Research

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Integrated Working: A Review of the Evidence

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Executive Summary

Introduction

Over recent decades there has been considerable legislation and policy development aimed at increasing interagency working in children's services. A key milestone in this development was the publication in 2003 of the green paper *Every Child Matters* (ECM) and the Children Act 2004 the following year, which took forward proposals for promoting integrated working, such as multi-agency Children's Trusts and Directors of Children's Services (DCSs).

Every Child Matters: Change for Children proposed a whole system approach to improving outcomes for children and young people, and describes how the duty to co-operate embedded in the Children Act 2004 needs to operate at all levels: frontline delivery of services; integrated process such as the Common Assessment Framework (CAF), Team Around the Child (TAC), Lead Professional (LP) and information sharing; strategic integration through DCSs and Children and Young People's Plans; and inter-agency governance through Children's Trusts.

The Children's Workforce Development Council (CWDC), established in 2005, assumed responsibility for supporting integrated working. Key tasks included developing the Common Core of Skills and Knowledge for the Children's Workforce (2005) and work towards an Integrated Qualifications Framework (IQF). Tools and guidance were also developed to help practitioners and managers implement the 'building blocks' of an integrated approach such as the CAF and e-CAF, the Lead Professional and information sharing arrangements.

In the six years since the since the launch of ECM in 2004 there has been a growing body of research, both at national and local level, focusing on integrated working, but to date no attempt has been made to draw together evidence on outcomes to inform future planning and further evaluations.

Aims

Following an initial scoping of the literature on integrated working and in discussion with CWDC the aim of this comprehensive review focused on the effectiveness of integrated working, specifically its impact on outcomes, and to identify any gaps in the evidence base.

Research methods

Given the potentially large evidence base relating to integrated working together with time and resource constraints, it was agreed to undertake an initial scoping of the literature highlighting the types of evidence identified, and the broad areas and issues covered. The scope was restricted to literature published since 2004 when ECM was launched and related to the children's workforce in England. Searches were undertaken of key databases and of governmental, non-governmental and specialist research agencies' websites. This scoping informed decisions about exclusion criteria and clarified the review's aims and objectives.

Following the preliminary scoping, a key question concerned how to construct a review that was manageable, relevant to the needs of CWDC, and feasible. An initial aim of the review was to 'tell the story' of integrated working and with this in mind the findings of an early, key review were considered and this found that much was known about the barriers and facilitators to multi-agency working, but little was known about its outcomes (Sloper, 2004). While a focus on processes and the structural aspects of integrated working including barriers and facilitators to effectiveness remained a strong theme, trends in research since Sloper's review also indicated some movement towards a consideration of outcomes. Accordingly, it was agreed with CWDC that the review would focus on the evidence for outcomes or impact of integrated working, which would make a valuable contribution to knowledge in this field and enable the 'story of integrated working' to be explored.

Mapping the evidence base on outcomes

The literature reviewed on outcomes covered different groups of professionals, across a range of services for children and families, and at both structural and operational levels. It included a number of reviews focused either exclusively, or in part, on integrated working; discussion papers; evaluations of national and local level programmes and initiatives of integrated working; studies of different examples of integrated working such as social care professionals working in schools and children's centres; studies focusing on different groups of vulnerable children; evaluations of practices, such as the Common Assessment Framework, Lead Professional and Team Around the Child, to improve integrated working; individual case studies focused on a particular aspect of integrated working and local evaluations of practice; reports commissioned by CWDC to investigate progress toward integration; and papers that considered the role of inter-professional training. There was less literature on outcomes relating to a) Lead Professional, b) Team Around the Child, c) information sharing, and d) the Common Core of Skills and Knowledge and little empirical research on cost-effectiveness.

Quality of the evidence base

Outcome measures which are traditionally considered the most robust are those where some measurable aspect of people's lives, such as improvements to children's behaviour or academic attainment or reducing rates of teenage pregnancies, is changed. Less robust, or 'soft' outcomes, include people's perceptions of whether they felt helped or liked the service. Another dimension concerns process or systems outcomes, which relate to measurable aspects of the services provided, for example a reduction in referrals or an increase in demand for services. Such data can be robust, but they do not necessarily address whether the service is effective or achieving its aims.

Overall, there are a greater number of studies that have measured perceived impact of integrated working than have measurable outcome data. Samples are often small, particularly in local evaluations. Few of the reviewed studies have a longitudinal element and base line data or a control group is often lacking. Where control groups are part of the research design it may still not be possible for researchers to be definitive about their results. Despite the limitations of the

evidence base, however, when taken together findings may point in a particular direction.

Challenges in researching the effectiveness of integrated working

A prevalent theme within the literature concerns the significant challenges of undertaking research in this area. These challenges include:

- A lack of clarity in the meaning of integrated working evidenced by the wide variety of terms used to describe it.
- Issues around what outcomes are measured, who defines them and which outcomes can be attributed to which service.
- Integrated working/multi-agency collaboration covers a range of organisational forms and practices and there is huge variation in terms of structures, implementation and the development.
- Integrated working takes time to achieve and to evidence outcomes and some agencies are harder to engage than others.
- Integrated working is but one of many influences that include individual child and family characteristics and contextual factors, such as related programmes and policy initiatives, making it difficult to establish a causal link.

An emerging theme in the literature concerns questioning the assumption that integrated working is a good thing and will result in positive benefits. Although some researchers have moved away from the view that integrated services as the ideal model, the evidence from this review would indicate that integrated working does bring about changes that can be expected to increase effectiveness in practice, which are likely to lead to better outcomes.

Outcomes for children and families

Since Sloper's 2004 review a consistent theme in the literature concerns the lack of outcome data for service users. Recent evidence indicates that direct evidence of effectiveness between service integration and child and family outcomes is limited for a variety of reasons, including fidelity of programmes and initiatives and the evaluation being undertaken before outcomes can be evidenced. Nevertheless, interventions that address family problems 'in the round', such as marital conflict and parental depression, have resulted in improved child outcomes.

There is strong evidence that high quality pre-school provision that integrates childcare and education is associated with improved cognitive and behavioural outcomes for children. Generally, parents are positive about integrated provision in the early years, valuing the range of support they can access in one place and in the improvements in their parenting skills.

School-based integrated working can bring about measurable improvements in school attendance in primary and secondary schools, and in fixed term exclusions in secondary schools. Positive gains in academic attainment and engagement with learning for children facing difficulties have also been identified. Additional perceived benefits include improvements in children's behaviour, well-being and family relationships.

Initiatives taking a multi-agency approach to reduce youth offending and anti-social have shown mixed results. Although often not demonstrating any link between measurable outcomes and the initiative, parents and children tend to report positive impacts in terms of changing attitudes and behaviours that might signal youth crime and anti-social behaviour, and improvements in family relationships and risky behaviour. Promising evidence was reported for a positive impact on school attendance, alcohol consumption and anti-social behaviour.

Studies considering the impacts of integrated working on children with disabilities or mental health difficulties as perceived by professionals and families have overall reported positive results with improved outcomes for children and parents, although the findings are mixed regarding parents' perceptions of the emotional support they receive from professionals working in an integrated way

Outcomes for professionals and agencies

Evidence based largely on professional perceptions, indicates that integrated working is associated with a range of positive benefits for practitioners, including improved enjoyment and well-being in their working lives; enhanced knowledge and understanding of other professional roles, the needs of families, and the availability of services across a range of agencies and sectors; more opportunities for personal and career development, and skill acquisition; improved information sharing and communication between professionals and agencies; as well as better co-ordination of services, and earlier identification of need.

There is mixed evidence concerning the impact of integrated working on workload but overall, an increase in workload appears to be more likely. Evidence also indicates that integrated working can produce confusion about professional identity, and some risk of social work roles being marginalised in health settings.

There is considerable variability in progress towards embedding integrated working in practice. Some agencies were reported as harder to engage than others, particularly health services. Although some small scale studies demonstrate positive benefits from the collaboration of health services, larger scale and national studies highlight difficulties in engaging health agencies. The voluntary sector also tends to be less involved than it might be, but where voluntary sector agencies are engaged, there have been positive gains in improving access to services, and more flexible service provision.

Some progress has been made in the engagement of schools in integrated working, for example, via the introduction of extended schools and locating social workers in schools. Closer collaboration between social workers and school staff are associated with a reduction in stigma, earlier identification of problems, quicker access to and improved co-ordination of services, fewer referrals and a reduction in duplication of assessments.

Some negative impacts of integrated working have been identified including greater fragmentation, a lack of specialist support and poor co-ordination of services for deaf children. The evidence is mixed concerning the impact of integrated working on

demand for services, with evidence for both an increase and decrease in demand. There is also evidence to suggest that more attention needs to be paid to needs assessment in the planning and commissioning of services.

There is limited evidence for the cost effectiveness of integrated working and a need for more research in this area particularly research that also takes into account the assessment of need. There is some evidence that integrated working can produce savings which can be reinvested in services. Designated key worker services have been shown to be marginally more expensive than non-designated key workers, but likely to be more effective in contributing to positive outcomes for children and families.

Outcomes of integrated working processes

Although there is considerable variation in how the *Common Assessment Framework* is being used and by whom, the trajectory of evidence indicates that progress has been made in embedding the Common Assessment Framework in practice. Professionals identified a number of benefits as resulting from the use of the Common Assessment Framework including: better and speedier multi-agency working; greater awareness of services available for children and families; improvements to the quality and quantity of information collected, improved parenting; better relationships between families and schools; and improvements in school attendance and learning. However, the need for greater clarity about the specific practices of integrated working, the reluctance of professionals to use the Common Assessment Framework when resources are unavailable to meet need, the failure to use the Common Assessment Framework to identify additional needs at an early stage, and the variable quality of some Common Assessment Framework assessments were also highlighted.

There is mixed evidence about the extent of confusion among professionals in understandings of the roles of *Lead Professional*, key worker and caseworker, but evidence suggests a trend towards increasing clarity. Professionals' perceptions of the benefits resulting from the Lead Professional role include speedier access to services, high levels of parental satisfaction, and enhanced family-centred planning and delivery of services. However, a lack of support for undertaking the role, the high degree of responsibility associated with the work, and the perceived risk that the Lead Professional would feel over-burdened were also highlighted. Evidence indicates that Budget Holding Lead Professionals (BHLP) were no more effective than Lead Professionals in supporting families or in improving outcomes for children.

There is little evidence on *Team Around the Child* or its outcomes. Early evidence suggests that professionals believe the model has encouraged a child-centred approach, improved accountability and transparency among services working with young people, improved co-ordination of services, and reduced duplication of service provision.

Studies of key-working, which mostly focus on disabled children and their families, highlight the wide variation in models of key-working and tasks undertaken by key workers, and outcomes. Better outcomes are associated with the management of the service, understandings of the key worker role, tasks undertaken by key workers

and the provision of training and supervision. Overall, studies consistently report improved quality of life, better relationships with services, better and quicker access to services and less stress for families with a key worker, compared with families who do not have a key worker. There is mixed evidence concerning the extent to which key-working meets the social and emotional needs of parents.

Evidence for the effectiveness of the *Integrated Children's System* is mixed. One study has criticised the system for being too prescriptive, overly technical and complex, and insufficiently child- or family-centred. Other evidence suggests that although implementation was challenging, the ICS showed promising evidence that it could benefit practitioners and promote multi-agency collaboration.

There is limited evidence on outcomes of *inter-professional training* on practice or on outcomes for children and families. There is also variation in the extent to which the Common Core of Skills and Knowledge for the children's workforce has been incorporated into initial and other training programmes. Overall, evidence indicates that inter-professional training can reduce barriers to multi-agency working, raise awareness of other professionals' roles, assist staff in managing concerns about professional identities, and have a positive impact on attitudes, perceptions, knowledge and skills. There is also promising evidence that work-based learning, combined with academic study, can produce positive benefits for learners and the host agency.

Conclusions

Moving towards integrated working entails a radical change in organisational structures, working processes and cultures. Organisations and professionals working with children and families are at different stages in the journey to fully embedding integrated working at strategic and operational levels and in relation to practice. Moreover, it would be unrealistic to expect to find conclusive evidence that integrated working was effective for all children; a more realistic aspiration would be for integrated working to benefit most children in most contexts.

Early research focused on the barriers and facilitators to effective implementation of integrated working, but there is now a growing interest in outcomes, particularly for children and families. However, studies consistently emphasise the considerable challenges of undertaking outcome research in this field. A need for more studies that investigate a range of outcomes from different stakeholder perspectives and longitudinal studies has been highlighted.

There are now more multi-site and national studies that have collected data on perceptions from a range of stakeholder perspectives as well as measurable outcomes and a complex picture emerges. There is still limited evidence on outcomes, and where outcomes have been investigated there has often been a failure to find a direct link between outcomes and integrated working. However, some positive benefits for children and families, both perceived and measurable, have been identified and parents generally express high levels of satisfaction. Integrated working is also generally well received by professionals and appears to produce positive gains in relationships with colleagues and service users, and in

relation to their personal and career development, although the impact of integrated working on workloads and professional identities is more mixed.

Although there is limited evidence on outcomes of key processes associated with integrated working (e.g. the Common Assessment Framework; Lead Professional, Team Around the Child) findings suggest that the trajectory of evidence is moving in a positive direction. Professionals have reported a wide range of benefits associated with the Common Assessment Framework such as better multi-agency working, a greater awareness of services for children and families and improvement in the quantity and quality of data collected although there has been some questioning of the quality of some Common Assessment Framework assessments. Although there is little evidence on Team Around the Child and its outcomes, studies tend to report positive outcomes for children and families as a result of key-working. There is limited evidence on outcomes for inter-professional training on practice or for service users, but its considerable potential for promoting effective integrated working has been highlighted.

There is strong evidence that integrating pre-school childcare and education provision benefits all children, but particularly disadvantaged children. Although this finding may not extend to other contexts and services, it could be argued that integrated working may contribute to creating the conditions that make improved outcomes for children more likely.

To conclude, although the evidence is limited on outcomes for children and families, evidence suggests that overall the direction of travel would appear to be a positive one.

Research agenda

The review highlighted a number of gaps in the evidence base and identified the need for more studies that:

- measure effectiveness in relation to ECM outcomes;
- explore user-defined outcomes, taking into account differences between children and parents/families;
- link processes with outcomes;
- consider how integrated working impacts on demand for services;
- investigating the impact of inter-professional training on professional practice and outcomes for service users adopting robust methodology;
- explore costs in relation to outcomes for children and taking into consideration the assessment of need;
- examine outcomes of key integrated working practices (e.g. Common Assessment Framework, Lead Professional, Team Around the Child); and
- utilise case study data and local evaluations with designs that can provide robust evidence.

Introduction

In May 2010 the Children's Workforce Development Council (CWDC) commissioned the Thomas Coram Research Unit, Institute of Education, University of London, to undertake a literature review on integrated working[1] since 2004. The overall purpose of the review was to inform CWDC's work programme in this area.

Background

Since the late 1980s, there has been a considerable amount of legislation and policy development aimed at increasing inter-agency working in children's services, at both strategic and operational level. At the end of the 1990s and in the early years of the 21st century many programmes and initiatives were introduced with an explicit focus on bringing together different agencies and professionals[2] supporting children, young people[3] and their families. These included Sure Start (for 0-3 year olds and their families living in disadvantaged areas), the Early Support Programme (for young disabled children), the Children's Fund (for 'vulnerable' children aged 5 to 13), Connexions (for older children), and a variety of preventive interventions for children and young people at risk of offending such as Youth Inclusion and Support Panels and On Track.

A key milestone was the publication in 2003 of the green paper *Every Child Matters* (HM Government, 2003), which was the government's response to the Laming Inquiry following the death of Victoria Climbié. The Children Act 2004 the next year provided the legislative framework to take forward key proposals in the green paper for promoting integrated working, such as multi-agency Children's Trusts and Directors of Children's Services (DCSs).

The *Every Child Matters: Change for Children* document (HM Government, 2004) proposes a whole system approach to improving outcomes for children and young people, and describes how the duty to co-operate embedded in the Children Act 2004 needs to operate at all levels: frontline delivery of services; integrated process such as the Common Assessment Framework, Team Around the Child, Lead Professional and information sharing; strategic integration through DCSs and Children and Young People's Plans; and inter-agency governance through Children's Trusts (and later through joint inspection arrangements for all children's services, introduced in 2006).

An important element of integrated working is developing and linking together the skills of all those working with children and young people. The Children's Workforce Development Council (CWDC) was established in 2005, and took over responsibility from the Department for Education and Skills (DfES)[4] for supporting integrated working in October 2006. Key tasks included developing the Common Core of Skills and Knowledge for the Children's Workforce (2005) and work towards an Integrated Qualifications Framework (IQF). A Children's Workforce Strategy document was published by CWDC in 2005, and revised in 2008 (see Table 1). Tools and guidance were also developed to help practitioners and managers implement the 'building

[1] CWDC has a broad definition of integrated working: '*where everyone supporting children, young people and families works together effectively to put them at the centre, meet their needs and improve their lives'.* (CWDC undated p 2).
[2] The term 'professionals' has been used rather than practitioner.
[3] For brevity, 'children' is used to mean children and young people in the remainder of this report.
[4] Subsequently the Department of Children, Schools and Families (DCSF).

blocks' of an integrated approach such as the Common Assessment Framework (CAF) and e-CAF, the Lead Professional and information sharing arrangements.

Table 1: Some key milestones in the development of integrated working, 2004-2010

	Legislation & policy documents	Multiagency programmes/interventions	Practice developments
2004	Every Child Matters: Change for Children Children Act 2004 (included duty on LAs to set up Children's Trusts) NSF Children and YP	Extended services through schools	Children's Workforce Network established
2005	Children's Workforce Strategy (CWDC) Youth Matters green paper	Targeted Youth Support Pathfinders	CWDC set up Common Core of Skills and Knowledge Early work on IQF National professional qualification in integrated centre leadership
2006	Education and Inspection Act	Budget Holding Lead Professional pilots Family Intervention Project pilots	CWDC takes over responsibility for supporting integrated working CAF, TAC and LP interactive toolkit
2007	Families at Risk Review The Children's Plan	Nurse Family Partnerships	Guidance on CAF, TAC and LP working
2008	Child Health Promotion Programme (DH/DCSF) 2020 Children and Young People's Workforce Strategy	Family Pathfinder projects	Statutory guidance on Children's Trusts and duty to cooperate Building Brighter Futures: next steps for the children's workforce Information sharing guidance (HM Government)
2009	21st Century Schools Healthy Lives, Brighter Futures	Total Place Pathfinders	Updated CAF and LP guidance for practitioners and managers

	Young People's Workforce Reform Programme ASCL Act		
2010			Working Together to Safeguard Children - revised

Key milestones in the development of integrated working in children's services since 2004 are shown in Table 1. This illustrates the continuing attention given to 'joined up services', both in policy documents such as the Children's Plan (DCSF, 2007) and in specific programmes and initiatives that have integrated working at their heart, such as Targeted Youth Support, Family Intervention Projects, the Nurse Family Partnership, Family Pathfinders and the Total Place pilots. The important role of schools in working with other professionals to support the wellbeing of children was reflected in legislation which included 21st Century Schools (DCSF, 2009) and the Apprenticeships, Skills, Children and Learning Act (2009).

Although many of the key policy developments in integrated working across children's services over the past decade have been led by the DfES/Department for Children, Schools and Families (DCSF) now the Department for Education, other significant developments were led by the Department of Health or were cross-government initiatives, such as the National Service Framework for Children, Young People and Maternity Services (DH, 2004); the Child Health Promotion Programme (DH and DCSF, 2008) and the joint child health strategy: Healthy Lives, Brighter Futures (DH and DCSF, 2009).

In the six years since the launch of ECM in 2004 there has been a growing body of research, both at national and local level, focusing on integrated working, but to date no attempt has been made to draw together evidence on outcomes to inform future planning and further evaluations.

Aims

Following an initial scoping of the literature on integrated working and in discussion with CWDC the aim of this comprehensive review focused on the effectiveness of integrated working[5], specifically its impact on outcomes, and to identify any gaps in the evidence base.

Research methods

Given the potentially large evidence base relating to integrated working together with time and resource constraints, it was agreed to undertake an initial scoping of the literature highlighting the types of evidence identified, and the broad areas and issues covered. This scoping would inform decisions about inclusion and exclusion criteria and clarify the review's aims and objectives.

The scope was restricted to literature published since 2004 when ECM was launched and related to the children's workforce in England. Searches were undertaken of the following key databases: British Educational Index (BEI) the Applied Social Sciences Index and Abstract

[5] Despite the confusion in terminology highlighted in the literature (see 2.2 for discussion of these issues, throughout this report integrated working has been used in its broadest sense to include multi-agency working and joint working.

(ASSIA), Social Care Online and CERUKPlus. Use was also made of Google Scholar. Search terms included ‘multi-agency working’, ‘integrated working’, ‘joint working’ *and* children *or* children’s services *or* families and terms for practices and process to facilitate integrated working such as the Common Assessment Framework and Lead Professional. This search strategy produced over 1500 results, which were reduced to 90 by excluding publications where integrated working was not the main topic under investigation or did not incorporate a discussion of integrated working as a substantial part of a wider focus.

Searches were also undertaken of governmental, non-governmental and specialist research agencies’ websites such as Research in Practice (RIP), the Department for Children, Schools and Families (DCSF), National Children’s Bureau (NCB); Centre for Excellence and Outcomes in Children and Young People’s Services (C4EO), Children’s Workforce Development Council (CWDC), the National Foundation for Educational Research (NFER) and the Training and Development Agency for Schools (TDA) and relevant journals such as Children and Society. Altogether approximately 95 relevant publications were identified from these searches which added to the results of the databases search made a total of 185.

Titles and abstracts of publications identified from the initial scoping were reviewed for key themes. However, while this broad-brush mapping of the literature assisted in identifying various categories of literature, it also highlighted the difficulties in extrapolating data that would assist in identifying trends in the literature over time. Given the breadth of the literature identified and the short-time scale for the work, a key question concerned how to construct a review that was manageable, relevant to the needs of CWDC, and feasible.

An initial aim of the review was to ‘tell the story’ of integrated working and with this in mind we considered the findings of an early, key review undertaken for the National Service Framework for Children, Young People and Maternity Services to inform discussions of multi-agency partnerships in all children’s services focusing on both process (models, facilitators and barriers) and outcomes. The review found that much was known about the barriers and facilitators to multi-agency working, but that little was known about the outcomes of multi-agency working (Sloper, 2004). Taking this finding as our starting point, the pool of potentially relevant publications was examined in order to see if this finding still held true. While a focus on processes and the structural aspects of integrated working including barriers and facilitators to effectiveness remained a strong theme, trends in research over the period also indicated some movement towards a consideration of outcomes. From the pool of 185 publications, we identified approximately 65 which considered the ‘outcomes’ or ‘impact’ or ‘effectiveness’ or integrated, or joint working, or multi-agency working spanning the time period 2004-2010. Accordingly, it was agreed with CWDC that the review would focus on the evidence for outcomes or impact of integrated working, which would make a valuable contribution to knowledge in this field and enable the ‘story of integrated working’ to be explored. The review would not, however, include literature on implementation and process and would therefore not explore factors that facilitate or hinder effectiveness since this has been extensively covered (e.g. Atkinson et al., 2007; McInnes, 2007; Siraj-Blatchford and Siraj-Blatchford, 2009).

Structure of the report

The remainder of the report is organised as follows. Chapter two discusses the nature and quality of the evidence base for the review and the challenges of undertaking research in this area. The findings on outcomes for children and families are reported in chapter three, and for professionals and agencies in chapter four. In chapter five outcomes related to integrated

working processes, such as the Common Assessment Framework, Lead Professional and Team Around the Child are reported. Conclusions, including suggestions for further research, are covered in chapter six.

Mapping the evidence base on outcomes

The literature reviewed on outcomes covered different groups of professionals, across a range of services for children and families, and at both structural and operational levels. It included:

- a number of reviews focused either exclusively or in part on integrated working (e.g. Atkinson et al., 2007; Brown and White, 2006; Frost, 2005; Kendall et al., 2008; Percy-Smith, 2006; Siraj-Blatchford and Siraj-Blatchford, 2009; Springate et al., 2008);
- discussion papers (e.g. Frost and Stein, 2009; IDeA, 2007);
- evaluations of national and local level programmes and initiatives of integrated working such as:
  - Children's Trust Pathfinders (O'Brien et al., 2009; UEA and NCB, 2007),
  - Integrated Children's Services (LARC - Easton et al., 2010),
  - Sure Start (Anning and NESS team, 2007; NESS, 2008),
  - Early Support Programme (Young et al., 2006),
  - Full Service Extended Schools (Cummings et al., 2007),
  - Targeted Youth Support Pathfinders (Palmer and Kendall, 2009),
- studies of different examples of integrated working for example:
  - Social care professionals working in schools and children's centres (e.g. Wilkin, 2008) and with family support teams (e.g. Moran et al., 2007),
  - Joint working between Child and Adolescent Mental Health Services and Education (e.g. Worrall-Davies and Cottrell, 2009) and between health and social care (e.g. Rummery, 2009);
- studies focusing on different groups of vulnerable children (e.g. Abbott et al., 2005; Greco et al., 2005; Young et al., 2009);
- evaluations of practices to improve integrated working such as:
  - Common Assessment Framework (e.g. Brandon et al., 2006; Easton et al., 2010; SIS, 2010),
  - Lead Professional (e.g. Brandon et al., 2006; Walker et al., 2009; 2010),
  - Team Around the Child (SIS, 2009),
  - Integrated Children's System (e.g. Bell and Shaw, 2008; Cleaver et al., 2008);
- individual case studies focused on a particular aspect of integrated working and local evaluations of practice such as the ISA Trailblazer in Telford and Wrekin (Jones, 2007) and integrated working in South Gloucestershire (Lin Whitfield Consultancy, 2008);
- reports commissioned by CWDC to investigate progress toward integration (CWDC, 2009a and 2009b); and
- papers that considered the role of inter-professional training (e.g. Axford et al., 2006; CWDC, 2010; Frost, 2005).

There was less literature on outcomes relating to a) Lead Professional, b) Team Around the Child, c) information sharing, and d) the Common Core of Skills and Knowledge. In fact, very little empirical research appears to have been undertaken on the impact and benefits of the Common Core, though we have included the results where relevant of a recent consultation (CWDC, 2010). There was also little empirical research on cost-effectiveness.

The quality of the evidence base

Overall, there are a greater number of studies that have measured perceived impact of integrated working than have measurable outcome data, a point we return to in the following chapter when we discuss outcomes for children and families. Samples are often small, particularly in local evaluations. Few of the reviewed studies have a longitudinal element

considered necessary for robust evaluations (e.g. Kendall et al., 2008), and base line data or a control group is often lacking. Where control groups are part of the research design it may still not be possible for researchers to be definitive about their results if the control group has embraced some of the elements of the programme under evaluation. For example, in the evaluation of Full Service Extended Schools (FSES) many of the schools being used for comparative purposes offered similar sorts of provision although not designated as FSESs and others offered some aspects of it (Cummings et al., 2007). Despite the limitations of the evidence base, however, when taken together findings may point in a particular direction.

Challenges in researching the effectiveness of integrated working

A significant theme within the literature concerns the significant challenges of undertaking research in this area, particularly the reasons why studies may find linking integrated working with outcomes difficult. We turn first to issues concerning the concept of integrated working before addressing those to do with outcomes and variability in implementation.

Defining the concept

Several reviews on integrated working have pointed to the difficulties in defining what is meant by the concept (e.g. Atkinson et al., 2007; Brown and White, 2006; Percy-Smith, 2005; Sloper, 2004). There are a number of terms to describe integrated working, for example partnership working, joint-working, multi- and inter-disciplinary working to name but a few and although they are often used interchangeably they do not necessarily have the same meaning (Percy-Smith, 2005; Sloper,2004). For example, Percy-Smith (2005:24-25) defines joint working as professionals from more than one agency working directly together on a project, whilst multi-agency working is where services are provided by more than one agency working together and drawing on pooled resources or budgets (e.g. Youth Offending Teams) and integration is defined as agencies working together within a single, often new, organisational structure. Brown and White (2006) suggest that in not having a clearly defined concept, gathering evidence on integration and establishing whether it has been achieved and its benefits may be difficult.

Defining and measuring outcomes

Outcome measures which are traditionally considered the most robust are those some measurable aspect of people's lives such as improvements to children's behaviour or academic attainment or reducing rates of teenage pregnancies is changed. Less robust or 'soft' outcomes include people's perceptions of whether they felt helped or liked the service. Another dimension concerns process or systems outcomes, which relate to measurable aspects of the services provided, for example a reduction in referrals or an increase in demand for services. Such data can be robust, but they do not necessarily address whether the service is effective or achieving its aims.

Within the literature there are issues around what outcomes are measured, who defines them and which outcomes can be attributed to which service (Frost and Stein, 2009; Siraj-Blatchford and Siraj-Blatchford, 2009; Worrall-Davies and Cottrell, 2009). Service user's priorities often differ significantly from professional and service priorities (Beresford and Branfield, 2006 cited in Rummery, 2009). Parents and children have different priorities too. For example, children report giving high priority to being listened to, but this may compete with other priorities when meeting the needs of the whole family (Mitchell and Sloper, 2002 cited in Watson et al., 2006)

and young people prioritise having good friends and a social life which are of less importance for some parents (Watson et al., 2006). Furthermore, national indicators at local area level may not be appropriate for measuring the effect of integrated working activities (Palmer and Kendall, 2009; UEA and NCB, 20007). Rummery (2009) has emphasised the importance of measuring a wide range of outcomes that reflect user priorities rather than simply measuring effectiveness of inputs and outputs from a commissioner/provider perspective.

The extent to which organisational arrangements can be directly linked to outcomes for children and young people is also debatable, given that integrated working is but one of many influences that includes individual child and family characteristics and contextual factors, such as related programmes and policy initiatives (Frost and Stein, 2009; Ghate et al., 2008; UEA and NCB, 2007). On a related point, evidence indicates that integrated working takes time to achieve and to evidence outcomes (Cummings et al., 2007; DCSF, 2007; O'Brien et al., 2009; Siraj-Blatchford and Siraj-Blatchford, 2009; UEA and NCB, 2007). Consequently, the point in time when integrated services are evaluated is a key issue and there is some debate about the value of undertaking outcome evaluations before integrated working is fully embedded in service delivery (UEA and NCB, 2007).

Expectation that integrated working will result in positive outcomes

An emerging theme in the literature concerns the questioning of the assumption that integrated working is a good thing and will result in positive benefits (Frost, 2005; Percy-Smith, 2006). Given the considerable evidence that poor communication between professionals or between service users and professionals can harm users, evidenced in the case of Victoria Climbie and other child abuse scandals over the decades, it is understandable that there is an expectation that integrated working will be beneficial. Yet, it has been argued, it is easier to identify the harm resulting from breakdowns in communication, than to identify the benefits of effective multi-agency working (Leiba and Weinstein, 2003 cited in Percy-Smith, 2006).

In fact some reviewers, notably Frost (2005) and Siraj-Blatchford and Siraj-Blatchford (2009) discuss findings on integrated working in the field of medicine in the USA, which suggest that a positive organisational climate contributes to more positive outcomes than increasing inter-organisational services. However, the evidence is contradictory since another study also from the USA found that health outcomes were related positively to more coordinated service delivery models (Siraj Blatchford and Siraj-Blatchford, 2009). Nevertheless, some researchers have moved away from the view of integrated services as the ideal model (Robinson et al., 2008) and have suggested that what may be needed is better or different professional work within agencies rather than increased inter-professional working (Marsh 2006 cited in McInnes, 2007). The evidence from this review, however, would indicate that integrated working does bring about changes that can be expected to increase effectiveness in practice, which are likely to lead to better outcomes (e.g. UEA and NCB, 2007).

Variation in implementation

Integrated working covers a range of organisational forms and practices and there is huge variation in terms of structures, implementation and progress (Audit Commission, 2008 cited in Siraj-Blatchford and Siraj-Blatchford, 2009; DCSF, 2007; Dyson et al 2007; Lewis et al., 2010). Cameron et al (2008) in a study of inter-professional practice in England and Sweden reported a lack of uniformity in the English fieldwork sites, with variations evident in models of, and implementation in, children's centres and extended schools. This variation in implementation

extends to mechanisms to improve integrated working/multi-agency working such as the Common Assessment Framework, Lead Professional and key worker (Brandon et al., 2006; Lewis et al., 2010; Ofsted, 2008 cited in Statham and Smith, 2010). This variability contributes to difficulty in evaluating integrated working (Atkinson, 2007).

Having considered the challenges of undertaking research in this area, we now turn to discuss the findings.

Evidence on outcomes for children and families

In this chapter we consider the findings on the impact of integrated working[6] for children and families. Studies that have considered the impact of integrated working on service users cover integrated working across a range of different contexts and children of different ages. The focus though, as might be expected, is predominately on children with additional needs such as children with disabilities or complex needs, looked after children, children with behaviour problems, and those at risk of offending and/or families under stress and/or living in conditions of poverty.

Scope of the evidence

We begin by looking at the scope of the literature in this area. As highlighted earlier, Sloper's 2004 review found that outcome data for service users was rare. She identified the need for methodologically robust local evaluations of multi-agency services as well as multi-site studies investigating the effects of different models of working on outcomes for children and families. A subsequent review of the multi-agency literature covering all sectors and different types of activity undertaken by the National Foundation for Educational Research (NFER) again reported that empirical evidence for impacts on service users was sparse (Atkinson et al., 2007) and identified this as an important area for further research. As recently as November 2009, a review of the literature on multi-agency and integrated working for a wider study looking at the impact of the Team Around the Child model found that direct evidence of the impact of multi-agency work on service users was limited (SIS, 2009).

Siraj-Blatchford and Siraj-Blatchford (2009), in their review on improving developmental outcomes through integrated early years provision, also make the point that there is little direct evidence of effectiveness. However, they suggest that indirect evidence of the effectiveness of service integration could be drawn from studies that have examined interventions where family problems, such as marital conflict, parental depression and child behaviour problems, have been addressed 'in the round' and have resulted in improved child outcomes.

Impact can be evaluated by collecting measurable outcome data, such as school attendance and exclusion rates, educational attainment results, number of referrals to services, and using standardised measures and assessments as well as by asking key stakeholders for their perceptions of the perceived impact of integrated working. Generally, studies with measurable outcome data tend to be the 'larger' evaluations of programmes, interventions and initiatives such as Sure Start, Full Service Extended Schools, Children's Trust Pathfinders and Targeted Youth Support Pathfinders.

Linking measureable outcome data with integrated working

Studies that have collected measurable outcome data have not always been able to find a direct link between service integration and outcomes for children and families. Thus, although the second phase of the impact evaluation of Sure Start found small but significant differences in children's social development at age three and in more positive parenting behaviour (National Evaluation of Sure Start (NESS) Research Team, 2008) the evaluation team have been unable to directly attribute better outcomes to service integration (Anning et al., 2007; Siraj-Blatchford

[6] When referring to specific studies we have used the same terminology as that used in the study.

and Siraj-Blatchford, 2009). Instead, the proficiency with which the whole model of the Sure Start vision is implemented was found to have a direct bearing on its effectiveness rather than any one dimension of the programme. The study did find, however, that multi-agency training was one of several characteristics that distinguished Sure Start Local Programmes (SSLPs) that had better child and parent outcomes (Anning et al., 2007).

The evaluation of the Children's Trust Pathfinders likewise found no consistent quantitative evidence for better outcomes (O'Brien et al., 2009; UEA and NCB, 2006). However, 25 of the 35 trusts reported specific examples of Children's Trust Pathfinder arrangements improving outcomes for children and young people in their area and several reported their work had made a difference for specific groups of children. The reasons for the failure of such studies to find a direct link between outcomes and integrated services were discussed in the section above.

The findings from other studies focusing on child and family outcomes are organised under the following areas: early years; school-based programmes and interventions; interventions to reduce offending and anti-social behaviour; and integrated approaches aimed specifically at children with disabilities or children with mental health difficulties.

Integrated approaches in the early years

Studies such as the Effective Provision of Pre-School Education (EPPE) study have reported that integrated centres and nursery school provision are more likely to be of higher quality and to have better child outcomes (Sylva et al., 2004). Although EPPE did not set out to look at the impact of integrated services, there was strong evidence to suggest that high quality pre-school provision that integrates childcare and education brings benefits to cognitive and behavioural outcomes up to the age of 11 (Sylva et al., 2008 cited in Siraj-Blatchford and Siraj-Blatchford, 2009).

Studies reporting parents perceptions of integrated provision reveal that parents are generally positive about integrated provision and believe it has brought about benefits to them and their children as the following examples illustrate.

The evaluation of the pilot Early Excellence Centre (ECE) programme, the forerunner to Sure Start and Children's Centres found that interagency working within centres contributed to high quality services for children and families (Bertram et al., 2002 cited in McKinnes, 2007). In anecdotal evidence from this evaluation of the ECE pilots it was clear that families felt that they had benefitted from the services. In an evaluation of the contribution made to children and families by family centres, which have traditionally worked in an integrated way, families also tended to be very positive about the work of family centres and their impact on children and families under stress, (Tunstill et al., 2007 cited in Siraj-Blatchford and Siraj-Blatchford, 2009).

An evaluation of the impact of integrated services on children, parents and families in 20 children's centres involving qualitative and observational data reported that parents were positive about the integrated service and commented on the range of professional support they could access in one place and in the improvements in their parenting skills (Ofsted, 2009). Although the report concludes that the impact made by integrated services on the learning and development of children and parents was good or outstanding in over half of the 20 centres and satisfactory in all but one of the remainder this was based on observational and qualitative data rather than measurable outcome data.

School based integrated working

There is some, albeit limited, evidence on the impact of school based approaches to integrated working. Two studies are reviewed here: the evaluation of the Behaviour Improvement Programme[7] and of the Full Service Extended Schools (FSESs)[8]. Findings from these evaluations suggest positive improvements in school attendance and fixed-term exclusions and in improvements in academic attainment for children with additional needs though more evidence is needed before firm conclusions can be drawn.

Hallam and colleagues (2005) found that compared with control schools, schools participating in the Behaviour Improvement Programme achieved a significant improvement in attendance in both primary and secondary schools and some reduction in fixed period exclusions in secondary schools together with a small, but significant increase in permanent exclusions though there was considerable variability between schools on this measure. Additionally, a number of positive changes were perceived by school and local authority staff in children's behaviour, well-being and learning, and relationships with parents.

The Full Service Extended Schools (FSESs) evaluation faced a number of challenges in their assessment of impact, not least the considerable diversity that characterised FSESs, but concluded that there was robust evidence to suggest that FSESs can lead to positive outcomes for children and families (Cummings et al., 2007). The impacts of FSESs, such as improvements in academic attainment and engagement with learning, appeared to be stronger for children and families facing difficulties, which is where FSESs focus their efforts, and less strong in relation to the wider school population or local community, though the researchers suggest this may be achievable if FSESs have a stable and supportive local context within which to work.

Initiatives to reduce offending and anti-social behaviour

Several initiatives organised around integrated working have been implemented in recent years aimed at reducing youth offending and anti-social behaviour. These include Youth Inclusion and Support Panels (YISPs)[9], the Targeted Youth Support Pathfinders[10] and On Track[11]. The findings on outcomes for children and families from the evaluations of these three initiatives are reported here. As we shall see, difficulties were encountered in undertaking these evaluations and the results are somewhat mixed. Although there was often no link found between measurable outcome indicators and the initiative being evaluated (see 2.2 for a discussion of these issues), children and parents did tend to report positive results.

The evaluation of the pilot Youth Inclusion and Support Panels (YISPs) was not designed as an impact study and had no control or comparative data, but the evaluation team did consider what difference the YISP interventions had made (Walker et al., 2007). They reported that the levels

[7] 34 local authorities were funded to implement strategies which included multi-agency working via Behaviour and Educational Support Teams (BESTs) to improve pupil behaviour and attendance.
[8] Launched in 2003, the FSES initiative aimed to support in every local authority area one or more schools that provided a comprehensive range of services including health, childcare, and adult learning.
[9] YISPs were multi-agency planning groups which supported interventions for children aged 8-13 at risk of offending, and their families
[10] The pathfinders aimed to offer timely and appropriate support to vulnerable young people who needed it through changing working practices between agencies to encourage a coherent and coordinated approach
[11] A multi-agency, cross-sectorial initiative aimed at children aged 4-12 and their families to reduced youth crime and anti-social behaviour.

of risk reduction varied considerably across the YISPs, but the results suggested that the higher a child's risk factor at referral the greater likelihood that the YISP intervention would reduce the risks, particularly among younger children who were more likely to experience a significant reduction in risks. As the researchers point out, these results need to be treated with caution since there were problems in evaluating the YISPs, due to the variation in practice across the 13 pilots and the poor quality of the data provided to the evaluation team. However, interview data reveals that children and parents were very satisfied with the intervention and most parents believed it had helped their child.

The evaluation of the Targeted Youth Support Pathfinders also experienced difficulties with the evaluation and whilst early qualitative findings were positive, the quantitative findings were inconclusive due to the small numbers (Palmer and Kendall, 2009). Where effective support was in place, characterised by the Lead Professional's role, good communication between agencies, and the young person's motivation to change, there was promising evidence of a positive impact. Around one half of the 44 cases in the study reported a positive impact on some or all of the outcomes the support aimed to address such as improvements in family relationships, school attendance, alcohol consumption and anti-social behaviour. On the other hand, a link between outcome data measured by changes in universal indicators at the local authority level, for example reductions in teenage pregnancies, in the number of young people not in education, employment or training (NEETs), low attainment and entry into care, and Targeted Youth Support activity was not found. The short duration of the evaluation and the fact that Targeted Youth Support only took place in a small area of the authority were reasons suggested for the failure to find a link.

The evaluation of On Track also proved challenging due to the considerable variability in local projects and the difficulties reported in establishing multi-agency partnerships (Ghate et al., 2008). The overall findings on impact were mixed. The most positive results were related to parenting factors which included positive impacts on parents' perceptions of coping, discipline, parent-child relationships and increased involvement in schools. There was no clear evidence of a decrease in offending in the On Track areas, but in terms of changing attitudes and behaviours that might signal youth crime the results were more promising, particularly for younger children. For example, primary school children in On Track areas reported increased levels of self-esteem, improved school performance, and their attitudes to bad behaviour were noticeably less anti-social.

Integrated approaches for children with disabilities

As highlighted earlier, the focus of many initiatives and studies has been on children with disabilities, children with learning difficulties and disabilities and/or with mental health difficulties. The studies reviewed here are generally qualitative in design and report the perceived impact of integrated working on service users, usually the perceptions of professionals rather than those of children and parents. The results are again rather mixed. There is evidence that integrated working is perceived to make a difference for children and families in some areas, such as attainment and support, but that emotional needs may not be met so well although there is mixed evidence here.

Rummery (2009) in a review of the international literature on the evidence from health and social care partnerships found that children and young people, particularly those with mental health problems and learning disabilities, do show some benefits from services involving health and social care professionals. She cites study findings showing that the involvement of social

workers in mental health teams improves outcomes for children, and that family planning services are more effective at reducing teenage pregnancy if they take a multi-agency approach.

Abbott and colleagues (2005) looked at both the process and impact of multi-agency working on families with a disabled child with complex health care needs interviewing 25 parents and 18 children who used six well developed, multi-agency services. Findings suggested that the services had made a big difference to the health care needs of disabled children with improved access to services, but that the wider needs of the child and the family particularly in relation to social and emotional needs were often overlooked. Researchers highlighted the important role of multi-agency teams in allowing more children with complex health needs to live at home and attend their local schools. Findings therefore suggest that multi-agency working produced some positive benefits for children and families.

Benefits to parents of the Early Support (ES) Programme were said by parents and practitioners to be reduced stress, increased confidence resulting from knowing the ways in which professionals planned together, and more opportunities to become involved in decision making (Young et al., 2006). Parents valued the practical and emotional support that ES was perceived to bring them.

Some of the most commonly raised impacts as reported by professionals centre on outcomes for children and families, such as improved educational attainment and better support for families (Atkinson, 2007; McInnes, 2007). For example, improved behaviour, peer relations and educational attainment were reported outcomes following the implementation of joint working between education and Children and Adolescent Mental Health Services (CAMHS) (Pettit, 2003 cited in Worrall-Davies and Cottrell, 2009). The study included four case studies involving 59 interviews (Pettit, 2003). In two of the four case studies undertaking their own evaluation a measurable improvement in children's behaviour could be seen, but improvements in peer relationships and attainment were identified by staff.

Summary

- Although there are evaluations of Sure Start, Full Service Extended Schools, Children's Trust Pathfinders and initiatives to reduce youth offending and anti-social behaviour, there is limited evidence about outcomes for children and families directly attributable to service integration.

- It has not always been possible to establish links between outcomes and integrated working for a variety of reasons including fidelity of programmes and initiatives and the evaluation being undertaken before outcomes can be evidenced.

- There is strong evidence that integrated centres and nursery schools contribute to service quality, which in turn is associated with better child outcomes.

- Generally, parents are positive about integrated provision in the early years, valuing for example, the range of support they could access in one place.

- There is limited evidence to suggest that school-based integrated working may bring about measurable improvements in school attendance and fixed term exclusions, and in

academic attainment for children facing difficulties. Additional perceived benefits include improvements in children's behaviour, well-being and family relationships.

- Initiatives taking a multi-agency approach to reduce youth offending and anti-social behaviour have shown mixed results. Although often not demonstrating any link between measurable outcomes and the initiative, positive impacts were perceived in terms of changing attitudes and behaviours that might signal youth crime and anti-social behaviour and improvements in family relationships and risky behaviour.

- Studies considering the impacts of integrated working on children with disabilities or mental health difficulties as perceived by professionals and families have overall. reported positive results with improved outcomes for children and parents, although the findings are mixed regarding parents' perceptions of the emotional support they receive from professionals working in an integrated way.

Evidence about outcomes for professionals and agencies

This chapter of the report considers the impact of integrated working on professionals and agencies. Much of the literature on integrated working focuses on professionals' perceptions of impact on their own working lives and practice, and on agencies and services more generally. The following section on outcomes for professionals discusses the benefits of integrated working, and evidence for some negative impacts.

Impact on professionals

Overall, professionals tend to respond positively to integrated working and research consistently highlights benefits for professionals across a number of domains, including mental health, knowledge and understanding, professional practice and career development. For example, interviews with staff engaged in key-working reported more enjoyment in their everyday working lives (Abbott et al, 2005) and other professionals have commonly reported that they find the work rewarding and stimulating (Atkinson et al, 2007). Practitioners have also reported reduced levels of stress (McInnes, 2006).

In relation to knowledge and understanding, there is widespread agreement among professionals that integrated working can lead to greater understanding of other professionals' roles and enhance awareness of the needs of children and families (Atkinson et al, 2007). An evaluation of On Track (Harrington et al 2004 cited in Worrall-Davies and Cottrell, 2009) also found evidence for greater awareness of the range of services available to children and families across the public and voluntary sectors.

Improved opportunities for personal and career development (Harrington, 2003 cited in Worrall-Davies and Cottrell, 2009) and the acquisition of a wider range of skills in the workplace (Worrall-Davies and Cottrell, 2009) have also been identified. An evaluation of joint working between CAMHS and primary health care, for example, resulted in the skilling up of primary health care professionals to assess the mental health needs of children (Worrall Davies and Cottrell, 2009).

At the level of practice, although there is some evidence of continuing duplication between different multi-agency teams (Atkinson et al., 2007), improvements in data sharing and communication between agencies and professionals (Atkinson et al., 2007), and co-ordination (Abbott et al, 2005) have been highlighted. There is also some indication of new ways of working at lower levels of need, thus improving early intervention and prevention (Easton et al., 2010; Statham and Smith 2010; UEA and NCB, 2007).

There is evidence, however, of some negative impacts on professionals, which largely focuses on workload and the issue of professional identity. A national evaluation of the Common Assessment Framework and Lead Professional pilots, for example, identified a trend towards an increase in workload (Brandon et al, 2006). However, an evaluation of key-working compared with other models of multi-agency provision found that senior managers were more concerned about the impact of key-working on workloads than practitioners themselves (Abbott et al, 2005). While there is therefore conflicting evidence of impact, the direction of effect overall indicates a likely increase in workload (Atkinson et al., 2007).

A further theme in the literature concerns the potential for integrated working to produce confusion about professional identities (Atkinson et al., 2007). The development of a 'one workforce' model represents a radical challenge to the traditional model, in which services, such as education and social services, tended to be dominated by a single and related profession with its own professional identity (Frost and Stein, 2009). This issue is addressed in recent developments in the initial qualification and continuing professional development discussed later in the report (see 5.5). There is also some evidence of social worker roles being marginalised in health settings where multi-agency working was sometimes perceived as less of a priority (Abbott et al, 2005).

Impact on agencies

Evidence for the impact of integrated working on agencies focuses on the extent to which integrated working is embedded in practice, engagement in integrated working across agencies, assessing needs and planning services, and cost effectiveness.

Towards embedding of integrated working

Overall, evidence suggests that while there has been progress in achieving integrated working, such progress is variable and there is still some way to go before it is fully embedded at strategic and operational levels, and in relation to practice. It has been suggested that the development of integrated working involves a two-stage process comprising the development of a locally integrated team where effective integrated working is based on good personal relationships (stage one) and thence a fully integrated, sustainable service based on professional relationships and supported by IT (stage two) (DCSF, 2007). A small study of seven areas identified as examples of good practice in integrated working found that the majority of the areas appeared to be at the first stage in this process (DCSF, 2007). In a self-assessment of progress involving strategic leads in 143 local areas (CWDC, 2009a), a large majority of respondents (89%) reported 'substantial or tremendous' progress had been made during the 12 months prior to June 2008. However, wide variability in progress across different sectors of the children's workforce, were also identified (CWDC, 2009a). A related self-assessment exercise undertaken by Children's Trusts to measure progress towards integrated working reported a tendency for respondents to score at the midpoint of 3 (where 1 represented fragmentation and 5 represented integrated and high quality provision) (CWDC, 2009b).

Siraj-Blatchford and Siraj-Blatchford (2009:9) in summarising evidence from the evaluation of Children's Trust Pathfinders (UEA and NCB, 2007), a national report on the progress of Children's Trusts from the Audit Commission (2008), and evaluations of the Early Support Programme (Young et al., 2006) and the Nurse-Family Partnership (NFP) conclude that '*local authorities have achieved some coordination of children's services* [but] *it is still early days and there is considerable scope for greater integration and collaboration between agencies both locally and regionally'*.

Engagement across agencies

In relation to the involvement of different agencies in integrated working, studies have found that some agencies are more difficult to engage with than others. There is mixed evidence concerning the engagement of health services. Both the Early Support Programme evaluation (Young et al., 2006) and the Nurse-Family Partnership (Barnes el al, 2008 cited in Siraj-Blatchford and Siraj-Blatchford, 2009) identified a lack of integration between health services

and other agencies. Health services were also commonly identified as more difficult to deal with than other agencies by strategic leads in Children's Services (Lewis et al., 2010). Similarly, an evaluation of multi-agency services for disabled children noted that health settings were sometimes perceived as giving less priority to multi-agency working (Abbott et al., 2005). In a self-assessment survey of progress towards integrated working (CWDC, 2009b) early years, social care and youth support were reported as the most engaged sectors (in descending order) and that health, the voluntary sector and sport, play and leisure services were the least engaged sectors (again, in descending order).

Nevertheless, some positive examples of interagency collaboration involving health services were identified in the literature. An evaluation of joint working between schools, CAMHS and health visitors, for example, resulted in a 77 percent reduction in referrals to specialist CAMHS from primary health care (Worrall-Davies et al, 2004 cited in Worrall-Davies and Cottrell, 2009). A small scale evaluation of a partnership initiative between health and social care in one local authority which was based on 22 interviews with health and social care professionals, reported improved information sharing, a reduction in time spent on administrative tasks, and a greater understanding of other professional roles. The input of health professionals was also perceived as having strengthened social care assessments and assessments undertaken by health professionals were more positively received by service users than those carried out by social workers (Whiting, Scammell and Bifulco, 2008). Evidence also indicates that improved collaboration between health and social care can result in services being more accessible to vulnerable children and young people, such as children in foster care (Rummery, 2009);

The national evaluation of Children's Trusts (UEA and NCB, 2007) identified a lack of involvement of the voluntary sector, and some evidence for this was also highlighted in the evaluation of Early Support Pathfinders (Young, 2006). This latter study found that the involvement of voluntary sector agencies varied, but that where they were substantially involved, awareness was raised of hitherto unknown services and greater flexibility in specialist provision was achieved. Voluntary sector involvement was identified as particularly helpful where statutory agencies were under financial constraints (Young, 2006).

As the trend towards greater integration of services for children has grown apace, schools have become key sites for identifying children with additional needs, and for service provision. An early survey of the children's workforce found that schools were less engaged than any other sector (Deakin and Kelly, 2006). The subsequent introduction of extended schools may have helped to raise awareness of the important role of schools in improving outcomes for children and families. Nevertheless, establishing a direct link between the provision of extended schools and improved outcomes for children and families is likely to prove difficult. Findings suggest that while the FSES approach was commonly associated with improved school performance, better relations with local communities and an enhanced standing of the school in its area, it is likely according to the research team that other factors were also contributing to these outcomes.

There is some evidence that basing social workers in settings such as children's centres and schools, reduces stigma and facilitates earlier identification of problems (Moran et al., 2007; Boddy and Wigfall, 2007 and Wigfall et al., 2008 all cited in Statham and Smith, 2010). The perceived benefits of professionals and service users of social care professionals working in extended schools were said to be earlier identification of needs and quicker access to services, a better understanding between social care and education, and a more coherent, holistic package of support (Wilkin et al., 2008). Additional perceived benefits included fewer referrals

because of earlier intervention, a reduction in the duplication of assessments and improved co-ordination of service provision through enhanced multi-agency working.

In relation to early years services, the Early Support Pathfinders, which were established to provide support to families with younger disabled children, emerged as a very successful initiative. A national evaluation identified substantial improvements in multi-agency planning and delivery, better co-ordination of on-going support for families, and making straightforward and smooth the processes of referral and initial assessment (Young et al, 2006). The evaluation found that where there were more agencies and cross-agency services involved, then more families tended to become involved in Early Support-related activity. The evaluation concluded that the Early Support philosophy was as much a key driver for change as specific working practices. In some cases, the Early Support philosophy enabled Pathfinders to leave behind previous structures of ineffective joint working. In other sites, shared understanding allowed effective structures of joint working to be enhanced. Co-location of services did not emerge as a significant driver for improved inter-agency working from the perspective of professionals, but parents identified benefits in terms of ease of access, practicality, speed and flexibility of provision.

The priority given to disabled children and those with Special Educational Needs within integrated children's services would also appear to be important. For example, research commissioned by the National Deaf Children's Society (NDCS) to consider the impact of integrated children's services on social care service for deaf children and families found that where insufficient attention had been given to the needs of deaf children, there was evidence of unrecognised need, limited resource allocation, poor joint working between social care, health and education, and ambiguous pathways for services (Young et al, 2009). In only a minority of the 57 local authorities participating in the study was social care provision effective, skilled, specialised, and delivered in a co-ordinated way with education and health agencies.

Needs assessment and service planning

A further theme to emerge both concerns the extent to which service priorities rest on a sufficiently solid foundation of robust needs assessment. A briefing bulletin informed by a study seminar sponsored by IDeA, DfES and RiP, for example, highlighted outcome-oriented planning and commissioning of services as a new challenge for children's services and that only a small number of commissioning strategies appeared to be driven by an assessment of local need (IDeA, 2007). The bulletin drew attention to a study by National Federation for Educational Research (NFER, 2006 cited in IDeA, 2007) of 75 Children and Young People's Plans, which identified a lack of understanding of what a needs analysis involves, and a limited connection between needs analyses and the selection of service priorities. The need for greater emphasis on community planning and the quality of experience for children was also highlighted by Broadhead and Armistead (2007 cited in Robinson et al., 2008).

Finally, there is the issue of the extent to which integrated working contributes to an increase or decrease in demand for services. Few studies investigate this issue, but those that do demonstrate a flow in both directions. Atkinson and colleagues (2007) found an increase of referrals of children with mental health problems as a result of early identification of problems, although as noted earlier, an evaluation of a partnership between CAMHS and schools resulted in a fall in referrals to specialist mental health services (Worrall-Davies and Cottrell, 2009).

Cost effectiveness

Evidence for the cost effectiveness of integrated working is limited (Brown and White, 2006) and a need has been identified for further research that explores costs in relation to outcomes for children, and taking into consideration the assessment of need (Percy-Smith, 2006). Some case studies of cost effectiveness have been developed (see OMP, 2007), but the evidence is not sufficiently robust to draw firm conclusions. It is understood that the NFER and Local Authorities Research Consortium's (LARC) 2010 survey of progress made by local authorities in implementing integrated working will focus on cost effectiveness (Easton et al, 2010). Future research in this area is likely to be challenging, given the difficulties in identifying a direct link between integrated working and outcomes for children and families.

Nevertheless, a number of studies have contributed to knowledge in this area and the findings indicate the potential to improve outcomes for families and to achieve savings. In the evaluation of the Early Support Pathfinders an exploratory economic evaluation was conducted to estimate whether the benefits delivered by the Early Support Programme were worth the additional extra costs (Young et al., 2006). It was calculated, on the basis that the value of additional families benefiting from any aspect of the Early Support for two years is estimated to be more than £2000, that in more than 50 per cent of cases Early Support is likely to be cost effective compared to no Early Support. In the evaluation of the Children's Trusts, nine of the thirty five Pathfinders reported making efficiency savings as a result of new services for children, young people and families and some areas reported working towards reinvesting savings into preventative work. In an investigation of the effectiveness and costs of different models of key worker services for disabled children, Greco and colleagues (2005) reported that costs were only marginally higher for services with no designated key workers than for those with designated key workers leading to their conclusion that a designated key worker service should not be ruled out on cost grounds. Furthermore, designated[12] key workers were found to have some advantages over non-designated key workers in terms of contributions to outcomes for families. The national evaluation of the Budget-Holding Lead Professional pilots in England did not identify any evidence that they were more or less cost effective than the Lead Professional role (Walker et al, 2010).

Summary

- Evidence based largely on professional perceptions, indicates that integrated working is associated with a range of positive benefits for practitioners, including:
    - improved enjoyment and well-being in their working lives;
    - enhanced knowledge and understanding of other professional roles, the needs of families, and the availability of services across a range of agencies and sectors;
    - more opportunities for personal and career development, and skill acquisition;
    - improved information sharing and communication between professionals and agencies; and
    - better co-ordination of services, earlier identification of need.

- There is mixed evidence concerning the impact of integrated working on workload, but taken overall an increase in workload appears to be more likely.

[12] These are key workers who have no other responsibilities other than their key worker role. Non-designated key workers, in addition to fulfilling their key work role, also have other responsibilities.

- Evidence indicates that integrated working tends to produce confusion about professional identity, and some risk of social work roles being marginalised in health settings.

- There is considerable variability in progress towards embedding integrated working in practice. Some agencies were reported as harder to engage than others, particularly health services. Although some small scale studies demonstrate positive benefits from the collaboration of health services, larger scale and national studies highlight difficulties in engaging health agencies.

- Evidence suggests that in some cases the voluntary sector can be difficult to engage, but where voluntary sector agencies are involved there have been positive gains in improving access to services, and more flexible services provision.

- Evidence highlights the lack of engagement of schools in integrated working. However, some progress has been made, for example, via the introduction of extended schools and locating social workers in schools. Closer collaboration between social workers and school staff are associated with a reduction in stigma, earlier identification of problems, quicker access to and improved co-ordination of services, fewer referrals and a reduction in duplication of assessments.

- Some negative impacts of integrated working have been identified including greater fragmentation, a lack of specialist support and poor co-ordination of services for deaf children.

- The evidence is mixed concerning the impact of integrated working on demand for services, with evidence for both an increase and decrease in demand. There is also evidence to suggest that more attention needs to be paid to needs assessment in the planning and commissioning of services.

- There is limited evidence for the cost effectiveness of integrated working and a need for more research in this area. There is some evidence that integrated working can produce savings which can be reinvested in services. Designated key worker services have been shown to be marginally more expensive than non-designated key workers, but likely to be more effective in contributing to positive outcomes for children and families.

Evidence about processes for integrated working

This chapter of the report discusses outcomes associated with specific processes that aim to foster integrated working, including the Common Assessment Framework, the role of the Lead Professional, and the Team Around the Child. Evidence for the outcomes of key-working is also discussed.

Information sharing is a key dimension of integrated working and evidence discussed throughout this report shows that it can be both an aim and an outcome of integrated working. More specifically, technological interventions have aimed to improve information sharing and an example of this – the Integrated Children's System – is discussed in this chapter.

Overall, there is more evidence concerning the Common Assessment Framework and Lead Professional compared with the Team Around the Child model of working, and what evidence that does exist focuses more on implementation than on outcomes, for example a study investigating the interface between Common Assessment Framework and specialist assessments (SIS, 2010b). More research focuses on key-working than on the Team Around the Child model of multi-agency working.

Common Assessment Framework

The Common Assessment Framework (CAF) is intended to facilitate early identification of children with additional needs and to provide a mechanism for promoting multi-agency working. The tool was also intended to foster greater consistency in assessments and is undertaken with the consent of the child and family. Findings focus on an examination of progress in embedding the CAF in practice, the reported benefits of the CAF, and areas meriting further attention.

Progress in embedding the CAF

A consistent message from research concerns the considerable variation between and within local authorities in how CAF was being used, and by whom (Brandon et al., 2006; Easton et al, 2010; White et al., 2008 both cited in Statham and Smith 2010) and 'considerable variability' in the extent to which CAFs were completed by staff in agencies other than social care (Ofsted, 2008 cited in Statham and Smith, 2010). An evaluation of an electronic version of the CAF (eCAF) involving a survey of 3,700 highlighted differences in the degree of information shared within agencies as compared with information shared with other agencies (DCSF, 2009).

Nevertheless, overall, the trajectory of evidence appears to be moving in a positive direction. For example, a recent evaluation of the CAF, drawing on qualitative evidence provided by 24 local authorities and using a four-stage impact model (where level one represents changes to inputs, processes and structures, level two represents changes to experiences and attitudes, level three represents outcomes for children and their families, and level four represents systemic embedding) reported that most authorities appeared to fall between levels two and three (Easton et al, 2010), and that this represented an improvement on findings from an earlier survey conducted in 2008 (see for example, LARC 1 cited in Easton et al, 2010).

Benefits of CAF

Several studies have identified positive benefits associated with the use of the CAF. In an early evaluation of the CAF and Lead Professional piloted in 12 authorities in the UK ahead of its national implementation, over half of managers and professionals implementing the CAF reported that it promoted better and speedier multi-agency working and delivery of services (Brandon et al, 2006). Even at this early stage, three quarters of professionals believed that the CAF and the Lead Professional would lead to improved outcomes for children and families and some reported that they could already identify evidence of positive impact on families. Although the LARC study (Easton et al, 2010) showed variation in the extent to which the CAF was embedded in local authorities, local authorities cited many examples to illustrate the benefits of using the CAF. These included perceived improvements in the emotional health of children and families, improved parenting, improvements in school attendance and learning, better relationships between families and schools, and enhanced transition arrangements between early years settings, primary and secondary schools (Easton et al., 2010).

Some small scale and local evaluations have also identified positive benefits associated with the use of the CAF. Ward and Peel (2002 cited in Statham and Smith, 2010), drawing on an evaluation of an early piloting of the CAF in one local authority, identified improvements to the quantity and the quality of information collected. An evaluation of the impact of the CAF and Lead Professional role in South Gloucestershire based on interviews with parents, children, Lead Professionals and other professionals involved with the CAF reported perceived benefits by both professionals and parents (Lin Whitfield Consultancy, 2008). Professionals reported an increase in their knowledge of available services and that two-thirds of delivery plans were successfully delivered. Perceived outcomes for children and families included improved access to other services or support, better family relationships, and improved school attendance and behaviour. The authors concluded that there was evidence of 'green shoots' to signify that integrated working was beginning to make a positive difference to the delivery of children's services in South Gloucestershire.

Areas for improvement

Brandon and colleagues (2006) identified issues that merit further attention. In particular, anxiety and frustration generated by a lack of clarity about how to work in an integrated way was highlighted and more than two thirds of professionals reported that implementing integrated processes was adding to their workload. These concerns have been echoed in later reports. A recent survey of educational psychologists, for example, found there was need for greater agreement on the specific practices of integration (Shannon and Posada 2007). A national evaluation of Children's Trusts (UEA and NCB, 2007) found insufficient evidence to confirm whether the CAF increased or decreased duplication of assessment or the number of referrals to agencies.

A later study, albeit in one area, also found that professionals appeared reluctant to complete the form if they knew that additional resources were unlikely to be available to support the needs identified (Gilligan and Manby, 2008 cited in Statham and Smith, 2010). This study also found that the CAF tended to be used for children with high level needs, rather than to identify unmet need at an early stage, as originally intended. A further study, which drew on an analysis of 280 completed CAF forms found that they had a negative impact on professionals' capacity to 'tell a story' about children and families (White et al., 2008 cited in Statham and Smith, 2010) and this theme has been echoed in other studies (see, for example, Walstenholme et al, 2008 cited in SIS, 2010a). The quality of assessments has also been criticised in an audit of 90 common assessments, which found that some judgemental views were recorded, and that

children's needs were not clearly identified or evidenced and that there appeared to be some confusion about the difference between outputs and outcomes of assessment (SIS, 2009 cited in SIS, 2010a).

Lead Professional and Team Around the Child

There appears to be more research focused on key-working than on the role of Lead Professional, which is understandable given that the role of Lead Professional has only recently been introduced as part of the *Every Child Matters* agenda. In guidance issued by the CWDC, the main functions of the Lead Professional are identified as acting as a single point of contact for children and families, and co-ordinating multi-agency service delivery according to plans agreed by the Team Around the Child (CWDC, 2009b cited in SIS, 2010).

Lead Professional

It has been claimed that the nature of the role of the Lead Professional (LP) is both promising and problematic (Siraj-Blatchford and Siraj-Blatchford, 2009). This assessment is partly informed by confusion reported by some professionals about the differences between the role of key worker and LP (OPM, 2006; Siraj-Blatchford and Siraj-Blatchford, 2009) and between 'case worker' and LP (OPM, 2006). One of the factors identified as contributing to this confusion was that many professionals were already co-ordinating services across a range of services (OPM, 2006). Similarly, a study by Brandon and colleagues (2006) reported that a number of professionals co-ordinated services in a similar way to that envisaged for the LP role. In the final report of the national evaluation of Children's Trust Pathfinders (UEA with NCB 2007) the need for more clarity concerning the role of LP as compared with key workers and care managers was highlighted. However, in a later survey of 220 respondents representing different sections of the children's workforce carried out by CWDC (CWDC, 2009c cited in SIS, 2010) 90 percent of respondents reported that they understood the LP role.

A number of benefits have been associated with the LP role. In a study by Brandon and colleagues (2006), 17 out of 36 LPs reported that their role had led to speedier access to services for children and families. Other studies have identified improved family-centred planning and delivery of services as benefits resulting from the LP role (Walker et al, 2009 cited in SIS, 2010) as well as high levels of parental satisfaction (Jones, 2007). The Targeted Youth Support Pathfinders also identified some positive benefits for young people (Palmer and Kendall, 2009). Effective support was characterised by clarity of the LP role and sufficient LP time as well as effective interagency collaboration and co-ordination of support across universal and targeted services.

Further themes in the literature concern the extent to which professionals feel sufficiently skilled and supported to undertake the LP role. Brandon and colleagues (2006) found that the majority of professionals were comfortable in the LP role and felt it was within their capabilities. However, less than half felt well supported and a minority of normally confident professionals found aspects of the LP role daunting and anxiety-provoking.

A reluctance to share responsibility for LP working was identified among some agencies, and some professionals warned that taking on the LP role can lead to other professionals opting out. This, in turn, can result in the LP feeling over-burdened. Similarly, in a survey of 220 professionals in the children's workforce, only 25 percent of respondents reported that they would be prepared to take on the LP role (CWDC, 2009c cited in SIS, 2010) and this may be related to the high degree of responsibility perceived as associated with the work (Brandon et al, 2006). This latter finding clearly has implications for the likely pace of progress in embedding the LP role in practice.

Budget Holding Lead Professional

Budget Holding Lead Professionals were established in England in 2006 in an attempt to provide Lead Professionals with funds to commission services for children and families. An evaluation of 16 pilot sites identified a significant gap between the policy intent and practice on the ground, largely because Lead Professional working, the CAF and the Team Around the Child approach were not always in place (Walker et al, 2010). Subsequently, a small number of practitioners in 7 pilot sites were identified who were charged with implementing the budget holding and commissioning role as originally envisaged. These were known as established BHLPs (EBHLPs). Findings from the evaluation of BHLPs and EBHLPs found that they were no more effective than LPs in improving school attendance but that the additional funds may have contributed to the alleviation of financial hardship, and increased young people's access to leisure and study facilities. On the whole, however, BHLP practice tended to be absorbed into existing multi-agency working and there was little evidence that it improved practice or outcomes for children and families (Walker et al, 2010).

Team Around the Child

As a specific model of integrated practice, the function of the Team Around the Child (TAC) is to jointly plan and deliver services for children and families. A recent review of the literature on TAC found more of an emphasis on implementation of multi-agency working, and little evidence that investigated the TAC model specifically, or its outcomes (SIS, 2009).

A recent survey of Common Assessment Framework co-ordinators in 30 local authorities explored how the TAC model was being implemented for young people aged 11-14 years in 30 local authorities (SIS, 2009). The study found considerable variability in the implementation of the TAC model but that where a single model was consistently applied, there was greater clarity concerning the processes and role of different agencies (SIS, 2009). The TAC model was perceived by professionals as helping to keep the focus on the young person, and improved accountability and transparency among services working with young people. The TAC model was also perceived as helping to maintain a consistent and co-ordinated level of support for young people, improving access to services, and reduced duplication of service provision. Consistent with other findings on the benefits of multi-agency working, the TAC model was associated with improved understanding and awareness of other professional roles and services, including those provided by the voluntary sector and a reduction in inappropriate referrals. The study acknowledged the lack of systematic recording of outcomes for young people and that consequently, most of the evidence currently available is anecdotal in nature (SIS, 2009).

Key-working

Although not considered a specific component of integrated working (such as the Lead Professional, Common Assessment Framework and Team Around the Child), key-working is a related model of multi-agency working. The key worker role pre-dates the promotion of integrated working as a specific policy initiative in children's services and anticipates the significance given to the role of one professional functioning as a single point of contact for the family.

Much of the evidence on key-working focuses on disabled children and their families many of whom require the input of a wide variety of services. An early review of multi-agency key-

working for disabled children (Liabo et al, 2001 cited in Sloper, 2004) found some evidence of positive outcomes for families, but that large scale, robust studies were lacking. The evidence for the outcomes of key-working is now stronger and includes studies that examine the benefits of key-working from a range of stakeholder perspectives (Abbott, et al, 2005) compare outcomes for different models of key-working (Greco et al, 2005) and investigate the benefits of key-working in the early years (Young et al, 2006). More recently, a study of the costs and benefits of key-working has been undertaken for the Department of Health (Sloper, in preparation).

Evidence shows that there is wide variation in models of key-working for children with disabilities (Greco and Sloper, 2003 cited in SIS, 2010) and that there is a key difference between designated key workers (who fulfil only this role for a limited number of families) and staff for whom key-working is one of several roles (Sloper et al, 2007 cited in SIS, 2010). A study which explored parents' perspectives of key-working, identified wide variation in the tasks undertaken by key workers and a lack of clarity about the nature of the role (Greco et al, 2007 cited in SIS, 2010). Findings also show that outcomes can vary for families between different key-working schemes and that factors relating to better outcomes include the management of the service, definition and understanding of the key worker role, and provision of training and supervision for key workers (Greco et al, 2005).

Overall, evidence indicates that only a minority of families with a disabled child have a key worker (Greco et al., 2005) but where there is a key worker the evidence suggests they can have a positive impact on families' lives. Studies consistently report that compared with families who do not have a key worker, families with key workers report improved quality of life, better relationships with services, better and quicker access to services, reduced levels of stress (Greco et al., 2005; Townsley 2003 cited in Sloper 2004) and a more co-ordinated, service-effective and family sensitive provision (Young et al., 2006). Key-working services have also been associated with improvements in information about available services, better multi-agency planning and resource provision, more stability and family-centred planning (Doyle, 2008; Greco and Sloper, 2003; Greco et al, 2007; all cited in SIS, 2010).

A number of difficulties associated with key-working have also been identified. In a study of six sites of which four involved key workers, Abbott and colleagues (2005) found that although multi-agency services had led to some gains, some parents continued to feel that their social and emotional needs were not met, and that they experienced delays and difficulties in obtaining equipment and physical adaptations. By contrast, a study of key-working in the Early Support Programme (Young et al, 2006) highlighted the value parents placed on the emotional and practical support provided by key workers. Instead, this latter study found that a key difficulty for families concerned the lack of transparency about the criteria for who could have a key worker and anxiety about the withdrawal of the service after age three[13]. The issue of resource allocation is a key one, and has led some authors to claim that multi-agency working produces better co-ordination of existing services, but not new services that might better meet families' needs or unmet need (Abbott et al., 2005)

Information sharing

As highlighted throughout this report, information sharing rests at the heart of integrated working and underpins key related processes, such as the Lead Professional, the Team Around the

[13] Since this study was undertaken, the Early Support Programme has raised the upper age limit to five years.

Child model, and use of the Common Assessment Framework. Additionally, specific initiatives have been introduced to strengthen IT systems that might help to facilitate effective information sharing. The Integrated Children's System (ICS) is one such example.

The Integrated Children's System

A key objective of the Integrated Children's System (ICS) is to facilitate the sharing of information across agencies. However, there is mixed evidence for its effectiveness. In an evaluation of four pilot sites drawing on a range of stakeholder perspectives, Bell and Shaw (2008) criticised the ICS for being too prescriptive and giving insufficient attention to the care needs of individual children and families. The system was considered overly technical and complex, that it risked alienating parents and might discourage them from sharing information. Further, incompatible information systems limited the extent to which information could be shared between agencies, contributing to doubts about whether the ICS was fit for purpose. Some optimism was expressed about its potential, but slow progress in implementation was considered likely (Bell and Shaw, 2008). By contrast, Cleaver et al (2008) in an evaluation of the ICS in four pilot authorities, concludes that although implementation was challenging, positive benefits were identified for professionals and for interagency collaboration suggesting that progress may be being made in overcoming the initial difficulties.

Joint training and professional development

Most of the research in this area focuses on the barriers and facilitators for training to joined-up working (see for example, Frost, 2005). There is limited evidence on outcomes of inter-professional training on practice or on outcomes for children and families, and a need for robust longitudinal and theoretically-informed studies has been identified (Humphries and Hean, 2004 cited in Frost, 2005).

The development of integrated services based on a holistic and outcome-oriented approach to working with children and their families signalled a challenge to traditional models of initial qualification and continuing professional development in children's services (Frost and Stein, 2009). Hitherto, services and their associated professions were organised in a series of 'silos' which functioned as barriers to the delivery of flexible and responsive services (Parton, 2006 cited in Frost and Stein, 2009). Indeed, Frost (2005) claims that separate pre- and post-qualifying training can reinforce negative views about other professionals and interagency working.

The Common Core of Skills and Knowledge

Against this background, the CWDC introduced the Integrated Qualifications Framework based on a Common Core of Skills and Knowledge for the children's workforce. The Common Core comprised the following six key elements: child and young person development; safeguarding children and promoting their welfare; effective communication and engagement; supporting transitions; multi-agency working; and sharing information. Following recent consultations, the need to incorporate greater awareness of disability and disadvantage within the delivery of the six common core areas has been identified (CWDC, 2010). It is intended that the Common Core will provide an important building block for a children's workforce and that it will address not only skill acquisition, but also the development of a culture of integrated working (CWDC, 2010). The national evaluation of On Track (Ghate, 2008) found that training was required not only in

specific skills, but also in the 'mindset' required for effective multi-agency working, particularly in relation to innovative and time-limited initiatives.

Although it is still early days in terms of evaluating the impact of the Common Core, it has been claimed that it has the potential to play a significant role in supporting multi-agency working (Frost, 2005). Findings from an empirical study commissioned by CWDC including an on-line questionnaire of professionals (n=981), found that awareness and use of the Common Core was patchy and varied across sectors (CWDC, 2010). Over a third (38%) of respondents reported that they had 'some knowledge' and a further third (32%) said they had a 'good knowledge' of the Common Core. Respondents also identified the most useful aspects of the Common Core as providing a good basis for induction programmes, for helping to identify gaps in an individual's skills and knowledge, and for providing a good starting point for drawing up job roles and descriptions (CWDC, 2010). Findings from focus groups highlighted variability in the extent to which the Common Core was embedded in initial and other training programmes; in particular, skills for joint working and information sharing were the least likely to be embedded in professional standards that underpin initial training.

Benefits

An early review (Sloper, 2004) found promising evidence that inter-professional training could assist in reducing barriers to joint working and that more training for new staff to undertake joint working was needed. Other authors have concurred, claiming that joint training and professional development helps to raise awareness of other professionals' roles and responsibilities and thereby facilitate improved interagency working (Cameron and Lart, 2003; Myers et al, 2004 both cited in McInnes, 2007; Smith and Coates, 2003 cited in Frost, 2005).

Joint training may also help staff to engage with concerns about the perceived loss of professional identity associated with integrated working (Frost and Robinson, 2005 and Anning et al, 2006 cited in Centre for Research into Childhood and Policy Research Institute, 2008). However, positive outcomes for joint training are by no means a foregone conclusion. Tunstall-Pedoe and colleagues (2003, cited in McInnes, 2007) found that while different health care students (including students of medicine, nursing, radiography and physiotherapy) studying together in their first term held positive attitudes to interagency working, they felt forced to learn irrelevant skills and negative stereotypes were more deeply entrenched by the end of the course.

Evidence for the impact of joint training and professional development on practice, and on outcomes for children and families, is more limited although multi-agency training is one of several characteristics distinguishing Sure Start Local Programmes with better child and parent outcomes (Anning et al., 2007). Drawing on 'higher quality' studies included in a systematic review of inter-professional education (JET 2002 cited in Frost 2005) the authors found that the vast majority of evaluations reported positive outcomes for attitudes and perceptions, knowledge and skills, and practice. Some evaluations in the review also reported benefits for patients[14]. However, another systematic review of inter-professional education (Zwarenstein et al 2002 cited in Sloper, 2004) highlighted the weakness of the evidence in this area and concluded that it was not possible to conclude that inter-professional education had an impact on professional practice or on outcomes for children and families.

[14] Evaluations of interprofessional training for nursing and medicine were most frequently represented in the sample.

Nevertheless, more recent evidence suggests that multi-agency working can facilitate joint training and the development of new types of professionals who are able to work across organisational and professional boundaries (Atkinson et al, 2002; UEA and NCB, 2007). Training to prepare staff to undertake the Lead Professional role, for example, has been identified as most effective when it is ongoing, multi-agency and delivered to professionals implementing the CAF and managers (Brandon et al, 2006).

Early findings of an evaluation of the Common Language Project, a research-based and inter-disciplinary approach to integrated working (Axford et al, 2006), found that it was 'too soon' to draw firm conclusions, but that the Common Language model appeared to forge a link between research, policy and practice. The evaluation found that new and innovative interventions had been developed to address children's needs, and that in several test sites a fall in the number of children in 'out-of-home' care was partly attributed to the use of the Common Language model. However, it was also acknowledged that there was a continuing emphasis on outputs rather than on outcomes in terms of children's well-being.

Initial findings from an on-going evaluation of a Foundation Degree course combining work-based learning and academic study (Oliver, undated) highlighted the difficulties experienced by some students in identifying a mentor in the workplace who was knowledgeable and experienced in the principles and practices of integrated working. In some cases, the student helped to raise awareness and understanding of integrated working among colleagues and in the host agency. A majority of mentors reported that the student brought insight, learning and good practice back to the workplace. The evaluators hoped that from these 'green shoots', students on the course would, in turn, become mentors for other students and thereby contribute to workforce development in the future. It was also concluded that benefits for students and agencies will be influenced by the extent to which agencies welcome this model of learning.

Summary

Common Assessment Framework (CAF)

- There is more evidence on the CAF and Lead Professional and less on Team Around the Child. What evidence there is focuses more on implementation than on outcomes.

- The considerable variation in how the CAF is being used and by whom is a consistent message. Nevertheless, findings suggest that the trajectory of evidence concerning the extent to which the CAF is embedded in practice is moving in a positive direction.

- The CAF has resulted in a number of benefits as perceived by professionals including:
    - better and speedier multi-agency working;
    - greater awareness of services available for children and families;
    - enhanced transition arrangements between early years settings, primary and secondary schools;
    - improvements to the quality and quantity of data collected;
    - improvements in the emotional health of children and families;
    - improved parenting;
    - better relationships between families and schools; and
    - improvements in school attendance and learning.

- Areas highlighted for further attention include:
    - the need for greater clarity about the specific practices of integrated working;
    - the reluctance of professionals to use the CAF when resources are unavailable to meet need;
    - failure to use the CAF to identify additional needs at an early stage, as originally intended; and
    - the variable quality of some CAF assessments.

Lead Professional (LP)

- There is mixed evidence about the extent of confusion among professionals in understandings of the roles of LP, key worker and caseworker, with more recent evidence suggesting a move towards greater clarity.

- Professionals perceptions of the benefits resulting from the LP role are speedier access to services, high levels of parental satisfaction, and enhanced family-centred planning and delivery of services.

- Constraints to effectiveness of the role included a lack of support for undertaking the role, the high degree of responsibility associated with the work, and the perceived risk that other professionals might not fully contribute to planning and service delivery, which can result in the LP feeling over-burdened.

- Evidence indicates that Budget Holding Lead Professionals (BHLP) were no more effective than LPs in supporting families or in improving outcomes for children.

Team Around the Child (TAC)

- There is little evidence on TAC or its outcomes. Early evidence suggests that professionals believe the model has encouraged a child-centred approach, improved accountability and transparency among services working with young people, improved co-ordination of services, and reduced duplication of service provision.

Key-working

- Much of the evidence on key-working focuses on disabled children and their families and studies highlight the wide variation in models of key-working and tasks undertaken by key workers.

- Outcomes for families tend to vary between different key worker schemes. Better outcomes are associated with the management of the service, understandings of the key worker role, tasks undertaken by key workers and the provision of training and supervision.

- There is mixed evidence concerning the extent to which key-working meets the social and emotional needs of parents. Some parents have also expressed concern about a lack of transparency about eligibility criteria.

- Overall, studies consistently report improved quality of life, better relationships with services, better and quicker access to services and less stress for families with a key worker, compared with families who do not have a key worker.

Integrated Children's System (ICS)

- Evidence for the effectiveness of the ICS is mixed. One study has criticised the system for being too prescriptive, overly technical and complex, and insufficiently child- or family-centred. Other evidence suggests that although implementation was challenging, the system showed promising evidence that the ICS could benefit practitioners and promote multi-agency collaboration.

Joint training and professional development

- There is limited evidence on outcomes of inter-professional training on practice or on outcomes for children and families. There is also variation in the extent to which the Common Core of Skills and Knowledge for the children's workforce has been incorporated into initial and other training programmes.

- Evidence indicates that inter-professional training can reduce barriers to multi-agency working, raise awareness of other professionals' roles, assist staff in managing concerns about professional identities, and have a positive impact on attitudes, perceptions, knowledge and skills. There is also promising evidence that work-based learning, combined with academic study, can produce positive benefits for learners and the host agency.

Conclusions

One aim of this review was to 'tell the story' of integrated working since the launch of *Every Child Matters* in 2004. Moving towards integrated working entails a radical change in organisational structures, working processes and cultures. There is evidence that in the last six years good progress has been made, but it is still early days and progress tends to be neither linear nor uniform across sectors, regions or agencies. Consequently, organisations and professionals working with children and families are at different stages in the journey to fully embedding integrated working at strategic and operational levels and in relation to practice. Moreover, it would be unrealistic to expect to find conclusive evidence that integrated working was effective for all children; a more realistic aspiration would be for integrated working to benefit most children in most contexts.

As might be expected, early research on integrated working focused on the barriers and facilitators to effective implementation, which has been extensively investigated. More recently, there has been a growing interest among researchers and policy makers in outcomes, particularly for children and families. However, studies consistently emphasise the considerable challenges of undertaking outcome research in this field. A key issue concern the number of factors that can have an influence on outcomes and the considerable difficulties involved in disentangling their effects. As we have seen, there are also issues around what outcomes are measured, who defines them and at what stage they are investigated. As a result, it has been suggested that studies should aim to investigate a range of outcomes that take into account the priorities of service users as well service providers, and that more longitudinal studies are required. Finally, variability in progress and implementation create difficulties in evaluating outcomes.

Possibly because of these challenges, research has tended to focus predominantly on the perceptions of professionals and, to a lesser extent, service users. There is less of what is sometimes referred to as 'hard' evidence in terms of outcomes, by which we mean measureable outcomes, such as school attendance or involvement in crime. But referring back to Sloper's review of 2004, the point at which we started, there are now more multi-site and national studies that have collected data on both perceptions and measurable outcomes. This is not to diminish the importance of qualitative research, but to highlight the need for both qualitative and quantitative evidence which together provide a more robust and comprehensive picture.

A key policy driver for integrated working was the call made by Laming and earlier Inquiries for better communication and coordination between agencies in respect of vulnerable children supported by research studies of different groups of vulnerable children which highlighted the need for multi-agency working between health, education and social care. It is perhaps unsurprising therefore that the evidence we have reviewed is focused particularly on the impact of integrated working on children with additional needs who, arguably, may be more likely to benefit most.

A complex picture on outcomes emerges from this review. Studies have involved different groups and ages of children, different groups of professionals and a range of settings. Although the number of studies investigating outcomes for children and families has increased, there is still limited evidence on outcomes. Where outcomes have been investigated, there has often been a failure to find a direct link between outcomes and integrated working. However, some positive benefits for children and families, both perceived and measurable, have been identified

and there would not appear to be any negative effects. Additionally, parents generally express high levels of satisfaction.

Evidence also indicates that integrated working is generally well received by professionals and appears to produce positive gains in relationships with colleagues and service users, and in relation to their personal and career development. In some cases, evidence for the impact of integrated working is more mixed, for example, on workloads and professional identities.

Although there is limited evidence on outcomes of key processes associated with integrated working (e.g. Common Assessment Framework; Lead Professional, Team Around the Child), findings suggest that the trajectory of evidence is moving in a positive direction. Consistent with other research on multi-agency working, professionals have reported a wide range of benefits associated with the Common Assessment Framework such as better multi-agency working, a greater awareness of services for children and families and improvement in the quantity and quality of data collected although there has been some questioning of the quality of some Common Assessment Framework assessments. As yet there is little evidence on Team Around the Child and its outcomes, but studies consistently report positive outcomes for children and families as a result of key -working. There is limited evidence on outcomes for inter-professional training on practice or for service users, but its considerable potential for promoting effective integrated working has been highlighted.

In the main, we do not yet know the extent to which integrated working will benefit children in general although we have strong evidence that integrating pre-school childcare and education provision benefits children, but particularly disadvantaged children. Further, we might argue that integrated working can contribute to creating the conditions that make improved outcomes for children more likely. Also targeting 'interim outcomes', such as improved parenting and family relationships, has considerable potential for enhancing children's well-being.

To conclude, although the evidence is limited on outcomes, overall the direction of travel is a positive one and, for children and young people, there would not appear to be any negative effects. It may not be possible to demonstrate a causal relationship between the provision of integrated services and positive outcomes for children and families for the reasons highlighted earlier. However, we can perhaps say that integrated working creates the conditions that make improved outcomes for children and families more likely.

Research agenda

A number of gaps in the evidence base have been identified within the literature in particular the need for more studies that:

- measure effectiveness in relation to the five outcomes for children and young people i.e. be healthy, stay safe, enjoy and achieve, make a positive contribution, and achieve economic well-being.
- explore user-defined outcomes, taking into account differences between children and parents/families;
- link processes with outcomes;
- consider how integrated working impacts on demand for services;
- investigating the impact of inter-professional training on professional practice and outcomes for service users adopting robust methodology;

- explore costs in relation to outcomes for children and taking into consideration the assessment of need;
- examine outcomes of key integrated working practices (e.g. Common Assessment Framework, Lead Professsional, Team Around the Child); and
- utilise case study data and local evaluations with designs that can provide robust evidence.

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