



NATIONAL FOUNDATION FOR EDUCATIONAL RESEARCH

Supporting *theory* building
in **integrated services** research

Mark Robinson, Mary Atkinson and Dick Downing



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Executive summary

This literature review was commissioned by the National Foundation for Educational Research (NFER) to draw together current and recent studies of integrated working, in order to build an overview of the theories and models of such working. The review is important for current work on evaluating the early impact of integrated children's services and informing the direction of further work in this area. The review aimed to:

- collate and analyse findings on models and theories of multi-agency working, integration and collaboration from relevant sources identified in recent and current NFER literature reviews in these areas
- collect any further relevant sources that involve model and theory building in integrated services, and analyse these sources to audit examples of theories and models of integrated working
- present an overview or meta-analysis of models and theories in the area of integrated working.

The report therefore represents a synthesis and meta-analysis of the most relevant evidence of models and theories of integrated working, primarily drawn from children's services research, but also including other transferable research on integrated working that focuses on models and theoretical analyses.

Criteria for inclusion in the review included:

- a focus on empirically based research (rather than descriptions of practice)
- a focus on models and theories of integrated working/services (for example, multi-agency, collaborative, partnership, interagency and so on) within children's services
- inclusion of other research on integrated working that focuses on models and theoretical analyses, not captured in the above reviews, for example, concerning adult services
- literature published from 2000 onwards
- literature that refers to the UK context (although some international literature has been included if particularly pertinent).

Thirty-five sources met the criteria. The review findings are presented under thematic headings which reflect the main dimensions of the models and theories of integrated working. These dimensions comprise:

- the **extent** of integration: the ‘stage’ or depth of the collaborative activity in integrated services
- the integration of **structures**: layers of an organisation’s functioning, for example, governance and strategic levels, and frontline operational service delivery levels
- the integration of **processes**: the ordering of work activities across time and place, at different organisational levels
- the **reach** of integration: the extent to which partnerships in integrated services reach out to include diverse agencies.

Each section of the report discusses different models of integration and identifies the challenges, enablers and impacts across each of the main dimensions. Overarching issues that arise from the integration of services are also discussed.

Overarching issues

Overarching themes which have been raised throughout the report can be summarised under the headings of challenges, enablers and impacts.

The majority of **overarching challenges** cited within the literature can be grouped under three key areas: contextual barriers and political climate, organisational challenges, and cultural issues.

- Issues to do with the political climate include changes in political steer, financial uncertainty, agency re-organisation and the organisational change climate.
- Local needs can be at odds with meeting national priorities, and there can be issues of coterminosity and rurality generating challenges and costs for networks.
- A range of organisational challenges are associated with agencies having different policies, procedures and systems which do not blend.

- There are cultural and professional obstacles, for example, tendencies towards negative assessment and professional stereotyping, as well as different professional beliefs.
- Where managers do not experience integrated working as part of their core work, integrated working/joint working can be vulnerable to changes in work priorities, and real ownership may not be embedded.
- There is still little evidence of far-reaching service user involvement in terms of integrated service development. Within service redesign, it is not yet accepted culture in practice to involve children and families, and individual services have arrangements for user involvement which do not fit together.

The key **enablers** are associated with clarity of purpose/recognised need, commitment at all levels, strong leadership and management, relationships/trust between partners, understanding and clarity of roles and responsibilities.

- Stakeholders must be clear about the basis of their involvement, and there must be a clear recognition of the need for partnership working. The need for commitment from key strategic managers and budget holders was stressed within much of the literature. Explicit commitment to the partnership/integration is required and there is likely to be different levels of buy-in, so some agencies/individuals may require additional nurturing to engage them. Strong leadership and management are also vital to success.
- Models of new ways of working also highlight personal qualities of staff, for example, a joined-up attitude which involves trust and entails a self-reflective attitude and enthusiasm for collaborative working.
- Whilst some authors pointed to the need to put effective structures in place, there is a view that efforts with regard to integrated services are likely to flounder if they rely solely on restructuring.

Despite the lack of consistent evidence for outcomes related to integration, particularly for service users, **outcomes** for service users, professionals and services are identified within the literature.

- Indications of improved outcomes for service users have focused mainly on: improved access to services and a speedier response, better information and communication from professionals, increasing involvement, improved outcomes, such as maintenance in the home setting and improved attainment.

- The outcomes for the professional involved in integrated working, where identified within the literature, centred on a better understanding of issues underpinning integration, that is, putting users at the centre, a better understanding of other agencies, but also an increased workload.
- The benefits for services identified within the literature centre on three main areas: quality, communication and efficiency. Improvement in quality was said to be about improving service user experience of services. Improved communication, improved staff understanding of different sectors and networks, as well as improving customer access to information contribute to greater service efficiency.
- Over and above this, another outcome cited within the literature by a few sources was the devolution of solution development, often through the promotion of local problem solving based on some form of local needs analysis.

Extent of integration – key findings

Models cited within the literature examined are based on a range of different elements of the extent of integration. These include the extent of engagement, communication, joint planning, sustainability and process integration.

- Some models of extent of integration have as their underlying principle a focus on a particular aspect of integrated working, for example, the extent of engagement of partners, the degree of communication or information sharing between them, or the extent of joint planning.
- Other models of integration take a different approach and focus on a range of features within which there may be different degrees of integration. This approach has the added value of capturing a more diverse range of partnerships and collaborations.
- More recent models tend to focus on sustainability, suggesting that this has become more important as time has progressed.
- Overall, the principles underlying the modelling of extent of integration can be distilled into a number of key features which include, for example, shared responsibility/ownership, mutual dependency, sustainability, joint planning, communication/information exchange, and integration of

structures and processes. These features could be used to assess the extent to which integration has become embedded.

- The risks or challenges associated with increasing the extent of integration appear to rest on loss of autonomy for individual partners or agencies, together with a greater reliance or dependence on partners, with consequent risks to individual agencies' resources and reputation.
- Where services are not fully integrated, a key concern centres on the reliance on key individuals and lack of sustainability, although it was reported that this could be counteracted by commitment at strategic level. Linked to this, one of the enablers identified was that mainstream integrated working was built on respect for professional roles rather than personal relationships.
- There was some indication within the literature that more advanced integration places greater burdens on those involved in terms of partnership development and the time and resources required, although the point was also made that this needs to be balanced against the associated benefits.
- Common features of enablers associated with the models of extent of integration included, in particular, the importance of building on local willingness to collaborate and on developments with regard to localised integrated working. The need is recognised to encompass strong involvement of children, families and communities in service design, without which it was suggested that integrated services were likely to be ineffective.
- The need for less hierarchical relations and for the roles of professionals to be more client led and so dependent on the various needs of the organisation, client and family was also raised, as was the need to reflect on working relationships.
- There was some suggestion within the literature that, whilst professionals involved in conjoined partnerships gain clearer insights into the roles and responsibilities beyond their own sector, those involved in more fully integrated partnerships express feelings of unification and equality and recognise the potential of their partnership for children, families and the community.

- Whilst there is some indication that a fully integrated model would be most valued by, or of most value to children and families or service users, there is also an indication that the impact of integrated services on service users is not well evidenced and it has been suggested that a greater extent of integration may be required to achieve outcomes for service users.
- More recently, however, there appears to have been a move away from the view of integrated services as the ideal model, towards a view that the outcomes of integrated working are situation specific and that diverse approaches to the degree/extent of integration may be equally valid.

Integration of structures – key findings

A range of models consider different organisational levels of integration. Levels here refers to different layers of an organisation’s functioning, for example, governance and strategic levels, and frontline operational service delivery levels. Structural aspects of integration at different levels are particularly highlighted in the models, and are considered in this chapter.

- The Every Child Matters (ECM) ‘onion’ model for integrated services displays a clear separation of different levels of integration, and a focus on both structure and process.
- In the ECM model, at the ***governance level***, there are different options for governance. There is a choice between *legal agreement*: where a children’s trust board is established, and *collaboration between partners*, where the local authority and health trusts are the accountable bodies. At the ***integrated strategy*** level, *joint planning and funding* models could involve either *aligned* or *pooled* budgets. Some pathfinders’ *joint commissioning models* take account of a *cyclical process model*. The ***integration of processes*** ‘level’ of this ECM model highlights information sharing. The level of ***integration of frontline delivery*** involves two new ways of working for staff: in *multi-agency teams*, and as individuals with generic skills, for example, *key worker/lead professional*.
- For comparison, a second model (Miller and McNicholl, 2003) considers three levels: the service user level, the local service networks level, and the whole service system.

- A key recurring feature of different models is that more than one level of integration is needed, as integration is multi-layered.
- There is a macro level of integration, taking account of national policy drivers and departmental remits. Tensions for macro-level integration arise from the fact that key policy models such as those in ECM and the National Service Framework diverge.
- The models show integration in heterogeneous, complex ways at different levels. There is considerable variation between models at different levels, for example, around: *position of service user/community, the extent to which the models are intended to be applicable to a particular context, for example, services intended for targeted user groups, or more universally across children's services, and the extent to which they consider change management.*
- The ECM onion model highlights *outcomes* for children, young people, families and community. Other models place the service user at specific levels as a co-participant in shaping services.
- There is variation in the extent to which modelling of structural aspects of integration applies to the entirety of children's services in a local authority, or with narrower scope, for example, concerning services targeting client groups, or time-limited projects.
- Key challenges for structural integration include: at the *strategic level*: commissioning challenges, for example, barriers to pooling budgets under current guidance, tensions between the integrative model and individual agency models, and at the *frontline joint working* level: unsuitable buildings, agency commitment, sustainability, staff terms/conditions, unrealistic timescales.
- A range of enablers of structural integration are mentioned in the literature. Key dimensions include flexibility/responsiveness in relation to policy and local development, and time for capacity building. At the strategic level key enablers include: relating organisational structure to purposeful planning, leadership, a focus on outcomes.
- Impacts of structural integration occur at different levels. For service users they include greater attention to prevention, more accessible and acceptable services, empowerment and engagement in decision making. For professionals they include a greater sense of unification and equality,

improved access to newly developed cross-sector training and co-learning with new colleagues. For the system as a whole they include improved efficiency and a reduction in the duplication of training across different departments.

Integration of processes – key findings

A range of models consider the integration of processes. The analysis of process in the literature considers the ordering of work activities across time and place, at different organisational levels. Process is not discussed consistently within the models, but analysis shows three main aspects of process recurring. These aspects are change management processes, routine/procedural system processes, and interprofessional joint activities.

- ‘Process’ used inconsistently in the literature. Some literature presents levels (for example, governance, strategic, frontline) in a structure-focused way, without including process. The ECM ‘onion’ model (University of East Anglia (UEA), 2007) includes process integration diagrammatically as one ‘level’ or layer. Other literature models process and structure at different levels.
- The consideration of change at different levels of integrated services is formalised in models of *collaborative capacity building*. Such models vary according to the extent to which they highlight bottom-up and/or top-down processes, and link capacity to strategic goals at specific levels.
- The literature modelling *routine or procedural processes* within fully functioning integrated services particularly highlights frontline level assessment and information-sharing processes.
- There is a need in developing integrated services for transformation of processes involving skills, knowledge and practice of the children’s workforce. Key leadership skills highlighted for senior managers at strategic levels would support ‘distributed’ processes of network building, consensus building, and reflective decision making.
- At the operational frontline level, important management skills for securing effective interprofessional working include managing interdisciplinary relationships and supervision. Different models of frontline working have implications for professional work processes around role

clarification, for example, developing new roles such as lead professionals, and clarifying how roles fit with models of tiers of service.

- Some papers model ways in which professional frontline work processes can contribute to opportunities for learning: there would be value in systematising knowledge of these ways. Process components include developing interdependence and flexibility of roles, and creating joint activities, for example, assessments. Understanding formal and informal processes by which professionals learn at work is as important as analysing structural preconditions.
- New roles demand a novel balance between profession-specific and generic skills. Key roles in integrated working include those focused on lower tiers of service, prevention and early intervention.
- A range of challenges persist for effective process integration, for example: *routine processes* around assessment and information sharing – time and training, involvement of users, around referrals – restrictive eligibility criteria, confidentiality, *interprofessional processes* – establishing and extending roles, confronting ‘cultural differences’.
- Enablers of integrated interprofessional process can be identified at the strategic level, for example, continuity of personnel and career pathways, and at the operational level, for example, effective information-sharing systems, shared goals and tasks, and retention of key specialisms when roles change.
- System ‘process’ impacts of integration mainly seem to be aspects of process efficiency, for example, around decision making, rate of response from referral to assessment and information sharing.
- Interprofessional ‘process’ impacts of integrated working encompass ‘positives’ including: co-learning, engagement, speed/efficiency of communication, decision making, trust, operational capacity to engage users and deliver services. Tensions can be linked to anxieties over role and career, and information sharing.
- An important process impact of integration may be learning, modelled as occurring among professionals in frontline delivery teams through reflective processes of exploring differences. There are potentially positive effects around realignment of understandings, and risks of increased workloads and pressure, which have to be managed.

Reach of integration – key findings

Models within the literature highlight the extent to which partnerships in children's services reach out to include agencies beyond local authorities or other official departments of government. Key dimensions which are modelled concern the width of the reach, the barriers and enablers to the effective inclusion of this wider constituency, and the possible impacts of widening the reach of partnership in integrated delivery of children's services.

- The development of partnership working in children's services has brought agencies and organisations of varying size and status, including voluntary sector organisations, into more direct working and decision-making relationships with the major departments of national and local government. This has various implications for power relations between participating organisations.
- This development is now extending to the involvement of users, either as partners or participants in the process, with the distinction between these two identities becoming unclear.
- Concepts such as co-production suggest that the inclusion of parents and children is a logical and beneficial extension of the reach of partnership.
- Where inclusion in partnership working has been widened in this way, to include the voluntary sector and users, care needs to be taken that the power imbalance inherent in such widening will not negate this wider inclusion.
- At the level of governance, some boards appear to be better suited to successfully managing and capitalising on this wider inclusion by encouraging and enabling new priorities to emerge and respecting the values of other partners. But boards which are good at inclusion in this way may have weaker links with other decision makers through which to further develop resources.
- At an operational level, the perspectives and goals of less powerful partners may be overridden by the internal priorities of fund-holding agencies, leading to a failure to exploit their potential contributions, or even their withdrawal.

- At the level of user involvement, procedures may be such that they alienate the parent rather than involving them in partnership.
- However, users may also become alienated if too much is required of them by way of investment in the partnership.
- In some cases, it may be deemed inappropriate to widen inclusion in partnerships to avoid unmanageability, in which case alternative means of involving some groups in decision making may be needed.
- The distinction between partnership and participation and the application of each concept in specific circumstances needs careful consideration.
- Some of the beneficial outcomes of widening inclusion in partnership working are considered to be increased accessibility of services and increased trust within the partnership.
- However, wider partnership may sometimes have a negative impact on accountability, both horizontally between partners and vertically where established procedures for accountability and modes of governance may be challenged.

Conclusions

The findings of this report contain some significant messages for the future, concerning the proliferation of models, the contextual variety and the complexity of integration, the time factors underlying organisational change, and obtaining evidence of impact.

- The sheer scope and variety of models which conceptualise aspects of integration has been illustrated in each of the chapters on the extent, structures, processes and reach of integration.
- This variety reflects the context dependency of integration. Service integration is being progressed in different ways for different localities, and for different service user groups
- The findings also indicate the complexity of integration. Each of the major dimensions of extent, structures, processes and reach have been analysed to show that service integration is intricate and multi-faceted.
- Achieving extensive organisational integration is not a quick process. Some aspects of integration (for example, around capacity building,

cultural transformation and local joint working tools and processes) may take root more slowly than others (for example, around structures).

- Evidence of impacts of integration takes time to accumulate. Impacts on service dimensions such as process efficiency have been identified for different models of implementation, while impacts on service users take longer to identify using rigorous evaluation.
- It is suggested that the four major dimensions for analysis presented in this report (extent, structures, processes and reach) can be used to construct a matrix which should provide a useful toolkit for local authorities to seek more empirical evidence to analyse their own progress in specific areas of integration.

1 Introduction

This literature review has been commissioned by the National Foundation for Educational Research (NFER) to draw together current and recent studies of integrated working, in order to build an overview of the theories and models of such working. This review is important for the current NFER study on evaluating the early impact of integrated children's services (EEIICS), providing evidence from 14 local authorities (LAs) on early service development and outcomes for looked-after children, children on the autistic spectrum and key stage 3 non-attenders. The literature review helps to frame the findings within models and theoretical frameworks, and inform the direction of and hypotheses for further work in this area. The review will also be relevant to other work within NFER, including the Narrowing the Gap project (NtG) and future work in the area of children's services, and will be of wider relevance to policy makers and managers within children's services.

1.1 Project aims

The review aimed to:

- collate and audit findings on models and theories of multi-agency working, integration and collaboration from relevant sources identified in recent and current NFER literature reviews in these areas
- collect relevant sources that involve model and theory building in integrated services that have not been identified in existing NFER reviews, and analyse these sources to review examples of theories and models of integrated working
- present an overview or meta-analysis of models and theories in the area of integrated working.

Key research questions comprised:

- What is the evidence concerning different models and theories of integrated working?

- How do different models achieve impact?
- Do different models carry different challenges and key factors for success?
- What gaps are there in the research or evidence base?
- What frameworks, models and hypotheses can be drawn from this review to support the EEIICS study?

1.2 Impact and outcomes

The report represents a synthesis of the most relevant evidence of models and theories of integrated working. It will first be shared internally within NFER and made directly available to relevant projects, such as the EEIICS and NtG projects. The report is also intended to be of relevance to policy makers and local managers whose work focuses on integrated approaches to service development and delivery within children's services. The impact of the findings will be increased through subsequent e-dissemination and web promotion.

1.3 Research design and methods

In order to explore the above research questions, the project involved three key lines of enquiry.

Identifying and scoping the evidence

- Sources from recent and current NFER literature reviews on multi-agency, integrated and collaborative working were collated.
- A range of relevant databases were searched, comprising six different databases, together with relevant internet subject gateways and websites, to identify other research sources. The search strategy for the review is shown in Appendix 2.

Selecting the most relevant sources for review

- Criteria for inclusion in the review included:
 - a focus on empirically based research (rather than descriptions of practice)

- a focus on models and theories of integrated working/services (for example, multi-agency, collaborative, partnership, interagency) within children’s services (for example, education, social services, youth services, voluntary sector, health, children’s services)
- other research on integrated working that focuses on models and theoretical analyses, not captured in the above reviews, for example, concerning adult services
- literature published from 2000 onwards
- literature that refers to the UK context (although some international literature has been included if particularly pertinent).

The literature sources that best met the criteria for the review and best answered the research questions posed in the objectives above were selected. Hard copies of 53 sources (articles, books and reports) were obtained and were examined by the research team.

Synthesis of the evidence

- A synthesis of the most compelling evidence on different models and theories of integrated working took place. This built on findings and sources included in existing NFER literature reviews.
- A total of 35 articles, books and reports were included for systematic review. The report synthesises evidence from these reviews and, where appropriate, also refers to the wider range of literature which was collected.

1.4 Report structure

The review findings are presented in four main sections under thematic headings which reflect the main dimensions of the meta-analysis of models and theories of integrated working. The first four sections (chapters 2–5) report on major dimensions of the models of integrated services. These dimensions comprise models of:

- the extent of integration
- the levels of integration

- the processes of integration
- the reach of integration.

A final section (chapter 6) then discusses overarching issues which arise from the integration of services. Each section discusses different models in relation to integration that are proposed within the literature and, as far as it is possible, each section identifies the challenges, enablers and impacts which are associated with the models.

Chapter 2 focuses on the extent, ‘stage’ or depth of the collaborative activity in integrated services. Models cited within the literature are discussed for the way they conceptualise a particular dimension or a range of different dimensions, for example, around engagement, communication, joint planning, sustainability and process integration.

Chapter 3 then focuses on different organisational ‘levels’ of service integration, taking particular account of organisational structure at each level. These levels include governance and strategic levels, and frontline operational service delivery levels.

Chapter 4 focuses on the processes of integration. Process aspects of integration at different service levels are considered, and both system processes and interprofessional processes are conceptualised. Interdependencies between process and structural integration are also considered.

Chapter 5 considers the reach of integration. ‘Reach’ concerns the extent to which partnerships in children’s services reach out to include agencies within and beyond local authorities or other official departments of government. Key dimensions which are modelled concern the width of the reach, the barriers and enablers to the effective inclusion of this wider constituency, and the possible impacts of widening the reach of partnership in integrated delivery of children’s services.

Finally, chapter 6 presents an overview of key issues arising from the meta-analysis, assembling together the major threads which run through the preceding chapters, and focusing in particular on challenges, enablers and impacts of models of integrated services.

2 Extent of integration

This chapter discusses different models in relation to the extent of integration that are proposed within the literature and, as far as it is possible, it identifies the associated challenges, enablers and impacts, that is, those associated with moves towards greater integration.

Models cited within the literature examined were based on a range of different elements or dimensions. These included the extent of:

- engagement
- communication
- joint planning
- sustainability
- process integration.

In addition, models based on a range of variables or dimensions were identified and these are discussed before providing a distillation of the dimensions involved in models of the extent of integration.

2.1 Models based on the extent of engagement

One approach to trying to classify the extent of different types of collaboration has been to produce a hierarchical typology of forms, based on the extent, 'stage' or depth of the collaborative activity.

Himmelman (1992) describes a four-level typology of different stages of engagement and commitment which moves through networking, coordination, cooperation, to collaboration. This was originally produced with reference to multi-sector collaborations. Since that time, there appears to have been a number of similar models produced. For example, Shinnars (2001) describes a three-level typology moving through cooperation, coordination, to collaboration. This was said to be delineated using a framework produced by Mattessich and Monsey (1992) in an earlier study of independent/state school collaborations. In a related approach, Fox and Butler (2004) refer to earlier

research describing a three-level typology of different stages of engagement with multi-agency working (Griffith, 2002). The three stages, or levels of engagement, are paraphrased below.

- **Cooperation:** At this stage relationships may be more formal than networking. Members agree to cooperate with each other. Their goals remain individual rather than collective, but they see their future as linked. Some planning and division of roles may be required.
- **Coordination:** In this second stage group members agree to carry out pieces of work together, which represent collective goals. Each member is now allowing their activities to be influenced by the contributions of other members. The aim is usually to deliver pre-set, common objectives.
- **Integration:** In this final stage the activities undertaken are developed, implemented and ‘owned’ by the group. The partners are committed to co-designing something for a shared purpose. The organisations involved are brought into a new structure with commitment to a common mission.
(Fox and Butler, 2004, p. 39)

Glasby and Peck (2006), talking about the governance of interagency partnerships, refer to different levels of organisation participation outlined in the Office of the Deputy Prime Minister (ODPM) model (ODPM, 2005), which they describe as follows:

- **Defensive participation:** Often new to partnership working, such organisations are concerned about the perceived resource implications or threat to participation: their presence is often defensive (to ensure that their agency does not ‘lose out’).
- **Opportunistic participation:** Such organisations may not see the partnership as core to their own objectives, but are able to see and grasp potential benefits opportunistically. This type of partner is often seen as taking more from the partnership than it contributes.
- **Active participation:** Such organisations are strongly committed to the partnership and see taking part as a natural extension of their repertoire for tackling items on their own agenda, as well as those of other partners.

2.2 Models based on the extent of communication

Another approach to modelling the extent of collaboration has been to base this mainly on different levels of interaction or communication between the professionals involved. Hudson (1998) offers four different models of joint working that span lower to higher levels of collaborative involvement. These move through communication (where interactions are confined to the exchange of information), to coordination, co-location and, finally, to commissioning (where professionals with a commissioning remit develop a shared approach to the activity). Similarly, an approach adopted in the early 90s to show how far professionals were working together involved scores relating to a taxonomy of collaboration on joint working in primary health (Gregson *et al.*, 1992).

- **no direct communication:** members who never meet, talk or write to each other
- **formal, brief communication:** members who encounter or correspond but do not interact meaningfully
- **regular communication and consultation:** members whose encounters or correspondence include the transfer of information
- **high level of joint working:** members who act on transferred information sympathetically, participate in general patterns of joint working, subscribe to the same general objectives as others on a one-to-one basis in the same organisation
- **multi-disciplinary working:** involvement of all workers in a primary health care setting.

(Gregson *et al.*, 1992, p. 95)

Leathard (2003) suggests that a sixth level could usefully be added to this model labelled '**integration**' to accommodate the more recent developments of integrated health and social care services. Leathard reports that, whilst this model is valuable in providing a grading approach, the five terms can be interpreted differently in collaboration.

2.3 Models based on the extent of joint planning

Other models tend to focus on a narrower definition of integrated working and the **extent of joint planning** appears to be more of a key feature. Miller and McNicholl (2003), for example, describe three degrees of integration:

- **Signposting and coordination:** Where each service is aware of what others do and is able to signpost them effectively to service users. Plans are aligned and draw on synergies.
- **Managed processes:** Services are formally coordinated through arrangements, such as integrated assessments and case management. Planning service development also takes place through joint processes.
- **Integrated organisations:** Integrated teams provide services which are commissioned or managed through integrated organisations.

Similarly, Tunstill *et al.* (2007) state that the collective approach to service provision may comprise four different approaches, where the extent of joint planning appears to be a key focus:

- **commissioned/collaborative services:** where partners provide services on behalf of another agency
- **collaborative services:** where there is active collaboration across a range of services and the mixing of professionals
- **complementary services:** where partners provide separate services to the same clients but meeting different needs and work is carefully planned so as to ‘dovetail’ with other services
- **integrated services:** where there are joint plans for family support and partners call on each other for respective inputs to ensure that families receive the most appropriate services.

(Tunstill *et al.*, 2007, p. 89)

2.4 Models based on the extent of sustainability

The Department for Children, Schools and Families (DCSF) (2007), focusing on mostly localised integrated working settings, describes integrated working as a two-stage process. This model is underpinned by the principle of sustainability:

- localised integrated working: the initial creation of a locally integrated team where effective integrated working is based on strong personal relationships
- mainstream integrated working: the creation of a fully integrated sustainable service based on professional relationships supported by IT tools.

2.5 Models based on the extent of process integration

Another approach to modelling or classifying different types of multi-agency working has been to produce a hierarchical typology, often presented as a progression or journey towards multi-agency working. A number of these models focus more on the overall processes (for example, information sharing, planning and coordination) involved in multi-agency or collaborative working. The specific models of extent of integration which are based on processes are discussed below, whereas a wider range of process models within integrated services in general are discussed in chapter 4.

Using this process-based approach to extent of integration, Gaster *et al.* (1999) identify a ladder of partnership as follows.

- **Information exchange:** Involving mutual learning, knowledge of what each partner does and could do, openness about decision-making processes, new methods of access to information.
- **Planning action:** Involving identifying local and service needs where cross-boundary working is needed and could be effective. Debate of local needs and priorities, agree different partners' contributions, decide actions and processes. Identify (the need for) new partners.
- **Implementing projects and service plans:** Joint or separately taken action on an agreed plan, identify monitoring methods and review processes, mutual feedback on success/failure.
- **Coordination and cooperation in practice:** Involving active coordination process, coordinator knows what's going on, draws on each (autonomous) partner as appropriate, helps to nurture developmental and cooperative culture and involve and support new partners.

- **Collaboration and full partnership:** Involving separate and distinct roles but shared values and agenda. Pooled resources, blurred boundaries, continuously developing to meet changing needs. Less powerful partners supported to play a full role.

(Gaster *et al.*, 1999, pp. 28–29)

Glasby and Peck (2006), referring to the governance of interagency partnerships, talk about the depth of relationship between partners and use the types of processes that partners are engaged in to assess depth. Thus, their model, similar to that of Gaster *et al.* (1999) presented above, moves through the following processes: sharing information, consulting each other, coordinating activities, joint management, partnership organisation, to a formal merger (a diagrammatic representation of this model is utilised in section 5.1 where it is considered alongside the breadth of integration).

Townsley *et al.* (2004) describe a three-level typology that they observed in the literature they reviewed. Notably, as well as being focused on process and the coordination of services, there is evidence within this model that integration involves a greater focus on the service user. The different levels within this typology are paraphrased below.

- **Autonomous working:** Services are still separate but individual professionals from different disciplines will work together to achieve specific goals. Professionals may offer training and support to staff from other agencies, but the focus and funding of service delivery remain single agency and services are separate with little obvious coordination.
- **Coordinated working:** Professionals from different agencies assess separately the needs of children and families but meet together to discuss their findings and set goals. The focus of service delivery will be multi-agency and coordination of services across agencies is achieved by a multi-agency panel or task group. Funding may be single- or multi-agency.
- **Integrated working:** Services are synthesised (and coordinated). The approach is more holistic with the focus of service delivery on the user. Funding is multi-agency and professionals operate as a team, with the expectation that roles will be blurred or expanded. A key person, or link worker, coordinates services for families and liaises with other professionals and agencies on their behalf.

Similarly, Broadhead and Armistead (2007) present a typology of development in community partnerships which is also based on process issues, and which was developed in order for partnerships to self-evaluate:

- **Loose confederation of partners:** This describes the early stages of partnership development when pre-existing, but usually informal links form a basis for initiating formal explorations. Extent of engagement at this stage is linked with personal levels of local knowledge about networks and levels of commitment to community-based initiatives. Pre-occupations of loose confederations were with developing shared understanding of vision and getting to know one another.
- **Conjoined partnership:** Here, the partnership management board begins to coalesce and an action plan is produced. There are well-structured meetings which are regularly attended by representatives from all involved providers. Partners visit other settings and jointly plan children's learning experiences.
- **Integrated partnership:** Each member contributes to the agenda for partnership development as there are jointly reviewed and developed action plans. Partners develop joint approaches to quality review across settings, with joint curriculum planning, assessment and record keeping across settings, as well as joint decision making resulting in the joint purchases of resources. Extra time is required to form partnerships (for example, evening meetings and out of meeting activities, developing action plans).
- **Holistic partnership:** The vision becomes local and begins to grow locally. Partners begin to implement joint quality assurance schemes to self-evaluate across the integrated provision. Partnership participation is extended beyond the management board to staff in linked settings. Sub-committee development leads to growing participation. Gaps in services are recognised and addressed. Quality is retained through variety and partners' contributions complementing each other.

2.6 Models based on a range of variables/dimensions

An alternative approach to classifying the extent of collaboration has been to identify a range of variables or dimensions on which collaborative relationships might differ and to examine individual collaborations in terms of these. This approach has greater potential for capturing the diverse range of collaborative relationships, appreciating that a partnership may be ‘deep’ on some dimensions whilst being ‘shallow’ on others. Two examples of this type of approach are presented.

Bruner (1991) proposes a model for interdisciplinary collaboration which includes the following four components: interdependence, flexibility, collective ownership of goals, and reflection on process. It is outlined more fully in section 4.4 where it is used to discuss process issues.

Woods *et al.* (2006), on the other hand, utilised seven dimensions to classify a range of partnerships when examining diversity pathfinders:

- **Degree of strategic vision:** The extent to which the collaborative group had or developed a coherent articulation of its being on a collective journey which aspires to move beyond temporary collaborative arrangements.
- **Degree of group/area identity:** The extent to which the collaborative group had or developed personal and institutional identification with a group of schools and the area that they collectively serve.
- **Creation of an infrastructure:** The extent to which the collaborative group forged an enduring organisational structure of collaboration.
- **Significant professional collaborative activity:** The extent to which the collaborative group generated shared professional development and mutual institutional support.
- **Penetration below senior management level:** The extent to which the collaborative activities involved and engaged teachers and other staff.
- **Strategic innovation:** The extent to which the collaborative group generated change which sought significant transformation of processes, provision and organisation.

- **Normalisation of collaboration as part of the schools' culture:** The extent to which schools and staff working together in the collaborative group became 'the way we do things'.

(Woods *et al.*, 2006, p. 59)

2.7 Distillation of the dimensions involved in the models

The modelling of extent of integration within the literature revealed underlying principles which can be distilled into a number of overarching features or dimensions which can be used to assess the extent of integration. These refer therefore to the extent to which practice is integrated and how deeply integration penetrates into the structures, vision, investment and practice of those involved.

- **Shared responsibility/ownership:** Is there a shared vision? Are the individual agencies committed to a shared purpose? What are individual agencies/services levels of commitment to this? Do professionals from different backgrounds share information, tasks and responsibilities? Is there a degree of shared identity?
- **Mutual dependency:** Are agencies dependent on each other for the fulfilment of their own aims? Is there a reliance on interactions among professionals where each is dependent on the other to accomplish his or her goals? To what extent are activities influenced by the contributions of other members?
- **Communication/information exchange:** What is the level of interaction or communication between agencies/services? Has there been mutual learning, do partners know what each does and what they could do? Is there openness about decision-making processes? Can partners access information held by one another?
- **Joint planning:** Is there evidence of joint planning? Does the planning of service development take place through joint processes? Are there integrated teams providing services which are commissioned or managed through integrated organisations?

- **Integrated structures:** To what degree are services synthesised and coordinated? Are agencies working within a single organisational structure? Is this a ‘new’ structure set up to achieve a particular set of goals or a particular purpose? To what extent are individuals from different organisations coming together to manage and deliver services?
- **Integrated processes:** Is there evidence of a range of joint processes? Are there joint communication and information-sharing systems? Are there joint assessment procedures? Is monitoring and evaluation or review undertaken jointly?
- **Service user focus:** Are families and communities involved in service design? To what extent is the focus of service delivery on the user? Is the approach to delivery holistic and centred on the user? Are roles blurred or expanded? Is there a coordinator or link worker who coordinates services for families and liaises with other professionals or other agencies on their behalf?
- **Sustainability:** To what extent is the integration sustainable? Is integration dependent on the personal relationships formed or on strong professional identities and respect between agencies/services? Are the necessary structures and processes needed to support integration embedded?

2.8 Challenges associated with extent of integration

This section discusses the challenges specifically associated with moves towards a greater degree of integration as identified within the literature. There were four specific instances within the literature where challenges or risks were identified in association with differing degrees of integration by way of linking them to the models previously described.

Fox and Butler (2004) describe the challenges or risks associated with increasing levels of collaboration within their model, which moves from cooperation, to coordination, through to collaboration. They state that, at the level of cooperation, authority is retained by each organisation so there is virtually no risk and resources are separate, as are the rewards. At the level of coordination, whilst the authority still rests with individual organisations,

there is some increased risk. Resources are available to participants and rewards are mutually acknowledged. Collaborations, on the other hand, bring previously separate organisations into a new structure within which they are fully committed to a common mission. These relationships require comprehensive planning and well-defined communication channels. In these instances, authority is determined by the collaborative structure and the risk is much greater because each partner contributes their own resources and their reputation. Resources are pooled or jointly secured and the products are shared. However, as Himmelman (1992) points out, whilst the willingness to enhance the capacity of another organisation involved in collaboration/integration requires sharing risks and responsibilities, it also requires sharing rewards and this can enhance the potential of collaboration/integration.

Broadhead and Armistead (2007), whose model moves from loose confederations of partners, to conjoined partnerships, to integrated and then to holistic partnerships, also give some indication of the challenges linked to movement towards greater integration within their model. Broadhead and Armistead suggest that, as compared to loose confederations of partners, when partners work together in conjoined partnerships decisions begin to cause tensions. With integrated partnerships they suggest that there are risks of over-dependencies on individuals, although they also note that these can be lessened through commitment at strategic level. They state that, with an integrated partnership, partnership development places increased burdens on workers and community members. In addition, they further note that holistic partnerships, which aspire to equitable practices and the enhancement of community life, by implication, seek to change cultural frameworks. They state that this requires the need for continuing support during partnership evolution within a local authority structure and within the context of emerging policy initiatives.

In line with Broadhead and Armistead (2007), a key finding of the DCSF work whose model focuses on the sustainability of effective integrated working, was that integrated working is often fundamentally based on very strong personal relationships, which, although they may be effective, may not be sustainable.

Glasby and Peck (2006) talking about the ODPM model of defensive, opportunistic or active participation (ODPM, 2005), suggest that, as partnerships develop, it may be necessary for all partners to be active participants (gaining their commitment may, therefore, constitute a challenge). They indicated the key will be the level of participation at which a critical mass can be achieved in spite of defensive or opportunistic participation (see also chapter 5 which discusses the ‘reach’ of integration). Glasby and Peck (2006) also point to the balance of the benefits and the risks associated with moves towards greater integration. They state that, whilst integration may bring benefits, there are also associated risks to accountability, weaker value for money and poor governance. Similarly focusing on the benefits and the risks, Kemshall and Ross (2000) state that conflicts of ideology and different power relations may be the key to difficulties in partnership working. They note that whilst synergy may create added value in partnerships, it may be a benefit and a cost because of the time and resources to build and sustain this.

2.9 Enablers associated with extent of integration

This section examines what the literature says about particular factors that can facilitate moves towards greater integration. There were four instances where enablers were linked directly to models of extent of integration.

Miller and McNicholl (2003), whose model is based on the extent of joint planning between partners, take the view that different approaches to the extent of integration are equally valid and that the extent of integration will be dependent on a range of factors, including:

- **Local conditions:** Where there is a local willingness to collaborate, joint commissioning and process integration can work, avoiding major restructuring and high disruption.
- **Balancing mainstream and specialist services:** Getting this balance right depends on sensitive needs analysis and considering the degree of differentiation within mainstream services and the objectives of services.
- **Involvement of service users:** Without the involvement of children and families and services being tailored to their needs, moves to greater integration are likely to run into problems (see also section 5.1).

- **Evidence-based practice:** This needs to inform the service user level and delivery of services. At local service network level, for example, evidence could establish whether integration of delivery teams in a locality improves outcomes and how this can be complemented by structural and process integration. At whole system level, evidence could establish to what degree integration requires providers to take a wider view (for example, community vision of educational inclusion).
- **Establishment of integrated processes/systems integration:** This relies heavily for its success on upgrading and integrating systems and processes (for example, electronically based record and document management systems).
- **Training and development:** Training and development needs to cover the changing environment, integrated practice ideology, new interventions and integrated processes, as well as new task types. It should make use of a range of approaches to learning and development (for example, learning through working together, shadowing, work experience, events).
- **Capacity for change:** There is a need to develop a change plan and this takes time, requiring exploration of national and local drivers and developing the capacity for change, which includes shifts in skills, knowledge and attitudes.
- **Focus on the gains/benefits:** It is important to describe improvements in quality, effectiveness and efficiency of services and to draw on existing models and focus on quick wins.

According to the DCSF (2007), whose model primarily focuses on sustainability, integrated working must be mainstreamed or the benefits may not be maintained. They suggest therefore, that, without a strong evidence base on effectiveness, for mainstreamed integrated working to be effective and sustainable it would need to:

- **be localised:** built on developments of localised integrated working
- **respect professional roles:** built on respect for professional roles rather than personal relationships
- **involve families and communities:** encompass strong involvement of families and communities in service design

- **have strong leadership:** have strong, but not overly directive, leadership
- **be embedded in home agencies:** embedded in the policies, practices and procedures of home agencies, as well as integrated services
- **have links with adult services:** have effective links with adult services.

According to Anning *et al.* (2006), national policy, as illustrated by the onion model of integrated services (see section 3.1 for details), seeks to sustain integration at all levels. Anning *et al.* state that infrastructures must be formalised to support integration at national, regional and local levels. With Children's Trusts, for example, there must be a child-centred outcome-led vision, integrated frontline delivery, integrated processes and integrated strategy (joint planning and commissioning), as well as interagency governance. Friedman's (2006) outcomes-focused model also highlights achieving sustainable change through the wider involvement of communities. Whilst agreeing with the DCSF that mainstreaming underpins longer-term support structures, Milbourne (2007), states that the risk is that mainstreaming may make it harder for agency workers to negotiate organisational space for the flexible work which families value. The structures and organisation of partnership working may run counter to the flexibility of effective work in settings accessible to disadvantaged families.

Broadhead and Armistead (2007), whose model moves from loose confederations of partners, to conjoined partnerships, to integrated and then to holistic partnerships, also give some indication of the factors that will facilitate movement towards greater integration. They, like the DCSF, suggest that more advanced integrated partnerships are less reliant on individual personal relationships. In conjoined partnerships, they suggest that development workers and senior officers were crucial players in sustaining momentum and supporting progress and that, overall, local authority leadership and vision initiated and drove the initiative. Partnerships were strengthened through local events and research, while continuity of personnel was crucial. In contrast, in holistic and integrated management groups a non-hierarchical structure was supported by inclusiveness. Sustaining local choice was achieved by partnerships coming together to understand how diversity promotes choice, to address sustainability, and to identify and plan to fill gaps.

The model for interdisciplinary collaboration by Bruner (1991) involves four components: interdependence, flexibility, collective ownership of goals and reflection on process. Bronstein (2003) also outlines the enablers for each component. Interdependence, for example, was said to require commitment, ongoing flow of communication, solid professional identities and clear roles. Flexibility was said to require less hierarchical relationships and for roles to be dependent on the needs of the organisation, the situation, professional colleagues, the client and the family, as well as professional training. With regard to collective ownership of goals, it is stated that each professional must take responsibility for their part in success or failure and support constructive disagreement and deliberation among colleagues and clients. Reflection on process includes thinking about working relationships and process and incorporating feedback to strengthen collaborative relationships and effectiveness.

2.10 Impact associated with extent of integration

Overall, there was limited information on the linking of impact with models on the extent of integration. However, the authors of some models talked about the impact of integrated services on service users, whilst few talked about the impact on the professionals involved.

Impact on professionals

The authors of one model (Broadhead and Armistead, 2007) indicated that there were differing impacts for the professionals involved with a greater extent of integration, as exemplified by the conjoined, integrated and holistic partnerships they describe. Within a conjoined partnership, as compared to a loose confederation of partners, partnership members had clearer insights into the roles and responsibilities beyond their own sector. However, members of integrated partnerships expressed feelings of unification and equality, each contributing to the agenda for partnership development as they jointly reviewed and developed action plans. Knowing and trusting each other, the partners passed good information to parents and this was valued by and reassuring for parents. It was said that an integrated partnership could raise parents' awareness of the choices available within the community in

this way. Within the most advanced partnerships they describe, holistic partnerships, according to Broadhead and Armistead, the ‘whole’ becomes greater than the sum of its parts as partnership personnel, together, recognise the potential of their partnership for children, families and the community; the vision becomes local and begins to grow locally. New forms of interprofessional working and shared goals do not have to mean the loss of professional identity. Holistic partners recognise the dynamics at work and engage with the implications of changes within and beyond their partnerships.

Impact on service users

Whilst there is some indication within the literature that a fully integrated model would be most valued by, or of most value to children and families or service users, some authors state that, as yet, there is little evidence on the effects of integrative models, in particular, on outcomes for children and families (e.g. Anning *et al.*, 2006; Atkinson *et al.*, 2007).

There was within some literature the suggestion that a greater extent of integration may be required to achieve outcomes for service users. Brown *et al.* (2002), when evaluating the impact of integrated health and social care on older people living within the community, for example, state that the degree of integration may not be sufficient to make a difference to user outcomes, whilst it may impact on the process of service delivery and communication between staff. They suggest that organisational change is needed, as well as process change, to impact on service users and that integration needs to move beyond co-location to overcome barriers. They state that integrated management structures, pooled budgets, and single assessment processes can lead to greater integration and that outcome evidence, as well as process evidence, will help support further confidence in integrating structures. However, the Dartington Social Research Unit (2004) states that, despite reorganisation being a long time feature of children’s services, there is little evidence of any impact of organisational change per se on child outcomes. Broadhead and Armistead (2007) suggest that integrated partnerships need to progress from concerns about their participation and identity development to developing a focus on community planning and the quality of experience for children.

There is a view that all models or theories of partnership working contain the underlying, or explicit, assumption that partnership working (and integration) will bring about wide-ranging benefits that would be unlikely to emerge in the absence of the partnership (e.g. Percy-Smith, 2005). However, a number of authors within the literature question whether integration is leading to better outcomes (e.g. Allnock *et al.*, 2006). This raises the question as to whether it is the ideal model to work towards. Warmington *et al.* (2004) offer a contrasting view to the majority consensus that integration is the ultimate model of multi-agency activity. The authors use activity theory and object analysis in reviewing types of multi-agency working and present a distinctive interpretation of interagency working that they name **co-configuration**. In this study, the authors state that the current ideal for effective interagency working is where professionals aim to form tight communities of practice or teams. However, they note that there is an increasing tendency for professionals to work in loose, constantly shifting configurations (often depicted as a barrier to effective interagency working) that could be seen as a new form of interagency working. Thus, they characterise co-configuration as distributed expertise where professionals working with families may not share professional backgrounds, common values or physical location. They suggest that this should be seen as an alternative to compact teams or professional networks. The authors also introduce the term **knotworking**, characterised as rapidly changing, partially improvised collaborations between otherwise loosely connected professionals. However, as with many other models, there is no attempt in this study to link co-configuration or knotworking with outcomes.

Similarly, in other literature, there appears to have been a move away from the view of integrated services as the ideal model. Frost and Robinson (2007) conclude that the outcomes of integrated working are situation specific and that a general theory or approach cannot be developed. Other models imply that different approaches to degree/extent of integration are equally valid. Miller and McNicholl, (2003), whilst outlining some of the benefits of integration, raise a number of questions, for example: How closely integrated do services and activities need to be to obtain the required benefits? In what cases would improved signposting and coordination as opposed to integration be sufficient? When would it be necessary to introduce managed processes or integrated organisations?

2.11 Key points

- Some models of the extent of integration have as their underlying principle a focus on a particular dimension of integrated working, for example, the extent of engagement of partners, the degree of communication or information sharing between them, or the extent of joint planning.
- Other models of integration take a different approach and focus on a range of dimensions within which there may be different degrees of integration. This approach has the added value of capturing a more diverse range of partnerships and collaborations.
- In addition to a narrower focus on integration, more recent models tend to focus on service user involvement and sustainability as key features, suggesting that these have become more important as time has progressed.
- Overall, the principles underlying the modelling of extent of integration can be distilled into a number of key dimensions which include, for example, shared responsibility/ownership, mutual dependency, sustainability, joint planning, communication/information exchange, and integration of structures and processes. These dimensions could be used to assess the extent to which integration has become embedded.
- The risks or challenges associated with increasing integration appear to rest on loss of autonomy for individual partners or agencies, together with a greater reliance or dependence on partners, with consequent risks to individual agencies' resources and reputation.
- Where services are not fully integrated, a key concern centres on the reliance on key individuals and lack of sustainability, although it was reported that this could be counteracted by commitment at strategic level. Linked to this, one of the enablers identified was that mainstream integrated working was built on respect for professional roles rather than personal relationships.
- There was some indication within the literature that more advanced integration places greater burdens on those involved in terms of partnership development and the time and resources required, although the point was also made that this needs to be balanced against the associated benefits.

- Common features of enablers associated with the models identified included, in particular, the importance of building on local willingness to collaborate and developments with regard to localised integrated working, as well as the need to encompass strong involvement of children, families and communities in service design, without which it was suggested that integrated services were likely to be ineffective.
- The need for less hierarchical relations and for the roles of professionals to be dependent on the various needs of the organisation, client and family, rather than their professional training was also raised, as was the need to reflect on working relationships.
- There was some suggestion within the literature that, whilst professionals involved in conjoined partnerships gain clearer insights into the roles and responsibilities beyond their own sector, those involved in more fully integrated partnerships express feelings of unification and equality and recognise the potential of their partnership for children, families and the community.
- Whilst there is some indication within the literature that a fully integrated model would be most valued by, or of most value to children and families or service users, there is also an indication that the impact of integrated services on service users is not well evidenced and that a greater extent of integration may be required to achieve outcomes for service users.
- More recently, however, there appears to have been a move away from the view of integrated services as the ideal model, towards a view that the outcomes of integrated working are situation specific and that different approaches to degree/extent of integration may be equally valid.

3 Integration of structures

This chapter focuses on structural integration at different levels. ‘Levels’ refers to different layers of an organisation’s functioning, for example, governance, strategic and operational layers. The process of creating integrated children’s services needs to address both structural and procedural dimensions at the different levels of organisation. By way of introduction, two models are considered that address both of these dimensions. The rest of this chapter will then proceed to focus on structural integration, the key enablers and challenges to it, and how potential impacts are conceptualised within the modelling of structural integration at different organisational levels. Chapter 4 will then address the integration of processes.

3.1 Two models informing current policy

This section presents two models of integration which have been used to inform current policy.

The ECM ‘onion’ model

The rolling out of the Every Child Matters (ECM) children’s services agenda has been accompanied by a raft of government policy and guidance expounding on a model of integrated services that local authorities are expected to implement. This model (presented visually in ECM as an ‘onion’) is discussed in the national evaluation of children’s trust pathfinders (UEA, 2007) and elsewhere (e.g. Anning *et al.*, 2006; Wheatley, 2006). Evidence is analysed for the national evaluation at each of several ‘levels’ of integration, from 35 pathfinder children’s trusts which were trailblazers for children’s services. The different levels presented within this model are as follows:

- interagency governance (strategic direction, accountability)
- integrated strategy (planning, commissioning)
- integrated processes – (operational information sharing)
- integrated frontline delivery – (operational client-focused work)
- outcomes for children, young people, families and community.

With this model, at the **governance level**, structures can be formalised in a *legal agreement*: using section 31 of the Health Act 1999, where a children's trust board is established, or a *collaboration between partners*, where the local authority and health trusts are the accountable bodies, advised by a strategic partnership, and based on the duty to cooperate of the Children Act (2004). In either case, continuing success is more likely where arrangements are based on a coherent and clear long-term vision (UEA, 2007).

At the **integrated strategy level**, *joint planning and funding* models could involve either of the two structural options of *aligned* or *pooled* budgets. The extent of inclusion in joint planning has usually involved education, social services, health and voluntary organisations. Some, not all, pathfinders' *joint commissioning models* take account of a *cyclical process model* developed by the HM Government (2006) (see section 4.3).

The **integration of processes** in this ECM model is discussed in greater detail separately in chapter 4.

The other operational level of **integration of frontline delivery** is conceived as involving two new ways of working for staff:

- in multi-agency teams
- as individuals with generic skills, for example, *key worker/lead professional* with key responsibilities.

Multi-agency teams can take different forms and can be found in a range of specific settings related to universal or targeted provision, or both, for example, extended schools, school clusters, family support centres, children's centres and youth offending teams.

ECM guidance envisages various structural types of multi-agency team working (Wheatley, 2006). Approaches advocated by ECM factsheets include:

- **Multi-agency panel**: Practitioners are still employed by home agencies, they meet as a panel or network to discuss cases, members may carry out casework or employ key workers.

- **Multi-agency team:** Practitioners are seconded/recruited to team, and there are: a team leader, common goals, links to home agency through supervision/training, scope to work with universal services.
- **Integrated service:** A range of separate services are co-located, doing collaborative work. This is a visible hub for community with a facilitative management structure and a commitment to funding by partner providers, and the service is usually delivered from school/early years setting.

These three models can be blended together and children's trusts have done so (Wheatley, 2006).

The second new way of working comprises a focus on the **lead professional**, and on other new workers with similar roles, but working at lower levels of need. Models in children's trusts can be distinguished around differences drawn between key workers and lead professionals, and the stage/age at which the models are applied (Wheatley, 2006).

- **Key worker:** provides a single point of contact, typically working with families with children with complex needs, with high and often lengthy involvement.
- **Lead professional:** works with families with some identified need but who do not meet eligibility criteria for specialist services, provides a point of contact for them to make choices and navigate the system, ensures appropriate interventions, and family involvement.

At this frontline delivery level of the model, the interface between new ways of working (that is, the lead professional) and coordinating and securing *continuity* of provision/care for children and families has been considered important.

An alternative model

For comparison, it is worth looking at a second model which reflects on national policy drivers (Miller and McNicholl, 2003). This model is presented within a book-length theoretical discussion, which suggests that a matrix can be used to chart the levels and degrees of integration in a particular area. Integration is multi-layered, spanning the following three levels:

- service user level
- management of local service networks
- whole service system.

The **service user level** concerns how *services are delivered* to individual children and families. This is the level at which decisions have to be implemented concerning:

- families' access to information and advice
- integrated assessment
- coordination of response.

The service user level in this model is apparently assimilated within the 'integrated frontline delivery level' of the ECM onion model. It takes account of the integration of delivery at the interface between service user and provider.

The **management of local service networks level** concerns *how frontline staff across sectors link* within a locality to enable them to provide an integrated service to children, young people and families. The mix of structural and process forms varies with the *degree of integration* required in this model.

The **whole service system level** concerns how different sectors *plan, commission and manage services* across a local authority area to create integrated services. This level apparently comprises the governance and strategy levels in the ECM 'onion' model.

Although the two models are somewhat different, they share a clear separation of levels and a focus on organisational structure at each level. Where they differ is primarily in the modelling of process, which can either be viewed as a distinct layer or as a cross-cutting dimension between and within levels (see chapter 4). The rest of this chapter focuses primarily on structural aspects at different levels.

3.2 The integration of structures

The Miller and McNicholl model forms part of a theoretical policy-led framework concerned to place the user and the community at the heart of service development, and to reflect on implications for service integration. The position within the model of the service user level as an aspect of integration rather than a posited outcome of integration reflects that concern. The ECM onion model forms part of the ECM agenda for structural transformation of children's services at area levels involving large organisations (local authorities, primary care trusts (PCTs), etc.). The more delicate attention to integration at the top levels of the system mirrors this context.

3.3 Recurring features of different models

This section broadens the focus to compare how different levels of integration are presented across the wider range of literature in the review. Unlike the two documents discussed above, most of the literature under review does not present a sustained, systematic analysis of different levels of integrated working. Some papers focus on particular levels only. Some highlight levels of partnership working, or levels of multi-agency working, but do not specifically focus on integrated working, mainly perhaps because they date back to a slightly earlier time. Nevertheless, insights can be derived from the ways these papers model joined-up or integrated services at specific levels.

A number of recurring and significant themes arise from considering the features of different models concerned with levels. Among these are:

- More than one level of integration is needed, integration is multi-layered (Miller and McNicholl, 2003; DCSF, 2007).
- There is a macro level – national policy drivers, departmental remits (Anning *et al.*, 2006; Sullivan *et al.*, 2006).
- A collective approach to service provision may include a range of models at different levels (Tunstall *et al.*, 2007): the complexity of integration.

Multi-layered integration

One recurring theme is that integration is multi-layered (and also multi-dimensional). For example, a recent study, focused primarily at operational levels, highlights that typical features within effective integrated working include:

- multi-agency governance
- multi-agency management teams
- formal and informal multi-agency support networks
- standardised referral processes for referrals in and out of services
- common assessment to support referrals
- weekly or bi-weekly multi-agency panels to handle referrals and allocate services and a lead professional
- regular planning and case review meetings usually managed by a multi-agency panel, standard forms and processes (DCSF, 2007).

The different features modelled above would map onto the governance, integrated processes and integrated frontline delivery levels of the ECM model. Another study on the management of effective partnerships in integrated older people's services (Nies, 2006) highlights that integration involves:

- **a client level:** taking account of users' capacities and resources
- **an organisational level:** taking account of multi-disciplinary processes of professionals
- **a system level:** the policy framework, care systems, funding mechanisms, legal regulations and quality standards.

Macro-level integration

The importance of taking account of a macro level of regional and national integration is stressed by Anning *et al.* (2006). For example, there is a national level of *interagency governance* with government departments restructuring, and sections from the Department of Health (DoH) and the

former Department for Education and Skills (DfES) being drawn together into a unit responsible for children's services. At the same time, there are tensions for macro-level integration arising from the fact that key policy models, such as those in ECM and the National Service Framework, although displaying synergies and coherence in many areas, emerged out of separate policy environments, and are not the same. These tensions persist, with differences in departmental agendas and remits. However, one way in which integration at macro-level functions strategically and operationally is through the integration of inspection regimes. The Joint Area Review inspection model is part of the government model for ensuring accountability. This involves integrated review of education, social services, and provision for 14–19 year olds where previously these were separate provinces of Ofsted and the Commission for Social Care Inspection (CSCI).

It is also pointed out, concerning governance and strategic levels, that the relationship between central government and governance structures in local authorities can vary, affecting the amount of flexibility afforded at local level. For example, in Health Action Zone (HAZ) partnerships, there was variation in the extent to which the partnership was mandated by a hands-off commissioner (central government), rather than with central government acting as a partner, an approach which perhaps affords greater flexibilities around performance management (Sullivan *et al.*, 2006).

Complexity of integration

A further theme in the literature concerns the heterogeneity and complexity of integration models and their operation at different levels. For example, a paper identifying the lessons learned in family centres that might inform the wider development of partnership working (Tunstall *et al.*, 2007) discusses the integration of formal or structural arrangements of family centres as involving different types and levels of partnerships, albeit dominated by the relationship with one partner (social services departments). These might include:

- formal funding arrangements between agencies (for example, with social services as a commissioner)
- informal community connections and networking arrangements.

At a strategic level, in this approach, links would be developed through funding or sponsorship. This reduced the reach or scope of the links, as the voluntary sector was not involved, the main funding coming from the LA and, to a lesser extent, health services. At an operational level, links would be developed through referrals. At this level the reach was wider, as referral came from Social Services, Health Visitors, families, voluntary sector, schools, GPs and the community. Therefore, the integration reach is divergent across different levels. Through modelling the interaction between levels, reach and extent of integration, it might be possible to develop a tool for examining the overall collaborative integration between the different stakeholders. Reach is discussed in chapter 5.

3.4 Variation of features in models

Comparison of the ways that levels of integration are modelled in different papers also indicates that there is a considerable amount of variation between models along several dimensions, as highlighted in the points below:

- *Position of service user/community* at different levels.
- *Context-boundedness/context independence* (in terms of client groups, specialist/universal services, spatial locality, time factors, for example, a time-limited project compared to a ‘permanent’ local authority children’s trust).
- *Conceptualisations of change* at different levels: for example, using a flow model.
- At each level, *process as well as structure* can be modelled but it is done very inconsistently in the literature.

The first two dimensions of variation (position of service users, and context-boundedness/independence) are discussed in the following paragraphs. The modelling of process, including capacity building and conceptualisations of change, is then discussed at greater length in chapter 4.

Position of service user/community at different levels

The ECM onion model only highlights *outcomes* for children, young people, parents, families and community. By contrast, other papers also situate the

service user within the model at specific *levels* as a co-participant or ‘co-producer’ in shaping services and not solely an end-point user or ‘consumer’.

In the ‘co-production’ model, as presented in Miller and Stirling (2004), at the *governance level*, there would be a shift from focusing on organisational contributions to *co-production and self-help*. At the *strategic level*, there would need to be a negotiation on the co-production ‘*contribution*’ and ‘*bargain*’ that makes best use of *joint resources*. At the *operational frontline delivery level*, the model can be applied across key dimensions of practice such as: *organising, analysing, deciding and doing*.

Another integration model which highlights the place of the user at different levels is presented in Nies (2006). This paper discusses the management of integrated care in older people’s services, highlighting the role of the family and informal carers for successful integration, and may have transferable lessons. At the client level, a key factor is the client’s experience of interaction with professionals, informal carers and volunteers. The approach must take account of the user’s personal capabilities and resources and implies a holistic approach to their needs. However, at the system level, engagement is affected by the policy framework or systems within which the services operate, including funding mechanisms (that is, users’ access to and control over resources/budgets).

The need for user ‘participation’ in partnership working is discussed further in chapter 5 on ‘Models of the reach of integration’.

Context-boundedness/context independence

There is variation also in the extent to which models of structural aspects at different levels apply to the entirety of children’s services in a local authority, or with more narrow context-specificity, for example, in terms of services targeting client groups, operating in a confined spatial locality, or working within time-limited projects.

Universal/targeted client groups

There are several examples of the *first variation, around universal/targeted client groups*. Whereas the ECM ‘onion’ model applies across children’s

services, other models concern: joint practice between the Child and Adolescent Mental Health Services (CAMHS) and schools for children with mental health problems (Pettitt, 2003), joined-up assessment for children with significant and complex health needs (Boddy *et al.*, 2006), and service organisation within children's trust pathfinders meeting the needs of disabled children and families (Wheatley, 2006).

Area

There are also variations in the extent to which models focus on a whole local authority's integrated service provision (ECM model), or a more local area service. Among the models focusing on specific localities, there are, for example, models of developing change capacity in Health Action Zones (Sullivan *et al.*, 2006), and of interagency parenting programmes from a community base for families with high and low need (Bell, 2007).

Time

There are also variations in the extent to which models focus on time-limited projects or on a permanent service. Examples of models developed around time-limited projects include the Health Action Zone evaluation models (Sullivan *et al.*, 2002 and 2006).

3.5 Challenges for structural integration

Whilst there appears to be little systematic modelling of barriers to integration at specific structural levels, one exception appears in the report on a Council for Disabled Children (CDC) project on meeting the needs of disabled children and their families through children's trust pathfinder structures (Wheatley, 2006). The report highlights major challenges for structural integration at different levels:

- **Strategic:** *commissioning* – for example, barriers persist to pooling budgets under current legislation and guidance
- **Frontline service delivery:** *joint working and co-location* – barriers include suitable buildings, agency commitment, sustainability, allaying concerns on staff terms and conditions, realistic timescales.

Tensions between the integrative model and individual agency models persist at different levels. Structural tensions persist between organisations: for example, where there is agency restructuring or organisational change this can hamper integrated work at the operational level (Allnock *et al.*, 2006). Another challenge to structural integration concerns the persistence of divergent missions or remits (Bronstein, 2003; Goodwin, 2006). Where different parties have different assumptions about the vision underlying whole system integration this can lead to serious tensions. An example of this is provided in Miller and McNicholl (2003), where the concept of integration around schools is said to offer two options: option (a) represents a pupil- and school-focused model, and option (b) represents a whole community approach aimed at improving outcomes for families and local communities.

Dilemmas sometimes occur when the degree of integration at one level is more advanced than at another. In the past this may have more frequently involved greater integration of frontline networks and less integration at the whole system level (Miller and McNicholl, 2003). For example, where the overall model is insufficiently developed, well-developed integration at the front line may not be sufficient to achieve user-focused outcomes because of funding/thresholds for referral not being aligned between agencies appropriately for the user at a higher level (Brown *et al.*, 2002). With the advent of children's trusts, the pattern may be changing.

3.6 Enablers of structural integration

A range of enablers of structural integration at different levels are mentioned in the literature. Effective organisations, according to one model, would attend to structure and process at each level, and degrees and reach of integration at each level (Miller and McNicholl, 2003).

One of the enabling factors concerns the importance of *flexibility*. There may be no single model for structural integration which fits all contexts (Boddy *et al.*, 2006). There is a need for structural flexibility in relation to policy and local development (in terms of stakeholder organisations and community development). This suggests that the structural configuration needs to be adaptable to feedback from different levels.

A further enabler of structural integration which was discussed in previous sections concerns developing the capacity for change, (Wheatley, 2006). Developing capacity takes time, and *time for change* is a key factor.

A review of ‘what works’ in the partnership working literature highlights a number of further features which appear to belong at the *strategic level*. These include planning, relating organisational form to strategic purpose, shared vision, having a resourced strategy and action plan, the importance of leadership, a focus on outcomes and involving the voluntary sector and children and families (Percy-Smith, 2005).

There is also a body of literature which models process integration as enabling overall organisational integration at different levels (e.g. Miller and McNicholl, 2003). The interplay between process and structure in enabling organisational integration is discussed in chapter 4.

3.7 Assessing impact at different levels

Assessments of impact of structural integration have been made at different levels, including the impact on service users, impact on professionals at the front line, and aspects of whole system development. For example, the Miller and McNicholl model (2003) conceptualises the impacts of structural integration at the service user and whole system development levels. The UEA empirical evaluation of 35 children’s trust pathfinders (2007) identifies impacts around service efficiencies and perceived benefits for children, families and staff.

Service users

The literature altogether suggests various areas where user-focused outcomes can be identified from structural elements of integration. Some key areas are:

- **Prevention:** Multi-agency activities (for example, in joint teams) should support prevention (Atkinson *et al.*, 2002) and facilitate improved family life and social inclusion (Tunstall *et al.*, 2007).
- **Accessibility and acceptability of services:** Frontline level integration promotes these two impacts. Examples include:

- a one-stop shop family centre is acceptable as non-stigmatising (Tunstill *et al.*, 2007)
- joint practice with different structural forms of integration between CAMHS and schools leads to better access (Pettitt, 2003)
- integration affects the quality of relationships with providers (Brown *et al.*, 2002).
- **Outcomes:** The five ECM outcomes are an appropriate basis for measuring effectiveness of new service structures for disabled children and families (Wheatley, 2006).
- **Empowerment and engagement:**
 - Community/user involvement in frontline integration, for example, in joint assessment, leads to greater rights (decision making) and responsibilities for families (attending conferences, agreeing to care plans) (Miller and Stirling, 2004).

Individual and family user empowerment and control over personal service provision can be expanded through frontline delivery level integration. However, broader impact on community capacity appears to require targeting strategically across different levels.

Professionals delivering services

The literature suggests a number of impacts of structural integration on professionals delivering services. These include:

- **Attitudes:** Integrated partnerships led to feelings of unification and equality (Broadhead and Armistead, 2007), enhanced trust (Cole, 2003).
- **Access to training:** Staff from different partners accessed and valued the newly developed cross-sector training that the LEA offered. (Broadhead and Armistead, 2007).
- **Awareness and learning:** Family centres led to co-learning (Tunstill *et al.*, 2007).

The UEA evaluation of 35 children's trust pathfinders (2007) found that structural change with the provision of new services had beneficial effects on staff around *synergy* and *availability* in the following examples:

- Youth Service and Connexions merger – greater synergy between Youth Service and Connexions
- new arrangements for procuring and contracting agency staff for social care – staff available when needed.

Whole system development

Concerning whole system development, the UEA evaluation of 35 children’s trust pathfinders (2007) affirmed empirically that structural change at whole system level had beneficial effects within the system, that is, the establishment of LA children’s service directorates / Director of Children’s Services had a positive impact on efficiencies in children’s trust (CT) pathfinders. In particular, structural integration at commissioning level occurred leading to *efficiencies* where savings from the decommissioning of expensive interventions were being reinvested in preventative services. Other examples of system efficiencies identified within the UEA evaluation include:

- joint training team – reduction in *duplication* in training courses
- new arrangements for procuring and contracting agency staff for social care – *savings* from children’s social care budget
- Social Inclusion Project employs new workers in schools – avoids duplication of effort, reduces demand on high paid social workers.

However, there are still difficulties in disentangling different influences on developments.

3.8 Key points

- The ECM ‘onion’ model for integrated services displays a clear separation of different levels of integration, and a focus on both structure and process.
- In the ECM model, at the ***governance level***, structures can be formalised in a *legal agreement*: where a children’s trust board is established, or there is *collaboration between partners*. At the ***integrated strategy*** level, *joint planning and funding* models could involve either *aligned* or *pooled* budgets. Some pathfinders’ *joint commissioning models* adopt a *cyclical process model*. The ***integration of processes*** ‘level’ of this ECM model

highlights *information sharing*. The level of *integration of frontline delivery* involves two new ways of working for staff: in multi-agency teams, and as individuals with generic skills, for example, *key worker/lead professional*.

- For comparison, a second model (Miller and McNicholl, 2003) considers three levels: the service user level, the management of local service networks level and the whole service system level.
- A key recurring feature of different models is that more than one level of integration is needed, as integration is multi-layered.
- There is a macro level of integration, taking account of national policy drivers and departmental remits. Tensions for macro-level integration arise from the fact that key policy models, such as those in ECM and the National Service Framework, diverge.
- The models show integration in heterogeneous and complex ways at different levels. Through modelling the interaction between levels, reach and extent of integration, it might be possible to develop a tool for examining overall collaborative integration.
- There is considerable variation between models at different levels, for example, around: *position of service user/community, the extent to which the models are intended to be applicable to a particular context, for example, services intended for targeted user groups, or more universally across children's services, and the extent to which they consider change management*.
- The ECM onion model highlights *outcomes* for children, young people, families and communities. Other models situate the service user at specific levels as a co-participant in shaping services.
- There is variation in the extent to which modelling of structural levels applies to the entirety of children's services in a local authority, or with narrower scope, for example, concerning services targeting client groups, confined spatial locality, or time-limited projects.
- Major challenges for structural integration include: *strategic level*: commissioning challenges, for example, barriers to pooling budgets under current legislation and guidance, *frontline joint working level* challenges, (for example, unsuitable buildings), agency commitment levels, sustainability, staff terms/conditions, unrealistic timescales.

- Structural tensions between the integrative model and individual agency models persist at different levels.
- A range of enablers of structural integration are mentioned in the literature. Key dimensions include flexibility/responsiveness in relation to policy and local development, and ensuring time for capacity building. At the strategic level enablers include: relating structure to purposeful planning, high quality leadership, sustaining a focus on outcomes, maintaining appropriate reach, for example, to the voluntary sector. Process integration is also intrinsic to system integration at different structural levels.
- Impacts of structural integration occur at different levels. For service users they include greater attention to prevention, more accessible and acceptable services, empowerment and engagement in decision making. For professionals they include a greater sense of unification and equality, improved access to newly developed cross-sector training and co-learning with new colleagues. For the system as a whole they include improved efficiency and a reduction in the duplication of training across different departments.
- System level impacts of integration mainly seem to be focused around efficiencies – process aspects of which are discussed in the next chapter.

4 Integration of processes

This chapter focuses on different models in relation to processes of integration. The analysis of process in the literature considers the ordering of work activities across time and place, at different organisational levels. Process is not discussed consistently within the models, but analysis shows three main aspects of process integration recurring. These aspects are change management processes (for example, around capacity building), routine/procedural system processes (for example, information-sharing procedures), and interprofessional joint activities (for example, professional deployment and redeployment on work tasks). These process aspects of integration are sometimes specified for different structural levels. The report then identifies key enablers and challenges for integration which have been identified within the literature concerning integration of processes. The chapter concludes with a brief review of how potential impacts are conceptualised within the modelling of different levels of process integration.

4.1 Process in the models

A major area where there is variation between different models concerns the extent to which they conceptualise process as well as structure at different levels of integration. Some literature presents levels in a fairly static and structure-focused way, without conceptualising process and the flows of planned or unplanned change within and/or between levels. The ECM 'onion' model (UEA, 2007) includes process integration as one of the 'levels'. Other literature models process, as well as structure, at different levels. The relationships between structural integration and the systemic/procedural process dimensions of integration appear complex and difficult to tease apart. However, process integration is viewed as essential to overall effective integration. For example, in one model, (Miller and McNicholl, 2003), the distinction between structural and process integration is modelled as follows:

- structure – the development of partnership organisations or care trusts, for example, children's trusts, departmental mergers

- process – integration of major processes such as management, user and community involvement, support services around finance, information systems.

There is a considerable amount of literature which models process integration as facilitative of overall organisational integration at different levels. For example, in one model, (Miller and McNicholl, 2003) it is proposed that:

- Mapping and developing care pathways as integrated processes can contribute to greater integration.
- Upgrading and integration of electronically based record and document *systems and processes* is essential for local and individual level integration.

The second of these areas is elaborated further in Miller and Stirling (2004) who consider that *improving information processes* can have positive impacts on co-production (that is, user involvement in service development) around:

- integrated service delivery (frontline level)
- planning and service development (strategy level)
- integrated performance management (strategy/operational level).

For example, process integration is required at the strategic level to bring about joint planning, commissioning and brokerage.

While the relationship between structural and process integration is not conceptualised consistently in the literature, both aspects are viewed as interdependent, and consideration of the relationship between structural and process integration at different levels appears to underpin effective service integration.

The meanings of key concepts are not fixed across different models, and this is particularly true with the construct of process. There would clearly be value in further conceptual clarification of ‘process’ in models of integrated working. A number of different dimensions of ‘process’ can be identified, including:

- modelling of processes to do with the *management of organisational change and capacity building*

- modelling of *routine/procedural processes* within integrated services, for example, joint commissioning processes, and joint delivery processes (such as integrated care pathway processes)
- modelling of *interprofessional joint activities*, working practices and interactions between members of integrated services.

The third of these (interprofessional activities), which is developed in a later section, is also particularly associated with the practical realisation of *organisational culture*. The following paragraphs consider each process dimension in turn.

4.2 Change management processes and capacity building

Some of the literature models organisational change within integrated services, with a focus on decisions and processes at different levels. As one dimension of change, Boddy *et al.* (2006) highlight whether models of integration are developed with a *top-down and/or bottom-up* focus. Top-down, policy-driven change is more robust during budget cuts, but less consultative for developmental purposes (Boddy *et al.*, 2006). Where there is considerable bottom-up influence on new ways of integrated working, that is, influence from the frontline professionals and locality team managers, there is a greater likelihood of developing the *cultural transformation* required, for example, nurturing a self-reflective attitude and enthusiasm for collaborative working.

The conceptualisation of change at different levels of integrated services is also formalised in models of *collaborative capacity building*. For example, Sullivan *et al.* (2006) highlight governance, strategic and operational levels of capacity, and propose a ‘theories of change’ approach to assess whether sufficient collaborative capacity is in place at each level to deliver objectives. Subsequently, the model has been elaborated in Sullivan *et al.* (2006), drawing on the evaluation of Health Action Zones, to consider how effective strategy development and implementation require capacity development at the following levels:

- strategic capacity

- governance capacity
- operational capacity
- practice capacity
- community capacity.

At each level, it is argued, partners must address collaborative capacity-building issues in relation to wider objectives of integration, for example, community goals. At the strategic level, for example, strategies for capacity building include:

- **consolidation strategies:** building on past collaboration
- **mainstream strategies:** securing mainstream change
- **emergent strategies:** identifying new solutions in complex and unfamiliar collaboration environments
- **innovation strategies:** a project is used as a vehicle for transformation of prevailing ways of working.

The capacity-building model focuses attention on *collaborative activity* as well as on *structure*. This modelling of collaborative/joint activity at different levels is discussed further in the section on interprofessional processes.

One further attempt at modelling facilitative processes linked to change management at different levels is made in a report on a Council for Disabled Children (CDC) project working alongside the 35 pathfinder children's trusts, looking at how to more effectively meet the needs of disabled children and their families using the new service structures (Wheatley, 2006). The report models enabling processes, linked to change management, at different levels.

At the *strategy development* level, key processes highlighted include:

- inclusive change management processes, involving strategic and operational managers, including parents, developing an audit trail
- setting realistic time frames
- developing effective leadership, building up knowledge of roles/responsibilities.

At the *commissioning level*, key processes involve:

- enskilling staff and managers responsible for making commissioning work
- reaching agreements over remits, training and data sharing.

At the *joint working and co-location* level a preparation-managing integration model is proposed. An array of different processes is listed for each phase including, for example:

- **preparation:** gathering evidence of potential benefits, setting data out as potential outcomes for children and families, identifying and including stakeholders, assessing and linking to the wider local change agenda, reviewing agency resources, securing leadership commitment, reviewing management skills/capacity
- **managing integration work:** stakeholders agreeing principles/priorities, agreeing roles and goals, developing a participatory culture, planning children and family participation, planning co-location, communication – raise staff awareness, arranging change management/continuing professional development (CPD) with staff groups, addressing contractual issues.

At the *assessment processes and information-sharing* level processes include:

- developing an interagency steering group
- cultivating specialist staff as agency champions
- focusing on opportunities to share information electronically
- agreeing definitions, for example, of disability
- developing one individualised person-centred model for the Common Assessment Framework (CAF) with buy-in
- ensuring assessment and review model are inclusive (of statutory/voluntary, and young people carers and families)
- ensuring clarity of process, establishing relevant understandable and measurable outcomes.

At key worker and lead professional *frontline delivery* level, processes include:

- promoting status of workers across agencies
- involving families
- establishing for the key worker service a multi-agency management group and links with other agencies, for example, housing, leisure and benefits (Wheatley, 2006). The processes modelled above are largely those associated with the management of organisational change. This is clearly a central feature of integration – which can be viewed as a transformation process – especially in the earlier stages.

4.3 Routine procedural processes

The literature modelling *routine procedural processes* within fully functioning integrated services particularly emphasises *frontline service delivery level* assessment processes and information-sharing processes. For example, Boddy *et al.* (2006) highlight processes within joint assessments for children with significant and complex needs. These include:

- **coordination functions:** coordinating meetings, gathering information from agencies, building in planning time
- **information sharing:** consent procedure processes across agencies, single-agency record-keeping processes and their harmonisation with integrated assessment record-keeping processes, processes for managing access to documents around joined-up assessment, including for parents.

The place of the user in integrated system processes is also modelled in a discussion of good practice in joined-up assessment with children with significant and complex needs (Boddy *et al.*, 2006). The primary focus here is on the *integrated frontline delivery* (DCSF, 2007) or service user (Miller and McNicholl, 2003) level. At the service user level, a ‘holistic’ model is presented of ongoing *family involvement* in assessment and in *development of an assessment model*. This model is related to the *integrated care pathways process* approach. Rather than modelling a single integrated assessment of children’s and families’ care needs, the approach models assessment with a ‘living document’ metaphor as a continuing formative

process, with ‘reviews not re-assessments’ embedded within it. The approach is viewed as compatible with the Common Assessment Framework (CAF). It is appropriate for children with complex needs because it addresses family support needs, and risk and protection, which were overlooked in assessments that focused on children’s disabilities. Therefore the process of family involvement/co-production is also related to developing more holistic conceptual models for integrated working. There are obviously variations in the degree and type of family engagement which can be modelled according to type of service (for example, Youth Offending Service remits presuppose different engagements with users from Child and Adolescent Mental Health services (CAMHS) services).

There is rather less modelling of routine processes at governance and strategic levels. Many of the *leadership/government processes* concern: establishing and legitimising goals, bridging processes, balancing interests and negotiating acceptable agreements. For example, at the governance level, key processes outlined in Glasby and Peck (2006) include:

- approaches to leadership: committing partners, role modelling, representation
- democratic accountability: consider legitimacy and accountability up front
- develop governance systems proportionate to risk and responsibilities of the partnership
- balance performance with appropriate monitoring mechanisms
- consider ways of linking partnerships to local political processes
- balance short-term delivery requirements with time needed to consolidate relationships and partnership structures.

At the *strategic level*, some, not all, pathfinders’ *joint commissioning models* as noted earlier take account of a *cyclical process model* developed by the HM Government (2006) and UEA (2007). This nine-step model includes: needs assessment, consultation, resource identification and prioritisation, planning with a prevention focus, decisions on commissioning efficiencies, commissioning, workforce planning and market development, service and process monitoring and review, and outcomes. Pathfinders have developed local working models taking account of the whole cycle, to include: planning, shaping, procurement, quality assurance, and review which draws on needs and resources assessments.

4.4 Interprofessional processes

Collaborative activity involves going beyond structural forms of integration to embrace behaviours, relationships and organisational cultures. In the capacity-building model discussed above (Sullivan *et al.*, 2006), collaborative capacity is viewed as both about structural forms and about *micro-politics of individual actors as roles intersect across organisational and geographical boundaries*: including their sense of security; that is, regarding resources, their perceived loss of autonomy, and relative strength.

Therefore there is a need, in developing integrated services for transformation, not only of *structures*, but of *activity processes involving skills, knowledge, attitudes, deployment and practices of the children's workforce*. Different models have taken account of this, although apparently not systematically at the different levels. This section examines the way these models conceptualise integrated *interprofessional activity as process*, and where possible refers these to the different levels of integration.

Leadership and senior managers

At both the integrated strategy level and the frontline operational levels, the ECM CT model stresses the importance of effective *leadership*, and this is discussed in the literature. At the strategic level it is argued that capacity modelling is required for developing a cadre of leadership for achieving sustainable systemic change in children's services. The literature highlights a number of key leadership skills for senior managers at strategic levels in integrated services, broadly in support of processes of:

- network and partnership building
- negotiation and consensus building
- reflective decision making.

The National Professional qualification in Integrated Centre Leadership draws on a reflective practitioner model (Anning *et al.*, 2006), indicating the importance of *reflexivity* in the management of change and decision making. Again, for Anning *et al.* *influence* and *negotiation* are processes characteristics of effective leadership in networked organisations: for

example, children's trust pathfinders, especially in large counties with many district councils.

The national evaluation of pathfinder children's trusts found that effective multi-level, visible leadership was an enabler of success. *Influence* and *negotiation* are again characteristics of effective leadership in integrated, joined-up or networked organisations, given that decision making has to reconcile the inevitable tensions between stakeholders (UEA, 2007). Children's trust pathfinder managers had key leadership roles. These included managing pilot initiatives, joint commissioning, managing change, coordinating cross-cutting initiatives, and developing Common Assessment Frameworks. The evaluation highlights differences between leadership in strategic provider and commissioner roles, but in either case there is a strong interprofessional dynamic. For example, health sector directors focusing in a provider role on children with disabilities were developing with partners new ways of working around integrated care pathways which require considerable negotiation.

The activities of senior managers in leadership roles are recognised to be central to transformation. At a strategic level, the capacity-building model indicates changing skills requirements of managers. Managers of partnership 'networks', with responsibility for steering collaboration, may find their role changes over time from:

- process management (generating improved interactions between existing members)

and towards:

- network constitution (making changes to network membership or rules).

Senior managers may need to develop better understandings of power relationships in inter-organisational and cross-sectoral settings, and expanded interprofessional and managerial skills for generating rules, procedures and working relationships strategically rather than only sustaining existing ones (Sullivan *et al.*, 2006).

In a discussion of the strategies which can be used to establish, strengthen and sustain local partnerships, drawing on Health Action Zone partnership

evaluations, Asthana *et al.* (2002) highlight the following skills a senior manager would need to facilitate the process of partnership building:

- conflict resolution and consensus building
- addressing concerns around knowledge/information
- mainstreaming networks.

Frontline management

At the *operational frontline level*, the importance of developing management skills for securing effective interprofessional working is stressed in the literature. A review of the experience of the first 260 Sure Start Local Programmes (SSLP) (Allnock *et al.*, 2006) highlights local programme managers' abilities and commitment to manage interprofessional processes:

- acknowledging the limitations of a children's workforce
- securing levels of trust between partners
- managing the impact of recruitment and retention challenges, assessing implications of the secondment model, getting the right skills mix
- managing staff from a variety of backgrounds including parents/community members. This variety led to professional/non-professional tension.

The national evaluation of pathfinder children's trusts (UEA, 2007) also highlights that management skills around interprofessional processes lie at the heart of successful frontline integration. Effective operational managers displayed skills of:

- managing complex interdisciplinary relationships
- securing accountability and effective supervision.

Frontline professionals

At the frontline service delivery level, different models of frontline working have specific implications for *interprofessional work processes*. Key implications for professionals can be summarised from the literature.

Integrating services involves frontline professionals in developing new joint working practices. The implications of such changes concern a range of areas, including (UEA, 2007):

- *role clarification* is required, for example, for the lead professional.
- the degree of *role change* may vary according to profession/service.
- *models of tiers* of service and service user need are not understood in the same way across services, professionals have divergent language, for example, around tiers of need, different authorities use different numbers of levels.

The *lead professional* role is one area where role clarification processes are particularly important to interprofessional work, and it may be desirable to systematise these processes. For example, issues concerning the *lead professional role* are raised in a study concerning assessment of children with significant and complex health needs and/or disabilities, around how to coordinate ‘specialist’ assessments of children’s social care needs, special educational needs assessments, and health needs assessments from clinical diagnosis (Boddy *et al.*, 2006). Models for coordinating integrated assessments vary to the extent to which:

- The coordinator role and function (overview of professionals involved, coordinating meetings, gathering information from agencies) links with/overlaps with/is separate from that of the lead professional working with each family.
- Flexible understandings of the lead professional role apply, for example, whether an alternative lead professional might be identified from within the child’s community network.

Implementing the *multi-agency team* model also gives rise to new roles with implications for multi-professional work (Frost and Robinson, 2007). New roles require innovative practices, for example, bridging between specialist teams and wider agencies, brokering new connections, and redistributing knowledge: all processes which may require acknowledging systematically.

Knowledge/skill distribution

A small number of papers model ways in which process factors within the interprofessional dimension of frontline working in integrated teams can contribute to opportunities for more or less informal learning. One theoretical approach models learning and knowledge production as a ‘distributed’ or shared process in integrated teams or services (Anning *et al.*, 2006; Warmington *et al.*, 2004; Frost and Robinson, 2007). When organisational policies and structures change, as with the integration of children’s services, professionals confront new and initially unfamiliar problems. Reflecting on these problems gives them an opportunity to reconsider some of their professional knowledge and skills. Co-working in new ways, especially in a co-located multi-agency team, involves professionals in confronting the fact that the theories in use which they may have developed over years of practice and reflection as explanatory frameworks for their work with children, young people and families do not necessarily coincide with their colleagues’ (Anning *et al.*, 2006). For example, social service professionals may use a developmental ‘risk and protection’ model, health service professionals a medical model, and education professionals an attainment model (Frost and Robinson, 2007). The tensions and contradictions between understandings of knowledge and practice which emerge when professionals work together in new ways can be viewed as *tools for expanding learning and practice* (Warmington *et al.*, 2004, Engestrom *et al.*, 1997). In this sense, sharing the challenge of reflecting on the unfamiliar, and making knowledge which is often tacit for the individual explicit for colleagues, can give rise to an expansive synergy which has been called ‘distributed knowledge’ (Anning *et al.*, 2006).

In this modelling of distributed knowledge within integrated frontline services, acknowledging the complexity of *informal and formal processes* by which professionals learn new ways of working together is as important as analysing structural aspects. Informal processes can include workplace discussions over shared objects of reflection in co-located settings, formal events can include joint client-focused activities, planned discussion contexts in meetings, and training events. This theme is elaborated in section 4.7 on impacts of different process models of integrated working.

Another attempt to model the interprofessional dimension of integrated frontline work (Bruner, 1991) highlights that interdisciplinary collaboration between social workers and other professionals includes a number of process components:

- **Interdependence:** formal and informal time together, fluid communication
- **newly created professional activities:** for example, joint assessments
- **flexibility of roles:** *role-blurring, altering roles creatively*
- collective ownership of goals: *joint design of goals, shared accountability, decision making, implementation and achievement*
- **reflection on process:** supporting constructive disagreement and deliberation, thinking and talking about working processes, and incorporating feedback to strengthen collaborative relationships and effectiveness.

The approaches discussed above conceptualise how interprofessional processes involve not only role change but also knowledge redistribution. The process frameworks here can also be used to draw out implications for learning and skills development in integrated settings.

There are also implications for workforce reform in that the demands outlined above for deploying new roles and developing new knowledge require a new balance between professional and generic skills in the children's workforce (Anning *et al.*, 2006). Analysis (UEA, 2007) indicates that most emerging roles in children's trust pathfinders are in areas of management or parenting support. Roles are focused on:

- **mostly lower tiers:** early intervention, prevention
- **solving problems:** around families in crisis because of deprivation, substance misuse, mental health problems, and/or poor parenting.

There are said to be three main functions of new practices:

- **'problem resolution':** rapid response to social/health problems
- **signposting:** referring families to a wide network of services
- **gatekeeping:** diverting families away from over-worked level 4 services, in CAMHS teams and social services child protection teams.

With the development of the tiers of need and multi-agency approach, new workers are being employed above all at levels 1–2 and straying frequently to 3 (not 4). Scope exists for further analysis of the requisite balance between generic and specialist knowledge, and the range of interprofessional skills which are required for effective integrated working at the frontline level.

4.5 Challenges for process integration

A range of challenges for effective process integration can be mapped onto different process dimensions (Wheatley, 2006):

- **routine/procedural processes:** *assessment and information sharing* – securing time, understanding of roles, meeting training needs, achieving involvement of service users, confronting restrictive eligibility criteria for social care services
- **interprofessional processes:** *key working and lead professionals* – establishing and extending roles to cover a wider range of disabled children
- **capacity-building processes:** overcoming lack of capacity at children’s trust manager level.

At the operational, frontline level, ‘cultural’ differences among managers and professionals within different services have to be confronted (Jones *et al.*, 2004; Goodwin, 2006; DCSF, 2007), for example, concerning:

- different professional models for understanding the cause and scope of interventions (for example, a social model or a medical model) (Frost and Robinson, 2007)
- differing understandings of procedures and terminology: for example, understandings of tiers of need across services (UEA, 2007).

Another challenge for interprofessional work, in particular with co-located multi-agency teams where shared working practices are most tangible, concerns differing agency terms and conditions over employment, and line management (Anning *et al.*, 2006). At this level also dilemmas emerge over different organisational procedures and cultural values regarding confidentiality and database access, professional status differences, and concerns about loss of role, identity and professional expertise, that is, de-

skilling (Frost and Robinson, 2007). A concomitant challenge is the amount of emotional labour which can be required of professionals confronted with the contradictions, ambiguities, mistrust, and potential conflicts of accountability within partnerships which emerge when different cultural groups experience organisational and role change and learn to work together (Smith and Bryan, 2005).

4.6 Enablers of process integration

An enabling dimension towards process integration appearing in the literature is that there is interdependence between integrating interprofessional processes (that is, through joint activities/working procedures) and integrating system processes.

For example, in one model (Frost and Robinson, 2007), interprofessional integration through shared understandings of roles and goals can be developed through engaging with or developing integrated system processes:

- co-working to produce common information-sharing protocols
- co-working to reach better understandings of roles around defined workflow processes, for example, common assessments, care pathways.

A number of enablers of integrated *interprofessional processes* are suggested for joint working. These can be briefly summarised as follows:

Strategic level

- leadership attitudes and capacity at strategic level (Broadhead and Armistead, 2007; Atkinson *et al.*, 2002)
- continuity of personnel, career pathways and progression (Broadhead and Armistead, 2007).

Operational level

- physical proximity (working in the same building or locality-based working) (Jones *et al.*, 2004)
- co-participation/involvement to produce new procedures or documents leading to learning together and better understandings of roles (Frost and Robinson, 2007)

- effective information sharing as a means of enhancing joint professional practice (Miller and Stirling, 2004; DCSF, 2007)
- joint models, language and service delivery approaches (DCSF, 2007; Anning *et al.*, 2006)
- shared tasks (DCSF, 2007)
- shared models of practice goals, and principles (DCSF, 2007; Anning *et al.*, 2006)
- personalisation, for example, retention of specialism where roles change (Anning *et al.*, 2006).

4.7 Assessing process impact at different levels

The literature proposes that impacts of integrated working can be identified at different process levels, specifically those of system level processes, interprofessional processes and learning impacts. Key aspects of each level are summarised below.

Routine/procedural processes

The literature altogether posits a number of areas where routine system ‘impacts’ of increased integration can be identified which appear to be aspects of ‘process’ efficiency. Key areas are:

- System ‘process’ outcomes
 - speed and efficiency of decision making as an impact of joined-up assessment for children with complex health needs/disabilities (Boddy *et al.*, 2006)
 - speed of response from referral to assessment is quicker in integrated teams (Brown *et al.*, 2002)
 - improved information sharing with parents as an impact of integrated early education and childcare partnerships (Broadhead and Armistead, 2007)
 - improved information sharing between professionals as an impact of co-location (Frost and Robinson, 2007).

Interprofessional processes

Concerning interprofessional processes, mainly at the frontline service delivery level, impacts of increased integration through co-working and joint activities that have been identified can be grouped into a number of key areas: *role clarification, engagement, decision making, learning and communication*. The impacts across these areas are viewed in the literature as potentially involving both positive and negative dimensions, as summarised below:

- Interprofessional ‘process’ outcomes of integrated working:
 - **positives:** opportunities for knowledge exchange and co-learning, developing new professional identities, and increased engagement, greater speed/efficiency of communication, improved decision making, trust, and operational capacity to engage users and deliver services
 - **negatives:** anxieties over role and career, increased emotional labour, issues around information sharing and confidentiality.

A number of different conceptual frameworks have been presented to illuminate some of these processes. Resonantly, for exploring the ambiguity of interprofessional process, the concept of ‘emotional labour’ has been used for modelling the ‘emotional dimension of interaction in partnerships at different levels’ (Smith and Bryan, 2005). Emotional labour is a conceptual device to explore the ‘cultural’ feeling rules within an organisation required to sustain relationships that are often demanding and difficult; involving issues of trust, ambiguity and conflict within partnerships at different levels. The need to manage multiple relationships and tasks is engendered by the demands of new ways of working. New work systems and new multi-professional teams require modelling of and negotiating new roles, workplace identities and professional boundaries, which involves risk and emotional labour. ‘Doing’ emotional labour is affected by integration. In turn, the effects of emotional labour can be positive and negative:

- **positives:** improved task performance, heightened identification with an organisational role
- **negatives:** emotional dissonance and unrealistic expectations exacerbate stress and performance deficits.

Leadership, in this model, is seen as crucial to effective management of processes connected with organisational cultural change. Distributed leadership models can be facilitative towards meeting the complex interprofessional demands of partnerships (Smith and Bryan, 2005).

Learning impacts

A major dimension which is modelled as an interprofessional ‘process’ outcome of service integration and joint working is that of **learning**. This process has been modelled in literature which applies theories of joint activity and learning. For example, activity theory is used in several papers as a conceptual tool to model how changes in organisations can affect learning opportunities (Anning *et al.*, 2006; Frost and Robinson, 2007; Warmington *et al.*, 2004.) Activity theory literature emphasises the importance of viewing organisations as functioning systems of activity and focusing on the entire activity ‘*system*’ in collaborative, distributed work settings, including the object(s) of the system. With different types and degrees of organisation of integrated or joined-up frontline teams, in relation to specific objects (goals, outcomes, remits) of shared activity, different formats and patterns of co-working between professionals emerge.

Co-working, in activity theory, is viewed as a *learning process*, marked by tensions and contradictions, rather than an unproblematic ideal. However, the contradictions between understandings of knowledge and practice which emerge when professionals work together in new ways can be viewed as tools for expanding learning and practice (Warmington *et al.*, 2004; Engestrom *et al.*, 1997). Working across professional boundaries, professionals are challenged to become adept at operating within the discursive practices of colleagues, or hybrids of professional types/expertise might emerge at these points. ‘*Boundary objects*’, for example, a child’s care plan which is developed by a range of different professionals, are viewed as key tools for learning and reflection. The care plan assumes particular importance in the learning of these diverse professionals because it sits at the intersection between different professional practices or cultures.

In the activity theory model, learning occurs among professionals in frontline delivery teams through reflective processes of confronting difference. These processes have potentially positive and negative effects:

- **positives:** reflection on cultural and professional values, explanatory models and remits, reconsideration, expansion and positive realignment of understandings
- **Negatives:** increased workload and pressure on professionals through the demands of learning, confronting entrenched differences, and formalising new procedures.

4.8 Key points

- A range of models consider different processes of integration. The analysis of process in the literature considers the ordering of work activities across time and place, at different organisational levels.
- Some literature presents levels in a structure-focused way, (for example, governance, strategic, frontline) without conceptualising process. The ECM ‘onion’ model (UEA, 2007) includes process integration diagrammatically as one ‘level’ or layer. Other literature models process and structure at different levels.
- Process is not discussed consistently within the models, but analysis shows three main aspects of process recurring. These aspects are processes to do with the management of organisational change (capacity building and culture change), modelling routine/procedural processes, and modelling interprofessional joint activities.
- The consideration of change at different levels of integrated services is formalised in models of *collaborative capacity building*. Such models vary according to the extent to which they highlight bottom-up and/or top-down processes, and link capacity to strategic goals at specific levels.
- The literature modelling *routine or procedural processes* within fully functioning integrated services particularly highlights *frontline service delivery level* assessment and information-sharing processes.
- There is a need in newly integrated services for transformation of *interprofessional processes*, involving skills, knowledge, cultural attitudes and practice.
- The key skills highlighted for senior managers at strategic levels support network building, consensus building, and reflective decision making.

- At the operational frontline level, management skills for securing effective interprofessional working are required, concerning inter-disciplinary relationships, accountability and supervision.
- Different models of frontline working have implications for interprofessional work processes around role clarification, for example, new roles such as lead professionals, and understanding conceptual models of tiers of service.
- Some papers model ways in which interprofessional frontline work processes can contribute to opportunities for learning. Components include developing interdependence of roles, creating joint activities, for example, assessments, and reflection on processes and shared goals. Understanding formal and informal processes by which professionals learn at work together is as important as analysing structural preconditions.
- New roles demand a novel balance between professional and generic skills. Key roles are focused on lower tiers, prevention and early intervention.
- A range of challenges persist for effective process integration, for example: *routine processes* – assessment and information sharing – securing time, involvement of users, referrals – restrictive eligibility criteria for services, confidentiality, *interprofessional processes* – establishing and extending roles, confronting ‘cultural differences’, *capacity-building processes* – lack of capacity at children’s trust manager and senior levels.
- There is interdependence between integrating interprofessional processes and integrating system processes. Enablers of integrated interprofessional process can be identified at the strategic level: for example, establishing continuity of personnel, clear career pathways, and at the operational level: for example, physical proximity, effective information-sharing systems, shared goals and tasks, retention of key specialisms when roles change.
- Routine ‘process’ impacts of integration mainly seem to be aspects of process efficiency, for example, regarding decision making, rate of response from referral to assessment, and information sharing.
- Interprofessional ‘process’ impacts of integrated working encompass ‘positives’, including co-learning, engagement, improved decision making, trust, and operational capacity to engage users and deliver

services. Negatives can include: anxieties over role and career and information sharing. Doing 'emotional labour' is affected by integration and organisational culture change, with positive effects including: improved task performance. Less positive impacts include emotional dissonance that exacerbates stress and performance deficits.

- An important process impact of integration may be learning, modelled as occurring among professionals in frontline delivery teams through reflective processes of confronting difference. There are potentially positive effects around realignment of understandings, and risks of increased workloads, which have to be managed.

5 Reach of integration

This chapter explores the extent to which partnerships in children's services reach out to include agencies beyond local authority or other official departments of government. In particular, the chapter highlights the implications of the extent of this reaching out for the relations of power between partners. There is diverse terminology to describe how wide a partnership casts its net. The terms 'reach', 'penetration' and 'breadth' are all used in different contexts. Some of the literature refers to the inclusion of partners that would not normally be described as 'agencies'. The nature of their inclusion in the partnership, and the levels (see chapter 3 on levels) at which it is manifested, may vary greatly. The reader may not recognise some of the examples below as partnerships at all, but rather as purchaser/provider or service/client relationships. However, each example presents a model of what some identify as partnership working.

Throughout, this report addresses working relations between different partners. This section focuses entirely on the implications of widening the partnership to include whoever is deemed to be essential to the working relationship, irrespective of their size or status.

The following sections explore in turn:

- Who is included in the reach of partnership in integrated working?
- What are the barriers and enablers to the effective inclusion of this wider constituency?
- What are the impacts of widening the reach of partnership in integrated delivery of children's services?

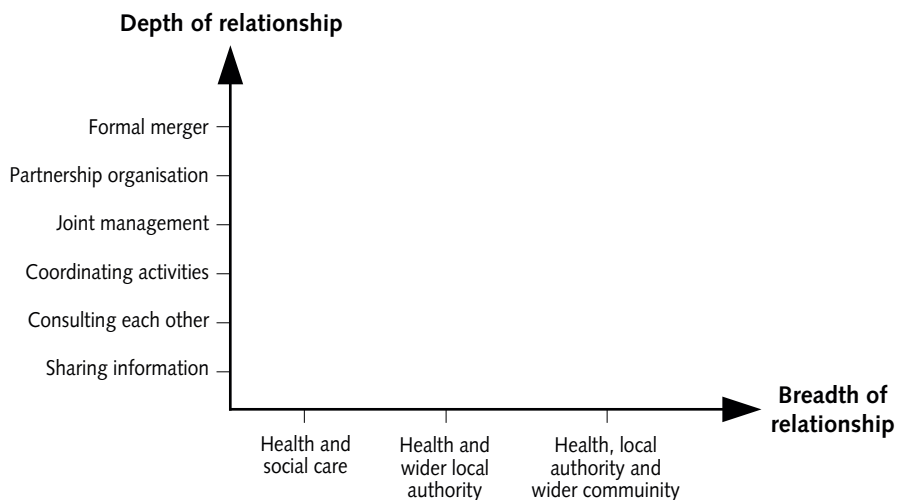
5.1 Who is included in the reach of partnership in integrated working?

Local government departments have worked together to deliver children's services since well before the Children Act 2004. This section looks at the extension of partnership beyond such departments and at how far the inclusion net is being cast.

Glasby and Peck (2006) propose a ‘depth and breadth’ model of integration (adapted from Peck 2002), which describes the depth of integration (discussed in chapter 2 on the extent of integration, section 2.5) and the range or breadth of partners who are included in the integrated activity or partnership.

The authors are addressing integrated care services for adults, but the model would appear to be relevant to children’s services, and indeed the authors make pertinent comparisons between the integration of governance of adult and children’s services. Depicted in a two-axis matrix (see Figure 5.1 below), the breadth of relationship axis includes ‘health and social care’, ‘health and wider local authority’, and ‘health, local authority and wider community’, each point on the axis indicating a wider breath of partnership.

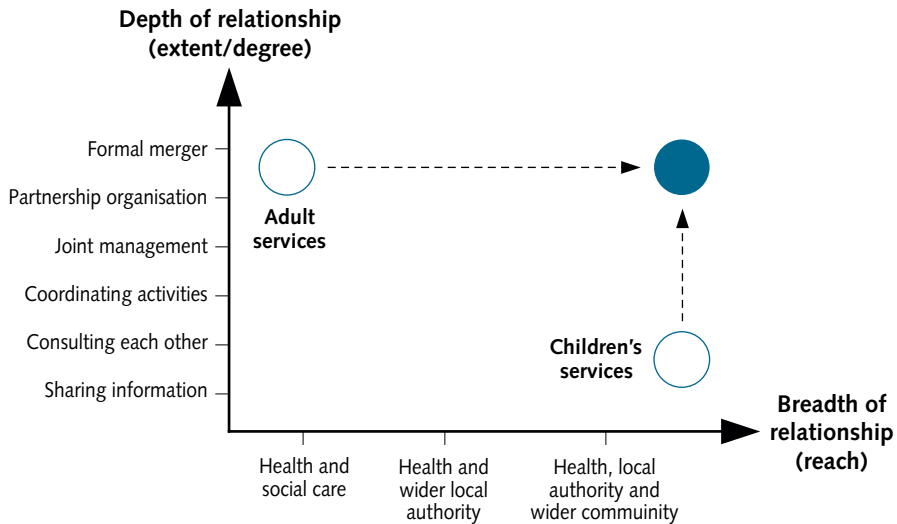
Figure 5.1 The ‘depth and breadth’ model of integration



Glasby and Peck, 2006, adapted from Peck, 2002

However, it is clear that the reach of partnerships could go much further, especially in relation to children’s services. Indeed, Glasby and Peck suggest that adult services and children services may be starting at different points, as shown in Figure 5.2.

Figure 5.2 The different start points for adult and children's services



Adult services have relatively close relationships (on the vertical/depth axis) between a few partners (often limited to health and social care) but with less of a track record of working with wider services (on the breadth axis), such as housing, transport, leisure or community safety. In contrast, children's services have tended to focus on a much broader range of potential partners (education, social care, health, youth offending, Connexions and so on), but have much less experience of more formal integration. This suggests that the challenge for children's services is to further develop the formal linkages between an already wide range of partners (presumably a process that may be developing as a consequence of the Children Act).

Thus the horizontal/breadth axis in a similar figure for children's services might extend beyond that set out by Glasby and Peck (for adult services) to include:

- the lead agency or department
- other departments or agencies (from local government, health, and so on)
- private organisations/suppliers
- third sector organisations/suppliers
- the community as users or representative bodies.

Position of service user/community in the model

The need for user ‘participation’ in partnership working has been urged for many years, with a particular focus on influencing ‘decision-making processes’ (Asthana *et al.*, 2002). Since ECM, the Children Act (2004) and the development of children’s trusts, more systematic efforts have been made to model the contribution which children and families might make, at different levels, to decision making in integrated services.

Although the ECM onion model (see section 3.1) places the user at the ‘centre’ of concentric ‘layered’ circles, the model only highlights outcomes for children, young people, parents, families and the community. By contrast, other papers also situate the service user within the model as a co-participant or ‘co-producer’ in shaping services and not solely an end-point user or ‘consumer’. While this re-conceptualisation clearly relates to the ‘reach’ of integration, it is a different approach to that of comparing the extent of participation *between services*.

Miller and Stirling (2004) describe what they call a co-production model in which parents, and indeed children, are seen as part of the partnership delivering care to children. They identify a continuum of user co-participation (‘co-production’) across ‘unsupported self-help’, ‘supported self-help’, ‘user-augmented servicing’, and ‘full-serviced’. It is emphasised that at the different levels, the model would give families and communities greater *rights* and also *responsibilities*. Their paper points out that the concept of co-production changes the focus of integration to encompass both service user and organisational resources, but needs to make explicit how much capital children and families are expected to contribute (for example, by way of the extent of self-help and their contribution to planning services).

Thus, one might choose to include parents, and indeed children, on the reach axis of the figures above. At what level they are active participants in the partnership-working processes is another issue (see chapter 4, section 4.3) but proponents of the co-production model make clear that the involvement of children and young people is not yet consistently accepted in *organisational cultures of practice* (Miller and McNicholl, 2003). Implementing far-reaching user engagement requires organisational culture change.

It may be questioned whether service users are, or should be, encompassed in the integration. Percy-Smith (2005) addresses the issue of representation. Partnerships may include the key actors (for example, local government departments), or may be composed entirely of professionals, but may also include community or user group representation. The research asserts that involving the voluntary sector, and children and families is one of the factors enabling successful integration of children's services. The use of the term 'representation' may be ambiguous and need not imply that users are included as members of the partnership, but more as having or making representations on or to it.

5.2 What are the barriers and enablers to the extended reach of inclusion in partnerships?

This section sets out barriers to wider inclusion in integrated working partnerships at the levels of governance (board level), operation and delivery. Again the focus is specifically on the implications of extending the breadth of inclusion in interagency partnership working irrespective of the size or status of those included.

At governance level

Smaller and less formal agencies may be included in the governance of integrated services. They may not be used to board activities, or constituted in a similar way to their new and larger partners. Edwards *et al.* (2006) identify two broad types of board. 'Stable' boards derive their authority from the already existing powerbases of their membership. These tend to be less able to encourage different and new priorities to emerge (for example, as needed in the field of children's services), or to promote respect for the values of other partners. 'Developing' boards derive their legitimacy from more open networks and through the engagement of stakeholders, including providers and service users. They pay more attention to strengthening networks in order to identify needs. While 'stable' boards might be less accommodating of new and smaller partners (or those further along the breadth axis above), thus risking the latter's withdrawal from active engagement, they may provide the very stability that better enables

accountability. They also tend to be more closely linked with key decision-making places, and are thus better able to protect their position and develop resources. ‘Developing’ boards may be very embracing and nurturing of smaller providers and users, and able to better access intelligence from them, but they may need to develop links with key decision making if they are to flourish.

At operational level

At the operational level, there are issues to address around power and developing inclusive procedures for facilitating involvement of other agencies and of users. There are also considerations around whether partnership should be limited, and whether other forms of participation are sometimes preferable within the continuum of inclusion.

The involvement of other agencies

The very different scale and function of partner agencies can also have implications at an operational level. Kemshall and Ross (2000) identify barriers to effective partnership, one being the power imbalance between the commissioning agency (in the case of their study, the probation service) and voluntary sector service providers (see also chapter 6, overarching issues). They point out that projects in the probation arena may involve agencies with different goals and traditions working together to deliver a project, but that the relationship may well be mainly one of funding. In such circumstances, the internal priorities of the fund holder may take precedence over collaborative aims, thus reducing the potential to fully exploit the contribution of the more minor partners (and so reducing the relationship to one of purchaser/provider). They suggest the following strategies if partnerships are to integrate common objectives and evaluation criteria in a way that enables the smaller or lower status partners to contribute effectively.

- Identify both the differences and points of commonality between the (lead) service and the project (partner).
- Evaluation should be participatory rather than imposed, and conducted in partnership.

- Use a quality model for partnership which informs activity at every point on the partnership continuum.
- Focus on appropriateness, effectiveness, acceptability, equity, and efficiency at planning, delivery and outcome stages.

Tunstall *et al.* (2007) note instances in which a power imbalance between partners led to referrals by the lead partner obtaining preferential treatment above referrals from more minor partners.

Allnock *et al.* (2006) assert that each partner has to be equally valued and that ‘status-inequality issues’ need to be overcome, for example, including those in relationships with health agencies (where hierarchies may be more significant), and taking account of resource sharing and weighting towards the lead partner. Instances were cited of the withdrawal of more minor partners because of this imbalance and of the failure to exploit the potential contribution of minor partners when an attitude of openness was not apparent.

The involvement of users

Involving parents in a partnership approach to delivering services to meet children’s needs may also require attention to procedures and relationships if barriers to effective working together are to be overcome.

Cooper (2004) asserts that working in partnership with the child and its family is implicit (though never explicitly stated) throughout the Children Act. (It may not be appropriate to refer to the involvement of parents as a ‘partnership’, but rather as ‘participation’.) Cooper argues how certain procedures (in this case the assessment of child protection needs) may militate against the inclusion of parents in a partnership approach to child protection. He refers to the ‘alienation of service users who are subject to the scrutiny of authorities responsible for public care’. He proposes ‘an alternative perspective of the child protection process ... which aims to be less threatening and to encourage inclusiveness of service users’ and cites a variety of research that shows many parents as alienated or excluded, and that genuine partnership is a relatively rare event. More specifically, Cooper sets out contradictions in the guidance for child protection practice between *Working Together to Safeguard Children* (DoH, 1999) and *The Framework for Assessing Children in Need and their Families* (DoH, 2000), asserting

that the latter takes a much more ‘working together’ approach than the former. Whether or not one regards the child and its family as part of the integrated working partnership, if one is to take a partnership approach that includes user groups, the procedures used will need to reflect that intention.

Broadhead and Armistead (2007) suggest that inclusiveness supports the development of non-hierarchical structures in integrated and holistic management groups. However, they report that partnership development places burdens on paid and unpaid workers and community members. Often volunteers are parents and new kinds of relationships between them and professionals need to be nurtured.

Much of what has been set out above is fundamentally about recognising and addressing the impact of imbalance of power in partnership working, an imbalance that is likely to be exacerbated the wider the reach of the partnership in including smaller and ‘weaker’ (in the sense of financial, political and organisational power) members.

Limiting inclusion

Some partnerships may prefer not to include smaller agencies and/or users, but instead to relate to them in what they deem to be other appropriate ways. Asthana *et al.* (2002) state that good partnership depends on limiting the number of partners involved to avoid unmanageability. But this may mean exclusion of some groups from the partnership. For users, this needs to be balanced by involving user groups (young people, carers and so on) in decision making. Thus, while not being part of the partnership itself, these young people contribute from beyond the further edge of the partnership, as participants rather than partners. (Incidentally, the paper also notes the potential for greater involvement of frontline staff in decision making.)

Those managing interagency and partnership activities may wish to consider the relationship between the two concepts of partnership and participation. While not an agency, parents may well be deemed to be agents for the well-being of their children and therefore may be considered for inclusion on the breadth axis of Figure 5.2 above. The concept of co-production would suggest that this is a logical extension of the breadth/reach axis of partnership, especially given the increased importance currently being

attached to the views of parents and children in policy making and service delivery. Whether or not parents are formally included in partnerships, they are increasingly perceived as partners and participants rather than as the recipients of services, and as such would now seem to be firmly on the continuum of inclusion.

5.3 What are the impacts of broadening the reach or penetration of partnerships?

The literature does not uniformly assume that a greater reach or breadth of participation is inevitably positive in its impacts or effects. There are claims of benefit in the literature, some of which explains that it is often too early to identify evidence of positive impacts from wider inclusion in partnerships. The following types of impact will be addressed in turn:

- accessibility
- trust
- accountability.

Accessibility

Bell (2007) studied community-based parenting programmes and suggests that the greater breadth of the partnerships resulted in an increased take-up of services because it avoided the stigmatisation of parents having to relate only to social services and other official departments.

This view was echoed in Tunstill *et al.* (2007) who noted the dominance of a main funder, in this case Social Services, and the value of partnering with other agencies in order to make access more palatable for families suspicious of Social Services motives.

Sullivan *et al.* (2002) suggest that broadening the reach of partnerships (especially to community groups) can positively affect decision making, intelligence gathering, public information and delivery.

Trust between partners

Several research papers referred to the effect that the breadth of the partnership might have in nurturing trust between members of interagency partnerships. Percy-Smith (2005) refers to the importance of the trust that may be generated between agencies, which itself can lead to willingness to take risks, enhanced potential for innovation, and improved outcomes. Broadhead and Armistead (2007), studying community partnerships that integrate child care and early education, found that knowing and trusting each other, the partners passed valuable information on to parents. Parents valued this mutual knowledge, suggesting that an integrated partnership can raise parents' awareness of choices available in the services on offer.

However, research also identifies some negative impacts of extending the reach of partnerships.

Accountability

Asthana *et al.* (2002) explored partnership working as implemented through Health Action Zones. While an increased reach in partnerships may generate greater involvement, democracy and potential to respond to user needs, it may undermine accountability. Larger individual agencies in the partnership are likely to have formal and established procedures for accountability, which may not be shared with smaller or less 'official' partners. Sharing and reconciling upwards accountability requirements may prove difficult. It may also render horizontal accountability (as between agencies) difficult. Glasby and Peck (2006) suggest that when making decisions about the breadth of partnerships, the issue of legitimacy and accountability need to be addressed 'up front'.

Thus the sheer number of members, and their disparate sizes, budgets and modes of governance may create accountability problems, which may need to be directly addressed if any negative impacts of wider partnerships are to be pre-empted.

5.4 Key points

- The development of partnership working in children's services has brought agencies and organisations of varying size and status into direct working and decision-making relationships with the major departments of national and local government.
- This is now extending to the involvement of users, either as partners or participants in the process, with the distinction between these two identities becoming unclear.
- Concepts such as co-production suggest that the inclusion of parents and children is a logical and beneficial extension of the reach of partnership.
- Where inclusion in partnership working has been widened in this way, care needs to be taken that the power imbalance inherent in such widening will not negate this wider inclusion.
- At the level of governance, some boards appear to be better suited to successfully managing and capitalising on this wider inclusion by encouraging and enabling new priorities to emerge and respecting the values of other partners. But they may have weaker links with other decision makers through which to further develop resources.
- At an operational level, the perspectives and goals of less powerful partners may be overridden by the internal priorities of fund-holding agencies, leading to a failure to exploit their potential contributions, or even to their withdrawal.
- At the level of user involvement, procedures may be such that they alienate the parent rather than involving them in partnership. However, users may also become alienated if too much is required of them by way of investment in the partnership.
- Sometimes it may be deemed inappropriate to widen inclusion in partnerships to avoid unmanageability, in which cases alternative means of involving some groups in decision making may be needed.
- The distinction between partnership and participation, and the application of each concept in specific circumstances, needs careful consideration.

- Some of the beneficial impacts of widening inclusion in partnership working are deemed to be increased accessibility of services and increased trust within the partnership.
- However, wider partnership may have a negative impact on accountability, both horizontally between partners and vertically where established procedures for accountability and modes of governance may be challenged.

6 Overarching issues

This chapter focuses on some of the overarching issues to do with integration of services and, in this way, it pulls together some of the overarching themes and points which have been raised throughout the report. Whilst chapters 2-5 have included a discussion of specific challenges, enablers and impacts associated with particular models of extent, levels, processes and reach of integration, this chapter takes a more holistic view, and synthesises and provides an overview of key challenges, enablers, and impacts arising from the literature concerned with models of integration.

6.1 Challenges

A number of overarching general challenges or factors that hinder moves towards integrated working/multi-agency working are commonly identified within the literature. More recently, the challenges commonly identified across the range of literature have been grouped by Allnock *et al.* (2006) into three key areas. The majority of overarching challenges cited within the literature can be grouped under these headings. The three key areas are:

- contextual barriers and political climate
- organisational challenges
- cultural issues.

Contextual barriers and political climate

A number of issues to do with the political climate were raised within the literature, including changes in political steer, financial uncertainty, agency re-organisations and the organisational change climate (e.g. Allnock *et al.*, 2006; Asthana *et al.*, 2002; Atkinson *et al.*, 2002; Boddy *et al.*, 2006; Bronstein, 2003; Cole, 2003; DCSF, 2007; Edwards *et al.*, 2006). Boddy *et al.* (2006), for example, report that legislative barriers and mandatory guidance have blocked the process of integrated assessment. Edwards *et al.* (2006) report that the capacity of boards to give strategic leadership was influenced by turbulence surrounding the future of an initiative. According

to Goodwin (2006), constant reform leads to slow progress in developing new partnerships and there is a need for system stability. The UEA (2007), talking about children's trust pathfinders, reports that implementation of models by operational managers is threatened by shifting policy priorities and agency restructuring. The UEA also highlights the tensions between the integrative model in ECM and pressure for change in individual services, for example, the National Service Framework in health and the white paper encouraging school autonomy within education. Also, Anning *et al.* (2006) state that there are contradictions at policy level and individual services are still 'ploughing their own furrow'.

The local context can generate additional challenges to integrating services. Local needs can be at odds with meeting national priorities and there can be conflicting internal priorities between agencies (Asthana *et al.*, 2002; Goodwin, 2006; Tunstill *et al.*, 2007). Specific local characteristics can be influential, for example, rurality can generate additional costs regarding building and sustaining networks (Asthana *et al.*, 2002). There can also be local issues of lack of coterminosity between agency boundaries, for example, between PCTs and local authority boundaries, which can create significant obstacles to working across agencies (e.g. Allnock *et al.*, 2006).

Organisational challenges

The literature also referred to the organisational challenges associated with agencies having different policies, procedures and systems which do not blend (e.g. Allnock *et al.*, 2006; Atkinson *et al.*, 2002; DCSF, 2007). According to Miller and McNicholl (2003), work on integrating whole systems is less well developed than lower level integration. There is a need to overcome differences in organisational processes, such as in planning. Different models of working and different working practices have to be reconciled, for example, different ways of working in relation to the confidentiality of personal data (DCSF, 2007) and differing roles within the assessment procedure (Tunstill *et al.*, 2007). Issues to do with information sharing were particularly prevalent within the literature. Anning *et al.* (2006) highlight the difficulties with information sharing, with agencies not all collecting the same data because of their different remits and the huge

challenge involved in integrating information-sharing systems because of the professional, technical and ethical obstacles involved. The UEA (2007) points to the discomfort among practitioners about information sharing, for example, due to confidentiality issues. According to Boddy *et al.* (2006), the extent to which procedures vary across agencies or are harmonised is an important variable in determining success. Bringing about structural changes also presents major challenges (Wheatley, 2006). Goodwin (2006), for example, refers to problems of aligning organisational and jurisdictional boundaries and budgets and different approaches to the management of funding. Glasby and Peck (2006) state that it is important to be aware of the need to achieve settlement between the disparate organisational forms.

Cultural issues

There are cultural and professional obstacles, for example, tendencies towards negative assessment and professional stereotyping, as well as different professional beliefs (e.g. Allnock *et al.*, 2006; Asthana *et al.*, 2002; Atkinson *et al.*, 2002). According to Tunstill *et al.* (2007), differing levels of qualification and experience can lead to conflicting views. Cole (2003) talks about the need for cultural convergence, for example, the reconciliation of the social and medical models of care. Warmington *et al.* (2004) state that different professional cultures/values can be conceptualised in different ways and there is a need for agencies to learn interagency working and for analysis of interagency working as ‘a learning process with tensions and difficulties as well as insights and innovations’. According to Wheatley (2006), bringing about such cultural change presents major challenges and Goodwin (2006) points to the persistence of different professional cultures. Boddy *et al.* (2006) highlights the need to challenge current cultures and to shift to a more person centred approach. The organisational ethos, for example, the dominance of one agency over others, can frustrate other partners. According to Asthana *et al.* (2002), this requires strong efforts on the part of the dominant agency to develop partnerships. See chapter 5, section 5.2, which examines the reach of integration, for more discussion about imbalances of power within such partnerships.

In addition to these overarching areas covered by the typology of Allnock *et al.* (2006), two further aspects relating to challenges emerged from within the literature examined. These related to:

- ensuring commitment
- involving children and families.

Ensuring commitment

Ensuring commitment, particularly at strategic level, was also commonly cited as a key challenge. The need for commitment from key strategic managers and budget holders was stressed within much of the literature (e.g. Atkinson *et al.*, 2002; DCSF, 2007; UEA, 2007). According to Tunstill *et al.* (2007), explicit commitment to the partnership/integration is required and there are likely to be different levels of buy-in, so some agencies/individuals may require additional nurturing to engage them. According to Bell (2007), where managers do not experience integrated working as part of their core work, integrated working/joint working can be vulnerable to changes in work priorities and real ownership may not be embedded. Bronstein (2003) also highlighted the personal investment which may be involved.

Involving children and families

The literature examined also referred to challenges associated with involving children and families meaningfully in integrated service delivery. According to Anning *et al.* (2006) and Edwards *et al.* (2006), there is still little evidence of service user involvement or their role is limited in terms of integrated service development. Edwards *et al.* (2006), when sharing lessons learned from the Children's Fund, argue for more active involvement of children and families and state that the strategic role of children and families was limited, at best, to informing targeting and commissioning. The UEA (2007) also highlights the variable involvement of children and families. Rummery and Glendinning (2000) state that, within service redesign, it is not yet accepted culture in practice to involve children and families, and individual services have arrangements for user involvement which do not fit together. They therefore view the need to involve patients/users as a challenge. The involvement of children and families is discussed in more depth in chapter 5 section 5.1 in relation to the reach of integration.

6.2 Enablers

This section explores the enablers associated with the development of integrated services identified within the literature. There was common agreement amongst authors regarding the key enablers. These included:

- clarity of purpose/recognised need
- commitment at all levels
- strong leadership and management
- relationships/trust between partners
- understanding and clarity of roles and responsibilities.

Clarity of purpose/recognition of need

There was a view that stakeholders must be clear about the basis of their involvement in partnership working, and there must be a clear recognition of the need for this (though motivations may differ, affecting strength and sustainability of partnerships), for example, for better use of resources, avoiding duplication or meeting key aims (e.g. Allnock *et al.*, 2006; Asthana *et al.*, 2002). Continuing success is more likely where arrangements are based on a coherent and clear long-term vision and the focus in individual services is on compatible goals (Percy-Smith, 2005; UEA, 2007). Common aims must be established and there must be collective ownership of goals (e.g. Atkinson *et al.*, 2002; Bruner, 1991; Wheatley, 2006). Okell (2001), for example, states the need for clear goals and objectives with regard to the need for better services, and Miller and McNicholl (2003) also argue the need for clarity around shared objectives, for example, integration of services around schools aimed at raising attainment or aimed at improving outcomes for families and local communities.

Commitment at all levels

Many authors argue the need for a deep commitment of staff to integrated working (Allnock *et al.*, 2006; Asthana *et al.*, 2002; Atkinson *et al.*, 2002; DCSF, 2007). According to Bruner (1991), the interdependence involved in collaboration or integration requires strong commitment. There must be

commitment to the vision of integration throughout organisations (Okell, 2001). Strategic commitment is required to ensure adequate funding and resources (Atkinson *et al.*, 2002; Asthana *et al.*, 2002). According to Noaks *et al.* (2003), the provision of resources and support at strategic level demonstrates commitment to genuine partnership engagement. Buy-in to all the core concepts is important and there must be senior strategic management ownership of the vision and pooled budgets to ensure it works (Boddy *et al.*, 2006; Cole, 2003). According to Edwards *et al.* (2006), the capacity of boards to give strategic leadership is crucial and significant effort needs to go into building collaborative capacity at strategic level. The UEA (2007) also states that national policy drivers and the enthusiasm of local change agents are necessary.

Strong leadership and management

Strong leadership and management are vital to success (Atkinson *et al.*, 2002; DCSF, 2007; Percy-Smith, 2005). According to Smith and Bryan (2005), supportive leadership work can establish and model the emotional tone for professionals and leaders need to be aware of the emotional processes around change, and create systems to manage the consequences of change. This places high emotional demands on leaders especially with regard to the management of change. Smith and Bryan argue therefore that the concepts of emotional labour and emotional intelligence are important in new management and leadership roles associated with the development of partnerships. Similarly, Wheatley (2006) advocates the need for dedicated posts for developing capacity for change and establishing inclusive change management processes. Anning *et al.* (2006) state that modelling is needed for developing the cadre of leadership required and a national professional qualification in integrated centre leadership which draws on the reflective practitioner model. According to the UEA (2007), effective multi-level visible leadership is an enabler of success, as well as effective operational management, as leaders are required to manage complex interdisciplinary relationships, accountability and supervision. In addition to the key leadership roles, the literature also cited the need for ‘champions’ of integrated working although, as Boddy *et al.* (2006) highlight, where integrated services are reliant on the drive and motivation of one key personnel, this raises questions about sustainability. Friedman’s (2006)

outcome-focused model highlights focusing on outcomes to help change the culture of an organisation and achieving sustainable change through the wider involvement of communities.

Relationships/trust between partners

The need for strong personal relationships, trust and respect amongst partners was also highlighted (e.g. Allnock *et al.*, 2006; Asthana *et al.*, 2002; Bronstein, 2003; DCSF, 2007; Okell, 2001). Noaks *et al.* (2003) note the importance of trust between professional groups, the sharing of skills and expertise and a willingness to be honest about gaps in their knowledge. Bruner (1991) adds that reflection on process is important and this requires thinking about working relationships and processes and incorporating feedback to strengthen collaborative relationships and their effectiveness. Smith and Bryan (2005) also point to the relationships required to sustain partnerships. They argue that certain processes are required to manage ambiguity and conflict, promote trust and contain anxiety between partners. Notions of ‘emotional labour’ may help the understanding of these processes and are important to partnership working.

The process of relationship building and engendering trust requires a realistic time frame (Wheatley, 2006). Models of new ways of working highlight a joined-up attitude which involves trust and entails a self-reflective attitude and enthusiasm for collaborative working (Boddy *et al.*, 2006). Linked to this, a number of authors stated that a history of working together and earlier positive experiences of collaboration are instrumental in success (e.g. Bronstein, 2003; Boddy *et al.*, 2006). The establishment of a genuinely integrated service is the culmination of long-standing and well-planned collaborative activity (UEA, 2007).

Understanding and clarity of roles and responsibilities

The understanding and clarity regarding roles and responsibilities was also identified as important (Atkinson *et al.*, 2002; Wheatley, 2006). The need for role clarification is required, for example, clarification of the role of the lead professional, which may vary across local authorities (UEA, 2007). According to Bruner (1991), the interdependence involved in collaboration

requires solid professional identities and clear roles. Flexibility requires that relationships are less hierarchical, and for roles to be dependent on the needs of the organisation, the situation, professional colleagues, client and family, as well as professional training. Bronstein (2003) states that collaboration requires a strong sense of values and allegiances, and a balance of strong role allegiances may be called for between professions. Competent professional roles also require reciprocal respect regardless of formal status.

A number of other enabling factors were cited by other literature sources. These included: involving the relevant people, effective structures, systems and procedures, good communication and joint training. Whilst some authors pointed to the need to put effective structures in place, there is a view that efforts with regard to integrated services are likely to flounder if they rely solely on restructuring (e.g. Dartington Social Research Unit, 2004). This view is supported by the outcome-focused approach proposed by Friedman (2006) which would suggest that structural changes are only necessary where they are likely to impact on outcomes. The Dartington Social Research Unit states that restructuring should follow careful consideration of three factors: the needs of children, the types of services required to meet those needs, and the experience and skills required of staff, along with their physical location.

6.3 Impact

Despite the lack of consistent evidence for outcomes related to integration, outcomes for service users, professionals and services are identified within the literature.

Impact for service users

Where there have been indications of improved outcomes for service users, these have focused mainly on: improved access to services and a speedier response (Atkinson *et al.*, 2002; Brown *et al.*, 2002; Dartington Social Research Unit, 2004; Tunstill *et al.*, 2007), better information and communication from professionals (e.g. Broadhead and Armistead, 2007; Brown *et al.*, 2002), increasing involvement of service users and wider communities (Fox and Butler, 2004; Miller and McNicholl, 2003), a holistic

approach and improved outcomes, such as maintenance in the home setting and improved attainment (Atkinson *et al.*, 2002; Miller and McNicholl, 2003; Tunstill *et al.*, 2007).

Impact for professionals

The outcomes for the professional involved in integrated working, where identified within the literature, centred on a better understanding of the issues, a better understanding of other agencies, but also an increased workload.

By having access to a broader perspective, professionals gained a better understanding of the issues and therefore a better understanding of children's needs (Atkinson *et al.*, 2002; Boddy *et al.*, 2006). In addition, closer working was said to lead to increased understanding and trust between agencies (e.g. Atkinson *et al.*, 2002). It was reported that this could lead to willingness to take risks and enhanced potential for innovation and improved outcomes (Percy-Smith, 2005). According to Tunstill *et al.* (2007), this could involve co-learning of various sorts, for example, sharing skills, understanding and awareness.

The literature also cited increased demands and pressures on individual agencies as an impact of multi-agency working (Atkinson *et al.*, 2002). According to Boddy *et al.* (2006), joined-up work was an add-on to a professional's workload. There was reported to be insufficient time for negotiation and information exchange, as well as lack of adequate administrative support (Bronstein, 2003).

Impact for services

The benefits for services, according to the Miller and McNicholl classification, (2003) centre primarily on two main areas: quality, and efficiency.

Improvement in **quality** was said to be about improving service user experience (for example, reduced multiple assessments, more responsive mainstream services, improved access to specialist services, reduced waiting times, providing information and advocacy, empowering children and families (Miller and McNicholl, 2003), and through improving service

quality with the delivery of more seamless services (Fox and Butler, 2004). Percy-Smith (2005) states that partnerships will result in more effective services as a result of clearer identification of service gaps, improved integration and the overcoming of fragmentation, involvement of the community and service users, and the harnessing of resources of individual partners (for example, financial resources, skills, information, political access and people). They should also result in services that are more integrated from the point of view of citizens or service users.

It is suggested that improved communication, improved staff understanding of different sectors and networks, as well as improving customer access to information contribute to greater service **efficiency** (Miller and McNicholl, 2003). Partnerships will eliminate contradictions or tensions between policies, programmes or interventions, which will result in more efficient deployment of resources through the elimination of duplication, sharing of overheads, securing better value for money and achievement of economies of scale (Fox and Butler, 2004). Boddy *et al.* (2006) note that models of joined-up services need to take into account cost-effectiveness. Larger-scale savings (for example, reduced out of county placements) are likely to reflect longer-term cumulative effects of integrated assessments and care planning, and more efficient decision making.

At a general level, holistic approaches to tackling social and economic issues that cut across the spheres of influence of a number of different organisations lead to greater impact on broader social policy objectives (Fox and Butler, 2004). As an example of wider-scale impact in cross-cutting areas, another outcome cited within the literature by a few sources was the **devolution of solution development**, often through the promotion of local problem solving based on some form of local needs analysis (Fox and Butler, 2004). Partnerships may **build capacity** to resolve policy problems, either through providing access to additional resources through grant regimes or leverage, or through improving the flow of ideas and cooperation between stakeholders (Percy-Smith, 2005). According to Cole (2003), integration allows the bringing of perspectives of another agency to shed light on otherwise intractable issues.

Finally, a few other benefits were also identified. These included greater focus on **prevention and early intervention** (Atkinson *et al.*, 2002) and greater

reliance on **evidence-based practice**, thereby focusing on targeting conditions that affect families' and communities' ability to care for children (Miller and McNicholl, 2003).

7 Conclusions

The findings of this report contain some significant messages for the future, concerning the proliferation of models, the contextual variety and the complexity of integration, the time factors underlying transformational organisational change, and obtaining evidence of impact.

The sheer scope and variety of models which conceptualise aspects of integration has been illustrated in each of the chapters on the extent, structures, processes and reach of integration. This variety reflects the context dependency of integration. Service integration is being progressed in different ways for different localities and for different service user groups. There is no one-size-fits-all model which can be applied ubiquitously. Models simplify integration to the extent that they flatten out the contextual dimension.

The findings also indicate the complexity of integration. Each of the major dimensions of extent, structures, processes and reach have been analysed to show that service integration is intricate and multi-faceted. Progress along one dimension is not necessarily accompanied by progress at the same rate along another dimension.

Given the range of contextual factors which have to be taken into account when implementing change programmes and the complexity of integration across the different dimensions, achieving extensive organisational integration is not a quick process. Transformational change involves major shifts in organisational culture and practice, calling for strong leadership and extensive local embedding, so that some aspects of integration (for example, around capacity building and cultural transformation, and local joint working tools and processes) may take root more slowly than others (for example, around structures).

It is not surprising then that evidence of impacts of integration takes time to accumulate. Some impacts on service dimensions, such as process efficiency, have been identified for different models of implementation, while impacts on service users take longer to identify using robust evaluation methods. It is suggested that the four major dimensions for analysis presented in this

report (extent, structures, processes and reach) can be used to construct a matrix which should provide a useful toolkit for local authorities to seek more empirical evidence to analyse their own progress in specific areas of integration.

Appendix 1 Definition of terms relating to multi-agency activity

- **Joined-up:** deliberate and coordinated planning and working, takes account of different policies and varying agency practice and values. Reference can be to joined-up thinking, 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. A service is provided by agencies acting in concert and drawing on pooled resources or pooled budgets.
- **Multi-professional/multi-disciplinary working:** working together of staff of different professions, background and training.
- **Interagency working:** more than one agency working together in a planned and formal way.
- **Cross-boundary working:** agencies working together in 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 and urban regeneration.
- **Integration:** agencies working together within a single, often new, organisational structure.
- **Networks:** informal contact and communication between individuals or 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.
- **Cooperation:** informal relationships between organisations designed to ensure that organisations can pursue their own goals more effectively.
- **Coordination:** more formal mechanisms to ensure that organisations take account of each other’s strategies and activities in their own planning.

- **Partnership:** ‘two or more people or organisations working together towards a common aim’ (Leeds Health Action Zone 2002, cited in Townsley *et al.* 2004).

Source: Percy-Smith (2005) unless otherwise stated.

Appendix 2 Search strategy

A range of different databases were searched. Search strategies for all databases were developed by using terms from the relevant thesauri (where these were available), in combination with free text searching. The same search strategies were adhered to as far as possible for all the databases.

The key words used in the searches, together with a brief description of each of the databases searched, are outlined below. Throughout, (ft) has been used to denote free-text search terms.

Applied Social Sciences Index and Abstracts (ASSIA)

ASSIA is an index of articles from over 600 international English language social science journals. The database provides unique coverage of special educational and developmental aspects of children.

- #1 Agency cooperation
- #2 Interagency or Inter Agency
- #3 Multiagency or Multi Agency
- #4 Partnership or Partnerships
- #5 Collaboration
- #6 Interagency collaboration
- #7 Integrated working or Integrated services
- #8 #1 or #2...or #7
- #9 Theory
- #10 Evaluation
- #11 Models
- #12 Theoretical frameworks
- #13 #9 or #10...or #12

- #14 #8 and #13
- #15 Children's Services
- #16 Every Child Matters or ECM
- #17 Children's Trusts
- #18 Sure Start
- #19 Youth Services or Young People's Services
- #20 Education
- #21 #15 or #16... or #20
- #22 #21 and #13
- #23 Social Services
- #24 Voluntary Sector
- #25 #23 or #24
- #26 #25 and #13

British Education Index (BEI)

BEI provides bibliographic references to 350 British and selected European English-language periodicals in the field of education and training, plus developing coverage of national report and conference literature.

- #1 Agency cooperation
- #2 Interagency or Inter Agency (ft)
- #3 Multiagency or Multi Agency (ft)
- #4 Partnership (ft) or Partnerships (ft)
- #5 Collaboration (ft)
- #6 Interagency collaboration (ft)
- #7 Integrated working (ft) or Integrated services (ft)
- #8 #1 or #2...or #7
- #9 Theory
- #10 Evaluation

- #11 Models
- #12 Theoretical frameworks (ft)
- #13 #9 or #10...or #12
- #14 Children's Services (ft)
- #15 Every Child Matters (ft) or ECM (ft)
- #16 Children's Trusts (ft)
- #17 Sure Start (ft)
- #18 Youth Services (ft) or Young People's Services (ft)
- #19 #14 or #15...or #18
- #20 #19 and #13
- #21 Social Services
- #22 Voluntary Sector (ft)
- #23 #21 or #22
- #24 #23 and #13

ChildData

ChildData is produced by the National Children's Bureau. It encompasses four information databases: bibliographic information on books, reports and journal articles (including some full text access), directory information on more than 3000 UK and international organisations concerned with children, Children in the News, an index to press coverage of children's issues since early 1996, and an indexed guide to conferences and events.

- #1 Interagency relations
- #2 Multiagency
- #3 Partnership
- #4 #1 or #2 or #3
- #5 Theory
- #6 Evaluation

- #7 Models
- #8 #5 or #6 or #7
- #9 #4 and #8
- #10 Children's Services
- #11 Every Child Matters
- #12 Children's Trusts
- #13 Sure Start
- #14 #10 or #11 or #12 or #13
- #15 #14 and #8
- #16 Social Services
- #17 Voluntary Sector
- #18 #16 and #17
- #19 #18 and #8

International Bibliography of the Social Sciences

- #1 Agency cooperation (ft)
- #2 Interagency (ft) or Inter Agency (ft)
- #3 Multiagency (ft) or Multi Agency (ft)
- #4 Partnership (ft) or Partnerships (ft)
- #5 Collaboration (ft)
- #6 Interagency collaboration (ft)
- #7 Integrated working (ft) or Integrated services (ft)
- #8 #1 or #2...or #7
- #9 Theory
- #10 Evaluation
- #11 Models

- #12 Theoretical frameworks (ft)
- #13 #9 or #10...or #12
- #14 #8 and #13
- #15 Impact
- #16 Evidence
- #17 #15 or #16
- #18 #17 and #14
- #19 Children's Services
- #20 Every Child Matters or ECM
- #21 Children's Trusts
- #22 Sure Start
- #23 Youth Services or Young People's Services
- #24 #19 or #20...or #23
- #25 #24 and #13
- #26 Social Services
- #27 Child protection services (ft)
- #28 Family support workers (ft)
- #29 Transitional services (ft)
- #30 Foster care (ft)
- #31 Social care provision (ft)
- #32 Child guidance (ft)
- #33 Social care provision (ft)
- #34 Community care (ft)
- #35 Children and families social workers (ft)
- #36 #26 or #27...or #35
- #37 #36 and #13
- #38 Voluntary Sector (ft)
- #39 Community Sector

- #40 Third Sector
- #41 #38 or #39 or #40
- #42 #41 and #13

Social Care Online

This database, compiled by the Social Care Institute for Excellence (SCIE), provides information about all aspects of social care, from fostering, to mental health and human resources.

- #1 Interagency cooperation
- #2 Multiagency
- #3 #1 or #2
- #4 Theory
- #5 Models
- #6 Evaluation
- #7 Theoretical frameworks
- #8 #4 or #5... or #7
- #9 #3 and #8
- #10 Children's Services
- #11 #10 and #8

Social Policy and Practice

This database covers public and social policy, public health, social care, community development, mental and community health, homelessness, housing, crime, law and order, families, children and older people. Content is from the UK with some material from the USA and Europe. A significant number of the references are to grey literature and UK government publications.

- #1 Agency cooperation
- #2 Interagency or Inter Agency

- #3 Multiagency or Multi Agency
- #4 Partnership or Partnerships
- #5 Collaboration
- #6 Interagency collaboration
- #7 Integrated working or Integrated services
- #8 #1 or #2...#7
- #9 Theory
- #10 Evaluation
- #11 Models
- #12 Theoretical frameworks
- #13 #9 or #10... or #12
- #14 #8 and #13
- #15 Children's Services
- #16 Every Child Matters or ECM
- #17 Children's Trusts
- #18 Sure Start
- #19 Youth Services or Young People's Services
- #20 #15 or #16...or #20
- #21 #20 and #13
- #22 Social Services
- #23 Child protection services
- #24 Family support workers
- #25 Transitional services
- #27 Social care provision
- #28 Child guidance
- #29 Social care provision
- #30 Community care
- #31 Children and families social workers

- #32 #22 or #23...or #31
- #33 #32 and #13
- #34 Impact
- #35 Evidence
- #36 #34 or #35
- #37 #33 and #36
- #38 Voluntary Sector
- #39 Community Sector
- #40 Third Sector
- #41 #38 or #39 or #40
- #42 #41 and #13 and #36

References

Allnock, D., Akhurst, S., Tunstill, J. and National Evaluation of Sure Start Research Team. (2006). 'Constructing and sustaining Sure Start Local Programme Partnerships: lessons for future inter-agency collaborations', *Journal of Children's Services*, **1**, 3, 29–38.

Anning, A., Cottrell, D., Frost, N., Green, J. and Robinson, M. (2006). *Developing Multiprofessional Teamwork for Integrated Children's Services*. Maidenhead: Open University Press.

Asthana, S., Richardson, S. and Halliday, J. (2002). 'Partnership working in public policy provision: a framework for evaluation', *Social Policy and Administration*, **36**, 7, 780–795.

Atkinson, M., Jones, M. and Lamont, E. (2007). *Multi-Agency Work and its Implications for Practice: a Review of the Literature*. Reading: Centre for British Teachers (CfBT) Education Trust [online]. Available: <http://www.cfbt.com/evidenceforeducation/pdf/New%20in%20template%202.pdf> [17 April, 2008].

Atkinson, M., Wilkin, A., Stott, A., Doherty, P. and Kinder, K. (2002). *Multi-Agency Working: a Detailed Study* (Local Government Association (LGA) Research Report 26). Slough: NFER.

Bell, M. (2007). 'Community based parenting programmes: an exploration of the interplay between environmental and organisational factors in a Webster Stratton project', *British Journal of Social Work*, **37**, 1, 55–72.

Boddy, J., Potts, P. and Statham, J. (2006). *Models of Good Practice in Joined-up Assessment: Working for Children with Significant and Complex Needs*. London: Thomas Coram Research Institute.

Broadhead, P. and Armistead, J. (2007). 'Community partnerships: integrating early education with childcare', *Children and Society*, **21**, 1, 42–55.

Bronstein, L. (2003). *A Model for Interdisciplinary Collaboration*. Washington, DC: National Association of Social Workers.

Brown, L., Tucker, C. and Domokos, T. (2002). 'Evaluating the impact of integrated health and social care teams on older people living in the community', *Health and Social Care in the Community*, **11**, 2, 85–94.

Bruner, C. (1991). *Ten Questions and Answers to Help Policy Makers to Improve Children's Services*. Washington, DC. Cited in: Bronstein, L. (2003). *A Model for Interdisciplinary Collaboration*. Washington, DC: National Association of Social Workers.

Cole, M. (2003). 'The Health Action Zone Initiative: lessons from Plymouth', *Local Government Studies*, **29**, 3, 99–117.

Cooper, A. (2004). 'Game theory and partnership in child protection practice', *Practice*, **16**, 3, 165–184.

Dartington Social Research Unit (2004). *Refocusing Children's Services Towards Prevention: Lessons from the Literature* (DfES Research Report 510). London: DfES [online]. Available: <http://www.dfes.gov.uk/research/data/uploadfiles/RR510.pdf> [11 April, 2008].

Department for Children, Schools and Families (DCSF) (2007). *Effective Integrated Working: Findings of Concept of Operations Study. Integrated Working to Improve Outcomes for Children and Young People* London: DCSF [online]. Available: <http://www.everychildmatters.gov.uk/resources-and-practice/IG00260/> [13 March, 2008]

Department of Health (DoH) (1999). *Working Together to Safeguard Children*. London: HMSO.

Department of Health (DoH) (2000). *Framework for Assessing Children in Need and their Families*. London: HMSO.

Edwards, A., Barnes, M., Plewis, I. and Morris, K. (2006). *Working to Prevent the Social Exclusion of Children and Young People: Final Lessons from the National Evaluation of the Children's Fund* (DfES Research Report 734). London: DfES [online]. Available: <http://www.dfes.gov.uk/research/data/uploadfiles/RR734.pdf> [11 April, 2008].

Engestrom, Y., Brown, K., Christopher, L. and Gregory, J. (1997). 'Coordination, cooperation and communication in the courts: expansive transitions in legal work.' In: Cole, M., Engestrom, Y. and Vasquez, O. (1997). *Mind, Culture and Activity: Seminal Papers from the Laboratory of Comparative Human Condition*. New York, NY: Cambridge University Press. Cited in: Warmington, P., Daniels, H., Edwards, A., Brown, S., Leadbetter, J., Martin, D. and Middleton, D. (2004). *Interagency Collaboration: a Review of the Literature*. Bath: Learning in and for Interagency Working Project.

Fox, C. and Butler, G. (2004) 'Partnerships: where next?' *Community Safety Journal*, **3**, 3, 36–44.

Friedman, M. (2006). *Trying Hard is Not Good Enough: How to Produce Measurable Improvements for Customers and Communities*. Victoria, BC, Canada: Trafford Publishing.

Frost, N. and Robinson, M. (2007). 'Joining UP children's services: safeguarding children in multi-disciplinary teams', *Child Abuse Review*, **16**, 184–199.

Gaster, L., Deakin, N., Riseborough, M., McCabe, A. and Rogers, H. (1999). *History, Strategy or Lottery? The Realities of Local Government/Voluntary Sector Relations*. London: Improvement and Development Agency (IdeA). Cited in: Percy-Smith, J. (2005). *Definitions and Models: What Works in Strategic Partnerships for Children*. Ilford: Barnado's.

Glasby, J. and Peck, E. (2006). *We Have to Stop Meeting Like This: the Governance of Children and Young People's Partnerships. A Discussion Paper*. Edgbaston: University of Birmingham [online]. Available: http://www.integratedcarenetwork.gov.uk/_library/Resources/ICN/JG-discussionpaperDec05.pdf [11 April, 2008].

Goodwin, N. (2006). 'Developing effective joint commissioning between health and social care: prospects for future based on lessons from the past', *Journal of Care Services Management*, **1**, 3, 279–293.

Gregson, B., Cartilidge, A. and Bond, J. (1992). 'Development of a measure of professional collaboration in primary health care', *Journal of Epidemiology and Community Health*, **46**, 48–53. In: Leathard, A. (2003). 'Models for interprofessional collaboration.' In: Leathard, A. (Ed). *Interprofessional Collaboration: From Policy to Practice in Health and Social Care*. Hove: Bruner-Routledge.

Griffith, A. (2002). *Partnerships and the Community Legal Service*. London: Advice Services Alliance. Cited in: Fox, C. and Butler, G. (2004). 'Partnerships: where next?' *Community Safety Journal*, **3**, 3, 39.

Hanford, S., Houck, J., Iler, E. and Morgan, P. (1997). *Public and Private School Collaborations: Educational Bridges into the 21st Century*. New York, NY: Columbia University, Teachers College, Forum for Public/Private Collaboration [online]. Available: http://www.eric.ed.gov/ERICDocs/data/ericdocs2sql/content_storage_01/0000019b/80/14/f5/11.pdf [11 April, 2008].

Himmelman, A. (1992). *Communities Working Collaboratively for a Change*. Minneapolis, MN: The Himmelman Consulting Group. Cited in: Hanford, S., Houck, J., Iler, E. and Morgan, P. (1997). *Public and Private School Collaborations: Educational Bridges into the 21st Century*. New York, NY: Columbia University, Teachers College, Forum for Public/Private Collaboration [online]. Available: http://www.eric.ed.gov/ERICDocs/data/ericdocs2sql/content_storage_01/0000019b/80/14/f5/11.pdf [11 April, 2008].

HM Government (2006). *Joint Planning and Commissioning Framework for Children, Young People and Maternity Services*. London: DfES. Cited in: University of East Anglia in association with the National Children's Bureau. (2007). *Children's Trust Pathfinders: Innovative Partnerships for Improving the Well-being of Children and Young People* (DfES Research Report 839). London: DfES [online]. Available: <http://www.dfes.gov.uk/research/data/uploadfiles/RR839.pdf> [11 April, 2008].

Hudson, B. (1998). 'Prospects of partnership', *Health Service Journal*, **108**, 26–7. In: Leathard, A. (2003). 'Models for interprofessional collaboration.' In: Leathard, A. (Ed). *Interprofessional Collaboration: From Policy to Practice in Health and Social Care*. Hove: Bruner-Routledge.

Jones, N., Thomas, P. and Rudd, L. (2004). 'Collaborating for mental health services in Wales: a process evaluation', *Public Administration*, **82**, 1, 109–121.

Kemshall, H. and Ross L. (2000). 'Partners in evaluation: modelling quality in partnership projects', *Social Policy and Administration*, **34**, 5, 551–566.

Leathard, A. (2003). 'Models for interprofessional collaboration.' In: Leathard, A. (Ed). *Interprofessional Collaboration: From Policy to Practice in Health and Social Care*. Hove: Bruner-Routledge.

Mattessich, P.W. and Monsey, B.R. (1992). *Collaboration: What Makes it Work. A Review of Research Literature on Factors Influencing Successful Collaborations*. St Paul, MN: Amherst H.Wilder Foundation [online]. Available: http://www.eric.ed.gov/ERICDocs/data/ericdocs2sql/content_storage_01/0000019b/80/14/53/ba.pdf [11 April, 2008]. Cited in: Shinnars, K. (2001). 'Public/ private school partnerships: what can be learned from corporate school partnerships?' Paper presented at the Annual Meeting of the American Educational Research Association, Seattle, WA, 10–14 April.

Milbourne, L. (2007). 'Children, families, and inter-agency work: experiences of partnership work in primary education settings', *British Educational Research Journal*, **31**, 6, 675–95.

Miller, C. and McNicholl, A. (2003). *Integrating Children's Services: Issues and Practice*. London: Office for Public Management.

Miller, C. and Stirling, S. (2004). *Co-Production in Children's Services*. London: Office for Public Management.

Nies, H. (2006). 'Managing effective partnerships in older people's services', *Health and Social Care in the Community*, **14**, 5, 391–9.

Noaks, L., Moreton, K. and Williamson, H. (2003). *On Track Thematic Report: Partnership Working*. London: DfES [online]. Available: <http://www.dfes.gov.uk/research/data/uploadfiles/RR527.pdf> [18 July, 2007].

Office of the Deputy Prime Minister (2005). *Evaluation of Local Strategic Partnerships: Interim Report*. London: Office of the Deputy Prime Minister (ODPM) [online]. Available: <http://www.renewal.net/Documents/RNET/Research/Evaluationlocalstrategicpartnerships.pdf> [13 March, 2008].

Okell, S. (2001). “‘The Care Trust: the Somerset Model’”, integrating health and social care.’ In: Leathard, A. (2003). ‘Models for interprofessional collaboration.’ In: Leathard, A. (Ed). *Interprofessional Collaboration: From Policy to Practice in Health and Social Care*. Hove: Bruner-Routledge.

Percy-Smith, J. (2005). *Definitions and Models: What Works in Strategic Partnerships for Children*. Ilford: Barnado’s.

Pettitt, B. (2003). *Effective Joint Working Between Child and Adolescent Mental Health Services (CAMHS) and Schools* (DfES Research Report 412). London: DfES [online]. <http://www.dfes.gov.uk/research/data/uploadfiles/RR412.pdf> [11 April, 2008].

Rummery, K. and Glendinning, C. (2000). *Primary Care and Social Services: Developing New Partnerships for Older People*. Abingdon: Radcliffe Medical Press. Cited in: Leathard, A. (2003). ‘Models for interprofessional collaboration.’ In: Leathard, A. (Ed). *Interprofessional Collaboration: From Policy to Practice in Health and Social Care*. Hove: Bruner-Routledge.

Shinners, K. (2001). ‘Public/ private school partnerships: what can be learned from corporate school partnerships?’ Paper presented at the Annual Meeting of the American Educational Research Association, Seattle, WA, 10–14 April.

Smith, P. and Bryan, K. (2005). ‘Participatory evaluation: navigating the emotions of partnerships’, *Journal of Social Work Practice*, **19**, 2, 195–209.

Sullivan, H., Barnes, M. and Matka, E. (2002). ‘Building collaborative capacity through “theories of change”’, *Evaluation*, **8**, 2, 205–26.

Sullivan, H., Barnes, M. and Matka, E. (2006). ‘Collaborative capacity and strategies in area-based initiatives’, *Public Administration*, **84**, 2, 289–310.

Townsley, R., Abbott, D. and Watson, D. (2004). *Making a Difference?: Exploring the Impact of Multi-Agency Working on Disabled Children with Complex Health Care Needs, their Families and the Professionals Who Support Them*. Bristol: Policy Press.

Tunstall, J., Aldgate, J. and Hughes, M. (2007). *Improving Children's Services Networks: Lessons from Family Centres*. London: Jessica Kingsley.

University of East Anglia (UEA) in association with the National Children's Bureau. (2007). *Children's Trust Pathfinders: Innovative Partnerships for Improving the Well-being of Children and Young People* (DfES Research Report 839). London: DfES [online]. Available: <http://www.dfes.gov.uk/research/data/uploadfiles/RR839.pdf> [11 April, 2008].

Warmington, P., Daniels, H., Edwards, A., Brown, S., Leadbetter, J., Martin, D. and Middleton, D. (2004). *Interagency Collaboration: a Review of the Literature*. Bath: Learning in and for Interagency Working Project.

Wheatley, H. (2006). *Pathways to Success*. London: The Council for Disabled Children.

Woods, P.A., Levacic, R., Evans, J., Castle, F., Glatte., R. and Cooper, D. (2006). *Diversity and Collaboration? Diversity Pathfinders Evaluation*. (DfES Report No 826). London: DfES.



National Foundation
for Educational Research
The Mere Upton Park
Slough Berkshire SL1 2DQ

T: 01753 574123
F: 01753 691632
E: enquiries@nfer.ac.uk

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