

**Weighing up the Evidence: Implementing Joint Commissioning in  
Children's Services**

By

Lucy Ann-Marie Loveless

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## **ABSTRACT**

Contemporary policy developments have signalled a shift in emphasis for Local Authorities from service delivery to service commissioning. The Every Child Matters policy agenda identified joint commissioning as an important mechanism for delivering integrated services and better outcomes for children.

Taking a case study approach and drawing on literature from the fields of policy implementation and evidence-based policy making this thesis explores the implementation of joint commissioning in one local authority. It examines how different policy actors conceptualise and practice commissioning within a particular organisational and political context.

In so doing it illustrates that policy is interpreted and reformulated at a local level, existing as the outcome of a complex set of interactions and 'negotiated settlements' between actors that are in part contingent upon the local political and organisational context and in part upon actors' value systems, epistemological positions and goal interests.

Different ways in which commissioning is understood or 'framed' are orientated around alternative value systems with respect to accountability and its perceived acceptability as a mechanism of governance for public services. This in turn means that policy actors assign different roles to the forms of evidence with which they identify and construct responses to policy problems. Hence evidence for upwards accountability, principally framed as managerial targets and outputs, prefigures in the priority setting and evaluative 'stages' of the commissioning 'cycle', whilst appeal to a values base and experiential knowledge take centre stage in formulating local responses to identified priorities. Achieving the rhetorical ideal of evidence-based commissioning is thus compromised not only by the political and institutional context in which this takes place but also by the conceptual challenges this presents to differently situated policy actors.

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## **ABBREVIATIONS**

CT - Children's Trust

CCT - Compulsory Competitive Tendering

CF - Children's Fund

CSCI - Commission for Social Care Inspectorate

CSP - Commissioning Support Programme

CSR - Case Study Research

CTPT - Children's Trust Project Team

CYPP - Children and Young People's Plan

CYPTB - Children and Young People's Trust Board

DCS - Director of Children's Services

DCSF – Department of Children, Schools and Families

DH – Department of Health

DJC – Director of Joint Commissioning

DPH – Director of Public Health

DPJC – Directorate of Partnership and Joint Commissioning

EBP – Evidence Based Policy

EBPM- Evidence Based Policy Making

ECM – Every Child Matters

JAR – Joint Area Review

JSNA – Joint Strategic Needs Assessment

LA – Local Authority

LAA – Local Area Agreement

LSP - Local Strategic Partnership

NL - New Labour

NR - New Right

NPM - New Public Management

NSF - National Service Framework

PCT - Primary Care Trust

PM - Performance Management

RCT - Random Control Trial

SLA - Service Level Agreement

SLB - Street Level Bureaucrats

ToC - Theory of Change

TS - Third Sector

TSO - Third Sector Organisation

VCS - Voluntary and Community Sector

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# CHAPTER ONE: INTRODUCTION

## 1.1 Children's services commissioning

Under the former Labour government the adoption of an outcome-based commissioning approach to coordinating the delivery of children's services was presented as the optimal institutional arrangement for securing more effective and cost-efficient provision (DfES/DH 2005; HM Government 2006). This reflected New Labour's broader policy drive to redefine the role of Local Authorities from service providers to 'place shapers' (CLG 2006), expected to employ the techniques of market development, performance management and better procurement to commission more innovative and cost-effective services.

The New Labour (NL) government set out a radical programme for the reform of children's services most significantly through the green paper Every Child Matters (ECM) (DfES 2003). Later referred to as the 'Change for Children' policy agenda this was intended to improve outcomes through the reconfiguration and integration of governance arrangements, strategic planning and front line services. ECM also established a universal set of priority outcomes that spoke to five broad policy areas: health; safety; enjoyment and achievement; economic well-being and contribution to society. Joint commissioning, identified as sitting 'at the heart of improving outcomes' and achieving this 'whole system change', was described as the process of: *'developing an overall picture of children's needs within an area, and developing provision through public, private, voluntary and community providers to respond to those needs'* (DfES, 2003: 72).

The green paper established children's trusts (CTs) as the strategic partnership arrangements for joint planning and commissioning with the subsequent Children Act 2004 (DfES 2004a)

providing the legislative framework for securing systematic and formalised partnership working between key agencies, although notably this excluded schools and GPs. The Act also made CTs responsible for the production of a single, overarching 'Children and Young People's Plan' (CYPP) intended to provide coherence to strategic planning and commissioning by identifying a set of agreed targets and priorities, and describing the contribution of different agencies to their achievement. Horizontal collaboration and mandated partnership were championed on the basis that fragmentation and poor communication were responsible for previous failures in children's services (DH 2003a) but were also central characteristics of NL's 'third way' political project (Blair 1998; Giddens 1998) expected to deliver more 'joined up' responses to complex policy problems.

The development of a commissioning role for CTs was supported by a 'Joint Planning and Commissioning Framework for Children, Young People and Maternity Services' (HM Government, 2006). This presented joint commissioning as a rational, sequential, approach to strategic decision-making. It described a nine-stage commissioning 'cycle' involving the processes of needs assessment and priority setting, the development of local markets to improve supply choices, contracting and service procurement and performance management. Since the publication of the guidance variants of this cyclical staged model have been widely adopted with different agencies setting out their frameworks for commissioning along similar lines (e.g. CSIP 2007; DH 2009).

The joint planning and commissioning framework asked CT partners to target services by consideration to the 'priority outcomes' identified by ECM and measured through a set of nationally defined performance indicators and targets. The focus on outcomes was intended

to re-orientate traditional thinking on performance management away from inputs, processes and outputs towards a form of results-based accountability with providers expected to demonstrate evidence of the effectiveness of their services.

The guidance also reflected a second central theme of the NL policy environment, that of 'evidence-based' policy and practice. Evidence from multiple sources, including service mapping, quantitative and administrative data, and qualitative data from service users and providers was expected to play a central role in the various processes associated with commissioning. In addition, CT partnerships were expected to weigh up evidence of 'what works' in designing the profile of services most likely to 'secure priority outcomes' taking account of both national and local research and with an increased focus on 'prevention and early intervention' (HM Government, 2006: 14). The twin emphases on outcome-based accountability and evidence-based decision-making together brought significant changes to data collection requirements.

Under NL the appeal to evidence-based policy making also provided a rhetorical justification for an extended role for markets based on the argument that it was 'what worked' not who provided that mattered most (Blunkett 2000). This reflected an ideological preference for market style reforms and a commitment to promote market mechanisms as a way of securing service improvements and efficiency gains. The joint commissioning framework, as well as later guidance (DCSF 2007a), highlighted the role of commissioning partnerships in encouraging the development of provider diversity in the interests of competition and market contestability. A series of reports were commissioned by the DfES/DCSF to

investigate the existing state of a number of children's services markets and their potential for expansion (PWC 2004; PWC, 2006; PWC 2007a; PWC 2007b).

The goal of promoting an expanded market for children's services also embraced that of extending the role of the third sector (TS) as an alternative provider base to the state or private sectors (Alcock 2010). Active government support was given for an enhanced role for the TS in delivering a range of children's services (CYPUP 2001; DfES 2007; DCSF 2009), and CT boards and commissioning partnerships were expected to encourage TS involvement (DfES 2007; DH 2003b). In 2006 the National Programme for Third Sector Commissioning was launched by the Office of the Third Sector establishing commissioning as the key mode of organising and coordinating TS delivery of public services.

In short, children's services commissioning was presented as a process concerned with both improving the rationality of local decision making and planning by taking an evidence-based approach to need assessment and priority setting, and delivering greater efficiency and control of delivery through encouraging provider diversity and competition coupled with performance management through outcome based contracting.

## **1.2 Implementing commissioning**

Collaborative commissioning on the basis of outcomes has been held up as a self-evident virtue with the claim that it will lead to needs-led provision, better outcomes, more choice and greater efficiency (CSCI 2006; DCSF 2007a; Cozens et al 2007; Smyth 2007; DH/DCSF 2009; Commissioning Support Programme 2009). Not only has commissioning been endowed with the potential to improve outcomes and deliver cost savings, but also to 'transform people's lives through better services' (CSCI 2006). By incorporating partnership

with evidence-based decision-making and outcome-based accountability joint commissioning has been presented as a key mechanism for enhancing the project of rational, consensual and 'non-political' policy making at the local level. Underpinning these claims is a set of assumptions about the capacity of a joint approach, based on formalised partnership, to deliver more coherent responses to complex policy problems; the ability of market-type mechanisms to drive improvement and efficiency; and the possibility of a rationally driven, evidence-based local policy process. Evidence, however, suggests that implementing commissioning has proved far from straightforward with problems related to each of these three themes.

Intended to serve as fore-runners to CTs the strategic partnerships established through the Children's Fund experienced a number of difficulties in the effective development and functioning of commissioning structures and processes (Edwards, et al. 2006). Since then joint commissioning has been slow to develop through CTs with problems in realising collective decision making and reluctance to pool budgets and resources (Audit Commission 2008). Where commissioning has been accomplished its scope has been narrowly defined tending to focus on specialised targeted services rather than universal or preventative provision (Audit Commission 2008; Bachmann et al 2006, 2009; UEA/NCB 2007).

Furthermore the tardy development of integrated strategic and front-line working in children's services has highlighted enduring tensions between hierarchical central-local governance structures and mechanisms for performance management and the goals of network governance and integrated delivery (Bachmann et al 2009; UEA/NCB 2007). The engagement of TS organisations in strategic commissioning groups has also proved problematic suggesting not only problems of capacity but tensions between the twin

imperatives of collaboration and competition and a persisting imbalance of power between the sectors (Audit Commission 2008; Gill et al 2011; Shared Intelligence 2008;9).

The policy of market expansion in children's services was based on the assertion that the application of private sector principles and practices would deliver better outcomes for children. However there is a lack of empirical evidence giving strong or equivocal support for the former DCSF claim that a more diverse children's services market would lead to 'better outcomes', 'higher quality', 'lower cost', and more innovative services that 'offer consumers a greater choice' (DCSF 2007a: 4). Evidence suggests that the principles of contestability and competition have not been extensively applied in children's services (Grace et al 2007). However, even in areas of provision that have been subject to market-style reforms for some time (e.g. residential care, adoption and fostering services), there is little evidence that these have delivered better outcomes or achieved cost-savings (Kirton et al 2007; Sellick and Connolly 2002).

Research shows that Local Authorities (LAs) have varied experiences of and success in applying the principles of competition and contestability with some showing a reluctance to externalise (Grace et al 2007). Explanations offered by government-funded reviews and inspection reports highlight problems with contractual and commissioning competence and capacity but also acknowledge a range of managerial concerns including supply-side problems, 'principal-agent' difficulties and the economic and political transactional costs associated with outsourcing (Audit Commission, 2003, 2007a, 2008; PWC 2004; Grace et al 2007). However, LA officers also articulate a number of ethical and political arguments against the appropriateness or desirability of extending market approaches and

externalisation. These include tensions between working in partnership with communities whilst pursuing efficiency objectives, ethical barriers to externalising more sensitive service areas such as child protection, and the desire to maintain control of the delivery of public services alongside protecting organisational 'core competencies' (Entwhistle and Martin 2005; Grace et al 2007; PWC 2004).

Research also highlights a number of complexities, difficulties and challenges associated with implementing evidenced, outcome-based approaches (Hughes and Fielding 2006; SHM 2009). The shift from commissioning against needs to outcome-based planning has posed a challenge to local strategic partnerships, with many expressing difficulties in defining 'outcomes' as opposed to outputs or needs, particularly in the context of preventative services or complex problems requiring an interagency approach (Hansen and Plewis, 2004; Hughes and Fielding 2006; SHM 2009). Furthermore, the complexities of risk factor analysis in targeting interventions at those most likely to experience negative outcomes have been subject to considerable debate (Armstrong 2006; France 2008; France and Utting 2005; Hughes and Fielding, 2006). In short, attempts to determine specific risk factors are extremely difficult due to the complex relationships between the numerous inter-related factors that might give rise to negative outcomes. Exploring the interactions and relationships between these factors requires substantial expertise in statistical modelling and multilevel analysis that is likely to be lacking at local level (Hughes and Fielding, 2006). In other words, designing outcome measures that can steer service planning sufficiently accurately so as to produce outcome improvement is a far from straight forward process. The implementation of local strategies indicates a gap between understandings of the

identified problem and the design of interventions capable of delivering desired outcome objectives (Chamberlain, et al 2010; Edwards, et al., 2006).

These findings are subsumed within a broader set of problems associated with realising an evidence-based approach to decision making and policy making (Davies et al 2000).

Evidence-based planning and practice became a policy imperative under NL but this was underpinned by a set of assumptions about the nature of evidence and the context in which that evidence would be employed. While the processes of implementing an evidence-based approach have tended to be over-looked by policy makers they have been subject to considerable attention by scholars. Empirical studies highlight the selective take-up of evidence and its adaptation to local circumstance (Coote et al 2004; Spicer and Smith 2006) whilst academics from a constructionist perspective suggest that knowledge is situated, derives from multiple sources, and is open to interpretation (Freeman 2007).

In the face of this complex set of challenges and tensions the process of putting joint outcome-based commissioning into practice presents an interesting case for a study of implementation. Existing literature on developing children's commissioning has largely been generated from government departments (e.g. DCSF 2007a), agencies and consultancies (e.g. Audit Commission 2008; Cozens 2007; IdEA 2009; PWC 2004; SHM 2009) or been 'technocratically' orientated in the form of commissioning guidance and frameworks (e.g. DH 2007a 2007b 2007c; HM Government 2006; Utting et al 2008). In the main this literature has tended to reflect an 'implementation deficit' (Pressman and Wildavsky 1984) approach, identifying a lack of commissioning competence and capacity (Audit Commission 2008; PWC 2004, 2006), confused statutory guidance and obstructive partnership working (Audit

Commission 2008) as barriers to the development of effective commissioning structures and processes. However it also hints at the complexity of local policy implementation. For example, one former DCSF commissioned report highlights the importance of understanding local organisational and political factors as constraints on developing integrated commissioning and includes discussion of the conceptual problems of developing an outcome approach (SHM 2009).

What is lacking however is a more theoretically orientated research based literature aimed at developing understandings of both the importance of this contextual detail on the way in which commissioning is interpreted and developed locally, and of the experiences of commissioning partnerships in dealing with the challenges presented by the requirement to take an evidenced, outcome-based approach to planning services.

### **1.3 The research**

The aim of this thesis is to fill a gap in the existing literature through examining the implementation of joint outcome- based commissioning at the micro-level. The research presented is based on a case study analysis of commissioning structures, processes and decisions in one LA. Concern is with what happens to a policy directive at the point of implementation with an emphasis on the role played by knowledge, ideas and interpretation in shaping policy action, and the relationship between these and the organisational, strategic and resource interests of policy implementers.

The thesis is concerned with developing understanding of the various ways in which differently situated stakeholders interpret and relate to formal policy. Commissioning as

policy is understood as a set of directives concerned with process or policy means, rather than a set of objectives defined in relation to concrete programmes of service delivery. The main focus of analysis is on policy implementation at a layer once removed from front-line service delivery. This is the point of practice where policy is translated by strategic planners, service managers, commissioners and partnerships; an intermediate layer between the 'street-level' (Lipsky 1980, 2010) where policy is developed in practice and the macro level from where policy is formally directed.

The primary research question that the thesis seeks to answer is: How is joint commissioning being conceptualised and developed as a process for identifying and delivering priority outcomes for children?

Subsequent questions are grouped under two analytical themes: the first speaks to the political and organisational context in which, commissioning is evolved and decision making takes place and the second to the ways in which evidence is gathered, understood and used and by strategic decision makers and service providers.

In reference to the first theme the emphasis is on both the context in which commissioning is being implemented and the meaning that commissioning has for differently situated policy actors. The overarching question for this theme is:

1. What are the key organizational and policy factors influencing the local interpretation and development of joint commissioning?

With the following four sub-questions:

1.1 What are the organisational/institutional barriers and facilitators to implementing joint commissioning

1.2 How do past histories of service provision and partnership working impact on the implementation of joint commissioning arrangements?

1.3 How do different stakeholders understand the role commissioning might, or might not play in delivering better outcomes for children?

1.4 What discourses and arguments do different stakeholders draw on to make the case for, or against commissioning?

The focus of the second theme is the interpretation and application of evidence in practice.

The overarching question for this theme is:

2. What are the conceptual and methodological challenges presented by the requirement to take an evidenced, outcome-based approach to planning and commissioning services?

With the following three sub-questions:

2.1 How are national policy objectives, with an emphasis on centrally determined targets, evidence-based policy and practice translated into local policy and service development?

2.2 What role do different forms of evidence play in the processes of 'priority outcome' setting, need assessment, targeting and subsequent commissioning strategies and processes?

2.3 How do commissioners and providers identify and evidence effective strategies and interventions understood to lead to the successful achievement of desired outcomes?

#### **1.4 Structure of thesis**

The thesis is structured into nine chapters. The following chapter provides an overview of two broadly distinctive approaches to the study of policy implementation focusing primarily on that which has been referred to as 'post-positivist' (Fischer 2003). From this perspective policy is understood as social construct: the product of a set of context-specific interpretations and negotiations shaped by the various experiences, interests and values of multiple actors at different levels of the policy process (Barrett and Fudge 1981; Hill and Hupe 2002, 2009). The suggestion is that the implications of any policy directive are revealed in practice and that implementation is therefore of central rather than peripheral analytical importance.

The chapter explores the role of negotiation, discretion and subversion in shaping policy outcomes examining Lipsky's (1980) theory of street-level bureaucracy and Barrett and Fudge's (1981) idea of a 'policy-action' continuum. It then goes on to relate the study of implementation to contemporary transformations of the public sector with particular reference to the changing nature of governance implied by managerialism and the shift from bureaucratic hierarchies to markets and networks. Chapter 2 thereby frames the specific example of policy implementation with which this study is concerned, the context of which is unpacked in the following two chapters.

Chapter 3 speaks to the first analytical theme being concerned with the political and organisational implications of commissioning as a form of contemporary governance. As such commissioning is understood to provide a tool for the co-ordination and management of service delivery in the context of a reduced role for the statutory sector in direct provision. It is understood as representing a confluence of some of the central tenants of the former Labour government's 'modernisation' of welfare: partnership and an enhanced role for the TS alongside the expansion of welfare 'markets' with contestability and choice functioning as key drivers for reform.

Chapter 4 addresses the second analytical theme exploring commissioning in the context of evidence based policy making and outcome based accountability. It discusses some of the conceptual and methodological challenges presented by these approaches and reflects on the underlying assumptions made relating to the nature of evidence and the ways in which that evidence might be applied in practice.

Chapter 5 describes the interpretive approach and case study methods adopted. Semi-structured interviews were conducted with 23 strategic stakeholders and service providers chosen to reflect the range of organisations and sectors planning and delivering children's services. These were supplemented by documentary analysis of a range of strategic and operational documents to build a picture of how commissioning was received, interpreted, and negotiated in practice.

The case study analysis is presented in Chapters 6-8. Chapter 6 is concerned with the first of the two analytical themes described above. It explores the events and circumstances that provided the historical and political context for implementing commissioning in the case

study LA with particular reference to the contextual factors acting as barriers or facilitators of commissioning processes. Chapter 7 builds on this exploring the different ways in which variously situated stakeholders constructed and reworked understandings of commissioning drawing on different policy discourses of accountability and governance to justify their positions and actions with regard to commissioning and comparing these with experiences of commissioning in practice. Chapter 8 is concerned with the second analytical theme, exploring how strategic decision-makers and providers collated, interpreted and applied different forms of evidence to make policy at a local level. Chapter 9 provides a discussion of research findings in reference to the literature in chapters 2-4.

## **CHAPTER TWO: POLICY IMPLEMENTATION**

### **2.1 Introduction**

The purpose of this chapter is to locate the research questions within a body of existing theoretical and empirical literature that has contributed to understandings of policy implementation and to identify themes that will be later drawn upon to develop the analysis of the case study.

It begins with an exploration of what have emerged as two approaches to implementation analysis, broadly distinct in terms of their theoretical assumptions, foci of analysis and methodological approach (Hill and Hupe 2009). The chapter focuses primarily on that which has been termed 'post-positivist' (Fischer 2003), viewing policy as the mediated outcome of the actions and interpretations of a diversity of actors at different levels of the process (Hill and Hupe 2003). It considers the enduring significance of Lipsky's seminal thesis on street-level bureaucracy (Lipsky 1980, 2010) and the scope for discretionary and subversive action (Prior and Barnes 2009) in shaping policy at the point of implementation. It then moves on to consider implementation in the context of complex and overlapping 'regimes' of governance that imply the need to look behind the 'front-line' and consider the opportunities for discretionary action for a broader range of implementing actors in a 'dispersed field of agency and power' (Newman 2004: 20).

### **2.2 Theorising implementation**

The field of implementation studies has grown in scope and complexity since the 1970s, incorporating theoretical knowledge from a range of disciplines including political science, public administration and organisational sociology (Hill and Hupe 2009). Whilst this

complexity reflects a lack of theoretical consensus what unifies these different approaches is the observation that governments often appear unable to put policy into effect as originally intended or that policy directives may have unanticipated outcomes (Barrett and Fudge 1981).

From what has been labelled a 'top-down' perspective (Hill 2005; Parsons 1995) this is perceived as problematic and attention is focused on both achieving compliance and improving policy design. A 'top-down' perspective typically implies a rational approach to policy formulation and implementation, and assumes a clear distinction between the latter and the former as separate stages in a 'policy cycle' (Hill 2005). Such a perspective is predicated on an assumption that policy works to a set of clearly prescribed goals and that where these goals are not achieved 'policy failure' is due to an 'implementation deficit' (Pressman and Wildavsky 1984).

In contrast, alternative approaches highlight the failure of the top down school to adequately consider issues related to power relations, conflicts of interest, differing value systems and the significance of human agency in shaping policy outcomes. From this second perspective, referred to by some scholars as 'post-positivist' (Fischer 1998), the production of outcomes that differ from original intention are not seen as 'policy failures'. Instead, policy is understood as social construct; the cumulative outcome of a complex set of individual and collective interpretations and behaviours that are contingent upon, and constrained by, a range of personal, institutional, and resource factors (e.g. Barnes and Prior 2009; Barrett and Fudge 1981; Lipsky 1980, 2010).

These two approaches imply not only distinct sets of assumptions about how policy outcomes are produced, but also different objects of analysis and methodological approaches (Hill and Hupe 2009). The alternative or 'post-positivist' (Fischer 1998) approach is the one taken in this thesis. This chapter thus also lays the foundations for an interpretive approach to the study of policy implementation that is subsequently built upon in chapter 5.

### **2.3 Implementing policy: the 'top-down' perspective**

In what has been described as a 'stagist' or 'text book' (Nakamura 1987) approach to policy analysis the policy process is viewed as a series of discrete, successive steps whereby agenda setting or problem definition is followed by the identification of alternative solutions and subsequent detailed formulation of a policy response (e.g. Hogwood and Gunn 1984; Simon 1976). This policy formulation stage is followed by implementation and finally evaluation, the latter being instrumental, feeding back up to formulation level to inform possible dissolution, continuation or adaption of the original policy option (e.g. Dror 1989).

'Top down' approaches to policy analysis have been most closely associated with this 'stagist' model (Hill 2005; Parsons 1995). Policy action is understood as goal orientated, purposive action, that pursues clear objectives based on considered assessment of different possible ways of achieving them. From this 'instrumentally rational' perspective (Stone 2002) there is an implied assumption that it is possible to identify relatively clear cut and 'apolitical' solutions to social problems (Schwandt 1997).

The rational model of policy analysis has been described by Fischer (2003) as a form of 'technocratic governance', concerned with improving the efficiency and effectiveness of the administrative means through which policy goals are realised. A technocratic approach he

argues, is underwritten by a positivist epistemology that translates complex social problems as 'technically defined ends' and locates their solutions in the 'objective collection of data' and the application of rational decision making (Fischer 2003: 5). As Nutley and Webb suggest (2000: 25), it resonates well with the idea of evidence-based policy making whereby a rational input of evidence of 'what works' is understood as key to better policy decision making. It is also closely mirrored by the staged approach to commissioning described in the previous chapter.

These latter points are pursued in more detail in chapter 4, where the role that different forms of evidence might play in the processes of decision making is explored. The following sections explore, in greater depth, the assumption that policy involves a clearly defined set of goals and that 'failure' to achieve these is due to faults or deficits in implementation, understood as a discrete 'stage' in the policy process.

With some notable exceptions (e.g. Blau 1955) policy analysis, until the 1970s, was more concerned with policy making than implementation with consequently less attention focused on the role of local bureaucracies and service providers in determining the evolution of policy (Parsons 1995). Pressman and Wildavsky (1984) are generally heralded as being most influential in drawing attention to the problems of policy implementation. In their oft-cited study of an Economic Development Agency in Oakland, California, they demonstrate that what happens when policy is implemented may bear little resemblance to how that policy was conceived at national level. Their study introduced the notion of 'implementation deficit' arguing that successful policy action depends on a high degree of cooperation between actors in the policy implementation 'chain'. Where small deficits occur these have a

cumulative effect contributing to policy 'failure'. Their research concluded that there was a need to ensure greater central control of policy implementation through clearer definition of policy goals and the development of systems that ensured effective control of individuals and organisations charged with delivery.

From an 'implementation deficit' approach the failure to meet policy goals is classically understood as a function of poor or faulty implementation, 'disobedience' on behalf of implementers, or a lack of judgement on behalf of policy makers (Dunsire 1990; Hood 1976). Policy analysis becomes a question of identifying what has gone wrong in implementation with a tendency to become prescriptive. The quest to discover what 'perfect implementation' (Hogwood and Gunn 1984) might entail was pursued by policy analysts including Hood (1976), Hogwood and Gunn (1984), Mazmanian and Sabatier (1983) and Dunsire (1990). Between them they provided various sets of recommendations on how to foster conditions for success, most significantly by establishing clear policy goals and keeping hierarchical control by limiting the number of organisations and actors involved in implementation. Hill and Hupe (2009) note that the implementation deficit approach is historically located in the 1970s in the context of a more social democratic policy agenda coupled with high expectations and disappointing results. Nevertheless, in reviewing the implementation literature they suggest there has been a sustained tendency for both academic studies and government commissioned reports to focus on deficits.

The 1970s were an era characterised by predominantly bureaucratic modes of coordination, an expansive agenda for state intervention and concomitant high public expenditure (Skelcher 2000). A top-down approach was thus traditionally concerned with vertical

relationships between single government offices and their related organisations making the case for an effective hierarchical chain of command (Exworthy and Powell 2004). Hence Hood (1976) argues that not only is ideal implementation best achieved by single organisations with clear lines of authority, but that the involvement of multiple organisations can lead to 'sub-optimisation' as each attempts to pursue its own separate objectives at the expense of collective goals.

### **2.3.1 Managerial control of the policy process**

In complex contemporary contexts with their associated move away from hierarchies towards market and 'networked governance' (Newman 2001; Rhodes 1997) approaches to the 'problems' of implementation have moved from a bureaucratic to a public management perspective to consider the importance of horizontal linkages, and in particular, managerial strategies for securing intended policy goals. In an attempt to control policy outcomes political functionaries have been increasingly involved in determining not only policy objectives but also the organisational arrangements through which they are realised.

In the post war period bureaucratic public service administration was valued and praised for its unbiased rationality, efficiency and fairness. However, from the 1970s the value of bureaucracy as the principle mode of service delivery was increasingly called into question by commentators from a range of political perspectives (Sanderson 1996). Most significant was the neo-liberal New Right's (1979-1997) pejorative reinterpretation of bureaucracy as inefficient, wasteful and outdated. The New Right (NR) project of 'rolling back the state' was characterised by a shift from bureaucratic hierarchies to contractual relationships and market forms of governance. The fragmentation of delivery caused by contracting out was

accompanied by a series of managerial reforms of the public sector collectively referred to as New Public Management (NPM) (Hood 1991; Pollitt 1990, 2003; Pollitt and Bouckaert 2000), described by Clarke et al (2000: 5) as the process of subjecting the control of public services to 'the principles, powers and practices of managerial control'.

As services were contracted out away from state providers, internal, hierarchical forms of scrutiny and control were made difficult and new forms of accountability introduced. The rise of NPM challenged traditional bureaucratic ways of delivering public services whilst paradoxically reasserting a top-down approach through new forms of state centralisation and scrutiny. This entailed the introduction of managerial techniques, including the use of target setting to measure achievement of centrally defined goals and inspection and audit, both designed to minimise discretion and maximise administrative efficiency (Clarke et al 2000; Clarke and Newman 1997; Pollitt 2003).

In the UK context NPM has had a strong top-down ethos with the autonomy granted to LAs to deliver against their own priorities highly circumscribed and accompanied by strict financial and budgetary controls (Wilson and Game 2006). At the same time the extension of market modes of governance and a move from LA provision to 'place shaping' (CLG 2006) mean there has been a concomitant shift of resources from state institutions to a range of public agencies, private and TS organisations. Both these sets of reforms imply changes in power relations between different actors in the policy process. In the former case, the increase in managerial over professional power whilst in the latter, a movement of resources away from LAs to the private and third sectors (Clarke and Newman 1997; Clarke et al 2000).

During their thirteen years in office the twin concerns of policy effectiveness and policy efficiency emerged as central to the NL modernisation project (Bochel and Duncan 2007). This involved, on the one hand, a raft of initiatives to ensure that policy be 'better' designed or 'evidence based', and on the other, a concern to improve administrative efficiency and the skills of both central and local policy makers (Cabinet Office 1999a, 1999b). In the domain of child and family policy this was reflected in the directives towards outcome based accountability and 'evidence-based commissioning' alongside extensive programme evaluation and the prescription of specific 'evidence-based' programmes of intervention. Understood as strategies to solve the problems of implementation these are central themes of this thesis and are returned to in greater detail in subsequent chapters.

In summary, a rational approach to policy analysis is predicated on the assumption that policy design involves the setting of clear goals the achievement of which can be measured and evaluated. It portrays the policy process as hierarchically ordered with decisions made at the centre and implemented by relatively powerless administrators. Policy analysis is oriented towards evaluating whether or not a particular desired outcome has been achieved. As such it is concerned with finding an optimal set of implementing conditions that minimise conflict, and ensure compliance in order to meet original policy intentions. In recent years problems of implementation 'failure' have been approached from a public management perspective in the context of a shift from a bureaucracies towards markets as a mechanism for organising welfare delivery.

Rational-prescriptive approaches to implementation have provoked criticism from researchers working from alternative theoretical and methodological perspectives. Critics

have included those who argue policy implementation should be studied from the ‘bottom-up’, most notably Michael Lipsky (1976, 1980, 2010), and those who have sought to synthesise elements of both the former and latter approaches in recognition of the complexity of implementation (e.g. Elmore 1978; Sabatier 1988).

#### **2.4 Implementing policy: alternative approaches**

The ‘technocratic’ approach has been criticised for focusing too much attention on the role of policy ‘makers’ at the centre and too little on implementing agents, regarding the latter as ‘basically impediments’ (Sabatier 1986: 30) to policy success. From an alternative perspective the roles that implementing actors, conflicts of interest, differing value systems and power relations play in determining policy outcomes are afforded greater analytic attention. Concern is with the micro-political processes that occur within and between organisations (Barrett 2004). Understanding is orientated towards a number of interacting factors including the role ideas and understandings play in shaping policy action and their relationship to the strategic and other interests of implementers (Fischer 2003).

Explanations of unintended policy outcomes are sought not in terms of an ‘implementation deficit’ but in understanding the nature of these tensions and conflicts and the manner in which they are played out (Barrett and Fudge 1981). From a ‘post-positivist’, interpretive perspective this requires the policy analyst to try to ‘get inside the heads of the particular players’ in order to ‘figure out the thinking behind actions at issue’ (Fischer 2003: 143).

## 2.5 Interpreting policy

Critiques of the top-down approach centre, in part, on the question of what constitutes policy identified as a problematic concept. Barrett and Fudge (1981) consider this fundamental, questioning whether policy is best understood as a political intention, a formal decision or a set of detailed frameworks and directives.

From a rational-hierarchical perspective policy action is understood as orientated towards the pursuit of clear goals, presupposing that those charged with implementation are in agreement over what these might be. However, this is problematic given the complexity and sometimes imprecise nature of policy directives and the opportunities this gives rise to for multiple and conflicting interpretations. Barrett and Fudge (1981) suggest policy be viewed as 'property' with different actors making different claims as to its true features. Hill (2005) argues that policy is a 'slippery concept' identifying two different approaches to defining policy: policy that represents a general 'stance' and policy that is conceived of in more concrete terms; both are complex and it is difficult to identify simple policy goals within them. Furthermore, as Edelman (1977; 1988) suggests, not only are policies complex but they may even be made deliberately obscure or ambiguous, or even take on a symbolic aspect with no intention of achieving implementation.

Allied to the issue of what constitutes a policy goal is the subsequent problem of drawing a clear distinction between 'policy making' and 'policy implementation' as separate stages in a process. Where there is difficulty in establishing clear and consistent policy directives at the top, policy may involve discretionary elements with the effect that some policy decisions will be made at implementation (Barrett 1981; Hill 2005). This renders a theoretical

distinction between policy 'making' and 'implementation' inappropriate and suggests difficulties in considering implementation as a discrete field of study.

The complexity of what constitutes 'policy' poses a problem for the study of implementation in terms of identifying the nature of what is being implemented. From a post-positivist perspective, social problems are understood as discursive construction and public policy understood 'to take shape through socially interpreted understandings' (Fischer 2003: 13). Fischer and other post-positivist policy scholars argue that the analysis of public policy should therefore involve exploration of the way in which policy discourses provide the conceptual frameworks within which problems and political agendas are constructed.

Fischer (2003) draws on the work of Foucault (1972, 1973, and 1980) and Habermas (1970, 1973, and 1987) to explore the role of language or 'discourse' in framing policy problems. He argues that the struggle for power is articulated as a struggle for establishing the dominant discourse within which a policy problem is 'framed' and understood. Those discourses that are constructed around an authoritative claim to knowledge and expertise achieve hegemonic status by legitimating certain representations and excluding others. For example, recourse to statistical measures and causal explanations for defining social problems represent a powerful way to influence the policy agenda as they serve to naturalise identified priorities for social action as 'common-sense' (Neylan 2008).

A lack of consensus about policy objectives may well influence the process of implementation. Yanow (2000) argues that different 'frames' highlight some issues whilst excluding others giving rise to 'frame conflict'. According to Gussfield (1981) when different groups focus on and value different elements of a policy issue 'frame conflict' occurs.

Hoffman (1995) explores the policy consequences of hidden frames, what she terms 'implicit theories'. She suggests that the conflicting assumptions and understandings, or 'implicit theories' held by different groups of actors in the policy process can create mutual misunderstandings that act as hidden barriers to effective implementation.

Policy analysis from a post-positivist perspective thus begins with a different set of questions to that of a more traditional top-down orientation. Rather than seeking to determine policy cost benefits or how to technically secure 'perfect implementation' (Hood 1976) the analytical focus is on determining the meanings policy has for differently situated actors. Policy directives, rather than being explicit, transparent and uncontested are understood as open to multiple interpretations, contingent upon the different 'assumptive worlds' (Taylor-Gooby 2008a) of various 'policy relevant publics' (Yanow 2000:8). These include amongst others, policy implementers as well as legislators and policy makers.

## **2.6 Implementing agents**

A shift away from a top-down perspective implies a move from prescriptive to more agent-centred accounts of the policy process. Alternative approaches have been concerned to address issues of 'front-line' agency in implementation, exploring the different goal interests of implementing actors and contingent contextual factors. This section explores the contribution of Lipsky's (1980) thesis on street level bureaucracy and Barrett and Fudge's (1981) concept of a policy-action continuum. By giving centre stage to 'what is done', these studies have accorded particular significance to the actions and interactions of implementing agents, theorising the role of agency in determining policy outcomes. The starting point for analysis is individual and collective action understood as a response to problems and issues

and contingent upon the beliefs, interests, experiences and values of policy actors and the wider organisational and political contexts in which they work.

### **2.6.1 Discretion and street-level bureaucracy**

In developing his influential theory of 'street-level bureaucracy', Lipsky (1980, 2010), identifies discretion, and, to a lesser extent, subversion, as important concepts in understanding the actions of policy implementers. He presents the public officials engaged in front line delivery as reflexive adaptive agents rather than institutionalised automatons or rational actors motivated by self-interest, arguing that 'when taken together the individual decisions these workers make become, or add up to, agency policy' (Lipsky 1980:3).

Lipsky's 'street-level bureaucrats' (SLB), who include a range of front-line public sector workers such as social workers, teachers, and the police, make policy in two ways: through discretionary decision making; and through the cumulative effect of their individual actions. Lipsky's thesis is that public officials are required to engage in discretionary operational decision making based on their interpretation of the particular contexts in which they work. These interpretations are contingent upon their subjective and professional understandings, values and experiences but are not wholly autonomous being shaped by institutional and structural factors such as resource constraints and organisational norms and rules.

Lipsky's workers are understood to formulate logical responses and coping mechanisms to organisational, legal and other constraints based around the use of discretion. He suggests that discretion is both facilitated and required by the ambiguous nature of policy goals which renders them open to interpretation. He argues that public policy goals are confusing and even conflicting on a conceptual and practical level, making them difficult to collapse down

into a set of organisational rules. One point of conflict is where 'client-centred goals' conflict with 'social engineering goals'. Public service goals, he suggests also have an idealised dimension that makes them difficult to realise and opens up space for policy actors to make, what Prior (2009: 21) has since termed 'situated judgements', about what they mean.

Lipsky identifies a number of sources of goal ambiguity including the uncertainties inherent in 'social service technologies'. Here he is referring to the lack of conclusive evidence about 'what works' or what constitutes effective practice in many areas of public service intervention suggesting that this may mean a greater tolerance of and room for admitting a variety of practice responses and approaches.

Whilst SLBs may be perceived as generally cooperative, Lipsky suggests that they might not always accept the legitimacy of stated policy or organisational objectives. What he suggests is that unintended policy outcomes are not the result of bad behaviour, communication or skill deficit but of differences of interest and differential access to resources to pursue those interests. Where this is the case, he argues, discrepancies between policy intent and actual outcome should be expected and explanations should be sought, not in communication breakdown, but in the structure of the working environment that produces 'antagonistic' interests.

What Lipsky does therefore is to locate the 'problems' of implementation at both a material and ideational level. Whilst the actions of SLBs are shaped by their subjective concerns and interpretations, they are also constrained by a set of institutionalised and resource factors. Although Lipsky did not explicitly set out a theory of agency, his street-level bureaucrats

emerge as, what Bevir and Rhodes (2003, 2006) have since termed, 'situated agents', whose autonomy is bounded by the material context in which they are situated.

### **2.6.2 Policy action continuum**

In developing their theory of a 'policy action continuum' Barrett and Fudge (1981) similarly endeavour to construct a theoretical account of implementation that takes account of both agency and structure. They draw on Strauss's (1978) notion of 'negotiated order' to argue that implementation is better understood as a process of iterative bargaining and compromise between those in control of resources and those with responsibility for policy delivery. The concept of 'negotiated order' implies a dialectical relationship between actors and the framework of rules and norms within which they act. For Strauss social order is understood as constantly evolving so that it exists as a set of temporally unstable settlements in which negotiation between semi-autonomous actors pursuing their own and organisational interests play an important part. For Barrett and Fudge (1981: 12-13) policy is understood as the mediated outcome of local-central struggles so that it is important to look at implementation:

*'not solely in terms of putting policy into effect, but also in terms of observing what actually happens or gets done and seeking to ask how and why ...from this perspective implementation (or action) may be regarded as a series of responses: to ideological commitment, to environmental pressures, or to pressures from other agencies (groups) seeking to influence or control action.*

The dialectical relationship between policy and practice suggests that policy as formulated imposes both constraints and opportunities on implementing agents whose actions in turn accomplish but also test the viability of that policy. Policy design and policy implementation

are thus understood not as separate stages but, as Anderson (1975: 79) suggests, 'policy is made as it is being administered and administered as it is being made'.

In common with Strauss and Lipsky, Barrett and Fudge show concern with context and the limits that institutionalised structures and rules place on the agentic actions of policy actors. They argue that it is the process by which individuals and groups establish values, rules and norms and embed institutional structures that results in distinctive organisational culture and a tendency to promote certain interests over others. Whilst order is produced through a continual process of remaking, structure is also important in that it establishes the positions from which actors are able to engage in this process of negotiation. They therefore identify two themes as important foci for study: the 'scope for action' that includes structural factors such as conferred statutory power and access to resources; and the use both of these are put to by 'semi-autonomous' agents. The latter involves examining how different attitudes, values and experiences combine and shape actors approach to problem definition and response.

Like Lipsky, Barrett and Fudge (1981: 251) argue that where policy directives are loosely defined or guidance ambiguous considerable space for discretionary decision making emerges. Goal ambiguity leaves policy open to different but equally valid interpretations. These interpretations are continuously negotiated so that:

*'...policy cannot be seen as a constant. It is mediated by actors who may be operating with different assumptive worlds from those formulating the policy and inevitably it undergoes interpretation and modification and in some cases subversion'*

This implies a move away from a perspective that concerns itself with a control on discretion in the interests of rational management, towards an examination of the extent to which rules and discretionary powers may be manipulated or subverted by implementing agents.

## **2.7 Implementation in the context of multi-level governance**

Both Lipsky's and Barrett and Fudge's work is based on empirical evidence dating from the 1970s, a time when public services were organised more in line with a Weberian model of hierarchical bureaucracy (Weber 1991). Since this time there have been considerable changes in the structural and organisational arrangements for the delivery of welfare services that mean analysis needs to be concerned with the 'multiple loci, layers and levels' (Hill and Hupe 2009) at which implementation takes place, and a greater diversity of policy actors. These reforms include managerial and market reforms of the public sector, new opportunities for the participation of 'citizen-users' (Newman 2005a) and, under New Labour, a shift towards neighbourhood governance (Lowndes and Sullivan 2008) and partnership working between and across agencies.

There are a number of analyses of implementation that contribute to an understanding of the exercise of discretionary and subversive power in the context of contemporary reforms (Barnes and Prior 2009; Durose 2009; Sullivan 2009).

Prior (2009) explores how the exercise of power at the micro-level can produce policy outcomes that differ to those described by formal policy. His focus is on the repositioning of the public from passive recipients of services to active 'co-producers' or 'customers' identifying three forms of 'counter-agency' whereby hegemonic policy discourses are resisted, subverted or reframed by reflexive 'citizen-users' and service providers. The first

form 'revision' occurs where judgements made by providers lead them to pursue alternative strategies to those set down in official policy so that outcomes are revised in line with their assessment of a situation. The second, stronger form, involves a rejection of policy objectives and prescribed strategies resulting in the production of substantially different outcomes, whilst the third entails passive resistance by 'users' representing a deliberate choice to disengage. His analysis provides an example of how values rather than evidence can underpin decision making and action when service providers act as client- advocates in seeking beneficial long-term outcomes over short-term prescribed goals.

In their study of the implementation of Family Intervention Projects Parr and Nixon (2009) provide similar evidence of the 'subversive' revision of policy goals at the point of delivery. They show how providers of these services have resisted official discourses of 'antisocial' families, choosing to focus instead on the need to take action against the underlying causes of 'problem' behaviours including poverty and domestic violence.

In the context of a shift towards neighbourhood governance Durose (2009) provides an alternative reading to the ways implementing actors engage in the re-interpretation of policy objectives to negotiate locally appropriate strategies. She suggests that the basis and use of frontline discretion needs to be reappraised as a set of 'responsive, entrepreneurial' adaptive strategies to the conflicting demands of delivering centrally defined policy objectives whilst meeting locally identified community needs. She highlights the importance of contextual understandings in developing locally workable responses to centrally defined agendas.

These studies provide examples of how policy intentions can be resisted, revised or negotiated at the interface between front-line service providers and users in the context of a new relationship of 'co-production' between communities, service users and providers. This study however, is concerned not only with this 'layer' of the policy process, but also with one behind the 'front-line'. By this I refer to those strategic planners, commissioners and service managers, who, as a result of managerial reforms have been endowed with greater degrees of autonomy and power than before, implying new opportunities for agentic action in shaping policy outcomes (Newman 2004, 2005b).

The work of Barrett and Fudge (1981) begins to take account of networks of relationships, developed further by that of Hjern and Porter (1981). The latter focused analytical concern on institutional complexity, suggesting implementation analysis needs to adopt a multi-organisational unit of analysis or 'implementation structure', defined as the horizontal linkages and networks between actors in relationships of mutual dependency. In contrast to top-down theorists they argued that policy success is dependent upon, rather than threatened by, the existence of implementing networks.

Over the last three decades however, the degree of complexity in the policy landscape has increased further through a shift from government to 'governance' (Kooiman 2003; Rhodes 1997). Governance has been termed a 'promiscuous' concept (Newman 2001) referring to the multiple ways in which it has been defined and used as an analytical tool. Hence Rhodes (1997) distinguishes six distinct approaches; Kooiman (1999: 68) finds 'at least double that amount' whilst Hill and Hupe (2009) refine the list to produce five broader categories of meaning. These categorisations include its use as a normative term for identifying the

characteristics of 'good governance' as advocated by the World Bank (1989); 'corporate governance' to refer to the mechanisms and structures through which large organisations are managed and controlled; as a reference to the contemporary context in which an emphasis on the market and neo-liberal reforms implies the involvement of multiple agents in forms of governance; and as 'global governance' in reference to governance as international order.

Hill and Hupe (2009: 15) draw on O'Toole (2000: 276) to apply a definition of governance that incorporates 'a more complete understanding of the multiple levels of action and kinds of variables that can be expected to influence action'. This supports their argument that contemporary implementation studies need to be concerned with 'multiple loci, layers and levels' of implementation for it is not just elected politicians, civil servants and public administrators that are involved in the policy process but a diversity of actors in a variety of organisational contexts.

For Rhodes (1997) governance refers to a networked form of control within a fragmented landscape of organisational arrangements and structures for the delivery of welfare following the neo-liberal reforms of the 1980s and 1990s. This is linked to the idea of the 'hollowed out' state, of government 'steering' rather than 'rowing', and the disillusionment with the view that bureaucratic hierarchies can provide the appropriate context in which to organise and deliver public services (Osborne and Gaebler 1992). The idea of networks and partnerships implies mutual or collective responses to policy problems rather than top-down solutions. This is allied to the idea that government can no longer work alone in seeking solutions to complex contemporary problems or 'wicked issues' (Koppenjan and Klijn 2004)

but must involve multiple layers of governance and inter-organisational networks of decision makers (Rhodes 1997, 2007).

This study is particularly concerned with the literature exploring the remoulding of bureaucratic hierarchies following the introduction of quasi-markets, external contracting and multi-agency partnerships. Together these changes impose new sets of structural constraints on and opportunities for action for a greater diversity of implementing agents coming together in an extended set of institutional contexts. Whilst partnership infers a dispersal of decision making power, market forms of governance bring new forms of control and rule making through the processes of contracting and performance management (Pollitt 2003). The extension of markets has also increased the range of actors and organisations with responsibility and power to deliver public policy most notably those in the third and private sectors. Over the last fifteen years 'partnership' has become a key mechanism for planning and delivering services. This has, rhetorically at least, created new relationships of collaboration and power sharing between not only the different sectors but also communities and service users who have been co-opted as active participants in the policy process (Newman 2001).

Multi-level governance implies the need to look behind the 'front-line' and consider the opportunities for discretionary action for a broader range of implementing actors in a 'dispersed field of agency and power' (Newman 2004: 20). Like front line staff, strategic and service managers and commissioners will bring their own interpretations to bear on the nature of policy problems, and evaluation of different possible responses to these. By implication policy might be negotiated, reformulated, resisted or subverted in a greater

number of contexts and by individuals and groups exhibiting a more diverse range of interests, professional experience and value positions.

It is in the context of a shift in provider responsibility that commissioning has emerged to take an increasingly significant role in public service reform. The following chapter examines these transformations in greater detail, exploring the growing prominence of commissioning in the context of a reduced role for the statutory sector in direct provision. A final theme for this chapter however, is to consider what is implied by changes in the governance of welfare for the processes of public accountability and how these may present as rationales for discretionary action.

## **2.8 Accountability in the 'congested state'**

One of the implications for implementation studies of network and market modes governance and an increase in participative democracy is that they have served to make accountability more complex (Considine 2002; Newman 2004). Not only are public officials tied vertically to state institutions, but contractual and collaborative relationships imply horizontal lines of accountability that transgress organisational and sectoral boundaries.

Newman (2004) argues that these multiple lines of accountability mean public officials must confront different and conflicting sets of rules and norms. These include those that derive from networks; those implied by centralised target setting, and contracting such as efficiency targets and contractual outputs and those implied by participative democracy and neighbourhood governance. Each invokes a different logic of appropriate action. Whilst networks and partnerships imply creativity, trust and reciprocity, as Considine (2002)

suggests, these sit in tension with top down accountability to targets and contractual relationships which seek to constrain creativity and discretionary power.

The complexity of contemporary governance means policy actors are subject to multiple lines of accountability so that issues of 'holding to account' emerge in different contexts (Newman 2004). Whilst these may produce contradictory action, Newman (2004: 29) suggests they also open up spaces for agency. Working from a constructivist perspective she explores how different policy actors make appeal to issues of accountability through which they 'construct their professional identities and legitimate their actions' conceptualising it as a cultural and social process as well as something 'rooted in formal structures and rules'. In her analysis deliberative judgements and discretionary behaviours are understood to reflect different ethics of accountability. This resonates with both Prior's (2009) and Parr and Nixon's (2009) analyses of how front-line workers revise and resist official policy discourses in order to pursue strategies that, in their judgments, more closely meet the presenting needs of services users.

These analyses challenge the assumptions of rationality and self-interest that, as Taylor-Gooby (2008) argues, underpin managerial forms of accountability. Thus, while managerialist strategies and processes have sought to address problems of implementation in the 'congested state' (Skelcher 2002), discretionary judgements and the revision of prescribed policy objectives by policy implementers may reflect an appeal to an alternative ethic of accountability and suggest ways in which they might be resisted or subverted.

## **2.8 Summary**

This chapter has provided an account of two broadly distinct approaches to policy implementation analysis: one that sees the policy process as a rational, goal-oriented staged cycle; and the other that views policy as the outcome of the actions and interactions of differently situated actors. In adopting the latter approach this chapter has argued for a need to focus on the different ways in which policy directives might be interpreted, negotiated, or revised by a range of actors at different 'layers' of the policy process. These interpretations and negotiations are understood as contingent upon actors own values and subjective concerns but also constrained and shaped by institutional and structural factors so that the latter, as well as the former, are of analytical concern.

By arguing that policy exists as social construct, the 'negotiated' outcome of a set of contingent individual and collective interpretations and behaviours, this chapter has also made the case for an interpretive approach to the study of policy implementation

It has been suggested that contemporary changes in the organisation and delivery of public services, in particular the move to a commissioning rather than providing role for LAs, imply the need to consider the ways in which policy might be negotiated, reformulated or resisted by a range of policy implementers situated, not only on, but beyond 'the front line'. The following chapter explores these policy developments providing detail of the substantive context of commissioning in children's services that forms the focus of this thesis.

## **CHAPTER THREE: COMMISSIONING IN CONTEXT**

### **3.1 Introduction**

The previous chapter provided a frame for the specific example of policy implementation with which this study is concerned. It was suggested that a shift of responsibility for delivery of public services from state to alternative providers implies the need to consider the scope for action of a broader set of implementing actors. With a contemporary emphasis on commissioning as a set of processes of 'modern governance' (Wistow 2007), these implementing actors include strategic planners, commissioners and managers from the private and third sectors contracted to deliver public services.

The purpose of this chapter is to provide an overview of the policy context in which children's services commissioning is embedded. First, commissioning is contextualised as part of on-going neo-liberal reforms, involving a recasting of the role of LAs as providers to commissioners of public services (CLG 2006). These developments imply changes in the relationships between the different sectors and an increased emphasis on cost-efficiency and the management of policy outcomes through contracts and performance monitoring.

NL's reforms of the institutional and organisational arrangements for the planning and delivery of children's services are then explored. Particular reference is made to partnership as the organising principle for the coordination of children's services and evidence for the development of joint commissioning is explored. Finally the chapter considers the expansion of the 'market' in children's services and the evidence for how the principles of contestability and competition have been applied by LAs.

Commissioning is understood to reflect a number of themes central to NL's modernisation of public services: a separation of function between those commissioning and those providing services coordinated through strategic 'partnerships'; a concern with efficiency and value for money driven by competition and contestable markets and achieved through market development, improved procurement procedures and greater collaboration; local and centralised forms of accountability and performance measured by results through the imposition of both nationally defined and locally agreed targets for the achievement of outcomes.

### **3.2 Neo-liberal reform of the welfare state**

Children's services commissioning has its evolutionary roots in the changes to the structure and organisation of the welfare state wrought by the Conservative administrations of the 1980s and 1990s. The NR project of 'rolling back the state' was underpinned by an ideological commitment to the principle of market-driven competition as the best way of securing responsive and efficient public services. The theoretical underpinning for this new approach was developed by public choice theorists who argued that it is preferable to use market mechanisms to settle collective choice problems. The NR saw the state as intrusive, making excessive demands on taxpayer money and delivering public services that were both too expensive and inefficient. State welfare monopolies were seen as guilty of producing both a distorting effect on the market and of denying choice to service users (Minford 1991), establishing the rationale for a move from hierarchy as the principle mode of governance to that of market, and opening up state welfare provision to competition from a plurality of providers. Advocates of market-based welfare reform argued that it would deliver

improvements in efficiency, increased 'consumer' choice, and an increased responsiveness to user needs and wants (Minford 1991; Osborne and Gaebler 1992).

By the mid-1990s Britain saw the expansion, into all areas of welfare, new institutional arrangements designed to extend the principle of markets and competition to both the provision and management of welfare services. The concept of the 'quasi market' was introduced to distinguish this form of market orientation from that of conventional markets (Le Grand and Bartlett 1993). The most significant example of the 'quasi-market' was the introduction of a universal and mandatory separation of purchaser and provider functions in the NHS following the 1989 NHS White Paper (DH 1989), allowing the development of competition for contracts between different providers in an internal market (Mays and Dixon 1998; Smith et al 2004).

Other significant reforms included the introduction of Compulsory Competitive Tendering (CCT) in the 1980s leading to extensive contracting out of a range of public services. Within community care the early 1990s saw the introduction and rapid development of social care markets following the National Health Service and Community Care Act 1990. This involved substantial contracting out of adult social care services with the independent sector the preferred provider (Knapp et al 2001). Within children's services the 1990s heralded the expansion of non-statutory adoption services, fostering agencies and children's homes in both the traditional voluntary child-care sectors and independent and private sectors (Sellick and Connolly 2002). These changes brought together health and social services agencies to establish mechanisms for joint planning and commissioning. On an operational level, care

managers were tasked with devising individual packages of care with strategic managers commissioning from a broad supplier market (Walsh et al 1997).

Reforms were characterised by a shift to contractual relationships and market forms of governance over bureaucratic hierarchies that inevitably involved the displacement of some state providers. For TS providers this entailed the reconfiguration of funding from grant-aid to contracts, with services held to account through detailed service specifications (Walsh et al 1997). As previously discussed, these changes were accompanied by a growth in managerial forms of control and increased centralised scrutiny achieved through national target setting, inspection and audit.

### **3.3 Commissioning in the context of New Labours 'modernisation' of the welfare state**

'Rolling back the state' was not achieved in any simple or straightforward way. A retention of state function was justified in dealing with negative externalities (the impact of market activities that mean all may suffer in the long run), market inefficiencies and the threat of monopoly (Hill 2005). The goal of a significant reduction in public expenditure was not realised and in fact increased in some areas (Burchardt and Hills 1999). However, the NR did succeed in establishing a legitimised role for the market in delivering welfare services and promoting the role of management in achieving cost-effectiveness, creating a new culture for welfare that was broadly accepted by NL (Mooney 2006).

There has been much debate and analysis of the extent to which NL policy was built on the foundations established by previous Conservative administrations. Discussion centres on the degree of continuity and difference between their approaches and ask whether it is possible

to discern a coherent or single NL political project (Clarke et al 2000; Ferguson et al 2002; Powell 2002). What emerges is a complex scenario in which NL presented themselves as committed to a pragmatic, ideologically neutral 'Third Way' approach (Blair, 1998; Giddens 1998) 'between state monopoly welfare and private market provision' (Alcock and Craig, 2001: 125) whilst seeking to build consensus around a series of 'modernising' reforms designed to meet the challenges of complex and multi-faceted social problems such as child poverty, urban degeneration and rising crime (Newman 2001).

Newman (2001) describes NL's vigorous extension of performance management and audit as 'a significant point of continuity' (Newman 2000: 60). With a commitment in their first term in office to keep to Conservative spending plans and avoid tax increases NL intensified fiscal scrutiny, monitoring, inspection and audit of public services. The role of the Audit Commission was expanded and through the introduction of Public Service Agreements (PSAs) a process was established for directly tying in resource allocation to defined outputs and targets for efficiency and performance (Baldock et al 2007).

Despite their stress on partnership, NL's welfare 'reforms' were still arguably underpinned by an assertion of the supremacy of the role of markets and private sector business approaches over state ability to resolve economic and social problems (Grimshaw et al 2002; Ferguson et al; 2002; Farnsworth 2006). Following their election in 1997 NL showed a commitment to extending the role of the private and third sectors in the direct delivery and management of public services with a concomitant shift in role for some parts of the public sector from provider to commissioner.

Following the 1998 local government White Paper (DETR 1998) NL replaced CCT in 2000 with the Best Value (BV) regime. Whilst toning down CCTs more adversarial approach through an emphasis on inter-sectoral collaboration, BV nevertheless identified 'competition' as a key driver for service improvement and delivering efficiency savings. Competition was more broadly conceived within the framework which required LA managers to apply 'the four C's in service procurement: challenge, compare, consult and compete' in order to 'secure continuous improvements...having regard to economy, efficiency and effectiveness' (DETR 1999: clause 3.1). These requirements were made subject to audit through the BV Inspectorates established under the aegis of the Audit Commission.

A range of strategies were introduced to promote and develop the capacity of local government in its procurement function and to facilitate partnership working between the public, private and third sectors. These included the establishment in 2001 of the Strategic Partnering Taskforce designed to help LAs develop new public-private partnerships and, in 2003, the National Procurement Strategy (CLG 2007; ODPM 2003) involving the creation of local centres of excellence in procurement to support LAs in securing efficiency savings through collaboration and market development.

In their third term in office NL reinforced the idea of a commissioning rather than providing role for LAs with a stress on the management of competition and contestability in delivering service improvement, greater efficiency and better outcomes. Following the Lyons Inquiry interim report (Lyons Inquiry 2006) into the role and funding of local government, the White Paper 'Strong and Prosperous Communities' (CLG 2006) recast LAs as 'place-shapers', rather than providers, solving problems through partnership and: '*...commissioning others to work*

*on solutions – rather than delivering services directly themselves’* (CLG 2006: 94). This was to entail LAs *‘continuing to move away from a narrowly defined approach to service delivery’* towards a *‘commissioning role’* that *‘encompasses the whole commissioning cycle: identifying needs, planning, sourcing, delivery and performance management’* (CLG 2006: 109).

The term *‘commissioning’* is one that is used variably across and within different service sectors and policy documents (Hughes and Fielding 2006; Lewis 2004; Smyth 2007). Hughes and Fielding’s analysis of commissioning within Children’s Fund partnerships found that the terms *‘commissioning’, ‘tendering’* and *‘bidding’* *‘were commonly applied without definition, little consistency and... seemingly interchangeably’* (Hughes and Fielding 2006: 65). Even in the NHS where commissioning has been established far longer than in LAs it is *‘a term used liberally and variably’*, (Lewis 2004) to mean anything from contracting to the whole process of strategic planning.

Here the White Paper was clearly seeking to distinguish commissioning from *‘a simplistic approach to outsourcing or a return to Compulsory Competitive Tendering’* (CLG 2006: 121) adopting the broader concept identified by the Lyons Inquiry:

*‘understanding local needs and preferences and making sure that the right services are provided to local people through a variety of arrangements including collective purchasing, commissioning from suppliers in the public, private and voluntary sectors, contracts or partnerships and direct delivery’* (Lyons Inquiry, 2006).

However, whilst the White Paper played lip service to the LAs role in identifying need, it devoted two chapters to performance management, market development and procurement requiring LAs to act as *‘broker, facilitator, procurer [and] market regulator’*(CLG 2006: 110) to

drive innovation. Achieving cost savings through market management were central themes of the White Paper which stressed the need to *'drive down costs'* through the adoption of a strategic commissioning approach to service delivery that employs the techniques of *'business process improvement'* to *'drive out wasteful activity'* (CLG 2006 pp 136-37). The 2007 pre-Budget report presented councils with the challenge of achieving £4.9 billion cash-releasing efficiencies during the Comprehensive Spending Review 2007 period (HM Treasury 2007). Smarter procurement processes, greater competition, the stimulation of new markets, asset management and the ability to meet performance and cost-efficiency targets were all identified as critical elements in the further transformation of services and delivery of savings (CLG 2006, 2007). Whilst it may be difficult to see how achieving efficiency savings can be reconciled with delivering better outcomes for citizens the White Paper presented the two as mutually dependant, stating *'we expect local partners to consider as a priority how they can maximise the opportunities that LAAs provide in collectively driving efficiency and thus achieving better outcomes for citizens'* (CLG 2006: 134).

While the White Paper described a new place-shaping role for LAs, commissioning had formerly been accorded a far more prominent position in the health service than in local government. Introduced into the NHS in 1991 as *'purchasing'* in the context of an internal *'quasi-market'* (Le Grand 1991), it has since enjoyed a somewhat turbulent history of development in the wake of continual organisational reform (Mannion 2008). Although intended to stimulate improvements in the quality and efficiency of health services there has been a widespread recognition that NHS commissioning has failed to live up to these expectations (Brereton and Vasoodaven 2010; Kings Fund 2010; Smith and Goodwin 2002). In the main this has been identified as due to a range of structural and institutional

constraints and lack of commissioner competence (Smith et al 2004; Wade et al 2006). The document *Health Reform in England: Update and commissioning framework* (DH 2006a) which followed the White Paper *Our Health, Our Care, Our Say: A new direction for community services* (DH 2006b) nevertheless argued that a strengthened role for better quality commissioning was key to achieving health services reform. In 2007 the Department of Health (DH) launched the world class commissioning programme (DH 2007), intended to improve the quality of commissioning. The programme set out eleven commissioner competencies against which PCTs have been since subject to external audit. These required commissioners to: locally lead the NHS; work with community partners; engage with public and patients; collaborate with clinicians; manage knowledge and assess needs; prioritise investment; stimulate the market; promote improvement and innovation; secure procurement skills; manage the local health system; and make sound financial investments.

### **3.4 Commissioning through networks and partnership**

The focus on collaboration and partnership approaches to procurement and commissioning presented by the Local Government White Paper (CLG 2006) reflected NLs concern to temper the more hard-nosed business approach of their Conservative predecessors. The previous chapter suggested that partnership and networks can be understood as offering an alternative to markets (contract-based relations and quasi-markets) in the context of a breakdown in commitment to professionalism and bureaucracy as the organising principles for the management of welfare provision (Newman 2001). Under NL the development of partnership approaches to policy making and implementation was underpinned both by the attempt to achieve 'joined up' government by integrating policy agendas to deliver holistic solutions to complex social problems and to resolve problems of fragmentation and political

discord produced by market forms of governance (Cabinet Office 2001). Partnership was thus identified as a central mechanism of NL's modernisation of public services distinguishing the 'Third Way' from previous administrations.

Advocates of 'network' forms of governance argue that horizontal linkages between different parts of the public sector, between the public and private sectors (e.g. public-private partnerships), and through other more complex associations between organisations and communities, support flexible, needs-led responses that foster trust, reciprocity and mutual advantage (Erridge and Greer 2002). Sako (1992) suggests that obligational contractual relationships (OCR), characterised by longer term contractual arrangements and greater transactional dependency between partners, are correlated with lower transaction costs than more adversarial relations. Grimshaw et al (2002) argue that it is in this context that the notion of 'partnership' is championed. Positioned as the means of reducing the inefficiencies and negative outcomes associated with more antagonistic short term contractual relationships, 'modern' partnership approaches, it is argued, present opportunities for synergy and support longer term relational contracts that maximise mutual benefit (Coulston 1998). The potential for building social capital through partnership has been argued for with the hypothesis that this will prove beneficial through the reduction of transaction costs and the creation of socially cohesive linkages between different service sectors (Coulston 1998; Steane and Walker 2000).

Policy developments under NL sought to emphasise cooperation and collaboration in strategic purchasing and commissioning setting out to change the adversarial culture of procurement established through CCT (CLG 2006; HM Government 2006; HM Treasury 1999;

National Audit Office 1999). These developments were underpinned by the assumption that collaboration supports synergistic gain and programme enhancement through the sharing of resources, risks and rewards to gain 'collaborative advantage' (Huxham 1996). Hence the local government White Paper *Strong and Prosperous Communities* (CLG 2006: 138) identified opportunities for cost savings through partnership based on '*common vision, shared values and mutual respect*'. Collaborative working, it suggested, would offer '*significant opportunities to improve the quality and efficiency of services*' through '*joint planning, sharing resources and skills, aggregating demand and sharing services across a larger area*'.

A related argument was applied in relation to the development of regional commissioning for specialist children's services such as care placements for looked after children. Hence in October 2006 the Government published the *Care Matters: Transforming the Lives of Children and Young People in Care* green paper (DfES 2006a) in which it identified commissioning and market management as key processes in achieving efficiency savings for LAs through aggregating demand for low-incidence services and collectively delivering more effective management of providers. The joint commissioning guidance (HM government 2006: 20) similarly encouraged CTs to consider regional or sub-regional co-operation in order to '*manage the markets for particular services, develop specialist providers, make best use of scarce skills, or meet high cost and low incidence needs*'.

### **3.5 Commissioning through children's trusts**

Prior to the Local Government White Paper (CLG 2006) the development of integrated outcome-based commissioning was introduced as a central part of the Every Child Matters

Change for Children (ECM CfC) policy agenda (DfES 2003, 2004c). Before this the term commissioning had been applied to describe the function of allocating funding, targeting provision and managing performance through strategic children's partnerships such as Children's Fund, Sure Start and teenage pregnancy boards (Edwards et al 2006; Hughes and Fielding 2006; Smyth 2007). Whilst these groups had been concerned with the allocation of relatively small ring-fenced funds, the ambition of ECM was to learn from these initiatives and mainstream strategic commissioning as a way of reorienting services and performance managing providers in line with strategically identified priority outcomes (DfES 2003, 2004c).

Whilst cost savings and 'collaborative advantage' were important themes within children's services commissioning, government policy maintained that the delivery of outcomes through partnership should take precedence over efficiency and reduction in public expenditure (DfES 2003, 2004c). It is in this context that children's trusts (CTs), as the organisational arrangements for integrated governance, strategic planning and commissioning, were established.

Delivering integrated planning and commissioning as envisioned by the ECM CfC agenda was predicated on the formalisation of systematic, rather than self-organising collaboration, Lowndes and Skelcher (1998) distinguish between policy networks as a mode of governance, as conceptualised by Rhodes (1997), and partnerships as an organisational form; the former being self-organising, the latter being steered or co-ordinated by government. Lowndes and Skelcher argue that partnerships as organisational forms cannot be assumed to share the network characteristics of mutual advantage, power sharing and cooperation. The development and maintenance of trust are commonly identified as the most important

prerequisites of productive and successful partnership working (Audit commission 2002; Hudson and Hardy 2002). With partnership in the context of CTs being linked to and regulated by the state, their success, was rendered, to a large extent, dependent on either existing relationships of inter-organisational collaboration or the ability of coercion to 'kick start' productive working (Dietz 2004; Glendinning et al, 2002).

NL's ambitious and optimistic vision for a 'whole-systems' approach in children's services provision was set out in the ECM green paper (DfES 2003). This described a radical 'whole systems reform' intended to improve interagency collaboration, firstly to address complex problems that cannot be resolved by single service interventions, and secondly to sort out problems of communication and service coordination that have beset children's services since the 1960s (Parton 2008), and brought to the forefront of public and political attention in 2003 by the Laming Report (DH 2003a).

The green paper explained this reform by drawing on the imagery of an 'onion model' of policy implementation. The model depicts the five outcomes, outlined in chapter 1, sitting at the centre of the onion whose successful achievement is dependent on the outer layers which together describe how a CT should operate. The first layer, integrated front-line delivery, is shown as dependent on a set of integrated processes providing information sharing and common assessment; integrated strategy providing coherence to planning and commissioning arrangements and inter-agency governance providing accountability and strategic direction.

The green paper defined CTs as 'normally part of the local authority' with 'a single planning and commissioning function supported by pooled budgets' (DfES 2003: 72). The expectation

was that they would provide the organisational framework for delivering against the new ECM outcomes to be achieved through their development of strategic joint planning and commissioning and promotion of integrated working at service delivery level. The Guidance document 'Every Child Matters: Next Steps' (DfES 2004c: 17) stated that:

*'The primary purpose of a Children's Trust is to secure integrated commissioning leading to more integrated service delivery and better outcomes for children and young people. Children's Trusts will be formed through the pooling of budgets and resources.'*

The subsequent Children Act 2004 set out the statutory framework for the realignment of LA children's services. It legislated for the appointment, in all LAs, of Directors of Children's Services (DCS) and lead members for children's services and placed a legal duty on 'relevant partners' to co-operate at both strategic and operational levels. Legislation to ensure systematic and formalised partnership working was central to the Act. Sections 10-24 set out the statutory duties placed on LAs and other agencies to cooperate and gave LAs and PCTs the power to pool budgets as a mechanism to facilitate integrated planning and commissioning.

Section 17 of the Act set out the statutory requirement for LAs to produce a Children and Young People's Plan (CYPP) described as a 'single, strategic, overarching plan for all local services for children and young people' and replacing former requirements for seven statutory and ten non-statutory plans. The CYPP was expected to set out 'agreed priority outcomes' and describe the pattern of services expected to deliver them. This was to involve decisions about 'joint commissioning of services from within or outside the range of partners involved in the trust' (DfES 2005: 4). The plan was to be aligned with both key local strategic plans including the Local Area Agreement (LAA) and the commissioning and

operational plans from a range of 'partner' agencies. The DCS was made accountable for the achievement of the outcomes set out in the CYPP reporting through the Chief Executive to elected members.

Particular prominence was given to joint planning and commissioning with Primary Care Trusts (PCTs). This was later supported by best practice guidance issued by DH /DCSF for PCTs and CTs (DH/DCSF 2009) that sought to align commissioning activity and introduce world class commissioning competencies across agencies.

The Act did not, however, mention CTs or establish them as statutory bodies. Instead they were originally created as 35 pathfinder pilots subject to national evaluation (UEA 2007). Between 2003 and the time in which fieldwork took place, there had been considerable developments in the policy environment within which they evolved. This meant that there were significant differences between what contemporaneous CTs were expected to deliver and what pathfinders were originally intended to achieve.

In January 2003, prior to the publication of the green paper, LAs and local NHS services were invited to submit applications to the DH for CT pathfinder status. The DH vision for CT pathfinders was that they would 'bring together services working with children within one organisational framework' by 'joining up education, social care and health services' (DH 2003b: 4). However the guidance was intentionally non-prescriptive giving leeway to LAs to develop them according to local context. The guidance for applications encouraged a focus on initiatives aimed at specific groups of children or geographical areas and was therefore different in conceptual design to that later described within the ECM green paper.

Pathfinders were originally intended to offer learning to subsequent trust development. However, almost as soon as they were set up the Government expressed an expectation that all LAs would develop CTs by 2008. This led to confusion in some areas about whether CT pathfinders were distinct from, or synonymous with, CTs. Hence in 2007 the national evaluation reported that a third of CT pathfinders were still considered as distinct entities from CTs albeit with the expectation that they would be absorbed (UEA 2007).

Following initial confusion over different uses and understandings of the term 'trust', and intended governance and accountability arrangements, the government issued statutory guidance for the development of CTs in 2005. This guidance stated that whilst trusts were 'not legal entities' but 'partnerships between different organisations who provide, commission or are otherwise involved in delivering better outcomes for children' they were nevertheless expected to 'drive whole system change through clear leadership and effective local change programmes' (HM Government 2005). The lead and accountable body for CTs was the LA children's services department.

The Children's Plan (DCSF 2007b) described a new leadership role for CTs establishing their responsibility to 'deliver measurable improvements' and highlighting their role in commissioning services on the basis of a comprehensive needs assessment and 'informing and influencing the LSP as it relates to children, young people and families'. The DCSF issued further draft guidance in April 2008 (DCSF 2008a) proposing a strengthened role for what had become known as 'children's trust arrangements', stating that they must not be an 'add on' but 'central to the process of improving outcomes'. Whilst to all intents and purposes

compulsory the DCSF subsequently consulted on legislation to establish CTs as statutory bodies with set objectives and prescribed membership.

In 2008 the progress made by LAs and partner organizations in developing CTs was subject to evaluation by the Audit Commission. The Commission's report, published in October of that year found little evidence that *'children's trusts, as required by the government, have improved outcomes for children and young people or delivered better value for money, over and above locally agreed cooperation'* (Audit Commission 2008: 4). The report can, in some ways, be understood to reflect an 'implementation deficit' approach identifying ambiguous policy, local skill deficit and obstructive partnership working as barriers to the ability of CTs to improve outcomes for children. It highlights confused statutory guidance and lack of clarity in national policy messages as barriers to CT development. The less than prescriptive approach taken by the government, keen to give opportunity for local discretion over the development of CTs, it suggested, had led to their patchy and diverse development on the ground (Audit Commission 2008). The complexity of establishing interagency governance arrangements was reported to have impeded progress and resulted in considerable local variation in the way trusts had developed, a finding supported by the National Evaluation (UEA/NCB 2007). Hence despite, or indeed because of Government guidance, four years after their introduction, the Audit Commission found 'considerable local confusion' over both the purpose of CTs and whether they were a new statutory body or form of mandated partnership. In an attempt to clarify their status the Audit Commission report defined as CTs 'unincorporated associations' meaning that they 'are not legally accountable bodies for spending public money or for achieving public objectives' but they 'advise and influence local action' (Audit Commission 2008: 9).

The DCSF response was to bring in legislation that established Children's Trust Boards (CTB) as statutory bodies and extended the duty to cooperate to include Jobcentre Plus, schools and other maintained educational establishments (DCSF 2009). Thus by 2009 the status of CTs had moved from experimental pilot, not mentioned in the 2004 legislation, to statutory partnerships.

At the time of fieldwork, policy identified the extension of a market-based approach to welfare delivery developed, coordinated and managed through CT commissioning partnerships as the optimal arrangement for delivering effective children's services.

In a joint briefing paper (DfES/DH 2005: 5) commissioning was identified as 'the lynch pin of the Every Child Matters agenda' and described as the principal mechanism for effecting change in organisational culture and practitioner behaviour:

*'Without effective commissioning and market management there will be limited scope for investment in preventative services, poor performing contracts, services will not be based on needs, there will be little integrated provision or co-location of services, and little choice of provider'*

NL children's policy and guidance documents presented a broad definition of commissioning embracing both the processes of strategic planning, and the making and management of markets. Subsequent guidance (HM Government 2006) set out a framework for joint commissioning and planning describing an iterative, cyclical process that included analysing need in reference to the ECM priority outcomes; identifying what services would be required to meet that need; procuring those services; and monitoring and evaluation. This framework is discussed in greater detail in the following chapter in reference to how it presents as rational model of decision making for local policy making.

Following ECM the expectation that commissioning should play a pivotal role in both improving outcomes for children and delivering cost savings grew in prominence (DCSF 2007a; DH/DCSF 2009). This came with the recognition that the process of moving to a joint planning and commissioning approach was a 'step change' that might 'take some local areas 5 years to implement' (HM Government 2006: 5). Evidence indicates that it has been slow to embed and remains underdeveloped in many areas (Audit Commission 2008; Gill et al 2011; Macmillan 2010; Shared Intelligence 2008; UEA 2007) despite efforts to enhance commissioning competence at a local level through the Commissioning Support Programme (CSP) and the Centre for Excellence in Outcomes (C4EO).

In 2007 the national evaluation reported that only 16 of the 35 pathfinders had produced a joint commissioning strategy and that commissioning was a reality for only a third (UEA 2007). In 2008 the Audit Commission (2008: 5) reported that commissioning was 'still at an early stage' in most areas and that where a commissioning strategy was in place these had had little impact 'because there is little experience or knowledge of joint commissioning'. Both studies found that where joint commissioning had been accomplished it had tended to focus on providing specialist services for targeted groups rather than universal, generic or preventative provision. Furthermore both reports provide evidence of reluctance to pool budgets and little redirection of funding across sectors.

The national evaluation (Bachmann et al 2008) also reports a wide disparity between local areas in the implementation of children's trust arrangements and their commissioning functions. Thus, for example, while one area had merged the management structures of the PCT and LA others had only met with the minimum compulsory requirements of the 2004

Act. The evaluation provides a case study demonstration of the degree to which implementing organisations can exercise discretion with regard to a set of broadly defined government directives. This highlights the importance of understanding the impact of local cultures, histories and experiences of collaboration on the implementation of nationally formulated policy directives.

### **3.6 Bringing in the Third Sector**

NL's project of increasing the profile of the voluntary and community sector (VCS) in providing welfare services (HM Treasury 2002) meant that, although not obliged, CTs were required to consider how they would include it in planning, commissioning and delivering services.

Under NL the concept of mutualism enjoyed a renaissance with an early interest amongst policy makers in the concept of social capital in fostering civic engagement and promoting social inclusion (Fahmy 2004). Mutualism can be understood to underpin the emphasis placed on the role of the VCS in shaping, commissioning and delivering services; a role accorded them due to their perceived closeness and commitment to users and assumed altruistic goals and values (Kelly 2007).

The VCS has always played a significant part in delivering children's services. However, NL showed an explicit commitment to ensuring them a greater role in delivering a broad range of children's services from childcare and youth activities to intensive family support. Particular emphasis was placed on their role in developing and implementing programmes targeted at 'hard to reach' groups aimed at preventing social exclusion and addressing inequalities in outcome (DfES 2004b; DfES 2007). These included early Sure Start Local

Programmes (SSLP), many of which were originally located outside LA structures (Melhuish and Hall 2007), and programmes of targeted preventative activity commissioned from the VCS by Children's Fund Partnerships (Edwards et al 2006).

NL's rationale for the enhanced role for the VCS was based on several lines of argument.

These included claims that the sector offers a distinctive, or added value dimension to public service delivery; that it is particularly well placed to meet niche needs and work with 'hard to reach' groups and communities; and that it would be more likely to promote a public sector ethos thus moderating the effects of market reforms (HM Treasury 2002; Hutton and Beven 2003).

In a move that has since been subject to debate (Alcock 2010), the creation of the Office of the Third Sector within the Cabinet Office in 2006 brought the VCS together with social enterprises, and other not-for-profit organisations, under the umbrella definition of 'third sector' (TS). 'Compacts' introduced in 1998 provided both national and local level frameworks for relationships of engagement between government and TS seeking to regulate but also facilitate those relationships (Alcock and Scott 2002; Craig and Taylor 2002).

The discourse of 'partnership' was employed to describe this new relationship implying a sharing of power, common objectives and mutual advantage (Lewis 2005). As part of becoming 'fit partners' (Ling 2000) however, the TS were required to develop market and performance competence and, in securing contracts, demonstrate they were working to centrally defined objectives (Carmel and Harlock 2008; McLaughlin 2004; Osborne and McLaughlin 2004). The shift from grant giving to contract funding in 2002 provided a

mechanism for coordinating and monitoring, or 'governing' service delivery by the TS (Alcock 2010). By way of ensuring that TS organisations were able to compete on a 'level playing field' and hence facilitate 'market contestability', the Treasury Review of the role of the sector in delivering public services (HM Treasury 2002) recommended that contracted services be awarded three year funding along with full cost recovery. In addition considerable government investment was made available to build TS capacity to engage with formal partnerships and build skills relevant to procurement and commissioning including tendering, contract negotiation, and performance monitoring.

Early evidence of TS problems in engaging with this new culture of contracting (Alcock et al 2004) led to the establishment of the National Programme for Third Sector Commissioning in 2006. The Programme identified the achievement of '*better public outcomes*' yielding not only '*community benefits*' but also '*efficiency gains*' as dependent on both, '*optimal involvement of the third sector*' and '*smarter, more effective and innovative commissioning*' (Cabinet Office 2006). In 2007 the Audit Commission suggested a more coherent or 'intelligent' approach to commissioning the TS was needed. Their report recommended commissioners take a more considered approach to both selecting the types of organisation best fitted to deliver services and to developing processes to ensure a variety of providers were able to engage in the contracting process (Audit Commission 2007).

Whilst these moves have been actively embraced and welcomed by some TS representatives (Martikke and Moxham 2010; Shared Intelligence 2008) there have also been fears expressed about the extent to which the sector has been 'tamed' through funding in an attempt to institute it as a site of 'governable terrain' (Carmel and Harlock 2008). A common

concern is that services risk being driven by government agendas at the expense of organisational mission and the traditional roles of advocacy and campaigning (Smerdon 2009). Empirical studies provide corroborating evidence of these and other negative impacts of public sector commissioning on TS providers. These include: potential or actual 'mission drift' and lost capacity to act as 'advocates for local people' (Cairns et al 2006; Packwood 2007; Shared Intelligence 2008); loss of organisational independence; threats to reputation; and issues related to sustainability (Martikke 2008; Martikke and Moxham 2010).

Several reports highlight enduring problems for TS organisations in engaging with the formal processes of commissioning and contracting. These include confusion and uncertainty around the complex and bureaucratic nature of contracting and procurement, inappropriate time-scales to submit tenders, problems with meeting performance management requirements, capacity issues and fears related to financial risk (Buckingham 2009; Martikke 2008; Packwood 2007; Phillips et al 2010; Shared Intelligence 2008; Wynne 2008).

The engagement of the TS as members of strategic children's commissioning partnerships has also proved problematic suggesting that they are not yet 'active partners' with respect to agenda setting and policy shaping (Lewis 2005). Research indicates that it is particularly true for smaller organisations (Mason and Barkat 2009; Gill et al 2011; Thompson 2008). This is due both to their capacity to operate in such forums and perceived problems of representation of a broad and diverse sector (Edwards et al 2006; Gill et al 2011; Thompson 2008). Representation on strategic partnerships is often limited to infrastructure organisations or larger national charities leaving smaller organisations feeling marginalised and undervalued (Gill et al 2011; Shared Intelligence 2008). The Audit Commission (2008: 33)

report on the development of CTs echoes these findings identifying TSOs as ‘least likely to feel they are making an effective contribution’ to CTs, reporting on-going capacity issues and the need to focus on core business as limits to engagement. These findings add empirical weight to Newman’s (2001) argument that the discourse of ‘partnership’ serves to mask differences between stakeholders, in particular the imbalance of power between public and third sectors.

### **3.7 Developing the market in children’s services**

The discussion so far has centred on the evolution of the broad and specific policy context for joint strategic commissioning within children’s services provision. It has explored how NL sought to redefine the relationship between statutory, private and third sector providers of welfare in terms of ‘partnership’, with joint commissioning intended to provide a mechanism for identifying shared strategic priorities, and coordinating and managing delivery by these different providers.

However, while commissioning built on partnership implies power sharing and consensus building, this sits in tension with the fact that commissioning as a process is underpinned by the principles of competition and contestability. Furthermore, as Newman (2001) points out the optimistic language of partnership can be contrasted with the practical realities of partnership working. Lowndes and Skelcher (1998) argue that different modes of governance exist at different stages of a ‘partnership lifecycle’ and that relationships can be adversarial and competitive particularly when limited resources give rise to competition for funding.

While the policy of enhancing the role of the TS was purportedly based on their ability to deliver more responsive, needs-led services this was also linked to NL's second term goal of delivering public service reform through the application of contestability and a broader mixed economy of providers (PMSU 2006). The following sections pick up on this theme exploring evidence of the impact of NL's policy of an expanded role for the market in delivering children's services and the application of contestability by LAs and commissioning partnerships.

Developing the market for children's services was identified as a key component of the strategic commissioning role allotted to CTs. Commissioning guidance advised they encourage and support the development of new markets 'in order to improve services and sustainability' suggesting that 'market representatives should be involved in CT governance, and high level planning and decision making' (HM Government 2006: 27).

Competitive tendering was identified as key to ensuring 'the most efficient and effective delivery of outcomes' and the guidance stressed that this would, not only entail competition between external providers, but also that, increasingly, 'internally provided services' would have to 'compete against external providers' (HM Government 2006: 21). With both in-house and external providers coming together in CT partnerships the coexistence of potentially conflicting modes of governance is implied.

During their three terms in office NL continued to open up areas of children's service provision to the market, surpassing those of previous Conservative administrations. This involved the extension of markets into new areas of child welfare as well as continuing to support existing markets. In 2004 the DfES commissioned PWC to produce a report detailing

the 'existing and potential state of the market for children's services' and 'the appetite and capacity for expansion' (PWC 2004: 1). This was followed by a series of reports on the potential for developing five children's services markets: children's homes; fostering; childcare; parental and family support services; and positive activities for young people (PWC 2006, 2007a,2007b,2007c,2007d.) Whilst the market for the first three services had been actively developed over the past decade and a half, an expansion into the latter two service areas was evidence of on-going commitment to further marketisation. Whilst policy did not identify the private sector as the preferred provider, and purported to support market contestability over more direct forms competition, it did make assumptions about the supremacy of market type mechanisms and business type practices to organise and deliver welfare services (DCSF 2007a; PMSU 2006).

The rationale for the development of children's services markets was that they would improve outcomes for children by delivering higher quality services whilst offering choice to both commissioners and users and cost savings to LA budget holders. Hence the guidance document 'Delivering Better Children's Services through Better Market Development' (DCSF 2007a: 4) argued that a well designed market-based approach would support better outcomes for children because competition leads to 'higher quality', 'lower cost', and more innovative services that 'offer consumers a greater choice'.

### **3.8 Market contestability**

The cost-saving and quality arguments for provider plurality presented by government (PMSU 2006) are underpinned by the economic theory of market contestability. The premise of contestable markets is that low market entry and exit barriers enable potential

competition from alternative providers sufficient to force a monopoly provider to drive up quality whilst containing or even reducing cost. In theory this can result in improved provision even without formalised competitive procedures being enacted. Advocates of contestable markets suggest this helps cut management costs associated with competitive tendering and can be applied in situations where markets are poorly developed or a monopoly provider exists (Baumol et al 1982, Mulgan 1995). The theory of contestable markets can be seen to have particular appeal in the context of public service provision where markets are often poorly developed and supply-side problems common. Contestable markets, it is argued, present a pragmatic solution to the dualism of 'hierarchy' versus 'market' presenting a middle way of organising public provision that combines the benefits of both forms whilst testing the ability of partnerships based on 'relational-contracting' to remain competitive (Grace et al 2007).

Grace et al (2007) develop a model for the relationship between challenge, contestability and choice that positions 'challenge' as the broadest concept enabling the questions 'should we be doing this?' and 'are we doing this the right way?' Contestability is understood as a sub-set of challenge, useful in challenging monopolies and quasi-monopolies or when market conditions rule out competition. Finally competition sits as a sub-set of contestability applicable when market conditions allow.

### **3.9 Can markets deliver better outcomes for children?**

The question of whether children's services markets can deliver the promise of better outcomes achieved through cost savings, extended choice and improved quality of service is not particularly well evidenced. Where evidence is available it refers to services where there

are long established policy drivers for the development of markets (e.g. Sellick 2006).

Evidence from other areas of public service provision suggests that market methods, including competition and contestability, do not always achieve desired objectives (Grace et al 2007; Herfetz and Warner 2007).

Grimshaw et al (2000) argue that where cost benefits have been achieved through market type reforms these need to be considered with regard to the wider social and political context. Hence early studies of efficiency savings delivered through CCT showed these involved a trade off against resultant losses. These included the additional transaction costs associated with contracts and monitoring (Boyne 1999a et al; Marsh 1998), as well as less direct social disbenefits including loss of public sector ethos, lowered wages, increased unemployment, and erosion of trust between principals and agents (Boyne et al 1999b; Escott and Whitfield 1995; Grimshaw et al 2000).

Contemporary evidence suggests that some TS employees have experienced similar social disbenefits as a result of their organisations entering into public sector contracts. These include job insecurity (Alcock et al 2004; Cunningham and James 2009; Martikke and Moxham 2010), less favourable terms and conditions, increased workloads (Cunningham 2008; Cunningham and James 2009) and low staff morale (Martikke 2009). In reference to the broader political context, the issues discussed above regarding mission drift and loss of advocacy, could also be considered disbenefits. In addition there is empirical evidence that competitive commissioning practices have compromised collaborative working between a range of TS organisations at the local level (Buckingham 2009; Milbourne 2009).

While the Audit Commission report (2007a) found councils had achieved cost savings through market mechanisms, including competition and contestability, their analysis did not involve consideration of either offsetting social losses or economic transactional costs. The Commission's report was based, in part, on a national study of contestability and competition in local government carried out by Grace et al (2007). This study suggests that whilst cost benefits had been evidenced, there were also 'significant examples where outsourcing after competitive exercises had increased costs because of poor contract design or management' (Grace et al 2007: 60). It also finds that the transaction costs associated with exploring contestable options were 'rarely articulated' or 'made transparent' by LAs. These include the transition costs associated with moving from one organisational position to another, including those due to contracting, legal and accounting processes, subsequent contract management costs and loss of flexibility. Furthermore they report that the 'relationship between competition and overall quality of services is much less clear' (Grace et al 2007: 91).

Finding evidence to support the DCSF claim that an expansion of the market in children's services will deliver cost savings and better outcomes is equally problematic. In Grace et al's (2007) study the response rate from those involved in children's services was low at only 3% of respondents. They suggest that apparent biasing of the sample reflects where contestability and competition has been most applied. However some children's services have been subject to market reforms for some time and include residential care, adoption and fostering services, some specialist services for disabled children and provision of child care. Despite this, evidence of impacts of market-type policy reforms is elusive.

One exception is research by Sellick (2006) and Sellick and Connolly (2002) on commissioning foster care in the UK. This indicates that the economic costs associated with contracting independent fostering providers (IFP) are high, often three times higher than in-house provision, in part accounted for by higher fees paid to carers. Whilst levels of satisfaction are higher amongst the latter there is no concrete evidence that this contributes to better performance (Kirton et al 2007). However some evidence suggests there may have been gains in terms of placement stability and placing children with more complex needs (Sellick 2006).

### **3.10 Reluctance to pursue externalisation and barriers to market development**

Best Value (BV) arguably sought to take on board some of the lessons of CCT removing 'compulsory' from the process and promoting partnership as the solution to low trust commissioner/supplier relations. However, despite being encouraged rather than compelled to engage with market testing, the evaluation of BV (Martin et al 2006) presents evidence that many LAs are reluctant to use competition or have used competition ineffectively. Risk aversion, organisational culture, client capacity and supply-side weaknesses were all identified as barriers to the effective use of competition. The report concludes that although BV had operated as 'an important driver of internal change' it had not provided a 'strong push for competition between service providers and did little to encourage councils to develop and manage supply markets more effectively' (Martin et al 2006: 17).

This raises the question of how far ineffective or non-use of markets is explicable in terms of a) gaps in skill and capacity to exploit competition and contestability effectively or b) the concerns LA officers may have over the appropriateness of market testing and outsourcing

and how well or ill-founded these may be. The answers to this question raise further questions of whether, or how far, 'more intelligent' commissioning is capable of delivering solutions or, more fundamentally, whether failings in the ability of market-type reforms to deliver promised outcomes necessitate a focus on alternative, more effective reforms within the public sector itself.

Audit and inspection reports repeatedly raise issues of commissioner competence, highlighting gaps in capacity, skills and expertise (Audit Commission 2002, 2003, 2007a). PWC (2004) similarly identify a range of barriers to developing market contestability many of which are related to contractual and commissioning competence and capacity. Grace et al (2007) argue that a sophisticated approach to the use of markets requires new skills in their development and management that have not been required before. They describe a number of prerequisites of effective commissioning and contestability that include good market intelligence and analysis alongside appropriate monitoring and contract procedures. However, they also stress the critical importance of 'sufficient capacity in terms of people and skills' who are possessed of 'a mindset and a willingness to use the full repertoire of improvement methods...informed by a culture that is conducive to change' (Grace et al 2007: 96).

Whilst this may be so, there remains the question of whether there are rational or justifiable motives for not pursuing market competition and contestability for some services and in some local contexts. Explanations of reluctance to develop market approaches offered by government-funded reviews and inspection reports whilst acknowledging managerial concerns, such as supply problems and principal-agent difficulties, as legitimate, identify

political and cultural concerns as less valid and more of a problem (Audit Commission 2002, 2003, 2007a; PWC 2004). Hence whilst identifying a range of legal, economic, contractual and commissioning barriers to effective market operation, PWC regard political and cultural barriers as 'the most significant' barriers to market entry and exit. These include: ethical considerations related to profit motive; more favourable attitudes towards TS organisations; the political context in which decisions are taken and (undefined) 'unfavourable attitudes towards developing contestability' (PWC 2004: 10). In considering how best to lower these barriers and conceding that some barriers may be designed to protect children, the report makes little attempt to unpack whether or not they are well-founded or represent valid reasons for not pursuing market approaches. Past Audit Commission reports (2002, 2003, and 2007a) similarly appear to construe LA reluctance to develop market contestability as dysfunctional. They identify the development of a 'mature and pragmatic' approach as key to better performance even providing a 'mindset temperature gauge' for senior managers to determine whether 'relevant individuals' 'have the right mindset' to use competition and contestability (Audit Commission 2007: 47).

In an empirical study involving six LA case studies Entwistle (2005) identifies five different arguments employed by LA stakeholders against externalisation and reviews the research evidence to consider the academic support for them. He summarises the five themed objections as: 'a desire: to be a model employer; to protect the public service ethos; to maintain control of the delivery of public services; to guard against dependence on imperfect supply markets and to protect the core competencies of the organisation' (Entwistle 2005: 191).

The first two arguments directly speak to the negative consequences of externalising services discussed above, making the case for recognition of the particular strengths of the public sector. This is an argument made by Grimshaw et al (2002) whose detailed investigation of two case study public private partnerships demonstrates little evidence of public sector gain. The authors conclude that what is needed is not better public sector market management but 'recognition of the distinctive qualities' of both the public sector ethos and producer market. The former includes 'fairness, antipathy to corruption [and] reliability' whilst the latter allows the 'political management of 'prices' for the non-paying customer' (Grimshaw et al 2002: 499).

The need to promote the positive qualities of a public sector ethos relates to the idea of functional matching. Osborne and Gaebler (1992) argue that different service sectors have different functional attributes making them better fitted for delivering different types of service. Similarly Billis and Glennerster (1998) argue that the VCS may have an advantage over other sectors in particular circumstances. PWC (2004) suggest that the TS may be better placed to deliver parental and family support services and there is a widespread support in the literature for an extended role for the TS based on its 'added value' (Gill et al 2011).

However, there is a paucity of comparative evidence on the distinctive value TSOs might have over the public sector, or their ability to deliver better outcomes. In 2008 the Public Administration Committee stated that they were 'unable to corroborate' the claim made by Government that 'third sector organisations can deliver services in distinctive ways which will improve outcomes for service users' (House of Commons Public Administration Select

Committee 2008: 3), a position supported by Macmillan (2010) in his evidence review of the sectors role in public service delivery. While there may be little 'robust' research evidence on the outcomes of TS delivery, there is qualitative evidence of commissioner support of TS ability to fill gaps in provision and engender trust amongst more marginalised communities (Packwood 2007).

Entwhistle (2005) similarly finds little empirical evidence to support the idea of functional matching. He does however find evidence to support the idea of a public sector ethos. He cites Boyne's (2002) review of thirty five empirical studies that finds 'strong evidence of a public sector ethos' characterised by public managers who are 'less materialistic' and with a 'stronger desire to serve the public interest' than their private sector counterparts although no reference is made to those in the TS (Boyne 2002: 112 cited in Entwhistle 2005).

The third argument against externalisation identified by Entwhistle relates to 'principal-agent' difficulties or the problems experienced in controlling external contractors. The experiences of Entwhistle's respondents are reflected in the findings of Grace et al (2007) who report that 'even authorities which demonstrate outstanding practice in using competition and contestability have generally also had negative experience of using the market and market mechanisms' (Grace et al 2007: 11). Entwhistle's review of the literature on principal-agent problems finds these concerns to be well supported by established theory. This in turn lends support to Erridge's (2003) argument that internal providers have advantage when 'high-discretion responsive services' are required, and 'future needs and priorities cannot be predicted with certainty; outputs are diffuse and

difficult to measure; [and] flexibility and responsiveness, local knowledge and the exercise of political judgement are required '(Erridge 2003: 95).

A preference by some commissioners for informal mechanisms for allocating funding and awarding contracts over competitive processes (Martikke 2008; Packwood 2007) may represent a mechanism for avoiding anticipated principal-agent problems with unknown providers. Martikke (2008) reports that the majority of TS organisations in her study identify networking, and informal relationships as more important in helping them to secure funding than going through formal tendering processes. Moreover she reports that historical funding on the basis of long-standing, trusting relationships was common practice in her case studies. While this may represent a form of relational contracting she also found that these funding relationships were characterised by a lack of performance monitoring, raising questions about the quality of provision as well as accountability. Furthermore she suggests that historic funding relationships appear to hinder the ability of TS to deliver needs led services and access 'hard to reach' communities.

The next set of concerns articulated by Entwistle's respondents refers to supply side problems. Where markets are limited, or there is no existing market, it would clearly be difficult if not impossible to 'encourage diversity, innovation and the competitiveness of the supply base' (DETR 1999: 13), or to avoid potential exploitation by monopoly suppliers or 'cartels'. As discussed above the academic theory of contestable markets was central to NL policy in seeking to overcome these problems.

Grace et al (2007) identify a number of market characteristics that favour the use of competition and contestability including market maturity and the size and scope of the

market. In common with Entwistle they identify the desire to protect core competence as a barrier to externalisation. Both studies however find little consensus over what constitutes a 'core service'. One LA in Grace et al's study identifies child protection as a core service arguing that this represents too risky an area of service delivery to be outsourced. This raises the question of whether some services should ever be subject to market testing, perhaps those that meet Erridge's above criteria or where the ethical and moral barriers are set too high.

Grace et al (2007) note a trend in some mature public sector markets for reverse contracting whereby previously outsourced services are moving back to in-house provision. This may represent evidence of where contestability has been effective in driving up in-house quality and efficiency or, alternatively, provide evidence of market failure and the limited benefits of externalisation. Unison (2010) provides evidence for second of these explanations producing case study examples of cost-savings to LAs through bringing services back in-house.

In children's services there is mixed evidence for a retrenchment in contracting out. In a DCSF commissioned survey of private and TS providers respondents were more likely to agree there had been a shift towards greater in-house service provision (Phillips et al 2010). However Packwood (2007) reports that commissioners are more likely to claim the opposite as true. Although there has been an increase in the value of contracts awarded to alternative providers this does tend to reflect new areas of provision where there have been specific policy directives to secure external contracts. This is particularly true for programmes funded through former ring-fenced or area-based grants. Despite guidance suggesting that

internal services should be held open to competitive tendering there is very little evidence that mainstream provision has shifted to external providers (Phillips et al 2010).

### **3.11 Summary**

This chapter has outlined key features of the policy context for commissioning in children's services. It has described how the role of LAs has been recast as strategic 'place shaping' and commissioning accorded a new prominence in securing better outcomes. The duty of partnership in children's services sought to facilitate the development of integrated service provision and cooperation within and across the statutory, private and third sectors. With commissioning intended to provide the mechanism for identifying shared strategic priorities, coordinating delivery by a range of providers and achieving accountability through contracts it could be understood as offering a set of solutions to the 'problems' of implementation discussed in the previous chapter.

However, the chapter has also discussed how, under NL, whilst a focus on partnership was intended to ameliorate the negative effects of markets this sits in tension with the use of competition and contestability as drivers of public service reform and the goal of cost-effectiveness. There is evidence to suggest that competition between providers has compromised collaborative working (Buckingham 2009; Milbourne 2009) and this may present as an additional barrier to outsourcing in addition to those identified by Entwistle (2005).

Evidence of the slow development of children's services commissioning would suggest that there has been some reluctance amongst CT partners to establish commissioning as a core function, despite the pivotal role accorded to it within ECM. This raises questions about the

acceptability of market modes of governance to some LAs and the degree to which they are willing to relinquish their delivery role in some areas of provision. Given that LAs have been granted considerable space for autonomy in deciding on how they move to a 'place-shaping' role there is space for it to be resisted or treated as a discretionary policy directive.

Also open to critical scrutiny is the extent to which the TS has become 'mainstreamed' (Kendall 2009) through co-option as 'partners' in delivering to government agendas.

Evidence presented in this chapter suggests TS organisations have different experiences of engaging with both formal partnership structures and the processes of commissioning.

While some may have embraced the market as offering new opportunities for funding others express concern about 'mission drift' and marginalisation. What is missing however is evidence of how TS providers might engage with commissioning whilst resisting 'mainstreaming' through negotiation or revision of policy agendas at the point of delivery.

In order to provide insight into the implementation of joint commissioning at a local level three research questions have been identified. The first is concerned with the local organisational and institutional factors that might act as barriers or facilitators. The second is similarly concerned with context and asks how past histories of service provision and partnership working impact on the development of joint commissioning arrangements. The third is concerned with how local policy actors interpret or frame understandings of commissioning and asks what discourses and arguments different stakeholders draw on to make the case for or against commissioning.

## **CHAPTER FOUR: COMMISSIONING CHILDREN'S SERVICES: THE ROLE OF EVIDENCE**

### **4.1 Introduction**

The previous chapter discussed commissioning as a mechanism for co-ordinating and managing service delivery, and hence policy outcomes, in the context of NL's 'third way' modernisation of welfare with a commitment to 'partnership' and a broader mixed economy of welfare. This chapter speaks to the second analytical theme identified in chapter 1, exploring how commissioning with its appeal to evidence based decision making and outcome based accountability is expected to enhance the project of rational, 'non-political' local level policy making. Establishing measurable outcomes as the criteria for resource allocation and the rational appraisal of evidence of 'what works' in selecting from policy options together suggest further potential solutions to the 'problem' of implementation.

The last decade witnessed a growing orientation towards rational planning in children's services matched by a substantial increase in quantitative data and research evidence on which planners and commissioners could draw to inform needs analysis, targeting, and programme design. This reflected NL's declared commitment to the use of evidence in policy making based on a philosophy of 'what counts is what works' (Blair 1998). This chapter begins with a review of evidence-based policy making (EBPM) and considers some of the conceptual and methodological problems associated with it. It then moves on to its application in the specific context of children's services commissioning. It examines how policy guidance has framed this for commissioners and planners and reflects on the

underlying assumptions it makes about the possibility of rationally informed decision making.

Finally attention is given to how policy actors understand and use different forms of evidence in decision making. Some of the political, practical and conceptual complexities of trying to implement an evidence-based approach to local decision making and commissioning are highlighted.

#### **4.2 The growth of evidence-based policy and practice**

Whilst the relationship between policy making and research evidence is not new, the idea of 'evidence-based policy' (EBP) has come increasingly to the fore over the last two decades and was given particularly strong endorsement by the former NL government. In a speech to the Economic and Social Research Council (ESRC) in February 2000, David Blunkett (former Education and Employment Secretary) called for a new relationship between government and the social sciences claiming that:

*'Social science should be at the heart of policymaking. We need a revolution in relations between government and the social research community - we need social scientists to help determine what works and why, and what types of policy initiatives are likely to be most effective'* (Blunkett 2000).

Following the era of Thatcher's 'conviction politics', NL declared a retreat from ideologically justified political projects towards a supposedly more pragmatic policy agenda (Solesbury 2001). The idea of using evidence to inform policy making implies a more 'scientific' and instrumentally rational approach; a depoliticised process in which policy becomes 'an exercise in social technology' (Schwandt 1997: 74). Underpinned by the modernist assumption of progress through science, the search for 'what works' can be understood as

an attempt to modernise policy making rescuing it from ‘the irrationalities and indignities of politics’ (Stone 1997: 6).

EBP was a core theme of the NL modernisation programme (Bochel and Duncan 2007) evident, though not elaborated on, in the White Paper ‘Modernising Government’ (Cabinet Office 1999a). Here the government committed itself to improving their ‘use of evidence and research so that we understand better the problems we are trying to address’ and ‘learning the lessons of successes and failures by carrying out more evaluation of policies and programmes’ (Cabinet Office 1999a: 20). The follow-up report ‘Professional policy making for the twenty-first century’ (Cabinet Office 1999b: 14) identified the ability to develop an evidence-based approach using ‘the best available evidence from a wide range of sources’ as one of nine competencies of modern policy making with the conscious aim of making contemporary policy more rational, fairer, and outcomes-focused.

Despite the Cabinet Office’s (1999a) reference to a broad range of evidence, that included research, statistics, expert knowledge and the outcomes of consultation, commentators have since observed that that in practice NL made recourse to a more limited range of evidence, and that it was quantitative evidence of ‘what works’ that dominated debates about evidence-based policy and practice (e.g. Davies et al 2001, Klein 2003, Pawson 2006)

The concept of ‘evidence-based’ policy making was mirrored by a concern to promote the use of evidence in practice (Rycroft-Malone 2006). A key influence here had been a parallel, though earlier, commitment to evidence-based medicine. This followed an erosion of public trust in the professional judgements of clinicians in the wake of highly publicised failings of some members of the medical profession including, for example, the public inquiry into

children's heart surgery at the Bristol Royal Infirmary (Kennedy 2001). The establishment of the Cochrane Collaboration in 1993 with its brief to conduct systematic reviews of research evidence for the efficacy of clinical interventions, had already set new standards for what counts as robust evidence of 'what works'(Coote et al 2004).

The logic of the work of the Cochrane Collaboration was extended into the field of social policy, in part through the work of its sister organisation the Campbell Collaboration (established in 2000). This supported the diffusion of medically derived forms of research, in particular systematic reviews of trial-based research evidence, across a range of policy areas including crime, education and social welfare. In preventative children's services there has been a move towards funding specified 'evidence-based' interventions including Family Nurse Partnerships and Multi-systemic Therapy (Barnes et al 2008; Littell 2005). The use of secondary data analysis to identify groups 'at risk' of poor outcomes has also come increasingly to the fore, (for example in the use of The Family and Children Study data to support the Think Family initiative (SETF 2008)), dovetailing well with both the prevention and outcomes focused agendas in the child and family policy domain.

### **4.3 Conceptualising evidence**

Taken at face value, the notion of using research and other forms of evidence to identify 'what works' as a basis for policy decisions, appears to make intuitive good sense. However, making a reality of EBP is more difficult, especially given the complex nature of the policy environment and the multi-dimensional or 'wicked problems' that policy programmes increasingly seek to address.

Twin concerns of NL were to use evidence of performance in order to improve accountability and efficiency, and evidence of 'what works' in order to improve policy effectiveness (Sanderson 2002). The former was introduced in chapter 2, understood as a set of top down mechanisms designed to control policy outcomes. The latter refers to the instrumental role of evaluation in informing policy; a position underpinned by a number of assumptions pertaining to the way in which the policy process plays out and the basis upon which we can identify effective policy and practice.

Tensions in EBP discourse concern the relative value accorded to different forms of evidence as inputs into the policy process. This debate can be understood as residing within the two approaches to understanding the policy process introduced in chapter 2. Hudson and Lowe (2004) suggest that the idea of using retrospective, summative evaluation evidence in order to determine whether or not a policy has worked fits well with the rational 'stagist' model of policy making. Here, evaluation comes at the end of the 'policy cycle' meaning that policy is worked out ahead of implementation and evidence fed in once implementation has begun. As policy is goal-led then evidence should be capable of informing policy makers about whether goals have been met, providing feedback to inform future modification. From this perspective evidence is understood as objective or 'value-free' and taken to be the most influential component of policy decision making, playing an instrumental rather than 'enlightenment' role (Weiss 1998).

From an alternative perspective that understands the policy process as complex and inherently political, evidence is understood to play a messier and more haphazard role, being only one part of the process of policy formulation. This has led to a preference

amongst some policy analysts for an alternative terminology including 'evidence-aware' (Davies et al 2001) and 'evidence-inspired' (Duncan 2005) that suggest the need to understand the interplay between evidence and the myriad of other influences on the policy process.

Evidencing outcomes requires the evaluator to answer the question 'what is the impact of policy x on problem y', and is thus concerned with causality and attribution. Within the rational model of policy making the use of quantitative outcome data has therefore tended to be more highly valued than other forms of evidence (Sanderson 2000). Quantification refers to a methodological approach that involves operationalising variables so that they can be quantified and categorised in relation to each other in order to produce assessments of predictability and generalisability. The use of quantitative methodologies is most closely associated with a positivist or neopositivist ontological and epistemological position that assumes that objective, value free knowledge of an external 'real' world is possible.

Related to this position is the assumption of a rational analysis/politics dichotomy (Morcol 2001). According to the logic of this assumption analysis is a rational, scientific process which renders decision making free from the influence of the institutionalised expression of values - politics. Despite attention being drawn to the limitations and shortcomings of quantitative analyses (e.g. De-Leon 1994), statistical data has an enduring appeal for policy makers and remains arguably the most common form of evidence used in policy design (Neylan 2008). Stone (1997) observes that the popularity of quantitative analysis is partly because by measuring something people tend to notice it more.

One of the assumptions of the EBP movement is that not all evidence has equal status but can be evaluated hierarchically with the 'gold standard', randomised control trial, 'RCT', in pride of place, followed by quasi-experimental approaches. This evidence hierarchy is one that has been subject to challenge in the policy analysis literature (e.g. Fischer 1998) reflecting different levels of acceptability of the use of research methodologies emanating from health-related fields of enquiry within other professional and academic domains.

Marston and Watts (2003) point out, there is a need to be critically aware of the way in which certain forms of evidence are privileged over others and the assumptions this entails about what constitutes a claim to knowledge. If knowledge can be ordered into a hierarchy that values certain forms of evidence and particular methodologies over others then the notion of EBP is clearly not a neutral concept, but exists as a 'powerful metaphor in shaping what forms of knowledge are considered closest to the 'truth' in decision making processes and policy argument' (Marston and Watts 2003: 145).

#### **4.4 Post-positivist challenges to EBPM**

There are profound differences amongst academics about what constitutes a claim to knowledge and there have been challenges to the whole concept of EBP from social constructionists and post-positivist scholars who reject its rationalist assumptions and claim to objectivity (e.g. Dryzek 2002, Fischer 1998, 2003, Parsons 2002, and Schwandt 2000).

What is up for debate is whether it is possible to find what Parsons (2002) terms the 'high ground' within Schon's (1983) 'policy swamp', which represents a body of objective evidence that can be employed to 'command and control' (Bentley 2002) the policy process in a way that obviates values, ideas and politics.

From a social constructivist or post-positivist perspective, reality exists but cannot be fully or definitively explained or understood. Knowledge of that reality is understood as socially constructed and contingent and the dominant use of quantitative methodologies in order to establish causal explanations are considered inadequate in advancing knowledge of policy solutions to 'wicked' social and economic problems (Dryzek 2002; Fischer 1989, 2003). As discussed in chapter 2, from this perspective policy goals are considered ambiguous and open to multiple and conflicting interpretations (Yanow 2000), so that policy analysis should aim at developing understanding of how these meanings are constructed and the way they impact on outcomes (Yanow 2000: 8). According to Fischer (1998: 144) the problem of a neopositivist approach is embedded in a misunderstanding of the 'social' and the false assumption of the possibility of a generalizable, value free objectivity that attempts to explain social behaviours without reference to context. He argues for the reorientation of policy enquiry away from instrumental explanations and empirical generalisations towards discursive contextual understandings, for while objectivity may be an ideal, it 'requires a critical community of interpreters'.

Whilst EBP is presented as a core attribute of modern policy making, post-positivists argue that rather than signalling a move towards a more enlightened and democratic process it signifies the opposite; a re-focus towards the old 'top-down' approach that 'must be understood as a project focused on enhancing the techniques of managing and controlling the policy-making process' (Parsons 2002: 44). Positivist thinking, it is argued, is orientated towards the instrumental and managerial use of knowledge, and hence the evidence-based movement supports a 'command and control' form of government. With its assumption of the superiority and value-neutrality of scientific decision making, EBP represents an

antipathy to democratic decision making and pluralistic policy making (Fischer 2003; Parsons 2002; Schwandt 2000). The language of quantification and the presumption that statistical data possess an 'intrinsic authority' together promote the idea of objectivity and rationality (Neylan 2008). This helps to objectify policy problems and proffered solutions as social 'fact' thereby supporting an appearance of a 'values-free' policy agenda that ignores the relationship between power and knowledge.

The EBP movement with its emphasis on knowing and directing rather than facilitating and learning (Schon 1973) thus threatens the possibility of realising the Lasswellian vision for the role of social sciences in democratising the policy process. Fischer (1998, 2003) argues that the traditional understanding of the policy-analytic role represents an epistemological misunderstanding of the relationship of knowledge to politics. If we reject the positivist separation of facts from values then policy analysis should not, and cannot, be separated from political considerations. The alternative is a call for a democratised 'deliberative policy making' whereby policy learning involves critical appraisal of the goals and assumptions of policies and 'consensus is approached through the discursive construction of a synthesis of competing views' (Fischer 1998: 136).

Recognition of the limitations imposed by a narrow definition of evidence has led some policy analysts to advocate for a broader concept of what constitutes valid knowledge including tacit knowledge (Flyvbjerg 2001; Parsons 2002; Schwandt 2000), values (Williams and Fulford 2007) and community and user views (Barnes et al 2003; Yanow 2000).

Yanow (2004: 12) stresses the importance of valuing organisationally-relevant 'local knowledge': the '*mundane, yet expert understanding of and practical reasoning about local conditions derived from previous experience*'. This 'local knowledge' is borne out of shared, practical and contextual experience, and is the knowledge of the SLB or front-line worker. 'Local knowledge' is distinct from the technical or professional expertise that derives from formal and academic systems of learning, resonating with the Aristotelian concept of 'phronesis'. Phronesis refers to practical context-dependent knowledge that cannot be reduced to formal rules or general truths (Flyvbjerg 2001). It is knowledge derived from experience but also concerned with deliberative judgements with respect to values. In search of an alternative to the standard interpretation of social science explanation as involving a formal model of inductive or deductive reasoning, Flyvbjerg (2001) makes the case for a phronetic social science. In so doing he argues for the primacy of context dependent knowledge that incorporates the idea of policy learning in the context of its ethical and moral implications.

The discussion so far has covered some of the epistemological challenges to achieving EBPM in particular its assumption of value neutrality. The following section builds on this to explore some of the methodological and practical barriers to evidencing the impact of policy initiatives on outcomes with particular reference to complex problems.

#### **4.4 Methodological barriers to EBPM**

Sanderson (2002) distinguishes two different forms of evidence needed to demonstrate the effectiveness of government policy. The first of these refers to evidence for accountability, primarily concerned with measures of performance. This is reflected in the concept of

outcomes-based accountability and its associated use of performance indicators and targets. Evidence for accountability is picked up later while this section explores Sanderson's second form: evidence that is theoretical and aimed at explaining how policy mechanisms achieve or do not achieve intended outcomes. This form of evidence refers primarily to that gained through research and evaluation and is intended to provide a rational basis both for adapting and improving current policy and for future policy decision making.

In order for evidence to function in the way demanded of a rational model of policy making then it should be possible to carry out an objective and scientific evaluation of the identified policy (Hudson and Lowe 2004). The use of experimental evaluation methods is traditionally understood as capable of producing more scientific and hence 'valid' evidence of 'what works'. However, many researchers reject experimental models of evaluation for multi-faceted policy initiatives aimed at tackling 'wicked problems' on the grounds that they are inadequate in linking complex community, population and systems outcomes to multi-dimensional inputs (Barnes et al 2003; Martin 2005). Given the complexity of contributory factors to negative outcomes (the identified policy problem) there can be no simple causal connection between a service or policy intervention and their prevention (Percy-Smith 2000). In evaluation terms this is described the 'problem of attribution' referring to how the effects of an intervention or service can be isolated from other influences and factors. This is especially difficult where multiple initiatives are focused on areas of particular need and where multi-agency interventions are designed to deliver complex solutions to 'joined up' problems.

Davies et al (2001) question the use of RCT and other experimental methodologies for producing evidence of 'what works' arguing that they rarely offers insights into *why* something works or why one intervention performs better than another. In other words whilst they might be capable of causal description they are poor on causal explanation. Tilley (2001) mounts a strident critique of the use of experimental methodologies for evaluation. He too criticises their orientation towards demonstrating 'net effects' of the intervention studied in order to make 'X produces Y' type claims without making adequate reference to the context in which that effect occurred. He points out that in complex situations control groups are unfeasible as it is impossible to hold contextual variables constant thereby making it difficult to claim transferability of findings.

There are also practical impediments to the impact of evaluation research on policy making. One of the defining features of NL's approach to EBP was the use of policy pilots, sometimes known as 'trailblazers' as in the Sure Start programme, or 'pathfinders' as in CTs. However, the experience of evaluating complex policy initiatives exposes two sets of problems that raise questions pertaining to how knowledge generated can be of instrumental, rather than enlightenment, value to policy makers. The first set of problems refers to the issues discussed above and the complexity of real world evaluation. This means that policy evaluation is often unable to deliver the kind of cut and dried unequivocal answers that politicians prefer. The second refers to the fact that the evaluation process works on a timescale that is out of kilter with the demands of politicians and policy makers and hence does not yield the kind of timely information they require (Hudson and Lowe 2004).

One solution to the problem of lengthy evaluation time-frames has been to make use of systematic reviews of existing bodies of evidence designed to give concrete evidence of the effectiveness or otherwise of particular interventions. The advantage of such reviews is that they can, theoretically, be used to inform policy decision making before, rather than during, implementation.

Pawson (2002a) identifies two broad approaches to systematic review: numerical meta-analysis that involves statistical comparison of the net effect of programmes that target the same or similar problem, and narrative reviews that likewise consider evidence of the impact of different programmes but in a more narrative or discursive manner. Despite their temporal advantage, Pawson questions the capacity of either to produce straightforward evidence of 'what works'. Whilst numerical meta-analyses produce 'de-contextualised' messages, narrative analyses involve the 'tacit testing of submerged theories' meaning they are unable to draw inferences that are not theory-laden. Both are criticised for squeezing out attention to programme 'mechanisms', 'contexts' and 'outcomes patterns'.

Boaz and Pawson (2005) also question the usefulness of the systematic review in informing policy and practice by reference to five contrasting and contradictory literature reviews on mentoring schemes for young people 'at risk'. They discuss the reasons for the 'mixed messages' produced by the different reviews that include methodological inconsistencies, differing interpretations of the same data and a tendency to 'go beyond the evidence' in reaching conclusions. Boaz and Pawson's analysis reveals the process as subjective and interpretive rather than objective. This supports the conclusion that evidence is rarely, if

ever, unequivocal and it is unrealistic to expect it to deliver prescriptive advice to support policy decision-making.

Prior and Paris (2005) argue that government commissioned systematic reviews often demand engagement with the methodological hierarchy previously described. With its associated criteria of research validity and reliability this can result in the exclusion of certain forms of evidence. They point out that what is typically excluded are empirical single case studies (and hence non-comparative), as well as qualitative data in particular user experiences. In addition evidence about more complex systems such as schools or neighbourhoods is relatively neglected, as they do not lend themselves to experimental methods due to the control problems previously mentioned (Tilley 2001).

Fischer makes a broader point arguing that that research is 'as much a socio-cultural activity as a technical enterprise' (Fischer 1998: 132), and that we need to consider not only its outcomes but the judgements that structure and guide the research process itself. Not only are research findings important but also the set of processes by which we construct an object of enquiry as the 'problem'. In deciding what to research, by setting parameters around what is of interest, the process is revealed as subjective. With regard to evidence of 'what works' this can lead to particular groups being left out, or failure to consider the relationship between structural factors such as poverty and poor outcomes (Prior and Paris 2005) with the concomitant privileging of evidence that pertains to the study of particular groups of individuals.

#### **4.5 Learning rather than knowing**

The problem with establishing an instrumental role for research evidence has prompted calls for an alternative relationship between research and policy that promotes the idea of learning and long-term enlightenment over instrumentalism (Nutley et al 2007; Sanderson 2000; Weiss 1980). This recalls the points made above about the need for a wider concept of valid knowledge that includes tacit, practical and context specific knowledge.

Schon (1983) suggests that problems of greatest complexity and importance reside in the 'lowlands' of a 'policy swamp' not amenable to knowledge management and control. Instead they necessitate the development of reflective practice and a willingness to learn from others. This is echoed by Chapman (2004: 11) who argues that, in the context of complex policy problems that cannot be reduced to 'separate rationally manageable parts', policy learning should progress through experimentation and risk taking. Like Schon, Chapman argues that we need to develop 'learning systems' that provide for learning and adaptation rather than knowing and control.

The idea of enlightenment is linked to the possibility of democratic or 'deliberative policy' making through policy networks and communities (Rhodes 1997) and the importance of local knowledge for policy development, both of which acknowledge that government cannot always 'know best'. The importance of local knowledge corresponds to the idea of context dependent learning and the Aristotelian concept of phronesis. The implication is that horizontal learning and local-centre knowledge transfer are as important as that which is directed downwards resonating with the idea of a dialectical

relationship between local and central policy actors (Uitermark 2005) and policy as 'negotiated order' (Barrett and Fudge 1981; Strauss 1978).

Theory of Change (ToC) approaches that draw on local experiential knowledge have been promoted as an alternative to experimental models for evaluating complex community based initiatives (Barnes et al 2003; Mason and Barnes 2007). ToC, like other more formative and theory-led approaches to policy evaluation, also offers a better opportunity for improving implementation, as findings emerge during, rather than after, implementation. Pollitt (1999) suggests this may support greater reflexivity among participants. However, he also points out a set of limitations including the need for decision makers to engage with complex and ambiguous findings, for such evaluations are testimony to the fact that 'evidence, whether new or old never speaks for itself' (Pawson 2002b: 157). Hudson and Lowe (2004) suggest that formative evaluation is best suited for 'fine-tuning of the policy' and raise questions about the possibilities for generating conclusive evidence about whether policy interventions 'work' or not.

#### **4.6 Evidence for accountability**

Given the difficulties of using long-term evaluation evidence for short-term instrumental purposes it is, perhaps, not surprising that policy makers have turned to alternative evidence sources from which to make inferences about policy success or failure. The preferred alternative over the past three decades has been what Sanderson (2002) describes as 'evidence for accountability'. Chapter 2 discussed the rise of NPM in the context of a form of top down control of the policy process, underpinned by the idea that intended policy outcomes could be secured through applying management techniques drawn from the

world of business and commerce. Here the use of performance indicators and targets is understood as a form of 'managerialised' evidence of policy effectiveness; a more short term solution to the problem of the long term and equivocal nature of research-led policy evaluation.

The rise of NPM and in particular the use of performance indicators and targets has been identified as a leading factor in the increased attention paid to policy evaluation. Walker and Duncan (2007) however argue that this attention came in advance of NPM, making reference to increasing levels of concern regarding public spending during the 1970s and a concomitant shift in focus from policy demands towards cost-benefit and cost-effectiveness.

Traditionally the emphasis in performance management has sat with questions relating to input, process and output or in other words with what we do and how much we do. The more contemporary focus on outcomes and results-based accountability however, has been promoted as providing a better basis for determining organisational performance in terms of evidence of effectiveness (DCSF 2008c; McAuley and Cleaver 2006; Utting et al 2008).

Performance management through outcomes, targets, indicators and milestones has become an established feature of policy practice at the level of central and local government and in the implementation of major policy initiatives, with funding increasingly tied to the ability to demonstrate effectiveness. Government discourses on outcome-based accountability claim a number of benefits of target-orientated planning including enhanced democratic accountability, greater efficiency, improved performance and greater clarity of direction and purpose (HM Treasury 2003).

#### **4.7 Evidence and the commissioning process**

The chapter so far has discussed the general trend under NL towards a rationally driven policy agenda. Some of the conceptual and methodological complexities of producing unequivocal evidence on which to base policy decision making and action have been highlighted. The following sections explore the requirement for LAs and their partners to develop an evidence-based approach to local policy making framed as an integral part of a rational outcome-focused commissioning 'cycle'.

As previous chapters have discussed the NL government set out a programme for the reform of children's services intended to improve outcomes for children through the reconfiguration and commissioning of services. Fundamental to these reforms was the improved collaboration of services understood to enable the perceived needs of children, rather than organisational structures and priorities, to sit at the centre of planning. The idea of focusing on the delivery of outcomes was intrinsic to this reform made explicit in the creation of a priority 'Outcomes Framework', represented as the starting point for transforming services.

The ECM green paper (DfES 2003) defined these outcomes at a relatively abstract level and across five broad areas: health; safety; enjoyment and achievement; economic well-being and contribution to society with a stated intention of reducing 'the gap in outcome between those who do well and those who do not' (HM Government 2004). Achievement of the five ECM outcomes was to be measured against 68 performance indicators that applied to children and young people, forming part of rationalised national indicator set (CLG/HMG 2008).

The task for strategic partners and service commissioners was to translate these outcomes at a local level into a set of priority outcomes that reflected local needs. These priorities were to be set out in an overarching strategic Children and Young People's Plan (CYPP) the preparation, implementation and monitoring of which was made the responsibility of the Children's Trust Board (CTB). The Plan was expected to be informed by 'a thorough needs assessment' (DfES 2004c) and CTBs were expected to conduct:

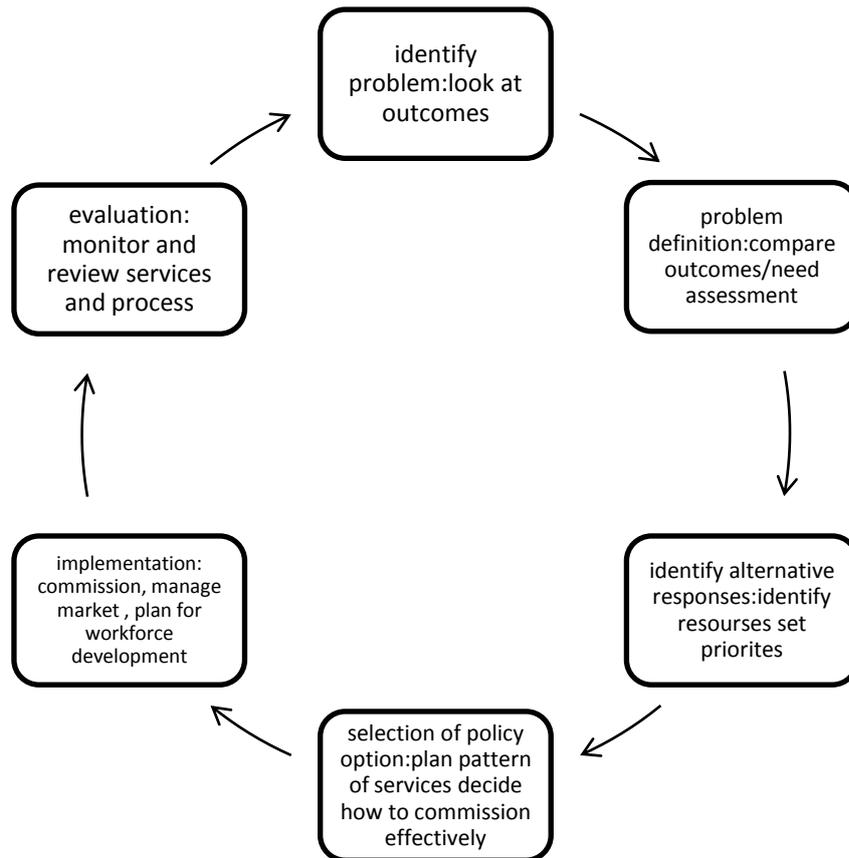
*'a thorough, wide ranging and up to date analysis of children and young people's needs mapped against existing services, to identify gaps in service provision and inform strategic commissioning priorities'* (DCSF 2009: 62).

Joint commissioning was envisaged as a key strategic planning tool through which the CYPP would be realised and better outcomes for children achieved. The Plan was to be reviewed on an annual basis with progress assessed against milestones, and available outcome data and consideration given to changing and emerging need.

The CYPP was expected to be informed by, and aligned with, the 'Joint Strategic Needs Assessment' (JSNA) with both documents making use of the same datasets and clearly focused on outcomes rather than processes. The production of a JSNA by each LA and PCT was (and is) a requirement set out in section 116 of the Local Government and Public Involvement in Health Act (HM Government 2007) and the joint responsibility of Children and Young People's Services, Adult Social Services and Directors of Public Health. The JSNA was intended to inform the strategic direction of service commissioning through the identification of the aggregated '*health care and well-being needs of local populations*' and the service responses most appropriate to meeting those needs.

Evidence was expected to play a variety of roles in the commissioning process, not only to support the processes of priority setting, need analysis, targeting, and delivering cost effectiveness, but also inform to understandings of 'what works' in programmes of intervention. By implication those tasked with commissioning were expected to act as analysts *for* the commissioning process; as knowledge brokers gathering, collating, interpreting and making judgements about how to employ a plurality of evidence sources. These sources were to include quantitative and administrative data, provider consultation and input from children and young people. Commissioning as a process thus reflected the NL rhetoric that there should be collaboration in deciding what matters as well as evidence to determine 'what works'.

The requirement that multiple forms of evidence be called into play in making commissioning decisions is one which fits neatly with the rational decision making model of the policy process discussed in chapter 2. Government guidance (DH/DCSF 2008; HM Government 2006) presented commissioning as an ideal process of transparent, evidence-based, rational decision making directly comparable to the 'stagist' policy cycle. Indeed the process set out in the guidance was presented diagrammatically in a form analogous to the 'textbook' policy cycle described by Parsons (1995) and represented in figure 1.



**Figure 1 Policy/commissioning cycle adapted from Parsons 1995 and HM Government 2006**

Like the policy life-cycle the commissioning process was presented as a model way of breaking down decision making into a series of logical steps conceived as a cycle of activities in which the final stage of one revolution of the cycle becomes the starting point for the next.

The first stage in this cycle was to involve consideration of ‘the current pattern and recent trends of outcomes for children and young people in their area, against national and relevant local comparators’ (HM Government, 2006: 6) as the starting place for ‘an overall, integrated needs assessment’. An understanding of both ‘universal as well as specialist

needs' (HM Government 2006: 8) was to be informed by a combination of 'good quality' quantitative and qualitative data that had been subject to 'high quality analysis' (HM Government 2006: 6).

The pattern of locally commissioned services was to include both preventative as well as remedial services and be based on a careful appraisal of delivery options using service mapping and national and local evidence of effective practice to support decision-making. Through subsequent contractual processes commissioned services would be required to demonstrate efficiency and effectiveness indicating their contribution to the five outcomes.

The final 'monitor and review' stage of the 'commissioning cycle' was to involve both internal and external audit and appraisal providing summative and formative evidence of effectiveness in achieving the outcomes identified in stage one and intended to stimulate further commissioning or de-commissioning of services. The ECM green paper made no reference to the role of evaluation evidence in informing how well LAs were delivering outcomes for children. Instead it referred to the inspection criteria by which achievement was to be monitored and the creation of a common data-set intended to act as a benchmark against which outcomes would be measured. All children's services are subject to external performance review and inspection and the green paper identified this as a key factor in an 'improvement cycle' intended to 'drive local performance.' (DfES 2003: 26). In 2005 the outcomes framework was produced in line with guidance on the *Inspection of Children's Services* (Ofsted 2005) tying in performance targets with information on how inspectorates would judge the contribution of services to their achievement.

#### **4.8 Outcomes as the basis of need assessment**

Strategic planning and commissioning were understood to require the 'mapping of outcome inter-dependencies' (HM Government, 2006: 15). However, the ECM framework failed to adequately define what an outcome might be. Since ECM there have been numerous attempts to establish an agreed definition. The work of Friedman (2005) on results based accountability has been highlighted as providing a solution to the problem of outcome based planning, including active government encouragement for its application in improving children's services delivery (DCSF 2008, McAuley and Cleaver 2006 Utting et al 2008).

Friedman (2005: 19) defines an outcome as 'a condition of well-being for children, adults, families and communities'. Axford and Berry (2005: 13) suggest a more dynamic definition, understanding an outcome as a *change* of well-being achieved as 'the product of a policy or practice input', distinguishing this from an output, where the latter are the effects of a process typically measured through service indicators. Their distinction is a useful starting point for considering how we might begin to measure the achievement of outcomes but at the same time hints at the complexity that lies behind it.

Friedman's approach is to identify a set of proxy indicators for desired outcomes measured against a pre-established baseline. This raises the problem of identifying appropriate proxy indicators. Barnes et al (2004: 2-3) discuss two different ways of understanding what constitutes an indicator. The first is to see an indicator as a 'quantitative measure generated from data collected for administrative purposes, which comprises aggregated data relating to a defined population at a specific point in time'. The vast majority of national indicators pertaining to children could be described in this way, including those related to educational achievement, child protection and health. The other is that an indicator can be applied to

different forms of evidence considered 'indicative of a particular state or condition'. From this perspective indicators can make reference to both quantitative and qualitative data. Fewer examples of this type of indicator could be found within the national indicator set but included self-reported well-being and level of user trust in services.

Friedman (2005: 24) argues that it is important to distinguish between 'high-level' outcomes concerned about the well-being of populations, and service outcomes that refer to users of specific services. Delivering population outcomes requires the input of many services, for example, having healthy children requires not just the contribution of health services, but the provision of decent housing, a safe environment and so on. The distinction between population and service outcomes raises the question of how we demonstrate whether what individual services provide will deliver intended benefits to whole populations. The practical application of results-based accountability would, therefore, appear to encroach on the more problematic territory of summative evaluation for it is concerned with the quantifiable measurement of changes in welfare bringing with it all the problems of attribution identified in the above discussion.

Friedman (2005: 28) identifies a framework for doing this that he calls 'Turning the Curve'. According to 'Turning the Curve' service planners and providers, in collaboration with local communities, are required to refer to aggregate neighbourhood and national data sets to determine the statistical direction of travel of an identified problem. Once identified they are to collectively agree to what needs to be done in order to 'turn the curve' and re-route the problem in a more desirable direction. Success is thus indicated by the achievement of the desired change in direction of the statistical line.

The approach is intended to orientate thinking towards outcomes rather than outputs or processes, but is one that pays less attention to the issues of identifying the nature of the problem to be addressed and evidencing effective strategies for tackling that problem. As a summative process it focuses on demonstrating a causal connection between problem x and solution y but with the expectation in advance that solution y is indeed the right one to employ. Hence the guidance document 'Better Outcomes for Children and Young People' (DfES 2006b) suggested that 'by analysing and understanding trend data [stakeholders] can construct a strategy for achieving better outcomes' (DfES 2006b: 10). However, whilst it was necessary to 'analyse the 'story behind the baseline' to determine what factors and circumstances are 'driving each trend' (DfES 2006b: 11), the document provided scant information on how to conduct this critical part of the process. What is required is the need to establish an explicit 'theory of change' to determine the relationship between need, intervention and outcome.

#### **4.9 Establishing a relationship between need, risk and outcomes**

Doyal and Gough (1991) distinguish two common uses of the word 'need'; firstly need understood to refer to drives or motivational forces; and secondly need used to refer to any necessary means to achieve a given end. The latter can be expressed in the relational equation  $a \text{ needs } x \text{ in order to } y$ . Here need is conceived as relative to defined outcome and Doyal and Gough further define the term 'need satisfier' as the means necessary to attain that outcome.

Pinnock (2002) argues that traditional planning is couched in terms of service needs, (the x in Doyal and Gough's formula), and that this has tended to support existing patterns of service

provision rather than lead to change. Outcome orientated planning however focuses attention on Doyal and Gough's  $y$  which has implications for the process of needs assessment. The creation of an outcomes framework represents the prescription of the desired end state ( $y$ ), but one that is expected to simultaneously form the starting place for the planning of services.

Establishing outcomes as a starting place reflects a reorientation in traditional thinking about service planning which, in theory at least, begins with needs assessment as the basis for determining priorities. Starting with an established set of desired outcomes in a sense means priorities have already been determined and understandings of need are framed in terms of the outcome priorities prescribed. Need assessment then becomes a process of identifying what conditions are to be satisfied before outcomes can be achieved, and targeting becomes based on an assessment of who is least likely to achieve these outcomes and hence most likely to benefit from intervention.

Focusing on outcomes thus raises three key questions that local policy action needs to address: firstly, what is the relationship between desired outcome and need, or what are the needs that have to be satisfied before an outcome can be achieved; secondly, what are the effective strategies and processes by which these needs can be satisfied, and hence lead to the successful achievement of desired outcomes, and thirdly, how do we identify those children least likely to achieve outcomes and most likely to benefit from intervention?

Government guidance suggested that it is the process of answering this third question that should provide the basis for local need assessment and targeting rationale (HM Government 2006). In so doing it drew attention to the use of statistical data to provide evidence of risk

factors associated with future negative outcomes. Whilst the five outcomes were to be achieved for *all* children, reducing the gap implied a need to target those most 'at risk' of not achieving them. The CYPP and the needs assessment that informed it were intended to cover all children and young people and hence include universal as well as targeted services. However, there was an explicit requirement to target resources at both geographical areas and groups shown to be most 'at risk' with the intention of reducing inequality in outcomes. Thus geographical targeting of services and resources was to be informed through the consideration of inequality of outcome between children and young people in different localities, whilst group-based targeting was expected to focus on outcomes for three nationally specified 'at risk' groups: children with disabilities; children with special educational needs; and looked after children (HM Government 2006).

The 'Joint Planning and Commissioning Framework for Children, Young People and Maternity services' (HM Government 2006) advised the use of a range of data sources to begin an analysis of risk as a basis for planning against outcome accepting that data for emerging trends or 'difficult' outcomes may not exist.

The Guidance states that:

*Data should be collected across the age range and be capable of being broken down by ethnicity, gender, sexual orientation, religion, learning difficulty, disability, looked after status, risk of criminality, geographical location, access to services, etc. (HM Government 2006: 6)*

Although not made explicit the implication was that being able to break down data into these categories would enable its use for targeting purposes. Information collected was to come primarily from existing data sources and where not available LAs are asked to rely on proxy measures. The data was intended to form a baseline of information against which to

‘assess current and future needs and plan for improved outcomes’ and to be used for benchmarking purposes across other ‘peer’ LA areas or ‘statistical neighbours’ i.e. those with similar demography and structure. As a starting place this comparison of local outcomes for children against peer and national comparators would provide a baseline against which comparative success or failure could be measured.

The concept of ‘need’ as the organising principal for resource allocation and service distribution was thus subsumed within a focus on ‘outcomes’ and ‘risk’. The focus on risk is underpinned by the assumption that the underlying determinants of negative outcomes can be both determined and acted upon making prevention and early intervention in children’s lives a form of insurance for the future (Freeman 1999). The theme of prevention was central to NL child policy throughout their three terms in office.

The emergence of prevention focused policy coincided with NL’s commitment to EBPM and was underpinned by research known as the ‘risk and protective preventative paradigm’ (Farrington 2000). This paradigm, widely accepted as having practical application in targeting intervention, has been built around epidemiological approaches within public health that seek to uncover the population based aetiology of ill health and risk factors for disease prevalence. Fundamental to risk factor analysis is the possibility of predicting future life chances based on early life circumstances. This is described by Rutter (1990) as a ‘risk trajectory’ whereby clusters of risk factors compound each other over the life course significantly increasing the chances of negative future outcomes.

The risk and protective preventative research paradigm has proved highly influential with policy makers in particular through informing strategies aimed at the prevention of youth

crime and social exclusion. It has also been used more narrowly to focus attention on risk factors identified as residing within families to inform targeted family support and parenting programmes (SETF 2007, 2008).

However, the application of risk factor analysis to inform targeting and preventative interventions is contested on theoretical, definitional and methodological levels. Whilst risk and protection analysis seeks to offer predictability, the latter is clearly compromised by enormous complexity. There are no predictable linear paths from circumstance to negative outcome but a series of mutually interacting factors that differ for individuals and families. The relationship between causal factors and outcomes are far from clear, and predictability and understandings of causal pathways at the level of the individual problematic (Armstrong 2004, 2006; France 2008).

At a local level strategic children's partnerships have been encouraged to undertake risk factor analysis to inform targeting (CYPUP 2001; DCSF/DH 2010; SETF 2008). However, research indicates that here the degree of necessary statistical expertise is often lacking. Hence, Hughes and Fielding (2006) report that local Children's Fund (CF) partnerships encountered a number of difficulties in trying to implement risk and protective factor profiling. These included conceptual confusion between partners, a lack of awareness of the complexities of risk factor analysis and lack of available relevant data. The majority of CF partnerships used highly aggregated quantitative data to target services at relatively disadvantaged neighbourhoods. Hughes and Fielding argue this led to confusion between the identification of those 'at risk' of particular negative outcomes with generalised proxies for need. Particular risk factors were not easily identified at suitably disaggregated levels to

enable more focused targeting whilst those more broadly defined risk factors were not easily related to particular planned service provision or specifically identified need (Hughes and Fielding 2006).

In short, establishing a relationship between need, risk and outcome in order to design and target programmes of intervention most likely to result in positive outcomes is a complex and non-linear process. The concepts of need, risk and outcome together represent a contested theoretical underpinning for identifying, understanding and addressing priorities for local policy action.

#### **4.10 Engaging different stakeholders**

While the use of quantitative evidence to establish need priorities was given a high profile in commissioning guidance, it also presented child, family and community participation as fundamental to delivering outcomes and better services. In so doing it brought with it the idea of a possible consensus, albeit state adjudicated, around identifying and prioritising needs and determining how these should be met.

The active participation of children and young people in planning and evaluating services was presented as a core aspect of the ECM CfC agenda. This reflected a central theme of NL's policy development; a renewed emphasis on mutualism and a redefinition of the relationship between state and public as partners or 'co-producers' of welfare (Barnes et al 2007; Lister 2006).

According to commissioning guidance qualitative information was to be gained from 'children, young people, families, carers, the community, and professionals from all partner agencies' (HM Government 2006: 10) entailing recognition that the local policy process

should be influenced by a multiplicity of 'stakeholders' or 'policy relevant publics' as well as those in positions of resource and decision making power. Indeed the requirement to engage with a range of 'bottom up' as well as 'top down' perspectives extended beyond consultation and stress was laid on the importance of the 'active participation' of children, young people, families and carers at 'an increasing number of decision points' (HM Government 2006: 11) in the planning cycle.

The active involvement of children, families, community groups and professionals in determining how need is defined, assessed and met would inevitably entail the negotiation of differently perceived priorities. This was recognised briefly by the guidance and underscores what Gough (1992) argues is the essentially political nature of the needs assessment process. Whilst the framework acknowledged that 'different groups may have different views' and that these 'can be expected and accommodated' (HM Government 2006: 11) Gough argues that the process of needs assessment must accept and overcome the tension between 'bottom up' and 'top down' approaches and involve processes that support the political engagement of communities, shifting the power balance away from service providers and strategic planners. The involvement of children, young people, families and communities alongside professionals raises the question of how power is distributed in the needs assessment process and the relative weight accorded to evidence collected from different stakeholders.

Participation as a concept is variously defined and understood (NECF 2006). In practice it ranges from 'weaker' forms: passive participation where children/young people are consulted and information interpreted by professionals and managers; to stronger, more

active forms: participative problem solving involving partial power sharing but in the context of pre-determined priorities for action (Borghini and van Berkel 2007; NECF 2006). Critics of participative practice question how far agendas are moved by children's participation and produce evidence that despite widespread involvement of children and young people across the UK their views have had little impact on public decision making (Hill et al 2004; Kirby and Bryson 2002). The concept of participation also risks overplaying the possibilities of children's meaningful participation in decision making process and evidence suggests that it can become ritualistically institutionalised as purely consultative, or worse, represent manipulative activity in political and managerial rhetoric without concrete impact or power-sharing (Badham 2004; Borghini and van Berkel 2007). Evidence from the national evaluation of children's trusts would seem to support this suggesting there has only been 'moderate' engagement of children and young people in their development and commissioning function, with most areas making only 'limited attempts at participation' largely confined to consultation (UEA 2007).

In summary, evidence-based commissioning has been presented as a tool for enhancing the rationality of the local planning process. However, there are a number of conceptual, methodological and political challenges associated with such an approach rendering it a complex challenge for CTs to meet. The ECM outcomes cover a broad range of policy areas and involve a potentially huge diversity of providers. A holistic assessment of need would require consideration of the interrelatedness of different factors across a range of service domains. Whilst stressing the importance of engaging with users in a process of collaborative priority setting, government guidance gave ascendancy to quantitative

evidence by focusing on benchmarking and evidencing the scale of identified problems in order to inform targeting and measure effectiveness.

#### **4.11 Understanding and using evidence in practice**

The chapter has so far focused largely on the nature of evidence rather than the context and manner in which it is used or translated into practice. Referring back to commissioning guidance (HM Government 2006), despite the appeal to engage with multiple forms of evidence there was an implicit assumption that evidence could be used in a rational, value free way, underplaying the importance of the local context in which that evidence is gathered and applied. The guidance made tentative recognition that evidence from a range of stakeholders could involve negotiating between potentially conflicting perspectives with commissioners acting as a kind of neutral arbiter of competing interests. However, the part played by values and vested interests in sorting, prioritising or rejecting evidence was otherwise underplayed. The fact that local level policy making takes place in the context of power inequalities and that knowledge is entwined with values was ignored.

The appeal to EBPM sits well alongside NPM. Data generated from PM is intended as an aide to effective and rational decision-making, providing information to guide continuous improvement helping to achieve organisational goals more efficiently and effectively. This raises the question of the degree to which performance data actually drives decision making and hence its success as a tool of local governance that promotes accountability. The key issue here is what is done with the information gathered, for achieving accountability rests in part on a rational and objective utilisation of data generated.

The presuppositions behind EBPM and the model of commissioning presented by policy guidance are, not only that concrete evidence exists on which to base decisions, but also that policy actors will use it to draw particular kinds of rational inference. This is, as Webb (2001) suggests, underpinned by a set of assumptions about the nature of social action; that decision-makers are basically rational even if that rationality is 'bounded'. The term 'bounded rationality' was coined by Simon (1976,1987) to describe rational choice that takes into account the dual constraints of imperfect knowledge and a limited capacity to absorb information and deal with complexity.

Lindblom's (1959) 'science of muddling through' presents a challenge to idea of rationally motivated decision making. He argues that the form of 'scientific' or 'root' 'means-end' decision making of the type suggested by the commissioning cycle is both practically and conceptually impossible in the context of complex policy problems. He suggests that policy decision making is not theoretically driven but essentially incremental involving negotiation, or 'partisan mutual adjustment' alongside trial and error. Efforts to increase the rationality of the process, he argues are doomed to failure whilst 'muddling through' presents both a good description of the process and a good model for actual decision making as it avoids serious mistakes. Lindblom has been criticised for assuming a pluralist position and paying scant attention to the issue of power differentials in decision making processes (e.g. Dror 1968), although he did revise his position in later work (Lindblom 1977). It is not the intention to discuss theories of power and agenda control here but to recognise only that whilst decision making is unlikely to progress through rational appraisal of proffered alternatives neither will it be the product of a negotiated consensus between equally placed groups.

How policy actors *understand* evidence and how they chose or are able to *employ* evidence together pose a threat to the possibility of a rationally informed policy making. As previously discussed, the idea of an end to ideologically driven policy making assumes a rational analysis/politics distinction that ignores the impact of political interests, values and ethical considerations on the process of decision making (Hawkesworth 1988; Morcol 2001). To return to Lipsky (1980, 2010), he argues that rational decision making is not only constrained by the capacity of policy actors to interpret and act on information but also more subtly, by their information 'biases'. This is supported by empirical research, which indicates that policy actors often selectively or retrospectively appropriate evidence or interpret it to justify pre-existing decisions thus rendering the rational analysis /politics distinction fallacious (Coote et al 2004; Weiss 1979, 1980). For example, Weiss (1979, 1980) argues that politicians are more interested in re-election than respect for evidence and that governments seek to legitimise politically-driven priorities and existing policies with retrospective reference to research evidence.

Coote et al (2004) identify multiple factors influencing the way national and local level policy actors interpret and apply evidence in practice. These include perceptions about the validity of claims to an 'evidence-base', doubts about the quality of available evidence and a paucity of conclusive or appropriate evidence, particularly in reference to complex policy problems. They also report a set of conflicting pressures that impact on the process of decision making including capacity and resource problems, tensions between innovation versus adherence to an evidence-base and pressure to act quickly in response to changing policy priorities.

Research also suggests tensions between the different epistemological positions implied by a 'top-down' approach based on formal evidence versus a 'bottom-up' approach based on experiential or tacit knowledge (Coote et al 2004; Freeman 2007; Mason and Barnes 2007). The epistemological assumptions underpinning decision making amongst public health practitioners are explored by Freeman (2007). Drawing on the work of the structural anthropologist Levi-Strauss, he suggests they engage in 'epistemological bricolage' piecing together different forms of knowledge from multiple sources. In Levi-Strauss' (1966) theory of intellectual bricolage, the 'bricoleur' works to transform available conceptual tools and resources into novel structures, but always from a finite repertoire of sources, to deal with the particular problem or goal in hand. For Freeman's public health practitioners these sources include the experiences and practices of peers, their own experiential knowledge as well as engaging in the more rational process of sifting and appraising research evidence according to their professional training. In so doing they operate within and across different frames or ways of thinking: institutionalist, constructionist and rationalist which can be complementary but also sit in conflict with each other. Freeman's analysis thus moves beyond the more narrow view of policy agents appropriating evidence in a way that is purely instrumental or self-serving. Instead he reveals his practitioners as reflexive 'situated agents' (Bevir 2003), negotiating their way between different epistemological domains 'naturally' as well as instrumentally as they interpret, develop and create policy in practice.

In summary, the commissioning cycle presents 'evidence' as a problem of knowledge utilisation but whose evidence, what counts as evidence and how that evidence is applied in practice is far from straightforward. There are a complexity of factors that impinge on the interpretation and application of evidence in practice. These include a range of institutional

and resource constraints as well as the epistemological assumptions, value positions and strategic interests of policy actors. Together with these bring into doubt the feasibility of a rationally informed planning process.

#### **4.12 Summary**

This chapter has explored the rise of EBP as a means of securing a form of de-politicised decision-making based on the assumption that it is possible to secure the policy 'high ground' in Schon's (1983) 'policy swamp'. Presented in almost identical format to the 'stagist' model of the policy process, an evidence-based approach to commissioning can be understood as an attempt to enhance the rationality of the local policy process and lift it out of its political context. Outcome based accountability and evidence-based decision making can be understood as strategies to help clear up the problems of ambiguous policy objectives and 'goal-value' conflict, whilst the prescription of evidence-based programmes of delivery places limits on the discretionary powers of front-line implementing agents. Such an approach however, is predicated on a set of assumptions relating to the nature of knowledge, the validity of different forms evidence, and the ways in which that evidence might be applied in practice.

As local policy makers, commissioners work in complex decision making contexts. One of the goals of this thesis is to explore how they set out to meet the conceptual and methodological challenges presented by an evidence-based approach to planning and how different forms of evidence are gathered, understood and applied. In so doing it considers how actors' epistemological assumptions and value positions and local contextual factors, impact on the use of evidence in practice.

The following chapter describes the methods and methodology that were employed for the case study research upon which this thesis is based.

## **CHAPTER FIVE: METHODOLOGY**

### **5.1 Introduction**

This thesis is primarily concerned with the implementation of a set of policy directives that focus on process; namely the development of an evidence-based approach to commissioning children's services. The findings presented in subsequent chapters are based on case study data of an LA in the West Midlands. This chapter provides a justification for the chosen research methods beginning with an explanation for why the research is located within a social constructivist perspective. It lays out the argument for a case study approach that sets out to explore the meanings that specific policy directives have for differently situated policy actors and how these interpretations may affect implementation in a local context. The final sections detail the methods employed for data collection and analysis.

### **5.2 Rationale for the research design and methodology**

Establishing an ontological and epistemological position is the foundation from which any research methodology progresses. Ontology is concerned with the assumptions or claims that we make about the nature of social entities or 'reality' whilst its 'twin term' epistemology refers to how we might construct or have knowledge of those entities.

'Objectivism' is predicated on the ontological assumption that there is a tangible external reality that exists independently of our perception or knowledge of it and is the starting point for positivist or neo-positivist research (Grix 2004). The epistemological assumption of this research paradigm is that knowledge of the world is possible and that it objectively reflects rather than interprets this reality (Morcol 2001).

In policy analysis the research methodologies most closely associated with this position involve the use of quantitative methods of data collection and analysis such as survey research and the secondary analysis of large scale data sets. In the policy implementation literature, positivism is the position most closely associated with the prescriptive, 'top-down' approach outlined in chapter 2, with theory principally derived from economics and the field of organisational studies shaping understandings of implementation (Fischer 2003; Hill and Hupe 2009; Yanow 1993).

A second dimension of a positivist approach is the assumption of a separation of facts and values. Dryzek (1993) explains that policy analysis grounded in a positivist paradigm is typically underpinned by an assertion that interventions should be based on 'causal laws of society' verified by 'neutral observation'. The ontological assumption of an independent objective reality means facts can be distinguished from emotional states or 'values'. It is this assumption of a fact/value dichotomy that Fischer (1998) argues has given rise to a 'technocratic' form of policy analysis concerned primarily with identifying the most efficient means of achieving politically identified goals. In adopting this approach, he argues, inherently normative political and social issues are repositioned as 'technically defined ends to be pursued through administrative means' (Fischer 1998: 131). By avoiding the goal-value conflicts associated with policy agenda setting, social problems are reinterpreted as issues in need of improved management and program design.

Associated with this 'value-neutral' position is a belief in the ideal of scientifically informed decision making explicit in the NL evidence-based policy project and the rational 'stagist' model of planning and commissioning presented in chapters 3 and 4. The concept of

prevention and the allied use of social epidemiology to identify and objectify social need discussed in chapter 4, are similarly founded on positivist assumptions of an objectively observable causality and the possibility of uncovering social 'fact'.

### **5.2.1 Constructivism and interpretive research**

Over the last three decades there has been a sustained critique of mainstream policy analysis as over dominated by a neopositivist perspective (e.g. Dryzek 1982, 1993; Fischer 1998, 2003; Spicker 2011; Torgerson 1986; Yanow 1993, 2000), a position supported by empirical studies that show a distinct leaning towards positivistic positions amongst policy professionals (Durning and Osuna 1994; Morcol 2001). This critique has been fuelled by a recognition that policy analysis has failed either to develop a predictive science of society or provide solutions to 'wicked' social and economic problems (Dryzek 2002; Fischer 1998, 2003). From a 'post empiricist' (Fischer 2003) or 'post-positivist' perspective (Dryzek 2002) an alternative approach drawing on a social constructionist epistemology and interpretive methodologies is advocated as better suited to understanding the complex, multidimensional nature of social reality (Fischer 2003; Yanow 2000).

Interpretive methodologies in the social sciences cover a spectrum of approaches but are commonly based on the constructivist epistemological assumption that we live in a 'social world characterised by the possibilities of multiple interpretations' (Yanow 2000: 5), and that knowledge of this world is socially constructed and culturally and historically contingent (Parsons 2010). This is not to deny the existence of an object world but to assert that we cannot know its true nature in a way that is independent of our perception of it.

A constructivist epistemology coupled with interpretive methodologies has become increasingly influential in the field of policy analysis through the work, amongst others, of Torgerson (1986, 1997), Fischer (1998, 2003), Dryzek, (1982, 1993, 2002) and Guba and Lincoln (1989). Here concern is with developing understanding of the meanings that policy has for a range of 'policy relevant publics' (Yanow 2000: 8) and the effect these various interpretations have on policy outcomes. As chapter 2 established this represents a departure from 'top down' approaches that assume policy should, and can, have clear and unequivocal meaning. Instead, interpretive policy analysis makes the assumption of multiple interpretations and this 'multivocality becomes the reason for, and explanation of implementation difficulties' whilst the task of the analyst is to 'uncover or anticipate these multiple interpretations' (Yanow 1993: 55). The focus moves beyond attempting explanation of social reality to explanations of how multiple realities are constructed by social groups.

The approach taken in this thesis incorporates a social constructivist perspective with the ontological assumption that social reality is produced and reproduced by social actors. This entails recognition that knowledge of the social world is both situated and contingent. Human action is understood as dependent upon the shared meanings we have developed to interpret and order our social worlds. These sets of interpretations, constructed 'in a moment of contingency' (Parsons 2010), from a multiplicity of possible sets, constitute a world of meaning that becomes deeply embedded or institutionalised (Douglas 1987). The notion of contingency, however, acknowledges a role for agency for, if we have constructed the world in one way, then we can conceivably reconstruct it or construct it in alternative fashion (Parsons 2010).

From an interpretive perspective policy analysis needs to seek understanding of the different ways in which a policy issue is collectively 'framed' or interpreted. According to Yanow (2000), groups of policy actors, who through processes of interaction and common characteristics such as professional training, or organisational role, develop sets of shared meanings, beliefs and values coming together as 'communities of meaning' whose 'cognitive, linguistic and cultural practices reinforce each other to the extent that shared sense is more common than not' (Yanow 2000: 10). Within the policy process there will be multiple 'communities of meaning' at the level of policy design (as in policy networks and advocacy coalitions), and at implementation. These communities may change depending on the issue in question and individuals may belong to multiple communities. Studies of the role of local governance structures and partnership working in policy implementation (e.g. Edwards et al 2006; Parr and Nixon 2009; Sullivan 2009) provide evidence of multiple communities of meaning both within and between organisations and service sectors as well as communities.

Such studies show that policy debate and conflict remain alive at implementation. For Yanow the source of this conflict is where a clash of interpretive 'policy frames' occurs when different 'communities of meaning' focus on or value different elements of a policy issue. According to Fisher a policy frame refers to the way a policy issue is 'selected, organised and interpreted to make sense of a complex reality' (Fischer 2000: 145). Yanow (2000) argues that frames highlight and value some issues whilst excluding others and that 'frame conflict' occurs when different communities of meaning highlight and include different elements of a policy issue. A key focus of interpretive policy analysis is therefore to explore how policy

issues are framed by the different actors involved in the policy process and how these effect policy outcomes.

### **5.3 Developing a case study research strategy**

Case study research (CSR) is concerned with understanding the complexity of events and processes within single or particular settings (Stake 1995), allowing the researcher to 'retain the holistic and meaningful characteristics of real-life events' (Yin 2009: 5). Yin suggests that CSR is the best method to use when the investigator wants to 'understand real-life phenomenon in depth' and where this understanding 'entails important contextual conditions' that are 'highly pertinent' to the phenomenon of study (Yin 2009: 18). CSR is thus concerned with understanding holistically, seeing parts as constituents of the 'whole' in order to capture the broader contexts and frameworks within which people behave and experience (Peacock 1986).

As discussed in chapters 3 and 4, the rational model of commissioning presented through government guidance paid lip service to the possibilities of conflict and diverse interests suggesting these could be reconciled through the open and transparent procedures of needs assessment and market contestability. The focus on partnership assumes that collaboration in the pursuit of collectively agreed altruistic goals is possible. The introductory chapters to this thesis established the contention that policy directives often gloss over localised interpretations treating them as hindrances to successful implementation. I would argue that the processes by which commissioning strategies have developed are highly contingent upon local histories and cultures of service development, partnership working and participation. Furthermore the judgments and decisions of policy actors involved in

implementing evidence-based commissioning involve a reconciliation of these extrinsic factors with their own interests, experiences, values and understandings of the various policy directives that they are working on. It is through developing understanding of the ways in which policy is interpreted and developed locally that lessons for the broader context can be learnt. The use of case study presents an ideal methodology for this form of in-depth exploration.

Research design should be driven by the research questions it attempts to answer as Flyvbjerg (2006) suggests: *'Good social science is problem driven not methodology driven in the sense that it employs those methods that for a given problematic best help answer the research questions at hand'* (Flyvbjerg 2006: 242).

The research questions I am seeking to answer are concerned with two complex themes. Firstly I am concerned with understanding the political and cultural context in which commissioning is evolved and decision making takes place and the tensions that might pertain between the exercise of rational altruism and the multiple intervening factors upon which those decisions are contingent. Secondly I want to understand the way strategic decision makers and service providers 'come to know what they know'; the different ways in which evidence is perceived, gathered, understood and used to inform decision making. These questions, detailed in the introduction and at the end of chapters 3 and 4, are principally explanatory, 'how' and 'why' questions rather than predictive or concerned with frequency. They are therefore best suited to an interpretive, case study methodology.

### 5.3.1 Building theory from CSR

Qualitative research methodologies are often purported to be inductive, meaning that they are theory generating rather than hypothesis testing (Strauss and Corbin 1990). However more positivist exponents of CSR stress the importance of theory development before commencing fieldwork. Hence Yin (2009) argues this is important in the design phase and distinguishes CSR from more ethnographic methodologies that deliberately avoid specifying theoretical positions and advocate a 'grounded theory' approach. He suggests there is a need to develop a theoretical approach but that this does not need to be 'grand theory', more a 'hypothetical story' about why events occur (Sutton and Staw 1995). In similar vein Flyvbjerg (2006) argues that case studies can be used for testing and generalising theory in the 'soft sense' by which he refers to the testing of propositions and hypotheses. He further argues that CSR is ideal for testing through 'falsification' or through disproving what is held to be generally true.

Yin (2009) argues that CSR is concerned with analytical generalisability rather than statistical generalisability by which he means that it aims to expand and generalise theories that have been tentatively identified at the design stage. According to this logic previously developed theory can then be used as a template with which to compare empirical findings. Silverman (2005) concurs with the idea that pre-specified theories can be 'tested' in qualitative research helping to establish analytic generalization and hence 'build' theory.

It is this rather than a 'grounded theory' approach that was taken in this study. Hence from the initial stages of identifying the research questions and engaging in the academic and policy literature relevant to the subject, I actively identified theoretical themes for

exploration in fieldwork. These themes have been highlighted in the summary sections of the previous three chapters.

### **5.3.2 Reliability, generalisability and sampling in CSR**

The contention that the CSR is not suited to hypothesis or theory testing is related to the issue of generalisability. Criticisms of CSR classically focus on concerns related to its 'external validity' suggesting that it is impossible to offer generalisability on the basis of a single or small number of cases (e.g. Campbell and Stanley 1966). These criticisms are rooted in a positivist epistemological position which advocates a hypothetico-deductive model of social inquiry, typically relying on statistical sampling to test theory and generalise findings across populations.

These contentions are countered by interpretive exponents of the case study as representing a fundamental misunderstanding of the intent of CSR. Hence Stake (1995: 4) asserts that it is the uniqueness and complexity of the single case that we are interested in and that 'we do not study a case primarily to understand other cases' Lincoln and Guba (1985) suggest that it is contingent upon the reader's analysis and understandings of the findings that determines their applicability in other settings. They argue that it is the rich and detailed accounts or 'thick description' (Geertz 1973) given of local context that provides the material by which others may decide on the transferability of findings. Fischer (1998) argues that the idea that qualitative research should be designed so as to allow its results to be empirically testable is to misunderstand its very nature. Qualitative approaches, including the single case, rest on a different epistemological understanding of social reality and its construction. Fischer (1998: 137) suggests that applying the criteria by which

quantitative research is judged represents an attempt to 'neo-positivise' qualitative research that only serves to 'reproduce the problems it sets out to resolve'.

In developing an alternative approach to the social sciences based on the Aristotelian conception of 'phronesis', Flyvbjerg (2001, 2006) argues that it is only by developing context-dependent experience of cases that human learning is able to progress from 'beginner' to 'expert'. In rejecting the possibility of a predictive social science he suggests that instead it can only offer concrete and context -dependent knowledge and that this is more valuable than a search for universals. This context-dependent knowledge, moving the learner from beginner to expert, is what lies at the heart of CSR.

Flyvbjerg (2006) suggests that formal generalisation is overrated as the main way of progressing scientific knowledge and that this is only one way of accumulating knowledge. He suggests that CSR can aim towards pure description without attempting to generalise and can still add to the sum of knowledge in a given field. An insistence on formal generalisation, he suggests 'represents a limitation in the field of human inquiry' (Flyvbjerg 2006: 226).

Yin suggests that there are five situations in which single case studies would be appropriate. These are where the case study: represents a 'critical case' in testing a well-formulated theory; is an extreme or 'unique' case; is 'revelatory' in that researchers have not previously been able to explore such a case; is longitudinal or where the case study is used as a pilot. By way of contrast Stake (1995) suggests that it is contextual uniqueness of the single case that is of primary interest. As representation is difficult to defend with what will be an inevitably small number of cases he suggests choosing one that is best suited to answering the research questions, what Bryman (2004) terms an 'exemplifying case'. Furthermore focusing

on one particular case does not mean studying single phenomenon as the case study generates 'a multitude of qualitative-interpretive, within-case "observations" reflecting patterns of interaction, organisational practices, social relations, routines, actions and so on' (Yanow et al 2009: 4).

#### **5.4 The case study**

The case study identified was a unitary, metropolitan LA in the West Midlands re-named 'Downton' so as to protect confidentiality. Downton was chosen for a number of reasons, including pragmatic ones related to geographical proximity and access but, more importantly, methodological.

CSR is concerned with depth and nuance rather than statistical inferences and generalisation. As such the selection of case study sites does not require a traditional representational sampling approach. The logic underlying the selection of Downton follows what Denzin and Lincoln (2000: 370) describe as 'theoretical' or 'purposive sampling' whereby the case is selected on the basis that 'the processes being studied are most likely to occur'. Hence Downton was chosen, not because it represents an example of Yin's 'critical', 'unique' or 'revelatory' cases, but because it presented a suitable and meaningful empirical context in which the research questions might be answered.

Evidence shows that CTs have been slow to develop commissioning strategies and integrated commissioning activity (Audit Commission 2008). In choosing a suitable case study site I was concerned to identify an area in which some degree of integrated commissioning activity was underway. To explore what local options might exist I made contact with the Care Services Improvement Partnership (CSIP) Lead who had responsibility for supporting LAs and

PCTs with developing children's services commissioning in the West Midlands. He reported that only two LAs within the region had progressed to the stage of commissioning services, one of these being Downton. As this was geographically local it presented as both accessible and methodologically appropriate for exploring the research questions. In addition it had a history of and reputation for both 'good' partnership working and participation and had been a CT pathfinder.

### **5.5 Sampling and accessing the research participants**

The primary focus of this study is the interpretation and implementation of policy by strategic decision makers and planners, the policy in question being the development of joint outcome-based commissioning through CT partnership arrangements. It was therefore necessary to involve members of their Children and Young people's Trust Board (CYPTB) and commissioners from the joint commissioning team and to ensure that these participants were representative of the different service sectors that together deliver children's services. It was also important to explore the experiences of commissioned service providers and to develop understanding of their role in informing strategic decision making.

The case study can thus be understood as involving more than one unit of analysis. Whilst the case study refers to one LA as the holistic unit of analysis it includes several sub-units; namely the CYPTB, the commissioning directorate with their different domains of responsibility and the various commissioned services. In this sense it represents what Yin (2009: 50) terms an 'embedded case study design'. Yin suggests that one of the potential problems of an embedded design is that the researcher becomes focused on the sub-units at the expense of the larger unit of analysis. The key to avoiding this is to produce an

operational definition of the case. Miles and Huberman (1994) suggest building outwards from an initial focus and identifying what the case is not, as well as what it is. In terms of identifying research participants this involved working to include key people involved in making strategic and operational decisions about the profile of commissioned services and discounting inclusion of service planners and providers not involved in critical aspects of the commissioning process.

Initial informal contact with the case study site was made through a former colleague now working as a Senior Commissioning Manager within the Directorate of Partnership and Joint Commissioning (DPJC) in Downton. This person became a key informant facilitating more formal access to the wider directorate and partners within the CT.

Formal contact was then made with Director of Joint Commissioning (DJC) who, following a telephone conversation was sent an outline of the proposed research activity. This document gave details of the research aims, its links to government policy and an indication of its relevance and intended outputs. After consulting the DCS the DJC gave formal written agreement for Downton's involvement in the study. The DJC then forwarded a letter to an initial set of potential participants. These included members of the CYPTB and the joint commissioning team. Those initially approached were relatively senior officers with a clear power of veto over involvement. The letter invited them to take part in an in-depth interview and covered details pertaining to the aims of the research, broad thematic areas to be covered during interview and issues of confidentiality and anonymity. Five members of the Board then contacted me directly by phone or e-mail and arranged an interview time. A further four expressed a willingness to be involved back through the DJC and were contacted

by phone. It should be noted that in no way were participants made to feel obliged or coerced into being involved in the research. The DJC suggested that service providers should be identified through commissioners. These were approached once in the field when I had built a more rounded picture of service development in Downton.

In identifying interviewees for inclusion I was concerned not with obtaining a 'census' view of commissioning across the CT partnership but with achieving what Mason (2002: 124) terms a form of 'strategic sampling'. Here the aim is to produce, through sampling, 'a relevant range of contexts or phenomena' enabling 'strategic comparisons' that support the testing and development of hypotheses and propositions. Hence just as Downton was selected as a case study through a process of purposive sampling so interviewees were initially identified on the basis of their relevance to the research questions and the theoretical and analytical framework employed.

I aimed to identify individuals that were involved in different aspects of the commissioning process; from needs assessment through to procurement, both as providers of commissioned services and as members of strategic planning bodies. It was also important to ensure participants came from a range of different professional and sector backgrounds providing potentially contradictory accounts and experiences of partnership, service delivery and the development of commissioning. I was also interested in narrative accounts of the historical development of both the CT and commissioning within Downton and hence sought to identify individuals with a long experience of these.

In the design stages of fieldwork I debated whether or not it would be appropriate to include children and young people as research participants. The ECM policy agenda and

commissioning guidance documents consistently stress the need to involve children in local level decision making as described in chapter 4. However the main focus of enquiry in this study is policy implementation at the strategic planning level and I was therefore more concerned to elicit the beliefs, attitudes and experiences of strategic decision makers in relation to participation than those of the young people themselves.

### **5.5.1 Participant profile**

A total of 23 people agreed to participate in the study. Eleven members of the CYPTB were approached, of whom nine accepted and two declined to be interviewed. One of these was the newly elected member with responsibility for children and young people. He had only just joined the CYPTB as the new Chair and felt he had no relevant contribution to make. The second of these was the Director of Children's Social Care who did not wish to participate as he had recently been interviewed as part of the review of commissioning arrangements. He subsequently left the LA during fieldwork. The profile of research participants is represented in table 1 below.

**Table 1 Research participants**

	<b>STAKEHOLDER TYPE</b>		
<b>SECTOR</b>	<b>Service Provider</b>	<b>Strategic managers/ CYPTB Member</b>	<b>Commissioner</b>
<b>Local Authority (LA)</b>		Director of Children's Services (DCS)	Senior Commissioning Manager: area-based grants
		Head of Service: Education	Senior Commissioning Manager: procurement
		Head of Extended Schools	Senior Commissioning Manager: Sure Start
			Participation Officer
<b>Health Sector (PCT and NHS Trust)</b>	Head of children's community health services (PCT)	Director of Women and Children's services	Senior Commissioning Manager: teenage pregnancy/young people
	Consultant paediatrician (NHS Trust)	Director of Public Health (DPH)	Senior Commissioning Manager: children NHS
		Director of Joint Commissioning	Director of Joint Commissioning
<b>Third Sector (TS)</b>	Senior Manager Third Sector Organisation	Independent Chair	
	Senior Manager Third Sector Organisation	Chief Executive Third Sector Organisation	
	Senior Manager Third Sector Organisation	Chief Executive Third Sector Organisation	
	Chief Executive Third Sector Organisation	Chair of Board for Third Sector Organisation	

Members of the Board were drawn from the LA, PCT, local NHS Trust and the TS. Of the three TS representatives two were represented on the Voluntary and Community Sector Executive Group. The five Senior Commissioning Managers were variously employed through either the PCT or LA and each had a different commissioning and planning portfolio. These were as follows: area-based grants; teenage pregnancy and young people's health; NHS child health services; Sure Start Children's Centres; and procurement and preventative services funded through the former Children's Fund.

Nine providers of children's services commissioned through the DPJC were interviewed. Senior managers were approached as they were most closely involved in the commissioning process. They included seven senior managers from the TS (three of whom also sat on the CYPTB), one from the PCT and one from the NHS Trust. Attention is frequently drawn to the diversity of scope, structure and scale of the different organisations situated between state and market that under NL became known as the 'third sector' (Kendall 2009). The range of organisations involved in this case study reflected some of this diversity. Of the five TS organisations represented, three were delivering a range of services including: Sure Start Children's Centres; tier two Child and Adolescent Mental Health Services; family support; child care and support to teenage parents. The fourth was providing sexual health services including: contraception; pregnancy testing and counselling; screening and educational outreach work. The final service had been de-commissioned but had been delivering targeted youth support.

I also approached a TS organisation commissioned to deliver services to young carers, however the manager of this service was on long-term sick leave and I was unable to recruit

her to the study. There were a number of smaller providers commissioned to deliver preventative children's services who could have been approached. However these had been commissioned under the Children's Fund (CF) and would have experienced commissioning in a very different way, according to other priorities and under CF governance arrangements. It was therefore decided not to include these in the study.

## **5.6 Data collection**

### **5.6.1 Establishing research reliability and validity**

Reliability and validity are traditionally concerns of the positivist research tradition. Within this tradition validity refers to the degree of confidence in the 'truth' of an empirical finding, whilst 'reliability' refers to a concern with consistency and predictability. Establishing reliability depends on replication with the assumption being that similar results will be obtained if the same research approach is taken with comparable subjects under comparable conditions (Fischer 2003).

The applicability of the concepts of reliability and validity to assessing the credibility of qualitative research has, not surprisingly, been subject to considerable debate. The apparent need to defend the rigour of qualitative methods has led some to adopt the yardsticks by which quantitative research is traditionally assessed. Hence Yin (2009) sticks closely to the criteria by which quantitative research methodologies are evaluated and suggests that the tests of reliability and construct, internal and external validity are equally applicable to judgements of CSR.

Guba and Lincoln (1994) suggest alternative criteria which they argue are more pertinent to qualitative research. They identify four criteria which parallel those more traditionally

associated with quantitative research: dependability; confirmability; credibility and transferability. Questions of transferability (external validity or generalisability) and dependability (reliability) have already been discussed in section 5.4 above.

One commonly adopted 'solution' to the issue of establishing 'confirmability', and internal validity or credibility in qualitative research is data and method 'triangulation'. Triangulation typically refers to the use of multiple sources of evidence such as interview, documentation and observation in order to identify 'converging lines of enquiry' and hence provide stronger substantiation of findings (Yin 2009: 115). The idea is that multiple data sources are analysed together to provide several measures of the same phenomenon. The assumption underlying this approach is that there is a single or 'better' version of the 'truth' whose likelihood of being uncovered is correlated with the number of sources used. This assumption sits uneasily within an interpretive approach that admits to a plurality of world views and forms of explanation and is concerned with developing understandings of these alternative perspectives.

A more pragmatic perspective is offered by Silverman (2005) who, keen to argue for rigour in qualitative research methods, embraces a broader view of triangulation. For him the strength of using different forms of data is that they can be compared in order to make better sense of each other. Here the intention is not to confirm a single hypothesis but to focus on the situated aspects of different accounts that draw attention to differences as well as similarities. Of themselves multiple accounts provide testimony of differing versions of reality and conflicting world views and it is the tensions and contradictions in different accounts as well as the points of synthesis that are of interest. Rather than attempting to

establish the 'truth' of empirical findings, Fischer (2003: 154) suggests that in a world of multiple realities, it is more relevant to consider research subjects as a reference point in establishing 'credibility' through establishing 'compatibility of the constructed realities that exist in the minds of the inquiry's respondents with those that are attributed to them'.

In this study data collection was from two key sources namely in-depth interviews and documentary evidence. The subsequent sections discuss and detail the processes by which these were organised and carried out.

### **5.6.2 Qualitative in-depth Interviews**

Qualitative in-depth interviewing is typically characterised as flexible, responsive and informal, enabling the interviewee to produce rich, detailed responses or 'thick description' (e.g. Mason 2002). Unlike structured interviews they are designed to explore the distinctive features of specific contextualised events focusing in on the experiences, understandings and beliefs of individuals (Vromen 2010).

There is a considerable literature providing detailed accounts of how to conduct in-depth interviews, some of which advise 'rapport-building' and remaining 'neutral' in order not to 'lead' the interviewee and thereby produce 'distorted' accounts of the interviewees perspective (e.g. Ackroyd and Hughes 1992). Rapley (2004) argues that this reflects an analytic position that views interview data as 'resource' whereby data collected is assumed to reflect the interviewees lived reality outside the interview. An alternative perspective offered by a constructivist perspective is to view the interview as collaboratively and locally produced: 'the joint production of *accounts* or *versions* of experiences, knowledges, opinion, truth etc' (Rapley 2004 authors own emphasis). Understanding the interview as an

essentially social and interactive encounter renders interviewer neutrality impossible, for at the very minimum the latter are engaged in structuring and guiding the interview (Gulbrium and Holstein 2002). From a constructivist perspective the interview does not provide a direct point of reference to the interviewees independent lived experience but the interviewer and interviewee are together understood as 'co-constructors' of the interview content (Gulbrium and Holstein 2002).

What this means in methodological terms is a relaxing of the traditional directive to the interviewer to be mindful of 'leading' the interviewee or expressing one's own experiences or thoughts. Instead the researcher should be wary of seeking to objectify the participant and aim to use 'their thoughts, feelings and intuitions as part of the research process' (Blaikie 1993: 210). This may involve a form of reciprocal disclosure not as a matter of orthodoxy but when it makes sense to do so in reference to the specific interactional context (Reinharz and Chase 2002).

It is Rapley's (2004: 25) description of what he terms '*interviewing as mundane interaction*' that most closely fits with the format of interviewing developed during this research.

Described in straightforward and commonsensical terms, Rapley suggests this involves the initial introduction of a topic followed by active listening, producing follow up questions and asking participants to unpack key ideas and terms.

The guiding format of my in-depth interviews was based around key themes identified in my initial literature and policy review. In a preliminary interview with my 'key informant' these were explored with a view to establishing their relevance and appropriateness for future interviews. This interview was also used as a way of gaining a preliminary insight into the

evolution, organisation and structure of the CYPTB, its various sub-groups and the commissioning directorate. This provided detailed contextual background to the case study and ensured I was familiar with the names of various people, organisational structures, procedures and processes that can appear overwhelmingly complex to a person coming from the 'outside'.

Subsequent interview guides (see appendices 2-3) were designed to accommodate a range of differently placed interviewees with the intention of using them flexibly in a manner suited to each individual's specific professional role and experience. In practice the original interview schedules served only as a broad indicative framework of issues to be explored. Understood as a collaborative and interactive process, the interviews were guided both by the experiences and perceptions of interviewees as well as my own framework. The outcome of this style of interviewing meant at times focusing down on particular issues or themes whilst at others going off on tangents to my original schedule.

In discussions that explored experiences of the commissioning process and in more conceptual reflection over how they understood issues such as 'evidence', 'need' or 'effective practice', I evolved a style of 'vignette' questioning aimed at getting them to explore real life experiences so as to avoid getting text book answers to questions (Mason 2002, Wilks 2004). 'Vignette' questions proved particularly useful in generating reflective thinking and helped ground beliefs and accounts of behaviour in particular lived contexts.

All interviews were recorded and transcribed and interviewees were offered the opportunity to receive a copy of the transcription to check for accuracy or edit if they felt this was necessary. This corresponds to a form of insider audit or 'respondent validation' (Hepburn

and Potter 2004) as a technique for promoting credibility. In practice whilst some participants took the opportunity to view the transcribed material none offered any feedback or suggestions for changes.

## **5.7 Ethical considerations**

The research was given formal ethical approval through the University of Birmingham's Research Ethics Committee. Three ethical issues were encountered when conducting this research: a potential imbalance of power, presenting as a methodological as well as ethical issue; confidentiality; and informed consent.

### **5.7.1 Imbalance of power**

There is often an assumption that the interviewer sits in a position of power over the interviewee and that the former need pay methodological and ethical attention to redressing this imbalance. Given the seniority of the research participants' status within their organisations the danger in this study was rather that the relationship of power was reversed. This situation presented a potential set of problems, including, at the offset, one of access which had to be negotiated through a fairly lengthy process. Other problematic issues might have involved the interviewee trying to set the agenda or establish stringent boundaries to what was included and excluded from the interview. In practice this proved not to be the case and several interviewees expressed their thanks at the end of the interview variously describing the experience as 'cathartic', 'very interesting', or as an opportunity to reflect on experiences and ideas in a way that was seldom offered.

There is also a fear often expressed in 'how to' guides to qualitative interviewing, that participants and in particular 'elite' groups might talk in their professional capacity or as

representatives of their particular organisations (e.g. Mason 2002). However as Rapley (2004: 30) observes, it is not always as individuals that interviewees express themselves but also as 'representatives of broader collectives' and hence should be acknowledged as such. It was my experience in interviewing for this study that interviewees often presented alternative accounts of their experiences and thoughts on particular issues, speaking both as representatives of their organisation or profession as well as more reflective private individuals. Their narratives were thus treated not solely as expressive of individual experience but also of a broader collective 'voice'.

### **5.7.2 Confidentiality and anonymity**

Protection of individual anonymity was assured through removal of names, ascription of pseudonyms and through allocating a positional category to each respondent rather than identifying them through their professional title. The geographical location was similarly anonymised through use of a pseudonym and the decision was taken to leave out demographic data that would make it easy to identify the LA area. The names of documents have also been changed. Interviews were recorded, anonymised and stored on a password protected PC for the duration of the research project. Written documentation was kept securely locked and only I had access to the data.

Whilst having a previous history of working within Downton had advantages as far as access was concerned it also entailed potential disadvantages in relation to perceptions of confidentiality. I had anticipated that previous acquaintance with three interviewees might be a problem. In practice two with whom I had had minimal past professional contact did

not remember me and were happy to be interviewed. The third however declined to participate in formal interview.

Despite written and verbal assurances of anonymity and confidentiality these were concerns raised by some participants in the course of fieldwork, primarily during interview but also subsequently through e-mail contact. Concerns were clearly related to the potentially politically sensitive nature of some of the topics discussed. On a couple of occasions interviewees asked for the voice recorder to be turned off whilst discussing a particular issue. To further allay fears interviewees were invited to review transcripts of their interviews and edit out parts over which they were concerned. As discussed above whilst respondents did take up the opportunity of reviewing their interview they did not edit material. One respondent also asked that they be consulted over direct quotes in published outputs.

### **5.7.2 Informed consent**

As described above interviewees were initially invited to be part of the research by the Director of Commissioning in Downton and asked to make subsequent contact with myself by either e-mail or phone. Following this contact willing participants were sent a briefing sheet detailing the research objectives, methodology and issues related to confidentiality, anonymity, use of information and the right to decline to answer particular questions (please see appendix two). Before the start of interview following a verbal explanation of the above each participant was asked to sign a consent form indicating that they gave consent to participate on the conditions detailed. In addition interviewees were made aware in the

briefing sheet and verbally that they are free to withdraw at any point from the research process and have their interview data disregarded.

### **5.8 Documentary data**

The documentary evidence gathered included a number of reports and strategic planning documents. All needs analyses relevant to children and young people and conducted in the previous two years were included. So too were all current joint strategic plans that made reference to children's services and the operational plans of the DPJC. Two pertinent independent reviews were also examined. The documentary evidence is detailed in table 2.

**Table 2 Documentary evidence**

<b>DOCUMENT TYPE</b>			
<b>Strategic Plans</b>	<b>Operational Plans</b>	<b>Needs Analyses</b>	<b>Independent Evaluations</b>
Local Area Agreement Implementation Plan 2008- 2011	Interagency Commissioning Framework 2005	Joint Strategic Needs Assessment (2008-9)	Review of the joint commissioning arrangements for children and young people (2008)
Joint Commissioning Strategy 2007-2010	DPJC Business Plan 2009-2012	Children and Young People's Needs Analysis	Review of children and young people's participation (2009)
Downton Children and Young People's Plan 2007-2010		Report on teenage conception	
Downton Children and Young People's Plan 2009-2012		Report on Children's Services Mapping	
Downton Children and Young People's Plan – current updated version		Epidemiological Needs Analysis to inform Targeted Youth Support	
		Young Carers Needs Assessment	

## **5.9 The process of data analysis**

This section sets out the set of processes by which the data collected during fieldwork was analysed. The first part focuses largely on the thematic analysis of the interview data which in broad terms refers to 'a method of identifying, analysing and reporting patterns (themes) within data' (Braun and Clarke 2006: 79). The more holistic or non-cross-sectional analysis of the case study data is also discussed. The second part discusses the approach taken in the analysing the documents gathered during fieldwork.

### **5.9.1 Interview data**

Ritchie et al (2003) identify two broad, overlapping stages in the process of qualitative data analysis: data management involving the ordering and categorisation of data; and sense making through the production of descriptive or explanatory accounts. In my analysis these stages were gone through at different orders of complexity. At a lower order of complexity was a process of familiarisation with the data in reference to the original research questions. This involved transcribing each interview in full followed by 'immersion' in the data through subsequent reading and re-reading of the transcripts and production of interview summaries structured under thematic headings.

At a second order of complexity came the subsequent task of thematic coding of transcripts. The key purpose of thematic coding is to provide a consistent and analytically coherent way of organising and making sense of qualitative data (Boyatzis 1998). Interview transcripts were thematically coded using 'NVivo' software employing a set of coding categories that had been devised and revised prior to, during and after fieldwork. This was both an inductive and deductive process with codes generated in part from the research questions and key

concepts identified within the theoretical framework and in part from prominent repeated themes apparent in interview transcripts. The initial coding list produced was considered flexible and modified as analysis progressed. Transcripts were coded and re-coded in the light of subsequent revisions.

The decision to use NVivo was based on two advantages I believe it offers over manual data coding. Firstly it presents a more efficient and systematic way of structuring the process of thematic analysis and secondly it reduces the temptation to hone in on selected quotations or pieces of data to build pre-emptive theoretical assumptions without searching for counter evidence or fully considering other data (Kelle 2005; Seale 2005). Interview transcripts were coded under three key 'organising themes' represented by 'tree nodes' in NVivo. These were: 'commissioning', 'structures and governance' and 'evidence and learning'. Under each organising theme were a number of lower order themes (or nodes) derived from the literature review and moderated recursively.

The strategy so far described identifies data analysis as a process that starts prior to interview as it is in preliminary process of researching around topic that initial theoretical themes for inclusion are tentatively identified. This represents a different position to that offered by proponents of a purely inductive or 'grounded theory' approach whereby analytical themes are understood as residing in the data awaiting discovery (Strauss and Corbin 1990). The idea is that interpretation of data proceeds via a process in which 'concepts are identified and their properties and dimensions are discovered in the data' (Strauss and Corbin 1990: 101). My position accords more closely with Silverman's (2005: 162), who describes the process of transcript analysis as a 'theoretically saturated activity'.

Rather than acting in a purely inductive manner the researcher is accorded a more active shaping role, working iteratively with transcript data to see how the 'puzzle' being examined 'arises and is resolved' (Mason 2002).

As this is a case study, I was concerned not only with cross sectional analysis of the data, but also with developing contextual understandings of specific cases or parts of the data set. In other words I was concerned with the holistic as well as what was common or consistent across the data set (Mason 2002). Issues such as partnership working within the CT Board or relationships between providers and commissioners did not occur consistently across the data set, being issues applicable only to certain respondents. These, as with narrative accounts of commissioning development, were considered as 'holistic sequences' and multiple individual accounts of the process were examined as 'wholes' rather than compared cross-sectionally. Differing accounts of these processes were compared with each other as wholes in order to identify conflicting or converging situated interpretations.

### **5.9.2 Documentary data analysis**

There is a relative paucity of literature that speaks to how documents can be used in research. The first point to note is that documents should not be considered as substitutes for other sources of data but as important in their own right (Silverman 2005). In reference to the organisational documents included in this study it is clear that they do not offer transparent representations of organisational intent, structures, or decision-making processes but instead 'construct particular kinds of representations with their own conventions' (Atkinson and Coffey 2004:58). From a social constructivist perspective they

can be understood as presenting examples of the way an organisation produces or constructs 'social facts' (Green and Thorogood 2004).

The documents incorporated into this study have been collectively produced in that they have been conceived, written and commented on both by a series of individuals and groups during formal and informal meetings. They are understood, as Freeman suggests (2006), as points of reference that shape and frame particular ways of conceptualising problems and around which people construct accounts of and rationales for the work they are engaged in. Analysed as 'texts' they are used to address questions of what, at the organisational level, is considered important, and how collectively they construct particular interpretations of policy issues and social problems. As text these documents were analysed thematically in similar fashion to the interview data. However as some documents comprised large sections of text speaking to single or a relatively small number of themes these were coded manually rather than using NVivo.

Core to Prior's (2004) position on the use of documents in social research is that it is not only the text or content of a written document that provides a point of analysis but also the processes through which those documents are produced and circulated, and the functions they perform in organisational life. In reference to how the documents chosen for analysis were put together this involved exploration of how and by whom they had been produced. Thus, for example the strategic plans, as public documents, are considered as products of particular legal requirements, shaped by more formal systems of accountability and state bureaucracy (Scott 1990). Their function following production is viewed as similarly important, involving examination of such issues as how they are circulated, who reads them,

and how they frame problems, specify solutions or are used strategically to justify certain courses of action.

The majority of the documents collected were concerned in some way with analysing need as the proclaimed starting point for strategic priority setting and planning. Some of these documents represent the compilation of previously collected statistical and administrative data, whilst others involve the primary collection of more qualitative data. In reference to the former Prior (2004: 347) highlights the importance of considering the administrative and bureaucratic processes by which the 'generative documents' that are used as source material for the production of epidemiologically informed documents are produced. These 'secondary' documents draw on numbers of incidences of previously defined and recorded occurrences (teenage pregnancy, obesity etc) and are thus dependent on a set of pre-given terms. These terms define the conceptual structure of 'secondary documents' and reflect fundamental assumptions about the nature of problems and their solutions.

Thus, it is as 'functioning agents in their own right' as well as 'text' (Prior 2004: 346) that the documents in this study have been used as case study material. In other words, they are considered important in terms of how they have been put together and employed, as much as what they 'say'.

### **5.9.3 Sense making and descriptive analysis**

The next stage of analysis was to produce descriptive accounts of the interview and documentary data based around the two broad analytical themes of evidence and the policy implementation context. Coding reports generated using NVivo were manually put together into a series of grids or frames (Ritchie et al 2003) thematically organised under

each of the research questions. These were cross-referenced with themes from the documentary analysis. These grids were then used to explore relationships between responses, points of difference and similarity and to develop some tentative typologies of participants' experiences of and understandings of commissioning and of the ways in which they understood and used evidence in decision making. These were then brought together with the contextual or 'within case' case study material to construct more systematic accounts of the data and help further the development of a more theoretically informed analysis.

### **5.10 Summary**

This chapter has provided a theoretical and methodological rationale for the interpretive case study approach employed in this research. It has also given a reflective account of how the empirical and analytical stages of the research were conducted and considered the ethical issues that were part of this process.

The following section of the thesis provides an analysis of the case study. It is divided into three chapters: the first two speak to the political and organisational context in which commissioning is evolved; and the third to the interpretation and use of evidence by strategic decision makers and service providers.

# CHAPTER SIX: IMPLEMENTING JOINT COMMISSIONING

## 6.1 Introduction

The focus of this chapter is on the first analytical theme and explores the following research question: what are the key organizational and policy factors influencing the local interpretation and development of joint commissioning?

In particular it addresses the sub-questions:

- What are the organisational and institutional barriers and facilitators to implementing joint commissioning?
- How do past histories of service provision and partnership working impact on the implementation of joint commissioning arrangements?

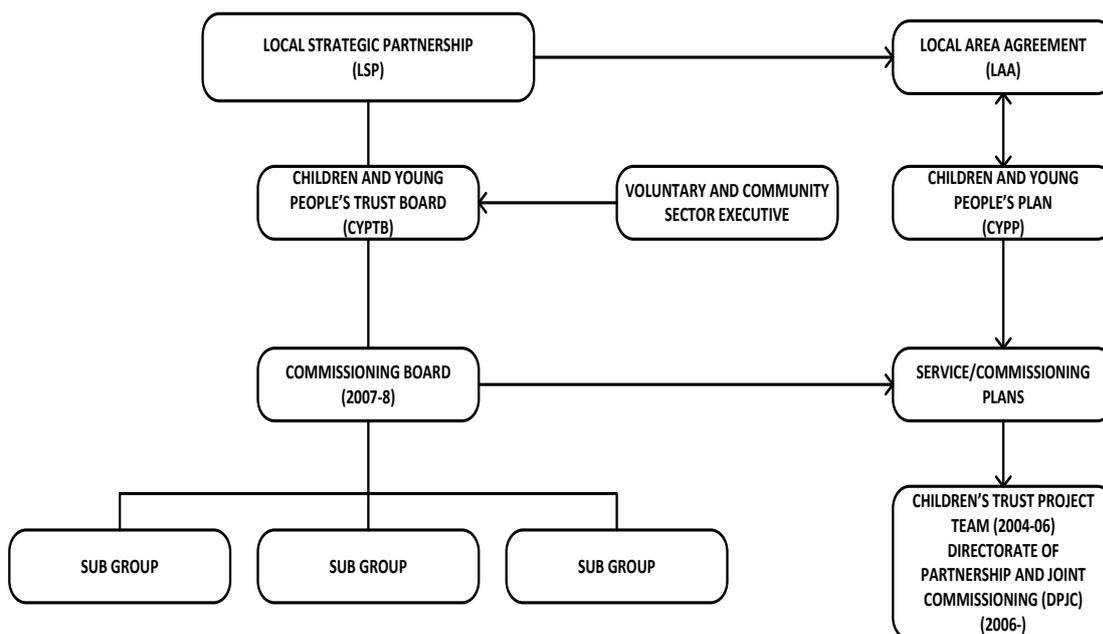
Chapter 3 provided detail of the policy context for developing joint commissioning through CTs describing how these were initially established as pathfinders before becoming statutory in 2009 (DCSF 2009). In Downton commissioning was evolved through their pathfinder CT and this chapter explores the events and circumstances that shaped its development.

During fieldwork Commissioning Managers and interviewees who sat on the CYPTB gave accounts of a number of critical factors that they felt provided the foundational context for understanding contemporaneous commissioning activity. Interviewees were often more eager to discuss the past than they were the present, stressing the importance of recent historical context in explaining and understanding current successes and failures. Together

they described a history of organisational change and uncertainty combined with problematic experiences of partnership working in the context of developing children's trust arrangements. Changes in leadership and constraints imposed by poor performance and past service failures were described as militating against the development of trust between partners as a foundation for joint commissioning. While policy presented joint commissioning through CTs as part of the solution to service failure in Downton this was experienced as a distraction from the imperative of sorting out a set of enduring service specific problems. Furthermore, reluctance amongst LA officers and elected members to share decision making and resource control, and a resistance to relinquish their delivery role are identified as impeding the implementation of a joint commissioning approach.

The data has been organised chronologically. Firstly, the development of the CT pathfinder between 2004 and 2006 is examined. A set of contextual factors that acted as barriers to commissioning are highlighted. Secondly, the development of commissioning from 2006 to 2009 is detailed and consideration given to the on-going effects of recent history.

As a reflection of the confusion surrounding the development of CTs and CT pathfinders it is necessary here to clarify the terminology used in the forthcoming account. In this chapter the term CT pathfinder is used to refer collectively to the 'Children's Trust Project Team' (CTPT) together with the Trust Board or 'CYPTB'. However in interview participants refer alternatively to the 'Children's Trust', the 'partnership' or the 'Trust' when discussing either the CYPTB or the CTPT. Figure 2 provides a diagrammatic representation of the strategic CT partnership structure.



**Figure 2 Children's trust partnership structure**

### **Implementing joint commissioning: 2004 – 2006**

The following section provides an introduction to the early development of the pathfinder CT as the structural arrangement for implementing joint commissioning. The narrative then moves on to consider in more detail the organisational and historical factors that have structured the development of joint commissioning as a core function of the CT pathfinder.

### **6.2 The CT pathfinder**

Downton was one of the thirty-five LAs to achieve CT pathfinder status announced by the Department of Health (DH) in July 2003. The CT pathfinder was subsequently established in April 2004. At the same time, and in accordance with the ECM green paper (DfES 2003) and Children's Act 2004, the LA began the process of restructuring in an endeavour to align education and children's social care. The DCS described this as having '*arrived late in Downton compared to other Local Authority areas*' due in part to difficulties in appointing a

DCS, with two interims preceding the appointment in 2007 of the post holder at time of fieldwork.

Downton's original application to the DH set out an ambitious vision for their CT pathfinder as the cross agency structure for planning and commissioning integrated children's services. Beginning with a focus on commissioning preventative and early years provision the intention was to extend this approach to cover a far more wide ranging portfolio of services including the development of multi-agency services. The proposal clearly identifies service commissioning as the central role of the pathfinder and details an intention to develop pooled budgets.

The CT pathfinder developed as a separate dedicated unit known as the 'Children's Trust Project Team' (CTPT), headed up by a 'Children's Trust Project Director' (CTPD) appointed at the level of Chief Officer. The latter, true to the intention of the original proposal, began the process of building the commissioning function of the CT pathfinder, bringing together a small team of commissioners drawn both from the former Children's Fund and from inside the PCT as well as the 'Strategic Partnership Manager for Children's Services' who had been central to developing the original pathfinder vision. In its first year of operation the CT pathfinder created a 'Local Children's Commissioner' with a role to act as 'champion' for local children and young people, began some initial work on information sharing and assessment (ISA) and took the lead role in developing Downton's first CYPP.

According to the DH application the intention had been to build the CT pathfinder on a pre-existing partnership structure that had been born out of the former Health Action Zone initiative. The formal governance arrangements for the pathfinder were left undetermined

in the original application. However the hope was expressed that they would be through the existing Children and Young People's Partnership (CYPP) who, it was expected, would be responsible for decision-making and delegated arrangements, in particular the anticipated pooled budget arrangements. This intention was realised when the CYPP was restructured to become the CYPTB providing the governance framework for the CT pathfinder and integrated planning across the PCT and LA. An independent Chair was appointed to the Board although the policy expectation was that CT Boards would be chaired by the Lead Member for Children and Young People. Whilst this was initially designed as a temporary measure the external Chair went on to hold the position for the next four years.

Despite building on pre-existing partnership structures the process of establishing the CT pathfinder, whilst simultaneously but separately setting out to realign children's services within the LA, was described by interviewees as having created significant and enduring tensions and confusion amongst different stakeholders within children's services. These tensions centred on the different perceptions of the legitimacy, status and function of the CT pathfinder and its relationship to the wider reforms in LA children's services.

In 2009, when fieldwork took place, the CTPT had evolved to become the Directorate of Partnership and Joint Commissioning (DPJC) described as the 'operational arm' of the CYPTP. During fieldwork the members of the DPJC felt they had settled into a period of relative calm and stability. However, since its inception as a CT pathfinder in 2004 ambiguity had persisted as to its status and role, in particular concerning its status as a commissioning trust. This ambiguity and the marginalisation of the CT pathfinder reflected a resistance on behalf of the LA to consider commissioning as part of its core function.

These tensions were in part a function of the confusion generated by the fast changing policy context and the resultant ambiguity surrounding the relationship between pathfinders and the later statutory CTs. However they also reflected broader issues in the political and organisational landscape within which the CT pathfinder was embedded. These tensions and ambiguities are explored in the forthcoming sections as a set of barriers to the development of joint commissioning as the core function of the CT pathfinder.

### **6.3 Problematic partnership**

Building the CT pathfinder on existing strategic partnership arrangements proved insufficient to ensure productive collaborative working. Instead commissioners and those interviewees represented on the CYPTP presented a history of problematic partnership work and organisational turbulence as major barriers to the development of the emergent CT pathfinder as a structure for joint planning, investment and commissioning.

A number of interviewees described a disparity between the way Downton was able to project an image of positive partnership working to the outside world and its capacity to realise this in action. These interviewees expressed the opinion that although *'Downton is supposed to be partnership city...it talks a much better partnership game than it delivers'* (Chair), suggesting that it had been awarded pathfinder status in part because of an *'undeserved national reputation for doing this sort of thing well'* (TS Board Member).

As the two principal players in the design and delivery of children's services a relationship of collaboration between PCTs and LAs is critical to the development of integrated strategy and provision. However, in Downton the relationship between these two organisations was

described as characterised by suspicion and a lack of trust. The Chair described his own appointment as indicative of a relationship of mistrust between these two stakeholders:

*'Although they wanted the cabinet member for children's services to chair the meetings...there were some relationship difficulties with the PCT's and they thought it would be helpful to have someone who was trusted by all agencies'*  
(Chair)

Mistrust was described as having built up historically, in part as a function of organisational structure. Within the LA geographical boundary there had been until recently, three PCTs. Interviewees from both sectors suggested that over time the added complexity for the LA of having to engage with three corporate structures had acted as an organisational barrier to the development of both joint strategic planning and collaboration at service delivery level, because *'there is one LA but there were three PCTs, and no one in the LA ever understood why there were three PCTs. It made life difficult and the LA never really supported it'* (LA Board member). One interviewee suggested that previous resistance to reorganisation was based on a desire to protect the status of senior officers rather than work in the best interests of local communities and that this had helped foster a relationship of mistrust between the two organisations so that *'the LA was clearly suspicious about the PCT arrangement in Downton'* (TS Board member).

#### **6.4 LA commitment to the CT pathfinder**

The research literature on strategic partnerships emphasises the importance not only of engagement of the right organisations but also their representation by people of appropriate seniority with decision making powers and the ability to commit resources (Dean et al 1999). Without the individual commitment of senior representatives the partnership runs the risk of marginalisation supporting the perception that it is peripheral to

the 'core business' of partner agencies (Hudson and Hardy 2002). The national evaluation of children's trusts supports this claim highlighting the committed representation of partners at Chief Executive and Director level as *'instrumental in brokering change, in establishing organisational commitment and in removing structural and procedural barriers to effective children's trust arrangements'* (UEA/NCB 2007: 90).

Between 2004 and 2006 commitment from senior LA officers to the CT pathfinder was described by interviewees as missing. Hence, despite the ECM agenda taking centre stage within the LA with the reorganisation of education and children's social care, interviewees described an almost complete lack of buy-in from the LA to the whole concept of the CT pathfinder. This was demonstrated by a consistent failure of senior people and the elected member to attend CYPTP meetings, evidenced by scrutiny of the minutes of meetings and by the accounts of Board members:

*'I just found that extraordinary. Meeting after meeting there wouldn't be a single cabinet member present who was meant to be. Most of the Directors who were meant to be there wouldn't be there, nor heads of service. (TS Board member)*

Without consistent and committed representation from senior LA officers on the CYPTP the capacity of the pathfinder CT to influence mainstream activity and 'drive whole system change' was compromised. There was a near consensus amongst interviewees that *'the Children's Trust Board never meant much, it never really bottomed out its role'* (TS Board member). Hence in contrast to the ECM policy expectation that CTs would provide the organisational arrangements to drive service improvements through integration and joint governance, in Downton the CT pathfinder was described as having a *'peripheral'* rather than central role.

As discussed in chapter 3, government guidance on the role and status of CTs was ambiguous with the result that, in Downton, the intended roles of both the CTPT and the CYPTP were variously interpreted and understood by different stakeholders. The loose and ambiguous use of the term 'trust' within the guidance was reflected in different narrative accounts of the development of the CT pathfinder which reveal multiple understandings of the purpose of the CT in Downton. The accounts given by TS interviewees reflected more closely the ECM directive that CTs should provide the structure for evolving mainstream and targeted services with a stress on a commissioning approach. One TS Board member described the concept of a CT as '*a different kind of partnership*' that '*the Local Authority side didn't understand*'. Here he was referring to its intended role in delivering the whole systems reforms in children's services as envisioned by ECM, suggesting that this was not the role that had been assigned to it in Downton. Instead, being built on a pre-existing partnership structure that had been involved in determining the strategic direction of relatively small areas of provision, the CT pathfinder had continued to be perceived as marginal by the LA, who never showed '*a real commitment to the Children's Trust*'.

Reflecting optimistic policy discourses of 'good partnership' one interviewee suggested that it required the creation of a '*comfort zone between agencies*' in order to '*create synergy, understand the differences and build up trust*'. This, he explained, was a prerequisite for beginning '*to evolve services*' in the way ECM aspired to do. As the lead and accountable body in children's services he argued that it was the role of the LA to facilitate this process of collaboration but that this was a task they had both failed to understand or embrace.

## 6.5 Separate development

In the accounts of LA interviewees a far more marginal role was assigned to the CT pathfinder viewing it as a discrete body responsible for contracting TS organisations to deliver grant funded preventative services. As a reflection of this the development of the CT pathfinder is described as having happened in parallel to the integration of children's social care and education within the LA as part of ECM reforms:

*'Over here there was a new integrated structure starting to develop around children's services and over there was the Children's Trust completely separate – it was bizarre'* (PCT Board member).

This idea of separate development is reiterated in various accounts. It reflects how the CT was originally perceived within the LA; not as a partnership of agencies working together to drive that integration but as a separate structure somehow sitting to one side of those agencies delivering children's services.

Differing accounts of the role of the CT pathfinder were underpinned by a semantic confusion between the CTPT described as the *'operational arm of the CYPSP'* and a wider conceptualisation of a CT as a strategic partnership sitting under the Local Strategic Partnership (LSP). During fieldwork the name 'children's trust' was still being used interchangeably with what had later become the DPJC despite numerous restructuring of the Board and its sub-groups. Whilst the CTPT was perceived as an apparently separate commissioning unit it had, paradoxically, become conflated in people's understandings with the CT:

*'The team that was responsible for partnership and commissioning tended to be seen as aligned, as synonymous really with the Children's Trust and yet somehow separate from the council and the PCT whereas in fact it is a joint unit between the council and the PCT'* (PCT Board member)

One of the consistent messages from the literature on strategic partnership development is the importance of the development of sets of relationships based on trust and transparent lines of accountability (Hudson and Hardy 2001; Sullivan and Skelcher 2002). In Downton however a lack of clarity over CT pathfinder versus LA responsibilities meant this '*separate entity*' came to be regarded with suspicion by people and in particular by senior officers within the LA. The lack of clearly demarcated lines of responsibility and accountability, according to LA interviewees, contributed to a growing level of mistrust between the different partners.

Not only did interviewees construct alternative interpretations of the role of the CT pathfinder but they also produced different accounts of this separate development, variously locating the blame for the set of tensions generated. For the DCS, problems in developing as an effective partnership stemmed from the way in which the pathfinder had evolved rather than the other way round; '*it set back the council and the Partnership on children's services* (DCS).

In his account the friction generated by the ambiguous status of the CT pathfinder was interpreted as a function of the behaviours of individuals within the CTPT. He suggested that the perception that the CT pathfinder was independent of the LA and PCT was reinforced by the fact that the CTPM reported directly to the Chief Executive of the LA rather than to himself. He felt there was a clear tension in this line of accountability, sending conflicting messages about where responsibility for the strategic direction of children's services lay, effectively representing a challenge to his own authority:

*'It wasn't very clear what was going to be the responsibility of the Children's Trust and what was going to be the responsibility of children's services within the council. It gave rise to a considerable amount of tension and uncertainty... and the behaviours some of the people adopted reinforced that...attitudes about accountability and who they were accountable to, it all became a bit diffuse really'. (DCS)*

On coming into post the first CTPM was described as having begun the process of trying to *'align the resources that were joined up around children and young people'* (DPJC) bringing together funding for Early Years provision, the prevention budget and some relatively marginal funding streams including the Drug Action Team (DAT) funding that was associated with children and some Children and Adolescent Mental Health Services (CAMHS) that had previously been jointly commissioned through the former children's partnership structure.

Interviewees suggested that a 'counter-narrative' had been constructed around the CTPT, describing it as *'dangerous'* (LA Board member) and threatening existing power relations and structural arrangements for the allocation of resources. The Team, who were synonymous with the CT, became widely regarded as *'empire building'* (DCS), seeking to take increasing control over various budgets and funding streams with indeterminate and opaque accountability:

*'All the time the children's trust was developing it felt like [name of children's trust project director] was collecting more and more resources around her and people were very suspicious of that' (PCT Board member)*

The situation was described as having *'come to a head in 2006'* following concern raised by the recent CSCI inspection about the effectiveness of a multi-agency service for children with disabilities for which the CTPT held operational management responsibility. This was compounded by the report findings of an external consultancy working on Change Management that highlighted continued ambiguity over understandings of the role and

direction of the CT pathfinder, identifying it as a *'significant risk'* to the ability of children's services in Downton to deliver on their improvement strategy.

In the face of this the interim DCS and PCT Chief Executive decided to bring in external consultants to conduct a review of CT partnership and governance arrangements. One of the recommendations of the review was that the CTPD report to the DCS rather than the LA Chief Executive. At this point the CTPD *'decided it was melt down and it was time to go'* (DJC). What had been the CTPT was subsequently reconfigured as the 'Directorate of Partnership and Joint Commissioning' (DPJC) as part of a deliberate strategy to distinguish it from the broader concept of 'children's trust arrangements' and establish it as the 'operational' arm of the CYPTB.

This history of confusion surrounding the respective roles, responsibilities and accountabilities of the pathfinder CT and the LA had resulted in limited delegation of authority and resources to the CYPTB and the DPJC thereby limiting their capacity to function as sites for decision making and change. However this can also be understood as a function of a set of broader structural issues related to a history of failing service provision in the LA and the persistence of organisational 'silos', within which each of the key statutory service areas remained accountable for their own performance measures.

The following sections explore these factors in more depth identifying them as significant structural barriers to the implementation of joint commissioning as a mechanism for evolving integrated services as envisioned by ECM.

## 6.6 Failing services and organisational uncertainty

Difficulties in establishing trusting relationships as the basis of developing joint working were primarily rooted in structural conditions rather than personalities. Several interviewees highlighted a number of significant changes in both the national policy and local organisational landscapes as barriers to the ability of the CT pathfinder and later children's trust arrangements to achieve the level of integrated commissioning and service delivery that had been envisaged at the outset.

The CT pathfinder was described as emerging at a time of considerable organisational change and instability within LA children's services and the PCTs. These related to poor performance in education and children's social care, changes in key personnel and leadership and the need for systemic structural change in the LA and PCTs. Together these are described as providing a weak foundation on which to build integrated planning and commissioning so that *'trying to create a Children's Trust which was predominately about commissioning was pretty tricky'* (Chair).

A history of poor delivery across children's services and in particular the serious under-performance of children's social services and education meant that the LA had been under close scrutiny from central government. At the point when the CT pathfinder was established children's social care was described as *'a mess across the board'* as well as there being *'some real challenges about educational performance in Downton'* (TS Board member). Major issues about the quality of safeguarding and a failure to meet education targets had meant that they had been regarded by government as being in special measures. Things

having failed to significantly improve meant that having just *'had a bad inspection they were again on the verge of special measures'* (PCT Board member).

The climate of organisational instability was reinforced by the failure to appoint and retain senior people within key LA children's services posts. Given the significant problems within the two main LA areas of children's services, it is perhaps not surprising that during the period between 2004 and 2007 Downton saw three Directors of Children's Social Care and two interim Directors of Children's Services preceding the appointment, in 2007, of the post holder in place during fieldwork. In addition there was a change of LA Chief Executive in 2006. These factors combined meant trust and confidence in senior leadership was low; *'We have some really good policies and talk a good talk. But there is poor leadership. I think we lack that clear leadership'* (TS Provider).

The reorganisation of the three PCTs to one in 2005 also saw the appointment of a new Chief Executive. These multiple changes in leadership were described as having compromised the development of productive, trusting strategic links between the two agencies, weakening the capacity of the CYPTB to provide a forum for the development of integrated strategy, for as one interviewee observed, *'partnerships are often about people and people had significant turnover that time'* (Chair).

The three major statutory service areas of education, social care and health were all primarily concerned with their own principal strategic priorities existing as a set of competing demands to those of partnership, integration and the development of a joint commissioning function. For the LA the priorities were on sorting out fundamental systemic problems in the areas of safeguarding and education. The focus of activity was on shorter

term organisational goals and targets set following the outcome of recent inspections, *'the short term traffic light stuff'* (TS Board member), rather than on achieving a long term joint vision for children. The CYPSP published in 2007 reflected this, establishing a set of priorities focused around recommendations following the recent Joint Action Review (JAR) with an emphasis on the ECM educational and safeguarding targets. In Downton, the integrative agenda of ECM thus appeared to sit in tension with service specific pressure for change in education and social care.

Given the peripheral role of the CYPTB it was perhaps not surprising that actions to bring about significant changes in the management and delivery of both children's social care and education following JAR and Ofsted inspections were described as having taken place within those organisations. The CT pathfinder having been originally conceived as a commissioning trust, developing in parallel with the realignment of LA children's services was described as sidelined in these agendas:

*All the attention was focused on sorting out its children's social care. That was a major priority and hadn't got much to do with the Children's Trust, the way it was conceptualised; it hadn't got much to do with the Children's Trust. They just got on and did it and told the Children's Trust occasionally what was going on. It was hard for the Children's Trust to actually shake that' (Chair)*

The separation of safe-guarding from the CYPTB was described by another participant as reinforced by the separate development and accountability of the Local Children's Safeguarding Board (LCSB). As a statutory requirement of the Children Act 2004 the creation of LCSB was described as happening *'in a parallel world'* so that broader issues in relation to safeguarding, including prevention and early intervention, were divorced from the CYPTB.

As with social care, work to drive improvements in educational attainment was described as having had *'nothing to do with the CT. It was reported to us and we endorsed the steps that were being taken but that was the education services agenda and they were driving that'* (TS Board member). As an underperforming LA that had been in special measures, Downton had been under pressure to meet targets for educational improvement for a considerable length of time. This was described as an area of responsibility that the LA felt pertained solely to them as the accountable body so that *'Education never really seemed to come into it, you don't touch it, don't look at overall performance figures, it's "leave that to us we know all about that"'* (TS Board member).

Indeed education and schools were repeatedly described by interviewees as operating in isolation to the wider CT. The Children Act 2004 had not placed schools under a statutory duty to cooperate with CTs so that in Downton, according to one LA Board member, *'schools won't even know what a Children's Trust is, they won't have any idea'*. This detachment from the CT was described not only in reference to performance but also in reference to extended schools.

As the CT pathfinder was developing the extended schools initiative had been introduced. Described by the DfES (2005) as sitting *'at the heart of improving outcomes for children'*, this gave schools a role to commission and manage a set of additional services including family support, child care, and extended learning. However the policy tension between integration as enshrined in ECM and school autonomy, as encouraged by the 2005 Education White Paper (DfES 2005) meant that schools in Downton had opted to develop these services without reference to any similar activity coordinated through the CT. This was described as a

function of schools preference to work autonomously and without interference from the LA: *'Schools like to get their money in their own budgets so they will employ somebody in-house. They like to be in control of the process, they struggle to work with others'* (LA Board member).

Not only was the CT pathfinder described as peripheral to the strategic concerns of the LA but also to those of the NHS. The focus for the PCT had been internal and concerned with the major reorganisation engendered by the directive from the DH to restructure from three corporate structures to one. In addition, the local reform agenda of acute children's health services was described as NHS led: *'the review of Downton hospitals 2010 agenda, although there is some token involvement of the social services people, was driven by the NHS'* (Chair).

Nevertheless, in contrast to the LA, senior PCT representation on the CYPTB proved to be consistent so that *'the chief executive of the PCT would be there meeting after meeting'* (TS Board member). However the impact of the PCT on the development of the Board and the work of the pathfinder CT was questioned by some interviewees, as, *'whilst they were present, they were not engaged with'* (Chair). Interviewees from all sectors suggested that this was due to the domination of the LA in the children's services agenda. The ECM targets were described as referring primarily to areas of service provision pertaining to the LA rather than shared. NHS interviewees identified a different set of more important 'hard' targets as priorities as *'children's services are not frankly a strategic priority for the health service'* (PCT Board member). Commissioning in the PCT was described as chiefly concerned with adult acute sector contracting. Furthermore, the generic approach taken to children's

commissioning meant different areas of provision were not separated out as in adult services giving it a marginal status and leading to problems of capacity.

As few of the ECM targets related directly to health or were relevant to health service priorities, a CT that was driven by the LA children's services agenda was understood to *'have little relevance within the wider NHS'* (NHS Board member). The relative lack of health targets attached to ECM meant PCT and acute sector interviewees tended to see ECM as more relevant to the LA with the NSF for Children Young People and Maternity Services (2005) and the Darzi Report (DH 2008) identified as the policy directives most relevant to the health service.

In summary, interviewees clearly experienced a tension between the policy directive of partnership and integrated strategy and the need to respond as distinct agencies for the achievement of targets for which they were individually hierarchically accountable. The impact of government inspections in education and social care had been a focus on short term goals and a reversion to historical organisational 'silos' in the face of service failure. Joint commissioning was thus rendered of marginal significance to the three key statutory agencies delivering children's services.

### **6.7 Corporate governance and the role of the CYPTB**

As chapter 3 discussed, the ECM policy intention was that CTs would provide the main vehicle for inter-agency governance arrangements and strategic direction. However, unlike Care Trusts CTs had not been created as legal bodies with their own legally incorporated governance and financial arrangements. In Downton the ability of the CYPTB to establish inter-agency governance and strategic coherence had been compromised by the

organisational uncertainty and policy tensions discussed above. In addition, it has been observed that multiple and conflicting interpretations of the role of the CT pathfinder had led to tensions between sectors about the respective responsibilities of the latter and the LA.

The role and function of the CYPTB was variously understood and described by different interviewees. One of the key points emerging from interview data was a perceived tension between the intended roles of the CYPTB as prescribed by policy, versus the experience of those represented on the Board. For TS members particularly, the intended role of the CYPTB was described in concrete, instrumental terms as building integrated delivery but, more importantly, developing the process of commissioning. In the following quote a significant role for commissioning is identified as the mechanism for integrating front line delivery, developing new services where needed and effecting service change:

*'The way I understood it, the role of the Board was to begin to knit together the range of services against identified need and the interrelationship between them and within that commission the relevant services and particularly where changes were needed where services were needed to be put together in some way or where gaps appeared and specific action through commissioning needed to be taken'* (TS Board member)

However rather than developing this proactive, policy making and commissioning role the Board was described as a passive receiver of done deeds requiring approval. This was referred to rather disparagingly by several interviewees as *'rubber stamping'* some *'fairly well worked through policy ideas'* so that *'they get the seal of approval of the Trust'* (PCT Board member).

Research on the function and impact of corporate Boards tends to mirror this observation (Freeman and Peck 2004; Peck 1995). Contrary to the policy expectation that Boards should

provide a forum for establishing local policy objectives and strategic vision their function more commonly involves the approval of decisions and strategies established by managers within their host organisations. Freeman and Peck (2004, 2007) argue that contrary to the popular perception that Boards should be judged in terms of instrumental efficacy their greatest value lies in a more hidden 'symbolic' function. This, they suggest, includes a form of public avowal to the importance of collaboration providing precedence for local partnership working and a way of sustaining commitment amongst senior players to the area of service provision overseen by the Board.

In Downton the Chair emphasized a symbolic over instrumental function for the CYPTB saying that what became increasingly apparent to him was that *'the purpose of the CT was to be not to do'* whilst his task was *'to get them to like each other and not fall out'*. From his perspective the most important functions of the CYPTB were to both generate a sense of a shared legitimacy and to present a public show of collaboration. Thus, whilst *'things might have got done anyway through individual agencies'* the approval of the Board for actions taken presented an image of committed partnership and unity to the outside world that meant *'we're doing this because Downton want us to'* (Chair). What his analysis suggests is that the primary function of the Board was the production of a public statement of intent; a demonstration of conformity with the external requirement of partnership between sectors rather than a network of collaborators.

Other interviewees similarly express the opinion that the Boards function was a legitimating one; with strategy formulated and decisions taken in more traditional, hierarchical and separate forums by executive members. However, they were less likely to accept this in such

pragmatic terms. Some Board members felt they existed as a partnership only whilst at meetings and, that despite sharing a high level common vision of the priorities for children and children's services, there was a tendency to *'go back to organisational silos'* (PCT Board member). Thus, whilst interviewees agreed there was a *'good understanding of what each other's agencies can do and provide'* (TS Board member), when it *'comes down to it they then go back and address their own issues'* (Chair). This observation echoes the problems discussed above highlighting the challenge presented by mandated 'partnership' to established cultures of working.

Rather than functioning as a system for providing strategic lead the Board was described as *'inward looking'* and whilst *'not a terribly challenging board, it has challenged the governance arrangements'*. Interviewees described a history of flux in respect to its development saying that *'the governance structure keeps being altered or slightly amended'* and although the issue of governance was continually on the agenda it remained *'very similar to what it's been before'* (NHS Board member).

Participants suggested that the lack of clarity over the form and function of the CYPTB and its various incarnations over time gave testimony to how it had not established a clear and consistent vision for how it would provide the governance arrangements for the CT. The fluid and evolving nature of the Board was described by this participant as indicative of the problems in achieving governance through partnership:

*'I mean for a start the Partnership keeps changing its name. It has had about four different names over as many years. That gives you an indication that it hasn't quite worked out how it's going to monitor these things and provide the governance structure to the children's trust'* (TS Board member).

Existing hierarchically ordered governance arrangements were recognised by some interviewees as sitting in tension with the concept of integrated governance articulated by ECM. Different professional cultures, finance and management structures as well as organisationally specific modes of accountability were clearly identified as barriers to achieving integrated governance:

*'people come from all sorts of backgrounds, completely different management structures and trying to provide a single governance structure when actually we've all got separate ones is impossible'* (PCT Board member)

The problems incumbent upon the formal structures of partnership to develop a more instrumental function rendered engagement with the CYPTP a kind of luxury that some provider representatives felt could ill afford to indulge in: *we've all got other jobs to do. It's on top of everybody's other job'* (NHS Board member). Clearly for this interviewee the dictates of formal partnership were experienced as an 'add on', an additional pressure to her priority task of service delivery rather than a mechanism for improving the integration services in the pursuit of better outcomes.

## **6.8 Engagement of the TS**

This inward focus of the Board's activity towards its own structure, membership and sub-groups represented a source of frustration to TS members. In contrast to the lack of LA engagement with the CT pathfinder, TS involvement had been consistent from its inception, so that: *'the only folks at the last meeting I went to that had been there from the beginning were the folks representing the voluntary sector and Connexions'* (Chair). The TS had also made a considerable effort to ensure a form of democratic representation for the sector on the CYPTB.

For these representatives the disparity between the intended role of the CYPTB as a commissioning trust, and their experience of the Board as an approval mechanism meant it had not delivered what they had anticipated in terms of changing the balance of the provision of children's services towards the TS. There was a sense of frustration aroused by the mismatch between the expectations that 'partnership' could serve as a mechanism for power sharing and delivering change and the lived experience of the Board as a site for reproducing the status quo:

*'Well you go and have a meeting and do all the niceties [but] nothing really changes. You go in there you play the music you all dance round you make comments on various papers but you know, we are very good at creating a lot of work to do but you don't change bugger all. So papers are put to the board but nothing fundamental changes'* (TS Board member)

TS interviewees drew attention to the way existing structures and vested interests serve to replicate and entrench 'siloed' patterns of service delivery. The capacity of the Board to provide strategic direction and effect cultural change was understood by these interviewees as limited by the behaviours of statutory sector providers who were unwilling to relinquish control over their budgets or allow parts of their services to be outsourced:

*'People are the barriers, they've got their money, and Downton is no different to anywhere else. People hang on to their chiefdoms and the idea of sharing them isn't happening'* (TS Board member)

Particular stress was laid on the failure to extend the commissioning role of the CT pathfinder as a means to achieve better outcomes by securing service delivery through TS agencies rather than the LA. For these interviewees a lack of LA understanding about the importance of commissioning as a mechanism for evolving better services through outsourcing meant the CT had failed to live up to expectations:

*'They don't understand it and that's a huge shortcoming. That's why the trust seems to me to be nonsense. Not only because it wasn't a true partnership, they paid lip service to it, but also because they didn't genuinely try to invest in services that would make sure that what was being bought was the right thing*  
(TS Board member)

The particular interest expressed by TS interviewees in the commissioning role of the Trust will be explored further in the next chapter. Here it is important to note that there was a perception amongst these Board members that the CYPTB functioned primarily as a ratifying body for decisions taken elsewhere with little sense of it acting as a forum for the redistribution of decision making power. Given the limited capacity of the Board to make decisions about the use and allocation of resources, the motivation behind TS engagement with the Trust was to advocate for commissioning and maintain a profile amongst, and access to, decision makers. With resource power lying with the statutory sector and all TS members dependant on the LA and PCT for funding the major part of their services, they recognised that engaging with the formal mechanisms of 'partnership' was a necessary part of ensuring survival.

At the same time however, they expressed a clear resistance to being brought into the statutory arena as 'governable terrain' (Carmel and Harlock 2005). TS interviewees consistently referred to themselves as external to the CYPTB; as an invited rather than integral part of the 'partnership'. In the following the quote the interviewee is clearly identifying himself as detached and independent from the statutory sector. He describes his role on the CYPTB as one of facilitating them to fulfil their obligation of partnership with the TS thus subtly shifting the balance of power back in his own direction:

*'From an external perspective I think it is more difficult for voluntary organisations. We sit on things that are not part of our day job, that do not*

*consume part of our daily thinking necessarily. We are happy to contribute some of our time to support things as a partner but it's not always clear as to why something exists or what it does (TS Board member)*

Another interviewee stressed the difficulty for those in the TS to keep pace with the logic behind the restructuring of the Board. Whilst describing himself as a 'partner' on the CYPTB he simultaneously positioned the Board as a structure pertaining to the statutory sector with the latter clearly in control of the agenda. Describing himself as 'outside' he expressed confusion around how it functioned:

*'...it's not always obvious to people from the outside looking in...It seems like sometimes the music stops and we all move round and change chairs and we're told the CT has now restructured and is going to do things in a particular way (TS Board member).*

There was also considerable cynicism expressed at the former DCS's reported declaration of entering a *'brave new world of going into partnership with the VCS blah, blah...'* The principal mechanism for achieving this had been through the establishment of a set of sub-groups of the CYPTB into which *'a lot of energy and commitment that had gone in from the VCS'* to ensure representation. However, with the decision to *'change the structure and shelve some of the groups'* this work had been left redundant, so that TS organisations *'were left with the impression of why did we put the time and energy into that?'* This interviewee went on to observe that:

*'no one is paid for that, for helping the statutory services engage with the VCS – changing the goal posts – that has happened on two or three occasions now – we just let them get on with it to be honest (TS Board member)*

Not only does this seem to illustrate a lack of understanding on behalf of the LA of the effort required for the TS to engage with the formal mechanisms of 'partnership' but, like the previous interviewee, his comment suggests that the VCS were engaged in a process of

helping the statutory sector meet a top-down requirement to work with them. Together these accounts serve to highlight the failure of the formal 'partnership' Board to function as a collaborative network through which sectoral boundaries might be transcended. Instead they underscore relationships of unequal power between the sectors and serve as a contrast to the idea that 'good partnership' should involve relationships of 'equal status' (Hudson and Hardy 2002).

### **Developing the Directorate of Joint Commissioning and Partnership: 2006-2009**

As previously discussed, the CTPT was reformed in 2006 as the 'Directorate of Partnership and Joint Commissioning' (DPJC) in an attempt to clear some of the previous ambiguity surrounding its role. The new post holder also changed her job title, becoming the 'Director of Joint Commissioning' (DJC) in January 2006. She described how as an initial '*outsider*' she too had felt suspicious of the CTPT and that it wasn't until she gained better knowledge of the team that she realised '*they weren't the bogey people that people thought. It wasn't what was being portrayed from the outside*' (DJC).

Whilst optimistic that the situation would improve on her taking up post she found that the understanding she had developed with regard to the team was not shared. Despite the fact that the recommendations of the independent review had been put in place she explained how entrenched perceptions of the former CTPT as '*being special and different right from the outset*' proved difficult to overcome:

*'I thought that when I became Director it would be different that I could say; "look I came from the outside, I had the same suspicions, but it's not like that". But it didn't help me. I was just like them in everybody else's perceptions'*

She described the subsequent process of trying to develop the commissioning function of the Directorate as difficult, engendering feelings of isolation and frustration. Because of the depth of bad feeling against the former CTPT she explained that they had *'evolved as a commissioning team in a very hostile environment'* during the three years between 2006 and the time of fieldwork, and that this had been a *'painful and very traumatic journey'*.

One of the key tensions she articulated was defensiveness on behalf of the LA with regard to resource control. In her account the idea that the pathfinder had been engaged in *'empire-building'* had gained an undeserved rhetorical hold on the popular imagination of the Council: *'The idea of empire building was deeply engrained in the psyche of the council. It got to the point that even very senior people in the council believed it too'*. Furthermore, despite significant investment in the commissioning infrastructure it had been constrained in its capacity to evolve as a means for effecting change. This had fed the view that the commissioning team had failed to demonstrate value for money so that there: *'was a general rhetoric that the children's trust, which we were synonymous with, was very expensive and produced nothing'* (DJC).

The appointment of the new DCS in 2007 reportedly exacerbated the situation as his lack of enthusiasm to the whole idea of commissioning was demonstrated by early efforts to obstruct the development of a joint commissioning agenda. The DJC described how tensions grew to the point that she and the DCS *'came to a head and had a really heated discussion'* with him questioning the worth of the DPJC, and suggesting that it be disbanded.

## 6.9 Resisting pooled budgets and joint commissioning

Given such low levels of trust between agencies and the lack of enthusiasm for joint commissioning, subsequent attempts to develop pooled budget arrangements for joint services proved difficult. The government had identified the power to pool budgets (made possible through section 28 agreements of the Health Act 1999 and through article 10 of the Children Act 2004) as a key infrastructural shift to help overcome barriers to collaborative working and support joint commissioning. The joint planning and commissioning framework (HM Government 2006: 24) stated that it expected services to be ‘increasingly commissioned from pooled resources including finance, capital and staff’. However whilst work on developing pooled arrangements was described as having started in earnest, soon after:

*‘the energy and enthusiasm for pooled budgets disappeared completely...we were left with a mass of work we’d done around developing a pooled budget, a case study in good practice and no commitment to it whatsoever.’* (DJC)

This reflects Audit Commission (2008) findings who reported ‘a widespread reluctance to pool budgets’ amongst CTs. In Downton this reluctance was identified by interviewees as due to a combination of factors. These included changes in people in key decision making roles, most significantly the appointment of the new DCS and a new lead member for children’s services who both replaced people supportive of the idea.

Another contributor was the growing anxiety within the Council about pooled budgets, provoked in part by recent problems experienced in mental health and learning disabilities services where a pooled budget arrangement had been established in haste and *‘had started to unravel, had come a cropper’* (DCS). In addition the technical and legal process of

establishing a section 28 agreement was described as *'complex, difficult and anxiety provoking'* while *'nobody could really define what a section 10 meant'* (DJC).

The intention to work towards pooled budgets had been signalled within the draft 2007 CYPSP. In an attempt to facilitate the development a more integrated approach to commissioning through pooled budget arrangements a 'Joint Commissioning Board' had been established as a sub-group of the CYPTB. However pooled budget arrangements were subsequently removed as a commitment from the CYPSP when requested by the LA Chief Executive and deputy leader. Given the degree of organisational turbulence discussed in previous sections the new DCS similarly felt the time was not right to work to pooled budgets suggesting that *'there was no appetite for it and nobody wanted to go down that road'*.

When the commitment to pooled budgeting dissipated the Joint Commissioning Board was *'left out on a limb'* (DJC). Having had relatively little decision-making power or funding devolved to it the *'level of impact that the Commissioning Board had was minimal...its scope was relatively small'* (Chair). Hence, whilst the CYPTP *'talked a lot about how desirable it [joint commissioning] was and how we could do it, it didn't talk much about what was actually being commissioned'* (Chair). Furthermore the *'little commissioning that was permitted'* was described as *'really marginal to the totality of what was going on'* (TS Board member).

The Joint Commissioning Board was subsequently dissolved and the preferred funding mechanism was to align budgets around highly specified service areas *'where the delivery has PCT funding as well as LA funding but quite separate in terms of they are funding*

*different aspects of an overall programme'*(DJC). These included the budgets for teenage pregnancy and the drug and alcohol team (DAT). The team were also given responsibility for the detail of some '*single issue*' areas that formed part of PCT block contracts but for which they did not hold direct budgetary control. Thus, though described as 'joint commissioning', as one interviewee observed there was '*very little joint about it*' (PCT Board member).

For TS representatives the reluctance to pool budgets and delegate decision making to partnership structures was interpreted as an unwillingness to devolve power so that '*they saw the Children's Trust purely as the LA pretty much deciding who, what, and where things should happen*' (TS Board member). The development of a commissioning role for the CT was described as posing a potential threat to the LAs ability to take autonomous decisions over resource allocation '*They were making a decision about something and I was saying "what about the commissioning role?" and they were saying "it's our money we'll decide how we spend it"*' (TS Board member). This meant that the LA '*very sceptical about joint commissioning*' so that '*the Children's Trust was never really about commissioning*'. (Chair)

Some interviewees located this scepticism in a fundamental misunderstanding of how commissioning would work in practice suggesting that '*People involved from the education perspective from the past and the people involved in children's social care from the past really didn't understand commissioning*' (TS Board member). The DJC described how the climate of mistrust that had grown up around the former CTPT had left the impression amongst both PCT and LA officers that by assuming a lead on an area of service development the DPJC would be seen as '*taking it away from everybody, sitting in a little room, deciding how things are going to be, and then coming back and telling them*'. For her this

represented a misinterpretation of commissioning as an exclusive rather than inclusive process.

Interviewees from all sectors described a deep reluctance on the behalf of the LA to accept the commissioning or 'place shaping' role prescribed for them in the CLG White Paper (2006). The idea of developing as a commissioning organisation was described as *'an alien concept in the Local Authority...where the providers are the people who determine what is provided'* (TS Board member). For another interviewee, from the NHS where commissioning and providing functions are organisationally separate, the LA could not function as a *'true commissioner of services'* (PCT Board member) as its organisational structure positions the same people as both providers and commissioners.

For TS interviewees and those involved directly in commissioning, an intransigent culture of service provision within the LA, underpinned by an ideological antipathy to outsourcing from elected members was understood as a significant barrier to commissioning. One interviewee described a tension between recognition within the Cabinet that the Council should be working towards becoming a commissioning organisation and the *'struggle'* that elected members had *'with the philosophy of commissioning'* and the fact that *'they come from a strong history of providing services'* (TS Board member). Several interviewees suggested that this was a reflection of the fact that they were, and always had been, a Labour-led LA, and that Cabinet members were *'politically and emotionally tied to keeping services in-house'* (DPH).

The reticence to develop as a commissioning CT was clearly at odds with what some Board members wanted, in particular representatives from the TS and those who had been

involved with developing the original vision for the pathfinder. TS interviewees expressed considerable frustration in relation to the lack of commissioning activity carried out through the CYPTB. The dissonance between a desire by these members for the CT to take on a strong commissioning role and the resistance to this by the LA was described as having set back rather than fostered a shared sense of purpose and direction.

For commissioners this reticence was similarly experienced as a source of frustration. With the LA not happy to *'lose control'* and allow mainstream services to be subject to contestability and possible outsourcing, they felt they were only able to *'tinker on the edges'* and be responsible for *'the additional stuff rather than the heart of children's services'* (Senior Commissioning Manager).

### **6.10 An evolution rather than a revolution**

Despite the LAs reluctance to embrace joint commissioning this was described as an evolving picture with some optimism expressed as to it having a greater future role. One of the facilitating factors identified by the DJC was the 2008 external review of CT arrangements and joint commissioning. She described how the process of going through the review had *'challenged all the key people across the PCT and the council and changed people's perceptions'*. As a cathartic experience that allowed grievances to be discussed, she felt that the report written by the consultants was less important than the process itself, which had *'bought on the change that needed to happen'*.

The DJC was identified by other interviewees as a key agent in fighting the case for commissioning. Acting as a *'policy entrepreneur'* (Kingdon 1995) who *'lived, breathed and dreamed commissioning'* (TS Provider) she was also positioned as a conduit of partnership.

While the downside of this was that she was identified as the *'partnership person'* with responsibility for *'partnership work'* paradoxically understood to reside with her rather than everyone, she also emerged as someone who had successfully built bridges between people helping to erode former relationships of mistrust. One interviewee described the DCS as having *'moved his position absolutely and completely to her point of view over the year'* (LA Board member) so that he was more enthusiastic about commissioning than previously.

The external review had recommended that investment in joint commissioning should continue, underpinned by strengthened governance arrangements for the CT. In response to this the DCS explained that he had *'reconfigured the CT and made sure the most senior people are attending it on a regular basis'*. Strategic links to the LSP had also been strengthened by replacing the external Chair with the lead member for Children and Young People and ensuring the agenda was *'much more focused around the LAA'* (DCS).

In some respects joint commissioning in Downton appeared to have been considerably well advanced when compared to the national evidence of the progress of CTs in developing a commissioning function (Audit Commission 2008). At the time of fieldwork the DPJC incorporated a participation officer, a team of five Senior Commissioning Managers and a nine-strong procurement team responsible for the development of service specifications, contracting, performance and financial management.

The Team had been given the strategic lead over a portfolio of area-based grants. As a deprived borough Downton received all the funding streams intended to relieve or tackle issues relating to relative deprivation. Pulling these funding streams together and trying to ensure they were spent in a strategic and coherent way was described as a *'big issue'* for the

borough. This meant they had been given a policy and service development role with a strategic lead for parenting support, 'Think Family', the LA targets on child poverty, elements of the Working Neighbourhoods Fund and, the former Children's Fund converted to a 'preventative budget'.

In total the DPJC had direct control of approximately £8 million of largely grant-based funding focused primarily on specialised or targeted services rather than generic or universal provision. However, in common with the majority of other LA areas (Audit Commission 2008, UEA/NCB 2007), there had been little redirection of funding across sectors or services. This reflected the observation made by some interviewees that partners were more concerned to work in the interests of their own organisations giving priority to their core functions and the delivery of statutory responsibilities.

### **6.11 Summary**

Drawing principally on interview data but also on documentary evidence this chapter has constructed an account of the development of joint commissioning activity in reference to its broader organizational and political context. In so doing it has identified a number of organisational and institutional barriers to the implementation of joint commissioning through CT arrangements. The importance of local histories and experiences of partnership working and the constraints imposed by past service failures and top-down pressure to achieve service-specific change have been highlighted.

The climate of uncertainty and organisational change in which the CT pathfinder emerged was identified by participants to have had a number of important impacts on the way both the CYPTB and its operational arm the DPJC and were to evolve and be perceived. Changes in

leadership and poor performance alongside substantial structural changes to both the LA and PCT were described as militating against the development of trust between partners as a foundation for integrated commissioning. Hence, whilst there had been considerable investment in building a joint planning and commissioning infrastructure in Downton there had been limited delegation of authority and resources to these structures.

Achieving a sense of common purpose proved difficult in the context of mandated 'partnership' working and sat in tension with the need for failing services to attend to a set of organisationally specific targets for improvement.

Early confusion as to the respective roles and responsibilities of the CT pathfinder and the LA alongside opaque lines of accountability had compounded relationships of mistrust and weakened the capacity of partnership structures to function as sites for decision making and change.

The frustrations of partnership working were a repeated theme in interviewees' accounts. This was particularly true for those from the TS who identified unwillingness amongst LA officers and elected members to relinquish decision making power over priority setting and resource control as impeding the implementation of a joint commissioning strategy. The LA's more 'traditional' orientation towards service delivery rather than 'place shaping' was also implicated as a barrier to commissioning beyond peripheral service areas funded through area-based grants and traditionally seen as better delivered through the TS.

Place-shaping implied profound change to the traditional roles of the LA and some stakeholders had clearly made considerable efforts to resist such radical change. Local decision-makers had aligned themselves around different ways of constructing or

interpreting the same policy directive, contingent in part upon their own interests and positions. Those who felt the CT and its commissioning role represented a threat to existing power relations and structural arrangements for the allocation of resources had constructed a counter-narrative around the CTPT as threatening, demonising the people within it as resource grabbing and empire building. LA officers had developed strategies of resistance to the CT commissioning agenda including non-attendance at meetings but had, more forcefully, used their positional power to veto pooled budget arrangements and block the implementation of a previously agreed commissioning strategy.

# CHAPTER SEVEN: CONSTRUCTING COMMISSIONING

## 7.1 Introduction

This chapter looks at how research participants within the case study constructed meaning around commissioning drawing from different policy and political discourses to make sense of, or justify, their different positions and actions. The chapter builds on the previous one by moving beyond the strategic context for implementing commissioning to explore the experiences of commissioned providers.

It addresses the overarching research question that asks how joint commissioning is conceptualised and developed as a tool for identifying and delivering priority outcomes, with a particular focus on the following:

- How do different stakeholders understand the role commissioning might, or might not, play in delivering better outcomes for children?
- What discourses and themes do they draw on to make the case for or against commissioning?

It considers how participants' understandings of commissioning in theory compared to lived experiences identifying a disparity between idealised constructions versus events in practice. Interviewees made appeal to different 'logics of accountability' in making the case either for or against commissioning as a mechanism for coordinating public service provision. The chapter thus reflects the themes of accountability and governance introduced in chapters 2 and 3.

The chapter is structured into four sections according to 'stakeholder' status. The first section considers the views and experiences of the five Senior Commissioning Managers (SCM), and their manager the DJC.

The second stakeholder group includes seven interviewees from five different TS organisations all commissioned by the DPJC to provide services to children and young people. These organisations reflected the diverse nature of the sector and included: a recently de-commissioned social enterprise with charitable status; the local branch of a national children's charity; the local branch of a national Christian charity; a local franchise of a national charity delivering sexual health services and a local community based trust. Two of these organisations had been contracted through LA funding, one through both LA and PCT funding and the fourth exclusively through PCT monies.

The third section explores the experiences of three statutory health service providers commissioned through the DPJC and under contract to the PCT. The final section considers the views of a group of strategic commissioning sceptics, representing different organisations but all members of the CYPTB.

While each of the stakeholder groups expressed some broadly similar views and experiences there were also differences within, as well as between, the groups which are explored.

## **7.2 Commissioners accounts**

### **7.2.1 Delivering accountability through evidence-based decision making**

All five SCMs and the DJC were keen to present a view of commissioning that reflected the staged, cyclical process presented in policy documents, briefings and guidance (e.g. HM

Government 2006), and depicted in their own Business Plan (2009) and Joint Commissioning Strategy (2007). In contrast to this, they complained that commissioning was commonly misunderstood, being typically and mistakenly conflated with procurement or contracting and themselves wrongly identified as *'the people who do contracts'*. One interviewee suggested that this reflected an outdated view of commissioning stemming from the development of social care markets in the 1990s, an *'historical thing of contract managers in social care'* (SCM: Procurement). They attempted to rectify this, explaining that *'commissioning is totally different to purchasing and contracting'* and identifying their role as one of *'bringing about change'* and making *'some real improvements to services'* (SCM: Teenage Pregnancy).

The case for this potentially transformative role for commissioning was based on the expressed belief that it would deliver service improvements by being needs led, evidence-based and focused on outcomes as opposed to outputs. Members of the DPJC described a *'commissioning cycle'* that encompassed a process of rational decision making driven by child-centred outcomes. Positioning themselves as *'knowledge brokers'* (Freeman 2007), they described themselves as collecting and sifting evidence from a range of sources to arrive at honest, open and negotiated judgements about where and how best to target resources. In so doing their accounts could be understood to accord value to the traditional Weberian bureaucratic ideals of administrator neutrality and transparency (Du Gay 2005).

In a statement that mirrored the language of contemporaneous guidance (e.g. HM Government 2006) one interviewee summarised commissioning as a process that:

*'...starts with an understanding of need, it's done with an outcomes focus. When you get to the other part of the commissioning cycle well that's when you look at what services are currently provided ,at whether those services are able to meet those needs, assess the evidence for who can best provide this service and what needs to change'* (SCM: Teenage Pregnancy)

This account of the 'commissioning cycle' clearly resonates with the staged approach to policy making whereby a rational input of evidence is understood to facilitate a form of non-politicised decision making. The statement makes a number of assumptions, not only about the possibility of arriving at an objective definition of 'need' but also about the possibility of producing evidence of 'what works'. It also, by implication, locates failure to meet defined objectives with commissioned services.

Whilst all commissioners produced accounts of commissioning that reflected this evidence-based, staged approach some recognised and described a dissonance between this as an ideal and what was possible in practice. One interviewee described commissioning as '*a process of negotiation*' between '*existing priorities, community priorities, political priorities and government priorities*' that involved a set of '*decisions or judgements about the importance of that data relevant to other bits of data*' (SCM: Grant-based Programmes). He made reference to incidents when priorities identified by elected members had taken precedence over professional judgements arguing nonetheless that negotiation on the basis of evidence was what '*we try to pursue in principle*' even though '*we might not be there yet*'.

One way of resolving the tension between the evidence-based ideal and the need to negotiate between differently defined priorities was to locate commissioners outside the arena of political decision making. Hence members of the DPJC described themselves as the '*operational arm*' of the CYPTB who did not '*directly influence through a decision making*

*function*'. Instead their role was to provide *'intelligence and information to the Board'* (SCM: Procurement) on which others could choose to act. Hence the CYPTB was described as setting the parameters for commissioners to operate within as *'advisors'* whose *'job is to say this is the range of options to deliver the outcomes'* while executive teams and politicians were *'the ultimate adjudicators'* who *'decide in terms of value for money, the people they are accountable to'*(DJC). These commissioners thus positioned themselves *'facilitators of a process'* (SCM: Grant-based Programmes) taking information to the Board and putting into action decisions taken there. In so doing they articulated the possibility of commissioning processes (and hence themselves as commissioners) as reinstating some of the traditional values of a bureaucratic ethos: an adherence to particular standards of procedure (as described by the commissioning cycle) and impersonal non-politicised action (Du Gay 2000).

With the exception of the procurement manager respondents showed a degree of reluctance and, at times embarrassment, in referring to the market management role prescribed for commissioners, preferring instead to engage with the more, apparently, acceptable lexicon of 'partnership'. Thus, as well as being rational, commissioning was simultaneously represented as a democratic, inclusive process; a drawing together of information from all sources to present a comprehensive picture of need based *'on the views of service users, service providers and whatever information, evidence you've got of what works'* (SCM: Teenage Pregnancy)

Whilst clearly recognising that decision making took place within a political context and could never be entirely 'rational', commissioning was nonetheless presented as a potential mechanism for enhancing rationality and reducing abuses of political and discretionary

power. Respondents were able to provide examples of decision making that they felt had been driven by political motives. These included, for example, a recent decision to use grant money to fund the provision of cheaper school meals for all primary school children. This was described as a Cabinet decision driven by particular members to enhance their popularity but making no sense in terms of the available evidence on school dinner uptake or alternative proposals made by colleagues in public health.

There was also a sense of frustration expressed by commissioning managers from a Health Services background that elected members were able to override decisions made by the CYPTB: *'I call it the animal farm. I understand the accountable body route but absolutely everything has to go through Cabinet approval which may, or may not, be the same as the partnership decision'* (SCM: Procurement). This interviewee was expressing exasperation that central-local political lines of accountability took precedence over local partnership decisions which to her made a mockery of the CYPTB as a site for shared decision making and accountability.

Despite taking issue with hierarchical lines of accountability several commissioners presented themselves as 'good bureaucrats', public servants implementing rather than making policy. One interviewee described himself and his colleagues as *'agents of the government'* who were *'there to respond'* (SCM: Grant-based Programmes) to a set of government defined priorities. Overall they appeared to accept rather than challenge the policy priorities handed down to them through ECM, Think Family and other initiatives relevant to children and families. Whilst expressing irritation and frustration with the limitations of the target setting regime they nevertheless welcomed the headline policy

objectives as resonating with their own broadly altruistic goals and values. All interviewees made frequent reference to NL's stated policy intentions including *'making the best use of resources'* to achieve *'better outcomes for children and young people'*, reorienting services *'downstream'* to prevent *'negative outcomes'*, *'engaging with children and young people'* in designing services and working to promote *'good enough parenting'* and *'positive aspirations'*.

The language of collaboration and *'better outcomes'* was used to argue for a reduced role for the LA in delivering children's services in an idealised pursuit of collective altruistic objectives: *'We are all in the same game together for the same ends aren't we? Improving outcomes for children and young people in Downton and working together to achieve that'* (SCM: Teenage Pregnancy). This was particularly the case for youth services which were still largely held *'in-house'*. Commissioners with a remit for targeted youth support and teenage pregnancy felt these sorts of services would be better delivered through the TS. The troubled history of service delivery within the LA and a perception that the TS were better placed to meet the needs of more marginalised young people were arguments made in favour of a more mixed economy of provision.

Respondents making the case for the greater involvement of the TS typically drew on contemporaneous policy representations of the sector as more able to deliver needs-led *'localised'* services that *'know what the kids in their area need'*. They were juxtaposed with the LA who was represented as insensitive and formulaic, so that the TS were identified as *'more sensitive than a centralised service that is provided traditionally along the youth club side of things according to a formula'* (DJC).

The need to keep 'clear water' between a commissioning and providing function was reiterated in a number of accounts, justifying the existence of the specialised commissioning function offered by the DPJC. The LA was identified as keen to retain its service delivery function and recent decisions to bring some key areas of youth provision back 'in-house' meant both commissioners and TS providers saw them as having '*vested interests*'. Commissioning was identified as a means of promoting fair, unbiased and evidence-based decision making and ensuring that services were needs rather than service led. Through delivering transparency in decision making and the possibility of making services accountable for outcomes they made the case for commissioning as a form of governance that combined elements of bureaucratic fair play with the management of a mixed economy of welfare.

### **7.2.2 The commissioner /provider relationship**

The relationship between commissioner and provider was positioned as critical by all commentators on the commissioning process. In discussing this commissioners articulated a tension between developing a '*close relationship*' or '*partnership*' between provider and commissioner whilst ensuring impartiality and the equal treatment of potentially competing providers. Their accounts of day to day relationships with providers presented ways of bending the rigidity implied by the above accounts of detached decision making paradoxically antithetical to an expressed ideal of bureaucratic neutrality.

A relationship of collaboration between provider and commissioners, of '*completely engaging with people who are providing services*' (DJC), was understood as necessary to ensure the former's '*on the ground intelligence*' and professional '*expertise*' was

complemented by the broader strategic outlook of the latter. Those within the team described themselves as having access to a broader spectrum of evidence than service providers enabling the development of a more holistic vision that went beyond the providers' *'close up view'* hence better qualifying them to make strategic judgements. This ability to stand back and make more informed judgements was described by one interviewee as rooted in her *'helicopter vision'* that enabled her to see *'the wider picture that service providers wouldn't have an idea of'* (SCM: Children's NHS Services).

They described commissioning as *'more involved, more engaged'* contrasting this with the older, more adversarial, *'cold'* approach of purchasing that involves doing *'a head count and then sending the figures off'*. Instead commissioning was characterised by a closeness of relationship between provider and purchaser as well as *'a genuine in-depth understanding of needs'* (SCM: Procurement).

For some commissioners a critical ingredient in this relationship was a shared professional background with providers. This was specifically the case with the two health service commissioners who described their clinical backgrounds as a vital component in developing relationships of mutual respect and trust with providers. One described herself as *'quite approachable as a commissioner'* on account of the fact that she had *'come up from the ranks over the years and having been a nurse and an operational manager of teenage pregnancy and sexual health services'* (SCM: Teenage Pregnancy).

For this interviewee the requirement to have a local Teenage Pregnancy Board was identified as having facilitated more inclusive ways of identifying local needs and strategies for meeting them. This was endorsed by the testimonies of TS providers who described

relationships of local collaboration between providers and commissioners of sexual health services that involved consultation and planning *'outside committee type structures'*, corresponding more closely to the idea of networked governance albeit with a power imbalance between sectors.

### **7.2.3 Delivering managerial accountability**

The language of inclusion and relational contracting however sat in tension with a managerial discourse around efficiency and value for money. The notion of partnership was contradicted by other ways in which commissioners constructed the relationship between providers and themselves as performance managers and the principal-agent fears they expressed. In their accounts of commissioning in practice there was evidence of a set of dilemmas played out between the ideal of collaborative contracting and achieving managerial accountability through cost savings and meeting targets. Members of the DPJC frequently drew on the discourse of NPM to depict commissioning as a tool for increasing efficiency and contract management as the principal mechanism for 'agent control'. For example, the Procurement Manager explained that they were *'rigorous in our financial management, really ruthless and interrogating to understand the value for money angle'* while a SCM explained how they required *'evidence of expenditure, they can't just tell us, they have to produce evidence, because we've got to make sure that the money we have got is being used effectively'* (SCM: Grant-based Programmes).

Whilst commissioners talked the language of inclusion and cooperation and in some instances had clearly achieved relationships of mutual trust and cooperation with providers, there were other situations where this had either broken down in the face of

decommissioning or had never been the case. Commissioned TS organisations were all dependant to varying degrees on funding from the statutory sector and the balance of power in determining priorities clearly lay with commissioners. Whilst the broad objective of *'better outcomes for children and young people'* may have been shared how this could be achieved and who should be prioritised were sometimes contested and congruence of lower order objectives was not always possible. In these situations commissioners made recourse to the language of targets and evidence-based decision making to explain and justify decommissioning decisions.

Hence the Procurement Manager explained that one organisation had not had their contract renewed on the basis that they were spending too long working with families and not achieving output targets. In another example the SCM for Teenage Pregnancy described how she had recently de-commissioned a service provided by a local TS organisation working with South Asian young women who despite *'doing some really valuable work'* were not *'helping me meet my targets'*. Although previously identified as a target group *'new data'* on teenage conceptions, combined with *'no evidence that the work they are doing impacts on teenage pregnancy'* meant their service was no longer *'a high priority'*.

#### **7.2.4 Maintaining and extending commissioner influence**

Despite describing a relationship of collaboration with providers some commissioners complained that they were still only commissioning *'on the edges of children's services'* which limited their scope of influence in how services were delivered. They described creative strategies for extending this influence, and hence their own power base, for example by *'giving them members of staff who sit within their organisation'* or developing

*'partnership agreements'* that ensured service monitoring information was passed to commissioners. In situations where they had lost control of budgets and hence contracts some described tactics and incentives to ensure providers continued to deliver what they wanted allowing them to maintain a degree of managerial power: *'to try keep commissioning control I offered them a little bit of resource development monies and asked them to report on what they were doing, yet I wasn't commissioning their work anymore'* (SCM: Grant-based Programmes)

While some commissioners described themselves as *'change agents'* and commissioning as a mechanism for *'evolving services'* they recognised that this was limited by the marginal elements of funding over which they had control. Members of the DPJC felt they should be accorded a greater role, with budgetary responsibility for *'bigger contracts'* and more extensive areas of children's services provision. The DJC felt they needed to be more proactive in making the case for commissioning arguing that there was a need to educate different stakeholders about its capacity to reform service provision *'We have is a responsibility as a team to be more out there and stop being defensive, to get out there and be evangelistic persuading everyone else of the value of commissioning'*.

As a tool for improving delivery they argued that commissioning should be extended to include universal mainstream provision as well as specialist targeted services. Hence, for example, the DJC argued that the LA should *'move in a more commissioning type direction around schools'* in order for them to *'be more effective'*. In her account this was because commissioning involved challenging providers which in turn she identified as a mechanism for improvement. Whilst the LA was responsible for the performance of schools it *'has no*

*way of changing what goes on except intervening when it goes into special measures'*. She argued that a commissioning approach through challenging and applying implicit sanctions could drive improvement with the suggestion that commissioning type activity was potentially able to deliver the *'whole cultural shift'* needed to improve educational achievement in schools.

### **7.2.5 Managing the market**

The DJC's argument in favour of commissioning as a mechanism for delivering service improvements through challenging providers resonates with Grace et al's (2007) definition of 'challenge' as a broad concept within which contestability and competition are subsumed. However, the use of contestability and competition were only referred to obliquely by commissioners and the notion of 'market management' was the one 'stage' in the commissioning cycle that they were reluctant to engage with. With the exception of the Procurement Manager, commissioners alluded only briefly and theoretically to markets, contestability and the use of competition between providers. The commissioner for children's NHS services, for example, discussed the possibility of going to a neighbouring PCT if the health visiting service did not *'deliver against outcomes'* while simultaneously admitting that they were not currently contracted against outcomes and that the local service was their *'preferred provider'*.

The Procurement Manager, however, discussed at some length the desirability of a more extensive TS market in children's services and was an advocate of capacity building amongst smaller TSOs to promote their business and financial management skills and facilitate their competitiveness. She described the need to *'generate a vibrant provider market from small*

*providers'* in order to give commissioners more choice with respect to meeting the needs of marginalised young people. At the same time she described the LA as the main provider of targeted youth services and explained that *'the direction of travel has been to pull services in-house'* and that this sat at odds with direction from central government to build the capacity of the TS. She also made several points about the way current rules and contract regulations whilst designed to deliver fairness actually meant the market was so managed as to rule out engagement of smaller TSOs. In particular she stressed how risky it was for smaller organisations to invest in developing services to deliver against short term contracts that might not be renewed in light of shifting priorities. Nonetheless she discussed having de-commissioned smaller organisations because *'they had done the task we set them, given us the information and we wanted to move on from there'*.

In summary, commissioning was identified by these stakeholders as a mechanism for enhancing the rationality of local policy making through reference to the staged commissioning 'cycle' described in policy guidance. As a rational, disinterested but simultaneously inclusive process for co-ordinating service provision commissioning was understood to offer an alternative to existing hierarchies and imperfect markets that were seen as compromised by vested interests and conflict between statutory and TS providers. However there were tensions between the ideal of evidence-based decision making and collaborative contractual relationships and a concern with delivering managerial accountability.

### **7.3 Third Sector providers**

This section provides an account of how TS providers understood and experienced commissioning. Previous experiences of tendering and contracting through the LA had left some providers cynical about the transparency and fairness of local decision-making. One provider contracted through the PCT, however, reported positive experiences. TS providers argued in favour of commissioning as a fairer mechanism for determining who should provide public services identifying themselves as best placed to deliver to more marginalised groups and communities.

#### **7.3.1 Advocating for commissioning**

While TS experiences as commissioned services were diverse common themes did emerge. Despite mixed experiences of commissioning in practice, TS providers presented themselves as strong advocates of commissioning in principle. Their accounts suggested that it held the potential to deliver a promise of enhanced democracy and better outcomes by challenging bureaucratic LA systems of service delivery. With the exception of one participant contracted almost solely through the PCT, TS providers drew on familiar pejorative accounts of bureaucratic modes of governance to make the case for a greater mixed economy of welfare and an enhanced role for commissioning as the coordinator of this process. They discussed inefficiency and poor practice in the LA where it was felt that bureaucratic inflexibility and a lack of vision had led to poor performance in a number of service areas, in particular children's social care and the youth service. They described LA managers as disempowered by outmoded systems and rules so that even where they might want to *'get rid of poor performing staff... their hands are tied because of the system'*. By way of contrast

their organisations were variously described as less bureaucratic, more flexible and better placed to respond to local and marginalised communities.

The statutory children's services agenda was identified as heavily driven by the centre and the pattern of local resource allocation understood to reflect centrally identified priorities. Both the LA and the PCT were represented as kowtowing to centralised targets and the requirements of audit and inspection regimes so that *'They look over their shoulder at what others are doing, they look up to government and what they want them to do and out of that they produce a plan'*.

Education in particular was identified as the dominant sector with educational achievement and attainment figures being the basis for much local planning and priority setting disputing the notion of more inclusive needs led agenda. The power to set the local policy agenda was described as top-down, residing within both bureaucratic and professional interest groups and in particular with those from a background in education. This was described as a barrier to developing services from a neighbourhood perspective in particular the preventative services delivered through Sure Start Children's Centres and Extended Schools which some TS providers felt would be better delivered through their own organisations.

Unlike their statutory sector colleagues who were more likely to articulate concerns related to hierarchical and managerial accountability, TS providers more closely identified themselves as working for, and accountable to, children, young people and communities: *'I am working for the sake of young people who are homeless or young people who are trying to support themselves...or supporting parents who feel isolated'*. They described their organisations as needs-led and their priorities determined from the bottom-up. The

presenting needs of communities were identified as coming first *'irrespective of what the Local Authority thinks its priorities are'*. Where they saw their priorities merge whilst they *'might have a meeting of minds'* they were not *'going to fulfil the Local Authorities' strategic objectives for the sake of it'*.

One exception was the TS provider on a PCT contract to deliver sexual health services and outreach. His organisation had evolved to become almost exclusively dependent on PCT funding over the previous thirteen years. During this time its work had been brought in line with PCT defined priorities with programmes of work and staff recruited according to PCT requirements. As a manager working in an increasingly competitive environment he showed a willingness to engage with a managerial discourse of performance targets and efficiency positioning himself as ahead of the game in terms of data management and more than able to meet contractual requirements. In comparison to other TS providers involved in the case study this interviewee appeared to have pragmatically accepted the absorption of his organisation into the domain of the public sector and did not challenge the imperatives of working to PCT defined objectives and targets.

### **7.3.2 Vested interests and political whims**

Local experience of decision making had shaped TS concerns about existing mechanisms for governance and accountability. In their accounts of recent decisions to bring services 'in-house' they appeared ambiguous about the ability of local members to deliver democratic accountability. At the same time they described the LA as unable to act as a true service commissioner because of *'too many vested interests'* connected to their unwillingness to relinquish their provider role. Commissioning was identified as a possible mechanism for

removing in-house provider bias by taking resource decisions away from statutory sector providers and establishing 'clear water' between the latter and a set of independent commissioners. This was described as currently compromised by existing LA organisational arrangements that rendered the distinction between a providing and commissioning function unclear. Like commissioners they principally showed frustration with LA domination over the provision of youth services; a situation unlikely to change as:

*The same person that was sitting on the commissioning board was the head of the youth service. There is no way he is going to give up any money and he's sitting making the decisions about some fringe monies that we couldn't have'.*

Invoking the imagery of an ossified, centrist, top-down bureaucracy, providers described elected members and LA officers as acting to expand their own domains of power and control, putting their interests before those of children and young people. By way of contrast, a commissioning approach that offered the TS the opportunity to compete on a 'level playing field' was described as a tool for delivering 'better quality services at lower cost'. For TS commissioning advocates the LA reticence to embrace commissioning was viewed as an ideological rejection of market-type reforms to service provision, with one interviewee describing the decision to bring foster care back in-house as a 'Stalinist thing to do'. These providers articulated a 'Third Way' discourse promoting a pragmatic mix of state and market as the best way of delivering welfare and stressing the idea that 'what matters is what works' rather than who provides it:

*They object to spending money outside. What they are doing is re-building a children's services state monopoly. What they are not doing is building an effective agency that analyses need and buys in services whether in-house or external that delivers what is needed'*

Within the Borough a recent critical case in point had been the decision to bring the Connexions service 'in-house'. The decision had come under intense criticism from a number of interviewees from both the DPJC and the TS seen as a demonstration of how the LA had resisted market-style reforms and preferred decision making based on political objectives:

*'It was based on a political whim that really had nothing to do with the Children and Young People's Partnership and they had no knowledge, weren't consulted and was of course driven by a political agenda'.*

Furthermore the political nature of the decision taken by Cabinet members had given rise to a considerable degree of cynicism about the ability of formal partnership arrangements to deliver transparency and public accountability. The potential for commissioning to provide an evidence-based and detached process for coordinating service delivery was articulated by these interviewees. Like commissioners they represented it as *'a more transparent, open and objective way of trying to achieve something'* than current processes for allocating resources.

However there were different opinions about the degree to which commissioning might entail a form of 'democratic deficit'. One interviewee expressed some discomfort about commissioning potentially displacing politically legitimate hierarchical lines of accountability through locally elected councillors, *'you've got local councillors that have been voted there and these commissioners haven't been voted there,'* reflecting the complexity of working in the context of overlapping regimes of governance.

The case for commissioning was expressed in much stronger neo-liberal terms by one TS provider who, whilst in favour of a system of publicly-funded welfare, championed the extension of a competitive market in children's services as a mechanism for driving quality

and ensuring user needs are put before providers. His accounts gave strong endorsement to a business ethos in welfare delivery prioritising the market over other forms of governance so that: *'In principle I think it [the market] should be everything. Because you need to have real markers that push people into trying to do the best they possibly can for children'*.

Somewhat apologetically, as if wary of appearing overly neo-liberal, he championed the case for a system similar to that in the US suggesting that a market-based approach conferred flexibility, promoted better provision and hence was the preferred mechanism for delivering accountability to service users:

*'Sorry but I sometimes think the American model of how to deliver social care has huge advantages. Essentially county and state agencies know what they want and if they're not getting it they switch over. You can't do that in house. Sometimes these things concentrate the mind they shouldn't but that's life'*.

However, there was less willingness among other providers to unreservedly accept the principle of managerial and market-based governance. Some expressed a strong anti-managerial sentiment alongside the idea that commissioning risked becoming *'over-cooked'* by excessive bureaucracy. They drew attention to the resource costs associated with meeting the demands of managerial accountability in the context of contracting out. A common theme expressed by provider advocates of commissioning was that it should not be complicated or over-managed but instead be a collaborative endeavour that ensured the delivery of high quality services underpinned by *'a value base'* that put the needs of children, families and communities first. This was linked to a sense of horizontal accountability between commissioners and providers as peers in a negotiated process of priority setting and service planning. In contrast to the traditional bureaucratic principle of separation of

personal value from the duty of office this interviewee called for an approach to commissioning that was founded on passion, personal values and vision:

*What you want to do is work with people who have a genuine interest. Not just a load of people who are good at putting tenders together so that you've got an industry of people that just know the rules. You want to get down to people who are really passionate about delivering something and working with them, saying these people are really good how can we work with them to make it better'*

Wastell et al (2010) coin the term 'Svejkism' to refer to the use of derision to expose managerial power as based on absurd rules thus facilitating a form of passive resistance it. With a degree of 'Svejkism' this interviewee rejected the more neo-liberal components of commissioning establishing his own personal ethic of working from a value-base. Like his commissioner colleagues he was more comfortable with the discourse of partnership than markets arguing the case for a form of relational contracting that was based on strong collaborative relationships but that took a grounded rather than managerial approach.

### **7.3.3 Grace and favour, done deals and beauty contests**

The vision of a transparent and objective commissioning process articulated by providers had much in common with that given by commissioners. Like theirs however it reflected the policy guidance on commissioning rather than lived experience. TS providers were all able to describe a set of real world scenarios that suggested the version of commissioning advocated existed as a normative construction rather than a lived reality. Having given examples of partnership decisions being overridden by local politicians they suggested that past experiences of gaining contracts had been based on '*grace and favour*' and '*who you know*' so that '*If you don't do commissioning I have to go around chatting up politicians or use a different approach with the PCT*'.

Paradoxically this was a situation that favoured this particular respondent. He described himself as a *'lifeish'* person, by which he meant he felt relationships between people were more important than procedure. He described how he actively networked with decision makers in order to win contracts and funding for his organisation. Representing the world as functioning through the development of personal influence he described decision making as concentrated in the hands of the few explaining the need to influence key players in order to get on:

*'In Downton like anywhere there are only about half a dozen people who make decisions. We've got 78 councillors in Downton only 6 make any decisions all the rest just follow. So if you want anything to happen politically you have to make sure you can influence those six people who make the decisions and it's the same in the PCT. Half a dozen people, so finding those people, winning them over, building a relationship with them'*

Six of the seven TS interviewees gave accounts of occasions when contracts had been awarded apparently without due regard to formal process and mechanisms, describing situations when rules had been bent or broken and certain providers favoured over others. Hence TS interviewees described occasions when projects had been handed over to preferred or trusted providers without a formal tendering process being followed.

One interviewee gave an example of how this had worked in his favour describing how he had been approached by the LA to take over from a failing organisation that had been contracted to deliver an outreach family support service:

*'If you looked at [Name of project] it was delivered by [name of TSO] funded by the LA and it was a basket case locally so they asked me if I could do anything. So I took them over, that didn't go to a tender I just went and trouble shooted'.*

In a second incident he described how he had been awarded the contract to develop a Sure Start Children's Centre so that *'even though I went through a bit of a beauty contest at the beginning, I only got that because I was local and they trusted me'*.

In these examples personal relationships and informal processes for deciding on resource allocation had clearly stood in place of fair and open competition. Whilst this provider had benefited from this other providers described feeling angry by what they felt were abuses of LA power. Their experiences had led to a degree of scepticism about the process of commissioning in practice, leading one interviewee to ask whether commissioning *'is a fair and reasonable process or just a tool to justify what they were going to do anyway'*. He described what he had clearly experienced as a very negative example of contracting when the LA had invited tenders for a family advice centre. After submitting an application a chance conversation with another provider had revealed that this organisation *'knew that they were going to get the money'*, so that the contract was a *'done deal, it was already sorted. It was a commissioning process by name but not in reality'*.

Another interviewee described how the CT pathfinder had put out a tender for a TS organisation to employ a local 'Children's Commissioner' that was *'impossible to deliver with the money available'*. Despite a number of prospective providers offering suggestions for how this could be delivered differently this interviewee felt the *'CT sort of used it as a process to justify an alternative course of action'*. A further example was given of a tender put out for the management of what was described as a *'commercially unsustainable nursery'* that had previously been subsidised through the former Neighbourhood Nurseries Initiative and Sure Start but was now expected to run independently.

In these examples the principles of competition and contestability had been compromised. Faulty commissioning processes had clearly been experienced as, not only unfair, but also time-consuming and administratively burdensome especially given that some tenders turned out to be *'not really viable'*. Nonetheless TS providers still emerged as champions of commissioning precisely because, if administered with due regard to the principles of fair and open competition, it was understood as a potential mechanism for strengthening their role in delivering public services.

The experiences of the TS provider contracted solely through the PCT were couched in more positive terms. He felt that he was working in a more open and competitive 'market' type environment in which the active development of positive relationships with commissioners was nonetheless critical so that *'developing and maintaining the relationship with commissioners is a key part of my role'*. Part of the reason behind this was the need to be able to adapt his service in line with commissioner expectations and demands and establish himself as a trusted provider. He distanced himself from his TS peers who he represented as thinking that they were *'there by divine right and by being there through divine right they can ask for special treatment'*. He explained that this was not what he expected and established his credentials as a professional in a way that implied an acceptance of a more business-like relationship between the two sectors that should involve compromise:

*I have always tried to understand where the commissioners are coming from, understand the limitations that are imposed on public expenditure. We do a professional job and my approach is to present that to commissioners. Yes we've had disappointments in the past but that's life. What is important is to develop the relationships so that you can iron those things out'.*

He was also extremely positive about the collaborative processes and forums that had been developed over time to allow providers to help shape services in new directions explaining that *'Downton have been incredibly responsive and amenable to taking on new ideas'*. In the highly specific and well- funded context of teenage pregnancy there had been time to set up and maintain local partnership forums that had enabled this form of collaborative relationship to be established. However, collaboration had also been facilitated by a relationship of mutual dependence that had grown up over the thirteen years that his organisation had been under contract to the PCT to deliver a service the NHS had been traditionally poor at. In this his situation was not dissimilar to other TS organisations that similarly enjoyed historical funding relationships as preferred and trusted providers.

In summary, TS providers emerged as strong advocates of a commissioning process that reflected the model described by policy guidance. This was because it was understood as representing a fairer and more transparent way of identifying providers and allocating resources than current systems. With the exception of one provider contracted through the PCT these stakeholders complained that current practices favoured in-house providers or worked on a system of 'grace and favour' characterised by informal and non-competitive practices.

#### **7.4 NHS providers**

This stakeholder group included three NHS providers, one of whom also sat on the CYPTB. Although commissioned through the DPJC they experienced commissioning in the context of the statutory organisational separation of provider and purchaser functions in the NHS.

### 7.4.1 World class commissioning isn't world class

Whilst the three NHS providers commissioned by the DPJC under PCT contracts had different experiences of commissioning they shared a common frustration that the process was *'contacts driven rather than outcome focused'*. For these providers commissioning was experienced as an often inflexible and prescriptive contracting process that was: *'not outcome focused in terms of children and families and what's best for them it's driven by contacts, by face to face'*. Thus, contrary to the argument that commissioning would deliver more responsive and needs led services, these providers suggested that a primary concern with evidencing efficiency and cost-effectiveness compromised their ability to deliver flexible and needs led provision.

The system of contracting on the basis of outputs, defined as 'face to face' contacts, presented a particular problem for the Head of Children's Community Health Services (HCCHS) who described it as militating against delivering user-led services. As the manager of a health visiting service in an almost uniformly deprived LA she explained that contracting by contacts did not take due account of the need for crisis intervention or the sort of intensive support required by some families in the borough. This, she explained, made her service qualitatively different to other services and was therefore difficult to cost: *'because families go into crisis. You could cost the service out by saying on average a Health Visitor or school nurse might do six face to faces but if a family goes into crisis that will drop to one'* (HCCHS).

Being contracted on a face to face basis was also described as posing limitations on the capacity of her staff to contribute to a wider preventative agenda and work in more

developmental and holistic ways with other providers: *'My main worry is that the climate we are working in is such that the partnership working and the inequalities in public health aren't part of commissioning'*. She explained that outcomes for children and families are complex and therefore not reducible to single interventions but require *'multi-agency joined up working'* not recognised by the current PCT contracting culture whereby services are contracted on an individualised output basis:

*'I have to tell my staff don't work in a children's centre, don't do that because we don't get paid for it we only get paid for face to face. Where is the point in going to a meeting about domestic violence if we're not going to get paid for it? That sounds really harsh but it's the reality. We get paid for contacts'*

With a contracting system concerned with outputs rather than outcomes, this meant that the type of data they spent time collecting was principally concerned with demonstrating managerial accountability rather than evidence of service effectiveness. All three providers suggested that this form of single service accountability worked against producing meaningful evidence of how services jointly contributed to population based outcomes in particular those that required input at different levels. These providers were concerned that accountability to children and families for outcomes was compromised by accountability for outputs:

*It's whether or not you're only measuring the outcome based on us as a service or if you are taking it to include the wider inequalities. Like obesity, one service alone isn't going to get a reduction in obesity. It's due to lots of things so yes we might do one thing as a service but someone else will do something else so it's looking at other children's services. (Director of Women and Children's services)*

As the next chapter explores these providers valued professional knowledge and *'on the ground intelligence'* over other forms of evidence, presenting this as more immediate and relevant than the information supplied by public health or through administrative systems of

data collection. The information informing commissioning decisions was seen as out of touch and too generalised to provide an adequate basis on which to make assessments of need so that *'world class commissioning just isn't world class at the moment'*. Although there was a general acceptance that it was necessary to *'get the datamatics right'* reporting and monitoring systems were experienced as administratively burdensome and very time consuming to the point of detracting attention from working with families. Inputting service data was described as something *'some staff won't do because they'll prioritise going to see a client'*. However, for the service manager tasked with evidencing outputs it was reluctantly acknowledged to be *'as important to put that stuff on the computer as it is to go out and see a client... because we are now in a more business like climate (HCCHS)*.

#### **7.4.2 Commissioner/provider Relationships**

Despite experiencing commissioners in general as having a greater degree of power over determining priorities and establishing the criteria for performance accountability, NHS providers described individual relationships with commissioners as constructive and collaborative. The constraints placed on providers by the system of contracting were understood as institutional, the product of a set of systems and legal requirements outside the control of individual commissioners. Accounts given by providers suggested that relationships with individuals from the DPJC were indeed characterised by the form of relational contracting described by commissioners themselves. Providers highlighted the importance of communication and dialogue and the development of trust with commissioners. Above all they stressed the importance of commissioner knowledge of their

service and *'meaningful dialogue'* as the critical foundation on which *'flexible'* and *'productive'* relationships had been built.

However, there was also a cautionary note struck with the suggestion that more positive commissioning experiences rested on a variant of what Edwards et al (2008) refer to as *'hero practitioners'*; critical individuals upon whom the success or survival of particular services or practices depends. The DJC and both PCT commissioners on her team were identified as having in-depth knowledge of the service areas they were responsible for due to their being clinically trained with extensive practice based experience. Removing these key individuals from the commissioning equation was identified as potentially problematic with formal systems not adequate on their own to ensure that the contracting process would proceed with due regard to provider perspectives:

*'[SCM: Children/NHS] has been fantastic because she knows the service but you could have a children's commissioner that doesn't understand and children's services are complex. So [Name] started to come to the meetings where we were looking at the service specification and it was complex to try to bottom it out. But she is one person if she left, well. I don't think we've got commissioning right yet'.*

Whilst relationships between joint commissioning managers and NHS providers were described in positive terms and service level agreements had clearly been developed in a climate of mutual collaboration there was a frustration expressed about the lack of *'time out to do some blue sky thinking'* and renegotiate contracts on the basis of care pathways or user outcomes. Both providers and commissioners were aware of the limitations of current contracting conventions but had not, thus far, had time to rethink them and orientate them more towards outcomes.

In summary, NHS providers principally identified a set of problems associated with current NHS commissioning processes. Their accounts suggested that the managerial forms of accountability associated with commissioning against outputs were of little internal value and furthermore compromised the ability of their services to respond flexibly to professionally identified client needs and the broader preventative agenda. Despite positive relationships with individual commissioners institutional contracting practices were experienced as unhelpful and undermining to professionally defined priorities.

### **7.5 Strategic commissioning sceptics**

This section brings together the accounts of small group of strategic stakeholders who sat on the CYPTB and expressed scepticism about the importance of commissioning as a process for improving services. Three of these participants were senior officers in the LA, one was the DPH and the fifth the former independent Chair of the CYPTB.

As the previous chapter established, the idea of developing as a commissioning organisation was described as *'an alien concept in the Local Authority...where the providers are the people who determine what is provided'*. What commissioning advocates suggested was that as an institution the LA did not understand or accept the concept of a commissioner/provider divide or the possibility of anything approaching an internal 'quasi-market'. On the other hand the idea of 'functional matching', the principle that the TS might be better suited to the delivery of certain services was observed to be widely accepted in theory so that, for example *'the idea that a very small locally based club can actually deliver more effective services to the kids in that area is very widely accepted'* (DPC). However it was also observed

that the LA would not perceive this as commissioning but would instead '*see it as the old fashioned grant –type giving to voluntary sector organisations*'.

This interviewee was explicitly raising the question of what is understood by the term commissioning suggesting that the LA had got it wrong. Commissioners were keen to claim their understanding as the correct one and suggested that it was a misplaced fear of commissioning borne out of ignorance that was at the root of a LA resistance to it. As the previous chapter discussed, the DJC had identified the DCS as impeding the development of her directorate's commissioning role claiming that this was in part borne out of a misunderstanding. Yet he, like others, was keen to point out that commissioning means different things to different people: '*One of the problems with commissioning is that the language around it is very loose. Some people talk about it as if it were procurement, some as if it were a competitive tendering process or privatisation and contestability*'. In many ways the definition he then gave of commissioning was similar to that of members of the DPJC, so that, although expressed in jargon-free language, it echoed the model of staged decision making presented by guidance:

*I think it can be brought down to some quite simple questions: What do people need, and how do we know that? What have we got, is what we've got any good, and if not how are we going to change that?' (DCS)*

However he was clearly sceptical of the degree to which the development of a competitive children's services market could solve existing problems of service delivery. He identified a limited transformative role for commissioning arguing that the entrenched problems within children's social care were not amenable to market type solutions. Instead he suggested that strong leadership and investment in workforce development was necessary to '*loosen some*

*major blockages* in the LA and facilitate changes in *'some very old-fashioned work place attitudes'*, positioning commissioning as just *'one of the possible tools in the bag'* to help deliver improvement.

This was a position supported by both the Chair and the DPH who argued that change needed to happen through a variety of processes and that commissioning was only of marginal relevance to service improvement. The Chair emerged as fairly scathing in his account of commissioning suggesting it was confused with planning, the term being used too broadly to make sense. Furthermore he positioned strategic commissioning as an outmoded policy directive from which *'the world has moved on'*. He suggested that *'at the time the CT was set up commissioning might have been a good process to drive through service reform'* but that its relevance had since diminished. This was put more strongly by the Head of Extended Schools who argued that *'joint commissioning is a tin of beans not worth the money'*. In his account commissioning had no role to play in school improvement and had *'absolutely no relevance to the extended schools agenda'*.

The DCS also challenged the perception that the LA was institutionally averse to commissioning, pointing out that many of its back office functions had been contracted out to large private sector organisations. Instead he described the council as part of a *'mixed economy, providing services where it makes sense to do so either because of value for money and efficiency or because there is a political or moral imperative'* and going to alternative providers where this made pragmatic sense.

In discussing the role of the LA in coordinating a mixed economy of welfare he was keen to distinguish between this and the organisational and managerial separation of commissioners

and providers as in the NHS. He suggested that most Cabinet members would not welcome this within the LA. He expressed a range of concerns about what he described as this *'pure commissioning model'* suggesting that the associated transaction costs would compromise efficiency *'as there are costs associated with a sharp commissioner provider distinction because you often end up with a doubling of function in some ways unless you are very smart about it'*

One of his chief concerns hinged around issues of accountability. Unlike commissioning advocates his account gave a strong defence of existing systems of political and hierarchical lines of accountability. He expressed support for some of the recent decisions taken that had been held up by others as examples of abuses of political power, arguing that: *'Sometimes decisions are made of the basis of political viability, expediency, developing voter allegiance. But politics is the way we resolve major public contested policy issues in democracy isn't it?'*

He suggested that the LA would want to maintain control of core services identifying safeguarding and child protection as *'fundamental to the council'* and argued that the ethical barriers to commissioning external providers were set too high in this service area:

*I wouldn't contract out safeguarding for example. I certainly wouldn't contract that out to a for-profit organisation. It seems to be at best morally dubious to be doing child protection on the basis of being about trying to generate a profit. It would lead to all kinds of perverse incentives and behaviours'.*

Previous experience with an under-performing TSO formerly contracted to deliver residential care for looked after children had left officers and members more reticent about contracting out-of-house and a recent proposal for a social work practice pilot was described as a *'bridge too far'* for many within the LA.

This interviewee was keen to point out that contracting services away from the statutory sector presented a set of challenges to managerial and political forms of accountability. Given that the LA are ultimately held to account for meeting performance targets and ensuring safeguarding he argued that it was in their best interests to maintain control of delivery in order to meet statutory obligations: *'I think on key areas we want to be careful that the council would have the degree of control necessary over its statutory responsibilities'*.

However, he also expressed a set of tensions between being a public servant accountable through centrally determined targets and elected members and being critically sceptical of the more managerial aspects of this. In his defence of more politically motivated decisions he presented a justification of these as *'meeting key targets and priorities'* whilst at other times arguing that it was conceptually misguided to hold public services to account over issues they had very little real control over: *'I think senior civil servants realise that it's bloody difficult to hold a LA to account for infant mortality. How am I supposed to stop consanguinity?'* This comment reflects the invidious position of responsibility without power placed on all DCSs who, while accountable to all ECM targets, only have a managerial remit for the social care and education functions of the LA.

As a professional with a background in teaching the DCS presented himself as a critically reflective practitioner showing a readiness to challenge centrally determined policy. He was critical of the concept of evidence-based policy and the rational model of decision making presented by commissioning arguing that experiential professional knowledge was as, if not more, important than administrative and performance based data. Unlike commissioners who suggested that they were able to engage with provider knowledge and negotiate

between different perspectives he identified the organisational separation of commissioners and providers as a major flaw in commissioning as a process:

*'I don't think it works. You lose the vital insight into what you actually need to deliver. In pure commissioning models the provider is pushed out of the process and the needs analysis so that you end up trying to make decisions on a restricted set of information'.*

These observations begin to pick up on the use of evidence in decision making which is the theme for the next chapter. They also, however, make the case for both hierarchical and professional lines of accountability that together were used to justify a more cautious approach to the role of commissioning and an expanded market in children's services.

## **7.6 Summary**

This chapter has explored the different ways in which interviewees framed understandings of the role commissioning might play in managing and co-ordinating the delivery of children's services. Implied in the accounts and experiences of different stakeholders were a range of interpretations of commissioning from grant giving, to managing a quasi-market, to the whole process of strategic planning and the management of a mixed economy of welfare. Interviewees made frequent appeal to different ethics of accountability in making the case for or against commissioning as a mechanism of governance for the delivery of children's services.

Commissioners represented themselves as 'honest brokers' appealing to the rhetoric of an evidence-based staged approach to local policy making as represented in official guidance and replicated in their own policy documents. In so doing they asserted the importance of disinterested, a-political decision making coupled with hierarchical and managerial accountability.

Commissioner accounts also reflected a number of tensions between the form of rational democratic accountability implied by the idea of commissioning as negotiated judgement and the political imperative of delivering managerial accountability. Hence they also drew on managerial discourses of efficiency describing commissioning as a process for delivering value for money. Whilst there was evidence of the development of relational contracting between some providers and commissioners some TS providers produced accounts of commissioning that sat in tension with this more idealised position.

TS providers drew on NL discourses of modernisation to produce accounts of themselves as delivering better outcomes through flexible, user-orientated services. In so doing they depicted their organisations in opposition to the LA who they described as stuck in outdated bureaucratic systems of delivery that sometimes put children and families in second place to their own interests. However, their different accounts showed evidence of tensions between working from a strong values base that rejects managerial constraints in favour of a form of personal accountability, whilst at the same time advocating for a commissioning approach that entails '*separating the wheat from the chaff*' through the implementation of competitive markets and formal systems of accountability to protect the system from the vested interests of in-house providers.

NHS providers also appealed to the NL rhetoric of flexible outcome-focused needs led provision to make the case against the system of output focused commissioning that they currently experienced. While they had good positive relationships with commissioners these were understood as a function of the personal characteristics of individuals who, while

appreciating the problems inherent in current managerially oriented systems, lacked the power to change them.

Commissioning sceptics articulated similar objections to out-sourcing to those reported in other studies. These included negative experiences of externalising (Grace et al 2007), ethical barriers to losing provider control of safeguarding and child protection (PWC 2004) and the costs associated with contracting and creating an organisational separation of provider and commissioner function. As the organisation hierarchically accountable for the achievement of national targets the DCS described the LA as reluctant to relinquish control of certain areas of 'core' provision. Furthermore commissioning was identified as having a limited role to play in improving services with an appeal made to the role of professional over manager knowledge in defining how services should be provided.

# CHAPTER EIGHT: BROKERING EVIDENCE TO DO COMMISSIONING

## 8.1 Introduction

Previous chapters described how interviewees identified strategic decision making as influenced, in part, by political motives and organisational interests rather than in reference to an evidence base. Commissioners and providers, whilst recognising that the rationality implied by the 'commissioning cycle' was compromised by the organisational and political environment, nonetheless argued that it could, and should, increase the objectivity of strategic priority setting and service planning through promoting an evidence-based approach to decision making.

This chapter therefore moves on to this second analytical theme, exploring the way evidence was gathered, understood and used by commissioners, strategic decision makers and service providers. It is concerned with the question: What are the conceptual and methodological challenges presented by the requirement to take evidenced, outcome-based approach to planning and commissioning services? As well as the following sub-questions:

- How are national policy objectives with an emphasis on centrally determined targets, evidence-based policy and practice translated into local policy and service development?
- What role do different forms of evidence play in the process of priority setting, needs analysis and subsequent commissioning strategies?

- How do commissioners and providers identify and evidence effective strategies and interventions understood to lead to the successful achievement of desired outcomes?

The chapter starts with what is conventionally understood as the first ‘stage’ of the commissioning ‘cycle’ and considers how centrally determined priorities and performance targets were translated at the local level, primarily in reference to quantitative and administrative information. The chapter then moves round the cycle to explore the use of evidence in refining understandings of need and targeting provision. The role of provider knowledge in interpreting centrally defined policy problems and developing locally appropriate service responses is then considered, before examining how the views of children and young people informed the commissioning process. The final sections of the chapter complete the ‘cycle’ by considering the challenges faced by local policy actors in producing evidence of ‘what works’ and hence realising outcome-based commissioning.

## **8.2 Translating centrally determined priorities at the local level**

### **8.2.1 Identifying priorities: the role of quantitative and administrative data**

In Downton the process for agreeing local priorities with the DCSF was via an ‘Annual Strategic Review’ meeting held with the former Local Government Office. These were then required by the Children Act 2004 to be set out in documentary terms in the local CYPP. At the time of fieldwork The Apprentices, Skills, Children and Learning Act 2009 (DCSF 2009) had just placed a statutory obligation on CT Boards to develop and monitor the CYPP. As discussed in chapter 3 this was intended to be the *‘single, strategic, overarching plan’* for all

children's and young people's services setting out the LA's '*overarching vision*' and '*strategic priorities*'.

One point of analysis is to discern the instrumental role played by evidence in informing priorities for strategic commissioning and service delivery. Another is to understand the role played by the documents within which it was presented. Freeman (2006) argues that as well as communicating information, documents play an important role in establishing and perpetuating particular vocabularies and 'ways of thinking' about the issues and problems they are concerned with. As collective productions they serve to coordinate behaviours and responses to the issues they are concerned with. The CYPP is a local policy document, providing a medium for a shared local interpretation and communication of government policy which, in published form, provides a public statement of intent and an authoritative reference point for partner agencies. Produced collectively through a complex set of processes described as involving '*a lot of toing and froing across the partnership*', the CYPP can be understood as the product of numberless consultations, former meetings, discussions and drafts that meant interviewees found it hard to identify concrete moments of decision making so that it '*sort of just comes together*'.

The Downton CYPP (2009-2012) provided a summary of progress towards meeting strategic objectives and described current priorities. This formed a 'refreshed' version of the 2007-2010 plan which gave more detailed description of planned services activity and commitments. Given the nature of the national indicator set described in chapter 4 it is not surprising that statistical data and the language of quantification featured strongly in the case made for local priority setting. Hence, local priorities as presented in the CYPP were

principally framed as either: service outputs; the statutory education targets; or the reduction in negative outcomes (for example obesity, teenage pregnancy) at population level as defined by national indicators. High level 'outcomes' were mapped against national indicators with targets for achievement and current performance benchmarked against statistical neighbour comparators where available. Lower order indicators were variously expressed as service outputs, increased uptake in services or participation in defined activities. The influence of the outcome of inspection was evident with actions identified to help meet targets described in reference to the recommendations made in the previous JAR report.

The CYPP was cross-referenced, in accordance with national guidance, to the Joint Strategic Needs Assessment (JSNA). Relying solely on quantitative data, despite referring to 'data triangulation', the JSNA drew on a range of local and national databases (including from the Office of National Statistics and the National Centre for Health Outcomes), as well as census data to produce a demographic and epidemiological profile of children in Downton. These in turn referred back to the CYPP, likewise cross referenced to relevant national indicators and local stretch targets. The documents thus spoke to each other, with the JSNA providing an authoritative justification in statistical terms for the priorities laid out in the CYPP. In summary it was fundamentally through reference to numerically-based evidence that social problems, represented as local priorities for action, were identified and described.

Having recourse to numbers appeared to give confidence to strategic planners and commissioners that they were working on the '*right things*'. Needs analysis was described as

proceeding from the appropriate application of good quality quantitative data benchmarked against other LA areas to give a comparative measure so that *'needs are relative to an acceptable level of health, educational attainment'* (SCM). With high level priorities identified in reference to statistical data, the process of needs assessment was often identified by strategic planners as straightforward involving a straight reading of *'what the data is telling us'*. Quantitative measures appeared to confer authority and were often taken as unequivocal proof that something represented a priority problem to be dealt with:

*We don't dispute government priorities; we have to demonstrate that is what we are working on. We won't disagree for example that childhood obesity has increased, that Downton's breast-feeding rates are low – no one would disagree – I mean certain things are accepted aren't they?* (SCM: Sure Start Children's Centres)

The previous chapter explored how some commissioners identified themselves as 'good bureaucrats' demonstrating a pragmatic acceptance that broad strategic priorities were guided in part by nationally driven targets and in part by the outcome of key government inspection regimes (JAR and Ofsted). Identified in reference to statistical information that benchmarks Downton against other areas nationally they were accepted as *'self-evident'* by commissioners and not fundamentally open to question. For some interviewees priorities were considered so self-evident that they were frequently described as *'no-brainers'*. For commissioners national priorities were felt to dovetail with local priorities as indicated by the logic of national statistical benchmarking:

*Our priorities are NEETS, teenage pregnancy and offending, and then at the other end of the scale things like breast feeding, things around obesity. They are national priorities but they are Downton priorities as well following needs analyses and comparison'* (SCM: Children's NHS Services)

Miller (1994) argues that the ‘calculative technologies’ of bureaucratic accountability facilitate an appearance of disinterested, objective decision making. As discussed in the previous chapter, for commissioners as good bureaucrats the recourse to statistics and targets allowed them to impersonalise the process of making decisions about funding allocation and service decommissioning. As the public statement of what CT partners had collectively identified as their priorities for children, the CYPP provided the point of reference for allocation of funding and a form of upwards accountability. Providers discussed how any reports or application for funding had to be linked into the ‘*CYPP and LAA targets. Nothing should happen if it’s not part of the LAA so we need to be aware of it*’ (TS Provider). The CYPP was described by one interviewee as ‘*a context, a document that justifies. It doesn’t create*’ explaining that local delivery plans must be made to ‘fit’ with its stated priorities before funding could be granted:

*‘When we give money to co-ops they have to write a business plan and within that there are 10 items that they must account for. Those 10 items are embedded in the CYPP and the LAA so in other words the money needs to be attached to those’* (Head of Service: Extended Schools)

With funding tied to CYPP priorities, even the TS interviewees who showed cynicism about the degree to which government priorities framed local understandings often made recourse to them in justifying their own programmes of delivery. One TS provider who disputed the validity of statutory determined priorities nevertheless described one of his most successful programmes as supporting teenage mothers to access education and employment opportunities. Another TS provider begrudgingly conceded that ‘*in fairness there is something intuitive – intuitively parenting support is needed*’ effectively lending his support to this as an emerging government policy priority. Popular government proffered solutions

to identified issues also seemed to be reproduced in respondents' narratives and accepted as established fact. For example all interviewees with some stake in teenage pregnancy identified '*raising aspirations*' as critical, suggesting that not only had teenage pregnancy become institutionalised as a problem but also '*raising aspirations*' as a solution. In this example '*raising aspirations*' also represented a response that providers perceived as doable. Thus, whilst they identified that teenage pregnancy was correlated with structural factors, there was a pragmatic acceptance that it was easier to respond at the level of individual behaviour change.

In some accounts however, a degree of subversion was evident in the way the language of targets and government defined priorities was used to create a 'fit' between these and provider identified needs. Exhibiting a degree of entrepreneurial subversion, one TS participant explained how '*about reinventing yourself around the key themes, learning the buzz words, making sure you slip those things in, in the right paragraph*'. He described how he would adapt what he said he was doing in order to make it look as though '*you are playing to the governments agenda but still keeping to what you believe in and what is needed locally*'. For this interviewee, while the CYPP conferred authority, it was an authority that could and should be subverted in order to ensure services were adapted to the presenting needs of local communities.

With resource decisions tied to government defined priorities a lack of relevant targets for specific areas of provision could also be a problem for providers. One NHS provider felt that the relative lack of health targets prescribed through the national indicator set marginalised the role of health services in the broader ECM agenda. She explained how she would

welcome a specific set of outcome indicators for her area of provision as without them *'there is nothing for them to measure us on'* and no lever to draw down funding:

*'It would be very useful if there were some very specific indicators because then we would be jumping up and down and banging on the Trust doors to say look we not achieving this, this is why we're not - do something about it please. Because there aren't those targets it's very difficult I think. In education there are, you've either got your GCSE attainments in your district or you haven't. Five year olds are all at foundation level or whatever – there aren't for health'* (Director of Women's and Child Health)

A related problem was the way changing targets could move funding away from one area to another helping to marginalise some groups' needs in relation to others. For example, the SCM with responsibility for child health described a shift in funding away from young people's involvement in sport towards adults explaining that *'the reason for that is because the targets and indicators are asking for something else'*. This had meant that previously funded projects, even though considered successful and pertinent to obesity targets, had had to be de-commissioned.

In other areas of provision however both commissioners and providers had used priority targets as a way of securing funding for already well-funded work. The SCM for teenage pregnancy, for example, explained how she had embedded teenage pregnancy in alternative funding streams, securing funding for projects by writing proposals in such a way as to indicate they would help meet other targets such as reducing the numbers of young people 'not in employment or training'. The downside of this however was the need to work with older young people and show commitment to meeting shorter term goals or 'quick wins' making the case for early intervention with younger children more difficult.

### 8.1.2 Getting behind the target

While in large part the majority of interviewees accepted the authority of statistical data in justifying strategic priorities, they also questioned the wisdom of target setting and national systems of measuring performance. Interviewees at both strategic and provider levels felt that government was overly '*obsessed with counting things*', describing the things they were required or had decided to measure as poor proxies for what they were trying to achieve:

*'To quote targets for the positive activities for young people what does that require us to do? All sorts of things: recording numbers of young people accessing things; numbers of young people achieving an accredited qualification. That doesn't make them better young people more able to cope with life'* (DJC)

Interviewees expressed considerable frustration at the need to provide evidence for the purposes of accountability with criticism levelled against both an over emphasis on measuring outputs and the processes of government inspection referred to as '*getting the fat pig weighed*' with the observation that '*the pig gets weighed a lot*'(DCS). The DJC expressed the view that there was a danger in letting the LAA become the '*driving force*' behind planning. Allowing this to happen, she explained, meant targets and their associated indicators became the focus of attention, leading commissioners and providers to concentrate solely on interventions directly related to targets thereby distorting service delivery. She suggested this militated against developing more nuanced interpretations of what might contribute towards better long term outcomes for children and families:

*'There is an issue of getting sucked into those targets. So just looking at breast feeding rates for instance, but that's not what it's about. A good start to life is exactly what it says on the tin, it's what are the factors we've got to build in to a whole programme of activity that will give children the*

*best possible start to life? And some of the most significant things don't even feature in the targets'*

This interviewee argued that it was important to get *'the story behind the target'* asserting that a focus on quantifiable targets distorted understandings of the nature of the problems that services were trying to impact on. This was understood to lead services to focus on strategies that were too simply linked to existing targets while not giving consideration to additional factors that might be more important but for which there was no top-down directive to measure or quantify. She argued that there was *'a lot of rhetoric at the centre about using evidence'* but that *'what happens is we count things'*. This observation was related more broadly to the question of how social problems are defined and understood. What her comments suggested was that the government focus on evidence for accountability rather than evidence of effectiveness (Sanderson 2002) had come to mean that they were better at measuring problems than understanding them.

Interviewees revealed varying understandings of the nature of the issues they were tasked with addressing. Some articulated a faith in the possibility of an objective approach to understanding and meeting need *'You need a rational approach, a rational way of demonstrating that what you identify is a need, so we place a lot of emphasis of quantitative information'* (SCM: Grant-based programmes), whilst others emerged more strongly as social constructionists describing priorities as socially and politically defined and historically contingent. In their accounts issues that may have always existed as social fact were recognised as having, only recently, been constructed as social problems. For example, one interviewee discussing teenage parenthood argued that *'there have always been teenage fathers, but what is different now, is how as a society we choose to deal with it'* whilst

another suggested that although there *'have always been bad or poor parents we are just coming round to doing something about it now. It's on the governments agenda, Ed Balls has decided it's important'* (TS provider).

Those who articulated these sorts of understandings were less likely to suggest change could be wrought by direct service interventions. These interviewees felt that some contemporary priority issues like teenage pregnancy, obesity and smoking were not always amenable to service intervention, locating them within Schon's (1983) 'swampy lowlands' for which they felt there were no straightforward responses. This also meant that meeting targets was not necessarily in the power of those people accountable for them, which as discussed in more detail below, led them to question the logic of a dependence on quantitative performance data at the other end of the commissioning or local policy 'cycle'.

To summarise, this section has examined the role of quantitative data at the priority setting 'stage' of commissioning. Social epidemiological information coupled with statistical benchmarking served to authoritatively establish and naturalise centrally defined priorities, serving as the point of reference for resource allocation. However, despite broadly accepting government defined objectives, interviewees critically appraised the culture of target setting. These were identified as distorting attention away from developing understandings of the nature of social problems and effective practice in favour of producing evidence for accountability. A lack of targets could also be problematic as this meant it was difficult to fund alternative areas of provision that providers identified as important.

## 8.2 Comparing outcomes, need analysis and targeting

The logic of priority setting through reference to quantifiable measures and benchmarking helped ensure the predominance of quantitative data in the formal processes of assessing need for targeting purposes. As discussed above the Downton JSNA placed sole emphasis on quantitative data despite referring to 'data triangulation' from multiple sources.

Recommendations for improving data collection and analysis were made referring to social epidemiology or risk factor analysis to identify 'at risk mothers' and risk factors predictive of involvement in crime, teenage pregnancy and poor educational achievement. Community and user engagement in the JSNA was limited to the involvement of youth groups in data collection rather than as part of a process of assessing felt needs or identifying strategies for meeting them and there was no sense either of intelligence gathered from service providers.

The DPJC described itself as having a strategic role in 'the co-ordination of analysis of need' (Business Plan 2009-12). However needs assessment at this level was described as '*fairly sporadic*' in nature and, where it had been carried out, was not often employed to redirect or target services. Need analysis thus sometimes appeared to be a process of going through a set of required motions rather than forming an integral part of a wider strategic approach to planning.

The capacity for conducting in-depth needs analysis was described by commissioners as limited by both a lack of dedicated resources and importance afforded to it at a more senior strategic level. Nonetheless when tasked with producing the first CYPP in 2006 the Directorate had carried out an initial piece of need assessment work. The 2007-2010 CYPP thus included a chapter on needs analysis making reference to a separate Needs Analysis

report commissioned from the LA's dedicated research unit. This report brought together socio-demographic data, performance data, and qualitative evidence from consultations with children and young people. The major part of the document drew on a 'Neighbourhood Needs Analysis' that provided a composite indicator of need for each of the five ECM outcomes across the boroughs 81 neighbourhoods. These were then combined with performance data to identify five neighbourhoods where *'children and young people might be at risk of not achieving their full potential'* enabling them to *'consider where targeted interventions might be appropriate'*. Given that there were very high levels of deprivation in most of the 81 neighbourhoods the selection of five represented a somewhat arbitrary cut off point, raising the question of targeting in areas of almost uniform need.

Interview data revealed that this work had not been updated or repeated when responsibility for the CYPP was passed to the Performance Management function of the LA. Furthermore it was difficult to discern what practical use, if any, had been made of the original assessment as nobody was able to identify any reorientation of existing initiatives or commissioning of new work focused on the identified neighbourhoods.

This was also the case for the children's services mapping work that had been commissioned by the DPJC using nationally developed software endorsed by the DCSF. This piece of work had been enormously time-consuming, involving several months of dedicated consultant time and a considerable time commitment from service providers. Nonetheless, according to the commissioner who had led the piece of work, it had remained unutilised at a strategic level, disappearing into what he described as *'an information vacuum'*.

More detailed need assessment had been carried out for some specified areas of service delivery to support themed targeting on the basis of emerging government priorities. In reference specifically to services commissioned through the DPJC there had been recent needs assessments to inform the design and delivery of the teenage pregnancy strategy, targeted youth support, teenage health strategy, support to young carers, and family support work. Where priorities were understood in terms of negative outcomes, for example teenage pregnancy or youth offending, then needs assessment were focused on risk factor analysis. Negative outcome data was used to highlight 'problem groups' so that the key focus was on who should be targeted for intervention rather than on '*getting behind the target*' (DJC). For teenage pregnancy national evidence on risk factors, supported by some local risk factor analysis, had informed a tighter targeting strategy leading to a reorientation of commissioned service provision towards 'vulnerable young people' including looked after children, care leavers and young people in Pupil Referral Units. A focus on risk however, also appeared to support oversimplified conclusions about cause and effect so that if two variables were correlated, for example poor educational achievement and teenage pregnancy, there was an assumed direct causal relationship between the two.

The Directorate had also commissioned Public Health to conduct an epidemiological needs profile of young people to support the development of the targeted youth support strategy. The report generated provided some generalised demographic profiling and attempted to collate a range of available data under the ECM five outcome areas in order to develop local indices of geographically based risk.

Hughes and Fielding (2006) identify a broad range of problems in the use of statistical data for targeting purposes by Children's Fund Partnerships. These include 'concept validity', or whether a statistical measure is 'fit for purpose', the use of highly aggregated data for fine tuned targeting and a focus on areas with high levels of negative outcomes rather than high levels of risk factors for those outcomes. An analysis of the Downton report suggests many of these problems had been encountered here and that it had been compiled by somebody with a lack of understanding of an appropriate application of relevant statistical data. Hence much of the data drawn on was indicative of very high levels of need, out of date, or related to adults and so appeared to have been employed solely on the basis of availability. The result was that a set of inappropriate indicators had been chosen such as hospital admissions for chronic illness and rates of alcohol related adult deaths, which appeared to make little sense given that the document was intended to inform early intervention targeted youth support. Furthermore there had been no attempt to 'weight' indicators in order to place emphasis on the identified objectives of the targeted youth support programme. The disparate and very broad nature of the data presented, alongside its marginal relevance to the ECM outcomes or early intervention, suggested that the complexities of risk factor analysis had not been fully understood. The contrast between the quality of this piece of work and the work done on teenage pregnancy indicated varying levels of analytical skill amongst those tasked with data analysis and problems of capacity at a local level.

Both the neighbourhood needs analysis and the JSNA could also be subject to more critical appraisal in terms of the appropriateness of data and indicators employed. For example, chosen indicators in the CYPP generally provided reasonable proxies, but not all data had

been collected at the same time, some being drawn from the 2001 census, some from the 2004 Index of Multiple Deprivation (IMD) and some from undated locally available data sources. As this information had not been updated since it was first produced some of it was almost ten years out of date at the time of fieldwork. Chosen statistical measures were also, without exception, negatively correlated. For example, low birth weight, young smokers and teenage conception were grouped as a proxy for 'Staying healthy', whilst young offenders, crimes brought to justice and school exclusions were included under 'making a positive contribution'. 'Enjoy and achieve' indicators related exclusively to the National Indicators for school-based achievement.

In this context, with the sole exception of the teenage pregnancy strategy, it was unclear what role quantitative data had played in refining understandings of need that had already been established by centralised targets. Interview data suggested an ambiguous set of attitudes towards the perceived relevance of quantitative data despite their dominant place in more formal processes of need assessment. It was not at all clear either, what purpose the JSNA had lent to planning being too broadly based to inform targeting or to provide data rich enough to inform service delivery priorities and responses. Hence the JSNA was described by one interviewee as '*fairly redundant*' as a tool for planning and commissioning and it was generally felt by interviewees to be too broad and non-specific to be of any instrumental use. Described as '*not data rich at all*' by NHS providers they felt it did not give them adequate, up to date or sensitive enough information to support planning.

The failures of the JSNA were described as reflecting a broader problem of the adequacy of intelligence coming from public health and the integration of commissioning with needs

assessment. One provider described child level public health data generally as weak, out of date and inadequate. She suggested that Health Visitors and other public health nurses would be better placed than commissioners to determine need and *'pick up information empirically'* as they were *'trained on health needs analysis'* but that the pressures of meeting client need limited their capacity to do this. Reflecting on the rhetoric of policy guidance on world class commissioning compared to her experience in practice she suggested that *'If world class commissioning is about looking at what the needs are and then putting work out to tender for us to apply to it needs to have a lot more evidence to inform it. I don't think commissioning is world class'* (HCCHS).

As a universal service expected to respond to presenting needs, changes in local demographics, not represented in available public health data, put new and unrecognised pressures on her service. One example she gave was of newly arrived Romany communities from Eastern Europe amongst whom teenage parenthood was the norm but in a UK context put particular demands on health visitors. She described need as empirically determined by providers but not always reflected in either the public health data collected or in the strategic priorities described in the CYPP. A particular concern was high levels of domestic violence for which her service dealt with over 100 referrals a week but that had not been costed in to her contract with commissioners. As discussed in the previous chapter the convention of commissioning against contacts based on past histories of performance and benchmarking against *'peer trusts'* were identified as institutional barriers to developing needs led contracting.

This provider also identified historical and institutionalised patterns of service delivery as a barrier to developing more targeted or needs-led services. Discussing the need to refocus the health visiting service towards higher levels of need she suggested that established ways of organising delivery led people to resist change, restricting flexibility to move staff to areas where need was greatest. With staffing numbers based on historically determined levels of need there was also resistance from commissioners to increase funding for additional capacity.

As a strategy to ensure case loads are more manageable she had done some work scoring neighbourhoods against the IMD to inform service realignment but described this initiative as provider rather than commissioner driven. However, reflecting the above problem of geographical targeting in areas of almost universal deprivation, the exercise had identified all but a small number of neighbourhoods as priorities similarly underscoring the difficulty of making prevention and early intervention a reality for universal services in areas of high deprivation.

However, it was not only providers, but also commissioners, that complained that the statistical data they relied on was often out of date. Hence, for example, statistics on teenage pregnancy were always two years behind, making it difficult to identify where interventions might be having an impact or where attention may need to be refocused. Interviewees were also aware that these statistics could just be evidence of a general trend and not related to an intervention, highlighting the problem of demonstrating causal relationships and long term impacts.

One provider described the strength of his information system as providing accurate '*real time information*' contrasting this with the LA, where, with the exception of that compiled by education, he said data was relatively poor. The DHP described data collected by education as detailed enough to allow for direct targeting of individuals. However, despite data sharing protocols being agreed, information was not in fact shared between agencies to facilitate the development of more targeted multi-agency provision.

For other interviewees the problems of data management related to too much rather than too little data. One strategic decision maker suggested that planning was '*more evidence-based than it's ever been*' but that the amount of data collected for monitoring and performance purposes was either superfluous to requirement or not analysed with sufficient sophistication to enable its effective application. One SCM described a lack of capacity in data management locally so that what was collected was not used to its full potential:

*'What is lacking in that analysis of the data is an understanding of what all this data that we have is actually telling us. We're drowning in data. The data that we have around teenage pregnancy or NEETS or educational attainment all exists and it gets updated so you could use it to start discovering trends. But it becomes an on-going process what we do with that mass of data'*

What this quote suggests is that strategic decision makers recognised that they were constrained by their capacity to absorb or make judgements about information collected. It also suggests that while considerable effort was put into collecting data far less was orientated towards developing strategies for its utilisation.

For some providers the experience of collecting data for little apparent practical purpose was expressed as a source of frustration. For example, some TS providers described collecting a '*huge amount*' of service monitoring data complaining that it was not then used

systematically or strategically by commissioners to inform planning or evolve service responses and that furthermore it was of little internal value. They also pointed out that LA in-house providers were not subject to the same scrutiny suggesting that data was collected for the '*wrong purposes*'. Providers with NHS contracts complained that while the contracting culture had placed an emphasis on '*getting the datametrics right*', that which was required was concerned primarily with cost and volume and not evidencing changing needs or impact. Like TS providers they saw this as reflecting an information bias towards evidence for managerial accountability over evidence of effectiveness.

In summary, at the strategic level attempts were made to conduct local risk factor analyses to inform the targeting of particular interventions. However the complexities of this were poorly understood and work carried out of little practical use. Interviewees variously complained that there was either too much or too little data reflecting problems of timeliness, generality, and capacity. A lack of strategic commitment to the systematic and on-going processes of need assessment and service mapping meant that despite some extensive work done this had had little practical impact.

### **8.3 The role of provider evidence and experiential knowledge**

The previous sections demonstrate that quantitative data predominated in the more formal public processes of priority setting and need assessment. However, interviewees clearly questioned the assumption that it held a monopoly on useful evidence. In many ways they had an ambiguous relationship with it, using it when required to validate particular decisions as '*a straightforward response to what the data was telling us*', but in other situations

challenging its limitations or validity and justifying alternative interpretations that *'require a professional judgement call'* (DCS).

Providers showed an ability to collect quantitative service data and use it to demonstrate they were meeting contractual agreements and to secure funding. However, both they and strategic decision makers stressed the importance of grounded or situated knowledge and much of the 'evidence' they worked with on a day to day level was derived from direct experience. The previous chapter discussed how both commissioners and providers highlighted the importance of provider knowledge in identifying local need priorities and responses to these. It was in reference to this that many argued for a close relationship between commissioners and providers on the basis that the experiential knowledge of the latter complemented the strategic vision of the former. Conversely, other interviewees used a similar argument to make the case against commissioning, suggesting that the creation of an organisational divide between commissioners and providers risked excluding the latter's grounded knowledge. In the following quote the DCS sums up a case for tapping into 'local knowledge', the mundane everyday expertise of providers (Yanow 2004), which he suggested was in danger of being overlooked by commissioners:

*'So you've got lots of needs analysis, lots of data, lots of intelligence derived from that data which is absolutely necessary but is it sufficient? I always argue that actually what you want fed into that to triangulate that is other sorts of information that providers have. What they have is really people turning up at their door wanting certain services. There is a source of evidence there about what real people need from services that I just think it is foolish to ignore, and that's what commissioning is in danger of doing'.* (DCS)

This emphasis on the importance of provider knowledge was clearly endorsed by providers from both the statutory sector and the TS. They described themselves as the most important

source of knowledge of local communities and service users, having direct experience of their needs and better insight into what would 'work' at a local level. TS providers working closely with local communities described identifying need priorities as *'intuitive'* and a matter for *'commonsense'* with the *'evidence on the ground'*. In so doing they articulated a strong sense of accountability to local people suggesting that service planning should start *'where people are at'* meaning that it should take account first and foremost of the expressed needs of local communities rather than that defined by professionals or identified through recourse to statistics.

These providers were working in areas characterised by uniform deprivation with families experiencing complex and multiple needs and they saw themselves as having direct experience of these unlike commissioners. They made the case for a greater degree of provider control of the delivery process presenting commissioners as out of touch with the character of local communities as *'they don't have local knowledge, they go to meetings they don't meet real people on the estates'*. One TS provider suggested that formal processes of intelligence gathering were made too complex by overly bureaucratic systems. He argued that empirical observation rather than sophisticated systems of data gathering were more important so that what was required was for commissioner *'to get up off their arse, get out round the patch, get under the skin of things and ask what's really needed'*.

They also described how need might be identified as an integral part of delivering a service and that a presenting issue might mask the *'real problem'*. One provider gave the example of some work his organisation had been commissioned to carry out with young men exhibiting violent and disruptive behaviour. Whilst difficult behaviours, including school truancy, and

general anti-social behaviour, had been identified by other services as 'problems' and a cause for local concern he drew attention to the need to search for underlying or precipitating causes. He described how through *'trial and error we found out that the real problem was domestic violence'*, but that it was only after extended work that the project had been able to start dealing more directly with it. In order to develop this work further he had sought to secure autonomy from commissioners by pursuing alternative funding sources. He had successfully gained funding from Comic Relief who he described as having facilitated the project in developing a critically reflective approach by supporting them with *'some really knowledgeable scrutiny'*. He contrasted this with his experiences of working with commissioners, who, he suggested, were more interested in a narrower focus on monitoring outputs and value for money than with developing understandings of effective practice.

### **8.3.1 Weighing up the evidence**

Commissioners consistently described the relationship between themselves and providers as critical. Those of a more rationalist orientation saw the relationship between service data and provider evidence in terms of the latter supplementing the former where there were information gaps. Providers were understood to have complementary forms of knowledge to commissioners suggesting a form of symbiotic relationship between the two. One described the need to manage different kinds of information or knowledge as a process of negotiation between commissioners and providers:

*It's not just quantitative data. Providers have a clear role in terms of helping you define what might work. What you are entering into with providers is an agreement. We say what we need and they say how they will provide it and we*

*need to say whether that seems to be the appropriate way, and it's agreed through the contracting process. (SCM: Grant-based programmes)*

For this interviewee establishing what might be considered an appropriate service response to an identified problem was described as form of negotiated settlement (Barrett and Fudge 1981) between the commissioner as the person in control of resources and the provider charged with implementation. The accounts of some providers provided corroborating evidence that the process of establishing service level agreements was one of collaboration and negotiation. However, as the previous chapter explored, others described commissioner identified programmes and projects as unfeasible and non-negotiable.

For other interviewees the act of bringing together different forms of evidence or knowledge was less a process of negotiation between commissioners and providers than between, what Freeman (2007: 488) describes as, 'different ways of knowing':

*'If you look at key decisions about where resources are going to go they are informed by the coming together of different sorts of evidence. High level data analysis coupled with more on the ground stuff. It's interesting, the way different sorts of evidence come together and I think commissioning is always going to be a bit like that. What is important is that you weigh up the evidence' (DJC)*

Here the interviewee is positioning the commissioner as a kind of 'knowledge broker' or 'bricoleur' (Levi-Strauss 1966), tasked with negotiating between more rationally scientific forms of knowledge and the kind of experiential or situated knowledge described the TS providers in the section above. How they were expected to 'weigh up the evidence' was unclear, but here it was presented as an intuitive, rather than formalised, process.

For commissioners who identified themselves as having close relationships with providers, it was the latter's knowledge that emerged as important in enabling access to specific knowledge or understanding of the needs of groups of children and families. These

interviewees related how empirical information gleaned through contact with providers had helped them with both localised targeting and identifying the need for specific services. One commissioner identified informal networking with school nurses and teachers as more helpful than the formal risk assessment tool that they had developed in identifying young people who might benefit from targeted youth support because *'they've got relationships with these young people so they could tell you who they thought would be at risk'* (SCM: Teenage Pregnancy). She also described her most successful project as a welfare-rights advice service for teenage mothers, the need for which had been identified by health visitors concerned by the number of requests for emergency grants.

The PCT commissioner similarly saw provider knowledge as paramount in establishing the detail of service level agreements. Describing commissioners as *'divorced from the front-line'* she felt *'providers should be left to provide'* with the proviso that monitoring standards were adhered to and they gave evidence of delivery by supplying output data. She also described her most successful piece of work as provider led in terms of them having identified a specific need and solution to that need.

### **8.3.2 Connecting between the levels**

Despite the obvious good relationships that existed between some commissioners and providers, other providers complained of a lack of connectivity between strategic planning and decision making at CT Board level and the management and delivery of front line services. One head of service complained that knowledge of strategic decisions was not cascaded downwards so that *'I end up picking up pieces of work or meeting people who say we can only do this with the agreement of the Children's Trust Board when actually I haven't*

*been party to that*'. Others felt that their empirical knowledge of local needs was not systematically gathered or brought together effectively and made use of at a strategic level so that it tended *'to stay in the head of the provider'*.

One TS provider described *'the gulf between the delivery on the ground and the strategy'* as *'so big that the connectivity isn't there'* suggesting that provider knowledge of need or effective intervention did not get back to commissioners. This gap between provider knowledge and the evidence used to inform commissioning decisions sometimes meant that what TS providers had identified as important and effective pieces of work got overlooked, even where they dovetailed with commissioner priorities:

*In terms of the teenage project my priority and commitment will continue even if we have to fund it ourselves or from the lottery because it's something we know works, it has been evaluated as one of our most successful groups in Downton. You would think it wouldn't be difficult to find stable funding for it'* (TS provider)

One statutory provider suggested that commissioners made, not just a selective use of evidence, but also selective demands for evidence. She described how commissioners could block or sit on evidence describing how she had spent ten years making the case for a multi-agency centre designed to provide holistic services to children with disabilities. Despite providing evidence to support this restructuring of her service, including details of successful similar programmes in peer authorities, she explained that she had had to *'badger the commissioners for years'* before finally getting funding.

### **8.3.3 It won't work here: finding local solutions**

Some interviewees explicitly rejected a rationalist approach to policy formulation that assumes solutions to problems can be identified in terms of explicit theories of cause and

effect. This involved challenging the assumption that centrally determined universal solutions could be applied to instances of similar problems occurring in different contexts. What these interviewees articulated was a sense of the world as socially constructed, describing social problems as temporarily and socially contingent and learning as situated in practice. They argued that appropriate policy solutions required knowledge of local cultures and behaviours so that 'what works' in one place won't necessarily work in another:

*'It is socially aberrant now to be a middle-class cigarette smoker, it's socially normative on the [name of estate, most of your friends would smoke. There's no peer pressure to give up smoking somewhere like that. So policy makers turn to price levers. But actually the folk on [estate] aren't that bloody daft they don't go and spend £5.10p on a packet of fags from the local newsagents. They get them from the back of a van and these are the communities that are most deprived, that have become most excluded'. (DCS)*

This interviewee was beginning to locate the problems of smoking and other policy priorities more broadly within the context of social exclusion, suggesting that local policy makers needed to develop alternative, more nuanced conceptualisations of nationally identified 'problems'. In so doing he was also questioning the role of the state in determining policy solutions arguing that problems needed locally developed responses because *'what works in stopping people smoking or teenage pregnancy in Hackney isn't going to work here. You've got to have local policies that are a bit more fine-grained than that'* For him provider experience was critical and he argued the case for a form of devolved decision making to those working directly with targeted groups to ensure needs are more appropriately met.

Uitermark (2005) suggests that local policy actors with knowledge of particular neighbourhoods develop context-specific strategies for the design of locally appropriate responses to presenting issues and problems. In Downton community based providers stressed the importance of developing locally appropriate technologies whilst employing

dominant policy discourses around identified issues in order to justify alternative forms of intervention to those prescribed from the centre. One interviewee described the importance of developing a discursive alignment between his own interpretation of an issue and the strategic interests of commissioners by *'making sure you use the right language learning the jargon'* whilst *'listening to local people, asking how I make it work with this client group'* in order to deliver programmes *'in a way that works while making the commissioners and the government think yeah that's a sensible way of going about it'*.

A second interviewee had worked on a local level with other providers and commissioners to reconceptualise the problem of anti-social behaviour bringing it into line with a broader agenda around family support and targeted youth work. He had worked to pull together funding from different priority themes across the LA. This had involved successfully negotiating with commissioners from the DPJC to align some of their family support funding with money from Community Safety. By so doing he had re-focused local responses to anti-social behaviour away from, what he described as a largely punitive approach, towards more welfare-orientated goals. Furthermore, by working from a community development perspective he sought to employ and train local people to deliver these programmes thus arguably delivering benefits in terms of local employment that were not rewarded because not recognised by the targets specified under family support or community safety:

*'Money was there and that money was targeted on dump estates and a lot of the money was used for wardens on there and I argued the case that actually it isn't giving people ASBOs or extra wardens. Why young people are offending is that, the issues are not having confidence, self-esteem not having good relationships that is what you have to bring back to those estates. I made the case. I got a lot of grief about my approach but it's slowly coming together. To do that we took over a void house and employed youth workers and family workers, local people'* (TS provider)

What he and other interviewees were able to do was appropriate the language of the more narrowly defined targets set by government to justify these approaches. Hence when discussing the impacts of these interventions they typically reverted to the conventional mode of claiming success by describing them in terms of their contribution to national indicators:

*The attainment levels of that group of young people that we followed have risen we have proof of that. I've got proof that teenage pregnancy is coming down that reports to the neighbourhood wardens has come down, and the number of young mums signing on for training has gone up' (TS provider)*

The observation that local public sector workers are increasingly constrained by centrally determined policy whilst simultaneously told to consult with communities over local priorities and strategies has led Newman (2004: 27) to describe the 'local' as a 'site of major tension between conflicting regimes of governance'. Coote et al's (2004) review of the use of evidence in delivering community based initiatives similarly reports tensions between the policy goals of 'evidence-based practice' with that of local determination. Community-based providers identified tacit, or 'local knowledge', as more important than government proffered research evidence in designing programmes of intervention. This entailed a questioning of the relevance or validity in the local context of centrally prescribed interventions that had been evaluated as effective elsewhere. At the time of field work some highly specified evidence-based programmes were being rolled out as part of the 'Think Family' initiative including the Family Nurse Partnership and family support programme 'Triple P'. Downton had funding for both programmes and they had become part of the remit of the DPJC. However, they had received a mixed reception by providers and commissioners alike with both arguing the case for adapting the programmes to fit the local

context. Triple P was described as *'over professionalised'* and one provider had trained local people as peer mentors to deliver a highly adapted programme that effectively meant it was no longer the 'evidence-based' programme as originally developed and evaluated:

*'Without getting too technical there is a programme called Triple P. It's an Australian model that we're told we should use which I don't think would work here. We need a more local model, so it's about convincing the commissioners that what we need is a more home grown model so I've trained local peer mentors'. (TS provider)*

This interviewee was clearly sceptical of the evidence hierarchy that has supported the policy prescription of programmes like Triple P. Like the former interviewee, part of his justification for a rejection of evidence-based approaches was made in terms of working from a values rather than evidence base according to a philosophy of community development. He argued that it was important to proceed by *'trusting people and getting local engagement'* based on the principle that *'people have got their own answers'*

Among Downton interviewees it was not just TS providers that disputed the contextual validity of evidence-based approaches. One consultant paediatrician questioned the wisdom of replicating interventions based on evidence of effectiveness elsewhere. Whilst she accepted the established efficacy of single issue clinical procedures she argued that other more complex and multi-faceted interventions needed to be guided by tacit knowledge and local circumstances and furthermore that it may be very difficult to produce evidence of their success:

*'You can just see that look if we did this a different way it might be cheaper or more efficient and that the child might be better off at the end of it and you can see that but you can't prove it. And sometimes there are policy documents that have those things, that sort of evidence but that you think are not going to work for your district for whatever reason. It may be written in a document somewhere*

*but you really don't think that's going to be the best way of doing it here'*  
(Consultant Paediatrician)

Other interviewees felt there was a tendency '*to run after bits of evidence*' and that some programmes were seized on despite indeterminate evidence that they would be locally effective. Some commissioners were resentful of being '*told what to do by government*' questioning the degree to which what the centre endorsed as evidence based practice was indeed so. In particular they disputed whether programmes developed and evaluated in the US would work in the UK arguing the need for contextually specific evidence of effectiveness:

*One of the things I find most frustrating at the moment is the family nurse partnership. The Department of Health is setting up pilots to see if it will have the same impacts it had in the US and we are already on wave 3 and they are saying it will be rolled out. Hang on a minute we don't know if it does work here or if it will be value for money. (DJC)*

Described by the DCS as 'one of the last true scientists', the DPH was the single interviewee to express frustration at this apparent rejection of evidence-based policy by local providers and commissioners. Exhibiting a faith in the possibility of a rational scientific approach to service design he described himself as '*having pushed for an evidence-based approach for a number of years*'. He was sceptical of the ability of providers to make judgements about the validity or applicability of evidence-based programmes. He suggested that working from '*unfounded assumptions about the nature of gold standard methods of evaluation*' they showed an unreasonable resistance to the systematic implementation of evidence-based approaches due to institutional mindsets and a form of professional jealousy or '*a not in my backyard, not invented here mentality*'. In so doing he effectively discounted the validity of

contextual knowledge and the judgements made by providers about the local appropriateness of interventions developed elsewhere.

In promoting an evidence-based approach this interviewee also drew attention to the *'sloppy use of evidence'* and suggested that *'Government office talk of evidence based when they mean information based'*. His complaint was that the predominant focus of attention was on quantifying identified 'problems' at the expense of evidencing effective practice through research. Thus, for example, in reference to teenage pregnancy he argued that although *'there is plenty of information'* describing the scale of the issue and identifying who might be 'at risk' there was *'relatively little of what you would describe as high level research evidence that tells you what to do'*.

#### **8.3.4 Experimentation and risk-taking**

The degree of importance that the DPH accorded to scientifically derived knowledge was not, however, shared by other interviewees. One provider with a former background in teaching suggested that *'professionals outside medicine are tinkerers by nature'* describing himself and his colleagues as reflective practitioners who learnt through trial and error *'we don't think we can demonstrate a causal link, we have a go and see if it works'*. He was not alone in making the case for 'learning through doing' and even some from clinical backgrounds expressed similar viewpoints. These interviewees suggested that where evidence was thin on the ground it was sometimes necessary to develop new approaches or services involving a degree of experimentation and risk taking without which progress and learning could be hampered. This interviewee argued that proving something as successful

could not always start from an evidenced position but might proceed to one through a process of inductive learning:

*'We couldn't evidence it until we'd done it. I mean how can you show it's better if you haven't even done it? You can only say that your experience and common-sense suggest that it is going to be better. You can't prove it until you've tried it out, learnt by trying it out'* (Director of Women and Children's Services)

This was a view echoed by the PCT commissioner who suggested the need to learn through *'mistakes as well as successes'* but that this would require *'risk acceptance and investment'* in additional programmes of work as *'you can't stop delivering what's already in place'*.

However, while both commissioners and providers expressed the belief that it was important to innovate, some providers identified instances where they felt commissioner demands for up-front evidence of effectiveness had hampered their ability to try out approaches. This meant that the *'risk acceptance and investment'* was left to the provider who had to develop new services without additional funding.

Despite acknowledging the importance of knowledge developed by providers through practice however commissioners recognised that they lacked formal mechanisms for tapping into this and hence enhancing the capacity for reflexive horizontal and vertical organisational learning:

*If you are a learning mentor, a teacher, a social worker, your own experience tells you that this might work and that is an important element that is difficult to capture but nevertheless is an important way of moving services forward. That is something where we are not as sophisticated as perhaps we should be in terms of capturing that local intelligence that local understanding, belief of what might work. I think we are very poor at that, in capturing what an individual school nurse, health visitor or mentor may have trialled or tested that may have worked in a local school'* (SCM)

In summary, the above sections have explored the role of provider evidence and experiential knowledge in translating nationally defined policy objectives at the local level and identifying interventions to meet these. Commissioners consistently described provider knowledge as critical, sometimes as a supplement to other forms of evidence but more often in the context of defining 'what would work' on the basis of their knowledge of local communities and service users.

The evidence presented provides examples of providers acting as 'situated agents' (Bevir 2003), reinterpreting centrally defined objectives on the basis of their 'local knowledge' in order to develop responses that they felt were more likely to succeed with the marginalised communities within which they worked. The use of discretion in these contexts has less resonance with the form of coping adaptation described by Lipsky (1980, 2010), or the exercise of 'counter-agency' as suggested by Prior (2009), than with Durose's (2009) idea of 'civic entrepreneurialism', involving a negotiated reconciliation between commissioner defined priorities and their own interpretations of what was important locally.

In negotiating the tension between responding to locally identified needs and the goal of EBP many respondents gave implicit endorsement to Pawson and Tilley's (1997) argument that it is important to ask 'what works, for whom and in what contexts'. Some interviewees indicated that learning through experimentation and innovation was as important as learning from 'best practice', showing a critical impatience with coercion to implement centrally prescribed evidence-based interventions.

## 8.4 Involving children, young people, families and communities

Chapter 4 discussed how, as well as provider evidence, commissioning is intended to give due regard to the views of service users and the wider community of children, young people and families with guidance giving prominence to their '*active participation*' '*at an increasing number of decision points*' in the commissioning process in order to help '*focus on outcomes*' (HM Government 2006: 11).

Downton's CYPP provides evidence of what Borghi and van Berkel (2007) describe as a 'weak' or passive form of participation entailing consultation with a highly formalised and established group the 'Youth Parliament' alongside various broad based community consultations to ensure pre-determined strategic priorities were endorsed by children and young people. Nonetheless, at this level there was a consensus amongst interviewees that the processes of engagement with children and young people had been good and that the intentions in Downton were sincere: '*there are some good policies and they talk a good talk*'.

However, there was also a sense of pragmatic acceptance among strategic decision makers that the outcomes of consultation could only be acted on if they referred to issues that concurred with pre-established objectives and that the ability of organisations to respond beyond this was a function of institutional restraints. For example, in discussing the outcome of a recent consultation exercise, one interviewee reported that while children and young people had identified two key priorities; '*feeling safe, bullying and harassment... that and it being a boring place to live*' the subsequent CYPP gave evidence of responding to the first but not to the second of these so that, '*the Plan gives you no sense of how boring Downton is as a place to live*'. Attending to this however was seen as outside the remit of the CT despite

'enjoy and achieve' being one of the five ECM outcomes: *'I'm not sure if it is the job of the CT to make Downton a less boring place'*. This interviewee then went on to further justify this position by explaining that:

*'Organisations want to hear about issues if they think they can do something about it. But that's true of any consultation process it seems to me, why should it be any different in this case to any other case? (LA Board member)*

Beyond this, consultation had been used in two pieces of needs analysis in order to gain more in depth understanding of the specific needs of identified target groups. These were a piece of work commissioned to look at young carers and a teenage health strategy consultation. In these instances user evidence was intended to support continued funding of existing services and to suggest commissioning new services. However in the young carers' example this had raised difficult issues in relation to services that were not commissioned by the DPJC. The consultation had revealed that many issues of concern for these young people were primarily in relation to adult care services, the provision of which the commissioning team had little influence over. As a result the consultation report had had little or no impact.

Meaningful consultation and involvement demands time, resourcing and specialist skills (Spicer and Evans 2006; Tisdall and Davis 2004). At the time of fieldwork the team had a dedicated Participation Officer whose post was about to be made redundant as it was no longer considered a priority. He had been tasked by PCT commissioners to develop children and young people's involvement in the on-going reform and restructuring of local child health services. However he described this as a process of post-hoc consultation as *'a lot of the decisions seem to have been made already'* reflecting other evidence on youth

participation that suggests it can be used tokenistically or manipulated to legitimise adult agendas (Badham 2004; Hill et al 2004):

*I think they are doing it because it's written down somewhere and it's their duty but really they don't even know what questions they want asked. I say ok you want me to involve children and young people, but how will what they say influence services? What changes will be made? No-one seems to be able to answer that' (Participation Officer)*

Downton had also developed formalised structures for on-going dialogue with specific groups of service users including the 'Teenage Pregnancy Shadow Board' and 'Looked after Children Board'. Some interviewees suggested that while these showed evidence that Downton had worked hard to ensure young people's voices were heard there was also a danger that existing forums had become institutionalised as bureaucratic mechanisms of endorsement. They suggested that while formal bodies ensured the '*participation box gets ticked*' at a strategic level, there were levels of engagement that were missing, including how needs were understood and services designed and monitored. Several interviewees commented on the problems of achieving meaningful representation saying that there was a heavy reliance on existing active young people and that established groups were represented by '*the same kids*' who had developed expertise in the formal processes of engagement. One member of the CYPTB argued that there was a need to '*renew and refresh participation as young people become old people*' while the Participation Officer commented that '*the teenage pregnancy board have been at it for years*' because '*it's much easier to stick with who you know*'.

Beyond priority setting however two commissioners had built up considerable experience in developing participative approaches and expressed a strong commitment to the principle of

user involvement. They had employed various strategies during commissioning and service development to inform service design and acceptability. The teenage pregnancy commissioner, for example had used 'mystery shoppers' to pick up detail about the delivery of sexual health services, and another had carried out some extensive child and family consultation in developing new family contact centres. The former had also engaged young people in some of the bureaucratic processes of writing service specifications and reviewing contracts and had tried to embed user consultation by writing it into contractual agreements with providers.

Other commissioners and providers justified their comparative failure to actively engage with children and young people by questioning the degree to which user evidence could and should be used. These interviewees argued that service users were 'not informed consumers' having no comparative experience by which to judge the quality or effectiveness of the services they used. The Head of Extended Schools for example, suggested that user consultation was meaningless as *'people don't know what is available to them, they can't identify what they might have as they don't know what the choice is'*. Furthermore he felt that although schools were required to consult as part of good practice it was only done *'because it is a politically correct thing to do'*.

Some interviewees suggested that because of low expectations service users were unlikely to be critical of the services they received even where these might be of poor quality. This interviewee reported that although their service user surveys always gave positive feedback:

*'Our centre could be rubbish compared to what happened somewhere else but they wouldn't know that. The same thing is true for schools. I think we've got poor nursery provision in mainstream schools for children who*

*have got disabilities but parents don't complain they don't know any different'* (Consultant Paediatrician)

What her comment highlights is that despite the rhetoric of user 'choice' many users simply do not have 'choice in the market' and certainly cannot develop 'market experience' by which to judge the quality of the services they do receive. Nonetheless this does not mean that they will not have opinions and the use of surveys may not be the most appropriate tool for eliciting user views and in particular children's views.

Some commissioners felt it was more important to tap into '*frontline experience*' arguing that provider knowledge should be used as a proxy for user voice. They suggested that '*whilst it is vitally important to have service users engaged*' they could only ever speak for themselves, and that their views were individual and not representative of a broader population. By way of contrast, they suggested, practitioners were able to collate the experience of multiple users and to see the impact of service improvements so that: *It's about utilising frontline experience as an overview because they have the ability to step back and have that overview that the individual parent doesn't'* (SCM: Children's NHS Services).

One provider however felt that pressures on their time limited the degree to which they could meaningfully engage with users disputing the contention that they were best placed to speak for others. Another argued that it was important not to assume that providers know what young people need and to resist reinterpreting what they said. However, he pragmatically pointed out that young people might say things that contradict provider experience so that consultation would always involve a degree of negotiated settlement or compromise around what was asked for and what was expedient.

The DCS on the other hand described elected members rather than providers as important advocates of the views of communities and service users suggesting this helped ensure a form of democratic accountability while using this as a justification for endorsing member-driven decisions:

*'From an elective members perspective there is the on the ground evidence of being not a service provider but a ward member and an elected representative knowing people and talking to them. We shouldn't ignore that. I actually think it is a very valuable part of the decision making process, is a part of the democratic process' (DCS)*

In summary, the degree to which children and young people were enabled to influence strategic priority setting appeared to be highly circumscribed. Despite the existence of a set of formalised participation groups the accounts given by interviewees suggested that, at a strategic level, decision makers were more likely to pay attention to issues that supported the status quo, using consultation to endorse pre-determined decisions and ignoring issues that failed to dovetail with existing priorities. Rather than acting as opportunities for power sharing, as suggested by policy rhetoric, consultation exercises had instead served to reproduce relationships of power and could be used to 'mobilise bias' (Bachrach and Baratz 1962, 1963). However, some commissioners did demonstrate an ideological and practical commitment to the principle of user participation and had developed a variety of strategies to engage young people in decision making and service design.

### **8.5 Evidencing effectiveness: the problematic nature of outcome based accountability**

Evaluation is presented as the final stage in the commissioning cycle, intended to provide evidence for continuing with a chosen strategy, revising it or terminating it through the process of de-commissioning (HM Government 2006). At this stage however, performance

information, or evidence for accountability took precedence over alternative methods of evaluation.

### **8.5.1 Conceptualising outcomes**

The twin problems of defining and measuring outcomes were clearly recognised by interviewees but this did not prevent many expressing enthusiasm for the principle of outcome-based accountability, described by one commissioner as making '*blinding sense*'. However, although declaring a commitment to commissioning against outcomes, they expressed conceptual difficulties in distinguishing these from outputs and performance indicators, a problem compounded by national monitoring systems and the ways performance has been traditionally managed and measured.

The previous chapter discussed the problem of the institutionally fixed process of contracting against service outputs or 'face-to-face contacts'. Commissioners admitted that this was the basis on which they continued to draw up service level agreements and that established cultures of contracting worked against developing new ways of commissioning against outcomes.

Members of the DPJC had received bespoke training on developing outcome-based commissioning at a local university and were able to draw on this to give theoretical accounts of what it might look like. They discussed the need to start with '*high level outcomes*' working back to determine how that '*breaks down into service outcomes*' and how '*each activity contributes to each outcome*'. However, this was understood to represent an ideal so that while they were '*working towards outcome-based commissioning*' they had not quite '*got to grips with what that means*'. Two members of the team had also attended

training on Friedman's outcome-based accountability but said they had been unable to develop it due to a *'lack of strategic buy-in'*.

Despite attending this training, a lack of conceptual clarity over the use and understanding of the terms 'outcome' 'need', 'priority', 'target' and 'indicator' was evident amongst commissioners and other interviewees and the terms were often used conterminously. Strategic priorities at national and local levels were most commonly couched in terms of a service output or the avoidance of a negative outcome. Hence the conceptual starting point for identifying priorities lay with a set of problems rather than a set of desired outcomes. Existing outcome measures were described as *'crude'* or lacking in sophistication not only in how they were expressed but also in how they might be measured or monitored. Interviewees felt that it was far more conceptually challenging to think in terms of outcomes, understood as positive changes in wellbeing as in Axford and Berry's (2005) definition, rather than traditional quantifiable measures such as service uptake or teenage pregnancy rates. Some interviewees discussed how this would require new ways of working and thinking about existing performance management systems challenging the assumption that hitting targets equated with improvements for children and linked to the argument that it was important to *'get behind the target'*.

Interviewees discussed the need to collect different sorts of outcome data but most found it hard to suggest what, resorting back to the language of existing outputs and targets. Some providers and commissioners suggested alternative measures that are harder to quantify should be developed such as 'happiness', 'quality of life' or 'greater stability through the life-course'. Members of the DPJC had fought to include 'improved well-being' and 'increased

resilience' as targets for the CYPP. However, as they had failed to operationalise these as measurable outcomes they had no conventional way of evidencing whether they had been achieved or not. Another provider raised the issue of developing outcomes for whole families rather than individual children stressing the point that child outcomes are often linked to what happens in families. She also suggested that services should be commissioned against outcomes for families that are a cause for concern, following the logic of service pathways, rather than against general outcomes for families that are doing well.

Working towards outcome-based commissioning appeared to be easier for some services than for others. For example, small, well defined preventative services that had been commissioned from a 'clean sheet' through the Children's Fund were described as outcome focused while more complex, long-established statutory services were proving far more challenging:

*Well I think some of our preventative services, we are gathering evidence of impact and outcomes in those services, we have specified the nature of outcome we are looking for and the type of evidence we want to see. But for CAMHS, well I don't want to carry on about the CAMHS stuff because that is going to be the most challenging for us in relation to outcomes' (SCM)*

For these services outcomes appeared to be virtual, 'not written down' rather than concrete, existing as a 'blue-print in our heads of what we want'. However, even for those described as outcome based, the emphasis was on more straightforward quantifiable measures with a recognition that for much of the evidence gathered was statistical and neighbourhood based and therefore difficult to relate back to specific interventions.

### 8.5.2 Measuring outcomes: limits to statistical data and the problem of attribution

This brings us more closely to the second question that both commissioners and providers struggled with, the question of how to measure outcomes. Some interviewees raised doubts about the degree to which statistical and performance data was sufficient in demonstrating the impact of an intervention, identifying both methodological and conceptual limits to the use of quantitative data as evidence of effectiveness. Methodological problems included the use of benchmarking against so-called 'peer neighbourhoods'. For example, one provider challenged the practical possibilities of finding a suitable 'like-for-like' area against which her work with children with disabilities could possibly be compared because: *'there aren't national benchmarks that are sophisticated enough even if you could identify a district exactly the same as Downton which is impossible anyway because of levels of social deprivation etc'*

Others included the problem of statistical trend data not being timely and the difficulty of collecting longitudinal data to demonstrate the long term impacts of prevention and early intervention. Longer term indicators of success were described as overlooked because of contractual and political imperatives to demonstrate short term goals and 'quick wins'. For example, one TS provider explained that commissioners only required him to report first contacts in his sexual health clinic but that, while these were important, *'so are the longer term contacts, the relationships. We don't want them coming once for emergency contraception. We want to start them on a longer lasting method; we want them coming back to us'*. Another raised the issue of how intense programmes focused on small numbers of people would fail to impact on population outcomes in a statistically significant way. He

argued for the need to invest more broadly with larger populations raising the debate of universal versus targeted provision.

However what most interviewees questioned was the possibility of establishing causal links between interventions and quantifiable outcomes at the level of populations, challenging the ability of performance data to provide insight into the impacts of services and programmes. Interviewees recognised that given the complexity of contributory factors to negative outcomes there could be no simple causal connection between a service or policy intervention and the achievement of positive outcomes. In evaluation terms this is described as the 'problem of attribution', a problem clearly recognised by both providers and commissioners. This recognition was summed up by the following interviewee who suggested there were a myriad of potential contextual variables, falling outside the domain of service intervention, which might impact on teenage pregnancy rates:

*'The trickiest thing is not seeing if the performance indicators are moving its knowing if what we've done is making any difference to those. An example yesterday we had the teenage pregnancy stats. Across the country in 2007 teenage pregnancy rose by 2.6% and in Downton it dropped by 15% which is probably not that many conceptions actually. It may not be many more than the percentage. What's that the result of? It could be as a result of our work it could be a statistical blip, it could be 15 less young women got legless over the course of that year and didn't have unprotected sex over the course of that year. Could be anything, totally random reasons, could be a butterfly taking off in the Amazon jungle. I don't know. Establishing causal relationships between what we do and the outcomes is really hard' (DCS)*

This interviewee favoured a re-focus on alternative forms of evidencing and understanding. He also argued that the complex problems and their associated population outcomes, that LA's were held accountable to, were a function of structural and cultural factors beyond the reach of service interventions and, that failing to impact on them statistically did not

necessarily mean they were not doing 'good work'. He challenged the theoretical practicality of outcome-based accountability suggesting that services should be judged in reference to lower order indicators of success for which he was managerially accountable:

*That takes us to a key issue about measurement. One of the key challenges for DCS's is that we are increasingly being held to account for performance measures at a population level; the infant mortality rate, the teenage pregnancy rate, we're not being held responsible for outcomes that directly relate to our inputs. They're not service measures and that's really hard (DCS)*

Another interviewee made a similar point, illustrating this again in reference to teenage pregnancy. She argued that it was 'enormously challenging' for Downton to impact on high levels of teenage pregnancy and expressed frustration at working to centrally defined targets that she described as impossible to meet. Like the DCS, she suggested that some of the most significant factors underpinning teenage pregnancy were those things least amenable to intervention so that whilst '*there is some fantastic work going on here around teenage pregnancy, huge commitment, lots of resources, and evidence of great practice*', Downton would require '*a huge cultural shift to make a difference*'. This meant, that in terms of their accountability to central government, they would '*always be a red, we will be red next year because we are so far behind our target, we aren't going to meet our 2010 target unless we give mass sterilisation*' (DJC).

The challenge of determining the effects of a particular intervention or service in isolation from other influences and factors was recognised as especially difficult where multiple initiatives were focused on a particular priority and where multi-agency interventions were designed to deliver complex solutions to 'joined up' problems. There was an acknowledgement that outcome-based commissioning would require better understandings

of the links between problems, interventions and impact with a concomitant need to develop in-depth knowledge of service specific effectiveness. However, as previous sections have established, this was where knowledge deficits were felt to be greatest, because *'we only count what we do...what we don't do is search for the impact of a particular initiative'*

One NHS provider discussed this in reference to childhood obesity describing the *'weighing and measuring'* as *'the easy bit'* but determining the specific contribution made by individual interventions to broad based population outcomes as *'very difficult'*. She argued that this meant some outcomes could only be described in service process or output terms but linked to a theory of why they were important but that it was this that was most difficult to achieve.

Another provider discussed the issue of attributing impacts to individual services when a young person might have contact with multiple agencies. For him this raised the problem of interagency communication and confidentiality as *'once a young person has moved on we don't know what has happened to them unless they choose to re-engage with us'*. A commissioner made the point that it was impossible to evidence service impacts on a young person as it was *'not like a gold standard piece of research where people are isolated. Outcomes could be attributable to unknown influences such as the influence of a family member'*. The commissioner for teenage pregnancy also raised the problem of evidencing the non-occurrence of a negative outcome saying she could not *'demonstrate whether targeted girls would have got pregnant or not'*.

However it was not just in reference to multi-agency interventions that interviewees foresaw problems in evidencing. The consultant paediatrician highlighted the limitations of a

rationalist approach to evidencing complex single service interventions. She discussed how the kinds of therapeutic interventions she put in place for children with disabilities were difficult to evidence in accordance with the logic of deductive reason:

*'A lot of them are extremely difficult to do other than as a service outcome because children usually get better. Most children who come to hospital appointments or get admitted will get better regardless even if you did nothing just sat and watched them. Whether they get better in one day, three weeks maybe dependant on how you treating them but it may be that the underlying condition is such that whatever you did wouldn't make any difference. So it's incredibly difficult to look at something that you can prove that you've altered because of what you've done to that child'* (Consultant Paediatrician)

Several others highlighted the difficulties incumbent upon providers in measuring the impact of their service on longer term outcomes. One provider described this as *'a really kind of time process'* making the point that sometimes the results of an intervention are not in evidence for a long time. He illustrated his point with a story of a chance encounter with a young person, several years after they had been in contact with his service who with hindsight, was able to reflect positively on the difference it had made to his life. He acknowledged that evidencing long-term outcomes would require sophisticated ways of monitoring across extended time frames but suggested these would be better at capturing outcomes conceptualised as positive changes such as *'settled in the next stage of life'* or *'leading a more constructive life'*.

### **8.5.3 Holding to account and fudging the outcomes**

Despite these well acknowledged problems commissioners expressed the aspiration to develop outcome based commissioning while continuing to contract on the basis of service outputs and contacts. For some providers the collection of service monitoring data was

described as a worthwhile activity helping them to refine their service and to provide evidence to funders that they were reaching target groups. The SCM with responsibility for procurement described capacity building for the TS principally in terms of ensuring they had service monitoring systems in place and, while the process *'of introducing a strict management regime'* was one small providers often found irksome, they soon saw that by being able to *'demonstrate the value of what they are doing they are much more likely to get money in the future'*. For this commissioner, service outputs were the principal form of evidence she relied on to demonstrate *'value for money'* conflating successful outcomes with evidence of service uptake and through-put.

Despite her confidence, some providers described current systems of performance management as burdensome, saying that the demands of data collection got in the way of service delivery. One provider complained that contract monitoring had become over an over-complicated *'industry'*, a meaningless bureaucratic process that was a poor tool for precipitating service improvement. The broad point he was making was that holding people to account for outputs or even outcomes does not actually support or facilitate the process of them achieving them. This was reiterated by an NHS provider who complained that the policy focus was on *'world class commissioning'* as the *'driver for better outcomes'* at the expense of a complementary, but more pertinent, focus on *'world-class providing'*.

One TS provider suggested that established systems of contract management would be easy to manipulate or even subvert:

*'It's easy to fudge all those outcomes anyway. If I wanted to cheat, the system is fairly easy to cheat if I wanted to. The contract managers are not that bright you can pull the wool over their eyes they're not that bright at all...'*

This provider was able to highlight selective empirical indicators relating to NL's policy priorities, such as attainment levels and teenage pregnancy, in order to demonstrate the worth of his programmes to those with resource allocation powers. Other TS providers also described measuring the outcome to suit the funder. Rather than 'fudging' the outcomes they described being selective about what evidence to look for and record, making it 'fit' with the objectives of the funding stream and hence criteria for funding. In this way their actions were in line with Lipsky's (1980) observation that SLBs can accommodate themselves to targets and output measures and 'subvert efforts' of bureaucratic control through the manipulation of performance information.

#### **8.5.4 Evaluation**

These providers had all commissioned external evaluations for some of their programmes to give richer qualitative information regarding effectiveness including user testimonies and evidence of longer term outcomes. They described themselves as good at collecting output information but that they needed to be '*smarter at outcomes*' saying this required a research approach in addition to what was possible through routine monitoring. The evaluation evidence they produced was not information that had been asked for by commissioners among whom evaluation was described as difficult, costly and time consuming. Without a budget for evaluation commissioners pointed out that they had to rely on less rigorous forms of information gathering including provider assessment of efficacy but, more significantly, performance management information.

Where evaluation had been used by commissioners it was most often to provide evidence for a form of backward justification to support initiatives that they have already decided

were worthwhile. Hence, for example, one provider had run a pilot project at the suggestion of a commissioner who had built in a short term evaluation for the sole purpose of providing the justification for funding it in the longer term.

## **8.6 Summary**

This chapter has explored how commissioners, strategic decision makers, and providers drew on different forms of evidence to make policy at a local level. Whilst commissioners and most providers were advocates of outcome based commissioning, the degree to which they believed in the possibility of an objective and rational process of evidence-based planning varied, reflecting a spectrum of orientations about the validity of different forms of knowledge or ways of knowing the world. Rather than proceeding through a logical, staged cycle of rational decision making the commissioning process was revealed as a more ad-hoc and incremental process involving a piecing together of diverse evidence sources within the context of a set of managerial and resource constraints.

In establishing priority outcomes, the compilation of quantitative data following the logic of benchmarking predominated and recourse to statistical measures of the scale of centrally defined 'problems' appeared to help naturalise these as priorities for local action.

Performance targets and national indicators acting as measurable representations of social problems privileged quantitative forms of evidence at this 'stage' of the commissioning process.

Local policy actors however recognised that national targets and indicators acted as distortions or simplifications of the complex problems they were tasked with addressing.

Furthermore by directing funding towards particular service interventions at the expense of

alternative areas of need, meant that it was difficult to draw attention to more marginalised issues.

With a remit for needs analysis the DPJC had commissioned a number of focused pieces of work to help inform the targeting rationale for some specified areas of children's service provision. This work had principally involved mapping areas of need by building composite indicators of risk that relied partly on national data sets and partly on administrative and performance data. The quality of this work was not consistent and gave evidence of a poor understanding of the complexities of risk factor analysis despite being promoted by public health through the JSNA.

While needs analysis and service mapping had been carried out there was little evidence that they had been employed to inform the strategic targeting or commissioning of services. Some commissioners suggested that this reflected a lack of high level strategic commitment to the use of this type of evidence. Other interviewees complained that available data was too broad to inform fine tuned understandings of changing local need, or suggested that the instrumental use of available data was constrained by the limited capacity of planners to absorb or make judgements about it.

A focus on measuring and providing evidence for accountability was generally recognised to work at the expense of producing evidence of effectiveness. However in identifying service responses to deliver outcomes most interviewees highlighted the importance of provider's 'situated' knowledge, making scant reference to more formalised research evidence.

The accounts of some TS providers indicated that they had engaged in processes of negotiation with strategic decision makers in order to reconcile central defined objectives

with local needs and concerns. They described how they had developed ways of responding to community needs based on their 'local knowledge' reinterpreting and adapting the evidence-based programmes that they were charged with implementing that exposed a tension between implementing EBP and delivering community governance.

Quantitative evidence predominated not only at the priority setting, but also evaluative 'stage', of the commissioning 'cycle' where evidence for accountability, principally framed as managerial targets and outputs, rather than outcomes, prefigured. However it was not clear how this information was utilised to inform funding decisions or redesign services.

While commissioners and providers welcomed the principle of outcome-based commissioning they described considerable conceptual and practical struggles with achieving this. Establishing outcome-based commissioning was identified as particularly problematic in reference to complex problems requiring multi-agency input where relationships of cause and effect are difficult to determine. Interviewees felt that commissioning on the basis of outcomes was better suited to those situations where there are more clearly identifiable links between service input and outcome. Where the links between inputs and outcomes are complex, poorly understood, or unknown, a different form of policy learning was indicated. Providers suggested that tapping in to local contextual knowledge and learning through experimentation and risk should take precedent over providing evidence relating to the achievement of targets.

# **CHAPTER NINE: DISCUSSION AND CONCLUSIONS**

## **9.1 Introduction**

This final chapter presents a discussion of the research findings highlighting how these contribute to understandings of the implementation of joint commissioning and the use of evidence to inform local decision making. Within this discussion reference is made back to the literature and policy context explored in chapters 2-4.

The chapter begins with a summary of the key findings that provide answers to the research questions detailed in chapter 1. Subsequent sections discuss these findings. The first makes reference to the analytical theme concerned with the organisational and policy context within which commissioning was interpreted and developed locally. The second explores the conceptual and methodological challenges presented by the requirement to take an evidenced, outcome-based approach to planning and commissioning services.

The chapter concludes with a brief exploration of the research findings in reference to the contemporary policy environment.

## **9.2 Summary of findings**

Chapter 6 identified three broad sets of contextual conditions from which barriers to the development of joint commissioning were seen to emerge: a history of interagency conflict and low trust relationships; a tendency to retreat to organisational 'silos' in the face of service failures and structural re-organisation; and an LA reluctance to relinquish service provision and move towards 'place-shaping'. In addition, changing national messages about

the role of CTs and the breadth of discretion afforded to CT pathfinders, meant differently situated policy implementers, framed alternative understandings of its function. These differences gave rise to a set of enduring tensions around what was considered the legitimate remit of the CT with the result that it was accorded a marginal, rather than central role in shaping the changes that ECM sought to achieve.

Facilitating factors included being involved in the process of an externally commissioned review of joint partnership and commissioning arrangements which had affirmed the need to recognise and structurally embed the 'jointness' of arrangements between the PCT and LA. Also important were the appointment of a new DCS and the growing relationship of trust and mutual understanding between himself and the DJC who, as a 'policy entrepreneur' (Kingdon 1995) and 'partnership reticulist' (Challis et al 1998), had achieved some success in establishing the case for a joint commissioning approach.

Chapter 7 explored the various ways in which commissioning was interpreted, experienced, and championed as a means of for coordinating public service delivery and delivering better outcomes for children and young people.

Commissioning was understood by commissioners and TS providers to offer a mechanism for opening up the failings of hierarchal systems of service delivery by facilitating a form of a-politicised decision making, and 'levelling the playing field' between the statutory and third sectors. TS providers drew on pejorative, neo-liberal discourses of a corrupted and self-interested public sector to make the case for a greater role for markets in challenging what they identified as an LA monopoly of service provision.

The importance of close collaborative relationships between commissioners and providers was stressed. However, this sat in tension with managerial concerns of meeting targets and delivering cost effectiveness and the need to maintain a separation between provider and commissioner in the interests of fair competition. This was described as compromised by the absence of an organisational division of these functions within the LA so that 'vested interests' were seen to influence decisions related to potential outsourcing. TS providers' experiences of commissioning varied but interviewees gave accounts of rule bending with respect to formal commissioning processes. These included putting out tenders for unviable projects and a reliance on informal mechanisms and historical funding relationships that compromised the principles of competition and contestability.

TS providers were managerially accountable through contracts but stressed the primacy of 'participatory accountability' (Hill and Hupe 2007). These different logics of accountability sat in tension with each other, sometimes initiating 'subversive' responses.

NHS providers suggested that the demands of managerial accountability and the process of contracting on the basis of outputs had limited their ability to deliver needs-led services and to contribute to the broader preventative and partnership agendas.

Within the LA the idea of functional matching rather than competition was seen as a more acceptable basis for contracting out to the TS. Previous negative experiences of outsourcing, high transaction costs, ethical barriers to relinquishing control of specific areas of delivery, and challenges to political and statutory accountability were all presented as arguments against a greater role for commissioning.

Chapter 8 explored how strategic decision makers, commissioners and providers engaged with different evidence sources to make decisions about outcome priorities, targeting and designing interventions.

Different forms of evidence were privileged at various 'stages' of the local policy or commissioning 'cycle'. At the priority setting 'stage' quantitative evidence predominated despite recognition of its limitations and the need to look 'behind the target'.

A lack of strategic commitment to a coherent and on-going process of gathering, analysing and utilising appropriate data coupled with a deficit of local skill and capacity meant that evidence was not consistently and usefully applied in making decisions about need priorities and targeting.

Interviewees articulated the importance of providers' 'local knowledge' in identifying needs and in determining what might 'work'. The latter sat in tension with the policy goal of evidence-based practice as providers reformulated prescribed programmes to 'fit' their readings of the local context. Provider knowledge was not systematically tapped into but relied on informal relationships between commissioners and providers entailing recognition of a need for better horizontal and vertical, reflective learning.

Interviewees expressed a range of conceptual and methodological problems in defining and measuring outcomes. This meant that evidence for accountability, couched primarily as service outputs, dominated over evidence of effectiveness at the evaluation 'stage' of the commissioning process. Where providers had collated alternative service monitoring and evaluation data they reported that this not used by commissioners to inform service design.

This also meant that the TS was limited in its capacity to demonstrate an advantage over other sectors in delivering better outcomes or accessing more marginalised groups.

The following section discusses the research findings related to the first analytical theme: the key organizational and policy factors influencing the local interpretation and development of commissioning.

### **9.3 Implementing commissioning: the policy and local organisational context**

The discourse of 'partnership' implies collective objectives, mutual advantage and a willingness to share power (Newman 2000). However the experience of developing joint commissioning in the context of CT arrangements did not fit this idealised construction. Instead it served to expose the contradictions inherent in NL's project of harnessing the benefits of networked governance through imposed 'partnership' coupled with top-down mechanisms of managerial control (Rhodes 2000).

Accomplishing 'successful' partnership has been equated with breaking down historic barriers to inter-organisational collaboration, and identified as contingent upon the development and maintenance of relationships of trust (Audit Commission 1998; Hudson and Hardy 2002). In Downton, however, not only were recent histories of collaboration characterised by conflict and low trust but as the CF pathfinder evolved, ambiguities surrounding its role and accountability served to entrench existing relationships of mutual suspicion.

Institutional factors that acted as barriers to developing trust included non- coterminous boundaries between the PCTs and LA, a barrier identified by other studies of partnership working (Cameron and Lart 2003). However it was the enduring problems of 'failed' LA

children's services and the resultant organisational instability and changes in key leadership personnel that emerged as critical impediments to achieving an integrated approach to commissioning.

Establishing a sense of common purpose proved difficult when 'partnership' had been imposed vertically and sat in tension with the need for poor performing services to attend to a set of organisationally specific targets for improvement identified by contemporaneous audit and inspection reports. Added to this, the 35 targets negotiated from the national indicator set (CLG/HM Government 2008), and for which Downton LA was statutorily accountable, were, in the main, effectively structured around discrete organisational responsibilities with only a minority making reference to cross-cutting policy goals. These vertical lines of accountability, together with claims to exclusive organisational competence to deal with specific areas of service provision, were identified as pulling against the integration of organisational objectives. This, together with the relative autonomy afforded to schools in developing extended services, helped to marginalise the role of the CT and render the development of joint commissioning peripheral to the 'core business' of partner organisations.

Although the DPJC had brought together commissioners from both the PCT and the LA there was little that could be described as 'joint' about the way they commissioned services. The reticence of the LA and the PCT to pool budgets and delegate responsibility to the joint team to commission of behalf of both agencies reflected the different structural relationships of accountability that each organisation has to their respective government departments. These findings are not new but, on the contrary, reflect the enduring nature of the very

problems of 'bureaucratic failure' (Le Grand et al 1999) that, with its integrative focus, ECM had set out to resolve.

Problems with establishing a joint commissioning function did not only reflect a lack of coherence between different 'policy streams' (Kingdon 1995). The conflict between partnership as mode of governance and the imposition of potential competition implied by the commissioning function of the CT pathfinder also produced tensions that acted as a barrier to embedding joint commissioning arrangements.

The CTPT evolved as a distinct operational unit that was to eventually become the DPJC. In its early days the CTPT became conflated with the CT pathfinder and positioned as 'empire building' and 'resource grabbing'; behaviours identified as corrosive rather than building of trust. Cultural anthropologists have drawn attention to the 'dangers' of transgressing structural, organisational and conceptual 'boundaries' (Douglas 1966) and the threat this poses to established order. Transgressing the organisational borders of the PCT and the LA, rendered the status of the CTPT ambiguous, and there was a perception that its members were guilty of disregarding the rules and norms governing either organisation, in particular with respect to accountability. Ambiguity surrounding the role and function of the CT pathfinder together with a lack of commitment to it by senior LA officers, together entrenched its marginalisation from the central concerns of 'partner' organisations.

The experience of developing joint commissioning highlights the need to take account of the relationship between different strategic interests, and the balance of power between those implementing and affected by policy (Barrett 2004). The construction of a negative narrative around the commissioning CT pathfinder can be understood to reflect the challenge it

represented to established patterns of resource control and service provision. NL policy introduced a place shaping rather than providing role for LAs on the basis that increased competition and contestability would help deliver service improvements, greater choice, cost effectiveness and better outcomes (CLG 2006). The TS in particular was championed as offering more needs-led responsive services better placed to meet the needs of marginalised children, young people and families. Establishing a commissioning role for the CT implied an extended role for markets and increased competition between 'partner' agencies and endowed the formal partnership with the power to make decisions that had implications for the agencies represented. As the dominant provider of children's services this implied a potential loss of LA control for some areas of provision, most significantly their youth services. Thus, while TS representatives on the CYPTB were clear advocates of joint commissioning, their LA partners were less enthusiastic and the CYPTB emerged as a site of competition and conflict rather than collaboration and 'synergistic gain' (Huxham 1996).

The narrative accounts of TS interviewees suggested that the development of joint commissioning was beleaguered by LA defensiveness over control of resources and an unwillingness to relinquish their role in service delivery, so that 'vested interests' served to replicate historical patterns of delivery. Lowndes and Skelcher (2001: 313) suggest that the challenge for formal partnerships as an 'organisational form' is to 'manage the interaction of different modes of governance' which might generate competition as well as collaboration. In Downton the tension between achieving collaboration and integration in the face of competition was not readily accommodated by the LA as the lead agency in the partnership. As the key provider of children's services the LA showed an unwillingness to accept a

broader role for commissioning, resisting further outsourcing beyond 'marginal' areas of provision, and vetoing pooled budget arrangements.

In theory markets are intended to improve services by challenging poorly performing services and decommissioning those that fail all together (Grace et al 2007). Arguably the establishment of a commissioning function for the CT represented a form of challenge to existing in-house providers theoretically offering an impetus to drive up the quality of their provision in the face of potential competition from other sectors. However in Downton, in common with other LAs (Audit Commission 2008; Phillips et al 2010) there was no evidence that mainstream provision had been held open to competition as commissioning guidance suggested it should (HM Government 2006). Instead there had been recent cases of reverse contracting whereby both failed and successful services had been brought back in-house. It was beyond the scope of this study to determine whether or not this was on the basis that outsourcing had stimulated in-house improvements. What was clear, however, was that in-house providers were identified by TS providers as abusing their decision making powers in order to maintain their monopoly provider status contributing to the latter's feelings of alienation from the 'partnership' agenda of the CT.

Where commissioning was 'allowed' evidence suggested that, in common with other studies (Martikke 2009; Martikke and Moxham 2010; Packwood 2007), informal networking and historical funding relationships sometimes prevailed over formal competitive contractual processes. Networks are understood to ameliorate the problems produced by markets by offering collaborative advantage and lower transaction costs (Huxham 1996; Steane and Walker 2000). In Downton there was most evidence of the ideal-type of networked

relationship between commissioners and trusted providers who had well established funding relationships and where there was acceptance that the provider had the right 'functional attributes' to deliver the particular service and hence did not sit in potential competition with the statutory sector. Here interaction was reportedly characterised by mutual understanding and respect and had facilitated more flexible and responsive approaches that engaged with provider knowledge allowing small projects to be identified and funded.

The downside of this is that providers not party to such relationships might experience them as exclusionary and antithetical to the principle of competition. A dependence on informal relationships also risks narrowing the market, which as Martikke and Moxham (2010) suggest, might exclude providers better placed to meet 'niche' needs or those of marginalised communities.

The implication is that there is a need to balance the advantages of networked relationships with the transparency of more formal arrangements. This is what providers were effectively championing when they appealed for a commissioning approach founded on shared values and vision that adhered to formal rules whilst avoiding excessive bureaucracy.

Conceptualised thus, commissioning was presented as a fairer and more transparent process of decision making, delivering accountability on a number of levels.

Chapter 2 discussed the complexity of 'holding to account' in the context of overlapping regimes of governance, understanding accountability as a social and cultural process not just 'rooted in formal systems and rules' (Newman 2004). In advocating for, or against commissioning, stakeholders drew on different discourses of accountability to justify certain

positions or courses of action. The expectation that commissioners act as 'knowledge brokers', negotiating between a rational use of performance data and 'stakeholder' evidence implies a need to reconcile potentially conflicting lines of participatory, professional and managerial accountability.

A discourse of 'participatory accountability' (Hill and Hupe 2007) to communities, children and young people was amplified by TS providers to legitimate an extended role for themselves in delivering public services while simultaneously justifying the revision of centrally defined priorities and subverting managerial efforts at top down control. NHS providers meanwhile expressed the primacy of their professional accountability to service users and represented the demands of managerial accountability as encroaching on their capacity to deliver this.

LA reluctance to externalise was primarily based on a desire to maintain control of particular areas of provision. This was due, in part, to negative experiences of out-sourcing which had engendered fears primarily couched in terms of a problem of accountability. LA strategic policy makers highlighted the importance of managerial accountability for targets and outcomes over as a way of legitimating their control of the local policy process.

Commissioners can be understood as working, not just within, but also between organisational boundaries in their encounters with providers. The implication of collaborative contractual relationships is that they are held to account, not only vertically, but also horizontally to providers as 'co-producers' of shared outcome priorities (Considine 2002). For commissioners a tension was revealed between balancing the demands of 'public-administrative accountability' (Hill and Hupe 2007) and bureaucratic 'fair play' while

establishing relationships of trust and co-production with providers. For example, adherence to standing financial instructions, as the formal set of mechanisms for checking discretionary decision making, was understood to deliver greater transparency, but it was also identified as curbing flexibility and the capacity for smaller TSO to be involved in tendering for larger contracts.

The following section discusses the research findings related to the second analytical theme by considering some of the conceptual and methodological challenges presented by an evidenced approach to commissioning services.

#### **9.4 Evidence and the commissioning ‘cycle’**

Accomplishing the dual goals of vertical and horizontal accountability rests on the appropriate utilisation of ‘codified’, ‘expert’ knowledge generated by research and quantitative data, and its reconciliation with the ‘local knowledge’ of providers and the experiential knowledge of service users and communities. In highlighting the need to engage with multiple forms of evidence, commissioning guidance (HM Government 2006) suggested the possibility of resolving this ‘top-down/bottom-up’ tension.

However, the ‘commissioning cycle’ makes a number of assumptions about the role of evidence in decision making. Just as at national level, where, as Duncan (2005) suggests, evidence forms only the ‘tip of the policy iceberg’, in Downton it was only one of many factors influencing local policy decision making. Political priorities, local councillors’ desire for re-election, limited resources and entrenched patterns of service provision all figured as influencing factors. Achieving this resolution however, was also compromised by a set of methodological and conceptual challenges and institutionalised ‘information biases’.

Gough (1992) suggests that an approach to need assessment aimed at reconciling the tension between expertly defined 'objective need' with the recognition of the rights and abilities of communities to identify and express their own needs must enable conflicts of interest to be made explicit so that they can be resolved and common priorities established. However, in Downton there was scant reference to alternative forms of evidence at the level of strategic priority setting. Despite making reference to 'data triangulation' the JSNA did not include the views of providers, or children and young people. Although formal processes of consultation had been carried out with regard to the CYP these had been used to endorse previously identified priorities. Hence there appeared to be few opportunities for the discussion and negotiation of issues not defined as priorities by senior strategic decision makers. Issues raised that fell outside the arena of pre-determined priorities for action, were effectively side-lined through a form of 'non-decision-making' (Bachrach and Baratz 1963, 1970). This echoes findings from studies of children's participation that suggest that young people's involvement in strategic decision making is largely confined to consultation and often manipulated to endorse adult defined agendas (Hill et al 2004; Kirby and Bryson 2002). Reference to quantitative 'objective' evidence with its assumption of fact/value, rational analysis/political distinction (Miller 1994; Morcol 2001) appeared to help naturalise centrally defined priorities, suggesting the possibility of meeting the rhetorical ideal of transparent, rational and objective decision making and appealing to the bureaucratic 'ethos of office' (Newman 2004) articulated by some commissioners.

Local policy documents framed strategic priorities as service outputs, the reduction of negative population-based outcomes and the statutory education targets reflecting the

requirement to provide upwards evidence of accountability to centrally defined objectives. High level priorities were thus framed as quantitative measures of social problems. With an appeal to the logic of statistical benchmarking against 'peer neighbourhoods' this meant that need was primarily understood in the conventional sense as 'top down', measurable and objective (Gough 1992), but also relative or 'comparative' (Bradshaw 1972) being understood by reference to those with similar characteristics.

Downton had not established a strategically coherent approach to need analysis or targeting but instead proceeded on a somewhat ad-hoc basis restricted by resources and a lack of local capacity. Need analysis mostly depended on the 'expert knowledge' of public health professionals, who with their background in epidemiology, made sole recourse to quantitative methodologies.

Demographic and area-based data had been drawn on to develop combined indices of need and identify neighbourhoods where children might be most likely to experience poor outcomes. Besides this, targeted needs analysis was most commonly conducted in response to new government defined priorities for action. Where priorities were defined as negative outcomes some attempts at risk factor analysis had been made. This meant attention was focused on identifying 'at risk' groups rather than understanding the factors that might lay behind presenting problems.

A focus on 'at risk' groups or individuals supports an approach that prioritises strategies aimed at individual behaviour change, underplaying the significance of structural determinants on poor outcomes (e.g. SETF 2007, 2008). There was some evidence of this in Downton where factors such as 'low aspirations' and 'poor parenting' were repeatedly

identified as central to the social problems they were trying to prevent. These presented as examples of a form of institutionalised thinking (Douglas 1987) that replicated and embedded a limited set of ideas discouraging more critical analysis. Thus, while participants articulated the importance of material deprivation and social exclusion this had not resulted in needs analysis aimed at building understandings of possible barriers to achieving positive outcomes; the kind of need analysis that suggests a more qualitative approach that engages with the lived experiences of those to whom policy is directed.

Some interviewees expressed the idea that many of the targets for which they were statutorily accountable, were so profoundly culturally and structurally rooted that they were unlikely to impact on them in any statistically significant way. One response to this was a paradoxical, selective use of evidence to support solutions that were amenable to service intervention resulting in the design of interventions aimed at individual behaviour change.

However, other interviewees challenged being 'held to account' according to the logic of 'command and control' policy making; the top-down approach discussed in chapter 2.

Hence, despite a broad acceptance of government defined objectives and ECM priorities, these interviewees were critical of national target setting and their accountability for achieving population based outcomes for highly complex policy problems. They described the world as chaotic, with policy outcomes dependent on a set of complex and unpredictable variables existing in non-linear relationship to each other. This meant that simple relationships of cause and effect were often not possible to determine. They also raised concerns over the potentially distorting effect of orientating service responses towards things that can be measured, suggesting that these did not necessarily equate to

better outcomes for children. As targets and their measurement drew attention, and hence funding, to specific issues or groups this also meant that what was not measured was not a focus of concern meaning more important factors could remain hidden.

What they were describing resonated closely with Chapman's (2004) concept of 'systems failure'. According to Chapman, systems failure is the inevitable result of a mechanistic and linear approach to policy making that focuses on managing the local implementation environment in order to secure policy goals through systems of rigid performance management and target setting. This involves the 'reduction of complex problems into separate, rationally manageable components' (Chapman 2004: 11) and promotes an evidence-based approach that ignores the importance of context dependent knowledge.

Local policy actors recognised that they were not dealing with clear cut, task orientated goals, and that their activity was rarely measurable in any straightforward way. As Lipsky (1980, 2010) argues, this meant that accountability for their services should not take the simple form of counting. Taken at face value, outcome based accountability was thus seen to make 'perfect sense'. Furthermore the ECM focus on outcomes was intended to move attention away from atomistic responses to social problems by establishing cross cutting policy local policy objectives.

However, as discussed above, many of these were operationalised as targets that spoke to discrete areas of service provision and worked against the development of integrated approaches. Where targets were more clearly cross cutting both the LA and PCT had funded discrete elements of work where the logic of producing evidence for accountability implied the need to establish service specific contributions to population outcomes. In the absence

of a clearly articulated 'theory of change' this in turn often meant recourse to measuring service outputs.

Interviewees demonstrated an awareness of the problems inherent in producing unequivocal evidence of 'what works', questioning the epistemological assumption of demonstrating 'cause and effect', and highlighting a range of problems in conceptualising and measuring outcomes. These included, amongst others: separating out the impact of a service intervention from that of other intervening variables; establishing the non-occurrence of negative outcomes; and evidencing the impacts of services that might take many years to emerge. They also discussed the problem of demonstrating efficacy when there was very little concrete evidence of what an effective intervention might look like. In these situations they discussed the importance of learning through risk taking, innovation or experimental design. They highlighted the need for horizontal learning; to foster '*world class providing as well as world class commissioning*' and '*blue-sky thinking*' whilst suggesting that opportunities for doing this were limited by both time and contractual obligations that left risk taking to the provider.

In this study both providers and commissioners asserted the importance of context dependent or 'local knowledge' in informing strategic decision-making and commissioning. This is the knowledge developed by practitioners in their day-to-day interactions with the families, children and young people who access their services and of the communities within which they work. It is what providers described as '*evidence on the ground*' and what the DCS referred to as knowledge of '*what real people need from services*'. However, despite stressing the importance of this knowledge source, the capacity of providers to inform the

early 'shaping' stages of priority setting or subsequent in-depth needs analysis and targeting was under-utilised. Instead, both, as we have seen, made primary reference to quantitative data, even though this was widely considered inadequate or misapplied. The exclusion of local policy relevant knowledge left practitioners from both sectors describing a disjuncture between what they felt they knew about local communities and their presenting needs and the value placed on that knowledge by commissioners and decision makers.

Yanow (2004: 19) suggests that a tendency for organisations to disregard or even disparage local knowledge may, in part, be located in 'the politics of expertise and of science', that accord the 'expert' knowledge, derived from academic and professional training, a higher status than the experiential 'field knowledge' of workers at the periphery of organisations. In Downton, the 'problem' of data management was not so much a problem of too much, or too little data, but of the importance afforded to different sources of information and the readiness of decision makers to learn from it. The complex processes of data collection and risk analysis that predominated at the policy formulation stages of commissioning yielded data understood as 'objective' or 'scientific' evidence of need, that on paper appeared to confer it with a greater legitimacy than that that might be available from providers. Even still, this data was rarely incorporated into commissioning decisions.

However this was not the full story, for even where practitioners had developed expertise in 'codifying' their knowledge through relatively sophisticated data collection and analysis, commissioners were reportedly 'not interested'. The apparent disregard of commissioners of provider knowledge at this level was not however, a function of their individual information biases, but of the hierarchical and managerial concern with evidencing cost-effectiveness.

Thus, for example, in the PCT, the institutionally established practice of commissioning against contacts meant this additional data was considered superfluous to requirement. Here, 'evidence for accountability', defined as accountability for outputs rather than outcomes, predominated.

More commonly it was in the informal encounters between commissioners and providers that local knowledge was used to most effect. Here relationships were characterised by longevity and the development of mutual regard built on respect for each other's professional or practice competence. The level at which local knowledge appeared most highly valued was where it was understood to inform the development of contextually relevant services responses, and commissioners frequently described their most successful projects as informed by local providers' experiences of what might 'work'.

Lipsky's (1980) thesis draws attention to the issue of 'goal ambiguity' and the role of front-line agency in modifying intended policy outcomes at the point of implementation. Chapter 8 gave evidence of both TS providers and strategic decision makers reinterpreting formal policy goals in line with their readings of what was needed locally. Entrepreneurial TS providers showed the ability to draw on elements of NL policy rhetoric to engage in the selective appropriation of evidence to justify courses of action and decision making that allowed them to prioritise local goals. By reframing narrowly defined problems within a broader conceptualisation of exclusion and poverty, and aligning these with other agendas, they were able to develop more flexible strategies to overcome the limitations imposed by a centralising system of targets and government defined priorities.

In a limited number of cases they had negotiated these modified interpretations with commissioners and other strategic stakeholders. This process of negotiation had resonance with Durose's (2009: 35) recasting of Lipsky's (1980) discretionary policy making at the front line, from 'coping' to 'responsive' and 'entrepreneurial' strategies for reconciling the different demands of local and hierarchical accountabilities. In other contexts, however, this was articulated in more subversive terms, with locally identified priorities and outcomes discursively aligned with, or bent to 'fit', funding allocation criteria. In employing either strategy, these providers illustrated the ability to function within and across what Yanow (2004: 16) describes as different 'knowledge sites': that of their own area of practice expertise; the organisational context of this practice; the 'extra-organisational' or community context; and that of the statutory funding agencies to which commissioners belong.

Both commissioners and providers questioned the validity of government claims to an 'evidence-base' for the programmes they were expected to fund and implement. Identifying context as critical they questioned the appropriateness of implementing programmes of intervention that had been developed and evaluated elsewhere via 'gold standard' methods. Instead, they endorsed the idea of local solution finding, actively redesigning centrally prescribed evidence-based programmes in order to render them, contextually relevant according to their experience. In so doing, they effectively compromised their status as 'evidence-based' in the original sense, and exposed a tension between the twin goals of EBP and local governance (Coote et al 2004; Newman 2004). However, it is important to stress that both local and 'expert' knowledge are important and should not be thought of as mutually exclusive. Interviewees in this study argued that local knowledge was important in

ensuring technical and professional knowledge was applied in a way that was appropriate to their service users and communities.

Chapter 4 argued that evidence-based policy entails the assumption of value neutrality, ignoring the role played by values in formulating policy goals and responses (Morcol 2001). In revising centrally-defined policy goals and reformulating solutions some interviewees made explicit reference to values and the ethical and moral implications of their chosen strategies. They suggested that a 'values-base' was as important as 'what works' stressing the importance of a community development approach that worked from a strengths perspective and valued local people's ability to identify and their own needs and solutions. This involved recognition of the relationship between power and knowledge endorsing a 'phronetic' approach to local policy learning (Flyvbjerg 2001) that asserts the primacy of context dependent knowledge with reference to ethics and values.

Yanow's (2004) suggestion that the sidelining of local knowledge is rooted in conflicting systems of knowing leads her to conclude that learning needs to involve seeing organisational life 'multiculturally' in the sense that it values different forms of knowledge. Because local knowledge is interactive and contextual it is hard to 'codify', manage and transfer and might be better thought of as 'knowing-in-practice'. This suggests the need for learning through the integration of different ways of knowing: Aristotle's phronesis, or 'practical wisdom' (Flyvbjerg 2001) as well as 'episteme' and 'techne' around which evidence-based approaches are framed (Parsons 2002).

## 9.5 Concluding thoughts

In the opening chapter of this thesis it was observed that, despite being accorded a central role in improving outcomes for children and delivering efficiency, joint strategic commissioning in children's services had been slow to embed. Not only do entrenched cultures of service provision and enduring tensions between partnership, hierarchies and markets impede its development but the commissioning cycle fails to acknowledge the 'limits of steering in a world in which prediction and control is so difficult and in which 'evidence' is so problematic'. (Parsons 2002: 51).

This thesis has provided a micro-level analysis of the interactions between differently situated policy actors, both behind and on the front line, in the process of implementing joint commissioning in children's services. It has not been concerned with evaluating the success or otherwise of this process or with passing judgement on whether commissioning has the capacity to deliver better outcomes for children as claimed. Rather, by working from a social constructionist perspective the objective has been to understand the meanings that commissioning has for differently situated policy actors, and how the relationship between these and their different strategic and goal interests, impact on policy outcomes. In exploring how evidence is used in the process of commissioning concern has been with the ways in which policy actors negotiate between different 'ways of knowing', and the relationship between this, and the managerial and organisational constraints within which they work.

Challenges to the integration of children's services are likely to endure and this study has attempted to illuminate some of the potential obstacles for commissioning in helping to

achieve this. Commissioning implies the co-existence of conflicting modes of governance that can set statutory and TS 'partners' in competition with each other. Enduring hierarchical lines of accountability and a tendency to revert to organisational silos together present obstacles to the emergence of networked relationships of collaboration and the establishment of shared goals.

The resistance to commissioning as a tool of governance suggests it would be a mistake to assume there is complete consensus about its role in service improvement. The policy rhetoric is that commissioning, underpinned by contestability, is central to delivering better outcomes and improved efficiency. However, it is possible that the ideology of markets has not achieved the degree of cultural hegemony necessary to effect the complete suppression of dissent and policy challenge.

The outcome for joint commissioning could be understood as a form of Lindblom's (1959) 'muddling through', characterised by small adjustments to strategy and the alignment of some marginal budgets. These represent modest steps forward in establishing a central role for joint commissioning in delivering more efficient, effective needs led services as suggested by ECM and subsequent policy guidance.

Evidence from this research indicates that it takes far longer than policy makers allow to effect organisational change, particularly where this challenges existing power relationships. The data for this thesis was collected prior to the election of the Coalition government in 2010. Since then there have been considerable changes in the policy environment that are likely to impact on the development of joint strategic commissioning in children's services.

These include the removal of the statutory guidance for CT in 2010 so that CTBs are no longer required to produce a CYPP. The policy direction for schools continues to be towards ever greater autonomy, although the intention to remove the statutory duty for schools and other educational establishments to cooperate was withdrawn from the Education Act (DfE 2011a) at the eleventh hour. The development of health and well-being boards, NHS commissioning boards, GP commissioning consortia and the relocation of public health to LAs imply different lines of accountability for the achievement of policy outcomes, and new structural arrangements for commissioning. GP consortia are unlikely to promote joint approaches between the NHS and LAs but re-housing public health within LAs has the potential to facilitate more integrated approaches to cross-cutting issues.

The appeal to a logic of evidence based decision making at all stages of a rational commissioning 'cycle' suggests the possibility of pulling the local policy making out of the 'policy swamp' (Schon 1983) and on to firmer ground. However, rather than acting as 'facilitators of rational deliberations' (Torgerson 1997) commissioners could likewise be better described as 'muddling through'. As policy implementers sitting 'behind the front line' commissioners negotiate policy across different domains. This requires them to integrate different ways of knowing which they accomplish with varying degrees of success and within the bounds of a set of managerial and organisational constraints.

Commissioners and providers variously leaned towards more positivist or constructionist ways of seeing the world. Engaging in a form of 'epistemological bricolage' (Freeman 2007) they pieced together different forms of evidence, making 'situated judgements' (Prior 2009) about their relative value. These judgements were, in part, contingent upon their different

epistemological outlooks which provided conceptual justifications for the use, or rejection, of different forms of evidence in different contexts.

However, they also reflect the instrumental purpose that evidence is expected to play.

Overlapping regimes of governance imply multiple lines of accountability that demand different 'action imperatives' (Hill and Hupe 2007). This raises questions pertaining to the balance between achieving public-administrative accountability with community responsiveness. Public-administrative accountability embodies a form of rational instrumentalism that ensures the predominance of quantitative over other forms of evidence and inhibits the capacity for learning. The horizontal and participatory accountability implied by networked and community governance favour a role for local knowledge in establishing priorities and designing contextually relevant solutions.

The tension between control and autonomy in achieving policy outcomes endures with the Coalition government despite the localism and 'Big Society' policy initiatives. Together these suggest a future research agenda concerning how and whether their stated aspirations of enhanced participatory accountability is achieved and how this might impact on the role of alternative forms of evidence in informing the local policy process.

The contemporary policy landscape is evolving and still unclear. In children's services the Munro report (DfE 2011b) is not only significant but welcome, articulating the case for a move from managerialism and the equation of 'performance' with conformance to performance targets, calling instead for the creation of a learning culture that supports both professional competence and discretion. On the other hand the spectre of 'payment by results' (PBR) recreates the same problems and tensions as outcome-based commissioning,

shifting the blame for 'policy failure' to implementers. By linking the achievement of policy goals directly to resource allocation, PBR accords little sympathy to the idea of 'goal conflict' and is more likely to foster compliance in the interests of survival than innovation and policy deliberation.

This study has afforded an insight into the role of situated agency in revising, resisting and negotiating policy, reflecting a values-conflict between professional and practice ethics and performance management imperatives. In so doing it suggests the need for closer academic attention on the role of ethics and values in the policy process and the relationship between them and 'different ways of knowing'.

It has been beyond the scope of this thesis to adequately explore the literature on organisational learning but findings would endorse a position that favours an alternative set of learning strategies to those implied by a narrow approach to what constitutes 'evidence'. This includes support for the sort of reflective practice that Schon (1973, 1983) and Chapman (2004) advocate: learning through practice, experimentation and risk taking, with a readiness to modify practice. For commissioners this would include enhancing the capacity for reflexive learning about the use of evidence and resisting resort to command and control strategies over the local policy process. A good use of evidence, like successful governance, depends on the 'mix' (Rhodes 1997). Resolving the top-down/ bottom-up tension implies the need to value, not just technical, professional and 'scientific' knowledge, but also the local knowledge of front-line workers and communities.

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# **APPENDIX 1: BRIEFING SHEET FOR RESEARCH PARTICIPANTS**

## **Who is conducting the research?**

Lucy Loveless: Institute of Applied Social Studies, University of Birmingham, B15 2TT

## **What is the research about?**

The title of the research project is 'Developing Evidenced Outcome-based Commissioning in Children's Services'. This research is joint-funded by the Department for Children, Schools and Families (DCSF) and the Economic and Social Research Council (ESRC) and forms part of a PhD thesis at the University of Birmingham.

The research takes a case study approach and involves qualitative or in-depth interviews with key strategic and service provider partners. The focus of the study is on the processes by which service planners and commissioners determine patterns of resource allocation and service provision to meet identified outcomes.

## **What will the interview involve?**

The interview will last approximately one hour. With your consent it will be recorded and subsequently transcribed.

Questions will be centred on the following thematic areas:

- Partnership structures and multi-agency working
- Your experience of commissioning within Children's Trust arrangements
- Processes for identifying and defining priority outcomes and need
- Use of evidence in determining service responses and evaluating effectiveness
- Involving children and families in decision making

It is likely that as different participants will have different roles and areas of expertise that you may not be able to discuss all the areas. This does not matter, as I am interested in your particular area of knowledge, and will just miss out the areas that you are not familiar with.

**What about confidentiality?**

All interview data will be anonymised and treated as confidential. Participants' identity will be protected through the use of ID codes or pseudonyms and anonymity ensured where direct quotes are used. Neither the Local Authority nor the organisation that you work for will be identified in subsequent reports.

Interview recordings will be stored on a password protected non-networked PC that only the researcher has access to. At the end of the project original recordings will be destroyed so that only anonymised data remains.

Your participation is voluntary and you have the right to withdraw from the interview at any stage or refuse to answer any particular questions. You can also withdraw your data from the research process at any point up to a month from time of interview.

**How will the research be used?**

Research findings will be submitted to the DCSF and published as part of a PhD thesis. They may be published elsewhere in future. By documenting and analysing the experiences of commissioning bodies involved in the complex processes demanded of them through new planning requirements this research aims to inform future approaches at the levels of local practice and national policy.

## **APPENDIX 2: INTERVIEW SCHEDULE COMMISSIONED SERVICES**

Reiterate issues related to confidentiality and anonymity. Confirm that participant is free to withdraw from the interview/research process.

### **1. Introductory**

Could you briefly describe your current role?

What is your role in relation to the CYPTB/wider children's trust arrangements?

### **2. Structure and Governance**

How would you describe the function and role of the CYPTB? What would you say its main focus of activity is?

Explore relationships between the Board and the smaller VCS providers – how far do larger/more established and favoured or trusted providers predominate?

The government's original intention was that CTs would bring 'together services working with children under one organisational framework' that would have a single planning and commissioning function – how far do you think that has happened within Downton?

What have been the facilitating factors or barriers to this?

Can you describe relationships between the key children's service sectors in Downton?

### **3. Commissioning**

What do you understand to be the role of the DPJC?

What is the relationship between you/your service and the DPJC?

Which services that you are involved in delivering have been or are currently commissioned through the DPJC? Are these new services or existing services that have been re-commissioned?

How do you expect this to change in future?

What was the rationale(s) behind commissioning or re-commissioning these services?

Do you know what processes/evidence (documents?) were used to inform these commissioning decisions?

What has been your experience of working with commissioners? What has been your experience of the contracting process?

#### **4. Identifying and prioritising outcomes**

Do you feel there is a difference in planning against outcome rather than need? How do you understand the relationship between need and outcome?

How do you understand the difference between planning against outcomes as opposed to outputs or targets?

Have there been discussions or developments around shared understandings of need? Has it been possible to develop shared understandings?

Have you been involved in the JSNA/other strategic needs assessment processes?

Can you explain by what process Downton's (high level) priority outcomes for CYP have been arrived at? How have you contributed towards that?

What outcomes are expected from the services you are responsible for?

What is your approach to needs assessment? Who uses your services – how do you target your services - what informs targeting decisions?

Explore the balance between national versus locally determined priorities– how far do you think local discretion is 'real' - how far do national indicators dictate local priorities?

Do you think that the need to meet national priorities conflicts with working to community priorities – explore strategies to overcome these conflicts

How do you think different professional perspectives inform understandings – are different understandings accommodated – do particular understandings predominate? What about service providers?

How are service users/children, families and communities involved in the process of need assessment? What are the mechanisms for this?

#### **5. Evidencing effective interventions to achieve priority outcomes**

Please describe in detail how one or two interventions you are involved in delivering have led to successful outcomes. How do you know they were successful?

How do you collect evidence of outcomes/impacts? What kinds of indicators do you use for measuring effectiveness – elicit narrative account

How are monitoring and local performance management tools/ evaluation demonstrating outcomes?

Are practices changing through looking at evidence of outcomes? Can you give an example?

Do you make use of research and evaluation evidence – if so what and how?

## **6. Review and learning**

How is evaluation used to inform future commissioning/decommissioning?

Do you think evaluation evidence can be manipulated for political/other reasons?

What are the systems for learning: from service providers/service users; learning between providers and between strategic stakeholders?

## **7. Close**

Is there anything you would like to add that you think needs stressing or has not been covered?

Thank you for taking part.

Determine whether interviewee is interested to receive summary of results

## **APPENDIX 3: INTERVIEW SCHEDULE STRATEGIC STAKEHOLDERS/COMMISSIONERS**

Reiterate issues related to confidentiality and anonymity. Confirm that participant is free to withdraw from the interview/research process.

### **1. Introductory**

Could you briefly describe your role within the commissioning directorate?

Could you briefly describe your role in relation to the CYPTB/wider children's trust arrangements?

### **2. Structure and Governance**

Could you describe briefly how current CT governance arrangements and partnership structures have evolved over time? Emergent sub-groups, executive group etc

What is the main focus of the CYPTB at the moment? Is it a decision-making body? Where are decisions taken?

Explore the nature of the CT/partnership. Is it a 'learning organisation', open to change? Are there opportunities for debate – how is learning/debate facilitated across the Trust?

Is there a level of trust between agencies and the different sectors?

Could you describe briefly what you understand to be the function and role of the commissioning directorate? What is its relationship to the wider CT?

What level of direct budgetary control/influence does the DCS have?

What has been the Downton experience of pooling/aligning budgets?

The government's original intention was that CTs would bring 'together services working with children under one organisational framework' that would have a single planning and commissioning function – how far do you think that has happened within Downton?

What have been the facilitating factors or barriers to this? Are there any agencies not engaged with the process? How have GPs been involved? What about schools?

To what extent do you think there is a shared vision for children and children's services across sectors/agencies?

Can you describe partnership relationships between the key sectors? What are relationships between the VCS/LA /health like? Who are the dominant players?

How far do think government guidance/policy has facilitated or impeded the process of partnership working within CT's?

### **3. Commissioning /markets and competition**

Do you think there is a shared understanding of commissioning across the CYPTB/CT?

Can you give me a narrative account of how the commissioning strategy has been developed?

How far do you think government guidance has been useful?

Explore how the integrated service model/commissioning strategy and service review processes have been adopted

How has experience of commissioning in other contexts contributed to understandings of children's services commissioning- CF, health, adult services?

Which services have been or are currently commissioned through the DPJC?

Are these new services or existing services that have been re-commissioned?

What was the rationale(s) behind commissioning or re-commissioning these services?

What evidence has been used to inform these commissioning decisions?

Can you describe the process by which services are commissioned?

Explore the extent to which outsourcing has increased – which services have been outsourced?

Has this formed part of a deliberate and explicitly developed policy? How are services put out to tender?

Do you think encouraging market contestability/developing alternative providers can deliver better outcomes – how and why?

Do you think competition can improve service quality/outcomes for children and families? In which services? If not why not – what are the potential negatives of a market-based approach?

How has the TS/private sector been involved in the process?

Has competition been used to challenge in-house providers?

#### **4. Identifying and prioritising outcomes**

Can you explain by what process Downton's priority outcomes for CYP have been arrived at?

How do you understand the difference between planning against outcomes as opposed to outputs or targets?

Do you feel there is a difference in planning against outcome first? How do you understand the relationship between need and outcome?

Explore the balance between national versus locally determined priorities– how far do you think local discretion is 'real' - how far do national indicators dictate local priorities?

Do you think that the need to meet national priorities conflicts with working to community priorities? Explore strategies to overcome these conflicts

How has the contractual process been developed to encourage an outcome-focused approach to service delivery – concrete examples of where this has happened?

Explore experience of using the contractual process to ensure desirable outcomes are met – contracting against outcomes rather than outputs or targets.

#### **5. Use of evidence to assess need**

Do you have a shared strategic approach to needs assessment – is it different across different service areas or themes?

What has been your involvement in strategic needs assessment? Have you been involved in the JSNA? Elicit a narrative account.

Explore the process of needs assessment: use of quantitative versus qualitative data – use of research evidence. Explore understandings of risk and resilience.

How do you think different professional perspectives inform understandings – are different understandings accommodated – do particular understandings predominate? What about service providers?

How are service users/children, families and communities involved in the process of need assessment? What are the mechanisms for this?

#### **6. Evidencing effective interventions to achieve priority outcomes**

Please describe in detail how one or two projects/programmes/interventions commissioned through the DPJC that have led to successful outcomes. How do you know they were successful?

How are monitoring and local performance management tools/ evaluation demonstrating outcomes? Are practices changing through looking at evidence of outcomes? Can you give an example?

How are different partners involved in identifying effective strategies and processes to meet identified priority? How does this feed into commissioning process? Is there a shared strategic approach to this?

What about use of research and evaluation evidence?

### **7. Review and learning**

What are the systems for learning: from service providers/service users; learning between providers and between strategic stakeholders?

How is evaluation used to inform future commissioning/decommissioning?

### **8. Close**

Is there anything you would like to add that you think needs stressing or has not been covered?

Thank you.

Determine whether interviewee is interested to receive summary of results