

Benefits and uses

The main benefits of the mapping project were that it provided national, regional and local descriptions of children's services that could be used in:

- Monitoring progress in the implementation of the Every Child Matters: Change for Children agenda including the National Service Framework for Children, Young People and Maternity Services
- Supporting health and social care commissioners and providers in joint planning and commissioning strategies and in bidding for resources.

The information collected through the mapping project provided the government with baseline data on services that were in theory being developed towards policy objectives. Some of the specific achievements of the project include:

- Providing the first descriptions of areas of children's services, including:
 - specialist CAMHS provision in England in 2002
 - NHS expenditure on child health and maternity services in 2005/06
- Tracking changes in specialist CAMHS from 2002 to 2009 and child health and maternity services from 2005 to 2009
- Being used in the measurement of Public Service Agreement (PSA) targets on 10% increases in CAMHS investment, staffing and activity year-on-year between 2003 and 2006
- Being used to measure National Indicator 51 on the development of comprehensive CAMHS between 2006 and 2009.

An internal review of project stakeholders⁴ found evidence of mapping information being used to monitor and inform policy and practice. This included:



- Monitoring the penetration and uptake of policy by some DH and DfE policy leads
- The collection of quality standards data for maternity services by the DH
- Use of workforce information collected in the mapping project by the Children's Workforce Development Council (CWDC) in a number of local area planning tools
- The National CAMHS Support Programme predicated much of its work on mapping information, including identification of services which may be struggling
- Some Strategic Health Authorities used mapping information to introduce discussion with PCTs and Children's Trusts on the shape of future services, to challenge apparent outliers, to illustrate issues for commissioners and to inform strategic and workforce planning
- Mapping data was used by The Care Quality Commission (CQC) to provide context and to inform specific projects
- The children's hospice sector using mapping as a vehicle for sharing information and to inform operational and strategic planning.

The review found the use of mapping information by PCTs, local authorities, and NHS trusts was more limited. Only some areas and organisations used the information with no consistent approach to use across organisations. Ways in which the mapping data was used at the local level included:

- To provide a high level understanding of services and to identify potential gaps, problems and outliers in conjunction with other data sources
- To support delivery of children's services in terms of internal governance, benchmarking and assessment of productivity
- To inform reviews, such as reviews of school nursing, to identify workforce issues in general and to obtain information on provider services, including what services were provided where, and to determine whether there were capacity issues and gaps by some PCT commissioners
- To inform commissioning decisions, alongside other information such as their Joint Strategic Needs Assessment and other surveys in some PCTs with established joint commissioning arrangements.

Conclusions/Recommendations

Undertaking a national online data collection of children's services providers and commissioners is a large undertaking. Creating the system to capture interagency working and commissioning between health, local authorities and the third sector proved a complex task. The Durham Team was successful in developing and extending the methods, technologies and classifications of mapping to achieve this aim. However, the data collection was hindered by two compounding factors in its final years. Firstly, mapping was onerous and required political and organisational will to ensure it was completed to a high standard, as the will to complete mapping lessened over time the quality and quantity of returns reduced. Secondly, the Durham Team was responsible for the development of the exercise, supporting the collection and analysing and reporting the results. In order to make full use of the range and scope of information collected more resources were required in the analysis, reporting and dissemination of findings. Such an undertaking lay outside of the scope of the Durham University contract.

Over the years, the mapping project went through a number of different incarnations. The exercise worked best when there was a clear focus and clarity of purpose, with strong governance arrangements including the engagement of sponsors in central government and expert advisors. The exercise was undertaken during a period of sustained investment in public services, providing evidence of the rate of expansion across the country and the structuring and restructuring of services to policy goals. There were difficulties and problems associated with this approach to policy monitoring. Nevertheless, the decommissioning of the exercise has coincided with a much more challenging economic climate. There is perhaps a greater need to know what is provided and for whom at times where services are being cut and these are the basic questions the mapping project sought to address.

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Information about the project

The children's services mapping project ended in June 2011. Archived information can be found at: www.childrensmapping.org.uk

The mapping project was a collaboration of people with different skills and expertise at Durham University. A large team worked on the development of the exercise. The team was led at different stages by Di Barnes, Gyles Glover and Neville Hallam, with administrative support from Donna Harris. The following research associates worked on the project at one point or another Carol Devanney, Chiara Lombardo, Ethna Parker, Jonathan Rogerson, Anja Uglebjerg and Richard Wistow with website and database development by Steven Bradley, Richard Dean, Matt Jones and Alex Whitman.

This paper has drawn on a number of publications produced by the Durham Team, which are available on the archive website, as well as an internal 'Legacy Report' written by Di Barnes to mark the end of the project and a commissioned review of the mapping by Clarity and Partnership Ltd.

¹ Department of Health (1999) *National service framework for mental health: modern standards and service models*. London: Department of Health.

² Department for Education and Skills (2004) *Every Child Matters*. London: Department for Education and Skills.

³ Department of Health and Department for Education and Skills (2004) *National Service Framework for Children, Young People and Maternity Services*. London: Department of Health/Department for Education and Skills.

⁴ Department for Children, Schools and Families (2007) *The Children's Plan*. London: Department for Children, Schools and Families.

⁵ Department of Health and Department for Children, Schools and Families (2009) *Healthy lives, brighter futures: The strategy for children and young people's health*. London: Department of Health.

⁶ Department of Health (2007) *Maternity Matters: Choice, access and continuity of care in a safe service*. London: Department of Health.

⁷ Department of Health and The Home Office (2003) *The Victoria Climbié Inquiry, Report of an Inquiry by Lord Laming*, Cm 5730.

⁸ The Lord Laming (2009) *The Protection of Children in England: A progress report*. London: The Stationery Office.

⁹ HM Treasury and Department for Education and Skills (2007) *Aiming high for disabled children: better support for families*. Crown copyright.

¹⁰ Clarity and Partnership Ltd (2010) *Children's Service Mapping: A Review*.

Mapping children's services in England

Carol Devanney, Anja Uglebjerg and Richard Wistow



Introduction

Service mapping was carried out in the School of Applied Social Sciences for over 10 years across a number of service areas and in particular children's and maternity services. The mapping project was a national online data collection designed to monitor aspects of children's services policy implementation.

This briefing note provides:

- A background to the data collection
- A description of the approach and methods of data collection
- A summary of some of the key results

Background and policy context

The Durham University mapping methodology was initially developed in 1999 in the field of working age adult mental health to answer the question: 'What services are available to be used by people with mental health problems in each locality in England?' Commissioned by the DH, the mapping exercise was developed to take an annual snap-shot of services in order to establish a baseline dataset of service provision against which change in provision and investment could be measured year-on-year in relation to the National Service Framework for Mental Health¹.

The mapping of children's services originated with the development, in 2002, of a description of specialist Child and Adolescent Mental Health Services (CAMHS). Since then the annual exercise tracked change in service provision to support the measurement of performance and to help drive forward improvements in CAMHS investment, staffing and activity. In 2005, the mapping system was extended to cover dedicated child health and

- Examples of the benefits and uses of information from the project.

The mapping project was commissioned by the Department of Health (DH) and the Department for Children, Schools and Families (now Department for Education (DfE)) to trace the development of children's and maternity services at a time of substantial investment. The survey achieved near universal coverage of child health and maternity providers and commissioners and was used for a number of purposes including performance measurement, tracking development in investment and

maternity services. In 2008 the exercise widened to an integrated children's services mapping exercise (CSM) to enable local authorities to participate, alongside Primary Care Trusts (PCTs) and NHS provider trusts. The movement to CSM extended the remit of mapping to all services under the responsibility of a Children's Trust. The principle aim of the mapping exercise was to contribute to the monitoring of the 'Change for Children' agenda set out in Every Child Matters (ECM)², the National Service Framework for Children, Young People and Maternity Services³, the Children's Plan⁴ and most recently Healthy lives, brighter futures: The strategy for children and young people's health⁵.

In addition to reflecting these overarching policies in the design of questionnaires, CSM referenced policy and guidance specific to areas of service delivery to ensure the data collection was informed by the most up-to-date requirements of front-line services. For example, data requested from maternity services was informed by 'Maternity Matters'⁶, the mapping of safeguarding services was developed with reference

staffing, helping to implement policy within front-line services, and providing tools and intelligence to help local organisations improve services. The development and use of local authority (LA) children's services information was in progress when in July 2010 the sponsors decided to discontinue the children's service mapping exercise. This briefing considers some of the issues associated with undertaking a national data collection and concludes with reflections on some of the achievements and lessons learnt over the course of the project.

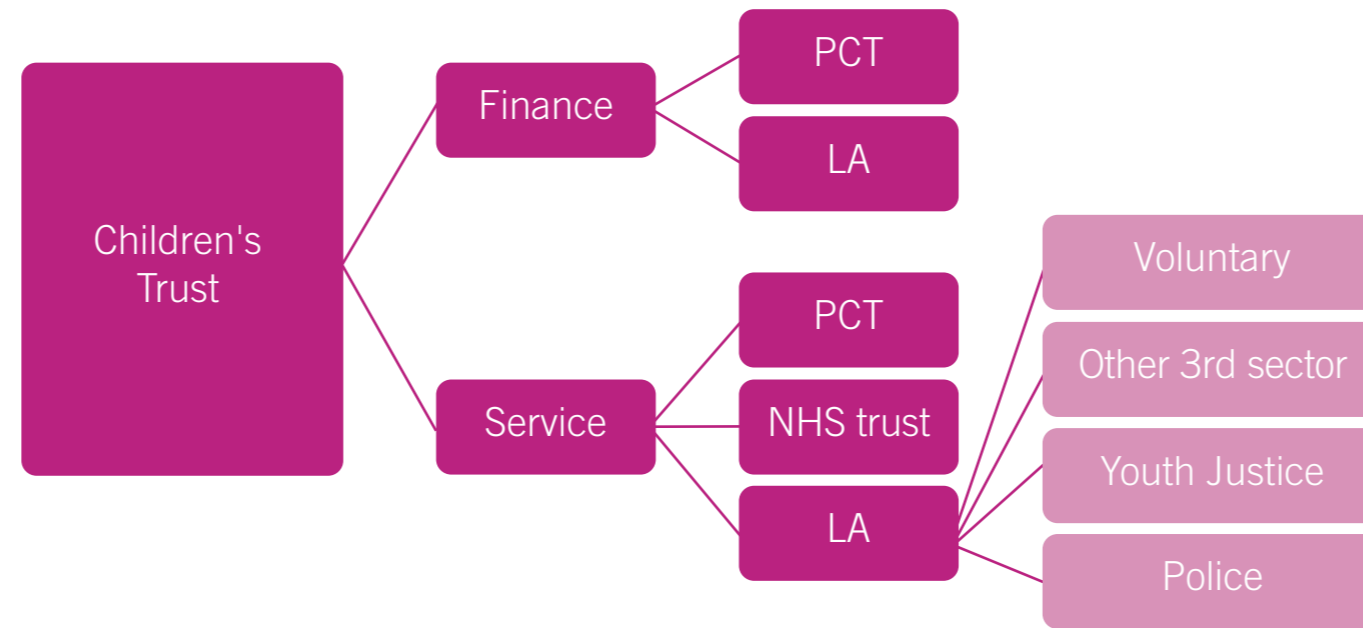
to both national inquiries (Victoria Climbié⁷, and Baby Peter⁸) and disabled children's services linked to Aiming High for Disabled Children⁹.

The service mapping methodology has also been used in other projects to map services for older people with mental health problems, advocacy services (linked to the revision of the Mental Health Act 1986), psychological therapy services in primary care, breastfeeding services in London, children's hospice services in the UK and CAMHS in Wales.

Approach and Method

The purpose of the CSM project was to capture information about the commissioning and provision of services for children and young people and maternity services. Data was collected from the agencies set out in figure 1. The information was collected at the level of service/team and geographically linked so that it could be extracted and reported at the local area level and also aggregated to the regional or national level.

Figure 1: Agency involvement in data collection



Questionnaires and questionnaire design

The CSM exercise was made up of three types of questionnaires:

- **Service questionnaires.** Service/team questionnaires captured service provision from NHS trusts, PCT providers, local authorities and the voluntary sector
- **Finance spreadsheets.** The purpose of finance spreadsheets was to capture information about spend and budget for services commissioned by PCTs and local authorities
- **Organisation questionnaires.** Separate questionnaires were designed for each type of organisation participating in the exercise. The aim was to get information about implementation of certain policies, for instance safeguarding, the development of Children's Trust arrangements and PCT strategic planning and leadership for children, young people and maternity.

Each year the questionnaires were designed through a process of:

- evaluating the previous years exercise
- meeting with relevant policy leads from the sponsoring government departments, including maternity, CAMHS and disability leads and
- reviewing new policy documents.

Data collection process

Each annual data collection ran for a four month period from the beginning of November to the end of February, with 30th November as the census date for service delivery. Finance data was collected for total spend from the previous financial year and budget for the current financial year.

All data were entered via online questionnaires and each participating organisation had the responsibility of organising their own exercise and questionnaires. The number of questionnaires varied greatly, depending on how many services an organisation commissioned/ provided. Each organisation

(NHS trusts, local authorities, PCT commissioners and PCT providers) nominated a Mapping Lead to take responsibility for ensuring the completion and sign off of correctly mapped data. The Mapping Lead registered on the Children's Service Mapping website on behalf of the organisation. Questionnaires could be electronically assigned to other members of the organisation in order to ensure the people with the relevant knowledge completed the questionnaires.

Training

In preparation for each years' mapping exercise, the team of researchers delivered regional training programmes in every region in England. The programme was made up of a variation of presentations and workshops and the team also developed a workbook for the purpose.

Helpdesk

In order to provide the participants with as much help and assistance as possible in completing the mapping exercise, a telephone and email helpdesk was available from 9.30 until 4.30 throughout the data collection period.

Summary of key results

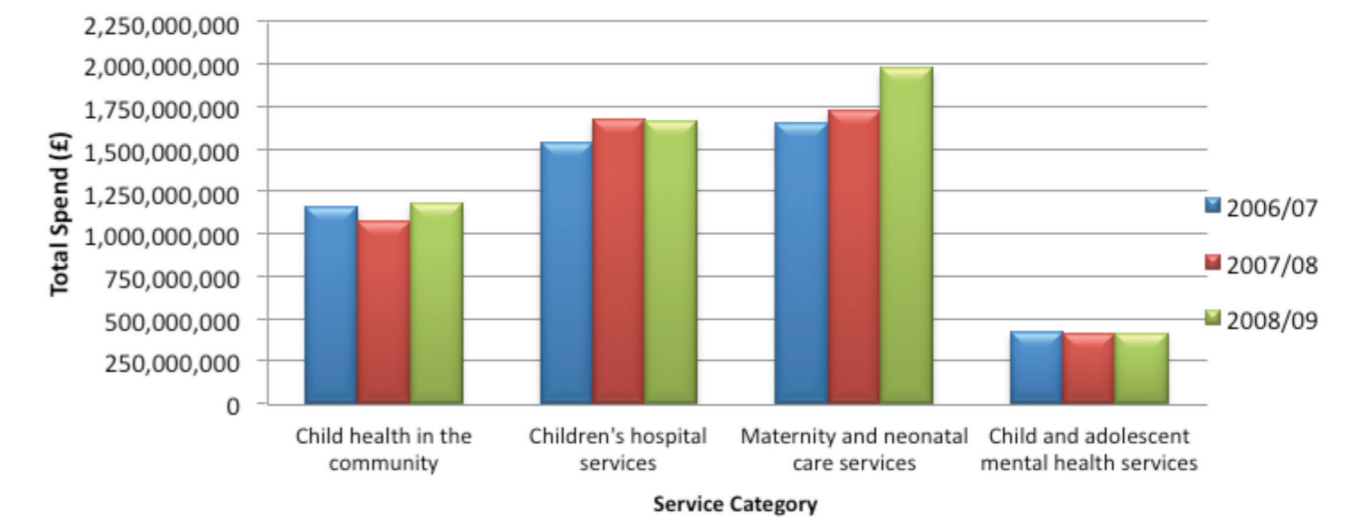
Children's services mapping was a voluntary exercise and response rates, although consistently high, varied each year. In 2008/09, for example, 362 NHS and Primary Care Trusts took part in the exercise and completion rates were:

- 90% of 152 PCTs completed and signed off finance data
- 86% of 320 NHS providers signed off child health and maternity service data
- 100% of 112 CAMHS providers signed off service data.

The mapping exercise collected a wide range of information on

children's services. A brief summary of a few selected areas of the collection are provided here. These results are presented in the form of graphs providing trend data on investment and activity. More detailed results, including data by topic and by geographical area, can be found on the mapping website: www.childrensmapping.org.uk

Trends in PCT total spend on the four health service categories 2006/07 to 2008/09



Trends in cases seen, new cases and cases waiting 2003 to 2008

Note: This shows the active caseload in 2006, 2007 and 2008 excluding consultations.

