

# Exploring the evidence base for Integrated Children's Services

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Katy Brown  
Katherine White

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**Contact: Zoe Ferguson  
New Educational Developments Division  
Scottish Executive Education Department  
Victoria Quay  
Edinburgh  
EH6 6QQ  
Tel: 0131 244 0901**

## Contents

Executive Summary.....	2
1. Introduction .....	4
2. Methodology .....	5
3. Defining Integration .....	5
4. Evidence supporting integrated working .....	8
5. What Works?.....	16
6. Concluding Comments .....	20
7. Annex A – Terminology.....	22
8. References.....	23

## **Executive Summary**

### ***Background***

The Scottish Executive has introduced a number of policies in recent years to encourage more effective integration of public services. This review considers the existing evidence base on integrated children's services and highlights issues emerging for developing the evidence base further.

### ***Methodology***

A wide range of sources was identified. Sources selected for review included those that had evaluated outcomes from integrated working, those that involved a discussion of the barriers and facilitators for integrated working and papers that reviewed literature around integrated working and multi-agency team work.

### ***Key Issues***

#### *Definitions*

Terminology within the literature is confusing with a number of inter-related terms and definitions within the field of integration. This raises a number of challenges for clearly communicating what the integration agenda is about, gaining a shared understanding among professionals about what it means and for measuring the outcomes from integrated services. A clearly articulated definition of integration may contribute to enhancing communication and understanding.

#### *Evidence to support integrated working*

A wide range of potential outcomes is anticipated from integrated children's services, such as improved achievement through school, better health, less anti-social behaviour, better support for vulnerable families. There may also be potential for cost-savings as a result of more effective working between agencies.

Inquires into child protection cases have underlined what can happen when services fail to work in an integrated manner. It is assumed therefore that when services work better together, providing integrated services to children and their families, that better outcomes should be achieved. However there is a lack of evidence to confirm such thinking, compounded by a difficulty in reliably measuring such outcomes. It is also assumed that such a way of working will result in economic efficiencies but again there is a lack of evidence to currently support this.

#### *What works?*

Much of the literature investigating integrated working comments on the process involved and gathers evidence from professionals involved in that process on the benefits and challenges of integrated working. There is

subsequently plenty of literature discussing the barriers to integrated working and the factors that contribute to success. Common themes emerged from the literature reviewed:

- Concern about funding integrated services
- Cultural differences between professionals
- Clarity about roles and responsibilities and the purpose of partnership working
- Leadership
- Organisational climate

Despite highlighting the limitations of the current evidence base on integration, the review demonstrates that a substantial evidence base on the challenges, barriers and key factors for success exists. Such evidence should contribute to further developments in integrating children's services.

## 1. Introduction

Integrating public services has been a key policy priority since the election of the Labour Government in 1997 (Integrated Care Network 2004; Cameron & Lart 2003; Johnson, Wistow, Rockwell and Hardy 2003). There has been a wealth of initiatives aimed at encouraging more collaboration between different agencies and professionals, improving joint working and achieving more effective partnership working to deliver more seamless, joined-up services for the public. Often such drives to improve integration between services have arisen in response to the wide ranging needs of a particular client group, for instance, people with learning disabilities, older people needing residential care, vulnerable young children or young offenders (Sloper 2004). Working within traditional professional silos, it is reasoned, is unable to deliver the most appropriate response to the variety of needs that people often require. There have also been instances where a failure to adequately join up practice and policy has been identified as contributing to children “falling through the net” with tragic consequences (Percy-Smith 2005, Laming Inquiry 2003, O’Brien, Hammond and McKinnon 2003). Better and more efficient services for the user as well as responding to the public’s call for more co-ordinated services is expected from improving communication and sharing information and assessment processes between the different agencies (Sloper 2004). In an audit of multi-agency activity for the Local Government Association, the aims for such initiatives centred around three areas; responding to the needs of a specific target group; responding to the government’s agenda to improve joined up working and providing a more effective service (Atkinson, Wilkin and Stott 2001).

This review was undertaken to contribute to consideration of evidence requirements for integrated community schooling (ICS) policy. The rationale of ICS policy, introduced by the Scottish Office, was that in order to improve the educational outcomes for children and therefore improve their life chances and tackle the opportunity gap, a more holistic approach to their needs was required (Scottish Office 1998). Social, emotional and health problems should be addressed if children are to achieve and schools are to accomplish their objectives (Anderson-Butcher and Ashton 2004). Schools cannot achieve this alone and working in partnership with other agencies was a key characteristic of the new community school approach, as it was then termed.

Much has been learned through the experience of integrated community schools. Her Majesty’s Inspectorate of Education (HMIe) reported recently that development was patchy and while some good practice was emerging on joint working between schools and other agencies, suggested that the vision of ICS was refocused in light of what had taken place to date (HMIe 2004). The report identified leadership as a key factor for success and commented that in many instances, ICS was being seen as an “add-on” to

the business of the school rather than an overarching framework for the delivery of education and other children's services.

As part of work undertaken to refocus ICS policy within the wider context of integrated children's services, a group comprising academics, policy makers and practitioners was set up to consider the evidence requirements for the policy. It was concluded from an initial meeting of this group that further evaluation of ICS policy as a distinct initiative would not be appropriate given the wider context of integrated children's services. This paper therefore intends to:

1. consider existing relevant evidence on integrating services and implications for policy development
2. highlight issues for the development of a more robust evidence base as the range of integrated children's services policies are established

## **2. Methodology**

A literature search was carried out using key terms: integrating services, barriers, good practice, measuring success, culture change, collaborative working and partnership working. The interchangeable use of terms within this field makes it difficult to identify relevant literature. However a wealth of material is available and a wide range of sources were identified. The abstracts were scanned to identify papers that included evaluations of initiatives or projects that attempted to integrate services, other literature reviews on collaborative working, integrated working and joint working. The Scottish Executive Library database was also searched for sources on collaborative working, partnership working, multi-disciplinary working and full-service schools.

Given the short timescale, other contacts were approached for key sources of reference including academics, policy makers and analytical colleagues in SEED, HMIe and Children in Scotland.

The limitations of the methodology are recognised and the review is intended only to capture some of the key findings from the sources that were identified through these methods.

## **3. Defining Integration**

The area of inter-agency working has been referred to, understandably, as a "terminological quagmire" (Lloyd, Stead and Kendrick 2001). The term integration can mean different things to different people and there is a lack of clarity about its meaning (Integrated Care Network 2004).

Reflecting such muddiness, terms such as partnership working, joint-working, joined-up working, inter-agency working, multi-agency working, multi-professional working, inter-agency communication, intra and inter-organisational collaboration and collaborative working are often used interchangeably when discussing integrated working (Percy-Smith 2005, Sloper 2004). Percy-Smith (2005) found a similar landscape when attempting to define “partnership” from such terms, accepting that overlap is likely to be inevitable. Attempting to distinguish partnership from other terms and at least define what partnership is not, the author uncovered a number of terms and concepts related to partnerships (Annex A), and defined integration as *“agencies working together within a single, often new, organisational structure”*.

The Integrated Care Network’s guide on Integrated Working similarly recognises from the outset that the term integration should be handled with caution and encourages professionals to challenge others about its meaning when the term is used. The Network defines integration as “a single system of service planning and/or provision put in place and managed together by partners who nevertheless remain legally independent” (2004). Such a single system would unite mission, culture, management, budgets and accommodation and could apply at any level such as at the team, service or organisation level. Likewise to Percy-Smith’s attempt to define partnership, the Network differentiates integration from partnership although recognises that a partnership is needed to create an integrated system.

The Integrated Care Network took a similar approach to differentiating integration from better co-ordination, although recognises that the latter can deliver many if not most of the benefits to users of an integrated system. Better co-ordination, however, is possibly not sustainable over time leading to the need for strategic decisions about whether a single integrated system would be more appropriate than continuing to co-ordinate separate activities that rely upon the informal co-operative network of practitioners.

The term “integrated approach” was adopted in the New Community Schools prospectus (Scottish Office 1998). This required agencies to bring together a single team of professionals from a range of services. Working in partnership with other agencies and services was seen and is still seen as fundamental to taking such an integrated approach. However, the evidence suggests that the early attempts to take such an integrated approach in new community school pilots would have been more accurately defined as better co-ordination of services, such as the Integrated Care Network defines. The importance of leadership for success was highlighted from the evaluation evidence on the early pilots with difficulties such as pulling budgets and a lack of commitment from

partners to the agenda all suggesting the limitations of more ground-level co-ordination (Sammons, Power, Elliot, Robertson, Campbell and Whitty 2003, HMIe 2004).

Much of the literature within the field suggests the use of a continuum, with organisations working autonomously within their own boundaries at one end and full integration at the other end. For Scotland's Children (Scottish Executive 2001) set out an action plan for better integrated children's services but was not prescriptive about what is meant by integration, leaving decisions about how far along the continuum of integration local authorities, health boards and others consider necessary (Fisher 2003). The Integrated Care Network's guidance on integrated working suggests co-ordination to be somewhere in the middle of such a continuum. Mukherjee, Beresford & Sloper (1999) also suggests co-ordinated working as somewhere between autonomous working and integrated working. Rather than services being separate, often leaving families to take on the role of co-ordinator, co-ordinated working involves professionals working together to discuss and draw up a package of support albeit that they may assess the child separately. With integrated working, services are "synthesised and co-ordinated" with the expectation that the roles of different professionals will be blurred according to Mukerhjee et al's definition. Others suggest pooled budgets and single objectives characterise integration (Integrated Care Network; Stewart, Petch and Curtice 2003, Townsley, Watson and Abbott 2004).

Different models of working have also been proposed to describe how agencies work together (Cameron & Lart 2003, Atkinson, Wilkin, Stott and Kinder 2001). For instance, strategic level working where joint planning and decision-making takes place; placement schemes where posts cross the organisational divide such as social workers working in primary care divisions; centre-based service delivery where professionals from different agencies work together in the one site although not necessarily in an integrated manner; co-ordinated service delivery where there is a co-ordinator to pull together different services; multi-agency teams where professionals from different agencies work together on a day-to-day basis as a team; and case management models where a key person has responsibility for ensuring a co-ordinated service to families.

Such models focus primarily on the organisation of professionals and as Sloper (2004) highlights, will not necessarily ensure that families receive a co-ordinated service. Another, broader model suggested by Watson, Townsley and Abbot (2002) is transdisciplinary working where "*members of different agencies work together jointly, sharing aims, information, tasks and responsibilities*", a definition that does not seem contradictory to either Percy-Smith's definition or the Integrated Care Network's definition. In his review of multi-agency working, Sloper (2004) discusses the need for agencies to improve their co-ordination and collaboration but

does not appear to make any theoretical distinction between co-ordination and integration as other authors have done.

The Professional Development Programme for Educational Psychologists in Scotland produced a paper on multi-agency working and defined multi-agency working as “three or more agencies working together, having shared aims in securing defined outcomes for children...whole agencies are involved in this, not just individual representatives. It follows that multi-agency working needs to be considered both at strategic and operational levels...joint funding...shared budget responsibilities, joint workforce planning, information sharing and service delivery responsibilities are all involved in this approach” (Fisher 2003). Such an all encompassing definition of multi-agency working reflects a number of characteristics often associated with integrated working and yet again confirms the difficulties with terminology in this field.

### **Conclusion**

It can be concluded from this discussion that terminology within the field of integration is muddy and there may be merit in considering integration along a continuum or on a spectrum as a number of authors have previously done (Percy-Smith 2005, Townsley et al 2004). Given the varied terminology in the field there may also be some gains from clearly articulating what is meant by integrating children’s services both at a strategic and planning level and at a local delivery and planning level. Atkinson et al (2002) conclude that “there might be value in refining descriptors and vocabulary associated with inter-agency activity to advance general awareness and understanding of its processes and outcomes.” The difficulties in the language around integration also create challenges for gathering evidence on integration. Without a clearly defined concept it may be difficult to establish whether integration has in fact been achieved and in relation to children’s services what this has delivered for young people and their families.

## **4. Evidence supporting integrated working**

This section considers available evidence in support of integrating services. This includes negative evidence, where a failure to work in an integrated manner has resulted in poor outcomes for children as well as evidence where attempts have been made to measure the impact of integrated working on outcomes for children and young people, including perceptions from professionals about the benefits of integrated working. The economic implications of integration and the counter evidence for integration are also briefly discussed.

### ***Child Protection***

Strong arguments in favour of better integrated children's services have emerged from inquiries into child protection cases, most recently from reports into the deaths of Victoria Climbié and Caleb Ness. It was concluded from these inquiries that a lack of integration contributed to poor outcomes for these children. A failure to share information between different agencies was identified as a fundamental factor contributing to the death of Caleb Ness (O'Brien et al. 2003). Many of the recommendations from the inquiry into the death of Caleb urged agencies to review their protocols on child protection and information sharing and recommended joint working practices between departments within social services be reviewed as a matter of urgency. All agencies were to make collaboration a priority. Similarly a lack of joined-up working was identified by the inquiry into the death of Victoria Climbié with similar issues around information sharing and collaboration between agencies identified as significant in leading to such a tragic outcome (Laming 2003). Such high profile cases and other instances where people have "fallen through the net" have provided strong evidence that services should be working better together and have contributed to current policy emphasis on integrating children's services (van Eyk & Baum 2002).

### ***Measuring Impact***

We know what can happen when services are not integrated and assume therefore that when services are better integrated there will be positive outcomes across a range of areas. The integrated children's services agenda is driven by a shared vision for children and young people:

"in order to become confident individuals, effective contributors, successful learning and responsible citizens, all Scotland's children need to be: safe, nurtured, healthy, achieving, active, included, respected and responsible" (Scottish Executive 2005)

This section considers evidence that integration is positively impacting on those outcomes.

Webb & Vuilliamy's (2001) study of inter-agency working reported a reduction in exclusions from school of young people with challenging behaviours. Other benefits reported include a positive impact on the quality of the service being provided, information sharing between agencies, and the potential through the introduction of the support worker in the school to avoid inter-agency disputes over responsibilities and resource allocation. The study differentiated how the support worker built inter-agency links with school-focussed agencies (such as educational social workers, behaviour support teachers, educational psychologists and school nurses) and with agencies external to the school (such as social workers, police officers and health service professionals). The research concluded that the possibilities and constraints influencing collaborative working differed depending upon whether the professional was from a

school-focussed agency or an agency external to the school. Such findings may be useful to bear in mind when considering suitable methodologies to evaluate the impact of integrated children's services and the role of the school in this agenda.

This particular project did report actual evidence on outcomes - a 25% reduction in permanent exclusions across the project schools (26 pupils). Given the strong link between exclusion and criminal offences committed over an individual's lifetime, this project is likely to also have a significant impact on reducing future offences and the financial and human costs associated with such crimes, although this study cannot confirm such assumptions. As with many of the studies examining integrated working, important lessons were learned about the dynamic process of inter-agency working as well as the length of time required for results to appear, i.e. no positive impact was identified until the second and third years of the project (Webb and Vuillamy 2004).

The Integrated Care Network's guide on Integrated Working points out the limits to what can be generalised from studies on joint or integrated working. One experimental study that the Network is confident about reporting positive outcomes as a result of integrated working is a study into joint working between social services and the NHS. This study reported positive outcomes for the client group, in this case older people, as well positive benefits to organisations from pooling expertise, establishing a new way of operating and opening up direct communication. The Network argues for more experimental studies such as this one to build up a robust evidence base within the field of integration.

It is apparent from reviewing the literature on partnership working and integrating services for this paper, that the majority of studies focus on the process of integrated working rather than the outcomes achieved from such working (Cameron and Lart 2003; Sloper 2004). Even when studies do focus on outcomes these tend to be narrowly focussed, for instance, impact on exclusions or try to address outcomes that might only be shifted in the longer term????are difficult to measure over short time periods, for instance attainment or health. While the process involved in integrated working should not be dismissed, there is a danger that it can detract from focussing on the principle purpose of integrating services, which is for public services to achieve better outcomes. The Integrated Care Network (2004) questions whether too much emphasis is being placed on the structure and input to integrated working rather than on outcomes.

Studies commonly contain discussion about how to overcome the well-rehearsed barriers to joined up working as well as perceptions from professionals about the benefits of integrated working. Despite this, there

is little in the way of how these processes relate to outcomes (Sloper 2004). The literature contains much assumption rather than hard evidence on improved outcomes as a result of such changes in the way services are delivered and planned. Full-service schooling lists many benefits from taking an holistic approach to the needs of children and young people and there is much literature explaining what is happening in such schools and how it is improving the well-being of its pupils (Dryfoos 1996). But as Smith (2000, 2004) writes, such listings leave many questions to be answered about the trustworthiness of the data and the measures that have been used. Dryfoos herself, replying to the question "But do they work?" answered "I wish I could give an unequivocal 'yes' to the question. I have to report a strong 'maybe' " (Dryfoos 1998).

Stewart et al (2003) caution against the assumption that integrated working is the preferred option to deliver effective services without a robust evidence base to justify such thinking. While accepting that the process of integrated working is essential, the authors warn that the complexities of integrated working are unlikely to be overcome to produce its intended benefits unless a clear and sustained focus on the long-term outcomes for clients is maintained. Similarly, Percy-Smith's (2005) discussion of strategic partnerships, which if we accept as a given for integrated working, warns about the assumption that partnership working is "a good thing" and states that definitive answers to the central question "what is the impact of partnership working?" are very difficult to find. Setting up and making partnerships work requires significant investment in time and resources and needs to be justified in terms of the benefits such partnerships deliver. This needs to focus not only on outcomes but also on the extent such outcomes can be attributed to partnership working.

This requires clarity about the outcomes that integrated working should deliver. Sammons et al (2003) comment in their evaluation of Integrated Community School pilots that it is unsurprising that no significant impact on measures such as attainment and attendance was found over a 3-year period. Tisdall, Wallace, McGregor, Mullen and Bell (2005) comment in their review of integrated community schools and family service centres that most of the impacts are not regularly quantifiable or captured by standardised evaluation evidence measures. This raises fundamental questions about what outcomes we should be measuring and the methodologies that should be adopted to gauge the success of such integrated working

Sloper (2004) also states that there is a clear need for methodologically sound local evaluations of multi-agency services on outcomes as well as an exploration of the cost effectiveness of such ways of organising services. As Johnston et al (2003) report from their study of joint working between Social Services and the NHS all case studies could report

extensive planning meetings to develop collaborative activity but few could identify actual instances where joint working was currently operative.

Wilkin et al's (2003) review of the literature on extended schooling and other related concepts such as multi-agency working and joint-working concluded that there is little systematic and rigorous evaluation of the concept and its implementation. Similarly, Sullivan & Skeltcher (2002) argue that the need for adequate frameworks to monitor, understand and assess collaborative activity will only increase further as more collaborative working becomes embedded in public services. They suggest a distinction will need to be made between implementation, outputs and outcomes to assess what outcomes have been achieved and trace the activities that have contributed to this achievement. It is also suggested that an assessment of partners' capacity to learn should be incorporated into any evaluation activity of collaborative working as the experience itself can provide partners with valuable insights around the achievement of collaborative outcomes. Examining the implementation process and involving a range of stakeholders to look at power relationships between them was also identified as important for any evaluation activity around collaborative working.

### ***Economic implications of integration***

The principle driver for the integration of children's services is to improve outcomes for children and families. However, there may also be financial benefits from such policies and this is one issue to consider when looking at the evidence base on integration.

As earlier discussed, the rationale for integrating services is that no one agency or professional working in isolation will be able to meet all the needs of an individual child, thereby limiting opportunities to improve life chances. The costs therefore arising from children whose needs are not met at an early stage, potentially as a result of agencies not working effectively together, are large and fall on a wide range of agencies over an individual's lifetime: the negative effects of low attainment are recognised as lower lifetime earnings, higher chances of being unemployed and poorer health of individuals. It is estimated that by age 28, costs to society of individuals identified as having conduct disorder<sup>1</sup> at age 10 are estimated to be 10 times higher than those with no problems (Scott, Knapp, Henderson and Maughan, 2001). It has been estimated that a programme of supportive multi-agency interventions for children who demonstrate challenging behaviour from an early age could save over £100,000 in direct costs incurred to age 16 (Audit Commission

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<sup>1</sup> Conduct disorder, which is a disorder of childhood and adolescence, involves longstanding behavior problems, such as defiant, impulsive, or antisocial behavior; drug use; or criminal activity. <http://www.nlm.nih.gov/medlineplus/ency/article/000919.htm>

2004), as well as preventing crime and the associated costs of social exclusion throughout that individual's lifetime.

There may also be financial implications on organisations from integrating services, for instance, savings over time as a result of efficiencies from multi-agency working practices. These savings may be in areas such as staff time, improved communication, technological advancements, as well as simply better ways of doing things. An example of such benefits is the Home Office funded project Meeting Need and Challenging Crime in Partnership with Schools, which placed five full time social work trained support workers in secondary schools for three years targeting children identified as likely to be excluded. The savings associated with such integrated working accrued to various groups of beneficiaries, including: reduced teacher and senior management time spent on dealing with 'problem' children, reduced costs to Local Education Authorities of alternative education provision, and the personal costs to families and young people of exclusion (Webb and Vuillamy, 2004).

As well as possible economic gains from integrating services there may also be costs, both directly and indirectly from integration. Whereas it may be relatively straightforward to identify the direct costs of integrating services, such as extra personnel or new processes, the indirect costs may be more difficult to capture. For instance, the cost of redirecting resources to integrate services, providing integrated services for all children rather than focussing integration for more vulnerable groups, future costs where children and families continue to require support despite integrated service provision. These indirect costs of integration are not easily quantifiable yet some attempt to illustrate the trade-off between pursuing integrated working and maintaining the status quo is an area for future consideration to determine the best use of public resources.

### ***Economic Analysis of Integration***

If the economic implications of integration are to be considered then a suitable methodology will be important to accommodate the many outputs and outcomes. However, this is not straightforward due to several difficulties inherent in reliably measuring outcomes. These difficulties are discussed below:

- Measuring the added value (the improved outcomes over and above those that would have occurred had the policy not been in place) of integrated service delivery must require a counterfactual case: a cohort with similar characteristics amongst whom the policy was not implemented. This is almost impossible for research involving children as the control group will never be characteristically identical to the cohort targeted with integrated services.

- The second major barrier to measuring the impact of integration is that causality can not be accurately attributed. For example, the factors affecting a pupil's academic performance are multiple and interconnected, which makes it almost impossible to isolate the effect of integrated service delivery on attainment. As was shown in the evaluation report on the early integrated community school pilots, attainment in all Scottish schools increased over the pilot period so we cannot conclude that this policy alone was the casual factor in the pilot schools.
- Timing of outcomes is also an issue when evaluating any policy. It is highly likely that the total economic benefits of any policy aimed at for instance, improving educational outcomes, will not be evident until several years, if not decades, after the intervention occurred. This is especially relevant in the case of increased earnings due to higher educational attainment. On the other hand, the costs are incurred in the year of the intervention.
- There may also be significant indirect or spill over benefits of outcomes from integrated services that are not easily determined. For example, a significant proportion of the cost of crime and anti-social behaviour falls on the victims of crime and the wider community.

Developing an appropriate framework to overcome this problem of causality and enable conclusions to be reached will be a critical part of the evaluation process and is likely to require the collection of both quantitative and qualitative data as well as a range of methods.

### ***Perceptions about the benefits of integration***

There is more abundant evidence based on the perceptions of professionals but this tends to focus on the process of service provision rather than outcomes for children and families. An audit of multi-agency activity through a survey with all Local Education Authorities reported that staff perceived there to be a wide range of benefits to children and families from such multi-agency working (Atkinson et al 2001; 2002). Advantages also centred around opportunities for professional development through working with other agencies, such as a broader perspective and better understanding of other agencies' roles. Similar findings from professionals were later reported by Sammons et al (2003) in the evaluation of the early integrated community school pilots. Rushmer and Pallis (2002) report that organisations and professionals have much to gain from inter-professional working such as wider expertise, knowledge of the skills of other professionals, opportunities to contribute to other developments, reducing the duplication of work and improved communication in organisations.

Although Townsley et al (2004) focussed more on the process of multi-agency working in services for disabled children with complex health

needs rather than on outcomes, the study did conclude that the structures that professionals had worked hard to put in place would bring about significant change in the future and was making a difference to families to a certain extent at the current time. There was again acknowledgement by professionals that although it would take time, positive evidence from such a way of working would eventually emerge. However, such perceptions from professionals can only be theoretical about the outcomes for clients often referring to *potential* benefits for service delivery rather than *actual* hard evidence of improved outcomes.

Other findings from studies looking at the impact of integrated working report increased feelings of support among professionals, improved job satisfaction from working collaboratively with other agencies and positive attitudes from professionals towards the aims and benefits of collaboration in general (Rushmer & Pallis 2002; Anderson-Butcher & Ashton 2004; van Eyck & Baum 2002, Borrill et al 2002). While improving job satisfaction and professional development is to be welcomed, especially given some of the recruitment and retention difficulties in certain services, it is not the primary purpose of integrating services.

Whilst there is abundant research reporting professionals' views, there is limited evidence based on client perceptions and again what exists tends to focus on views of service provision rather than improved outcomes. Liabo, Newman, Stephens and Lowe (2001) reviewed multi-agency key worker systems for disabled children with health needs and found some evidence that families with a key worker reported more positive outcomes, such as quicker access to services and reduced levels of stress compared to those families who did not have such a key worker to join up services.

### ***Counter Evidence***

Collaboration may be only one of many solutions to delivering effective services and as McCulloch, Tett and Crowther (2004) suggest, may be best avoided in some instances. From their assessment of professional attitudes towards collaborative working in response to the integrated community schools agenda, they suggest that when time, energy and support are very limited, collaborative working may not be the best option. The study focussed on professional attitudes rather than looking at data on outcomes for children and families so makes a limited contribution to any evidence base in support of integrated working. It did raise issues from professionals about the difficulty in evaluating success and developing indicators of success.

An interesting finding by Glisson & Hemmelgarn (1998) was that increased service co-ordination actually had a negative impact on outcomes for children and families. Examining the effects of both organisational characteristics and inter-agency co-ordination on children's

psychosocial functioning, led the researchers to recommend that further attention should be given to improving the organisational climate of agencies rather than increasing organisational co-ordination. Organisations where staff reported greater job satisfaction, role clarity and fair organisational practices were found to deliver significantly better outcomes for children and families (measured as independent descriptions of children's behaviours by their teachers) than those organisations with poor climates. The authors suggest that there should be further research to explore the relationship between outcomes for children and families and factors such as stress, workload and low job satisfaction in professionals working with them. This is echoed by Gardner (2003) who comments that as yet there is insufficient evidence to argue that greater collaboration between services will undoubtedly produce better outcomes for all children and families

## **Conclusion**

Inquiries into child protection cases have provided strong support for improving joint working between services. From this review however, there appears to be limited positive evidence on outcomes from integrated working with much of the current research focussing on the process of integrated working and perceptions from professionals about the impact of such services both on clients and on their own professional development. This gap in the evidence base has led to calls for more outcome focussed investigation to build up a more robust evidence base on integration. Exploring the economic implications, whether service users experience better services through integration and when integration may not be the best solution would also contribute to the evidence.

## **5. What Works?**

Similar barriers and proposed solutions to overcoming such barriers arise time and again in studies and discussions on integrated working (Cameron & Lart 2002, Integrated Care Network 2004, Park & Turnbull 2003, Johnson et al 2003). This section highlights these barriers and discusses the factors that have been identified as crucial for successful integration.

### *Financial Uncertainty*

Financial uncertainty is one of the often cited barriers to integrated working (Sammons et al 2003, Cameron & Lart 2003, Wilkin et al 2003, van Eyk & Baum 2002, Johnson et al 2003, Tisdall, Wallace, McGregor, Atkinson et al 2001). This has certainly been an issue as the integrated community schooling approach has been rolled out to all schools in Scotland. Authorities and schools often claim that the funding is not sufficient to roll out the approach in a similar manner to the pilot projects and that uncertainty about future funding causes difficulties in appointing

permanent staff. Johnson et al (2003) reported that the greatest barrier to joint working between social services and the NHS in England was concern over costs and whose budget would pay for what. Very few localities perceived collaborative working to be an efficient way to manage resources.

### *Professional Culture*

Cultural differences between different professionals is also frequently reported as a barrier to integrated service provision (Cameron & Lart 2003, Harbin 1996, Wilkin, White & Kinder 2003, Wasoff, MacIver, McGuckin, Morton, Cunningham-Burley, Hinds and Given 2004, van Eyk & Baum 2002, Johnson et al 2003, Coxon 2005). Crouch & Johnson (2003) report differences between health and social care in terminology, attitudes to information sharing and professional principles, issues that the authors consider need to be dealt with to enable integrated working. Process mapping was undertaken by West Surrey to overcome some of the cultural barriers, such as these, that often limit joint working. By analysing working practices and designing improved processes, health and social care professionals built up mutual trust and understanding of each other. In addition, joint training, joint protocols and joint working procedures helped break down cultural differences between the organisations.

Tension between professionals is an issue that has not been fully addressed in the public sector according to the report "Schools Out" (Craig, Huber & Lownsborough 2004). While professional judgements are being seen as increasingly important, professionals are also being called to work in contexts outside their professional tradition. The resulting tension and conflict, according to this report, is not being directly addressed. Instead incremental approaches such as the appointment of "co-ordinators" or "integration managers" are preventing professional barriers being broken down and often arbitrate between professionals rather than confronting them head-on.

### *Clarity of roles and responsibilities*

Blurred professional boundaries and lack of clarity around roles and responsibilities is also often mentioned as a barrier to integrated working. The importance of clear aims and objectives that are realistic, achievable and understood and accepted by all the partners emerged from Cameron & Lart's (2003) review of the factors that promote and hinder joint-working between the NHS and social services research. Similarly, clearly identified roles and responsibilities were identified as vital to avoid overlaps in work and gaps in provision. This is supported by Rushmer and Pallis's argument about the disaster of blurring professional boundaries, often an expected consequence of multi-disciplinary working. It is argued that each professional brings with them their own skills and expertise and for successful collaborative working, professionals should not be working

beyond their area of competence. In fact, it is argued that successful collaborative working depends upon establishing clear boundaries between each party. McCulloch et al's (2004) findings from school staff working in an integrated community school cluster confirm this argument as collaborative working was found to be most successful from a school perspective when other partners were seen to have added value to the efforts of the school. Schools welcomed other partners in areas that were out with their expertise.

Rushmer & Pallis (2002) suggest that joint-working relies upon the merging of the skill, experience and knowledge of each partner with reliance upon team members for the outcome that only working together can achieve. The blurring of boundaries that can happen when integrated working takes place without clarity of task allocation and responsibility can lead to unsuccessful collaborative endeavours. Difficulties in defining boundaries between professional groups were also identified in the Scottish Centre for Social Research's study exploring the effectiveness of early years policies (Wasoff et al 2004). Consequences include disputes over responsibilities, feelings of inequity, stress and anxiety about what is being contributed from each party. Role ambiguity can result from such "blurred boundaries" and may have negative effects on job satisfaction, trust between parties and ultimately may lead to unsustainable relationships (Rushmer & Pallis 2002). Developing formal policies and procedures is one way to clarify the roles and responsibilities of partners involved in joint working (Rushmer & Pallis 2002) as well as allowing time and support for workers to achieve effective collaboration (Wasoff et al 2004).

Lack of clarity in roles has been identified as a key issue for the social work profession in the current review of its profession (21<sup>st</sup> Century Social Work 2005). A literature review on the role of social workers found widespread views on the nature and role of social work. Language within the field was reported to be a contributing factor to confusion about what it is social workers do. The interim report of the Social Work Review recognises the diverse roles that social workers are now fulfilling and is responding to a variety of issues such as the distinctive contribution that social work can make to integrated team working.

#### *Lack of shared understanding*

A common theme within the literature is ambiguity resulting from integrated working. For instance, ambiguity around the purpose of a partnership, the different roles and responsibilities of the parties and the purpose of meetings and plans are common (Stewart et al 2003, Percy-Smith 2005). For instance, Webb & Vuillamy's (2001) evaluation of a 3-year project that placed home-school support workers within secondary schools to work closely with other agencies, reported that the strategic advisory group meetings were referred to as "sterile exercises" and "talk

shops". Group participation included those from health, social work and the police but dwindled over time, limiting its potential to facilitate co-operation between the agencies and resulting in the project being "a bottom-up innovation" with its development shaped almost entirely by the ideas and working preferences of the support workers. Perhaps assisting with achieving clarity of roles and contributions to partnerships is the National Audit Office's (2001) guidance on accountability. Achieving a clear definition of the roles and responsibilities of each organisation involved in the partnership, setting out unambiguous targets for service delivery and setting out a party responsible for taking action if progress is unsatisfactory are suggested minimum requirements for sound accountability. Similarly reviewing and evaluating partnerships as they evolve can contribute to maintaining such clarity around purpose and roles (Percy-Smith 2005).

### ***Key Success Factors***

Unsurprisingly, much of what is cited to facilitate integrated working is the opposite of what is reported to hinder. For instance, clarity of aims and objectives that are understood by all parties, clearly identified roles and responsibilities, commitment from both senior management and front line staff, strong leadership, good systems of communication and information sharing and structures for joint planning (Sloper 2004, Integrated Care Network 2003, Coles, Britton & Hicks 2004, Sammons et al 2003, HMIe 2004, Cameron & Lart 2003, Rushmer & Pallis 2002, Dolan 1996, Harbin 1996, Stewart et al 2003, Atkinson et al 2001). Joint training, appropriate support for staff, recruitment of the right people with the right skills and shared resources as well as robust monitoring and evaluation of integrated working have also been identified as crucial to the implementation of such working (Sloper 2004, Percy-Smith 2005, Craig et al 2004).

Organisational climate has also been identified as a contributing factor to integrated working. Johnson et al (2003) report that organisations that support teamwork, flexibility, open flows of communication and promote a shared vision are better able to deliver positive outcomes for clients and provide more integrated services. Similarly, Gardner (2003) and Glisson & Hemmelgard (1998) highlight the important link between organisational climate and improved outcomes for clients. Organisational identity and staff confidence in the working practices within their own organisation is important in assisting integrating working practices with other organisations (Gardner 2003).

Strategic support and organisational commitment to joint working are also frequently identified as critical for success (Gardner 2003, Atkinson et al 2002). Strategic leadership and vision as well as sustainable infrastructure have been described as the "engine for joint service delivery". Simply bringing a group of professionals from different

agencies together and calling them a “team” will not guarantee integrated working (Rushmore & Pallis 2002). Guidance, support, leadership and commitment to integrated working are essential and have already been identified as a characteristic of successful ICS approaches (Sammons et al 2003). Despite being an essential characteristic for ICS, leadership and commitment to integrated working has not been found to be consistent in developing the approach (HMIe 2004). HMIe suggest it to be a key factor for success, confirming the Integrated Care Network’s comment that “without strategic vision and support, collaboration at the front line of service delivery will be impossible to optimise, however well intentioned the professional practitioners”.

It is also often claimed that co-terminosity contributes to successful integration of services (Park & Turnbull, Integrated Care Network 2004). However, in their review, Cameron & Lart (2003) conclude that the evidence in the literature is inconclusive around co-terminosity. This supports some of the anecdotal evidence around the integrated community school agenda where in some instances co-terminosity of staff from different agencies has improved working relationships whereas in other instances it has contributed to ICS being perceived as an “add-on” to the mainstream school business. The pros and cons of co-located working were also recognised in a study of early years policies in Scotland (Wasoff et al 2004).

### **Conclusion**

There is a significant amount of material reporting barriers to integrated working and key factors for success. Perhaps the key area for development of the evidence base in this context would be in successfully feeding the learning from such work into future practice rather than continuing to augment the evidence around well established themes.

## **6. Concluding Comments**

The purpose of this review was to consider some of the existing literature on integrating services and highlight issues for the further development of the evidence base. It is apparent that the terminology in the area is confusing with a number of different terms adopted and definitions applied. Despite strong evidence in favour of integration based on instances where agencies have failed to join up, there is limited evidence demonstrating positive impacts on outcomes, such as levels of achievement or health. There is also limited evidence on the economic effectiveness of integration and service users’ views on the value of integrated working.

There is however fairly substantial and growing evidence based on the perceptions of professionals, highlighting challenges, barriers and key

factors for success. Similar thematic issues are arising from research and experience across sectors, with the challenge of successfully connecting evidence and practice remaining.

## 7. Annex A – Terminology

**Holistic government/governance:** Integration and co-ordination at all levels and in relation to all aspects of policy-related activity – policy-making, regulation, service provision and scrutiny; mutually reinforcing means and objectives

**Joined up:** Deliberate and co-ordinated planning and working which takes account of different policies and varying agency practice and values. This can refer to thinking or to practice or policy development

**Joint Working:** Professionals from more than one agency working directly together on a project.

**Multi-agency/cross-agency working:** More than one agency working together; services are provided by agencies acting in concert and drawing on pooled resources or a pooled budget, e.g. Youth offending teams.

**Multi-professional/multi-disciplinary working:** Working together of staff with different professional backgrounds and training

**Inter-agency working:** More than one agency working together in a planned and formal way

**Cross-boundary working:** Agencies working together on areas that extend beyond the scope of any one agency

**Cross-cutting:** Cross-cutting issues are those that are not the “property” of a single organisation or agency. Examples include: social inclusion, improving health, urban regeneration

**Integration:** Agencies working together within a single, often new, organisational structure

**Networks:** Informal contact and communication between individuals and agencies

**Collaborative working/collaboration:** Agencies working together in a wide variety of different ways to pursue a common goal while also pursuing their own organisational goals

**Co-operation:** Informal relationships between organisations designed to ensure that organisations can pursue their own goals more effectively

**Co-ordination:** More formal mechanisms to ensure that organisations take account of each other’s strategies and activities in their own planning

Definition of terms taken from Percy-Smith, J. (2005) What works in strategic partnerships for children? Pg 24-25 Essex: Barnardos

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