Local Government Association

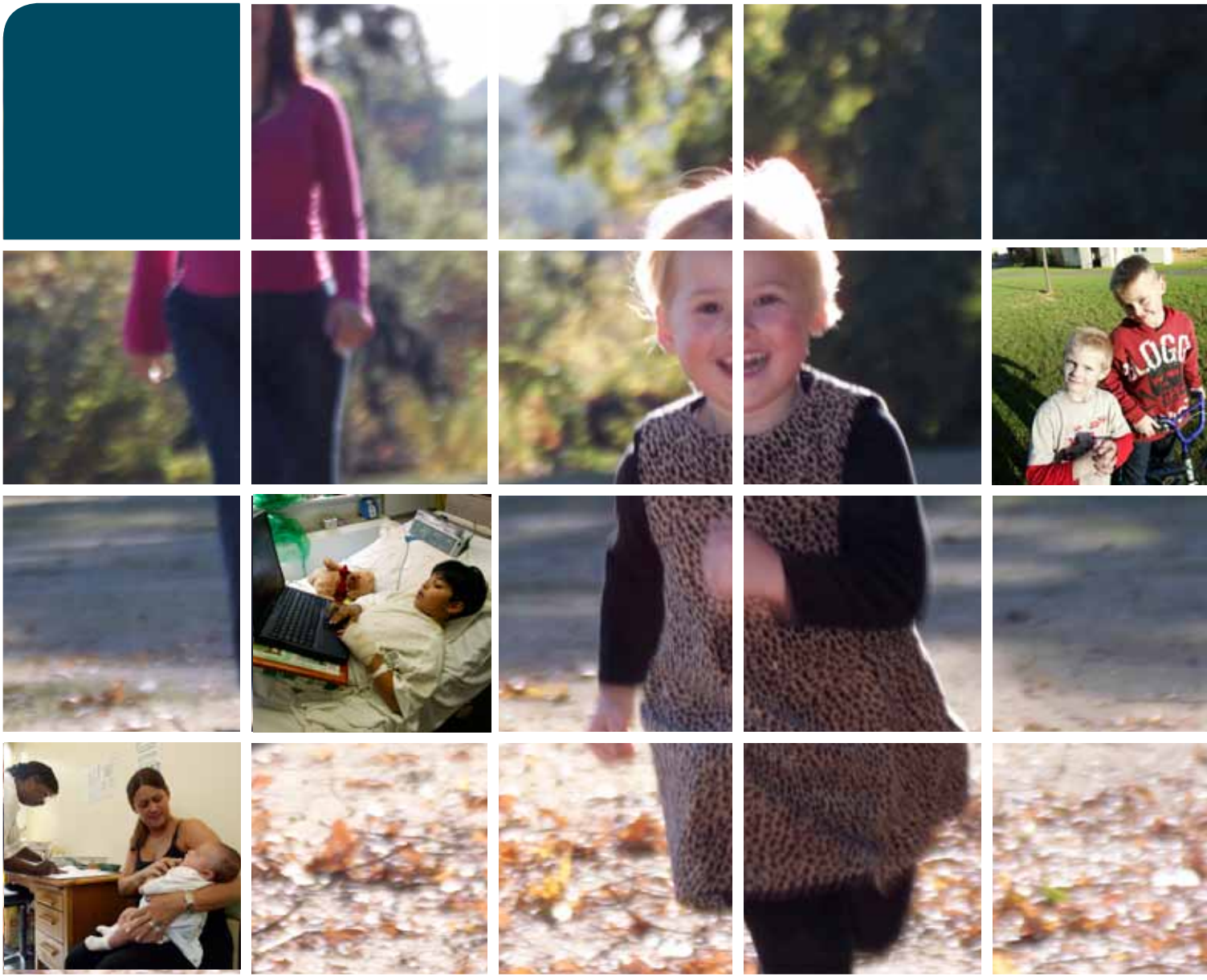
ADCS Leading Children's Services

solace

Integrated working

Development demonstrators

Briefing 7



Sector-led improvement

A set of briefings is available to support the Munro Review Demonstrator sites. Each addresses a topic central to the Munro Review recommendations. They introduce key activity in the area and signpost the way to further information, but do not systematically review or quality appraise the material. They are intentionally 'live' working documents, to which experiences of the demonstrator sites will be added during the course of the project.

What is the issue?

Many of the difficulties faced by families do not fit neatly in to the remit of one service, but cross the boundaries of health and social care, adult's and children's services. Providing effective support to families requires that services are as 'seamless' as possible.

In recent years, a number of initiatives have explored ways to improve joined-up working, ranging from structural integration and the creation of new multi-agency teams, to improving collaboration and communication across existing services through a variety of means.

This briefing will explore the different areas of integrated working relevant to children's services, the factors necessary to ensure success, and challenges that can hinder good practice.

Key policy drivers and developments

The need for a range of agencies to work together to safeguard and promote the welfare of children is recognised both in statute and Government guidance, most recently in the consultation on the revised version of 'Working Together to Safeguard Children'. The Munro Review recognised the good progress that has been made in developing multi-agency working in relation to safeguarding. It recommends that care be taken to ensure that forthcoming changes to policy, particularly in health, do not have a negative impact upon this progress [1], p.58.

Integrated working also has particular relevance to supporting families with multiple needs. In order to meet the target of supporting 120,000 'troubled families' by 2015, the government is building on the work of the Family Intervention Projects introduced in 2006. These take a holistic, intensive approach to supporting families, with multi-agency working led by a single 'key-worker' [2]. The Troubled Families programme announced in 2012, re-emphasised this model of intervention for dealing with the multiple challenges faced by some families [3].

Integration between health and social care in particular has been promoted by UK governments for several decades [4]. Recent, renewed focus on this issue has been driven by the publication of the 2010 White Paper 'Equity and Excellence: Liberating the NHS'. One of the key developments relevant to integrated working with children and their families is the proposal to create 'health and wellbeing boards' [5].

Many local authorities have already established ‘shadow’ health and wellbeing boards to prepare for the official introduction of health and wellbeing boards 2013 [6].

Activity and research in this area

What is integrated working?

Terminology

Joint or integrated working can take a range of forms, from cooperation between services to structural integration. Horwath and Morrison [7] for example, outline a five-level framework for understanding different kinds of collaborative endeavour within multi-agency working:

1. **Communication**: individuals from different disciplines talking together.
2. **Cooperation**: low key joint working on a case-by-case basis.
3. **Coordination**: more formalized joint working, but no sanctions for non-compliance.
4. **Coalition**: joint structures sacrificing some autonomy.
5. **Integration**: organizations merge to create new joint identity.

In practice, the different forms of joint working are referred to using a range of terms, including ‘partnership working’, ‘joint-working’, ‘multi- and inter-disciplinary working’. These are often used interchangeably, or without clear distinctions in meaning [8].

A recent research briefing on integration by the Social Care Institute for Excellence (SCIE) [4] suggests that ‘joint working’ be used as an umbrella term for all forms of collaboration, with ‘integration’ referring specifically to structural ‘merging’ of two or more organisations.

Good practice in joint or integrated working

For successful joint or integrated working, the SCIE research briefing [4] identifies the following factors as important:

- Understanding and commitment from staff to the aims and outcomes of any partnership. A clear distinction between roles and responsibilities is essential.
- Pursuing outcomes that have been defined by service users.
- Promotion of increased user involvement, choice and control.
- A past history of joint working in local partnerships.
- Effective communication between members of multi-disciplinary teams.
- Strong, co-ordinated management and integrated professional support.

All of the factors above can also conversely hinder joint or integrated working if their importance is not understood resulting in insufficient attention. Other factors that can have a negative impact upon multi-agency collaboration include:

- poor information sharing between different professionals due to logistics or confusion regarding propriety
- conflict between different professional cultures and values
- financial uncertainties.

The Children's Improvement Board have developed case studies of best practice in integrated working featuring examples from across England and Wales. These case studies include examples of integrated health and social services, 'whole family' services and multi-agency joint working partnerships.

For more information see:

Integrated Working: a review of the evidence[1] [8]

SCIE Research Briefing 41: Factors that promote and hinder joint and integrated working between health and social care services[2] [4]

CIB case studies in integrated working[3]

Changing strategic relationships with the health sector

The reforms set out in the 2010 White Paper have the potential to change strategic relationships between health and children's social care, and some notes of concern have been sounded about the potential impact of the recent health reforms upon advances made in joint working in children's safeguarding [1].

There remains some uncertainty regarding how the newly proposed Health and Wellbeing boards will work with Local Safeguarding Children's Boards.

However, interim guidance from the NHS Commissioning Body has emphasised that 'the LSCB should not be subordinate to or subsumed within local structures that might compromise its separate identity and voice' and will remain the key statutory mechanisms through which local professionals will 'cooperate to safeguard and promote the welfare of children in their localities' [9] (p9).

Research undertaken by the King's Fund [10] explored how a range of local authorities and their health partners have approached the establishment of their shadow Health and Wellbeing Boards. This research suggests a range of potential relationships between existing safeguarding arrangements and the new Boards:

> 'In designing the new arrangements, local authorities were thinking through how existing partnership bodies such as adult and children's safeguarding boards, children's trusts and wider groups like community safety partnerships would be positioned in relation to the shadow board. Respondents reported wide variations, with some using health and wellbeing boards as the overarching body to which other partnerships reported.' (p 24)

1 http://tinyurl.com/integreview
2 http://tinyurl.com/jointworking
3 http://tinyurl.com/CIBcasestudies

For more information see:

Integrated Working: a review of the evidence[4] [8]

Arrangements to secure children's and adult safeguarding in the future NHS[5] [9]

Health and wellbeing boards: System leaders or talking shops?[6] [10]

Integrated services to support families
Families with multiple problems are often receiving a range of services from different agencies. These are frequently targeted separately at the adults or the children, without taking a holistic view of the family [11]. A number of recent initiatives have explored 'whole family' approaches, particularly important when helping parents with mental health problems and families dealing with the consequences of substance abuse or domestic violence.

Family Intervention Projects

Family intervention projects were introduced in 2006, and a number of evaluation reports have been produced (eg [2]). Family intervention projects (FIPs) involve the engagement of particular families by multiple services but facilitated by a single 'keyworker.' In the majority of projects this keyworker role has been filled by family support workers, whose responsibilities are to manage the families' problems, co-ordinate the delivery of services with the FIP partner agencies and issue rewards or sanctions to the families in order to motivate behaviour [2].

In this way, they can be understood to be an example of joint working, rather than structural integration as organisations involved in the FIP have not been merged but keep their separate identities.

The FIPs style of working is described as 'assertive' and 'persistent' but the types of work done during FIPs can differ in focus and method of delivery. These will vary according to the reasons for referral. For example, a family may be engaged by a Child Poverty family intervention or a Youth Crime family intervention, still on the understanding that these issues involve 'whole-family' factors. The different types of working follow one of three models: (p.19)

- An **assertive outreach** service works with families in their own homes.
- A **dispersed service** works with families housed in temporary accommodation managed by the family intervention but dispersed in the community.
- A **core unit service** houses families in accommodation managed by the family intervention and supervised 24 hours a day. Upon satisfactory completion of a core unit programme, the family can be moved into a dispersed property.

An evaluation of Family Intervention Projects, dating from their launch under the Labour government found many positive outcomes of this multi-agency, intensive programme [2]. Of the families engaged by the programme, there was, on average, a 47 per cent reduction in the proportion of families experiencing risks associated with poor family functioning including poor parenting, relationship or family breakdown, domestic violence or child protection issues.

4 http://tinyurl.com/integreview
5 http://tinyurl.com/nhssafeguard
6 http://tinyurl.com/kingsfundhwb

The evaluation found that the length of time a family was engaged with the project correlated positively with their outcomes, indicating that sustaining integrated work is important.

Around two-thirds of 'FIP families' successfully reduced their criminal or anti-social behaviour, compared to around a third in the comparison group of families, who were involved in a range of different programmes, many of which only work with individuals rather than the whole family (although this causative link requires more research to establish.) This project demonstrates some clear benefits to having one lead professional coordinating services aimed at a whole family, but more work is needed to understand the effectiveness of FIPs, given that there remained a number of families who did not see positive outcomes. In particular, it has been recommended that the FIPs be evaluated in contrast to a control group, comprising families who do not receive any services [2].

For more information see:

Family Intervention Projects evaluation[7] – most recent report [2]

Multi-Agency Safeguarding Hubs

The Multi-Agency Safeguarding Hub (MASH) is a model of joint working first implemented in Devon, which has since been established in a number of local authority areas across the country.

The multi-agency team of workers who make up the MASH continue to be employed by their individual employers (local authority, police and health services) but are co-located to one office, sharing information between each other and then deciding how that information should be disseminated outside of the MASH [12]. This model, therefore, does not go so far as to structurally integrate services in terms of merging organisations, but does involve acknowledging that joint working can be affected by location of partners.

An case study report on the Devon MASH [12] found many of the factors identified for successful integration were present in the MASH including good understanding and buy-in from staff, good sharing of information and clear governance. The report recommends the co-location policy taken by the MASH, arguing that working in one place supported decision-making and improved understanding between different agencies. This resulted in more timely and informed decision making and better outcomes for children and young people.

For more information see:

Devon Multi-Agency Safeguarding Hub[8]- a case study [12]

7 http://tinyurl.com/fipevaluation

8 http://tinyurl.com/nfermash

Whole-family approaches to families affected by parental mental ill health: 'Think child, think parent, think family'

In 2009, SCIE produced the guide 'Think child, think parent, think family: a guide to parental mental health and child welfare' [13], which makes a number of recommendations to improve joint working between adult mental health and children's services. Between 2009 and 2011, five English local authority areas and the five Northern Irish Health and Social Care Trusts participated in a project to implement the recommendations.

An evaluation of the implementation project [14] found that sites undertook a range of activities to improve joined-up working between existing services, rather than establishing new structures or services. These included:

- **taking a strategic approach** – developing and updating think family strategies; developing communication strategies; embedding a think family approach in service restructuring
- **workforce development** – development of 'practitioner champions' groups, awareness-raising and both multi- and single-agency training
- **improving access to services** – reviewing screening tools to ensure they were fit for purpose; developing arrangements to cross-reference electronic databases when certain thresholds were met (eg checking the adult mental health database when a child protection investigation is instigated)
- **assessment** – amending assessment tools in children's services to ensure that they refer to parental mental ill health; clarifying thresholds for assessment in children's services through documentation and training, including adult workers; and using common assessment framework (CAF) processes to support families affected by parental mental ill health
- **planning and reviewing care** – development of protocols to facilitate joint working between adults' and children's services; use of the CAF to facilitate integrated care planning and review.

The evaluation found that implementation of joint working was supported by good levels of senior support, positive organisational and professional attitudes to change, and allowing time to build relationships between the managers and staff involved in the project.

For more information see:

SCIE Guide 09 – Think child, think parent, think family[9] report and final evaluation[10]

Supporting transitions

For young people accessing particular social care services, a major concern for them and their families is how to handle, if necessary, the transition to adult services. This is of particular concern for young people with disabilities or mental health needs. Coordinated, multi-agency planning is necessary in order to ensure young people do not struggle to make this move [15].

9 http://tinyurl.com/thinkchildfamilyparent

10 http://tinyurl.com/thinkchildfamilyparenteval

'No health without mental health' [16], the government mental health strategy for all ages, called for a sustained life-course approach to supporting people with mental health needs. Their recommendations for ensuring smooth transitions between CAMHS to adult mental health services include effective advance and early planning before the age of 18, fully involving young people in their own care, providing appropriate and accessible information and focusing on outcomes and joint commissioning. Evidence from a Greater London TRACK project recommended particular processes for achieving this, including active information sharing, parallel and joint care between all services involved and continuing for at least three months after the transition.[17]

A recent guide produced by SCIE [15] relating to good practice in transitions for young people with mental health problems made the following recommendations:

- Refer young people to **age-appropriate, accessible services** where they exist; tell commissioners and providers where they don't exist.
- Take account of the **wider context of young people's lives**: there is a growing evidence base that helping young people with broader life issues leads to improvements in their mental health, for example.
- Work at the **young person's pace** and acknowledge that change takes time.
- **Audit, review and evaluate** practice and service models, and include young people, families and carers in the process.

Evidence regarding young people with physical disabilities echoes this guidance, emphasising also that carers and families, whose role will be changing with the transition, should be actively consulted and treated with sensitivity [18]. Conversely, the absence of good information sharing and consultation has been shown to lead teenagers with intellectual disabilities and their families to find the transition period difficult [19].

For more information see:

No health without mental health[11] [16]

SCIE Guide 44 on mental health service transitions[12] [15]

SCIE research briefing 4 on transition of young people with physical disabilities or chronic illnesses[13] [18]

Key messages for practice

- Providing support to children and families, particularly those with multiple needs, requires effective collaboration between a range of services, including across the health/social care and adults'/children's services divide.
- 'Integration' and 'integrated working' can refer to various models of collaboration, ranging from cooperation to structural integration. The research base evaluating models of integrated working would benefit from clarification of the term.

11 http://tinyurl.com/nohealthwithout
12 http://tinyurl.com/guide44transitions
13 http://tinyurl.com/transitions4

- A number of recent initiatives have explored ways of encouraging joined-up working across agencies to support families. These include:
  - The Family Intervention approach – multi-agency teams to support families with multiple needs
  - Co-located Multi-Agency Safeguarding Hubs to promote information sharing to safeguard children.

  The evidence base relating to the effectiveness of these models is growing, and early indications are positive.
- Effective joined-up working is also needed to support transitions from children's to adults' services. In this case, advanced planning and sufficient time to make the transition is crucial.
- Common factors have been identified as contributing to successful integrated working across different organisational boundaries include understanding and commitment from staff to the aims and outcomes of any partnership; a clear distinction between roles and responsibilities; effective communication and information sharing between partners and with service users, and strong leadership.

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