staff or senior management - on the centrality of working on outcomes as a common vision. Consensus on everything is not necessary. What is required is an understanding that the process is an emergent, evolutionary one, leading off from one outcome which is central to all, or a majority of agencies and which expands over time. This is illustrated in Figure 2 below as a 'common equation':

VISION = A RIGHTS BASED FOCUS ON OUTCOMES

Figure 2. The Vision for Outcomes

Outcomes

What is it?
An outcome is an articulated expression of well-being of a population in a place which provides all agencies with the opportunity to contribute to that outcome with their individual programmes.

Why is focussing on outcomes important?
- It encourages all involved to constantly examine what they do with the intent of answering one question: what do we want for children?
- Thinking about outcomes can maintain energy and induce action;
- It can lead to a more collaborative atmosphere between and within organisations;
- It can lead to sharing of resources;
- It can lead to better service delivery for children and families.

What difficulties are there in having an outcomes approach?
- Pressure to come up with some outcome - outcomes should emerge from discussion and analysis;
- Possibility of identifying too many outcomes - take on what is realistically challenging;
- Linked to above, the need for realism in what your planning group can feasibly do with the resources available to you;
- The potential of some organisations involved to use the integrated planning process as a way to shift blame;
- Outcomes-focussed work can require organisational change and bureaucratic shift.

Examples of Outcomes for Children and Young People
- Preparedness for school
- Safety at play in the neighbourhood
- Good mental health

What do you need to do - a checklist:
- Is your organisation committed to working with others in ensuring better outcomes? ☐
- Has your group engaged in a process resulting in a shared understanding of what is desirable? For example, outcomes reflect well-being - but for your group what constitutes the well-being of children and young people? ☐
- Have you consulted staff in your own organisation regarding the outcomes? ☐
- Has your planning group identified a lead person to maintain focus and energy in the process? ☐
- Have you set aside resources - time in particular - to engage staff in how they can respond/change work patterns towards achieving outcomes for children? ☐

Task:
In your group, try to develop 3 outcomes for children and young people which could be realistically achieved. What difficulties did you encounter? How did you overcome them, or what do you need to overcome them?

2.2 Indicators

What are they?

The use of indicators is important to identify how far plans or services have progressed towards the achievement of outcomes. They are critical tools for organisations, whether working individually or collaboratively. Indicators are measures which permit organisations to ascertain the degree to which identified outcomes are being achieved; they provide information on the status of a situation or event with a view to improving the situation.

Indicators can take a number of forms. They can be quantitative - indicators which provide numerical data for consumption by organisations, policy makers and those who monitor the effects of outcomes-based planning - the 'how much' aspect of indication. They can also be of a qualitative nature - such indicators involve listening to the stories and experiences of target groups. These stories can provide information which allows for the measurement of real life experiences against the defined outcome. In this way they are said to relate to the 'how to' aspect of indication.

Indicators can also be derived from a number of approaches. For example, they can emerge from an approach centred on quality of life measures, largely socio-economic in character (for example, income levels of households). Another approach proposes using a whole child focus, possessing a multidimensional aspect which centres on a wide variety of measures. In line with this approach is the idea of child well-being as a frame for devising suitable indicators, although precisely what well-being constitutes needs to be agreed.

Increasingly there is, in addition to the well-being approach, the idea of child-rights indicators.

These are a significant improvement on well-being indicators in that they stem from a legal document which itself defines and enumerates rights in a clear fashion. Crucial to this type of indicator is the participation of children in its formulation, as required by the UNCRC. The voice of families and the wider community should also be part of the development of indicators. Child rights indicators have other advantages. For example, a set of child rights indicators should have the ability to identify different groups who may not be enjoying certain rights, for example black and minority ethnic children and young people. This is because such indicators demand that information is collected in a way which can reflect and illustrate how different groups are doing, i.e. they contain specific measures capable of being untangled from each other. Additionally, rights focused indicators will also include measures which monitor government action regarding the successful implementation of the UNCRC.

At a very basic level, all good indicators are said to be SMART - specific, measurable, attainable, relevant and time-based. Additional characteristics of good indicators are that they should be valid, balanced, sensitive, motivating, practical, owned and clear. Guiding principles can serve to aid the development of indicators which are related to desired outcomes.

Why are Indicators important?

At a basic level indicators are important for monitoring whether policies and services are moving towards desired outcomes. Data produced can inform service delivery and policy formulation so as to ensure that either or both are improved upon. Indicators can also add to the knowledge of organisations and reveal previously unknown happenings in the lives of children. In this sense it is important to see them as tools to track changes over time. Developing and using indicators can also enable analysis of services, allow for comparative

ranking and assessment of services, and encourage a reflective approach to service delivery and policy formulation. They can also ensure greater planning and performance through validating or terminating particular interventions under scrutiny. Indeed, indicators which reveal comparative success in achieving certain goals can be utilised to extract further funds for extensions of services or projects. In the era of evidence-based policy making, this is a significant benefit for organisations. Indicators can ensure a greater sense of accountability for all concerned.

What needs to be in place in order to focus on indicators?

For adequate indicators to be successfully developed a number of things need to be in place:

1. Commitment and involvement of all stakeholders - there must be broad commitment by all parties concerned to provide time, staff and resources to develop and measure indicators which simply do not relate to what is being done ('what gets measured is what gets done') but honestly engage for the betterment of services and the development of children;

2. Shared vision of outcomes - all stakeholders should be involved in a process which results in the formalising of what the end set of outcomes is. This is key for the subsequent activity of framing indicators - if there is division in what constitutes the outcome, particularly in a collaborative sense, it will be very difficult to develop a set of indicators which adequately monitor service provision and child development;

3. A critical assessment and analysis of what the organisations' goals are and their linkage to the shared outcomes (see point 2 above) - such reflection is crucial in devising adequate indicators that both address organisational goals and link to the wider shared vision and avoid simply measuring what is easily available;

4. A determination of what types of indicators will be used relevant to the domain under consideration. For example, if the domain is child safety, discuss what is involved in determining whether a child is safe or not. However, it is important not to lose focus on the fact that the outcome is most important - the development of indicators is only a part of the process;

5. The need for the adoption of a standardised set of indicators which, while being relevant to all concerned, permits specific responses to specific needs in particular areas;

6. The adoption of a shared approach to streamlining work practices (making them fit together better with no overlap) which can facilitate the pooling of resources and value for money;

7. The identification of key actors in the process and establishment of a network leading to a comprehensive information service;

8. The establishment of a forum or working group to agree protocols and procedures to share information. Both point 5 and 6 will require individuals to examine current availability of information and statistics from their organisations and the wider socio-economic sphere. This could lead to the sharing of available information in a simple manner through the issuing of a common document to be used by all, such as a statistical sourcebook;

9. The further development of the information infrastructure, for example I.T. systems, largely by those within and from organisations, supported by senior management, who have the ability to draw on the resources of their organisations and commit to bringing them together. Such systems should include the facility to map indicators geographically as well as measure them over time.

Indicators

What is it?
Indicators are measures which permit organisations to ascertain the degree to which identified outcomes are being achieved; they provide information on the status of a situation or event with a view to improving the situation.

Why are Indicators important?
- They allow organisations to monitor the effects of interventions in achieving identified outcomes;
- They permit the measuring of service outputs with a view to improving future service delivery for children and young people;
- Using indicators ensures an action-focused process.

What difficulties are there in utilising indicators?
- The need to balance the desire to be all-knowing with the requirement of having a manageable set of indicators;
- The fear of attempting to develop new indicators and instead merely developing outcomes which fit existing sets of indicators;
- Measuring the indicators for the outcomes - instead of trying to measure everything;
- Losing perspective and getting bogged-down in formulating abstract indicators instead of concentrating on the broader goal -improving outcomes for children.

What do you need to do - a checklist:
- Have you confirmed your shared vision on outcomes for children? ☐
- Has your group committed time, staff and resources to develop new indicators to suit the desired outcome? ☐
- Have you reflected on what constitutes the outcomes you are trying to achieve - what constitutes child safety for example? ☐
- Have you identified key actors essential to sharing and pooling information resources so as to develop the most appropriate indicators possible? ☐
- Have you thought about developing a system to formalise such relationships? ☐
- Have you thought about what you will do if things are not going as planned? ☐

Examples of Indicators related to a particular outcome
Outcome: Healthy Infants
Indicators:
- Health at Birth (infant mortality and birth weight statistics)
- Immunisation (vaccination rate)
- Health behavour (Brush their teeth more than once a day, eat fruit once a day, breakfast every day)

Task:
Reflect back on the outcomes you and your group identified in the previous task. Now think about how you would go about measuring them. Try and identify indicators already in existence which may aid you in this task. Are there any indicators you may need to develop yourself?

2.3 Integrated Planning and Integrated Commissioning

Integrated Planning and Integrated Commissioning are viewed as an integrated process. However for the purposes of this document, to facilitate explanation and understanding, this section is split into two parts.

Integrated Planning: What is it?

At a basic level **integrated planning is the formulation of plans by and between agencies, communities and service users for the provision of services for a particular group**. It is generally envisaged to take place at the horizontal level - that agencies in a particular area work together. Whilst integrated planning and service provision has been a feature of many areas of social policy for some time, such a method has only recently come to the fore as a policy priority in the area of children. The need is self-explanatory. All aspects of children's well-being are interrelated and their problems do not occur in isolation or in a vacuum; they tend to be multifaceted, requiring multi-sectoral responses. The integration of services should thus be a key concern and aspect of the work of any person involved in an agency addressing the needs of children and families.

Why is it important?

Integrated planning, and the resulting integrated provision of services, has in itself led to new and innovative work practices in achieving outcomes for children. Services have been reoriented to address the needs of children in the community through pooling resources and expertise, making them more accessible for those who need them. In short, services can become more customised and grounded in the needs of those in the

community. There are other reasons why integrated planning is important and beneficial, besides the obvious improved services for children:

- Resources can be more effectively used;
- The stigma of using services can be reduced;
- Inefficient and ineffective services in the area can be easily identified;
- Fragmentation and overlap of services can be reduced, if not totally removed.

What needs to be in place for it to happen?

Recent research has also revealed a number of factors which are vital to successful integrated planning:

- Foremost is the regular attendance of agency representatives who are knowledgeable, mandated and empowered to act on behalf of colleagues and the whole agency. The most well meaning partnerships can often falter on a simple thing like unfamiliarity, both with the context and with other actors around the table;
- Clear communication and specific, delineated responsibilities between staff and agencies;
- The need to establish (if not in existence), acknowledge, and facilitate the maintenance of positive formal and informal networks and cultures both between statutory agencies, and between statutory agencies and voluntary/community organisations;
- Training and development opportunities for all participants in and through the integrated planning process are essential in binding the actors and organisations together;
- The realisation that such an approach may require a culture shift for some, if not all organisations - an agreed timetable for action and implementation should be set out along with an initial gradual approach to change will aid agency staff to cope with cultural change;

- Linking the integrated planning process into the work of participant agencies so that all in that agency are aware of its existence, responsibilities and significance, and the planning process of each individual agency reflects the integrated plan and its priorities;
- Provision of supports - financial, training, research - so as to reflect on the process and its impact on outcomes;
- A strong leader and a steering committee or group empowered with responsibility to drive the process;
- An integrated system of commissioning services to support different agencies;
- Acknowledgement of power imbalances in the integrated planning process, especially between statutory agencies and voluntary/community sector partners. This must be addressed by development opportunities for the voluntary/community sector agencies and for the whole partnership together;
- The participation of children and young people, their families and communities (see next section).

Alongside identifying what needs to be in place to make integrated planning a reality it is possible to identify potential barriers to, and pitfalls of, the process. Barriers to integrated planning in other areas of provision have included:

- Failure by participants to understand fully what integrated planning and partnership means. The importance of clarification here cannot, therefore, be overstated. Participants need to ask themselves at the outset how far should the planning process go - just to the development of ideas, the full distance to integrated procurement of services, or somewhere in between;
- Unrealistic or over elaborate aims can serve to devalue the entire process;
- Frequent staff turnover;
- Lack of qualified staff;
- Inflexible professional ideologies;
- Geographical position -organisations geographically close to one another tend to perform better in integrated planning scenarios;
- Government objectives which do not support integrated planning. Statutory agencies are sometimes driven in opposite directions by their lead departments of government;
- Real and perceived power and resource differentials between agencies. Successful integrated planning is a partnership process; it involves recognising that all participants have an equal role and while resources may be different, they are all required to ensure success;

In other areas of provision integrated training and shared learning in groups has served to overcome some of these barriers.

Integrated planning

What is it?
Integrated planning is the formulation of plans by and between agencies for the provision of services.

Why is it important?
Integrated planning, and the resulting integrated provision of services, has in itself led to new and innovative work practices in achieving outcomes for children.

- Resources can be more effectively used;
- Inefficient and ineffective services in the locale are easily identified;
- Both fragmentation and overlap of services can be identified and reduced, if not totally removed;
- Where stigma of using services exists, it can be reduced as focus can be taken off this service.

What difficulties are there in achieving Integrated planning?
- Failure by participants to understand fully what integrated planning and partnership means;
- Unrealistic aims can devalue the process;
- Frequent staff turnover;
- Lack of qualified staff;
- Inflexible professional ideologies;
- Location of the service (isolated);
- National objectives which do not support integrated planning. Statutory agencies can be driven in opposite directions by their lead departments in government and their colleagues close to the ground;
- Real and perceived power and resource differentials between agencies.

Examples of Integrated Planning
- Define common outcomes
- Working together to priortize actions
- Consensus decision making

What needs to be in place for it to happen - a checklist:
1. Are your agency representatives mandated and empowered to act on behalf of colleagues and their whole agency on decision making? ☐
2. Do your agency representatives have familiarity, both with the context and with other actors around the table? ☐
3. Have procedures been put in place to allow for effective information sharing? ☐
4. Is everyone clear on their role? ☐
5. Are supports in place - financial, training, research - so as to reflect on the process and its impact on outcomes? ☐
6. Does the group have a strong leader and a steering committee empowered with responsibility to drive the process? ☐

Task:
Think about a time when you planned together with another organization or agency. Did you have any problems? What kind of procedures could have made this process more effective?

Integrated Commissioning: What is it?

The activities of integrated planning and integrated commissioning are often mixed up. Even after many years of engaging in integrated commissioning in the UK little definitional clarity has been secured about exactly what it constitutes. It is described as having both hard and soft ends, where the former represents those activities relating to finance - the pooling of budgets, analysing what funds are available and how they are currently being spent - while the latter tends to reflect the broader range of integrated activities such as integrated assessment of needs, and integrated training of staff.

At a fundamental level we can say that integrated commissioning is seen as a logical, rational progression from integrated planning. Indeed, some have viewed it as an all-encompassing concept involving planning and purchasing of services. **It involves at least two agencies taking joint responsibility for translating strategy into action**. In this sense, it should be seen as a step to be taken along the way towards achieving better outcomes for children and young people, where such outcomes identified are the result of the previous process of integrated planning.

Integrated commissioning can occur at different levels:
- at the (macro) regional or local level activity can involve the commissioning of services by organisations such as trusts or health boards with a view to procuring information to feed into the integrated planning process;
- at the individual level (micro) where commissioning is more concerned with individual service procurement resulting from consultation with and involvement of the individual service user.

Both macro and micro commissioning can result in a more clear, collective, collaborative and thorough process of integrated planning.

Why is it important?

Integrated commissioning is important for the same reasons as integrated planning. Additionally it:
- Promotes value for money, particularly where needs analysis and current service mapping identify services to be considered for decommissioning;
- Can provide innovative, novel methods to address existing problems in changing contexts. Issues of fragmentation and inflexibility of service provision still exist despite policy shifts and the growth of new target groups. Integrated commissioning, extending from integrated planning, creates space to develop new modes of response in such a changing environment;
- Assists in the delivery of services in a streamlined way;
- Serves to clarify roles of different agencies, and avoid or minimise arguments about responsibilities;
- Ensures greater efficiencies in pooling resources;
- Leads to the embedding of new work patterns through combining purchasing resources.

However, there are also particular challenges to be overcome if integrated commissioning is to be successfully engaged in. These include:
- Acknowledging that agencies involved may have fundamental differences which can complicate integrated commissioning, and more generally, integrated working. Such differences include internal planning processes or different agendas;

- Overcoming the organisational challenge. Integrated planning can require organisations to reform, in turn causing turbulence which can weaken support for the process of planning and commissioning. Leaders need to be aware of such a challenge and maintain focus;
- The possibility of integrated commissioning becoming an exercise in 'shunting costs' from one organisation to another, which can lead to a collapse in trust;
- Widening participation - integrated commissioning challenges existing spending patterns and relationships between those at the core and periphery of policymaking and requires broader participation at every level;
- The vulnerability of the process and its staffing. Momentum should be maintained in integrated commissioning but this can be affected by staff turnover.

What needs to be in place for it to happen?

Given its position in the overall integrated planning process, many of the factors pertaining to successful integrated commissioning also relate to integrated planning. These include strategic commitment, clarity, support, good communications, trust and respect, and team building. However, there are further contributing factors which are exclusive to integrated commissioning:

- Development of formal policies and procedures relating to roles, responsibilities and expectations to govern the commissioning process, and subject these to regular review as the process progresses;
- The concept of alignment is a significant contributing factor to facilitating integrated-commissioning. Incompatible deadlines, timetables and financial year-ends can inhibit successful integrated commissioning. Attempts should be made, if possible, to agree a common timetable so as to maximise resource procurement and use;
- In addition, there needs to be an alignment of objectives formulated on timely and accurate information;
- Recognition that the output of the integrated planning process should influence the integrated commissioning process, and not the other way around. To put it another way, what is easily commissioned or purchased should not influence the integrated planning for outcomes process;
- The need, where possible, to have stability in funding;
- Opportunity for front-line staff to input into decision-making on spending and linking this back to integrated planning and commissioning processes.

Integrated Commissioning

What is it?
Integrated commissioning is about moving the plan towards identifying services and service providers to achieve outcomes. It involves two or more agencies taking joint responsibility for translating strategy into action.

Why is it important?
Integrated commissioning is important for a number of reasons:

- It enables those involved to focus on needs, gaps and overlaps in service provision;
- Extending from integrated planning, it creates space to develop new responses to service user needs;
- It helps to clarify roles of different agencies, and minimize arguments about responsibilities;
- It helps to ensure greater efficiencies in pooling resources;
- It can promote value for money.

What are the difficulties in engaging in Integrated Commissioning?

- Acknowledging that agencies involved may have fundamental differences in the internal planning processes or different agendas;
- Integrated planning can require organizations to reform, in turn causing turbulence which can weaken support for the process of commissioning;
- Stereotypes – negative stereotyping of professions in particular can impede working together.

What needs to be in place for successful integrated commissioning to happen - Check-list:

- Is it based on the outcomes identified in the integrated planning process? ☐
- Similar to integrated planning, do you have strategic commitment, clarity, support, good communications, trust and respect? ☐
- Do you have formal policies and procedures relating to roles, responsibilities and expectations to govern the commissioning process? ☐
- Have attempts been made to agree a common timetable? ☐
- Have objectives been formulated on timely and accurate information? ☐
- Is there stability in funding? ☐

Examples of Integrated Commissioning process
- Prioritising need inline with individual and integrated objectives
- Pooling Resources
- Putting plan into action

Task:
Think back on your planning process and the outcomes & indicators you identified. Outline the next steps to translate this plan into action.

2.4 Participation

What is it?

Participation implies involving service users and the wider community in service design and provision so as to increase responsiveness of services to their needs, improve equality and access to the service, transparency and accountability; and enhance ownership of, and satisfaction with, the service. It can also provide an opportunity for valuable feedback on service provision. Implicit in this definition is the realisation that services and service provision can affect and impact upon more than just those who use them directly. Groups that can be involved in the participation process include service users, family and friends of service users, voluntary or community organisations involved in related service provision; advocates and carers. Participation of service users in the formulation and delivery of policies which affect them is in vogue in recent times. But while this trend may give users a greater say in many aspects of the policy, their role is uncertain and undefined. The following sections will provide direction on how successful participation can be achieved.

The participation of children

The child-rights agenda has clarified the position of children in relation to policy and services aimed at them, with a clear principle of the UNCRC being the participation of children in all stages of policy and planning. We can identify two trends in the incorporation of children in these processes:

- **consultation** - involving seeking the views of children with no guarantee of feedback or further contact which tends to be a feature of a more consumerist-driven approach;

- **participation** - implies a greater degree of ownership of the policy or plan by those it affects, and involves a two-way communication process where continuous dialogue is a primary feature of the policy process. It is more likely to be found in partnership-driven processes. While what follows below is largely related to participation of children, it is also important to acknowledge the participatory role of families and communities in different contexts, in service design, assessment exercises, interventions and evaluation processes.

A variety of models can be used to ensure the participation of children and young people. Some models can contain different levels, with each level implying control by either adults or children. For example, one model attempts to gauge how meaningful participation is by identifying whether it mimics adult mechanisms of engagement or requires the development of new participative mechanisms; whether adults or children take decisions; and whether the entire process is initiated by adults or children. Other models identify the minimum level of engagement required to adhere to the principles of the UNCRC - namely involvement of children in the decision-making process. It is important to note, however, that models of engagement are flexible and will differ depending on the task involved.

Why is it important?

Participation in any policy area is important for a number of reasons:

- It can lead to an increased ownership of policy, which in turn can lead to improved utilisation of services;

- Resilience - the act of participation itself can aid the overcoming of problems, pressures, and help foster a positive outlook by those involved;
- It can enhance the responsiveness of service providers and policymakers to problems through easier, quicker identification of problems and issues;
- It can rebalance power divisions between service users and service providers.

In relation to children and young people specifically, there are further reasons:
- It can have added-value in achieving outcomes through developing children's capacities and giving them a voice;
- It can enhance decision-making processes.

There are also barriers or challenges which need to be overcome to enable both adults and children to take the fullest part possible in policy making and service delivery. These can be viewed as general to all participation processes and also specific to involving children.

General:
- A general lack of commitment on behalf of agencies;
- Guaranteed long-term resources - too often it is easy to forego the participation process if there are funding difficulties;
- Training for all those involved;

Children and Young People-Specific:
- There needs to be an attitudinal shift of those in a position to bring children into the process. Perceived characteristics or labels attached to children by society need to be removed. Participation can help facilitate this;
- Methods of participation which fail to reasonably enable children to take part - for

example, meetings with documents, briefings and other similar material will seem staid compared to email, internet and text messaging methods;
- Willingness to genuinely listen to, and hear children and young people;
- Providing informative and useful feedback to children and young people for example through the use of an 'easy read' booklet.

What needs to be in place for 'meaningful participation' to happen?

In facilitating participation in planning and delivery of services agencies need to be aware and address a number of things:
1. How prepared are agencies to facilitate the participation of children, adults, families and communities?
2. Enabling participation of children involves specific dedicated resources to support the process and a greater amount of time than supporting participation of adults. This should be acknowledged and allowed for;
3. Agencies should think about why they want children involved - why listen to children? Is it to show they have listened or to meaningfully develop the service?
4. Agencies should think about what value they place on children's opinions, recognising that they may not be what adults want to hear;
5. Agencies should think about how they will feed back to children the results of their participation;
6. The child-rights approach involves engaging all children - agencies need to recognise that marginalised children tend not to use conventional methods of participation if they participate at all. Innovative ways of relaying information and collecting opinions will be required.

Participation

What is it?
A two-way communication process where continuous dialogue between children, young people, their families and the community is a primary feature of the policy process.

Why is it important?
- It increases the ownership of policy which can impact upon levels of usage;
- It can enhance the resilience of children and young people, families and the wider community;
- It can result in more focused delivery of services;
- It gives children and young people, their families and members of the community a voice.

What difficulties are there in enhancing participation?
- Resourcing organisations to develop and maintain participative structures can be challenging;
- Overcoming the tendency for only certain types of children to become involved and participate;
- Hearing, not just listening, to what children and young people have to say.
- Providing feedback to children and young people in a manner meaningful to them;
- Developing methods of communications which will engage children and young people, their families and their communities.

What do you need to do - a checklist:
- Do you have a rationale for why your planning group want children (and / or their families, other members of the community) involved? ☐
- How prepared is your planning group for the involvement of children and young people? ☐
- Have you informed your staff in your own organisation? ☐
- Have you set aside resources - time, personnel, and finance? ☐
- Have you developed methods of participation to incorporate marginalised groups? ☐
- Have you thought about what you will do if effective participation is not happening? ☐

Task:
Your group has been tasked with developing mechanisms to enhance the participation of children and young people and provide feedback to them.
Set out different ways in which children and young people could be engaged.
Identify the positives and negatives involved in each method.

Service planning for children and families within an outcomes context entails two distinct and related processes which are now described. Firstly, there are the practical goals and steps required to service plan including how to identify an outcome, agree it and the requisite tasks to be done with a view to its achievement. Secondly, there is the process of engagement and partnership among professionals charged with the responsibility of achieving the outcome, or put more simply, "the how to work together" in order to ensure it happens. It is important to recognise the connected nature of these tasks and that they are not necessarily sequential; indeed it should be remembered that integrated planning should be exactly that - a process which is engaged in by all actors and organisations from the outset and in an integrated manner.

3.1 Integrated Planning for Outcomes for Children in Practice

Common outcomes or desired results can be required as a matter of course (through a regular annual planning of services event) or as a result of a sudden request to develop a service (in the light of a raised or immediate concern). This section provides the goals that need to be achieved for this to happen effectively and the processes involved in achieving these goals.

Goal One: Convening the set of players who can decide

The beginning of the planning process must be about bringing people together. One key requirement of all partners is that they have the time, opportunity and motivation, or "TOM", to contribute to the integrated planning process. All three factors are central requirements to the planning process and it is when they are in place that good planning for outcomes can be achieved. This 'mixture' is present in Figure 3 below:
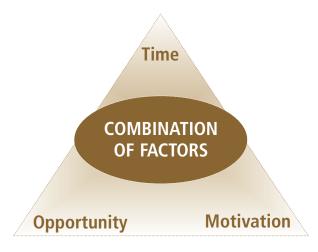

Figure 3. Ingredients for Integrated Planning for Outcomes for Children

Process

To start with, a meeting is called by one or more partners. At this initial meeting the host agency (who arranges the event), all relevant staff, and/or external parties from other agencies who have a role in achieving the sought outcome for children, including children and young people, should be in attendance. To start with you could ask the question from a governance perspective - who else needs to be here? Whose business this is? In addition, there is a difference sometimes between who should be present, can be present, or wants to be present to plan for better outcomes.

The next step is to consider how best can the process be organised; is everyone involved that needs to be for this to work? Is there someone already doing this in some other way? Who needs to be together to do the planning effectively? What are the resources that are already in place that can be utilised? What additional resources are needed? We may think here again of the notion of reflective practice - thinking critically about how actions are performed and how they can be collectively improved.

Working Together Effectively

Good working together is central to effective integrated service planning and implementation. Where professionals, children and families collaborate well and "plan together" it is obvious that not only will more

effective use of resources ensue, but the chances of the realisation of services that are helpful to children and families are greatly enhanced. However, good working together should not be assumed as automatic and much has been written on the ill effects of single-service development and lack of collaboration among and between professionals. The following guidelines can help ensure cooperation that leads to better integrated service planning.

Agencies and Organisations working together should agree to the following set of Working Principles:

- Agree to work together in a spirit of cooperation towards the integration and coordination of services for children and young people;
- Undertake to have respect for each other, and give value and recognition to the different skills, experience and knowledge within the group assembled to co-plan the service or intervention;
- Acknowledge power imbalances and agree to address them through development processes;
- Acknowledge each member's commitment, participation and contribution;
- Agree to communicate and resolve differences in opinion regarding the desired outcomes or planning process in an open and honest way;
- Undertake to act in a responsible and accountable way in the group.

Importantly, while all players may agree on the outcomes and the method to achieve them, it is essential to acknowledge that there are differences in responsibilities among players. Different players will have different roles and the nature and level of each stakeholder's involvement in the outcomes framework process should be documented and clearly communicated.

Once these steps above have been achieved, the actual service planning can now occur. This requires all parties to work together with one or two players identified as leads in terms of designing the service or intervention, and identifying the steps and time frames for its completion.

Goal Two: Finding and Agreeing the Outcome you want to achieve

Whereas in the past many professionals implicitly worked towards better outcomes for children, agreement on the actual outcome and the process to achieve it may have been less clear. As indicated earlier an outcome is an articulated expression of well-being of a population in a place. In practical terms this can come in many forms - for example an outcome which may be common to a range of players working with young people would be 'good sexual health'. However, the aims of the organisation in which one works may differ e.g. a worker planning an intervention which entails doing direct work with adolescent girls versus a service manager who wishes to plan the location of a new teen service.

Most professionals don't work in isolation (and should not as a rule) so within professional networks (both across services and sectors) it is vital to plan together on what it is that services wish to achieve for service users at the broadest level. Meeting with others and discussing what is "the common business" or the explicit and formal inter-agency priorities for children enables agreement on the desired outcome. Importantly, we now know that inclusion of the views of service users in outcomes identification is important, so their participation in this process is also essential. In agreeing the outcome, which may be very apparent in terms of local children's services needs, it is also important to link the chosen desired result with national goals for children and families. Furthermore this 'outcomes linking' between national, regional and local areas, and across domains of children's services should (as far is possible) be inter-related with a view to the common good of ensuring equity of services for families regardless of geography.

Process

Once the membership has been established and assembled, as a routine and to ensure common understanding, the person who convenes or leads the initial meeting should establish that all present agree on what the term outcome actually means. It is better described as a result or a condition of wellbeing for children, adults, families or communities. Having established a common understanding there should be some discussion toward agreeing the common outcome from which the service will be planned. Usually the desired outcome might be initially very broad, for example, that children will do better in school. Because they are indicators of this outcome, programmes might emerge focussing on school attendance and better participation. The outcome at the widest point is usually more common between partners and when broken down becomes more specific for certain players. There needs to be

discussion and agreement on the population to be improved by the outcome - all children/Children with specific adversities/ Children from a particular locality? One way of thinking about this is to consider the outcome as connected to a population in one or a combination of four forms: planning services by (see figure 4):

- Geographical location (rural/urban/disadvantaged community ensuring good spread of available services);
- Age and maturation (e.g. pre-school services/adolescent support projects);
- Adversity experienced (children who witness or experience domestic violence or other abuse; children in poverty; children with a parent with addiction or mental health problem);
- Audit of 'assessment of need' among service users (families who are asked to inform services of their needs, for example those with a child with a physical or mental disability, or a child with autism);

Planning for outcomes needs to be strategic and phased over time - for example, what can be done this year, in the next three years and in five years time. One way of ensuring that all the bases are covered is to think of the planning process as in part like the role of a lighthouse which does not shine on all points at any one time but in each revolution of light at some points addresses (illuminates) all areas in its circumference. Thus over time service planning can be strategic by not over concentrating on one area to the expense of others. Graphically this is illustrated in Figure 4:

Integrated Planning for Children's Services Across Contexts

BY GEOGRAPHICAL LOCATION
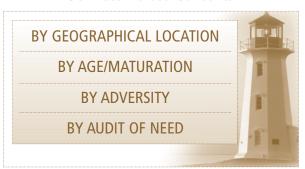
BY AGE/MATURATION

BY ADVERSITY

BY AUDIT OF NEED

Figure 4. Integrated Planning for Children's Services across Contexts

At the meeting there are those who have a wealth of experience and knowledge who can help inform the meeting with a view to deciding on the desired outcome(s). Those present at the meeting should also bring important external information which may be relevant to ensuring the group are choosing the right outcome, for example, national policy issues, and knowledge of the views of service users. Once agreed, the outcome or desired result should be written, understood by all, and be something that can be measured. Sometimes this process occurs very quickly (for example in one meeting, but it may take two), or may require accessing additional information in the interim before deciding on the outcome.

Goal Three: Agreeing the Indicators that will Demonstrate the Outcome

Having clear indicators of success that are connected to desired outcomes offers reassurance to all who engage with the service (professionals, children and young people who are the focus of the service, parents, the wider community) of progress that is made. So, having agreed the outcome, one of the early tasks is to consider 'what are the indicators

that would tell us if we are achieving the desired result?' In relation to the first example cited above - good sexual health - pregnancy levels among teens and levels of reported sexual activity would be very relevant indicators.

Furthermore, it is essential that the indicators chosen, apart from linking directly to the outcome, are also fit for the purpose in terms of the core business of the service, whether being planned as new or being redesigned. While indicators help us to plan for and assess progress towards outcomes, **they are only truly useful when they prompt further reflection on what they mean, on what is the story behind them**. Take, for example, an outcome relating to child safety from abuse and a possible indicator being the rate of recorded limb fractures among children.
A scenario in a particular locality might see the rate increasing unexpectedly to a significant degree. However, getting behind the indicator might lead to the discovery that a new skateboard park has been built - rather than reaching an alarming inference that physical abuse had increased.

Process

Therefore having agreed the population to be supported, and both the broad and more specific outcomes, the next step is to agree the set of indicators that are most likely to lead to the results desired. In practical terms this usually can take one meeting but no more than two. The indicators should be discussed in tangible ways by those present. For example, in relation to children thriving at school, what would that look like? Sub-indicators would include young people who miss less days in school, more young people who attend for the full day. It might be also evident by more discrete indicators, for example young people's happiness ratings in school or their rate of involvement in extra curricular activities. Thus, having thought about everyday ways that indicators can be seen the next step is to capture them in two ways:
- In what ways can we measure the indicators towards the goal and over time, and
- How can we track change improvement or dis-improvement towards the outcome

Goal Four: Putting together the Strategy and Plan that will get you to the Indicators

Goal Four assists us in identifying the interventions or services needed that will lead towards the indicators and ultimately the outcome. Having agreed the outcome and recognised the indicators, the next step in planning is to consider actions, or "what do I need to do", that will result in the indicator that will lead to the outcome. Here there may be different actions required by different players; this can vary from a one-to-one programmatic intervention (for an individual front-line worker) to the establishment of a complete service (by a service planner or manager). Based on the knowledge of the planning group there needs to be discussion and agreement on what works, or is most likely to work, in order to get to a positive indicator.

This involves considering what is being done well currently and what needs improving. It also requires some detective work to establish nationally and/or internationally what is being done elsewhere to achieve the same or similar outcomes. It may involve finding out more from other partners with an interest in the outcome but who are not currently in the planning group. Importantly, it should require accessing the views of those who are being targeted for the better outcome on what might work. It can also involve a needs assessment, which is sometimes described as an epidemiology. The collective set of information should enable the planning group to agree on what are the indicators that will lead to the outcomes - and at a basic level start to get the group thinking about what is the service or inputs required.

Importantly, the action(s) needs to be interlinked and related so that the cumulative effect will enable the indicator leading to the outcome. This is the core 'output' of the planning process and involves the actual intervention or service.

Similarly, the following set of practice principles should underpin the outcomes planning framework:

- Working in partnership is an integral part of outcomes-led planning. Partnership includes children, families, professionals and communities; thus involving service users and providers in the planning, delivery and evaluation of services on an ongoing basis is key;
- Be outcomes-led and strive for the minimum intervention required;
- Have a clear focus on the wishes, feelings, safety and well being of children;
- Reflect a 'strengths based perspective' which is mindful of resilience as a characteristic of many children's and families' lives;
- Promote the view that effective interventions are those that strengthen informal support networks;
- Promote social inclusion, addressing issues around ethnicity, disability and rural/urban communities;
- Facilitate evaluation based on attention to the outcomes for service users and thereby facilitating ongoing support for quality services based on best practice.

Process

At this point in the process, which will probably be at the commencement of either meeting three or four, the host convenor should review all steps thus far: the players, the population, the outcome, the indicators and some preliminary thoughts on the service inputs. The group should then move to matching the service being planned to a set of inputs or activities that will identify the indicators and should include (as before with the process to decide on indicators) the best parts of what is being currently provided (where appropriate), and best practice from other sources. These, combined with innovative thinking on gaps, should lead to a description of the service to be offered. Apart from the listing of activities (what the service will do), this plan should include staffing and other costs; timelines for activities; and key points for baseline and follow up collection of information on indicators.

Once the plan is established steps need to be taken with a view to securing the service in terms of funding proposals (if required), ideally some quality assurance for the plan (source externally) and, if possible, movement on establishing the service itself (which may often involve redesigning existing services or an amalgamation process among agencies). Just as the planning process has a host agent overall, the initial implementation will need to be housed by an agreed 'driver'.

As indicated earlier, given that health, social and educational services for children are largely human based interventions, how the service is delivered is often equally, if not more, important than what is delivered. This issue of continuum as highlighted goes far beyond notional "bedside manner;" it balances qualitative and quantitative approaches towards having capacity to check and change regularly in order achieve better outcomes (see Figure 1). In practical terms this can be seen like a steering wheel on a sailboat that continuously needs to alter direction (often very slightly) in order to ensure it stays on course. Similarly, in service planning and delivery, such an approach is particularly needed in working with vulnerable families and on limited resources. Thus the service plan, as well as agreeing outcomes and indicators matched to a strong programme of intervention, must include a reflective model in order to stay attuned to its objective and in part as evidence of awareness toward fulfilling the rights of children.

PART 4

Because Integrated Planning for Outcomes for Children is relatively new, it is likely that there will be trial and error involved in getting it right. Thus, in the real world of service planning, excessive time demands, scant resources, disappointments when tenders are turned down and 'turf wars' between stakeholders can singularly or collectively unhinge integrated service planning for better outcomes for children. When planning a service a range of factors can inhibit the service or intervention from occurring. These can be as varied as a sudden embargo on development or a key player going on sick leave or leaving. More often it can be that there is a waning in enthusiasm among players if there is no sign of immediate success or some despair that what was actually planned may not be what is really needed.

For these reasons, monitoring and evaluation processes are required - the focus of this fourth part of the framework. Put simply, it is important to know two things:
1)   Did you undertake integrated planning successfully?
2)   Has it made a difference to children's outcomes?
Monitoring and evaluation involves looking at the individual parts of the framework: outcomes and indicators; and how the integrated planning and participation work out in practice and their results.

What is it?

Monitoring involves keeping an eye on how you are getting on in your integrated planning as you do it. Thus, it is about having periodical check-ins on the processes of working together, seeing if the basic requirements - for example, of respectful interaction; of the core capacity of the agency partners to be fully engaged - are being achieved, or that the focus is remaining tightly on the task of identifying and agreeing outcomes and indicators and assessing the adequacy of the policy or service response. Most importantly, it is about delivering information in order to troubleshoot the process as it evolves. Monitoring will help the group take an overall view of whether what has been jointly planned for and/or commissioned is working or not. It will help the wider planning group engage in reflective practice on its planning processes and the plans which emerge.

Evaluation is more final. It is about identifying the changes that have been brought about. One change might be that integrated planning is now taking place on a regular basis, whereas before it didn't happen at all. Another type of change might be within organisations and at individual practice level in how people plan and work together. More widely, the change might relate to the fact that there is innovation, reorganisation and inter-sectoral collaboration in policy and service provision. Most important of course are the desired changes in outcomes for children and whether these have been achieved.

An important consideration for your monitoring and evaluation process is your level of expectation - what do you expect to achieve in developing integrated planning processes and in achieving improved outcomes for children and by when do you expect this to happen. The reality is that some aspects of the framework will be quite easily implemented while others may be more challenging and require a longer time horizon. This will dictate the nature and timing of the questions that you ask.

Some Examples:

Given the scope of the framework there is a multitude of monitoring and evaluation-related questions that could be asked. The following are some examples of things that you might like to find out about:

1. Are outcomes for children improved?
2. Has there been innovation and change in services?
3. Is there a universal and targeted service mix?
4. Are services and staff committed to working together to the benefit of children?
5. Is there a framework for accountability for organisations in relation to their role in achieving results?
6. Has the focus on results helped clarify whether allocated resources are adequate to achieve the outcomes?
7. Are we able to chart and monitor progress (providing information for use for different purposes)?

8. Has the use of indicators led to better planning, particularly in relation to providing a rationale for further expenditure - does the capacity exist to terminate or redesign ineffective policies or services; does the capacity exist to replicate proven approaches emerging from the integrated planning process?
9. Has participation helped in priority setting and decision making?
10. If a new service has emerged from the integrated planning process, once implemented, have the indicators it is aimed at been affected positively?
11. At a wider level, if the indicators are achieved, has this accrued in producing the desired outcomes over a period of time?

How should I do it?

Given the constraints that integrated planning work already faces in terms of the limited time available to participants, monitoring and evaluation processes need to be simple and time-cheap. One approach is to have group self-reflection exercises on various aspects of the process of integrated planning and on the outcomes that have emerged. This can be led by individual members on behalf of the group or by using an external facilitator. Identifying strengths, weaknesses and actions necessary is a simple template that could be used for such a process. Focusing on achievements from integrated planning processes is in some ways more straightforward because the outcomes,

indicators and actions will have been agreed. Overall, the monitoring and evaluation processes should be addressed to the three challenges for integrated planning for outcomes for children:

- Are we making a positive difference for children (as a result of planning for the right outcomes)?
- Will we know it (by monitoring achievement of agreed outcomes)?
- How will we measure this (through evaluation that gets us to full information or "the true story behind the apparent story")?

Copies of this document can be obtained from:

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