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LITERATURE REVIEW FOR

FRAMEWORK FOR INTEGRATED
PLANNING FOR OUTCOMES FOR
CHILDREN AND FAMILIES



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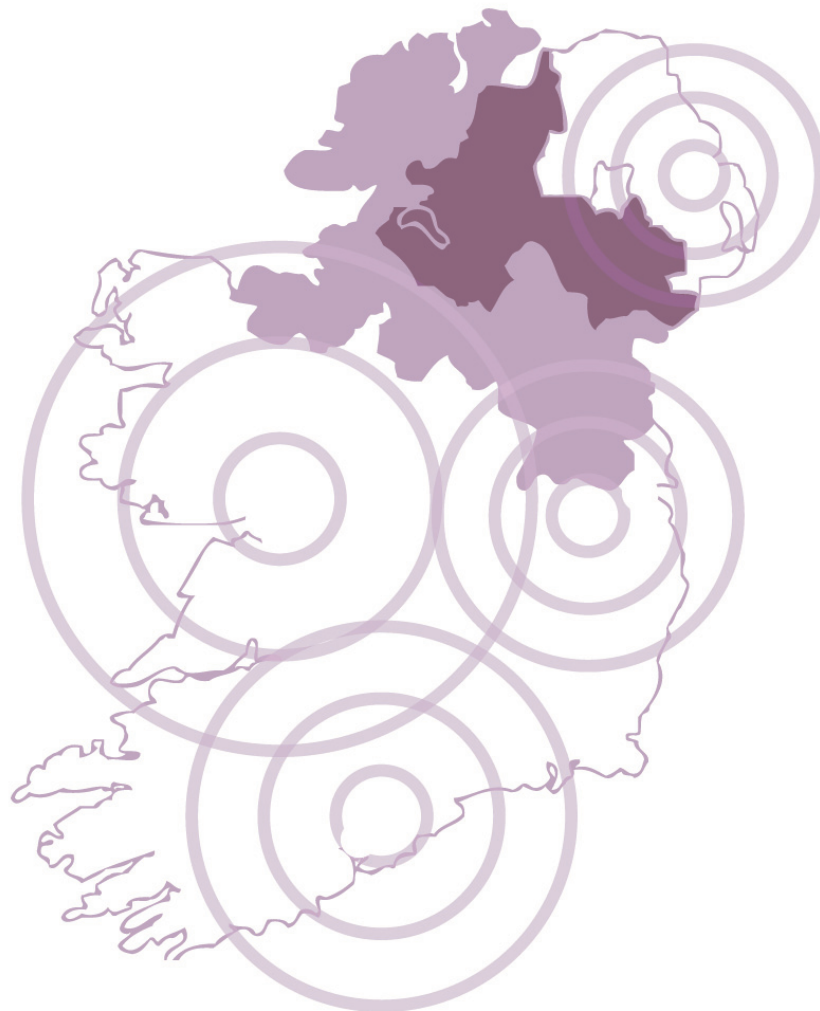
PART 1

INTRODUCTION

Increasingly, policy makers and service managers, planners and practitioners are encouraged, and often mandated, to work together to achieve better outcomes for children and young people. The momentum towards formally integrating the work of numerous interrelated agencies emerges from a couple of areas: the publication of strategy documents in both Northern Ireland and the Republic of Ireland relating to children and young people which serve to underpin the development of services in this policy area; and the increasing promotion and acceptance of policy provision underpinned by a '*child-rights*' discourse and the 'whole-child' perspective. However, in moving towards integrated service planning and delivery, a number of questions arise: Where has the child rights agenda come from and what does it involve? What does it actually mean to integrate service planning and provision, and why do it? Who should participate in such activities? What is an outcome and is it possible to tell if it is being achieved? The main purpose of this literature review is to provide a sound basis for the attached model for integrated planning and commissioning of services for children and families. In doing so it provides an opportunity to explore the foregoing questions.

The structure of the literature review is as follows. Section 2 begins by detailing the changing context in which children and young people are perceived by society as a whole. The emergence of a rights-based approach, as underlined most convincingly by the United Nations Convention on the Rights of the Child (1989), is critical to understanding changing attitudes to children and young people. The following section, 3.1, discusses the adoption of an outcomes-focussed approach before detailing the variety of different outcomes identified in selected jurisdictions. Section 3.2 explores the use of outcomes in terms of accountability. How we measure outcomes is discussed in section 3.3. Section 3.4 presents a discussion of the development of indicators in this process. In particular, attention is paid to the development of suitable measures of outcome attainment. Section 4 discusses the concepts and processes involved in integrated planning and integrated commissioning. The participation of children, young people, adults and the wider community in identifying outcomes and planning services is considered in section 5, and a selection of methods to involve such groups identified. Finally, section 6 concludes the review by re-emphasising key points which serve to frame the model.

**"JOINING THE WORK
TO MAKE THE DIFFERENCE..."**



**"JOINING THE INFORMATION
TO MEASURE THE DIFFERENCE..."**

PART 2

THE EMERGENCE OF A CHILD RIGHTS PERSPECTIVE

The last decade has heralded the advocacy of a rights-based approach in relation to children, and services planning for them.

Multidisciplinary theorising on the position of the child has advanced the idea from a variety of perspectives, including legal, sociological and political. Indeed, changing state attitudes to children may also be perceived as having progressed from a policy of non-intervention, through state paternalism and defence of the family, to the position of right of protection (Fox Harding, 1997). In the political sphere, achieving the highest standards of care (health and social) is viewed as a product of agenda-setting by national administrations, and cross-country policy learning between countries experiencing similar levels of economic development and growth (UNICEF, 2007).

The Convention on the Rights of the Child (CRC), the most significant international instrument in relation to children, codifies a set of rights which span the political, social, economic, civil and cultural spheres. The Convention can be viewed as highlighting changing attitudes towards children, from being property of their parents and the community to being young adults and rights bearers (Thronson, 2002; Freeman, 1997; Van Bueren, 1995). It also categorises standards that should be adopted for young people: the right to provision, the right to protection, and the right to participation. In further advocating and

encouraging a rights approach the UN has recommended a formal commitment to service planning, encompassing three overarching outcomes of a) the best possible start for children, b) access to quality basic education, and c) ample opportunity for children to develop their individual capacities (UN, 2002).

In reality, however, there remains a more child welfare approach than a child rights approach to policy formulation and implementation. Hendrick (2005), commenting on the child rights approach, states that “on occasion this approach has been influential, but overall its effects on policy have been marginal” (Hendrick, 2005, 33). There is a need for different elements of accountability when looking at children’s rights. McTernan and Godfrey (2006) identify that the shift in the planning task of services has been understood in the context of the shift from a ‘service orientation’ to a ‘needs orientation’ and then in the shift from a ‘needs basis’ to a ‘rights basis’.

Tobin (2006) outlines how organisations might develop a rights-based approach in delivering services. Although focusing particularly on the health needs of children, he maintains that a rights based approach needs to be more comprehensively defined. He contends that this approach “exists as a complex set of ideas and principles which have their foundations in international human rights standards,

principally in the United Nations Convention on the Rights of the Child (CRC), and provides the potential to act as a useful tool for addressing children's health needs" (Tobin, 2006, 276). He identifies nine key features to conceptualise and define the idea of a rights based approach to children's health needs. These are:

- Need to mainstream children's health needs into public health debates;
- Universally accepted normative standards provide a foundation for a rights based approach;
- Core Standards form the right to the highest attainable standard of health, and include the implementation elements of availability, accessibility, acceptability and quality as identified by the Committee on Economic Social and Cultural Rights (2000);
- Three guiding principles of a rights based approach, which are interdependence and indivisibility, accountability and universality;
- Four General Principles of the CRC: non-discrimination, participation, survival and development and best interests;
- Implementation of a rights based approach is a process;

- Implementation of a rights based approach must be multi-sectoral and interdisciplinary;
- A rights based approach requires the reallocation of power and resources;
- Effective implementation of a rights based approach requires cultural sensitivity/awareness. The process and product must be locally owned (Tobin, 2006).

This could provide a useful framework with which to view the planning of services including, but not exclusive to, health.



PART 3

OUTCOMES AND INDICATORS

This section will concentrate on the use of outcomes and indicators in planning and providing services for children and young people. The first part focuses on the use of outcomes before a discussion of outcomes and accountability is introduced. The role of indicators is then discussed before the section concludes with an examination of the importance of suitable indicators.

3.1 Using outcomes in service planning

Broadly speaking, the way governments approach social and political problems has altered significantly in recent years. Traditional methods of tackling particular issues tended to emphasise inputs rather than results, and relied on conventional, bureaucratic models to implement policies and services, generally in a fragmented manner. Today governments tend to prioritise outcomes and results rather than inputs and processes, and advocate a greater degree of flexibility in how stakeholders achieve such results. In short, there is greater regard for evidence of 'what works' than ever before. Specifically in relation to children and young people, there is a sense that outcomes-focused approaches lend themselves to the 'whole-child' perspective, as McTernan and Godfrey (2006) highlight when they state that children are not uni-dimensional but multi-dimensional requiring services from more than one agency.

But what are outcomes? The following section will explore the use of 'outcomes' in children's services planning internationally. It will also look at the literature surrounding the development of outcomes and the key points that should be considered when doing so.

The State of Vermont in the US identifies outcomes as having the following characteristics:

1. Clear declarative statements of well being;
2. Stated in positive terms;
3. Ideally developmental;
4. Interactive and interdependent;
5. Measurable by standard indicators;
6. Collaborative by nature;
7. Comparable at all levels.

Additionally, outcomes can be defined as an articulated expression of well-being of a population in a place (Hogan 2001) which provides all agencies with the opportunity to contribute to that outcome with their individual programmes. Outcomes can apply to the whole population of the state - not just to populations at risk (Hogan and Murphy, 2002).

The potential of such an approach being adopted by both state and non-state organisations has been advocated for a variety of reasons:

1. It promotes the effectiveness of services (Friedman et al., 2005, 246);

2. It provides a framework for accountability for organisations in relation to their role in achieving results (Bruner, 1997);
3. It provides a way forward in the partnership approach as clarity around outcomes offers “a more disciplined way of thinking about how partnerships can move from talk to action in delivering better outcomes for children and families” (Friedman et al., 2005, 245);
4. Outcomes provide standards, which can be used in continual development of services: “Over the long-term, measurement serves as the handrail of policy, keeping efforts on track towards goals, encouraging sustained attention, giving early warning of success or failure fuelling advocacy sharpening accountability, and helping to allocate resources more effectively” (UNICEF, 2007);
5. Outcomes, when stated in common language within a common understanding, offer specificity, which provides a guide to reform and evaluation. Outcomes are not directly measurable by any one single piece of data (Bruner, 1997).
3. It fosters agreement, which in turn facilitates cross-systems collaboration on behalf of children and young people;
4. It minimises investment in activities that do not produce results;
5. Information produced about results enhances community and agency ability to judge effectiveness;
6. It encourages a focus on results that clarifies whether allocated resources are adequate to achieve the outcomes expected by funding agencies. (Schorr, 1995 cited in Bruner, 1997)

Developing an outcomes focused approach to service provision is not a straightforward process. Ideally, all stakeholders should be involved in identifying desired outcomes, and be realistic about capacities to achieve them (Hudson, 2003). Specifically a number of essential elements are crucial during this process:

- A common language with shared meaning;
- A clear distinction between measuring outcomes at population level and measuring performance at an agency level;
- An accountability process which involves a minimum of bureaucracy;
- The involvement of stakeholders at each stage of the process and at all levels of decision making (Friedman et al., 2005, 246).

According to Schorr (1995) outcomes-focused planning has further benefits:

1. It diminishes the need for bureaucratic micro management and rigid rules;
2. It provides assurance to funders and to the public that investments are producing results;

In this regard, outcomes need to be defined by those whom they affect: "Some local policy makers are attracted to using 'off the peg' outcome statements" asserting that they save time and carry more weight but Friedman et al. argue that drafting locally desired outcomes is an important part of the process as it secures ownership and commitment and establishes common meaning (Friedman et al., 2005, 253). This is echoed by both UNICEF (2007) and the Shaping Our Lives National Network (2003). 'Buying into' the process implies a greater sense of ownership by all involved. Primarily, the participation of service users themselves is viewed as critical. Both the British, Irish and Northern Irish governments have committed themselves to incorporating children into the process (Government of Ireland, 2000; Office of the First Minister and Deputy First Minister, 2003; Chief Secretary to the Treasury, 2006).

Recent UK research has found that service users recognise the value of evaluating services in terms of their outcomes (Shaping Our Lives National Network 2003). However there was a difficulty in identifying outcomes where their experience of a service had been poor. The process of how a service is delivered had a huge impact on the user's experience. These experiences included poor access, delays, poor treatment and lack of consultation. To this end the participation of all actors - service users, those delivering services and adults and the wider community - is imperative to an integrative process: "The commonly held view that planning is something that is separated from doing is neither sustainable nor desirable" (Friedman et al., 2005, 250).

Notwithstanding these factors, the defining of outcomes is itself problematic. While DePoy and French Gilson (2003) identify outcomes as

usually the change that occurs following a planned intervention or strategy (although change may not necessarily be the planned outcome e.g. prevention strategies), Scott et al. (2005, 264) recognise that there needs to be a degree of fluidity in the definition of outcomes so not to "inhibit the accumulation of knowledge and expertise." Chen (2005, 20) recognises that outcomes can have short-term and long-term aspects to them, along with unintended effects which can be both positive and negative.

The UN Millennium Development Goals (MDGs) operationalise the standards outlined in the Convention on the Rights of the Child through the identification of desirable outcomes and facilitate monitoring to assess how far well-being is being achieved (Ward and Scott, 2005, 13). The specific outcomes of the MDGs are to:

1. Eradicate extreme poverty and hunger;
2. Achieve universal primary education;
3. Promote gender equality and empower women;
4. Reduce child mortality;
5. Improve maternal health;
6. Combat HIV/AIDS, malaria and other diseases;
7. Ensure environmental sustainability;
8. Develop a global partnership for development.

(UNGA Resolution A/55/L.2 8 September 2000. See www.un.org/millenniumgoals/)

Various national programmes have attempted to incorporate the idea of outcomes focused initiatives in developing goals to be achieved through service provision. Table 1 below sets out samples of outcomes as featured in service programmes implemented in different countries. It is notable that there are strong similarities between countries in the outcomes they

identify. This is particularly the case when the outcomes of Northern Ireland and the Republic of Ireland are analysed. In Northern Ireland, both *Our Children and Young People – Our Pledge* and the Children’s Services Plans 2005-2008 (McTernan and Godfrey, 2006) identify a number of high level outcomes for all services to work towards. In the Republic of Ireland the *Agenda for Children’s Services: a Policy*

Handbook (OMC, 2007) identifies seven outcomes while the National Children’s Strategy identifies domains which provide focus for all those working with children and young people. Table 1 provides a comparative summary of outcomes used in the Northern Ireland, the Republic of Ireland, the United States, Australia and the United Kingdom.

Table 1 - Types of outcomes used internationally

NORTHERN IRELAND

Our Children and Young People – Our Pledge identifies a number of outcomes for children and young people:

- Healthy;
- Enjoying learning and achieving;
- Living with safety and in stability;
- Experiencing economic and environmental well-being;
- Contributing positively to community and society;
- Living in a society which respects their rights.

Additionally, the Children’s Services Plans (McTernan and Godfrey, 2006) identify further outcomes:

- All children and young people have a stable upbringing;
- All children and young people live in stable supported communities;
- All children and young people live free from poverty;
- All pregnant women, new parents and babies thrive;
- All children are ready for learning and school;
- All children and young people enjoy and succeed during school years;
- All children and young people are involved in the decisions that affect them;
- All children and young people make a positive contribution that is valued;
- All children and young people make a safe transition to adulthood.

REPUBLIC OF IRELAND

The National Children’s Strategy (2000) identifies three broad goals and three groups of objectives which underpin the development of policy in this area. Goals:

- Children will have a voice
- Children’s lives will be better understood
- Children will receive quality supports and services

Groups of objectives:

1. All children have a basic range of needs
2. Some children have additional needs
3. All children need the support of Family and Community

Additionally, the first State of the Nation’s Children report (2007), published by the Office for the Minister for Children, identifies 3 outcomes against which recent initiatives are measured:

- Health
- Education
- Social, Emotional and Behavioural Outcomes

The Agenda for Children’s Services: A Policy Handbook identifies seven specific outcomes:

- Healthy, both physically and mentally;
- Supported in active learning;
- Safe from accidental and intentional harm;
- Economically secure;
- Secure in the immediate and wider physical environment;
- Part of positive networks of family, friends, neighbours and the community;
- Included and participating in society.

Table 1 Cont. - Types of outcomes used internationally

UNITED STATES	AUSTRALIA	UNITED KINGDOM
<p>Schorr (cited in Bruner 1997) identifies the following outcomes:</p> <ul style="list-style-type: none">• Healthy births;• Two year olds Immunised;• Children ready for school;• Children succeeding in school;• Children and youth healthy;• Safe and prepared for productive adulthood. <p>In addition, the state of Vermont has identified the following outcomes as guiding its service provision:</p> <ul style="list-style-type: none">• Pregnant women and young children thrive;• Children are ready for school;• Children succeed at School;• Children live in stable, supported families;• Youth choose healthy behaviours;• Youth become successful adults;• Families live in safe and supported environments.	<p>The Head Start Early Years Framework (2004) identifies the following outcomes:</p> <ul style="list-style-type: none">• Supporting the well being of children;• Promoting child well being;• Supporting the choices of Families in their parental and working environment;• Enriching safe and supportive environments for children;• Improving economic security for families and reducing child poverty;• Achieving success in learning and social development;• Protecting the safety of Children;• Promoting connections across generation’s families’ cultures and communities;• Increasing children’s participation; policy action awareness raising and advocacy.	<p>The UK policy document Every Child Matters identifies the following outcomes:</p> <ul style="list-style-type: none">• Being healthy;• Staying safe;• Learning and achieving;• Making a positive contribution;• Achieving economic well-being.

This section has provided an overview of how one might approach the development of outcomes in the context of service planning and delivery. It also set out some clear examples of outcomes in use, internationally, on the island of Ireland and in the UK.

3.2 Outcomes & Accountability

The development and definition of outcomes and measurements also permits the enhancement of organisational accountability. Scott et al. (2005) identify three things which are needed to promote outcome based accountability. Firstly, an organisational culture that supports learning is required. Secondly, sufficient managerial skills need to be developed to analyse information and data. Thirdly, an information system which stores, retrieves and produces reports which will enhance understanding of what is happening to individual and groups of children is necessary (Scott et al., 2005, 264).

Yet this aspect of accountability relates to internal organisational accountability. In a collaborative, partnership approach inter-organisational accountability is also facilitated through the identification of outcomes. Bruner identifies that where outcomes seek required actions which involve more than one organisation or set of actors, there is an obvious requirement for joint activity. Such an approach can lead to capacity building within the process and between organisations (McTernan and Godfrey, 2006).

However, dangers associated with this process are also highlighted in the literature. For example, in service provision the implementation process can be a point at which user defined outcomes may eventually be redesigned to fit in with other agency or professional goals, despite the intention that the partnership approach be inherent in the service (Hudson, 2005). Other risks in the use of results based accountability include:

- Underestimation of the time it can take to achieve significant improvement in outcomes;
- Demands for documented results which could drive programmes away from achieving a broad range of results and towards short term gains;
- Some forms of outcome measurement could lead to labelling and stigmatising of children and families;
- Funders diverting their efforts to interventions in which outcomes are achievable more quickly;
- Agency accountability being weakened as the shift in focus moves to community-wide accountability;
- The potential for it to be seen as the solution in itself rather than the means for making changes which can produce a solution;
- The potential for it to be seen as a safeguard against fraud/discrimination/poor service, etc. (Schorr, 1995 in Bruner, 1997)

Friedman et al. (2005, 259-61) identify a number of points of consideration for those engaged in a process of outcomes-focused planning from research in one local area. In particular the process should:

- Start with a set of desired outcomes and build from there – clarity;
- Involve staff and service users at all stages;
- Focus on outcomes for local people, not data for bureaucracy;
- Be alert to risks and minimise them;
- Include the link with process and inputs such as human resources, etc.

3.3 Measuring Outcomes: the role of indicators

A natural follow-on from discussing outcomes and actual objectives is the topic of measuring such tasks as outlined in a plan. Statistical monitoring of trends has been a feature of government reports in the United States since the 1930s, while the extension of this practice to the area of children and young people saw the publication of one-off reports in the 1960s (Lippman, 2005, 1; Ben-Arieh and Goerge, 2001, 609). On an international level UNICEF's *State of the World's Children* Reports have, since 1979, attempted to grapple with the often difficult aspect of measuring desired outcomes for children. However, as rapid changes in family life occurred there was a greater call from a number of sources (professionals, academicians, statisticians) for more conscious, structured attempts to develop a set of indicators to accurately measure what eventually became known as well-being (Ben-Arieh, 2000, 240). Recognition that there was a dearth of statistical knowledge in relation to children was also an influencing factor. Finally, the move towards accountability-based public policy stimulated the growth, generally, of measurement as a policy tool to identify what works. Implicit in this movement has been a debate about exactly what types of measures should be used, and the utility of particular types in relation to their quality (Ben-Arieh, 2000, 237).

Whilst appreciating that identifying and defining outcomes can be problematic, this is only one side of the coin. To ensure that outcomes are being achieved, an effective set of performance measures needs to be developed. Performance measures also serve as an important tool to guide service delivery,

ensure appropriate and accurate orientation of services, and help maintain focus for the organisation/set of organisations. Yet the formulation of accurate and suitable measures can be difficult. Such difficulty is clearly linked to the definition and specificity of the outcomes chosen. Constructs such as well-being, social inclusion, autonomy and happiness do not lend themselves to measurements of success in the way profit margins, etc. do in the business world (Friedman et al., 2005, 255). To this end, organisations involved in outcome definition need to be cognisant of the conditions which contribute to current outcomes and how those need to change to produce better ones (Bruner, 1997). As with outcome definition, the performance indicators used need to contain a degree of flexibility so as to not be hindered by the desire to have absolute certainty. Flexibility permits room to continuously strive for improvement through enabling more than an all-or-nothing approach to measurement. As Schorr (2001, 5) comments, when we are "more inclusive about what counts as credible evidence we can create a knowledge base that moves the whole field away from oversimplified judgements".

Depoy and French Wilson identify a number of elements used in assessing outcomes (2003, 180-86):

1. Systematic Inquiry;
2. Articulation and testing of an intervention;
3. Value based inquiry;
4. Inquiry informed by context and change agent;
5. Efficiency and cost analysis;
6. Investigation and problem resolution;
7. Contribution to professional knowledge base;
8. Examination of multiple direct and indirect targets.

Again the State of Vermont is to the forefront in this regard. Their approach is based on agreement within communities and the idea of 'common purpose.' This collaboration in planning and achievement of the clearly stated outcomes has demonstrated the power of the agreed common purpose to direct coordination, to facilitate planning and communication, and to promote investment in prevention (Hogan and Murphy, 2002). The progress of each outcome is measured with a set of indicators which are drawn from each agency, for example, infant mortality rate, preschool participation, school attendance rate. In this model there is a need for agencies to co-operate for the outcomes to succeed.

3.4 Developing suitable indicators

In discussing types of indicators to be used many authors emphasise the changing perceptions of children as primary influencing factors in the development of such indicators. Fattore, Mason and Watson (2007) catalogue four existing and somewhat overlapping applications of Social Indicator Research: Quality of Life approach; Domain approach; Developmental Health and Well-Being approach; and the State of the Child approach. These approaches are underpinned by certain assumptions which can be problematic. For example, dominant approaches tend to view 'children as becomings', as achieving developmental milestones on a linear path towards adulthood. The obvious danger here is that children are evaluated against adult indicators - the childhood phase is not valued as a period in itself. Another issue relating to dominant approaches is the tendency to identify only negative occurrences, or only give weight to negative measures. Approaches need to balance positive and negative indicators.

A significant issue related to both criticisms above is the tendency to view the child as object in isolation. There is neither consultation with children, nor measuring of their point of view, or any form of contextual valuation. Another danger, and an exceptionally prominent one from a service perspective, is the construction of indicators which relate more to formal service system activities than children. There is a sense that such indicators "can be seen as reflecting a certain institutional convenience and privileging [...] professional knowledge" (Fattore, Mason and Watson, 2007, 10) which can facilitate the maintenance of the policy regime. The final danger relates to the collective identity of the previous three. There is a tendency, to accept the positivist turn in such indicator establishment, i.e. that what is out there as information is untainted, objective and *factual*. More prominent, maybe, is the failure to recognise that "well-being is socially contingent, a construct embedded in society and culture and prone to change and redefinition over time. Our understandings of well-being and the indicators we use to measure it, are subject to contextual factors such as geographic location and gender" (Fattore, Mason and Watson, 2007, 11).

With the adoption of the UNCRC indicator development has moved from solely measuring outcomes by way of well-being indicators to establishing a set of indicators which monitor adherence to, and protection of, children's rights, while also measuring overall well-being. This movement was led by the UNCRC committee, in conjunction with governments across the world and UNICEF. Together they have striven to establish a set of rights indicators which incorporate existing understandings of well-being (Ennew and Miljeteig, 1996).

According to Sara Boyce (2005) there are two main objectives of 'Child Rights' indicators: to maintain systematic information systems on the national conditions of children's lives, in order to plan, implement and evaluate interventions for their well-being and enjoyment of their rights; and to fulfil a government's obligation as a state party to the Convention on the Rights of the Child by showing the progressive achievement of children's rights (Boyce, 2005, 8). In total there are 119 indicators grouped according to the cluster of rights in the CRC, and, although some may not be completely applicable in the Irish context, the use of such indicators to measure the attainment or otherwise of outcomes permit cross-national comparisons to be made. Additionally, the evolution of rights indicators should not be seen as supplanting well-being indicators, but rather complimenting them.

Land et al. (2007) identify the need to develop indicators which combine objectivity with the desire for participation of the child. This focus on subjective well-being indicators enables participants to define their own perceptions of well-being. Such an approach dovetails neatly with the Whole Child perspective and the increasing tendency to consult with, and enable the participation of, children as social actors in policy and service design. Such a development is strong in the Republic of Ireland where the development of child well-being indicators was characterised as a consensual process encompassing primarily children and a variety of other relevant actors (Hanafin et al., 2007). There was little policy focus on measurement prior to the National Children's Strategy (2000), yet in the formulation of a set of indicators, children were prioritised by researchers undertaking a project devoted solely to

children's perceptions of well-being (Nic Gabhainn and Sixsmith, 2005) which fed into the national process of indicator development. In the UK, the series of reports *The State of London's Children* (Hood, 2007) also recognise the worth of listening to children in the construction of indicators. Indeed Hood highlights that participation by children can have exceptionally positive effects, from inputting relevant opinions to the policy process, to enhancing esteem of participants and improving services themselves (Hood, 2007, 255).

In examining the development of indicators many authors comment on how the terrain has altered over the years (Hood, 2007; Land et al., 2007; Hanafin et al., 2007; Ben-Arieh, 2000; Ben-Arieh and Goerge, 2001; Boyce, 2005). These changes can largely be described as follows:

- Shifts from the concept of measuring survival to measuring well-being – for example moving beyond the indicators of basic need to a set of indicators which relates more to a holistic perspective of the child. To this end we may define well-being as "a multi-dimensional construct incorporating mental/psychological, physical and social dimensions" (Yarcheski, Pollard and Lee, 2003, 64);
- A shift from utilising solely negative indicators to one which balances the negative to the positive. Part of this shift is the recognition that an absence of measures of negative well-being does not mean the affirmation of positive well-being;
- Related to above, the development of 'new' domains which extend the concept of well-being. Such domains include the issue of safety, for example, and are generally related to interdisciplinary or cross-cutting issues;

- Debates as to whether there should be a further shift from well-being to well-becoming. This final point is rather contentious as it involves conceptualising children as adults of the future, thus implying that they are something less during childhood. Such an approach is difficult to reconcile with a child-rights approach and therefore is recommended to be ignored (Ben-Arieh, 2000, 243);
- Well-being indicators which incorporate a rights perspective.

Despite these debates, the benefits of measuring are numerous:

- It permits the charting and monitoring of progress, which in turn facilitates the informing of policy, and recognition and rewarding of effort. It can also be a means of bringing pressure to bear on stated political positions and promises;
- It enhances knowledge – particularly where well constructed measures can reveal previously hidden phenomena;
- Measurement in itself is a tool for better planning and, in particular, can provide a rationale for further expenditure by highlighting children's contributions;
- It enables more accurate judgements to be made about policy implementation and service delivery;
- It is inherently action focussed.

Yet there are dangers in attempting to develop indicator regimes which need to be countenanced. These include:

- The difficulty in balancing on the one hand, the desire to be fully knowledgeable and, on the other hand having a manageable set of indicators which tend not to fracture or split into sub-indicators and subsequently problematise the task;

- A fear of developing new indicators and instead making indicators fit whatever databases are already out there;
- Losing perspective and getting bogged-down in the measures themselves instead of focusing on what the indicators are supposed to be measuring;
- The danger of using too many indicators.

The above section examined the development of indicators in relation to monitoring and evaluation using an 'outcome' focused model. It also highlighted the difficulties which can be encountered and the challenges in using such an approach. However we focus on the positives and the above are merely pitfalls to be avoided.



PART 4

INTEGRATED PLANNING AND SERVICE DELIVERY

This section begins by outlining the rationale present in the literature for integrating policy and service delivery, of which integrated planning and integrated commissioning is a key component. It then proceeds to outline the policy and administrative contexts within which such processes occur before detailing a common and popular approach for planning services to meet children's needs. Following this, integrated planning and integrated commissioning are examined more closely and specifically in relation to children and young people. The final section addresses the issue of reflective practice in such a process.

"Joint planning and commissioning can be described as "a tool" for children's trusts – to build services around the needs of children and young people – and to deliver their outcomes most efficiently and effectively" (Chief Secretary to the Treasury, 2006). From a variety of literature a rationale can be identified for integrating policy and service delivery. It allows for "comprehensive interventions" for children and young people (Browne et al., 2004, 1) and it serves to "reduce the frustration, the delay, the inefficiency, and the gaps that frequently exist in care systems" (Woods, 2001, 1). Economically, it allows for improved access, greater levels of efficiency, and enhanced outcomes, while "giving people what they need results in a reduced use of other services" (Browne et al., 2004, 2). Socially, it encourages a greater focus on

children and families, enables a degree of continuity of care, and permits the addressing of previously unmet needs (Valentine et al., 2006, 417). In addition integration allows for an all-inclusive policy domain to develop, making it easier for overarching policy to be developed to guide and further progress services.

For successful policy and service integration a number of factors need to be considered:

- i) "High levels of participation from a range of actors, fostered by inclusive practices and committed resources and sustained over time" (Valentine et al., 2006, 415);
- ii) "Supportive policies and funding, institutional leadership, and a climate of trust to overcome parochialism" (Browne et al., 2004, 2);
- iii) Structures should allow for local agencies to be involved in the delivery and devising of policy and services (Valentine et al., 2006, 420; Woods, 2001);
- iv) National management structures should ensure that there is strong communication between all agencies to allow for policy and services to be delivered as intended (Valentine et al., 2006; McTernan and Godfrey, 2006);
- v) Service users should be involved in the devising of policy and services (Department of Health and Children, 2006; Government of Ireland, 2006; Chief Secretary to the Treasury, 2003);
- vi) Integration of services and policy requires

- both formal and informal networks (Browne et al., 2004);
- vii) Services and the process of integration should be evaluated on a continuous basis (Browne et al., 2004; Valentine et al., 2006);
 - viii) Resources should be committed to assist the participation of children.

The literature outlines the benefits of policy and service integration:

- i) It allows for services to incorporate a 'whole child model' of service delivery (McTernan and Godfrey, 2006; Valentine et al., 2006);
- ii) Flexible services and policy can develop which adjusts to the needs of individuals (Woods, 2001);
- iii) "A reduction in costs and an improvements in quality of care" (Woods, 2001, 2);
- iv) Both universal and targeted intervention can be delivered which results in improved outcomes for children (Valentine et al., 2006; McTernan and Godfrey, 2006);
- v) Targeted needs are easily identified and can be met (Valentine et al., 2006; Browne et al., 2004).

However there are potential problems in pursuing integrative approaches to policy and service delivery:

- i) Insufficient and limited communication between local, regional and national agencies (Valentine et al., 2006);

- Government of Ireland, 2006);
- ii) Lack of communication between professionals within services (Government of Ireland, 2006);
- iii) Lack of initial and continued resources for services to develop (Valentine et al., 2006);
- iv) Insufficient commitment from services and staff to work together (Valentine et al., 2006);
- v) Imbalance between the 'top-down' and 'bottom-up' methods of policy formulation (Valentine et al., 2006).

4.1 The Policy Context

Policy documents in both Northern Ireland and the Republic of Ireland contain concrete expressions of support for integrated planning in policy development and service delivery. The current strategy governing policy and service integration in relation to children in Northern Ireland is the document *Our Children and Young People – Our Pledge: a Ten Year Strategy for Children and Young People in Northern Ireland 2006-2016*. The Children Services Planning process also aims to promote high-level interagency strategic planning of services for vulnerable children and young people. In the Republic of Ireland the latest partnership agreement, *Towards 2016*, emphasises the role of the Office of the Minister for Children in overseeing a cross-departmental team which will seek to develop models of best practice for service integration. The National Children's Strategy (2000) also expresses a commitment to

coordinate services for children while the *Agenda for Children's Services: A policy handbook* (2007, 2) "sets out the strategic direction and key goals of public policy in relation to children's health and social services in Ireland."

Integrated planning of services for children and young people in Northern Ireland is carried out through the Children's Services Planning process. This is the multi-agency strategic planning process for services for vulnerable children and young people, which has statutory responsibility for Health and Social Services Boards. Yet, a collective oral submission by the four Children and Young People's Committees to the Northern Ireland Ministerial Subcommittee on Children and Young People (2007) has identified a number of faults in the existing set – up for children and young people's service provision: the process is too reliant on the goodwill of other agencies to cooperate with the Health and Social Services Boards; the requirement for coordinated planning has not operated at government level; and the focus has been on addressing vulnerable children in isolation from planning for all children which has made it difficult to promote universal preventative strategies. The submission identifies both *Our Children and Young People - Our Pledge* and the Review of Public Administration as providing the impetus towards adopting an outcomes focus and making services fit around the child rather than children and young people interacting with separate services.

An important body is Children in Northern Ireland (CiNI), the main umbrella organisation for the children's sector in Northern Ireland. It provides training, policy, information and

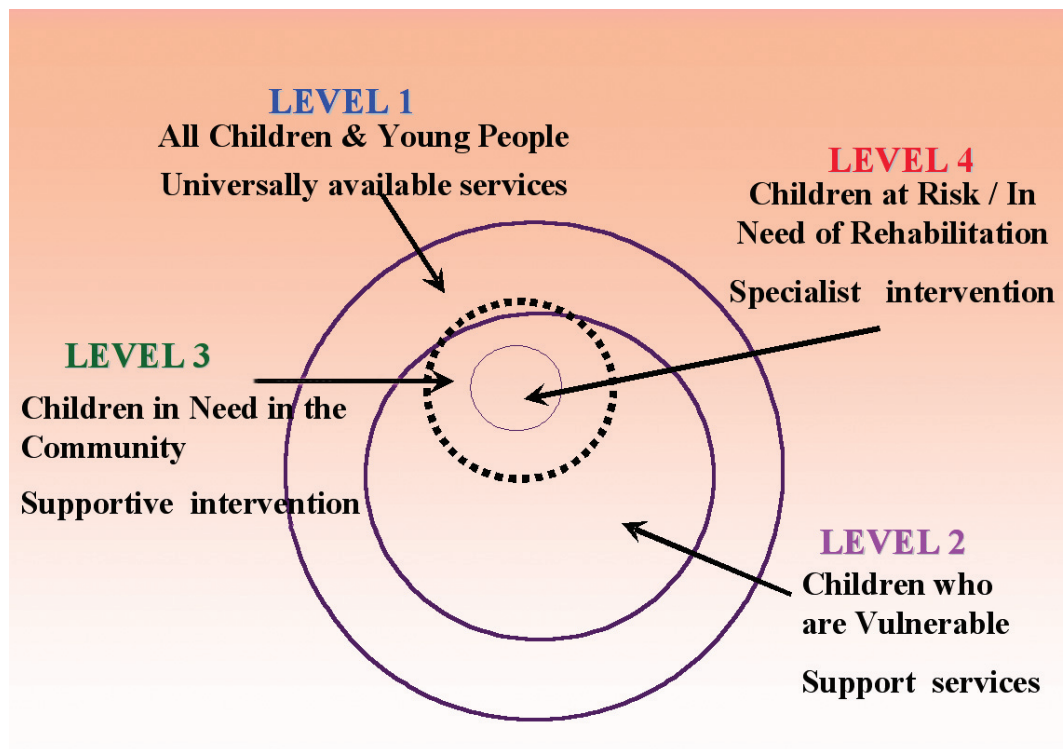
participation support services to member organisations in relation to their work with young people. CiNI leads and supports the voluntary and community sector involvement in the Children's Services Planning process.

In the Republic of Ireland, the Office of the Minister for Children has a significant co-ordinating policy role in relation to children. At local level, the state has committed to the achievement of co-ordinated and integrated services for children by establishing Children's Services Committees as part of existing local authority structures (Government of Ireland, 2006). At the time of writing these committees were coming into being.

Different frameworks for conceptualising needs and services inform planning processes, for example, adopting a prevention approach. Thus need and service responses are seen to operate at primary, secondary and tertiary levels each level relating primarily to the time sequence within which the various courses of action are adopted. This approach was developed initially by Paul Caplan in the context of psychiatry in 1964 (Appelt and Kaselitz, 2000) and is used in many fields.

A framework for service planning which has currency in both Northern Ireland and the Republic of Ireland is that developed by Hardiker and colleagues (1991). See Figure 1 below:

Figure 1 - Hardiker model



Widely recognized internationally as a robust and flexible tool for planning services to meet children's needs (McTernan and Godfrey, 2006), the Hardiker model involves conceptualizing outcomes and services at four levels. The model demonstrates actions at each level and shows the interdependency between the levels. Level 1 represents services provided to the whole population to provide mainstream health care, education and so on. Level 2 represents support for children who are vulnerable. Services are targeted to individual children who need additional services and specialisms. Level 3 represents support to families, or individual children and young people, where there are

chronic or serious problems. It is provided through a complex mix of services, with those provided by the State often involved. Level 4 represents support to families, or individual children and young people, where the family has broken down temporarily or permanently, and the child or young person may be looked after by social services, in youth custody or prison, or as an in-patient, for instance due to disability or mental health problems.

4.2 Integrated Planning for services for children and young people

The rationale for integrated planning is the formulation of plans by and between agencies for the provision of services for a particular group, in this case children and young people. Whilst integrated planning and service provision has been a feature of many areas of social policy for some time, this approach has recently come to the fore as a policy priority in the area of children. The logic for this is clear - problems do not occur in isolation or a vacuum, but rather tend to be multifaceted and require a multi-sectoral response. 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.

Integrated planning is beneficial in many ways: resources can be more effectively used; the stigma of using services can be reduced; both fragmentation and overlap of services can be reduced, if not totally removed; and ineffective services in the locale are easily identified. Research has highlighted that integrated planning, and the resulting integrated provision of services, has in itself led to new and innovative work practices in achieving outcomes for children (Costongs and Springett, 1997; Whyte, 1997). Also, pooling of resources and expertise makes services more accessible for those who need them.

Theoretically, integrated planning is underpinned by a number of principles. It is envisaged as a way of developing effective methods of assisting children and young people

in need of care. It involves the creation of a common space where a complete system of care can be developed by those working with children and young people. Thus, it enables early intervention for at-risk children (Whyte, 1997). It also promotes the inclusion of service users in the development and evaluation of services (Whyte, 1997; Chief Secretary to the Treasury, 2003; Department of Health and Children, 2006). Essentially it means developing a holistic child-centred approach to service delivery (Costongs and Springett, 1997).

Benefits also include the fact that resources are more likely to be pooled and used more effectively (Whyte, 1997; Costongs and Springett, 1997; Richardson and Asthana, 2006); services become more accessible (Whyte, 1997; Chief Secretary to the Treasury, 2003); and the stigma of using such services can be reduced (Whyte, 1997). In addition, services can be developed that would not have been possible without shared resources (Whyte, 1997; Chief Secretary to the Treasury, 2003). Furthermore, ineffective and inefficient services are easily identified (Chief Secretary to the Treasury, 2003), fragmented and overlapping services can be identified and their resources redistributed (Whyte, 1997; Richardson and Asthana, 2006). Finally, integrated planning provides a means for innovation and change (Costongs and Springett, 1997).

However, there are also potential challenges in developing and adopting an integrated approach. An example of this is the extra work load for staff (Costongs and Springett, 1997). Failure by participants to understand fully what integrated-planning and partnership mean can also be a barrier. Lack of communication between staff and a lack of clear leadership can

also contribute to this problem (Costongs and Springett, 1997; Whyte, 1997). Furthermore, a shift in mindset is required for professionals to work together to achieve the set strategy/goal (Costongs and Springett, 1997; Richardson and Asthana, 2006; Whyte, 1997) and particularly when the work requires partnership between professional and voluntary groups (Costongs and Springett, 1997). Forming partnerships and trusting relationships within organisations and between organisations takes time (Costongs and Springett, 1997). This could be overcome by recognising that all participants have an equal role and, while resources may be different, they are all required to ensure success. Integrated training and shared learning in groups has also served to overcome some of these barriers in other areas of provision.

Certain organisational and working conditions facilitate successful integrated planning. To begin with a statutory requirement on all agencies involved is favoured, without which the process relies on good will. Within this, representatives from agencies must be those who are empowered to make decisions on behalf of their respective agencies. Furthermore, commitment should be made to encourage the participation of children and young people in service development and provisions should be made to enable this. Within this process the service-needs of each organisation must be identified and made explicit (Whyte, 1997; Chief Secretary to the Treasury, 2003). Services should aim to be "comprehensive, coherent, committed and flexible" (Quinn, 2005, 16). Continuous evaluation and improvement of services and policies is considered good practice (Chief Secretary to the Treasury, 2003; Whyte, 1997; Costongs and Springett, 1997; Quinn, 2005).

Service staff should have clearly identified roles, and staff training should be provided when needed (Whyte, 1997). There should be clear and continuous communication between staff - "integrated services need integrated staff" (Whyte, 1997). Finally, to be truly effective integrated commissioning needs to follow integrated planning.

Table 2 - Principles which underpin Integrated Planning

1. The creation of a common space where a complete system of care can be developed by those working with children and young people;
2. Developing effective ways of assisting children and young people in need of care;
3. Enabling early intervention for at risk children (Whyte, 1997);
4. Facilitating the inclusion of service users in the development and evaluation of services, a well documented principle (Whyte, 1997; Chief Secretary to the Treasury, 2003; Department of Health and Children, 2006);
5. Developing a holistic child centred approach to service delivery (Costongs and Springett, 1997).

Table 3 - Requirements for Successful Integrated Planning

1. A binding commitment, and provisions are being made, to enable the participation of children and young people in service development;
2. The identification of service needs (Whyte, 1997; Chief Secretary to the Treasury, 2003);
3. Continuous evaluation and improvement of services and policies (Chief Secretary to the Treasury, 2003; Whyte, 1997; Costongs and Springett, 1997; Quinn, 2005);
4. Clearly identified roles for staff, and the provision of staff training when needed (Whyte, 1997);
5. Clear and continuous communication between staff - "integrated services need integrated staff" (Whyte, 1997);
6. Services which are "comprehensive, coherent, committed and flexible" (Quinn, 2005: 16);
7. Joint commissioning needs to follow the joint planning;
8. A statutory requirement on all agencies is needed. Without this the process relies on good will (Chief Secretary to the Treasury, 2003).

Table 5 - Challenges in adopting an integrated planning approach

1. Extra work load for staff (Costongs and Springett, 1997);
2. Forming partnerships and trusting relationships takes time (Costongs and Springett, 1997);
3. A shift in mindset is required for professionals to work together to achieve the set strategy/goal (Costongs and Springett, 1997; Richardson and Asthana, 2006; Whyte, 1997);
4. Divisions can arise between professional and voluntary groups (Costongs and Springett, 1997);
5. Lack of communication between staff and a lack of clear leadership (Costongs and Springett, 1997; Whyte, 1997);

Table 4 - Benefits of Integrated Planning

1. The main benefit is that services are more likely to be coherently child focused – addressing the whole child;
2. Resources are pooled and used more effectively (Whyte, 1997; Costongs and Springett, 1997; Richardson and Asthana, 2006);
3. Services are more accessible (Whyte, 1997; Chief Secretary to the Treasury, 2003);
4. The stigma of using such services can be reduced (Whyte, 1997);
5. Services can be developed that would not have been possible without shared resources (Whyte, 1997; Chief Secretary to the Treasury, 2003);
6. Ineffective and inefficient services are easily identified (Chief Secretary to the Treasury, 2003);
7. Fragmented and overlapping services can be identified and their resources redistributed (Whyte, 1997; Richardson and Asthana, 2006);
8. It provides a means for innovation and change (Costongs and Springett, 1997).

This section has examined the steps and issues involved in developing and adopting an integrated approach for planning services for children and young people.

4.3 Integrated Commissioning for services for children and young people

The literature provides little definitional clarity about exactly what integrated commissioning constitutes (Hudson, 1997). It is viewed as an all-encompassing concept, 'an over arching activity' involving both the planning and purchasing of services (Department of Health, 2005; Gostick, in Secker et al. 2000). Conversely, in some literature it is conceived purely as the purchasing of services (Hudson, 1995) and indeed in some literature the terms integrated planning and integrated commissioning are used interchangeably (Department of Health, 1995). However an encompassing definition is that, at a basic level, integrated commissioning involves "two or more agencies taking joint responsibility for translating strategy into action" (Davidson, cited in Secker et al., 2000: 180; Poxton, 1996, 1; Hudson, 1997, 5). Thus for the purposes of this document and the development of the model for integrated planning, integrated commissioning is seen as a logical, rational progression from integrated planning.

Integrated commissioning 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 joint activities such as joint assessment of needs, and joint training of staff. It is a useful working practice in the area of services for children for a number of reasons. It enables those working in the area to focus on needs, gaps and overlaps in service provision

and in this way can improve accessibility for service users. Furthermore, it promotes value for money, particularly where needs analysis and current service mapping identify services to be considered for commissioning (Poxton, 1996, 7). As it is a joint approach it can facilitate the involvement of children and young people in the development of services.

In addition, integrated commissioning extending from integrated planning provides an innovative, novel method to address existing problems in changing contexts. It creates space to develop new modes of response in changing environments (Rummery, 1998).

Due to the related nature of integrated planning and integrated commissioning many of the factors pertaining to successful integrated planning are also important for integrated commissioning. These include; strategic commitment; clarity; support; good communications; trust, respect and team building; development of formal policies and procedures relating to roles; responsibilities and expectations to govern the commissioning process, which are subject 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. Hence 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. The latter, in particular, is essential to integrated commissioning (Baxter, Weiss and LeGrand, 2007, 212).

Recognition that the output of the integrated planning process should influence the integrated commissioning process, and not the other way around is critically important. To put it another way, what is easily commissioned or purchased should not influence the integrated planning for outcomes process. The requirement of stability of funding is important, as is the opportunity for front-line staff to input into decision-making on spending. In this regard many examples of integrated commissioning cite the role of a commissioning group or board as being instrumental in driving the process forward and linking back into the integrated planning process (Thorp, 2006; 2007). These boards have developed commissioning strategies which have been cognisant of current monies available, how it is being spent with the subsequent goal of re-directing monies if necessary to where it is deemed to be needed more.

This section has provided a background and context to the Integrated Planning and Integrated Commissioning process in Northern Ireland and in the Republic of Ireland. It has also situated one process in relation to the other so that the method is clear.

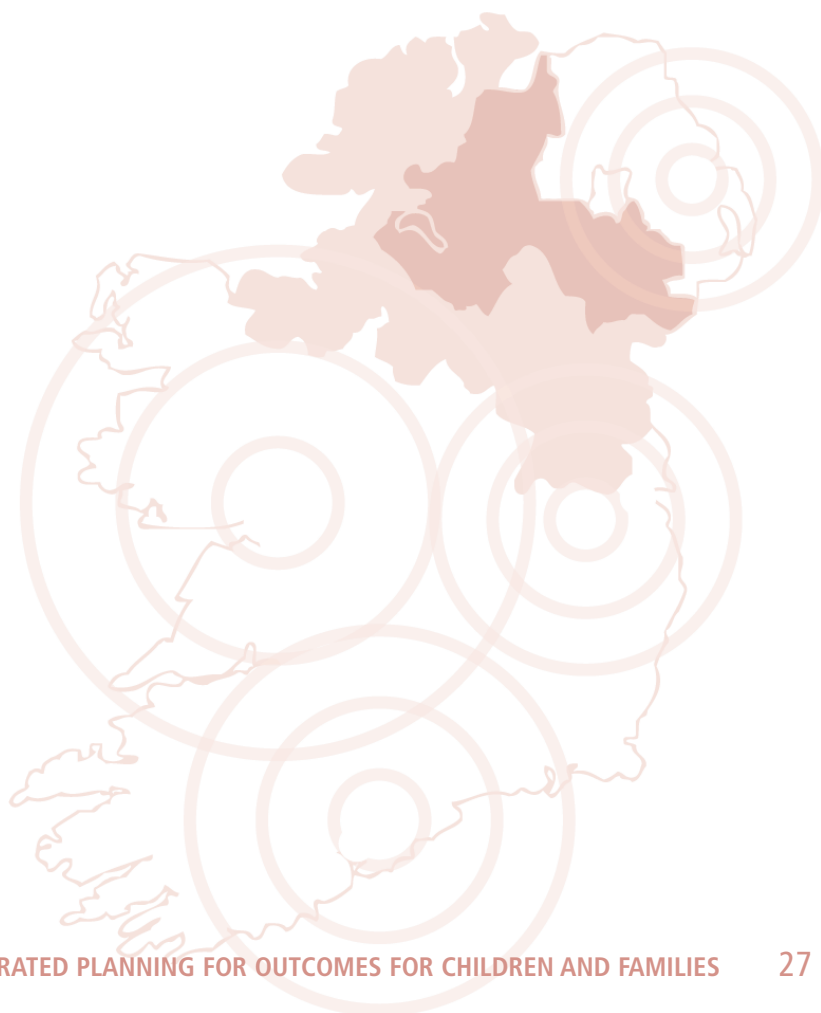
4.4 Reflective Practice in Integrated Planning and Commissioning for better outcomes for children and young people

Those involved in integrated commissioning and service planning for children constantly seek to be 'sure of' and 'make sense of' what they do. Whereas their intent will be that collaboration and integrated planning occurs on the basis of a

robust rationale and fine tuned design, with this rigour they should also ensure a 'modus operandi' of reflective practices. Boud et al (1985) defines reflective practice very neatly as involving "drawing on past experience, reflecting on it in the present and using it to inform future actions." More specifically, in the context of integrated planning for services for children, reflective practice is the process completed by individuals and groups whereby, at each point of development, they reflect on their contribution to the emerging service product. In essence, this requires them to periodically check with others to ensure validation that what is being developed is needed, useful, and likely to lead to the desired outcome. Importantly, rather than being engaged solely in a rigid process of planning, reflective practice as a method allows each player, and the group as a collective the capacity to change their thinking, contribution and behaviour if and when required (Thompson, 2002; Kolb, 1995). Ensuring such openness based on a mixture of mutual respect with solid reasoning is key because, just as individual children and their families have differing needs, helping professionals are not robotic in how they conduct human-to-human interactions up to, and including, organisational and planning procedures (Canavan, 2006).

This processing by service planners in part leads to quality assurance that he/she is doing their best in a way that can be perceived later as most useful by those who receive the new or redesigned service. It can also help ensure that emergent service performance is seen as containing the key four 'Cs' in relation to staff - commitment, care, confidence and competence. In sum, it is recommended here that, rather than plan services in isolation from what are considered to be rigorous theoretically sound

and proven models (which of course are important), in order to ensure best fit between what is provided and how it is implemented a process which checks, challenges and changes is required. For example, factors that need to be considered include: what will work given nuances such as staffing competencies; finite resources; community contexts; and specific challenges in working with sometimes very difficult to engage populations (Kenny, 2007). Where practicable, reflective thinking also accommodates the wisdom of staff and service users as “sounding boards” in the planning process, and merges the theoretical underpinning in terms of what is known and proven to be sound (know of) with the ‘on the ground’ skills of stakeholders (know how), and the resultant reflective process which emerges mirrors ‘current realities’ (know to) (Dolan, 2006).



PART 5

PARTICIPATION: CONCEPT AND PRACTICES

This section introduces the concept and practice of participation of children, young people, families and the wider community in service planning, commissioning and delivery. It begins with a general discussion of the concept of participation before relating this discussion to children and young people specifically. It also details methods of participation evident in the literature before highlighting some challenges participation presents.

5.1 Participation

The notion of service users having a say in the development of services has become increasingly common in recent times. Such tendencies have become visible in both Ireland and the UK over the last twenty years or so. The reasons for this are many. Government agendas and other influences can be cited as influencing factors in generating debate on participation. Aspects of public sector reform, particularly those which characterise the citizen as consumer, customer or client, emphasise user involvement in policy affairs (Sinclair, 2004, 107).

Yet, participation is not simply about involving service users in development or evaluation; it also implies engaging the wider community so as to increase equality, transparency, accountability of the service and empowerment (Carr, 2004; WHSSB, 2005, 11-15). Participation

can also lead to increased ownership of the policy, which can in turn lead to improved utilisation of services; in fact the act of participation alone can help foster a positive outlook (Ritchie et al., 2004; WHSSB, 2005, 11). Furthermore, it can enhance responsiveness of service providers and policy makers to problems through easier, quicker, identification of problems and issues. It can also rebalance power divisions – an acknowledged problem in children's services particularly, where adults are seen as the agenda setters.

Implicit in this is the realisation that services and service provision can affect and impact upon more than just those who use them. Family and friends of service users can be affected by the impact of the service, as can voluntary or community organisations involved in related service provision. In addition, advocates and carers are also important stakeholders who should be engaged with (WHSSB, 2005, 19). Participation can also lead to valuable feedback on service provision. The key anchor for user and wider public engagement is genuine commitment to partnership. If this is in place, different forms of participation and engagement will be easier to develop.

Sinclair (2004, 108-10), in her analysis of participation, identifies four dimensions to the concept:

1. The degree of engagement – certain tasks may require particular levels and different types of engagement.
2. Participation arena – whilst much of the literature discusses participation in the public arena, a full and comprehensive understanding of the concept involves tackling the level of decision-making in the private sphere also. Furthermore, there are issues here around reconciling, if possible, the opinions of participants collectively with those of the individual.
3. What type of participatory structure is to be used (a discussion of some examples of these are described features below);
4. Including all participants – for example the term child is diverse and all-encompassing; therefore how organisations ensure representation of all ages, ethnicities and abilities is crucial to the process.

Despite a lot of theorising there still remains much confusion around what specific terms mean. For example, participation has often been substituted for consultation, despite the fact that both can mean quite different things to those who conceive what may broadly be called participatory mechanisms. Hill et al. (2004, 83) provide a working template for using such terms. Where consultation is viewed as seeking views and being merely one-way, participation is a process – and should take place from the start to the end of a planning procedure. It is not a one-off event.

It requires dedicated resources to ensure its effectiveness. To be effective in this process children and young people should be supported.

5.2 Participation of Children and Young People

The Children's Rights agenda has also been responsible for instigating debate on the role of children in policy formulation and implementation. The evolution of the sociology of childhood has caused the identification of the child as a component social actor in their own right, complete with separate cultures, mores, and meanings (Brady, 2007, 32). Considering that children and young people constitute what has been described as one of the most governed groups in society (Hill et al., 2004, 77-8), it seems quite paradoxical that there has generally been no tendency to involve them in the development of state and other interventions towards them. Further contradictions emerge when the position of children is located within the social inclusion agenda, of which participation is viewed as a key instrument.

There have been numerous successes at defining participation and exploration of the possibility of doing 'participation' with children. Getting 'participation' right is the challenge. Participation involves direct involvement in

decision-making at the initiative of decision-makers, children or their representatives and may be a two-way process, where as consultation involves seeking the views of constituent groups, is generally initiated by decision-makers or appointees and is largely a one-way process. The latter has become vogue in governmental arenas of late, largely because it is perceived to produce better policy, provides accurate feedback about services, and provides differing, sometimes less institutionalised insights into policy problems and solutions (Pinkerton, 2004, 121). As previously recognised, the participation of adults, staff and the wider community is important in integrated planning and service provision.

As part of the participation agenda it is important to consider that children may have different views on a whole range of issues when compared with adults working in the area. Melton and Limber (1992, cited in Morrow 1999) identify four reasons why it is important to hear children's views and include them:

- Children's perspectives on their rights may differ from those of adults;
- Children's concepts of their rights may aid the design and modus operandi for implementing their rights with the highest regard for their dignity;
- Hearing children's voices show's respect for children as persons;
- Listening to children's perspectives on their rights is important for their legal and political socialisation.

Although these points are made specifically in relation to children's rights, they can be seen as having a wider resonance for service development generally.

As policy actors Kay et al. (2004) found that children possess a number of diverse resources that they can bring to the table. These include: information and knowledge; ability to pressurise capacity to mobilise and their value as policy actors themselves (in that they are of strategic importance to policymakers and other actors).

Stafford et al. (2003) identify a number of potential methods to engage with young people and relate the positive and negative effects of each method. A sample of the more prominent methods is outlined in Table 6.

Table 6 - Methods used to facilitate the participation of children

SMALL GROUP DISCUSSION	<p>Positives: combats shyness, instigates discussion in a comfortable atmosphere, it is fun, quick, and convenient;</p> <p>Negatives: limits numbers involved which lead to resentment, children fear inaccurate reporting of opinions (Stafford et al., 2003).</p>
QUESTIONNAIRES	<p>Positives: large numbers take part, greater accuracy, combats shyness, ensures confidentiality, permits full expression;</p> <p>Negatives: boring, can often contain complex language, can be inaccurate if undertaken in certain areas like schools, long surveys can be intimidating (Stafford et al., 2003).</p>
ONLINE SURVEYS	<p>Negative: accessibility, privacy issues, skewing of numbers, fear of monitoring;</p> <p>Positives: positive conclusions have been identified in some research, particularly Brady (2004; 2007), where small, focused IT methods have permitted informal aspects and greater ownership by participant children;</p>
YOUTH FORUM/ COUNCILS	<p>Positives: no impediments to expression; space to speak; generates knowledge of others, encompassing;</p> <p>Negatives: not much is achieved, tokenistic, issues of representation. (Stafford et al., 2003)</p>

The above methods of participation have been broadly characterised into two categories: the first two as simple and the latter two as innovative (Hill et al., 2004). Whilst the former may be cheap and easy to establish or run, they may only attract certain types of individuals. Innovative models, by contrast, offer children an opportunity to contribute more fruitfully to political debate and permit the development of creative space. Yet these methods are costly, unpredictable and require constant adjustment and regeneration to prevent dominance by any individual or 'clique.' However, other developments in the Republic of Ireland have offered children a voice. The process leading to the publication of the National Children's Strategy in 2000 has been identified as significant (Pinkerton, 2004). However, it was largely a consultative process resulting in government pledging to facilitate the enhancement of subsequent participation by children in a variety of organisations, state, voluntary and community. Yet Pinkerton highlights that, after four years of the strategy tentative evaluations have ignored the voice of children:

'The means will have to be found to collect and analyse diverse forms of information: national statistical well-being indicators; video diaries made by young people; the recorded proceedings of children's parliaments. Adults cannot do that alone. The way ahead will only emerge through close working alongside children and young people themselves' (Pinkerton, 2004, 129).

Indeed, in an evaluation review of Comhairle na nOg a number of recommendations were made, including: recognition of the bodies as the official consulting process; increasing the capacities of voluntary organisations to

promote participation and working relationships; monitoring of attendance to ensure diversity of representation; and accurate funding to reflect true costs of those participating (Murphy, 2004). Nevertheless, recent initiatives in the Republic of Ireland emphasise the importance of policy makers, service providers and practitioners hearing the voice of the child (OMC, 2007).

It would be folly to deny challenges however. In the past barriers to participation have tended to revolve around the characterisation of children by adults, and the power relationships that such characterisation results in. Adults are cited as being fearful of losing power and are thus unwilling to permit such emancipatory engagement. Related to this is the fear that children, if given such a role, will act irresponsibly. On a practical level, views are often not sought from an organisational perspective because of funding difficulties, the need for government agencies in particular to meet performance targets (or indeed if there happens to be a target requiring participation or consultation meeting the target becomes the focus), a lack of staff training or an overall lack of commitment (Hill et al., 2004, 82-84).

Ultimately participation by the wider community, and more specifically by children in the services that affect them, is productive and will lead to better outcomes for children through more 'service user specific' service planning and delivery.

PART 6

CONCLUSION

The function of this literature review is to act as a backing document to the Model for Integrated Planning for Outcomes for Children and Families. It aims to provide underpinning evidence from research and policy sources for the key concepts and approaches adopted in the model. It also serves as a start point for anybody interested in developing their thinking further in this whole area. What the review demonstrates is strong support for integrated planning and commissioning driven by rights based, outcomes- and indicators-focused approaches. It highlights participation as a key unifying theme across each of these areas. The review also demonstrates that realizing integrated planning for outcomes for children is not without significant challenges, at policy, organizational, individual and resource levels. Critically, however, the review has clarified that in both the Republic of Ireland and Northern Ireland a highly receptive policy context exists for adopting a new Model for Integrated Planning for Outcomes for Children.

**"JOINING THE WORK
TO MAKE THE DIFFERENCE..."**



**"JOINING THE INFORMATION
TO MEASURE THE DIFFERENCE..."**

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