



Staffordshire Children's Trust
Working together to improve the lives of children and young people

The Development of Integrated Service Delivery

Research and Background Papers

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1. Background - drivers for change

The need for children's services to work collaboratively is at the heart of "Every Child Matters" and the development of integrated services is recognised as the key to the 5 ECM Outcomes:

*"Improved outcomes can only be achieved and sustained when agencies work together to design and deliver integrated services around the needs of children and young people."*¹

The Children Act 2004 emphasizes the requirement for agencies across sectors to work together rather than within their professional boundaries and it places the responsibility on Children's Trusts to drive this change. This responsibility has been strengthened by The Children's Plan (2007) and the subsequent Statutory Guidance on Children's Trusts which maintains that Children's Trusts "*should be at the centre of a cultural shift*" which will involve "*practitioners working together as an integrated workforce, characterised by professional respect and mutual trust, cutting across institutional boundaries to fit services around the needs of children. This will involve working in teams made up of people from a range of professional backgrounds.*"² If services work more closely together tragedies such as the death of Victoria Climbié are obviously less likely to occur but also on a daily basis children, young people and families will be able to access more easily the multiplicity of services which they may need to meet their often complex needs.

The 2004 Children Act makes it clear that the Director of Children's Services in each authority has ultimate responsibility, working with the Lead Member for Children, for ensuring that Children's Trusts deliver the ECM agenda and integration is central to this. However, the duty to co-operate is being widened and strengthened and the Statutory Guidance (2008) emphasizes that all of the partners delivering children's services, including schools, need to be involved and that the partnership between the local authority and the PCTs is particularly important, "*The strengthening relationship between these two major partners is the engine which will drive the Children's Trust Board to where it needs to be....*"²

At national level the appointment of a Minister for Children, Young People and Families with responsibility for a wide range of mainstream children's and young people's services, reinforces the drive towards integration in policy development. This is mirrored in the increasing rationalisation of targets to ensure that they are complementary across services and are focussed on core outcomes and also in the development of a joint inspection framework across children's services.

Underpinning and driving the need for greater integration is the realisation that if we are to tackle the significant issues which face many children and young people there must be a strategic shift towards early intervention and prevention and the consequent need to invest more purposefully in frontline preventative services.

¹ Statutory Guidance on Inter-agency Co-operation to Improve the Wellbeing of Children: Children's Trusts (2005) (DfES)

² Statutory Guidance on Children's Trusts (2008) (DCSF)

2. Benefits of multi-agency working (from the Every Child Matters website)

It has often proved difficult to establish the exact impact of multi-agency working, mainly because of the difficulty of isolating why and how a particular outcome has been achieved. This is changing as major programmes are evaluated. This section summarises some of the key findings from recent research about the benefits of multi-agency working. It is divided into three main sections:

- Improving outcomes for children and families
- Benefits for staff and services
- Providing what children, young people and families say they want

1. Improving outcomes for children and families

School staff working with child and adolescent mental health services (CAMHS) identified that their joint work had led to an increase in children's happiness and well-being. They identified a measurable improvement in children's behaviour in two of the services reviewed, and better peer relationships were identified by workers. Although rarely measured, workers identified links to improved academic attainment, as children were able to learn and were developing learning skills (Pettit, 2003).

In work with disabled children, families with key workers to coordinate services report improved quality of life, better relationships with services, better and quicker access to services and reduced levels of stress (Sloper, 2004).

Even at a relatively early stage of development, the multi-agency On Track programme³ was identified as having a positive impact on children and families, with outcomes reported in the following areas (NFER, 2004):

- Improved behaviour
- Enhanced relationships with service providers, parents and other adults (such as police officers)
- Improved access to education
- Enhanced emotional and social well-being, especially relating to confidence and self-esteem

In healthcare, multi-agency working has been associated with better patient outcomes and lower levels of stress for staff (Sloper, 2004).

Numerous projects report positive outcome measures which are specific to the type of teams and range of work studied:

³ On Track is a crime reduction programme comprising 24 projects which provide multiple, cross agency interventions with children aged 4 – 12 years at risk of becoming involved in criminal and/or anti-social behaviour.

- Innovative multi-agency projects targeting children's mental health showed a reduction in the proportion of those with clinically significant problems in many cases, as well as better engagement with school (Kurtz and James, 2002).
- One primary school with access to a Behaviour and Education Support Team (BEST) reports that its drastic reduction in exclusions and behaviour problems was due to the BEST. Their impact had been "tremendous - the best we've had. They've been superb in the support given to children, the family and the school. There has been a change in self-esteem, worth and children's expectations for the future" (Hallam et al, 2004).
- In its first two years of operation the Darnell and Tinsley On Track service reported a 50% reduction in levels of crime among 10-12-year-olds and a 50% reduction in the number of referrals to social services of children and young people aged 0 to 17, against a city-wide backdrop of just over 25% (Yorkshire and Humber Children's Fund, 2004).

Extended schools offering a range of services have identified a positive impact on children's attainment, on their general well-being and on their overall life chances. Some of the key benefits are higher levels of achievement; increased motivation and self-esteem; more opportunity to participate in sports, arts and cultural activities; and specialist support to meet additional needs. Families report seeing improvements in their children's behaviour; being more involved in their children's learning and finding it easier to take up employment due to the provision of affordable childcare.

The multi-agency composition of BESTs (Behaviour and Education Support Teams) was found to be advantageous in terms of working practices and ultimately the impacts achieved (Halsey et al, 2005). Referral systems were said to be more streamlined, while schools, families and children benefited from more immediate access to support when required. The pool of skills within the team meant that BESTs could offer holistic support to those referred, and by addressing the health, domestic and social welfare concerns of children and families, steps were made towards improving attendance, behaviour and attainment.

BEST intervention was also seen to have impacted positively on parents in a number of ways. Most frequently mentioned was improved access to services being facilitated through contact with the BEST, both in terms of services within the BEST and through signposting on to other agencies. Also mentioned were: identification of adult's needs, access to grants or practical resources for families, and improved parent-child relationships through parenting skills and strategies acquired through BEST interventions.

Other commonly identified outcomes of multi-agency work are (Atkinson et al, 2002):

- Access to services not previously available, and a wider range of services
- Easier or quicker access to services or expertise
- Improved educational attainment and better engagement in education
- Early identification and intervention
- Better support for parents

- Children's needs addressed more appropriately
- Better quality services
- Reduced need for more specialist services

2. Benefits for staff and services

Practitioners with backgrounds in single, traditional agencies report high levels of satisfaction with multi-agency working. In particular, they feel liberated from the narrow bureaucratic and cultural constraints of their parent organisation. Where the initial bedding down phase is well-managed, they find the potential for cross-fertilisation between the different agencies stimulating; and many value the opportunity to take a more holistic approach to the needs of children (Fitzgerald, 2004).

Schools delivering extended services have identified opportunities for staff to work flexibly and for support staff to access more career development opportunities. Where there are swift referral systems to multi-agency support, extended schools have seen improvements in staff recruitment, retention and workload. They also provide opportunities for enhanced partnership working with the community and better school security.

Working within a BEST was described as having been a rewarding experience for the majority of the practitioners interviewed (Halsey et al, 2005). Many of the positive impacts reflected those cited more generally as benefits of multi-agency working. Most commonly mentioned was professional development: opportunities to share expertise and learn from colleagues through discussion of casework and joint delivery of interventions.

The On Track evaluation identified positive impacts for staff (NFER, 2004). These were primarily associated with new ways of working within multi-agency teams, in particular:

- Less replication between different service providers
- Better links between service providers, including a greater understanding of their practices
- Professional development and career progression opportunities
- More involvement in community development
- Improved awareness of different services and changed public perceptions of service providers

3. Providing what children, young people and families say they want

Families of children with additional needs are likely to be in contact with many different agencies and professionals - for example health, education, social services, housing and benefits. For example, families with disabled children see on average ten different professionals and have more than 20 clinic visits a year (Sloper, 2004).

Often families don't understand the roles and responsibilities of different agencies and professionals; they don't know who to go to for what; they may get conflicting information; they may be passed from one agency to another. This can produce rather than alleviate stress for parents and carers, which in turn impacts on relationships with their children.

Families say they want a single point of contact with services and a trusted, named person to coordinate assessments, information sharing and care pathways to help ensure quicker access to the right kind of support (Mukherjee et al, 1999).

As well as this outcomes-based evidence, research has also identified a significant amount of information about the success factors associated with effective multi-agency working.

References: Section 2 above

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3. Models of Integrated Service Delivery

When considering models of integrated working, it is important to remember that any partnership should not simply focus on the structure of its service delivery. The shared processes which are used are vital to its success and even more important whatever is put in place must make a difference to outcomes for children and families.

The Every Child Matters website identifies three broad models of multi-agency partnership:

i) Multi-agency panels

- Focus on individual support for a child or on delivering a specific task
- Panel members remain based in and employed by their home agencies and continue to identify as members of these agencies
- Panel members get together at regular meetings
- Panel is managed by a co-ordinator or chair
- Likely to carry out joint assessment and information sharing but will continue to use their own home agency systems

Examples include School Inclusion Panels and YISPs (Youth Inclusion and Support Panels)

Benefits and opportunities	Challenges
There are no recruitment or HR issues to resolve as practitioners remain employed by their home agency.	This model perpetuates the silo approach and will not result in significant changes to working practices and organizational cultures.
Practitioners remain fully involved in what is happening in their home agency, and have access to its training and development opportunities.	A lack of frequent contact can make it hard to develop good partnership working which is focused on outcomes for the child rather than the contribution of individual agencies.
Practitioners have opportunity to work together regularly and get experience of different working styles and remits.	There is a tendency for representatives to identify with their home agency rather than their role with the multi-agency panel.
Where panels are working effectively, structures and processes are in place to allocate the lead professional role, give them the authority to carry out their role, and share information as appropriate.	Panel members may not be given enough time to carry out their casework and lead professional responsibilities with the panel, particularly if these are in addition to statutory or other duties carried out in the home agency.
No need to find a permanent base or IT infrastructure.	Case planning meetings can take up a significant amount of time.

ii) Multi-agency Teams

- Practitioners are seconded or recruited into the team
- They maintain links with home agency through supervision and training
- There is a dedicated team leader who co-ordinates their day-to-day work
- Their work is co-ordinated to a shared objective
- They engage in work with universal services and at a range of levels, not just with individual children but also small group, family or whole school work
- Likely to share a base

Examples: On Track and Behaviour and Education Support Teams (BESTs)

Benefits and opportunities	Challenges
Good sense of team identity.	Anxieties and challenges for 'home' agencies around change management
Co-working is at the heart of the team's approach, allowing sharing of skills and knowledge.	Recruitment and HR.
Communication is straightforward.	Time and resource needs to be set aside for team building and development.
Joint training is an essential component and is easy to facilitate.	Some teams are not based together, which can present challenges for team working and communication.
There are opportunities to carry out preventive and early intervention work in whole school and early years settings, as well as small group and individual casework.	Good relationships with schools and other universal providers are vital.
	Need to set aside sufficient time for meetings and other team contact time.

iii) Integrated Service

- A visible service hub for the community
- Made up of a range of services who share a common location and a common philosophy, vision and agreed principles for working with children and families
- It has a management structure which facilitates integrated working
- There is a commitment by partner providers to fund and facilitate integrated services
- It is usually delivered from a local community setting eg school, Children's Centre or Health Centre.
- Staff work in a coordinated way to address the needs of children, young people and families using the service. This is likely to include some joint training.

- Service level agreements will set out the precise relationship between the home agency and the multi-agency service, including the basis on which staff are employed.
- The Manager will be responsible for co-ordinating the team and the focus of their work

Examples include YOS, Sure Start Children's Centres and Extended Schools that offer a range of integrated, multi-agency services.

Benefits and opportunities	Challenges
Opportunity to address full range of issues around children's health and well-being in a non-stigmatising universal setting.	Requires fresh thinking around the concept of the school, Children's Centre or early years setting and their purpose in the community.
Knock-on benefits for educational standards.	How to bring a range of partners and the whole community on board through 'collaborative leadership'.
Greater co-working and cross-fertilisation of skills between agencies.	Developing a sense of joint purpose so that practitioners identify more with the new service than their role in their home agency.
Opportunities for joint training.	Developing a sense of joint purpose so that practitioners identify more with the new service than their role in their home agency.
Shared base enhances communication between different services.	Managing any issues around pay and conditions for staff doing joint work at different levels of pay.
Members are still linked in to what is going on in their home agency.	Managing any issues around pay and conditions for staff doing joint work at different levels of pay.
Members likely to have access to training and personal development in their home agency.	Managing any issues around pay and conditions for staff doing joint work at different levels of pay.
Focus on early intervention and prevention leading to fewer referrals to specialist and acute services	Managing any issues around pay and conditions for staff doing joint work at different levels of pay.

4. Examples from other local authorities

1. Gloucestershire

1.1 Models considered in Gloucestershire

During their consultation on developing integrated services, partner agencies in Gloucestershire were asked to consider 4 potential models.

Model 1 - Status Quo +

This model implies no organisational change to current arrangements, but will require increased use of common processes and use of the common assessment across the agencies. Teams will remain the same, but be enabled to increase levels of joint working by, for example, using the common assessment as the referral into the service.

Benefits

- No organisational disruption
- Less anxiety provoking for staff
- Current good practice and performance will continue in all sectors
- Low cost in short term

Risks

- Will not meet the requirements of the 2004 Children Act for integration of front line services
- Unlikely that standards to be achieved under the National Service Framework for Children, Young People and Maternity Services and Youth Matters will not be met
- Multiple entry points to services will remain
- Multiple high level services will continue to be a feature for children & young people
- Inequitable access to services across the county will not be addressed.
- Transitions between services are likely to remain problematic
- Will not engender 'cultural change' and new ways working between professionals
- Potentially higher cost in long term as will not tackle need for early intervention, prevention & reduction of duplication

Model 2 - Networks

This model suggests no structural change in organisations, but that staff will be organised into professional networks across the county, such as those currently established through the Child Action Project. This model implies that workers remain in their existing teams, but would all become part of a locality multi agency network through which they would commission/deliver assessments and services.

Benefits

- Low organisational/staff disruption
- Less anxiety provoking for staff
- Networks may be developed locally and based on local need.

- No agency is excluded
- Will build on existing good practice eg child protection, child action model
- Change takes place at a steady pace and is largely driven by front line practice
- Enables voluntary sector involvement in networks to continue

Risks

- Potential difficulties in managing networks across both high need and lower needs groups
- Potential local discretion – can exacerbate local difficulties
- Lack of clarity in terms of expectations of professionals – no formal working protocols for more complex cases
- Networks are built on voluntary contributions – those who choose not to engage will just not turn up
- Potential to be dominated by more powerful professions /organisations/ personalities
- Networks can be resource intensive, particularly for high level services
- May lack clear strategic direction and lead to maintenance of status quo

Model 3 - a combination of networks and integrated teams

This model suggests that some services are organised into local multi agency networks, whilst others are restructured into integrated teams. There are potentially two ways of doing this:

Services described as Tier 1/2 are organised into networks, whilst specialist Tier 3 services are restructured into integrated teams

Or

Services described as Tier 1/2 are restructured into locality-integrated teams, whilst specialist services are organised into networks.

Benefits

- Flexible approach, which allows us to fully explore where full integration is needed
- Potential in Model a) to build on current progress
- Supports cultural change and transfer of knowledge and skills between professionals
- For Tier1/2 services this model would provide a formal structure for integrated working
- Voluntary sector organisations would be able to participate in locality and specialist teams as appropriate
- Will offer balance to the process of integrated working with a variety of dedicated approaches
- Should allow for a single pathway to be established and understood by all including service users
- Time between assessment and service provision could potentially be reduced
- Potential for specialist assessments to compliment each other over time, promote understanding and potential to address the need for single agencies to commission costly external assessments

- Would enable early compliance with expectation from DFES Review of Care Proceedings to move to one multi-disciplinary assessment of families

Risks

- Restructuring high level services may lead to risks in short term.
- Staff perception that integrated teams will lead to diluting of skills
- Lack of clarity about professional role and contribution to integrated team
- Significant time needed to build team culture and explore tensions/cultural differences/perceptions and governance.
- Disruption to existing good practice
- Pattern of services may be confusing for families and universal providers such as schools

Model 4 - Fully Integrated Teams

This model implies that staff in main statutory agencies will be organised in integrated teams across the county offering the full range of preventative high level services to children and young people 0 – 19. Some voluntary organisations may also contribute to teams

Benefits

- Tackles duplication
- Potentially easier access to a range of providers via one access point
- Breaks down organisational barriers to integrated working
- Empowers professionals to focus on holistic needs of child or young person
- May facilitate more flexible working arrangements and make best use of buildings
- Will tackle the pattern of 'referring on'
- Potential for specialist assessments to compliment each other over time, promote understanding and potential to address the need for single agencies to commission costly external assessments.
- Would enable early compliance with expectation from DFES Review of Care Proceedings to move to one multi-disciplinary assessment of families

Risks

- May not tackle easier access as teams may be over loaded.
- May be difficult to maintain focus on prevention
- Cultural and organisational and professional barriers may obstruct progress. A great deal of time will need to be spent on organisational development activities across the board
- Highly disruptive organisationally
- May not meet user expectations e.g. young people clear they want 'young people friendly' services and influence over design and delivery
- Such a broad remit may be able to engage with diversity within communities
- Not all agencies can be part of integrated teams eg school staff, resulting in potential gaps in provision and under use of the lead professional role
- Focus may be on statutory agencies, voluntary sector not able to respond flexibly

1.2 Progress in Gloucestershire

87% of those consulted were in favour of a combination of networks and integrated teams to develop flexible and co-ordinated support. As a result Multi-agency teams of staff from Tier 1/2 services have been set up with Networks of Tier 3 services.

Discussion is now taking place about how to integrate services to meet more complex needs at Tier 4. The focus of new developments will be to develop common systems and processes for children and young people with more complex needs, eg assessments which will build on the common assessment, and better ways of commissioning, co-ordinating and delivering integrated packages of support across all the agencies for this higher level of need.

2. Shropshire

Shropshire has established multi-agency teams in 5 areas, accommodated on Extended School sites. Their core members are:

- EWO
- Children's Information Service Assistant
- Senior Primary Mental Health Worker
- ISA Co-ordinator
- Family Support Worker
- Youth Inclusion Support Worker
- Young Person's Substance Misuse Worker
- Teenage Pregnancy Advice Worker

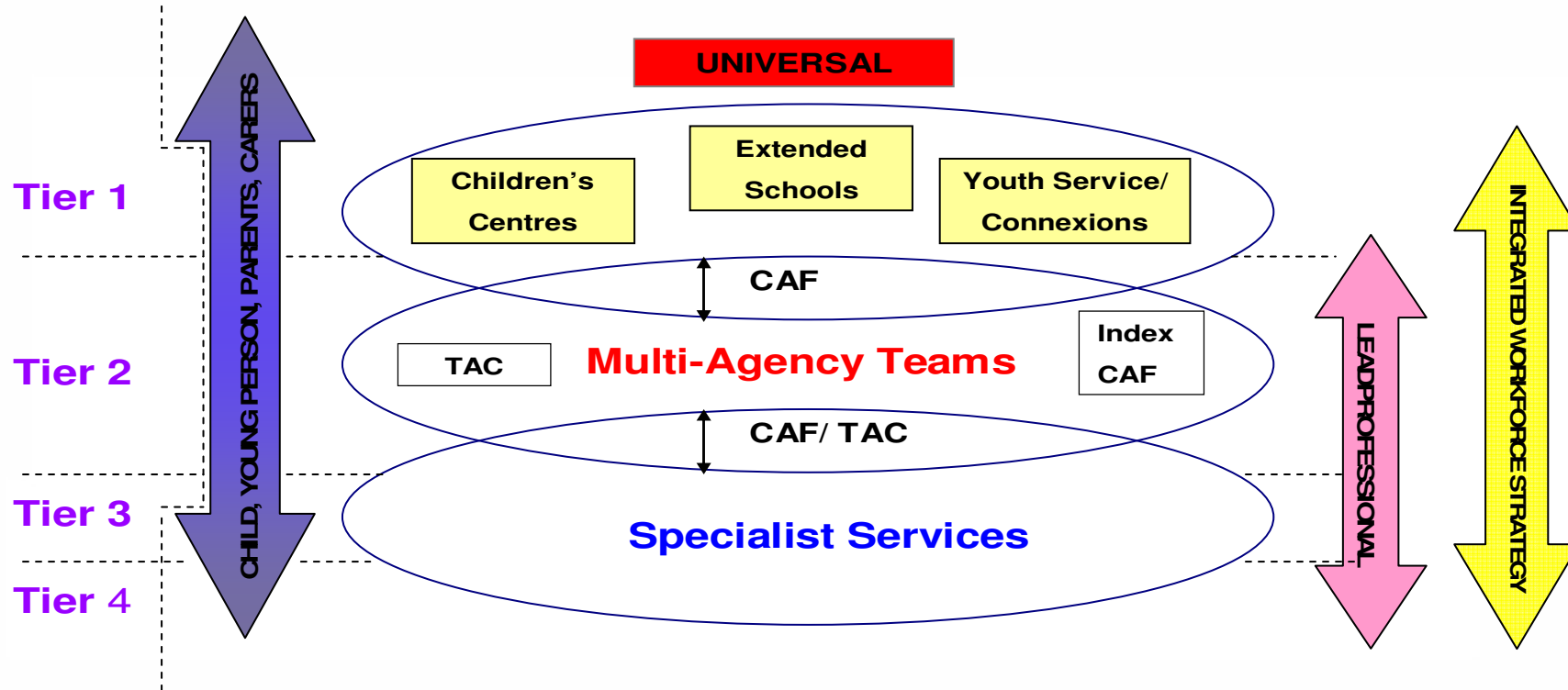
With a 'virtual team', consisting of:

- Health Visitor
- Youth Worker
- Educational Psychologist
- Connexions Worker
- Schools Representative
- Speech & Language Worker
- Schools Nurse
- Police/CSO
- Housing representative

Leadership at local level is provided by a multi agency team manager who is responsible for day to day co-ordination of the work of the team but staff continue to receive supervision and professional support from their home agencies.

This is seen as their starting point and they now plan to move from what is essentially co-location to integration by developing a management and supervisory structure within the teams to provide more effective co-ordination and allocation of work, consultation and guidance, and support.

Every Child Matters- Our Challenges



3. Somerset

Initially, integration in Somerset has focused on work in localities and they have based the development of multi-agency teams around their Community Learning Partnerships. This has been piloted in four areas and during 2008 more formalised structures will be introduced around CLPs across the whole County with aligned targeted and specialist staff/teams (Tiers 3 & 4) deployed on an area or countywide basis. Services that support institutions will also more likely to be organised at an area level and have links with localities.

The locality teams work in partnership with schools to provide a planned and coherent range of services and activities based on the core offer for extended schools and focused on early prevention (Tiers 1 & 2). The initial core group of practitioners who formed the locality teams were:

- Education Social Worker
- Child Care and Attendance Workers
- Education Support Assistants
- Parent Support Adviser
- Family Advice and Liaison Worker
- Connexions Personal Adviser (Additional Needs)
- Youth Workers
- Emotional Health and Wellbeing/Community Child and Adolescent Mental Health Worker (CAMHS Strategy)
- Children's Centre Manager(s)
- Substance Misuse Worker
- Housing Support Workers

In addition to this core membership others have continued to work in more specialised teams at an area level but increasingly their deployment has been aligned with the locality team:

- SEN Support Service staff
- Health Therapists (Speech and Language and Occupational Therapists)
- Educational Psychologists
- Preventative Youth Offending team staff e.g. Youth Inclusion Support Panel (YISP) staff
- Foundation Stage Advisers
- Childcare Advisers
- Voluntary & community sector staff
- Health Visitors
- School Nurses
- Community Paediatricians

4. Oxfordshire

4.1 Integrated Support Service Pilots

In 2004 Oxfordshire piloted an integrated approach to joint agency work in four localities to inform the future development of children's services and explore the potential of new ways of working. They focused particularly on early intervention and prevention and providing increased support for families.

The evaluation of this concluded that certain practices which were present in three of the four pilots had achieved what Huxham and Vangen call "collaborative advantage"⁴, whilst in the fourth the absence of some of them had resulted in "collaborative inertia".

"The conditions that seemed to need to be in place to achieve 'collaborative advantage' in the interdisciplinary/interagency context of this pilot were:

- *Clearly bounded localities*
- *Good links to the centre ensuring both a supportive framework for locality work and upward flow of information from localities that will be 'received' and impact on policy*
- *Local ownership of the project*
- *Strong project management*
- *Systems minding*
- *Inclusive communication structures – access and clarity for all*
- *Inclusive communication structures – facilitating upstream and downstream conversations*
- *Appreciative systems*
- *User involvement*
- *Support for schools in being as inclusive as possible*⁵

The evaluation also stresses:

- that if these groups or teams were to continue to develop in meaningful way they would need to have **devolved flexible funding** to underwrite the changes they needed to make to enable them to respond effectively to needs identified
- the **prioritising of resources** to 'hot spot' areas within a particular locality needs to be organised **at the level of the locality**
- to achieve collaborative advantage **shared processes were essential** but that the **structural elements** to deliver these processes **could take different forms**
- **mapping the patterns of inter-agency activity** in a locality is an important pre-requisite to action allowing the project to draw on emerging strengths and explicitly address areas of difficulty
- there is a need for a '**system minder**', not involved with the linear structures synonymous with project management, but with making sense of the complexity of a variety of aims, capturing examples of good practice that can be amplified and shared and ready to intervene at an early stage when things are going wrong

⁴ *Managing to Collaborate; the theory and practice of collaborative advantage – Huxham and Vangen (2005)*

⁵ *Oxfordshire Integrated Support Service Pilots: Evaluation Report, November 2005 – Glenny and Godfrey (Oxford Brookes University)*

4.2 Development across Oxfordshire

Following the pilot evaluation there was a wide consultation about mainstreaming integration across the county with key stakeholders and staff from all the agencies delivering children's services. As a consequence, Multi Disciplinary Teams have been set up in every local area located principally alongside extended schools and Children's Centres. Services provide targeted, preventative support to children, young people and their families. There is local co-ordination across the services in each team but staff continue to be managed within their own home agencies. Over time these teams will all have co-located bases. This has been underpinned by integrated systems and processes, workforce development, and implementation of the CAF.

5. Essex

In 2005 Essex County Council developed locally based integrated teams initially within their own services. These TASCs (Teams Around Schools Children and Communities) brought together:

- Family school liaison
- Social care support for vulnerable children
- Education welfare
- Parenting support
- Youth provision
- Early years development
- Some aspects of SEN support and Educational psychology services
- Some aspects of behaviour support and children's mental health services

They were set up to:

- provide effective early intervention and prevention services
- take collective responsibility within an accountability framework for the well-being of all children in a locality
- deliver universal and targeted services, working directly with children and families
- identify, assess and initiate action in response to need
- work closely with partners for example, health, voluntary agencies, police
- be an access point to specialised professional support according to needs

The key operating practice of TASCs has involved:

- using the Common Assessment Framework to identify need and support for children and young people
- delivering and providing a seamless service for children 0-19yrs of age and transition into adulthood
- developing the skills of staff
- providing one point of contact locally for schools, children and communities
- maximising services and resources across all partner agencies

Other agencies have aligned service delivery to this framework and they are moving towards closer and more formal integration across services.

6. Rotherham

In 2007 Rotherham Children and Young People's Board introduced plans to develop integrated services involving staff from the Metropolitan Borough Council, Primary Care Trust and the Police.

They identified three levels of service provision:

- a) **Locality services** – frontline teams working directly with children and families, providing either universal or early preventative support, many of which already had a significant presence in each locality
- b) **Borough wide services** – smaller more specialist services who could not have a presence in every locality, eg psychology services, CAMHS, SEN and disability teams
- c) **Targeted youth support and social care services** – those services aimed at helping more vulnerable young people with complex needs, needing more intensive support.

There is much closer integration of delivery in their locality teams but the aim is to develop networks which work as closely together as possible across agencies at the other two levels.

a) Locality Services

Each locality has a team made up of

- Health Visitors
- Social Workers
- School Nurses
- Youth Workers
- Personal Advisors
- Education Welfare Officers
- Family Support Officers
- Children & Young People's Police Officers
- Extended Services Officers

They are based around children's centres and extended schools.

b) Borough-wide Services

Although these more specialist services are configured on a borough-wide basis they retain a commitment to deliver their services within localities, wherever possible and appropriate, and maintain close liaison with locality teams. The children and families with whom they work are not evenly distributed across the Borough.

These services include:

- Early Years and childcare
- Education Psychology
- Learning disability support/Mental Health
- Complex Care Team
- Child Development

- Integrated SEN/Disability Specialist Support
- Paediatric Therapeutic Services

They are working towards integrating these services wherever it will improve delivery.

c) Targeted Youth Support and Social Care

These are services for children and families with very complex social and care needs. They are proposing that these are combined to provide a more focused approach to long-term support.

These services include:

- Youth Offending Service
- Targeted Youth Service
- Teenage Pregnancy
- Drugs Service
- Fostering and Adoption
- Residential Services
- Care Leavers

Other services for children and young people

Each locality manager is expected to forge strong relationships with other providers in their area, including staff in schools, GPs, Foundation Trust and those within the voluntary and community sector.

Management and Supervision

A single unified management structure has been developed across relevant parts of the PCT and the Borough Council's children's services. Each locality team has a Locality Team Manager who is responsible for managing all staff in the team but they still receive more specialist support from their home agencies. Staff from the PCT have been assimilated into the new structure by being attached or seconded to the Borough Council but still retain their PCT employment status and associated terms. Police Officers assigned to the locality teams continue to be managed by the Police.

5. NFER research:

i) “Evaluating the Impact of Integrated Children’s Services” (NFER research project - Lord, P., Kinder, K., Wilkin, A., Atkinson, M. and Harland, J.)

This is a study being carried out by NFER for the Local Authority Research Consortium (LARC). LARC comprises 14 local authorities as well as NFER, EMIE, RiP, IDeA and the LGA.

The study aims to assess the extent to which, during the early stages of implementation, the service integration aspects of the *Change for Children* agenda are working and starting to have their intended impact. The research is focussed on three groups of children and young people:

- looked after children
- children and young people with autistic spectrum disorder
- young people not attending school at key stage 3

The report currently available is the first stage and was published in May 2008. It is available at: <http://www.nfer.ac.uk/publications/pdfs/CYllongreport.pdf>

1. Model of Impact

The report adopts a four stage model of impact which suggests different levels of impact over time and shows how developments and changes roll out progressively.

“Directors of Children’s Services and their partners know they are on a long journey,” explains John Harris, Chair of LARC. “The impact model allows us to capture that journey, providing a clear representation of the different stages.”

The model also provides a baseline against which to assess progress over the next stages of development, but Harris stresses, “It should not be assumed that there is affixed time for each level of impact. **The trick is to find fast-track but sustainable ways of moving through the levels.**”

Level 1 impacts: changes to inputs, processes and structures

- The introduction of tools and frameworks (eg CAF)
- Impacts on the type of service or support available
- Changes to service and management structures
- Changes to roles and responsibilities of staff

Level 2 impacts: changes to experiences and attitudes

- Developed understanding of other’s services
- Developed understanding of approaches to supporting children and young people
- Greater shared responsibility and dialogue between services
- Greater confidence and skills in new daily roles and responsibilities

Level 3 impacts: changes to outcomes for children, young people and their families by key group

- Changes to hard outcomes, e.g. numbers of referrals, attainment, school attendance, etc.
- Improvements to social and emotional wellbeing (and other softer outcomes)
- Improvements to parents' views of services, and greater family cohesion
- Better access (for children, young people and families) to services

Level 4 impacts: institutional/systemic embedding

- Quantifiable improvements in attainment and school attendance
- Improvements to children and young people's wellbeing, life chances and individual progress
- Improvements to families' wellbeing
- More widespread and deepened change to ICSs

2. Early evidence of impact

Level 1: Changes to inputs, processes and structures

Service managers and practitioners in all 14 authorities spoke about changes at this level which were, in order of frequency:

- **The introduction of tools and frameworks**, e.g. CAF, multi-agency panels, integrated referral systems, electronic data sharing and information systems
- **Changes to service, management and front-line structures**, e.g. central management with services delivered by integrated teams, coterminous operating areas and, in some cases, co-location
- **Changes to roles and responsibilities of strategic and front-line staff**, including new appointments
- **The implementation of training programmes**, especially on the CAF, specialist training for non-ASD staff and parents
- **The introduction of meetings and forums to facilitate integrated working**, including partnership agreements and meetings as discussion forums across services
- **The development of the type of service or support available**, including earlier intervention work, holistic 'joined-up' packages of support, and a single point of contact for parents and practitioners

Level 2: changes to professionals' experience and attitudes

- **Increased dialogue and closer working**, e.g. more formalised working together, more opportunities to meet with colleagues from other services, and work with a wider range of agencies or services, more common language
- **Greater understanding of other services/agencies**, including their roles and responsibilities, awareness of the complexities and concerns of other agencies, and recognising shared goals
- **Greater understanding of the target group and approaches to support**, e.g. having a more holistic view of children's needs, more awareness of alternative and effective approaches
- **Change of role or focus**, more focus on outcomes or particular needs, clearer role definition and moves to a Lead Professional role
- **Greater shared responsibility for the target group**, particularly in relation to LAC, e.g. more mutual support between professionals, clearer and shared agendas
- **Improved relationships with other professionals**, e.g. getting to know other professionals, including on a more personal level, enhanced trust, respect and confidence in others, and some reduced confrontation between professional groups
- **Improved working practices**, especially more focus on prevention and earlier intervention and greater consistency of support for children across agencies, as well as a speedier response, better use of professional skills and expertise, the streamlining of processes, e.g. less duplication, better coordination, and reflection on practices to ensure that children's needs are being met
- **Easier access to other agencies/services**, especially being more aware of and drawing on the provision available to support children and young people, and access to a wider range of support
- **Easier access to information about cases**, e.g. better information sharing enables a fuller picture of the child, and better identification of needs and support required
- **Increased workload** – a negative impact, particularly associated with the use of the CAF, which although felt to be 'useful' and 'comprehensive', is also reported as 'long' and 'onerous'
- **A small number of other negative impacts** including logistical, accommodation, 'territorial' and communication issues.

Level 3: outcomes for children, young people and their families

Although the majority of local authorities in the study said that it was too early to see changes in quantitative data, the research reveals plenty of evidence of qualitative changes to outcomes for individual children, young people and their families. Indeed the researchers conclude that "qualitative accounts provide rich feedback to authorities on their progress".

Service Managers and practitioners described the impacts they have seen for children, young people and their families as being:

- **Improved outcomes for children and young people** (e.g. improvements in children and young people’s emotional wellbeing, enhancements to their social skills especially how they get on with their peers, adults and parents, improvements to their confidence and self-esteem, children having better physical health, children are attending school, children are learning and achieving)
- **Improvements to parents’ views/understanding of services** (e.g. knowing where to go for help, knowing who is doing what, a greater awareness of local resources, being more aware of support available for their child, having an understanding that education and social care are working together, not having to repeat their ‘story’)
- **Improvements to parents’ and families’ wellbeing** (e.g. families feel more supported and valued, parents gain confidence, parents are less stressed/more able to cope, parents feel involved and listened to)
- **Better access to services for children and their families** (including quicker response with appropriate support in place, a more coordinated/joined up response, earlier identification of needs, a single point of contact, network support groups and identification of additional needs, such as bereavement support)
- **Improvements to children’s experiences** (e.g. of transition, continuity of care, stability of placements, needs met within the borough, etc)
- **Improvements to children’s views of services**, noted by practitioners (e.g. children feel listened to and supported; children more aware of what support is available; children see a more coordinated response).

Parents and children were not asked specifically about ‘integration’ but about the difference that the support they receive has made:

Parents’ views: ‘impacts on my child’	Children’s views: ‘impacts on me’
• Enhanced confidence/self-esteem	• Getting on well with school work
• Getting on well with school work	• Feel safer
• Feel safer	• Feel happier
• Feel happier	• Now like/feel happier about going to school
• Now like/feel happier about going to school	• Enhanced confidence/self-esteem
• Improved social relationships with peers/improved friendships	• Improved social relationships with peers/improved friendships
• Calmer, more relaxed	• Improved school attendance
• Improved school attendance	• Calmer, more relaxed
• Raised/changed future aspirations	• Improved behaviour
• Improved social relationships ‘with people’/getting on ‘with people’	• Improved social relationships ‘with people’/getting on ‘with people’
• Improved behaviour	• Less angry/aggressive
• Less angry/aggressive	• Get on better at home
• Improved communication skills	

Level 4 Impacts:

Because integrated children's services are in the early stages interviewees did not identify embedded impacts at Level 4.

3. Key features in the 'confident' children's services authority

In those local authorities which were identified as being more 'mature' or 'confident' in terms of integration, the following were reported as being key to successful integration and improving outcomes:

- The quality of working relationships and communication between agencies
- Having a clear and shared vision
- Positively viewed leadership and management
- Fewer concerns over models of funding, e.g. the pooling of budgets
- Consultation with the workforce and with children and families
- A history of joint working
- Resolving issues of time
- Adequate resourcing for integration

ii) “The Value of Social Care Professionals Working in Extended Schools” (NFER research project by Anne Wilkin, Jenny Murfield, Emily Lamont, Kay Kinder and Paul Dyson)

The overarching aim of this research was to evaluate the impact of social care professionals working within the multi-disciplinary environment of an extended school. It focussed on their integration from the viewpoint of social care strategic managers, practitioners and service users rather than on the benefits and challenges for the schools.

Models of social care practice

The study involved 57 local authorities and the following models of social care practice emerged:

- A.** Family/pupil support workers (largely unqualified social care professionals, based in or linked to extended schools (13 LAs) and/or children’s centres (4 LAs))
- B.** Experienced/qualified social care professionals (working with/linked to extended schools (13 LAs) and/or children’s centres (2 LAs))
- C.** Social work trainee placements in schools (6 LAs) and/or children’s centre (1 LA)
- D.** Training events/opportunities for school staff provided by social care professionals (6 LAs).

Activities conducted by social care professionals

In terms of the types of activities undertaken by social care professionals working in extended schools, it was most common for local authority interviewees to report that this work was targeted at those children, young people and families who were below the threshold for specialist intervention e.g. ‘families and children that need support but don’t quite meet the criteria for intervention from Children and Families’ (London Borough). Early intervention and prevention was thus very much the focus.

That said, within each of the models identified, social care professionals were involved in a wide range of different activities. The following tables represent an audit of the types of activities identified in the pro-formas completed and interviews conducted as part of this study.

Model A: Family/Pupil Support Workers (largely unqualified)	
In extended schools	In children's centres
<ul style="list-style-type: none"> • Supporting the delivery of preventative programmes for children and young people below the threshold for intervention, including those particularly at risk (i.e. LAC, young carers, vulnerable) • Rapid response casework • Parent/carers and family support such as parent drop-ins, family learning classes, managing challenging behaviour, child development, stress, and parenting adolescents and children with SEN and disabilities • General advice, support and guidance for young people and families • Transition work from primary to secondary schools • Anger awareness and management courses • Supporting the implementation of the CAF • One-to-one support for individual children and young people • Signposting to specialist services • Acting as the Lead Professional • Counselling and mentoring • Work around equality and respect, crime and anti-social behaviour, attendance, exam stress, bereavement, drug and alcohol awareness, smoking cessation, behaviour management and protective behaviours • Use of art therapy • Helping to build relationships between schools and families • Attendance at locality meetings 	<ul style="list-style-type: none"> • Support for families on a range of issues such as housing, employment, respite childcare and attendance at medical/health appointments • Outreach family support in the Children's Centre • Group work • Involvement in speech and language activities • Involvement in complex Child Protection cases such as developing and implementing Child Protection plans, writing reports for Child Protection conferences, support programmes and responding to crisis situations to avoid family breakdown • Liaison with other professionals and supporting them with core assessments • Signposting to specialist services regarding a range of issues such as welfare rights, drugs and alcohol, domestic violence and available financial benefits • Support during the transition from nursery to primary school

Model B: Experienced/qualified SC professionals working with schools and/or children's centres
<ul style="list-style-type: none"> • Higher Tier casework including Child Protection and crisis intervention work • Lower Tier casework • Parents/carers and family work • Work with children who have behaviour issues • Work and support around bullying • Development and use of the CAF • Focus on 'swift and easy' referrals • Advice and guidance for young people and families • Signposting to specialist services • Attendance at multi-agency meetings and management team meetings • Membership on the Social Inclusion Panel

Model C: Social work trainee placements in schools

- One-to-one support for individual children and young people
- Group work including friendship groups and work with groups of disaffected youth
- Family work and support
- Work and support around bereavement, self esteem and behaviour and attendance
- Breakfast club support
- Supporting the implementation of the CAF

Model D: Training events/opportunities provided by SC professionals

- Child Protection and safeguarding training
- 'Learn the Child' training, which brings together residential workers and teachers to look at the child holistically
- CAF training for schools
- Professional development days, supported by TDA, focused on multi-agency working
- Training for school staff on how to engage children and young people with disabilities.
- Termly designated teachers' meetings for schools to discuss relevant issues

Challenges and benefits

The research report contains a detailed assessment of the challenges and benefits which is very enlightening. The full report is available at:

<http://www.nfer.ac.uk/research-areas/pims-data/summaries/the-value-of-social-care-professionals-working-in-extended-schools.cfm>

There were a number of challenges but the report states that, "*these challenges were not considered by interviewees to be insurmountable and were being dealt with in various ways in each of the local authorities involved in the study.*"⁶

Four main challenges common to both social care and school professionals recurred in all the case studies. They focussed on:

- the cultural changes required as a result of integration
- understanding the roles and responsibilities of social care/education colleagues
- capacity
- thresholds for social care intervention

Three significant areas of benefit for social care and school professionals, for young people, their families and the local communities:

- earlier identification of needs and quicker access to services
- a better understanding of roles and responsibilities between social care and education colleagues
- a more coherent, holistic package of support

⁶ "*The value of social care professionals working in extended schools*" by Anne Wilkin, Jenny Murfield, Emily Lamont, Kay Kinder and Paul Dyson

6. DfES Research: effective integrated working

In December 2006 the DfES commissioned a short study under the title of “Concept of Operations” with a remit to identify the common operational features of effective integrated working.

The objectives of this were:

- to provide DCSs and local partners with practical operational models of effective integrated working
- to enable DfES to test and assess the impact of proposals for changes to local processes for integrated working

The study involved fieldwork in 7 local authorities (Newcastle, Goole, Stockport, Lewisham, East Sussex, Wandsworth, Telford & Wrekin) and tested by a variety of practitioners and managers in Knowsley and Stockport.

1. The common features of effective integrated working identified by the study are described below:

a) Typical characteristics of effective integrated working

- Integrated working was founded on and sustained by very strong personal relationships between staff, in co-located or locality teams;
- Deep commitment of staff to integrated working, most of whom had chosen to work in a multi-agency setting;
- No major dependence on IT to support integrated working, due to reliance on personal relationships;
- High level of professional and personal support for staff; evidence of strong leadership and management as being vital to successful integrated working;
- Integrated working principles embedded into strategic level documents and communicated to all staff;
- Adoption of common models, language and service delivery approaches within the team;
- Effective information sharing within team and with relevant external services, based on obtaining consent from the family for information sharing at the start and through any interventions;
- Use and benefits of shared facilities in relationship building, awareness raising, training and in improving service delivery;
- Putting the child and family at the centre of provision, in any individual interventions and in design and management of the service.

b) Typical structures and processes

- Multi-agency governance with representatives from all services and the community;
- Multi-agency management teams;
- Formal and informal multi-agency networks set up to provide support to service managers, front-line practitioners, key workers and for those responsible for service co-ordination, such as CAF co-ordinators or integrated service managers;
- Standardised referral processes for referrals into or out of the service, with obtaining consent from parents for information sharing and providing feedback to referrers as an integral part of the process;
- Common assessment used to support referrals either into or out of the service, depending on the type of service provided;
- Weekly or bi-weekly multi-agency allocation panels to handle referrals and allocate service(s) and / or a lead professional to the case;
- Regular planning and case review meetings, often managed by the allocation panel and making use of standard forms and processes.

c) Typical interventions

The following were found to be the common interventions deployed to help develop integrated working between practitioners from different services:

- New induction processes designed to support practitioners in a multi-agency environment;
- Training courses held multi-agency; awareness sessions run to provide all staff with basic understanding of other services;
- Effort put into ensuring staff were aware and kept up-to-date of services available in the local area;
- Carefully planned interventions to prepare staff for integrated working, prior to and after changes in structures or locations;
- Implementation of common processes for case review meetings, CAF and lead professional as part of an overall change programme;
- Involving staff in development of new ways of working; allowing service improvements to evolve.

2. Key conclusions

The study acknowledges that in most of the areas integrated working was still in the early stages of development. However, there was evidence of integrated working providing benefits to children, young people and their families and also to practitioners.

“The key conclusion from the fieldwork, reinforced by the background research, was that integrated working seems to be developing as a two stage process – initially creation of a locally integrated team where effective integrated working is based on strong personal relationships, and the second stage being creation of a fully integrated, sustainable service based on professional relationships, supported by IT tools.”⁷

Their evidence indicates that localised integrated working is often a necessary first step towards fully integrated working and provides useful local evidence and change champions to support change programmes. However, they conclude that:

“To deliver and sustain the required improvements for children and young people, integrated working must be mainstreamed. Unless integrated working is embedded and across all services, there are significant risks that early improvements will be limited and will not be sustainable.”⁷

⁷ *Effective Integrated Working: Findings of Concept of Operations Study (Every Child Matters)*

7. Success factors in multi-agency working (from the Every Child Matters website)

There is no precise formula for multi-agency working. It is complex, challenging and significantly influenced by the local context and personalities involved. That said, experience shows that there are a lot of things that can help to make it successful. None of them should be seen as a prerequisite for success, but they are a useful self-help checklist. Success factors have been grouped together in the following four categories:

- Strategic
- Operational
- Community and voluntary sector involvement
- Evaluation

A summary of the key success factors is presented below:

1. Strategic

Shared goals and common targets

Multi-agency working is easier where the aims of the various agencies coincide and where their targets are mutually consistent.

Time-frame

Allow adequate lead-in times for your service to be established and for results to be achieved. In some instances, a new service may initially expose a level of hidden need, so the problem may look worse before it starts to get better.

Governance arrangements

These need to be in place to ensure proper accountability arrangements for and oversight of the operation of different partnership arrangements. Streamlined structures, which build on what is already in place, can help to facilitate communication and minimise the number of meetings required. The introduction of children's trusts will hasten the development of locally appropriate strategic partnership working.

Existing partnership working

Build on effective structures already in place. This can mean shorter lead-in times and a more successful implementation.

Administrative boundaries

Multi-agency working tends to be easiest when all of the partners operate within the same administrative boundaries. The problem is not insurmountable, but if an agency covers more than one area, it may be helpful to work with them to identify appropriate structures and target resources.

Baseline and monitoring data

Good local data provides a clear picture of the scale and nature of the particular needs to be met. Combined with appropriate outcome measures, this will indicate whether the initiatives and projects are having an impact and where action is needed to improve performance.

Regular monitoring and review

Strategic partnerships can ensure that integrated working is routinely monitored, to identify whether it is delivering the intended benefits. This process should mirror the processes at individual project level.

2. Operational

Clarity of vision and purpose

Multi-agency working should not be an end in itself. It should bring about benefits that could not have been achieved by one agency working alone, which are anticipated in a clear vision for the service. This vision needs to be translated into realistic goals, which reflect a grounded understanding of the needs of your target group and the support you have available to meet those needs. The goals should be revised in the light of experience.

Definition of roles

Setting clear role descriptions helps to maximise the respective contribution of each agency, avoid overlap and avoid the risk of some agencies taking more responsibility than is appropriate.

Human resources

Bringing individuals from different professional backgrounds into a single team can pose a significant challenge for managers. Particular considerations here are not only the different professional cultures which team members bring with them, but also questions they may have about their future career development. The following factors can help to meet this challenge:

- ***Pay and conditions***
It is helpful when pay and conditions of work are comparable with those of people working at the same grade in statutory agencies, and with those working at the same level within the team. In practice, this is not always possible, and there are examples in this resource of ways that services have addressed some of these issues.
- ***Joint training***
Practitioners report that this is one of the most important things in making multi-agency working a success. It means that opportunities are built in for staff from different backgrounds to get to know each other, cooperate, discuss and make joint decisions. This is not a homogenising process, but one that helps them appreciate the different contributions each can make to meeting their common goals.

- ***Line management***

Integrated working appears to be more straightforward when each member of staff works within a clear line management structure, which provides them with appropriate supervision, training and development, including regular appraisal. Clarity is particularly important where this is a shared responsibility between a line manager within the multi-agency service and a member of the practitioner's own professional body working elsewhere. In multi-agency teams it is helpful if a common line management system applies to all members (including those who are also supervised externally).

- ***Recognition of multi-agency skills***

It is helpful if those responsible for career progression recognise multi-agency working as an important professional skill in itself. This should be assisted through the development of the [Common Core of Skills and Knowledge for the Children's Workforce](#), which includes multi-agency working.

Partnership agreements

Multi-agency working is dependent on relationships between many different agencies, in different contexts. Documenting the ground rules for your partnership with another agency will help ensure the partnership has a firm foundation and can withstand problems and changes of personnel in key positions. It will not, of itself, influence operational practice, but making these agreements available to staff and keeping them regularly reviewed should help to ensure they are 'living' documents.

Appropriate referral systems

Explicit, mutually agreed procedures for referral both in and out of multi-agency services can ensure that integrated working delivers 'added value' rather than simply substituting for gaps in individual agencies. They will also help prevent services becoming overloaded with cases that can be dealt with by individual agencies.

Information exchange

Comprehensive and accurate information helps services work effectively with children with additional needs. This requires agreement on what information should be exchanged about specific cases, and also the development of effective systems for capturing the required information; transferring the information to other agencies and holding shared information.

Exit strategies

Where projects or initiatives are time-limited, it helps to focus on the end-point from early on in planning process. An essential component of any exit strategy must be to ensure service users do not get lost.

3. Community and voluntary sector involvement

A 2005 [HM Treasury report](#) states that there is considerable empirical evidence that "community involvement in public service delivery can lead to better outcomes". The report identified that it is generally most helpful when services require significant tailoring to meet local needs and circumstances. Some of the particular factors that can facilitate multi-agency working are:

Established provision

Multi-agency working appears to be easier to set up in areas with a thriving voluntary sector, particularly where organisations are representative of sections of the population who are most in need. Members of smaller groups may not be willing or able to get involved in multi-agency work unless there is some form of stable financial support.

Mechanisms for consultation and feedback

The process of monitoring and review requires effective consultation and feedback from the voluntary sector, community groups and service users. This will mean using a range of approaches to broaden consultation and maximise feedback.

Removal of 'external' barriers to third sector involvement

These have been identified in the HM Treasury report referred to above as "behaviours by public sector bodies that unwittingly limit the access of voluntary and community organisations to contract opportunities or funding streams and so constrain their ability to tender for services or develop their capacity".

Removal of 'internal' barriers to third sector involvement

These have been identified in the same HM Treasury report as limited access to financial and physical capital, insufficient capacity, inadequate leadership, management and technical skills.

Click for further information on [the role of the voluntary and community sector](#) in the Change for Children programme.

4. Evaluation

Collaboration

Where an outside organisation is responsible for evaluating a multi-agency project it can be mutually beneficial if this is undertaken in close collaboration with those working in the project, as long as the evaluation team is able to retain its independence and objectivity.

Mixed methods

Evaluations are most illuminating where they combine qualitative with quantitative approaches. A qualitative understanding can be essential for interpreting quantitative data and explaining patterns in the data. Quantitative and qualitative information on the local context can be vital in explaining the relative success or otherwise of the same initiative or project in different areas.

Coordination

If a multi-agency initiative or project is operating in a number of different areas, it is important to be able to compare its impact in each area and to understand the reasons for any variations. This means that a similar methodological approach needs

to be taken across all of the areas involved and each evaluation should be of the same quality and depth.

Challenge

Occasionally, evaluation may show that initiatives and projects have not met their original aims; but this does not necessarily mean that they have been a failure. Good evaluations will improve understanding of the local factors at work in these situations and may also call into question the basis on which they were set up. They may also identify other, unanticipated positive outcomes that may constitute more than 'added value'. This can be important in improving the thinking behind future multi-agency initiatives and projects as well as their effective implementation.

References:

“What Works in Strategic Partnerships for Children” – Janie Percy-Smith (Barnardo’s)

“Working Together on the Front Line” – Liz Garrett and Sal Lodge (Dartington: Research in Practice)

“Integrated Commissioning for Children’s Services” – Judith Smyth (OPM)

“Every Child Matters” (2003)

“The Children Act” (2004)

“The Children’s Plan: Building Bright Futures” (2008)

Statutory Guidance on Inter-agency Co-operation to Improve the Wellbeing of Children: Children’s Trusts (2005) + (2008)

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“Managing to Collaborate; the theory and practice of collaborative advantage” – Huxham and Vangen (2005)

Oxfordshire Integrated Support Service Pilots: Evaluation Report, November 2005 – Glenny and Godfrey (Oxford Brookes University)

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