



Strategic Partnership Evidence Review

Evaluation of Barnardo's Strategic Partnerships with Newport and Leicestershire

March 2024

Overview

This evidence review begins with a literature review about strategic partnerships, followed by a summary of a series of interviews and a focus group about such partnerships.

Literature review

This literature review has considered four types of evidence about partnerships in child and family services:

1. Strategic partnerships primarily considering work between local authorities and their statutory partners.
2. Consideration of the relationships between commissioners and providers, including evidence about how changes in the legal and regulatory framework for commissioning and procurement offer new opportunities for different types of commissioning and procurement arrangements.
3. Evaluations of partnerships between a voluntary organisation and a local authority.
4. Evaluations of services delivered in partnership between local authorities and voluntary, third sector or for-profit organisations which include some consideration of partnership issues encountered in the implementation of the services being evaluated.

A full list of the reviews and evaluations considered is given in the references. In addition, a small number of interviews with local authority commissioners, service providers and experts in commissioning and procurement have been conducted and informed the analysis and synthesis of key points.

1. Strategic partnerships primarily considering work between local authorities and their statutory partners.

Barnardo's commissioned a research review on What works in strategic partnerships for children by Jane Percy-Smith which was published as a book in 2005 in the Barnardo's 'What works' series. An article summarising the research was published in 2006 (Percy-Smith, 2006).

Key messages:

1. Partnership has been developed as a preferred means to tackle complex problems that are perceived to be intractable and not amenable to single agency working. One driver to work in partnerships are 'failures' of children's services attributed to (amongst other causes) poor inter-agency working. Much of the research reviewed for this review is of work on Children's Fund and Children's Trust partnerships.

2. The research review identified an emerging consensus about the pre-requisites for effective partnership processes but contributed little to understanding outcomes partnerships achieved for children and young people.
3. The review set out the characteristics of a partnership as:
 - a. The structure and/or way of working involves two or more organisations.
 - b. These organisations retain their own separate identities (i.e., this is not integration).
 - c. The relationship between the organisations is not that of contractor to provider.
 - d. There is some kind of agreement between the organisations to work together in pursuit of an agreed aim.
 - e. This aim could not be achieved, or is unlikely to be achieved, by any one organisation working alone.
 - f. Relationships between organisations are formalised (i.e., partnership is more than a network) and are expressed through an organisational structure and the planning.
 - g. Implementation and review of an agreed programme of work.
4. The review noted that there is an assumption partnership working is a good thing, but the costs and difficulties of achieving effective partnerships need to be acknowledged.
5. There is agreement on the key factors for effective partnership which include:
 - a. It takes time – only start a new partnership where the intended outcomes are long term, or when the nature of the problem requires this, and an existing partnership will not do the job.
 - b. A shared vision and mission are articulated and agreed.
 - c. Agreement on the type of partnership and the governance structure needed for decision-making and accountability.
 - d. Clarity of decisions on who needs to be involved for an effective partnership, including the role of the voluntary and community sector and of children and families involved with the services to be delivered.
 - e. Team building to develop interpersonal and interorganisational relations based on trust, openness and honesty.
 - f. Agreed mechanisms for delivery.

The review quotes Goss (2001):

The consensus among researchers is that partnership arrangements consume a huge amount of time, energy and resources to create relatively limited outcomes and outputs.... While the potential is considerable, results have so far been small-scale. While partnership and networks seem to be good at strategy, planning, document writing, research, data-gathering and so on, delivery is harder. (Goss, 2001, p.95)

Research from 2013 mapping the development of Children's Trusts (Devanney & Wistow, 2013) focused on the implementation of Children's Trust Strategic Partnership Arrangements. The premise for the development of Children's Trusts was that children and young people's needs are often complex, overlapping and fluid with issues that do not fit organisational or professional boundaries. The development of Children's Trusts had strong top-down determination from

Government to make local restructuring work with a strong emphasis on leadership. Government was espousing Trust partnerships as a way to improve outcomes for children and young people.

Key messages:

1. Areas where Children's Trusts had been successfully developed had a strong history of strategic level partnership working, effective leadership and interagency governance.
2. The research found increases in numbers of Children's Trusts implementing joint and strategic working.
3. In contrast, the numbers of Children's Trusts with joint commissioning arrangements had declined, which may indicate the start of an increasingly challenging context for establishing and maintaining joint working. This was the period after 2008 when there was increased pressure on resources.
4. Children's Trust pathfinders showed evidence that where there was a history of previous financial deficits in NHS and local authority bodies this affected joint working arrangements.
5. Primary Care Trusts being replaced by Clinical Commissioning Groups was damaging to the development of Children's Trust partnerships.
6. Financial pressures and shifting policy priorities and organisation restructuring had a detrimental effect on partnership working and delivery.

More recent work: Challenges and chances for local health and social care integration – lessons from Greater Manchester (GM) (Chang, 2022) gathered views from participants in the development of the Manchester Sustainability and Transformation Partnership. The study found that solid local leadership and past joint-working experiences were potentially the two crucial driving forces behind the GM transformation. These were even more influential than the pooled budgets. The study concluded that “under a bottom-up approach of policy implementation, past collaborative experiences and strong local leadership seem to be the main mechanisms in transforming the system” (p. 155). In the GM case, pooled budgets seemed to be the result, instead of the cause, of effective negotiations between various stakeholders. Strong leadership and past collaborative experiences were crucial to facilitate changes from the data of this study. While the local health and social care collaboration has shown some early improvement, new challenges still exist in the uneven motivation and resources in the ten GM localities.

Developing & sustaining local health & education partnership working: learning from HeadStart (National Children's Bureau, 2022) reflects many of the same messages. For example, the importance of collective vision; joint understanding of each other's desired outcomes and developing shared goals; developing coproduction, effective governance structures, and champions in different organisations.

2. Consideration of the relationships between commissioners and providers, including evidence about how changes in the legal and regulatory framework

for commissioning and procurement offers new opportunities for different types of commissioning and procurement arrangements.

Two reports 'The Art of the Possible in Public Procurement' (Villeneuve & Blake, 2016) and the follow up report of the same title (Innovation, Procurement, Empowerment Centre, 2023) provide advice and guidance on how public/voluntary organisation partnerships can be commissioned and procured within procurement and contracting legislation and regulation. The 2016 report sets out that the Public Contract Regulations 2015 provide commissioners with a great deal of flexibility and links innovation in procurement with innovation in delivery. In particular, it highlights how best value and social benefit can be linked within procurement. The regulations allow more choice over procurement process, more consultation, and the potential for reserved contracts for the social sector. It describes the process to commission a partner for commissioning design and delivery. The 2023 publication updates this work reflecting the Procurement Act 2023. It quotes the Leicestershire Children's Services and Barnardo's Children's Innovation Partnership as an example of innovative commissioning using the flexibilities the legislation and regulation now allow.

The value of these two reports is in providing assurance to commissioners that a fair commissioning and procurement process can also be a flexible and innovative one which can include the social values of the provider, engaging the provider in the design and development process, and the creation of social value as part of the process. In practice, this means the ability to consider many more factors than which provider has offered the lowest price.

Two publications from Research in Practice are:

1. Strategic partnerships with the voluntary sector: Messages from research and practice
2. Evidence in the commissioning process: Insights from focus groups with local authority commissioners

Strategic partnerships with the voluntary sector: Messages from research and practice (Godar, 2019a) explores how local authorities and voluntary organisations move from a transactional approach with closely specified requirements which are monitored and delivered in an atmosphere of competition to one of collaboration. It is a helpful companion to the reports on use of commissioning and procurement freedoms as it illustrates practically how these can be used. It reports on work with five projects between local authorities and voluntary organisations.

Key messages:

1. Shared goals and values are the foundation on which successful partnerships are built. Knowing your partner believes that the same things are important, and is committed to achieving them, helps to move away from a 'transactional' approach to a 'partnership' approach. The participants in Research in Practice's research chose voluntary sector partners who shared their values:
 - a. A desire to do things differently and to take risks in order to improve outcomes for children and young people.

- b. A commitment to ongoing learning and development.
 - c. A commitment to making the best use of skills and capacity within the partnership, without being constrained by organisational boundaries.
 - d. A willingness to challenge local and national government and other policymakers to make the innovation possible.
2. Shared understanding of the problem you are trying to solve requires a conversational approach to defining the problem and potential solutions. Before the formal procurement process, the local authorities involved in Research in Practice's research invited potential providers, professionals and children and young people to talk about their experiences and what needed to change. Being willing to be involved in this open dialogue was an important indicator that potential partners wanted to be involved for the right reasons. The partnership approach required a different approach to service specifications, with the procurement process identifying outcomes to be achieved, a shared vision and values, and giving the partnership the freedom to develop responses together. This takes time, and as a result contracts were for a much longer period than the traditional one-to-three-year contracts.
3. Innovation and partnership require trust and mutual respect between partners. Contractual arrangements cannot specify all possible circumstances and trusting that partners would respond appropriately and constructively was seen as a key criterion for entering an innovative partnership. One partnership noted that if they got to the point where they were scouring the contract to assign blame or force action then the partnership would be considered a failure. The partnership culture appears to have stimulated genuine practitioner ownership and engagement in service delivery. The sparks of innovation are ignited at all levels. Trust between partners develops at different levels but is based on repeated interactions in which partners demonstrated their values and commitment. The process of resolving disagreements was seen as equally important as the outcome. Initially, partners were selected that had features suggesting the organisation could be trusted - organisational trust is derived from governance structures, reputation, and prior experience of working together. Senior leaders had to develop a trusting working relationship to get past the starting blocks and good communication, honesty and authenticity were all felt to be crucial elements in developing this trust. Building a trusting relationship between staff at all levels took longer, and required senior leaders to be visible in promoting the partnership and consistent in how they managed conflict and challenges. Transparency was key.
4. Embedding the partnership into the wider stakeholder network is crucial and partnerships spent considerable effort in securing the buy-in of elected members and trustees; other Council departments; regulators and government; and other agencies and providers. Partners need to take some time to understand each other's stakeholder network, and how these stakeholders influence how the partnership operates. Stakeholder engagement cannot be an after-thought. Taking a new approach to contracts and procurement required upfront engagement with legal and human resources departments, while close collaboration in practice requires IT support, as well as clear referral pathways.

5. Agreeing an approach to evaluation that encourages dialogue and learning supports flexibility and responsiveness. Partners developed monitoring activity and data collections that reflected their shared values, including:
 - a. Collaborative definition of outcome measures.
 - b. Formative evaluation that provided recommendations for further development.
 - c. Shared discussion of individual cases to support a shared understanding of ways of working.
 - d. Negotiated problem-solving of operational issues to feed into wider learning about the way the system works.
6. When defining the partnership and ways of working together, the process is as important as the outcome. Every interaction between the organisations shapes the culture within the partnership. Collaboration and dialogue at every stage was seen as crucial in developing mutual understanding and respect. The research provided senior leaders of the organisations with time and space to reflect on the process itself, and their own role in building trust.

This project presents a very positive view of the potential of partnership to develop innovative and flexible services. In interviews with local authority commissioners, providers and experts in commissioning and procurement, some important notes of caution and areas of risk were raised. These are:

1. The focus of the partnership between a voluntary organisation and the local authority may be with the children's services part of the local authority, but if the wider local authority corporate services such as chief executive, legal, finance and procurement are not committed to the approach to partnership working described in this project, then the partnership may fail. For example, if legal and procurement functions will not sign up to a more flexible approach to managing the contractual arrangements or if the finance function insist on the contract prices being held regardless of the impact of changes in costs for the provider.
2. How risk is managed within the contract, both service and financial risk e.g., who controls acceptance of children into services, how increases in demand are managed, how changes in complexity of need are managed.

Evidence in the commissioning process: Insights from focus groups with local authority commissioners (Godar, 2019b).

Key messages:

1. The inherent tension of innovation and evidence-based services. An overreliance on evidence could be seen as shrinking the possible as innovative services are unlikely to have an evidence base. There is a need to allow space for innovation. Using strong logic models can help as they can help to evidence that each step of an innovation is well founded.
2. The importance of having a mandate from politicians and / or senior managers to build capacity in the voluntary sector and generate social value.

3. The importance of defining and identifying outcomes as part of the work of engaging and joining up with children and young people.
4. The importance of taking account of local context when translating evidence from one place to another.
5. Assessing the local capacity of the market to use evidence to develop evidence-informed services.
6. Being ready to give providers more flexibility over the how, having specified the outcomes required. This requires trust, continuing communication and allowing provider adaptation.
7. Commissioners taking account of the importance of the fit of new services to current services so that they will work together effectively.

3. Evaluations of partnerships between a voluntary organisation and a local authority.

There are a small number of evaluations of partnerships between local authorities and voluntary organisations, with Barnardo's the voluntary organisation involved in all but one of the partnerships evaluated.

The most comprehensive evaluations are of the Barnardo's Care Journey Strategic Partnerships (BCJSPs) between Barnardo's and two local authorities. There are a number of reports setting out the development of these projects, their work and impact, and learning digests of system change and partnership working. All the reports contain useful messages about partnership working between local authorities and a voluntary organisation, with the aim of achieving transformational change for care leaver services. The projects were intended to run for up to ten years.

Key messages:

1. There is a need for a shared vision and values, clear governance, effective communication, and a focus on joint leadership and supportive relationships between partners.
2. Partnerships in complex, over-stretched and risk averse systems like children's social care can be very challenging, with the potential for resistances and conflicts to emerge. Therefore, having champions within each partner at different levels, and spending time learning and making things happen together can help avoid progress becoming stuck.
3. As the system is constantly changing, partners need to find ways to collaborate in conditions of constant flux.

The report quotes Kara (2014):

Cross-sector partnership working faces numerous challenges, such as stereotypes, assumptions, and rhetoric. Partnerships are time-consuming and resource-intensive, and need access to various resources and support if they are to succeed, including time, people with suitable experience, trust, and support in evidencing value for end users. (Kara, 2014, p. 1)

The analysis notes that partnerships in unstable, complex and risk averse systems are difficult. Systems focused on minimising risk to children are averse to innovation and changing practice if it is not mandated as essential to statutory work.

The analysis of the progress of the two projects is of note as it highlights the impact for the projects and the voluntary sector partner of difficulties within one of the local authorities. The partnership with Brent developed more quickly as the local authority was more stable. Both local authorities involved had pre-existing relationships with Barnardo's.

The report focused on system change and notes that change that is effective and sustainable requires structural and cultural change including:

1. Embedding care experienced young person's perspective in the system.
2. Co-creating and adapting collaboratively to enable change in structure and culture.
3. Embodying the change sought through collaborative, highly communicative and inclusive leadership.

These characteristics lead to a more responsive, innovative and relational system.

The evaluation of Barnardo's partnership with Essex County Council and Adoption Plus (Institute of Public Care, 2022) to co-design a model of group residential care identified strong evidence of the benefits of a strategic partnership approach to system and service re-design. Key partners and stakeholders saw the benefits of the approach and saw that the insights and blueprint for residential service were evidence-informed including the voice of care experienced children and young people. The approach was seen to draw in additional complementary resources, the equal stakes of the partners were linked to the quality of the work and ownership of the outputs and having a voluntary sector partner with a national perspective and critical friend role seen as a benefit.

The strategic partnership approach was seen to benefit from eleven features:

1. The prior existence or early development of a compelling vision (for doing things differently). Some people talked about a strategic partner service design approach being particularly valuable for 'big ticket' or 'complex' issues. Having a compelling rationale for change helped to galvanise interest in the project and to keep the focus and momentum throughout. Young people and professional stakeholders all described how important it was to 'feel the passion' of the project and that those driving it were committed to improvement and change.
2. Partner organisations having an aligned ethos and/or values from the start, bringing more or less equal resources to the party, and anticipating and valuing an openness to challenge of the status quo including to generate healthy debate.
3. Strong, committed leadership including at sponsorship, project management and more dispersed levels, including people who could clearly describe the purpose, stages and direction of the project throughout.
4. Ongoing effective project management, including an ability to organise different groups of participants to meet regularly, regular communication with a range of audiences, and 'drawing in' relevant resources and expertise as required.

5. Holding an effective launch event relatively early in the project, to generate a commitment for change amongst all relevant stakeholders.
6. Project work driven through a core team of people who were committed and competent and had complementary skills and experience. It seemed to work well where these core team members could also drive more detailed 'design and challenge groups' involving other stakeholders, gradually folding in additional expertise as required.
7. Deployment of a skilled 'service designer' with a sufficient grounding in the service area and bringing new or specific attributes, including for example facilitation of young people's participation, or thinking 'outside the box'.
8. An early grasp of the existing evidence base and, based on this, the articulation and clear representation of its key elements, that could be built upon and shared regularly with stakeholders. Evidence-informed outputs generated confidence in the key elements and the project overall amongst stakeholder groups.
9. High volume and quality of engagement, particularly with young people with lived experience, also with professionals working with children and families. However, this required significant resourcing both in terms of the experience levels (of facilitators) and the amount of time required overall to plan, implement, and capture the learning. The attributes of co-design described in the paragraph above were important, also to allow sufficient time to cover all relevant topics with young people and to ensure that they were genuinely co-designing the blueprint. The potential institutionalisation of young people (living in residential group care currently) was thought by some interviewees to get in the way of their being able to think in a completely 'blue skies' way about how things could be or feel genuinely different. It was thought useful to balance open-ended questions and discussions with a more grounded exploration of key areas suggested by earlier stages of the project.
10. Attention to pace and momentum of the project – not too fast, not too slow – also to enable highly agile, adaptable ways of working, rather than sticking to a pre-conceived idea of how things should go. Relatively tight but 'doable' timescales and milestones help to keep the project on track and avoid drift. However, attention should be paid to the final stages to ensure the integrity of the work is reflected in high quality products.
11. Robust and transparent governance arrangements that link in with commissioner decision making platform(s).

These are given in full as they are an excellent summary of learning across all the partnership work evaluated.

Elements of Barnardo's partnership with Newport County Council were evaluated in two reports:

1. Value of a partnership model for delivery of Family Support (2016)
2. Baby and Me (2022)

The model for delivery of family support was chosen because Newport wished to move from a commissioning relationship and develop a collaborative partnership, within which to develop shared services, foster innovation and remove barriers to wellbeing. The partners wanted a legal framework for their partnership within which they could develop and maintain shared values, develop a joint vision and maintain trust. The benefits of this approach were described as:

1. Promoted a joint journey in the continual development of the service to meet the needs of families, rather than focus on monitoring the extent to which a provider has adhered to a fixed service specification.
2. Better use of resources, skills and experience. The interweaving of local authority and Barnardo's teams enabled strengths of both to be used.
3. Practitioners and teams not feeling restricted as they might within standard contracts.
4. Shared expertise and workforce development from prevention to acute services.
5. Drawing on Barnardo's delivery and research expertise across the UK.
6. Moving to shared strategic responsibility for outcomes.
7. Active joint responsibility for service development.
8. Voluntary organisation being involved in delivery was seen as reassuring for case holding social workers.

Key messages:

1. Recognise that a commitment to an equal partnership will need to be adopted at every level and in every department of the organisations.
2. Develop a shared vision and then translate that into what it will really look like for services, staff and service users.
3. Be able to flex, negotiate and develop, particularly in the early stages of establishing a service like this.
4. Integration means compromise but everyone needs to keep their eye on the prize which is improved outcomes for children.
5. Both sides must let go a bit, have to cede control at times. Valuing the difference – we don't always see eye to eye.
6. Senior leadership support and committed operational managers need to create the necessary conditions for workers to be effective - this is more than just training up individual workers in Motivational Interviewing and expecting them to deliver.
7. It takes time to develop an effective new service, particularly when you have to develop a service with TUPE transferred staff.
8. The real advantage of a partnership model is the capacity to grow over time – grow people, staff who deliver the services. Continually starting from scratch can be the enemy of evidence-informed practice.
9. Individual relationships can make or break the partnership, so the commitment of key players is essential.
10. More patience than you can probably imagine is required and a commitment to the time that it will take. This partnership has taken five years to develop.
11. Be prepared to change course and respond flexibly. For example, a decision was made in Newport early in the life of the Partnership not to TUPE staff into Barnardo's but gradually transfer positions as they become vacant.
12. Finding a common vision and purpose is necessary, but neither organisation should lose its sense of identity and principles. This can be challenging.

13. Establish clarity on HR processes, finances, data responsibilities at outset.
14. The partnership is still evolving and there are real areas of potential growth in the future, both in terms of service delivery but perhaps more in an improved end share.

The Baby and Me service evaluation focuses on the impact of the service rather than the partnership dimensions. The service has had very positive impacts for mothers, fathers and their babies. This success is attributed to the skills and commitment of the workers involved, the quality of the services provided and crucially to the long-term partnership and shared vision between leaders at Newport Council and Barnardo's Cymru, which has been a crucial enabling factor in establishing and embedding the Baby and Me service. Interviews with professionals across the local system stressed the importance of partnership working and clearly defined routes into services from a range of agencies.

The development of the Children's Innovation Partnership (CIP) between Leicestershire County Council and Barnardo's.

The first year of the development of the CIP between Leicestershire and Barnardo's was evaluated by Dr Julie Harris of the University of Bedfordshire (Harris, 2020). The evaluation report provides a description of the motivations for the development of the CIP by Leicestershire, including the process they went through to select Barnardo's as a partner. Important points are that the CIP:

1. Was developed as part of Leicestershire County Council's wider transformation programme.
2. Had clear aims for the partnership which were to improve outcomes for children and young people, reduce demand for high-cost services and reduce costs.
3. Was intended to lead to system change for services for children from edge of care to leaving care services.
4. Aimed to commission a partner to support co-design, co-investment and potentially codelivery.

The development of the partnership explicitly used the freedoms allowed in commissioning and procurement by the regulatory changes made to procurement rules in 2015 in the development of the process to choose a partner. The CIP developed as a two-stage contractual model with stage one a collaborative agreement as a framework for governance and design processes and stage two the option for the same or possibly a different partner to deliver the service designed in stage one.

Barnardo's were awarded the contract in December 2018 which was for ten years with a break clause each year. The evaluation looked at the first year which was necessarily concerned with the development of the codesign phase of the change programme. The evaluation identified that the first year benefitted from Barnardo's experience and expertise in bid development and led to income generation of £1.965m. The co-design team produced the first service design brief for residential care and the related business case.

Critical to the successful development of the CIP were:

1. Barnardo's willingness to make an upfront investment in the partnership.
2. Barnardo's size, expertise and ability to flexibly deploy staff.
3. Strong leadership at all levels.

4. Dedicated structure of the CIP and clearly defined resources and roles were important for communicating commitment to the CIP and governance of the CIP.
5. The right social climate that welcomed change, innovation and challenge.
6. It provided a framework for change for children and commissioning for shared values.
7. A senior staff member from Barnardo's being embedded in the CIP team.
8. Trust and sensitivity around sharing information and enabling open conversations.

The evaluation was at an early stage in the development of the CIP and recognised that though seen very positively by those directly involved there was a continuing need to engage wider stakeholders and those who the report describes as boundary partners. They needed to be kept informed and understand what seemed a long period of process and development as the CIP moved from the design phase to development and implementation of the design.

Partnership between three local authorities and the Children's Society (Spielhofer, et al., 2020). This project, Inside Out was to deliver coaching to young people in residential care at risk of placement breakdown. The partnership learning was:

1. The importance of a monthly steering group with a quite rigid governance structure.
2. Senior leaders supported the project's approach to risk.
3. Senior practitioner in each local authority supporting the project.
4. The Children's Society a known partner in Essex and based there.
5. The Children's Society grant funded which encouraged a more collaborative approach between partners.

4. Evaluations of services delivered in partnership between local authorities or groups of schools and voluntary or third sector organisations which include some consideration of partnership issues encountered in the implementation of the services being evaluated.

The review author has had access to a PhD thesis which considered the implementation of three Multi-systemic Therapy (MST) services in three English local authorities (Jefford, 2020). In one local authority the initiative for developing an MST service was provided by a local voluntary organisation which then became the developer and provider of the service.

MST is a well evidenced intervention to try to improve the behaviour, educational and social outcomes for adolescents. There are various versions but the most common works with young people and their families to try to prevent out of home care and reduce offending and other negative behaviours, while improving educational attainment and engagement in pro-social activities.

The implementation of MST in the local authority in partnership with a local voluntary organisation was unsuccessful. The service struggled to get established and was not sustained even to the end of the dedicated funding from the Department of Health.

Key issues were:

1. Lack of commitment of key local authority staff – the service director responsible in the local authority did not sign off on the bid.
2. The steering group for the project behaved more like a contract monitoring group.
3. Isolation of the voluntary organisation leadership of the MST service.
4. Lack of local authority and partnership support.
5. The overall environment was hostile to the innovation.

The overall conclusion of the thesis considering the three MST services implemented of which only one was sustained was that:

This thesis argues that the implementation of an evidence-based intervention in a Local Authority children's social care setting is only fully achievable when strategic and operational leadership is clearly harnessed to the implementation process. Implementation requires leadership both at the mobilisation stage and beyond, as the intervention matures within the setting and progresses towards long term sustainability. Simultaneous with the leadership effort, the contextual environment of the operational setting into which the intervention has been introduced must be aligned, directed and adapted in order to facilitate the optimal conditions for the intervention to fulfil its potential and to achieve the desired outcomes for families and for commissioners.

There are examples of the development of services in partnerships, but few have been written up. A current partnership which could be worth seeking more detail on is that between Somerset County Council and Homes and Horizons (the part of the Shaw Trust that provides residential children's home, foster care and educational provision). The Homes and Horizons service is establishing eight children's homes for 2/3 children each as well as recruiting specialist foster carers and developing educational provision to meet the children's needs.

The DfE innovation fund, offered in three rounds:

1. Round 1 2014 –2016 Children's Social Work and support for adolescents.
2. Round 2 2016 – 2020 Developing scale and spread of successful innovations from round 1.
3. Round 3 2017 – 2020 Targeted in four policy areas which were innovation in residential care, larger scale commissioning relationships between local authorities, care leavers social impact bonds, and testing alternative delivery models for children's social care.

The programme led to the development of many new and innovative services, a significant proportion of which were delivered in partnership between a local authority and a voluntary or third sector organisation. A small number were between a local authority and a for profit organisation. The evaluations of these projects focused on the impact of the projects on outcomes for children and families or whether they changed the practice in a particular area. They did not usually focus on the partnership between the local authority and the service provider, but learning can be taken from the evaluations either through direct comment in the reports or by implication.

Notable examples of partnership projects from the DfE Innovation fund are:

1. **Peterborough City Council and The Adolescent and Children's Trust (TACT)** (Grollman et al., 2020). Peterborough commissioned TACT to be responsible for permanency services in Peterborough for ten years from April 2017. In October 2019, TACT served notice of their intention to end the contract. The evaluation did not show any positive impact of the partnership but given how early in the ten-year partnership the service ended this is hardly surprising. The reasons for the breakdown seem to be primarily financial but there is no detailed write up of what happened. TACT terminated the contract.
2. **Suffolk County Council and Priory Group** piloting a new type of residential care to avoid admission to tier four CAMH services (Boxford et al., 2017). This project included both design and implementation of the service. Key points are:
 - a. Priory and Suffolk had a prior relationship to build on.
 - b. Getting all partners involved and committed was challenging.
 - c. Effective communication of the aims and objectives of the service was the route to achieving partner commitment.
3. **North East London Commissioning Partnership (Mollidor et al., 2019)**

Partnership of eight London Boroughs, the Institute of Family Therapy and Silver Lined Horizons. The aim was to co-produce a model to achieve savings, sustainable relationships between boroughs and children's residential care providers, and improve placement stability. The plan was to award a contract for up to 25 children's residential care placements to a consortium of providers. The evaluation noted the importance of a good governance structure and good engagement of providers. Recommendations for policy and practice noted the relevance of the seven enablers of improvement identified in the Local Government Association's work on improving children's services of which the four relevant to this partnership work were:

 - a. Strategic approach.
 - b. The right level of seniority on the board.
 - c. Engaging and supporting the workforce.
 - d. Engaging partners.
4. **North London Children's Efficiency Programme residential innovation project.** (Knibbs et al., 2016) The aim of this project was to provide a residential unit model of care and intervention that would allow children to stay local. The overarching observation was about the impact of each partner's commitment which was demonstrated by attending monthly project meetings and completing agreed tasks. Three local authorities were committed with two struggling due to management and staffing changes. This slowed decision making and caused frustration to other parties. The project lead's commitment was crucial to progress with key barriers being the inconsistency of project team members and lack of administrative support.
5. **Coventry (Nolan et al., 2020a) and Cheshire East (Nolan et al., 2020b) Families Achieving Change Together (FACT).** This was a partnership between the two local authorities acting separately and Catch 22 to deliver a different approach to services for Children in Need

(CIN). The model was piloted first in Cheshire East and then continued in Cheshire East and developed in Coventry. The model was a significantly different way of delivering services to CIN and their families. Issues identified included:

- a. Incorporating FACT22 into the service offer was complex and required close collaboration and strong partnership of the local authority and FACT22 staff.
- b. Implementation was sensitive to context e.g., a reorganisation in Coventry Children's services.
- c. In Coventry, buy-in was hampered by limited communication with senior Coventry partners and led to confusion around referral criteria.
- d. Implementation was challenging and mutual trust, effective communication, and collaboration between the service and the local authority was integral to the effective functioning of the service.
- e. The model needed adaptation through implementation and tension in implementation highlighted the importance of having a strong collaborative working relationship between the local authority and FACT22.
- f. Innovative models of social care are difficult to integrate with pre-existing social services.
- g. It was demanding to assimilate an agile and flexible way of working with a more traditional and structured model of service.
- h. Senior leaders needed to continually address the issues emerging.
- i. Stability of funding and lack of planning for long term sustainability was cited as a major cause of disruption.

6. **Safe Steps (Williams et al., 2017).** A project led by St Christopher's to provide two residential care services each for four or five young women at risk of or victims of child sexual exploitation as an alternative to secure care or a distant placement.

St Christopher's worked with West London Alliance and North London Efficiency Programme local authorities. St Christopher's were very committed to this project, and this was shared by some but not all commissioners and stakeholders. The less committed were those with no previous history of successful collaboration with St Christopher's e.g., when there were management problems at one of the two homes. The project aimed to manage risk to the young women through building relationships and empowering them to make choices. This generated huge anxieties amongst stakeholders. The timescale for the project (one year at the point of evaluation) was not long enough. At the point of evaluation one of the two commissioning bodies remained committed, which was the body with a longstanding relationship with St Christopher's. This relationship included previous work to set up a children's home. Two quotes from the evaluation illustrate the different views of commissioners:

As commissioners we can say 'we will go and buy somewhere else' but then there is no innovation, and you are stuck with the services you've got. These services only develop through good working relationships, a shared value base, and being open

about needs and constraints. I'm unequivocally happy we have Safe Steps on our patch. (WLA Commissioner T3) (DfE, 2017b, p. 37)

And:

You can test ideas, but our responsibility is to make sure young people are safe. (NLCEP Commissioner T3) (DfE, 2017b, p. 37)

The report identifies a key lesson about barriers to innovation - that managing risk differently can only work with shared understanding of what this involves and a clear long-term commitment by commissioners, providers, social workers, police and others. Mature, trusting relationships are required to contain anxieties.

7. **A process evaluation of the Together for Childhood (TfC) Grimsby pilot** (Sloan et al., 2024). This was a collaboration between Grimsby Primary Schools and the NSPCC. This project was part of the NSPCC's TfC programme and placed social workers and children's service practitioners in primary schools. TfC in Grimsby is a place-based initiative working in partnership with local communities and children, with the goal of preventing abuse and neglect in families facing adversity.

Key messages:

- a. Establishing the foundations. The key factors that helped the practitioners and the preventative work they carried out to become embedded in schools included:
 - i. Understanding the school context.
 - ii. Understanding the needs of children and families within the school.
 - iii. Building trusted relationships with the entire school community, which was established through visibility on a predictable weekly basis.
- b. Continuous co-production. Co-production was underpinned by continuous learning and improvement. This ensured that change was locally driven and included a range of diverse perspectives through the following:
 - i. Building a shared vision and continuously evolving ways of working between practitioners and school staff.
 - ii. Contextualisation of the practitioner's preventative work to each individual school community.
 - iii. Strengths-based responsive practices, such as: working flexibly and making connections; sharing knowledge and supporting new practice with other professionals; highlighting community assets; and getting alongside the school staff to support their goals.
- c. Putting prevention and early help into practice. The introduction of the practitioner's prevention and early help work initiated changes for children and within the school environment that have important implications for sustainability. These included:
 - i. Raising awareness of prevention and early help as a way of working and promoting and supporting early recognition.

- ii. Supporting school staff with informal reflective discussions on issues related to prevention and modelling a positive way of being with children / other staff.
- iii. Connecting schools to the community to increase knowledge of early help available through assets in the community.
- iv. Practitioners working with children to encourage resilience and for children to speak out.

This project is funded by the NSPCC which gives the NSPCC considerable freedom to design and deliver the project with their partners to reflect their values and aspirations and the model of change they have developed. The messages are consistent with other projects reflecting the importance of developing a theory of change, building trusting relationships, co-production, and continuous learning as integral to the project.

5. Conclusion

This review of research, evaluations and reports of partnerships and / or services delivered in partnership suggests the following conclusions:

1. Partnerships can be an effective way to tackle complex multi-faceted problems, but they require significant leadership and organisational work which takes considerable resource and time to generate benefits.
2. Partnerships are about relationships between the organisational partners, their leaders and staff. Without effort to build and sustain those relationships the partnership cannot achieve its aims and objectives.
3. The commissioning and procurement legal and regulatory frameworks provide routes to develop long-term partnerships for service development and delivery between local authorities and voluntary organisations.
4. Partnerships need leadership at the right level and that is then cascaded throughout the operational relationships of the partnership.
5. Partnerships need to develop shared values, aims and objectives and related means of governance and communication. This takes specific activities to work on values, aims and objectives, time and resource.
6. There are tools and techniques which can help to provide structure to the partnership and the development work it undertakes such as the use of logic modelling, theories of change and explicit commitment to co-production in the design and development of services.
7. Trust is central to successful partnerships. The evidence suggests that such trust is built on a long track record of working together. Conversely the absence of trust increases the risks the partnership will be ineffective and absorb valuable resources for limited or no impact.
8. Trust helps to enable the partnership to solve difficult problems and overcome obstacles.
9. Partnerships need clarity over resources including the resource pressures on each partner and how this impacts their priorities and where their focus is. Voluntary organisations can be particularly exposed where a local authority or other statutory partner faces a resource

crisis or where the context is changed by national or local crises which require changes in priorities.

10. Partnerships may need to be explicit about how lack of trust, or lack of a track record of working together, or the risk of loss of trust is mitigated, and be proactive in undertaking trust building work.
11. Successful partnerships have learning and development as central elements in how they operate. This includes time for reflection and the capacity built into partnership arrangements to accommodate change and development.
12. Longevity of a partnership can bring benefits in terms of trust and consequent ability to be flexible in how services change and develop over time to reflect changing needs, contexts and outcomes sought.
13. The more partners that are involved the more complex the partnership becomes and the more likely there are to be weakness in commitment, development of shared values and development of trust.
14. For voluntary organisations, the context of the local authority is key to whether the local authority has the capability to be an effective partner. In the DfE Innovation projects and other projects there are clear examples of where the local authority was not capable of providing what was needed to deliver a successful partnership.
15. The capability of the local authority and its approach to partnership needs to be considered for the whole local authority, as a good partnership with children's social care at any scale, or which carries significant financial or service risk, cannot be sustained if not supported by corporate functions such as legal, finance and procurement, the support of the chief executive and political support.

Summary of interviews and focus group

To complement the literature review Research in Practice undertook a small number of interviews and a focus group discussion in February and March 2024. Informants were, in the main, suggested by Barnardo's as having interest in developing partnership approaches to commissioning services. This included a number of local authority commissioners who are in conversation with Barnardo's on the potential of a strategic partnership arrangement; a large voluntary sector provider which had experience of working in partnership with a local authority; a group of commissioning and procurement experts with experience of developing new approaches to procurement and commissioning and Toby Lowe, an expert in public leadership and how impact can be understood and assessed.

Key points from the interviews and discussions are summarised below with terms and phrases that emerged in these discussions in 'quote' marks.

1. These informants articulated an appetite within local authorities and not for profit organisations to consider and develop alternatives to market and competition driven approaches to commissioning and procurement. They recognised that local authorities and

- ‘public benefit’, not for profit organisations such as voluntary organisations should be ‘natural partners’.
2. Changes in procurement regulation and guidance in 2015 and the subsequent publication of “The art of the possible in public procurement” in 2016 had led to an opening of conversations between commissioners and providers about a different approach to commissioning and procurement. Commissioners we spoke with were aware of the commissioning and procurement freedoms that the 2015 revisions to regulation and guidance allow.
 3. The partnership approach to commissioning and procurement could be characterised as focusing on the creation of public value and alignment of purpose between commissioners and provider organisations. The role of the local authority would shift from that of commissioner to convenor of the system or ‘system steward’. There was the potential to achieve service objectives through collaboration which includes co-production and central roles for communities and children and families. While many local authorities have well developed means of involving children and families in traditional commissioning and procurement which does give children and families a voice in which providers are awarded contracts, this is not co-production.
 4. In developing partnerships or collaborations, it is important to recognise the potential role of voluntary organisations as social enterprises and social entrepreneurs. Commissioners need to consider how larger voluntary organisations can work with and facilitate smaller organisations that may bring expertise or local community focus. This is part of the change in commissioner role to system convenors or stewards, making space for many different types of partners or collaborations.
 5. Interest in this shift in approach has continued, but there has been limited development in practice. The local authority commissioners we spoke to confirmed their interest in developing partnerships or collaborations as alternatives to ‘traditional’ market-based approaches. Many cultural and process issues are identified as getting in the way. Local authority commissioners noted that:
 - a. Procurement law developed to promote competition and ensure that those seeking public contracts would not be protected against competition. A consequence of this market approach is the disruption of the application of professional judgement and expertise and reliance on financial and numerical performance metrics in the assessment of tenders. Greater use of professional judgment and expertise might improve procurement and contracting in the context of children's social care, where a wider view of a provider's capability to meet children and families’ needs is needed than current typical procurement approaches allow.
 - b. There is a dysfunctional, commercialised, risk averse local authority environment that is geared to New Public Management approaches. The environment is inhospitable to trying different approaches. There is a sense that ‘no one else is doing it’. ‘It’ being more innovative approaches to commissioning and procurement. There was acknowledgement that addressing the ‘fear factors’ in stepping into this space requires engagement of the whole local authority including the most senior officers and politicians. Creating the culture shift required to allow innovative

approaches needs senior support at every level. Our informants described experiences of where this support has not been available, leading to the failure of innovative approaches to commissioning and procurement and the loss of the benefits of delivering services in a different way.

- c. There has been development of a language of collaboration but not a description of the process of collaboration or the proper engagement of collaborators in the conversations to develop the processes required to take this approach to commissioning and procurement forward. Where partnerships have developed these have been despite the system and a product of determined individuals able to transcend environments that are not set up to support working in this way. The Children's Innovation Partnership between Leicestershire and Barnardo's is one of the few examples in children's services. There are other examples including the Plymouth Alliance which is focused on mental health services and the London Mayor's Office for Police and Crime work on tackling youth violence.
6. Partnership requires purpose driven not process driven agreements. As such, traditional contracts are not helpful. A different concept is needed that reflects two or more organisations coming together with a mutual purpose. The unsuitability of traditional contracts was borne out in the example given above of a voluntary organisation/local authority partnership that failed in spite of progress on improving services for children. Failure was attributed to the contract being implemented without flexibility and without due consideration of how the local authority and organisation might create public benefit together for children and families. The contract was the usual commercial contract with no concept of partnership within it and the potential of a partnership approach was not supported outside children's service in the local authority.
7. Partnership collaboration requires investment of significant time and resources. The development of a partnership allows the procurement process to reflect the complexity of delivering children's services, the value of co-production in addressing this complexity and the benefit of an explicitly learning approach to service development and delivery. Partnerships must also recognise the risks and uncertainty involved.
8. The local authority commissioners we spoke with recognised the centrality of creating social value, alignment of purpose and development of trust in working with service providers. While they see voluntary organisations as natural allies in this, they need to retain focus on local authority accountability for the service commissioned. The current financial pressures on local authorities mean there is always a strong demand to demonstrate value for money and pressure to demonstrate outcomes in the conventional manner. Local authorities noted that on-costs and prices offered by strategic partnership and co-production can be high. They recognised there may be other benefits. Some Local authorities noted experiences in which partnerships in which considerable time and effort had been invested did not lead to any of the service delivery intended to be the purpose of the partnership.
9. Toby Lowe's work (see Explode on Impact blog 2023) articulates a significant challenge to the current and ubiquitous focus on outcomes as the key performance measure in awarding and monitoring public contracts. Lowe's thesis is that outcomes cannot be

attributed straightforwardly to organisations, interventions or programmes. Rather that outcomes are better seen as emergent properties of complex systems, lots of different actors and factors contributing to the outcomes in children and families' lives. If local authorities want services to contribute to these complex systems (which no one actor controls and which produce unpredictable results) producing desirable outcomes, what might enable this to happen more frequently? Lowe advocates that what is needed is to turn those complex systems into 'learning systems' in which partnerships or other forms of active collaboration are recognised as 'open systems' which require the development of trust between system actors. In such a system one of the roles of the system convenor or steward is to understand the system boundaries and ensure they can be porous when needed and that new actors can join the system when required. It may be helpful to consider how a partnership *contributes* to change and the outcomes sought rather than a more prescriptive attribution. Crucial to achieving improvement for children and families is learning and experimentation within the partnership to enable the creation of the changes needed at an individual, family or community level.

10. Participants made some specific points about residential childcare provision. The DfE has provided capital to local authorities to develop their own provision. Participants thought local authorities are unlikely to be able to provide residential care services at lower cost more than other providers and that they lack commercial expertise in residential childcare.
11. Local authority informants suggested block contracts for residential care are not taken up as providers do not trust local authorities to pay and / or may try to force the provider to take children the provider considers unsuitable. Block contracts can be seen as a way to squeeze costs rather than achieving quality and sufficiency as key drivers. Squeezing costs would be a poor basis for partnership between a local authority and a provider.
12. Local authorities' development of commissioning and procurement, including the potential use of partnerships, is being developed within frameworks set by wider local authority transformation programmes. Local authorities have already moved away from short term contracts, and it is now more common for contracts to be for five or ten years with break clauses. This can help with developing a sense of partnership and enable change and realignment of the contracts as needs change.

References

- Boxford, S., Harvey, J., Irani, M., & Spencer, H. (2017). Evaluation of the Belhaven Service Research report July 2017. Department for Education.
- Chang, M. F. (2022). Challenges and chances for local health and social care integration—Lessons from Greater Manchester, England. *Journal of Integrated Care*, 30(2), 146-159.
- Devanney, C., & Wistow, R. (2013). Mapping the implementation of Children's Trust arrangements. *Journal of Children's Services*, 8(1), 65-77.
- Godar, R. (2019a). Strategic partnerships with the voluntary sector: Messages from research and practice. Research in Practice.
- Godar, R. (2019b). Evidence in the commissioning process: Insights from focus groups with local authority commissioners. Research in Practice.
- Grollman, C., Izod, L., & Cheesbrough, S. (2020). TACT Peterborough. Department for Education.
- Harris, J. (2020). Children's Innovation Partnership.
- Innovation, Procurement, Empowerment Centre. (2023). The Art of the Possible in Public Procurement.
- Institute of Public Care. (2016). The Value of a Partnership Model for delivering Family Support. Summary Findings from an Evaluation of the Newport / Barnardo's Model.
- Institute of Public Care. (2022). Essex County Council and Barnardo's Evaluation of the Strategic Partnership to co-design residential group care for children and young people.
- Jefford, T. (2020). The Role Of Leadership And Environmental Context In The Implementation Of An Evidence Based Programme: A Qualitative Analysis Of Three Local Government Services Which Implemented Multi Systemic Therapy In 2008.
- King, S., Corran, P., Gieve, M., & Hastings-Caplan, R. (2020). Barnardo's Care Journey Strategic Partnerships evaluation. The Tavistock Institute of Human Relations.
- Knibbs, S., Mollidor, C., Bakri, S., & Bierman, R. (2016). North London Children's Efficiency Programme (NLCEP) residential innovation project: partnership evaluation. Department for Education.
- Mollidor, C., Lemus-Boskovitch, M., & Stow, C. (2019). Evaluation of the North-East London Commissioning Partnership Programme. Department for Education.
- National Children's Bureau. (2022). Developing & sustaining local health & education partnership working: learning from HeadStart.
- Nolan, D., Broch-Due, I., Hardy, T., Holt, M., Milward, J., & Barnard, M. (2020). Coventry FACT22. Department for Education.

- Nolan, D., Maglicic, M., Vinnitchok, A., & Barnard, M. (2020). Project Crewe: FACT22 Service Longitudinal Evaluation. Department for Education.
- Percy-Smith, J. (2006). What works in strategic partnerships for children: a research review. *Children & Society*, 20(4), 313-323.
- Research in Practice. (2022). Final Evaluation of Baby and Me.
- Sloan, C. Shahrokh, T. and Talbut, S. (2024) Embedding children's services practitioners in local primary schools: a process evaluation of the Together for Childhood Grimsby pilot. NSPCC.
- Spielhofer, T., Stradling, H., Hahne, A. S., Gieve, M., Hastings-Caplan, R., & Reede, N. (2020). Inside Out Evaluation report. The Tavistock Institute of Human Relations.
- Stradling, H., Gieve, M., Lovelock, C., & Hahne, A. S. (2022) Evaluation of the Barnardo's Brent Care Journeys Strategic Partnership. The Tavistock Institute of Human Relations.
- Stradling, H., Hastings-Caplan, R., Hahne, A. S., & Gieve, M. (2022). Evaluation of the Barnardo's Plymouth Care Journeys Strategic Partnership. The Tavistock Institute of Human Relations.
- The Tavistock Institute of Human Relations. (2023a). Learning Digest: Facilitating System Change in Children's Social Care Settings.
- The Tavistock Institute of Human Relations. (2023b). Learning Digest: Partnership working between local government and the third sector in children's social care.
- Villeneuve-Smith, F., & Blake, J. (2016). The art of the possible in public procurement. *E3M HCT Group*.
- Williams, J., Scott, S., & Ludvigsen, A. (2017). *Safe Steps CSE Innovation Project*. Department for Education.