Integrating Local Government Services for Children in England:

A Policy Implementation Case Study and Analysis

Jordan Thompson

Lisa White

Sarah Carnochan

Michael J. Austin

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INTRODUCTION

In 2003, England began a massive policy implementation effort to improve coordinated care and services for children in the country. The Every Child Matters (ECM) agenda aims to join up all local services for children and families in each of the 150 local authority areas of England[1] under the direction of a Director of Children's Services, who has overarching responsibility for the coordination of social care (child welfare), education, and health services. Prior to this policy shift, each sector operated independently with few opportunities or structures in place for professionals from different agencies to work together or to communicate about the care of individual children or families. With the implementation of the ECM agenda, there is now local overarching responsibility for almost all services related to children and families, supported by legislation that requires those agencies to work together to improve the life outcomes of local children and families. This change represented a significant shift in how services for children and families are organized, and has been described as "transformational" (Department for Education and Skills [DfES], 2007, p 11).

The purpose of this analysis is threefold. First, efforts in England and other countries to address child welfare policy and practice problems are similar in the United States. Like many nations, the United States has engaged a variety of strategies to meaningfully address children's services and, particularly, children at risk of abuse and neglect. While comparable efforts to integrate children's services in the U.S. are not as transformational as those recent policy innovations in England, similar efforts toward service integration have surfaced in the U.S., for

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[1] Local government in England is divided into two-tier 'shire' counties with some local government functions occurring on a county level and others on a district level, metropolitan districts, London boroughs and unitary authorities with only one level of local government. For the sake of simplicity, "local authority area," "local area," "area," and "authority" will be used in this report to refer to the local government structure. Every Child Matters applies to England only, although similar initiatives exist in the other countries of the UK.

example wraparound services for foster youth and school-based physical and mental health services. Second, analyzing the policy implications and lessons learned from the England case study allow us to participate in cross-national learning, to apply and better understand the similarities and differences between nations, cultures, governments, and social service systems. Finally, the value of case studies is the ability to investigate and understand individual, group, organizational, social, and political phenomena within a real life context. Case studies have the capacity to understand real world phenomena through the relationship to contextual factors. In this analysis, we use case study research to both understand the complex implementation efforts of the Every Child Matters policy agenda and apply a promising policy implementation theory to organize and assess implementation efforts.

METHODS

The case study and analysis was completed in two stages, the collection of data from case study participants and secondary data sources, and the review and application of policy implementation theory.

The data presented in this case study comes from an online survey and ten interviews with Directors of Children's Services (DCS) or their representatives in June and July 2010. The list of contacts was built from the recommendation of a senior DCS who had been the president of the national Association of Directors of Children's Services as well as from recommendations received from the new director of Research in Practice (Dartington). Based on a review of the literature on Children's Trusts and integrated working arrangements, we found three documents that provided a significant amount of information and helped to inform the development of the 16-item questionnaire and framework of our case study; namely, the phase one report and final evaluation of Children's Trust pathfinders and the report entitled *Are we there yet? Improving*

governance and resource management in Children's Trusts (DfES, 2005; DfES, 2007; Audit Commission, 2008).

After developing our questionnaire, we contacted the 16 Directors of Children's Services and asked for their participation in our study. We attached the questionnaire, and requested that they complete it then arrange for a follow-up telephone conversation. Of the sixteen DCSs, ten agreed to participate, though in two cases they offered a delegate. Of the six other DCSs, one had recently left her post and the position was not yet filled, and four agreed to participate, but then were unable to do so. We interviewed all respondents over the telephone. The local authority areas covered were three London boroughs, four two-tier counties with a mix of rural and urban areas, and three metropolitan districts outside of London.

The analytical process for this case study began with a review of policy implementation theories presented in *Implementing Public Policy: An Introduction to the Study of Operational Governance* (Hill & Hupe, 2009). After completing an overview, we identified a promising theory, the Multiple Governance Framework. The framework was both a promising, new theory as well as an appropriate framework to apply to the Every Child Matters policy agenda and implementation processes. Pulling data from the case study, we organized the descriptive information within the framework for both outlining the case study and analyzing the policy implementation process.

BACKGROUND

The Multiple Governance Framework

While the Stages Model of policy implementation theory may be a popular means by which to analyze implementation due to the model's ability to simplify complex policy processes, many criticisms of the framework have grown over the years. Primarily, the Stages

Model imposes an arbitrary (and possibly incorrect) perspective that policies are implemented with neat, linear progression. There is an expectation that problem identification leads to agenda setting, which leads to policy formulation and decision-making to policy implementation and, finally, policy evaluation (Hill & Hupe, 2009). The Stages Model can offer an oversimplified strategy to analyze the successes and identify the failures of policy implementation.

Sabatier concludes that the Stages Model has "outlived its usefulness and needs to be replaced with better theoretical frameworks" (2007, p. 7). He offers the following summary of criticism of the Stages Model: (1) the model is not a causal theory; (2) the automatic assumption of successive order is often descriptively inadequate; (3) the model has a top-down bias; and (4) the focus on a single "policy cycle" makes little sense in the context of multiple and interacting cycles and levels of government.

Based partly off of Elinor Ostrom's Institutional Analysis and Development Framework (Kiser & Ostrom, 1982), Hill & Hupe (2006) propose an alternative model for policy implementation analysis that focuses on the institutions and types of decisions made in which policy goals and processes are "nested." In other words, their approach, the Multiple Governance Framework (MGF) provides a picture of policy implementation that differentiates between the various aspects, activities, and decisions that comprise the policy implementation process.

MGF consists of three distinctive, but interrelated, categories: levels, loci and layers (see Table 1). The framework centers on the concept of levels, which Hill and Hupe (2006) define as "action levels," "tiers of decision-making," and/or "activity clusters." These are three broad sets of decision-making processes or activities pertaining to governance of policy implementation. "Constitutive governance" pertains to both decisions about the content of the policy and about the organizational arrangements for content delivery. For the purposes of this analysis, we are

focusing on the aspect of constitutive governance related to organizational arrangements. "Directive governance" is the formulation of and decision-making about collectively desired outcomes. It is the general rule setting and content decision-making of a policy. "Operational governance" concerns the actual managing of the outcomes realization process.

Table 1: The Multiple Governance Framework

"**Layer**": formal administrative layer	"**Locus**": actors	"**Level**": broad sets of activities		
		Constitutive: structures/ institutions	*Directive*: content/ substance	*Operational*: managing of policy
For example: *National (Federal) vs. Local (State or County)*	*System*	[Institutional design]	[General rule setting]	[Managing trajectories]
	Organizational	[Designing contextual relations]	[Context maintenance]	[Managing relations]
	Individual	[Developing professional norms]	[Situation-bound rule application]	[Managing contacts]

(adapted from Hill & Hupe, 2009)

The other two categories, loci and layers, have to do with the concept of "actors" or the governing players in the policy processes or activity clusters mentioned above. "Layers" refer to formal administrative actors (e.g. federal, state, and county government), which are distinguished from "loci" or the scale at which activities can vary. These loci are, again, threefold and can vary from (1) action of or between individuals, (2) action of or between organizations, and (3) action of or between systems. Distinguishing between loci and layers allows a researcher to observe specific activities between individuals, organizations, and systems, irrespective of the formal administrative layer (i.e. local, state or national administrative layer of government).

Every Child Matters: A Policy Overview

The Laming Report was published in January 2003 following the death of eight-year-old Victoria Climbié. A number of agencies (four social services departments, three housing departments, two specialist child protection teams in the Metropolitan Police, two different hospitals, and the National Society for the Prevention of Cruelty to Children) had contact with Victoria in the months preceding her death, during which time she was being severely abused by her caregivers (House of Commons Health Committee, 2003). Lord Laming called it a "gross failure of the system," saying that "not one of the agencies empowered by Parliament to protect children in positions similar to Victoria's – funded from the public purse – emerge from this Inquiry with much credit…The agencies with responsibility for Victoria…were under-funded, inadequately staffed and poorly led… [and] there was plenty of evidence to show that scarce resources were not being put to good use" (Laming, 2003, p 4).

The Laming Report made 108 recommendations, including enhanced integration of services and the formation of "committees" that would ensure services were better coordinated and interagency working was better managed. The Report argued for a stronger assessment and information base, clearer structures for the integration of services for children, and a stronger focus on meeting children's needs. In June 2003 the Secretary of State for Health invited health, social services, and other partners delivering services to children on a local authority level to "join up" by working together on discrete projects. These projects were "pathfinders" for Children's Trusts, which later legislation would require all local authorities to establish (Barker, 2009). The initial 35 pathfinders were given three-year funding to establish themselves. Key features included pooled budgets, area-wide needs assessments, information sharing, workforce development, and multi-agency working. They focused on projects that looked at specific groups

of children, particular aspects of local authority services (e.g. for disabled children), and serving limited geographical areas (Audit Commission, 2008).

In September 2003 the Every Child Matters (ECM) Green Paper was published and proposed the development of Children's Trusts for all local authority areas in England. The core of ECM are five outcomes to which all children have a right – being healthy; staying safe; enjoying and achieving; making a positive contribution; and economic wellbeing, and all services for children should be working toward improving those outcomes. The mechanism for improving outcomes was to strengthen preventative services by focusing on four key themes: 1) Increasing the focus on supporting families and caregivers; 2) Early intervention and effective protection of vulnerable children; 3) Addressing weak accountability and poor integration, which were identified by the Laming Report as underlying structural problems; and 4) Ensuring that the children's workforce is valued, rewarded and trained (DfES, 2003).

In November 2004 the *Children Act 2004* passed into law, providing the legal basis for Children's Trusts and the Every Child Matters agenda. Children's Trusts are cooperation and partnership arrangements led by the local authority and exist to plan, fund, commission, and deliver coherent services for local children, young people, and families. Children's Trusts are not separate organizations in their own right; they do not own assets or employ staff. However, they do "advise and influence local action. Decisions made, or principles agreed upon, by Children's Trusts can influence the deployment of staff and other resources, including the use of assets" (Audit Commission, 2008, p 9).

The government's expectation was that most authorities would have Children's Trust arrangements in place by 2006 and that all would be in place by 2008. Local authorities were required to appoint a Director of Children's Services (DCS) and to designate a Lead Member for

children's services by April 2008; previously each local authority area had a Director of

Education and a Director of Social Services. The DCS is *professionally* accountable for the

delivery of education and social service functions, as well as some health functions for children

in the care of the authority, and must develop a Children and Young People's Plan (CYPP)[2] and

a local safeguarding children board (LSCB) to ensure the effectiveness of services that protect

and promote children's wellbeing. The Lead Member is *politically* accountable for the same

services as the DCS.

The Children Act 2004 imposed a "duty" – which means that it is a requirement

mandated by law – on local authorities to improve the wellbeing of local children as defined by

the five ECM outcomes. The Children Act outlined the essential components of Children's

Trusts and the Children's Trust approach. It allowed local partners to decide how their own

partnership would be structured and managed, and how it would be named and identified locally.

Some partners, such as local authority children's services and the primary care trust[3], were given

a "duty to cooperate," i.e. they are required by law to work together, while other partners,

including schools, were encouraged to participate in the Children's Trust, but, until January

2010, had no official duty to cooperate. The "duty to cooperate" formed the basis of the creation

of Children's Trusts. As one of our study respondents noted about the Children Act 2004, "In my

opinion, [it] was the best piece of legislation created in a long time as it is based on improving

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[2] Children and Young People's plans (CYPPs) are single strategic plans for all local services for children and young people and each local authority area is required to produce one. CYPPs should be organized around the five ECM outcomes (being healthy; staying safe; enjoying and achieving; making a positive contribution; and economic wellbeing) and include a local vision for improving children and young people's wellbeing, key outcomes, an analysis of needs, actions with timescales, arrangements for joint planning with key partners and for performance management and review of services, and an outline of how consultation informed the plan.

[3] Primary care trusts (PCTs) are the local agencies responsible for health services as part of the National Health Service. PCTs deliver primary care, including medical, dental, optician, and mental health services, as well as contracting out with other providers of health services (www.nhs.uk).

outcomes for children and families. It has been astonishingly powerful, with the whole country working within the same framework."

In December 2007 the national Children's Plan was published. The Children's Plan brought together much of the earlier guidance and legislation surrounding Every Child Matters. The Children's Plan sets out targets for improving all areas of children's wellbeing. It gave local authorities a mandate, through Directors of Children's Services, and primary care trusts, through Directors of Public Health, to work together on a joint needs assessment to meet those targets. A joint needs assessment is an analysis of the current and future needs of children and families in a local area that cross traditional organizational boundaries, e.g. the mental health needs of school age youth or the academic needs of disabled children. Services should be developed based on this needs assessment.

In 2008 the government published new policy guidance for Children's Trusts that updated 2005 guidance and placed greater emphasis on improving outcomes and promoting change in the culture of inter-agency relations. Schools still were not "relevant partners" with a duty to cooperate, but the guidance called for a significant change in how schools were involved in Children's Trust arrangements, including improved accountability for the outcomes of children and young people, as well as accountability within the Children's Trust for the educational achievement of children, and a greater role for Board members of the Children's Trust related to commissioning[4] (contracting for) local services (Department for Children, Schools and Families, 2008).

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[4] Commissioning describes the process of assessing need in a local authority, identifying resources available, planning how to use the resources, arranging service delivery, reviewing the service and then reassessing need. This process should be ongoing and repeated continually to ensure that children, young people and families are getting quality services that are effective, efficient and economical (DfES & Department of Health [DH], 2006).

It was only with the November 2009 *Apprenticeships, Skills, Children and Learning (ASCL) Act* that schools were included in the regulations. The ASCL Act placed Children's Trust boards on statutory footing and mandated that schools become "relevant partners" with a duty to cooperate.

ANALYSIS

The MGF allows us to understand the intersecting and overlapping nature of the complicated change in monitoring children's services in England, namely through the implementation of the Every Child Matters agenda. Our key informant interviews identified a number of critical supports for the successful policy implementation of the Children's Trusts. After compiling the data from our key informant interviews and secondary resources, we pulled key aspects of the data that aligned with Hill & Hupe's concept of "activity clusters" or "levels." We attempted to fit the descriptions of implementation activities and processes into the MGF grid and used the grid to better understand and analyze key aspects of the case study. We discuss and elaborate our findings in the context of the MGF by highlighting how particular supports fit within the three levels or "activity clusters." Our analysis is structured around the primary concepts of levels, with discussion about layers and loci developed where necessary. See Table 2 for an overview of these activities categorized using the MGF structure.

Table 2: Applying MGF to England's Children's Trusts

	Constitutive	Directive	Operational
System	Duty to cooperate		Inspection regimes
Organizational	Governance structures	Joint planning & commissioning	Common Assessment framework
Individual			Common Assessment framework

Constitutive Level

"Constitutive governance" pertains to both decisions about the content of the policy and about the organizational arrangements for content delivery. For the purposes of this analysis, we focused on the organizational arrangements of policy implementation as a key determinant of constitutive governance. The examples of constitutive governance in the case of England's Every Child Matters agenda includes the duty to cooperate and new governance structures across agencies and systems.

Duty to Cooperate

The Children Act 2004 and subsequent legislation required certain agencies to work together to improve the wellbeing of local children. The duty to cooperate is a key process for the implementation of the Every Child Matters agenda and represents a restructuring of the service provider system. Partners with a "duty to cooperate" include social care (i.e. child welfare), health, and education. The "duty" represents an integral shifting of internal processes and institutional designs of the agencies and their collaboration to provide integrated services to children. This is an example of constitutive governance because this aspect of the ECM implementation process includes the restructuring of the organizational relationships between agencies and service systems. This aspect of the policy implementation process shifted the institutional design of child-involved service systems, requiring a new coordinated and collaborative approach, altering the structure of the participating service systems.

The decisions to develop duties to cooperate amongst disparate and independent agencies created both institutional redesign (system & constitutive) at different formal administrative layers – within the federal administrative departments and at a local level within local authorities and appointed Children's Trusts. From our informant interviews, it was acknowledged that the

legislative mandate was key to getting local partnerships to work together and establish a collaborative system of working together. Local work, however, was also important to build the key system partnerships. Therefore, the institutional redesign promoted by the "duty to cooperate" altered formal administrative structures throughout the many layers of government. In this case, then, constitutive and system governance of policy implementation is not necessarily contained within a formal administrative layer. Per this example, the constitutive aspect of the duty to cooperate is not limited just to systemic changes at the national stage or, vice versa, in local jurisdictions.

Governance Structures

As noted in the 2007 evaluation of Children's Trust Pathfinders, "the evidence suggests that the development of change processes in local authorities, coupled with the attempt to construct innovative partnerships across education, health and social care, was testing conventional models for robust governance" (DfES, 2007, p 27). In addition, several of our respondents felt that establishing good governance structures was essential to the development of integrated working processes, particularly for aiding communication between different agencies.

With the duty to cooperate and establishment of Children's Trusts within local authorities, newly formed boards undertaking children's trusts arrangements operated by bringing together representatives of different agencies to contribute to local planning and oversight (DfES, 2007). Board roles varied from partnership development to joint strategizing to some interagency governance. The degree to which these roles were undertaken varied from mainly advisory to decision-making. The governance and management of these new collaborative relationships and arrangements were critical to establishing functioning children's trusts and integrated working processes within local authorities. As one key informant described:

Our governance structure has been developed to include a larger strategic partnership and more focused management group. This provides for discussion and information sharing at a variety of levels – allowing for more in-depth discussion of resources, etc. Our strategic plan, developed with involvement across the partnership, has helped support the development of a shared vision.

While the operational aspects of these governance structures varied significantly (i.e. some boards were responsible for financing, others for performance monitoring, etc.), clear governance responsibilities and structures were central to the effective implementation of children's trusts.

To facilitate these new governance structures, a new management and leadership position was created. Local authorities were required to appoint a Director of Children's Services (DCS); previously each local authority area had a Director of Education and a Director of Social Services. The DCS is responsible for the delivery of education and social care services, as well as some health services for children in local authority care (foster children). Our respondents felt that this role has led to significantly improved outcomes for children and families.

The changing governance structure necessary to coordinate across complex agencies requires innovating processes and a "new" system of interactions between government agencies and stakeholders based on the mandated collaboration. Similar to the duty to cooperate, the Children's Trusts Pathfinders represented the design of contextual relations within local authorities and the structural interactions between agencies and organizations. This aspect of the policy implementation illustrates constitutive governance between organizations (locus) in the local jurisdiction (layer).

Directive

"Directive governance" is the formulation of and decision-making about collectively desired outcomes. This is the content or substance of a policy implementation process. In the UK Every Child Matters agenda, an example of directive governance is in the process of joint planning and commissioning the occurred within local authorities.

Joint Planning & Commissioning

Once the Children's Act established the duty to cooperate, essentially outlining the structure for the new policy, joint planning and commissioning was the process by which the content of the policy was determined between organizations in local authorities. Commissioning is the process of assessing need in a local area, identifying resources available, planning how to use those resources, arranging service delivery, reviewing the service and then reassessing need. Joint needs assessments identify gaps in or duplications of services and define priority service areas, while joint planning processes help to determine the budgets and kinds of services available from social care, education, health and other agencies to meet the identified needs. Managers of joint commissioning ensure that planning is joined-up between different agencies and then ensure purchased services cross professional and organizational boundaries.

One Director of Children's Services (DCS) spoke of his experience trying to create new commissioning arrangements. The authority has several partnerships within the Children's Trust that look at education and attainment for different groups of children and young people. There are representatives from schools, health, social care, child and adolescent mental health services, substance use, and sexual health services on these partnerships. The partnerships were given detailed data, down to a very local level, in order to help them identify specific needs of the children in their area and redirect resources in the way that best fit those needs.

Many key informants noted that joint planning and commissioning was still a work in progress. For example, one DCS hoped that these partnerships between agencies would become "micro-commissioners" of services. There have been some examples of pragmatic partnership approaches through joint planning and commissioning, such as joining up resources for short-term projects and deploying staff together, but nothing approaching the vision of pooled budgets and joint commissioning.

Joint planning and commissioning is directive governance because it establishes the direction and goals for integrated working and collaboration between local agencies and organizations. While constitutive governance concerns establishing new governance structures, institutions, and decision-making processes, directive governance pertains to the content and substance of those decision processes. In this case study, the substance of the new policy varied by local authorities depending on the range of local resources, leadership, and needs but the universal process of joint planning and commissioning that occurred throughout local authorities established the service priorities and goals of the new policy.

Operational

"Operational governance" concerns the actual managing of the outcomes realization process. This includes the direct managing of the policy, including the changes in provider practices or oversight activities to ensure the fidelity of policy implementation. Within the UK case analysis, two examples of operational governance at different "loci" are the Common Assessment Framework (at the organizational and individual loci) and the shift in inspection regimes (at the system locus).

Common Assessment Framework

One of the failings identified by the Laming Inquiry into the death of Victoria Climbié was that a range of professionals were involved with the family, and each had concerns about the child's welfare, but no one knew about the others' concerns. As a response to these failings, Every Child Matters tried to address established professional codes of conduct and cultural attitudes and introduced new approaches to information sharing, including the Common Assessment Framework (Barker, 2009).

The Common Assessment Framework (CAF) is a standardized assessment tool that aims to identify additional needs and possible solutions for children where there is some concern for their wellbeing, but not an immediate concern for their safety. It is designed to support early intervention by identifying emerging issues for a child or family, and is intended to replace a number of assessment processes used by different sectors and agencies with a common tool for all partner agencies.

Operationally, the CAF has four stages to completion – identifying needs, assessing those needs, delivering integrated services, and reviewing progress – and can be completed by any practitioner. If multiple needs are identified, the person who completes the CAF brings together what is known as the "team around the child." The team around the child comprises practitioners from different agencies who come together to "coordinate and deliver an integrated package of solution-focused support to meet the needs identified during the common assessment process" (Children's Workforce Development Council, 2010, p 28). At the first meeting, members of the team around the child choose a Lead Professional from among them who acts as the main contact for the family and coordinates the delivery of services.

Most of our respondents felt that the CAF significantly supported integrated working arrangements and improved communication between professionals. One DCS noted that there was initial resistance to the CAF in his area. But, following another child's death due to poor interagency communication, he worked to tease out what was meant by partners having a duty to cooperate, "a duty to assess, identify, and meet the needs of children in the area," and worked to get the different agencies on board with this vision, including implementing and using the CAF throughout ongoing practices.

Another DCS spoke passionately about the Common Assessment Framework, saying that its development and use by education, school and early years services was the most important change to come from Every Child Matters. The CAF has been enthusiastically received and used by various professionals in the area, particularly schools, which are now leading interventions for children, young people, and their families. The authority invested in CAF Coordinators, which significantly supported the implementation of CAF. The Coordinators play a facilitative role with schools, helping new users complete their first assessment and helping them to have the confidence to undertake the CAF. This has worked well, and schools are now using the CAF regularly.

However, the evaluations of Children's Trust pathfinders documented the difficulties with implementing information sharing processes, such as the CAF. Frontline workers have been resistant to sharing what they feel is confidential information, even though in many cases it is mandated by law that they do so. Successful information sharing is as much about building professional relationships as it is about written procedures and technology systems. There is a need for ongoing dialogue between technical administrators, managers, and service users in order to successfully create information sharing processes (DfES, 2007).

Regardless of varying implementation successes or challenges, the CAF is the management of frontline services and a change in procedure that puts into practice the goals of collaborative working for improved services to children. Identifying practical barriers to the policy direction of integrated working, the CAF developed a replicable process to manage the implementation of the policy goal. In other words, the CAF operationalizes policy practice. The CAF changes professional norms and expectations both within organizations of professionals, like teachers and social workers, and also develops a tool that manages the individual interactions of professionals. Because the CAF simultaneously changes the job expectations of individual workers and the expected interactions between workers across organizations, the CAF is an example of operational governance at both the individual (i.e. "managing contacts") and organizational (i.e. "managing relationships") loci.

Inspection Regimes

Inspection regimes are processes designed to ensure the quality of services or agencies. The main inspection body related to the Every Child Matters agenda is the Office for Standards in Education, Children's Services and Skills (Ofsted), which was established by the Education and Inspections Act to inspect schools and children's services. Ofsted had previously only been responsible for inspecting education functions but with the Every Child Matters agenda, the purview was extended to encompass other children's services.

One DCS felt that new systems in place to monitor schools have helped to improve children's experience of education.

What has made a real difference for schools is that Ofsted changed its inspection regime and now inspect schools using the five ECM outcomes as a framework for their assessment. Schools now have to show how they are meeting students' needs in the areas

of health, safety, enjoyment and achievement, making a positive contribution, and

economic wellbeing. What gets measured gets done.

The expansion of existing monitoring structures to reflect the new service system, replicates the

policy agenda's integration of school oversight with children's social and health services.

Operational governance at a system "loci" is described by Hill & Hupe as "managing the

trajectories" of the new policy (2009). By monitoring outcomes for all participating children's

service organizations, the new inspection regimes in the ECM agenda manage the progress and

implementation of the policy's objectives. The new measurement criteria operationalize the

ECM policy for the new service delivery system.

DISCUSSION

The following is a discussion of a number of successes, challenges and questions that

arose when using Hill & Hupe's Multiple Governance Framework to analyze England's policy

implementation of coordinated children's services. It is our hope that highlighting some of the

debates and questions that arose will help continue to improve and develop an ongoing dialogue

around this new and promising framework for understanding policy implementation.

Accomplishments of the Framework

Returning to Sabatier's four criticisms of the Stages Model[5], does the MGF address or

solve any of these criticisms? The MGF model does not offer a causal theory to explain policy

implementation. Using MGF, we cannot say, yet, that because this activity cluster happened with

these actors, then that activity cluster will happen with those actors. However, MGF does much

to address the remaining criticisms. The design of the model specifically organizes information

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[5] (1) the model is not a causal theory; (2) the automatic assumption of successive order is often descriptively inadequate; (3) the model has a top-down bias; and (4) the focus on a single "policy cycle" makes little sense in the context of multiple and interacting cycles and levels of government.

outside of a linear process and is descriptively rich by providing a structure highlighting the nested and complex nature of policy implementation. The MGF model does not have a top-down bias since there is no inherent hierarchy in the matrix. And, finally, the MGF highlights the multiple activities, cycles, and levels of government in policy implementation processes. In the end, MGF may be a helpful framework in organizing the nested and complicated nature of policy implementation analysis. The framework can help inform researchers in their data gathering efforts and help researchers identify the complicated and nuanced nature of policy implementation.

Challenges with the Framework

MGF is oriented around activities (as the basis for the levels or "activity clusters"). But there are also many aspects of policy implementation analysis that have to do with the existing environment within which policy implementation activities occur. Central to MGF is what Hill and Hupe term "levels" or "tiers of decision-making." These are three broad sets of decision-making processes or activities pertaining to governance of a policy or policy change. With a focus on governance or decision-making, some of the environmental contexts of policy implementation are less clearly articulated or analyzed using this framework.

As a simplified illustration, MGF is concerned with the actors, scenes, and script of a play. Also important in policy implementation analysis, however, is the set design. Where do aspects of a policy's "set design" surface using the framework? Our interviews with respondents identified a number of factors (not activities) that aided in the implementation of the Every Child Matters agenda. Some of these include visionary leadership willing to take risks and reform a large, complicated system, as well as change champions and frontline workers engaged and

enthused by a new policy environment within which to improve their practice. Where do environmental aspects and personality traits like those mentioned above fit into the framework?

Distinguishing and exploring the differences between loci and layers (i.e. the "actors" in policy implementation) was challenging in applying MGF to this case study. Strong distinctions between loci and layers do not necessarily emerge. For example, distinctive differences in system change within national versus local formal government were not explored in detail in the data gathered through key informant interviews. However, distinction between loci & layers may emerge in the application of MGF with other case studies. For example, in the policy implementation of the Affordable Care Act in the United States there are distinctive activity clusters between, for example, system changes (loci) within national or state (layers) government structures.
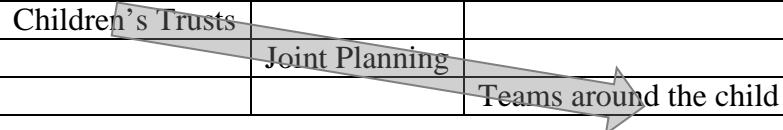
We also struggled with differentiating and defining constitutive versus directive governance. Hill & Hupe define constitutive governance to include both "the content of policy" and the "organizational arrangements for its delivery" (2006, p. 560). Directive governance is defined as decision-making about collectively desired outcomes, which, from our perspective, is closely related to "the content of policy." Where defining policy content ends and defining collectively desired outcomes begins was a significant challenge in applying the theory to our case study. In the end we attempted to simplify our efforts by focusing on the aspect of constitutive governance that pertains to organizational arrangements. As the MGF is applied to more policy implementation case studies, we believe clear and functional definitions of these complex concepts will develop.

Understanding Policy Implementation through MGF

In using MGF with the England case study, it was easy, sometimes natural, to fall into thinking about the levels linearly. For example, with Children's Trusts, the policy begins with the formal law establishing local children's trusts and requiring health, schools and social services to form official administrative oversight (constitutive). This formal structure can then be seen as setting the stage for local authorities to conduct joint planning and commissioning whereby local leaders assess the needs of the local communities, the resources available, and establish priority goals and outcomes for their network of coordinated services (directive). Finally, between professionals and workers, "teams around the child" are established to manage the policy content in the day-to-day services of clients (operational). This description could easily be seen as a linear progression diagonally down across the MGF matrix from system/constitutive to organizational/directive to individual/operational.

Figure 1: Thinking Linearly about MGF

	Constitutive	**Directive**	**Operational**
System	Children's Trusts		
Organizational		Joint Planning	
Individual			Teams around the child

While linearity could help add value or causation to understanding a policy implementation process, we suggest that Hill and Hupe would caution strongly against this utilization of the framework. In the end, the above analysis leaves out other complicated and simultaneous policy implementation and governance aspects that MGF helps illuminate. For example, key informants recognized that, in many districts, collaboration across disparate services was already occurring, prior to the formal configuration of Children's Trusts. Not only would it be incorrect to analyze local structures for coordinating care as a subsequent step in policy implementation following structural and content steps (as might be the tendency with the

Stages Model) but it also minimizes the sometimes simultaneous nature of policy implementation, where "stages" of policy change occur at many different "layers" (locally and nationally) and "levels" (constitutive and operational). Unlike the Stages Model, MGF allows for understanding the indeterminate and ongoing nature of policy implementation. The Stages Model might insist in the beginning (and ending) of an "activity cluster" before continuing with the policy implementation process. Instead, MGF highlights an understanding of "activity clusters" outside of a (misleading) linear chain.

In this case study and analysis, the MGF provided a structure to organize and understand the multiple nested activities and decisions that made up England's Every Child Matters policy agenda. Instead of analyzing the activities along a linear set of actions, the framework provides a matrix to categorize processes within types of governance decisions and the actors involved in the decision or activity. This paints an appropriately complex and nuanced picture of policy implementation, where there may not be a right or wrong way to implement this policy or evaluate success.

New Directions for Strengthening the Framework

Which leads us to ask the question, "What does this model tell us about policy implementation?" This is a new, untested, promising framework that we identified as a possible outline for analyzing the policy implementation case study. With more application of MGF to other policy implementation case studies, it may be possible to identify emerging patterns in different policy contexts. While MGF is not a linear framework for studying policy implementation, with more application it may become possible to identify interactions between intersections in the MGF matrix. For example, how do different levels interact with each other? What does it mean to have an implementation activity overlap between different layers of formal

government or loci of policy actors? If there are empty cells in the MGF matrix, is there

something missing from the implementation process that identifies success or failure? Are there

ways in which using MGF helps to inform and critique policy implementation?

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