EARLY YEARS
KNOWLEDGE REVIEW 3

Improving development outcomes for children through effective practice in integrating early years services

Centre for Excellence and Outcomes in Children and Young People's Services

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It is focusing its work on eight themes:

- Early Years
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- Vulnerable Children (particularly looked-after children)
- Child Poverty
- Safeguarding
- Schools and Communities
- Youth
- Families, Parents and Carers.

In addition to the above themes, C4EO is also undertaking a piece of work looking at early intervention, prevention and integrated delivery.

C4EO works with a consortium of leading national organisations: the National Children's Bureau, the National Foundation for Educational Research, Research in Practice and the Social Care Institute for Excellence.

The Centre is also supported by a number of strategic partners, including the Improvement and Development Agency, the Family and Parenting Institute, the National Youth Agency and the Institute of Education.

There is close and ongoing cooperation with the Association of Directors of Children's Services, the Local Government Association, the NHS Confederation, the Children's Services Network, the Society of Local Authority Chief Executives, Ofsted and the regional Government Offices.

C4EO is funded by the Department for Children, Schools and Families.

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Summary

This knowledge review tells us what works in integrating early years services. It is based on a rapid review of the research literature involving systematic searching, analysis of key data, validated local practice examples and views from people using services and providers. It summarises the best available evidence that will help service providers to improve services and, ultimately, outcomes for children, young people and their families.

The Institute of Education carried out this review on behalf of the Centre for Excellence and Outcomes in Children and Young People's Services (C4EO). The National Foundation for Educational Research (NFER) conducted the data analysis.

What did we find out? Key messages from the knowledge review

- To improve development outcomes for young children through effective, integrated practice, it is important to understand what integration means and what quality integration looks like. Integration operates on three related levels: service level, agency-based level, and coordination-of-services level. Integration needs to be communicated to all staff, so that they can understand how each service contributes to the whole. Clarification of key roles, e.g. lead professionals and key workers, is also needed. (Chapter 5)

- Effective integrated models encourage engagement between professional groups. Examples in Sweden allow ongoing inter-professional groups to work together with children over time. (Chapter 6)

- Effective models maximise contact across agencies, allowing staff to support a range of user needs, while developing a common language, and sharing expertise, ideas and goals. Supervision, support and training are key and can be targeted at different needs (in other words, those of middle managers compared with front-line staff). (Chapters 6 and 8)

- A cultural shift might be required for authorities to engage fully in integration, given the changes in roles (e.g. from providing services to commissioning services). Such changes are best introduced incrementally, and need time to embed. (Chapters 5 and 6)

- Equity in qualifications, professional status, pay and working conditions is an issue for some authorities where disparities exist. (Chapter 8)

- Sustainability is important, especially in terms of funding. (Chapter 8)

- The goals of any initiative should be clearly defined, if success is to be adequately measured. Decisions about desired outcomes and how to measure impact should be made early. Consensus is needed about which indicators or outcomes are valid measures. (Chapter 7)

- There is evidence that high-quality pre-school provision benefits children's cognitive and behavioural development but more evidence is needed of whether and how integration impacts on outcomes for children. (Chapters 6 and 7)

Who are the key stakeholders?

- children in their early years
- their families
- local authority staff, including early years and childcare service providers, and health and social care professionals
- specialist front-line professionals, including those working in children's centres and schools, and providers of services to families and minority ethnic groups
- policy-makers.

Their contributions are valuable in the process of improvement.

- **Children in their early years** deserve an environment that ensures their security and safety, while maximising their developmental potential. Their behavioural and cognitive outcomes can improve when their families are engaged with appropriate integrated support.

- **Families** who exhibit positive parenting, who provide warmth and discipline and who model sound educational behaviours can impact positively on children's outcomes. Their socio-economic and occupational status, parental levels of education, health and family size also influence children's outcomes.

- Parents value services that are coordinated, so that information is shared and does not have to be repeated. They appreciate clear, accessible information, being given adequate time with staff or services, continuity and assurances that services will continue to be funded. They want health services to work closely with other relevant agencies, to provide strong support from birth. They find the potential stigma of some services (e.g. parenting classes) to be a disincentive, and would like such provision to be seen as available to all families, not just those in difficulty.

- **Local authority teams** have a key role in providing a coherent network of appropriate services, in enabling front-line professionals and their managers to share a common philosophy, and in supporting access among families from a range of backgrounds. By adopting a collective approach, they can support children's overlapping social, educational and health needs. Trust is important to families, and the local authority's strategy in integrating its services can either facilitate or inhibit that trust.

- **Specialist front-line professionals** have a key influence on the success of integration, depending on their degree of understanding and engagement with the process and with other agencies. The development of a shared philosophy and vision requires time, commitment, systemic support and effective communication.

- **Policy-makers** have shown commitment to supporting the development of integrated services, through a legislative framework that encourages integrated, multi-agency working. This is enshrined in the *Children Act 2004* (England and Wales. Statutes 2004) and has been supported by the more recent development of the Common Assessment Framework. Government has also provided targeted funding, such as that for the Early Support programme or for the creation of additional Sure Start

children's centres (one for every community by March 2010). In addition, the *Apprenticeships, Skills, Children and Learning Act 2009* (England and Wales. Statutes 2009) strengthens Children's Trusts and provides statutory status for children's centres. Guidance and support for workforce development has been produced. Despite this extensive policy support, the policy context needs to be better understood by practitioners: for example, awareness of the Every Child Matters agenda, the Common Assessment Framework and the 'Common Core' of skills and knowledge is not consistent and could be strengthened.

What data is available to inform the way forward?

Several government-based datasets are available, nationally, regionally and locally. While some of these refer to physical health and child safety, less data is available about children's mental health. Some economic indicators are available. However, the available datasets mostly focus on provision or on immediate outcomes. There is less data available regarding the wider impact of integrated services. A further difficulty is that data is not always collected or aggregated in ways that allow it to be collated or compared. Further attention needs to be given to ways in which data on practice and provision can be linked to outcomes data, in order to assess the role of integration in changing outcomes for young children.

Three main types of datasets currently exist:

1. robust, recent and publicly accessible national data, including:
   - information published in Department for Children, Schools and Families (DCSF) Statistical First Releases and Statistical Volumes
   - data from the Office for National Statistics
   - data from other Government Offices, including the Home Office and Department of Health

2. information gathered from other national longitudinal datasets and research publications based on them, including:
   - Effective Pre-school and Primary Education
   - National Evaluation of Sure Start
   - Millennium Cohort Study

3. relevant information from other periodic survey datasets, including:
   - Childcare and Early Years Providers' Survey
   - Early Years Statistical Profile (Ofsted)
   - Health Survey of England.

The evidence base

As noted earlier, little direct evidence is currently available on the impact of the integration of services on children's developmental outcomes. Most available literature is based on relatively small-scale studies or survey data concerned with processes rather than impact. The review points to a number of specific gaps in the evidence base, highlighting the need for:

- new multi-disciplinary research investigating the processes by which successful integrated working takes place in early years services (located within a theoretical understanding)

- a coherent and holistic account of the early childhood developmental processes that provide the major justification for service integration

- more studies that identify the models and features of integration in current use and the most appropriate outcome measures for evaluating their effectiveness

- replication in children's centres of studies on the work of social care professionals in schools providing access to extended services

- further rigorously designed studies, which identify the specific features of effective integrated practice.

Knowledge review methods

This knowledge review is the culmination of an extensive knowledge gathering process. It builds on a scoping study and research review, which are available on the C4EO website (www.c4eo.org.uk). Because the initial scoping study identified little direct evidence on the impact of integrated working, the review was developed instead to provide a thematic overview of integrated services provision and to include the integration of services beyond pre-school settings, and beyond child outcomes.

The review used an approach of rapid evidence assessment and synthesis. The research included in it was identified through systematic searching of key databases, reference harvesting and recommendations from the Thematic Advisory Group. All research included has been appraised to ensure that the evidence presented is the most robust available.

Data contained in the data annexe was obtained by a combination of search methods but primarily by obtaining online access to known government publications and access to data published by the Office of National Statistics.

The review also contains examples of local practice sent in from the sector, which have been assessed and validated by specialists in integrated services. Evidence has also been gathered from service providers during discussion groups at C4EO knowledge workshops, while evidence from people using services was collected from C4EO's parents' and carers' and children and young people's panels.

1. Introduction

This review aims to draw out the key 'what works?' messages on integrated services in the early years. It addresses three questions, which were set by the C4EO Theme Advisory Group (TAG), a group of experts in early years policy, research and practice. These questions are:

1.   What approaches are there to integrating services?

2.   What do we know about organisation (or agency)- based service integration?

3.   What is the evidence that these integrated approaches contribute to positive outcomes for children, families and services?

The review is based on:

- the best research evidence from the UK – and where relevant from abroad – on what works in improving services and outcomes for children and young people
- the best quantitative data with which to establish baselines and assess progress in improving outcomes
- the best validated local experience and practice on the strategies and interventions that have already proved to be the most powerful in helping services improve outcomes, and why this is so, and
- service user and provider views on 'what works?' in terms of improving services and outcomes.

C4EO will use this review to underpin the support it provides to children's trusts to help them improve service delivery, and ultimately outcomes for children and young people.

Definitions of key terms

The following definitions were agreed by the Theme Advisory Group:

Additional needs – a child is considered to have additional needs if they are judged to be at risk of not achieving any one of the five Every Child Matters outcomes (to be healthy; stay safe; enjoy and achieve; make a positive contribution; and achieve economic wellbeing), and thus in need of extra support from a service or services (DCSF 2008).

children's trusts – since 2008, children's trusts have brought together all services for children and young people in each area. This is underpinned by the *Children Act 2004* duty to cooperate and focus on improving outcomes for all children and young people (DCSF 2008).

Common Assessment Framework – an holistic standardised assessment proforma to be carried out whenever a child is considered to have **additional needs**. It is intended to provide support in the identification of needs, and/or to mobilise other services to help meet them. But as the DfES guidance suggests, 'your local authority may have agreed some priorities for common assessment in your area' (CWDC 2007 p 11).

Complex needs – a child is considered to have complex needs when their needs are multiple and/or severe, requiring additional support from more than one agency and meeting the thresholds for statutory assessment (DCSF 2008).

Integrated system of services – a broad system or sector-level scheme attempting to develop an efficient, equitable and seamless system of care involving all services in a large geographical region for a broad population of clients (King and Meyer 2006).

Key person – this is a role that has been promoted in the Early Years Foundation Stage for the specific purpose of providing for young children's attachment and security needs (Elfer *et al* 2003).

Key worker (also referred to as a 'care coordinator', 'case manager', 'link worker' and 'family support worker') – this is a role equivalent to that of **lead professional** that has its origins in the health and care sectors. It is usually applied in the context of children with complex needs.

Lead professional – this is a role with a set of functions to be carried out as part of the delivery of effective integrated support to children with additional or complex needs. These functions are to:

- act as a single point of contact for the child or family

- coordinate the delivery of the actions agreed by the practitioners involved

- reduce overlap and inconsistency in the services received (DCSF 2008).

The lead professional may also be a **key worker** (health/care sectors) or **key person** (Early Years Foundation Stage). They may also facilitate a **team around the child**.

Organisation-based service integration (meso-level integration) – is focused on the administration and delivery (including gate-keeping, need identification and information management) of services across a programme that is offered by a particular agency or organisation (King and Meyer 2006).

Service coordination (micro-level integration) – is a client-directed service. It encompasses client-specific functions and activities aimed at assisting individual families to locate services and resources to address needs and to gain access to these services and resources (King and Meyer 2006).

Service integration (macro-level integration) – is aimed at the formation of a unified and comprehensive range of services in a geographical area, where the intent is to enhance the effectiveness of the delivery of services and optimise the use of limited resources (King and Meyer 2006).

Sure Start children's centres – provide childcare integrated with early learning, family support, health services, and support for parents wanting to return to work or training (DCSF 2008).

Team around the child – an individualised and evolving team of the few practitioners who see the child and family on a regular basis to provide practical support (Limbrick 2004).

Types of evidence used

The initial scoping study identified little direct evidence on the impact of integrated working, possibly due to the recent nature of policy developments in this area. Consequently, the scoping study recommended that the review instead provide a thematic overview of integrated services provision, with illustrations drawn from selected schemes and programmes and theoretical work on the significant features of integrated working (Lord *et al* 2008 p 4). The review was also broadened to include the integration of services beyond pre-school settings, and beyond child outcomes.

Despite the inevitable limitations due to the above reframing of the review and to some very tight delivery schedules, both the initial and the ongoing 'scoping' of the research literature has been carried out in such a way as to maximise the 'reliability' and 'validity' of the review. While the quality of the evidence available was found inadequate for the purposes of any extended 'systematic review', the review was able to adopt an approach that may be characterised as one of *rapid evidence assessment and synthesis*, a process that was usefully informed by an initial stage of systematic searching and scoping even if it was not significantly determined by it (see Appendix 2 for the parameters agreed by the Theme Advisory Group).

The research review therefore provided an holistic review of the available evidence related to the strategic, administrative and operational issues associated with service integration and service coordination. It also identified the most promising directions for future research and development, and aimed to inform the processes of linking future research clearly with policy and practice.

The research included in this review was identified through systematic searching of key databases, reference harvesting and recommendations from the Theme Advisory Group. All research included has been appraised to ensure that the evidence presented is the most robust available.

The review also contains examples of local practice that have been gathered from the sector and assessed as having a positive impact on outcomes by specialists in the early years (see Appendix 3 for C4EO's validated local practice assessment criteria). Evidence has also been gathered from service providers during discussion groups at C4EO knowledge workshops (events at which the authors presented findings from the Early Years research reviews). Meanwhile, evidence from parents and carers has been collected via the C4EO panel run by the Family and Parenting Institute and from children and young people through the panel run by the National Children's Bureau. The National Children's Bureau also carried out interviews with parents, staff and children at one nursery school and with young parents involved in the Young People's Project (see www.youngpeoplesproject.com/home.html for more details of this initiative).

Data contained in the data annexe was obtained by a combination of search methods but primarily by obtaining online access to known government publications and access to data published by the ONS.

Strengths and limitations of the review

At present, there is very little direct evidence on the impact of integration of services on children's developmental outcomes. In fact, there are significant challenges associated with designing research that could provide hard evidence of effectiveness due to the multiplicity of confounding variables, and this may ultimately be found to be impossible.

Most of the literature currently available is based on relatively small-scale ethnographic studies and/or survey data that have been concerned with the processes of integrated working rather than any outcomes of it. The review has pointed to a number of specific gaps in the evidence base, highlighting the need for:

- new multi-disciplinary research investigating the processes by which successful integrated working takes place in early years services (located within theoretical understandings of workplace practices and adult learning)

- a coherent and holistic account of the early childhood developmental processes that provide the major justification for service integration

- more studies that identify the discrete models and features of integration that are in current use and the most appropriate outcome measures for evaluating their effectiveness

- replication in children's centres of studies on the work of social care professionals in schools providing access to extended services

- more rigorously designed studies, which identify the specific features of effective integrated practice.

More generally, the strengths of the review include identifying the best available evidence from research and national datasets to inform specific questions; comprehensive and documented searching for relevant information; an analysis of the quality and strength of evidence; and guidance from an advisory group on the issues of greatest importance in early childhood research, policy and practice. Other limitations of the review are the result of the very tight deadlines that the review had to meet, which limited the ability of the team to extend and develop the evidence base through reference harvesting and hand searching; and the fact that the review was limited to English-speaking countries only.

2. Policy context

In 2003, every local authority in England was instructed by central government to make joint working a priority across health, education and social services. The aim was to ensure coordinated, joined-up services that offered better protection to children and increased child outcomes to improve social inclusion. Children's trusts were first introduced in the *Children Act 2004* (England and Wales. Statutes 2004). They were designed to achieve the integration of front-line service provision for children through:

- co-located services such as children's centres and schools providing access to extended services

- multi-disciplinary teams and a key worker system

- a Common Assessment Framework across services

- information sharing systems across services so that warning signs are aggregated, and children's outcomes are measured over time

- joint training with some identical modules so that staff would share a single message about key policies and procedures such as child protection and could learn about each other's roles and responsibilities

- effective arrangements for safeguarding children

- arrangements for addressing interface issues with other services, such as services for parents with mental health problems (HM Treasury 2003 p 72).

The government has recognised that children and families may experience a range of needs at different times in their lives and developed a Common Assessment Framework to facilitate the coordination and integration of service provision: 'The declared aim is to put the needs of the child rather than each agency's needs at the centre of all activities' (Gilligan and Manby 2008 p).

Despite the relatively recent introduction of these measures, a good deal has already been written about the problems experienced in achieving integrated early childhood and family services and what needs to happen. For example, the National Evaluation of Children's Trust Pathfinders (UEA in association with NCB 2007) suggested some ways forward:

- Meaningful participation of children, young people, parents and carers in inter-agency governance needs further development. (p 19)

- Ways should be found to involve under-represented partners such as general practitioners and private sector service providers in inter-agency governance arrangements, for example through professional or sector interest groups. (p 19)

- There needs to be an engagement of health organisations into coherent joint commissioning relationships. (p 35)

- There should be clarification of the roles, responsibilities and professional qualifications required to be a lead professional, which type of child case should have a lead professional and what relationship the position has with other roles, such as key worker. (p 83)

The national evaluation of Early Support, the central government programme designed to improve multi-professional service provision for disabled children from birth to age three and their families (Young *et al* 2006), shed some light on the progress being made with service integration. What was missing in those pathfinder sites where Early Support was still to be embedded was a broad, shared vision of how childcare services should operate locally. The report suggested that 'ES [Early Support] was still, to a large extent, an example out on a limb, though one with the clear potential to be a model for others' (Young *et al* 2006 p 192). The evaluation also identified competing agendas particularly for overloaded health agencies. Similar issues were identified in the report of the Family-Nurse Partnership evaluation (Barnes *et al* 2009).

Evidence from an Audit Commission (2008) report also suggested that local authorities had achieved some coordination of children's services but that this coordination showed considerable variation:

- There was a lack of clarity around the purpose of children's trusts – were they for mandated partnership working or a new statutory body?

- There was little evidence that funding streams from health, education and social services were being redirected or managed to develop outcomes across children's services. Joint commissioning was thought to have a way to go.

- There was little evidence that children's outcomes had improved as a direct result of the establishment of children's trusts.

However, as Cameron *et al* (2009) note, it is still early days and the 'whole system change' that has gained momentum since the launch of Every Child Matters is still being embedded. Many new working practices have emerged, but much of the underlying restructuring of the workforce has still to be achieved.

The enabling legislation has also been developed further. On 12 November 2009, the *Apprenticeships, Skills, Children and Learning Act 2009* (England and Wales. Statutes 2009) received Royal Assent. This new Act of Parliament strengthens children's trusts by putting Children's Trust boards on a statutory footing. The Act extends the existing duty to cooperate to promote children's well-being to include all maintained schools and Jobcentre Plus. It also places a duty on members of the children's trust boards to prepare, publish and monitor a strategic Children and Young People's Plan for the local area. All areas are expected to have a statutory children's trust board in place by April 2010 and publish their jointly owned Children and Young People's Plans by April 2011.

Another key initiative has been the rolling out of a total of 3,500 children's centres (some as a part of a school) that are being developed (by 2010) to provide integrated, universal services to pre-school children and their families. In disadvantaged areas they are intended to act as 'one-stop shops' for children from birth to age five and their parents in accessing pre-school care and education, parenting support (including pre- and post-natal services, adult training, information about child health, education and adult training and employment – see Appendix5). All schools providing access to extended services, which includes parenting support and improved access to specialist services, is also a key government commitment.

Sure Start children's centres initially had no established statutory existence; they were just one way in which local authorities could choose to provide integrated early childhood services to meet their duties under current legislation. However, the new Act gives children's centres a statutory basis – including a duty on local authorities to secure sufficient provision; and a duty on local authorities, primary care trusts and Jobcentre Plus to consider providing services through children's centres.

In the 12 months since the publication of the research review, a great deal of new guidance and resources have been produced to support workforce development. Much of this work is recorded on the Children's Workforce Development Council's website (www.cwdcouncil.org.uk) and on the DCSF's 'Strategy and working practice' pages of the Every Child Matters website (www.dcsf.gov.uk/everychildmatters/).[1].

Also, in November 2008, the Commissioning Support Programme (www.commissioningsupport.org.uk) was launched to help children's trusts achieve better outcomes for children and young people through improved strategic commissioning.

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[1] Although, remarkably, the term 'key worker' remains included yet undefined in its 'Glossary' at www.dcsf.gov.uk/everychildmatters/_glossary/?i_ID=222.

3. The evidence base

As noted above, very little hard evidence is currently available on the impact that inter-agency working is having on children's outcomes, despite extensive empirical work in a range of settings.

A detailed account of the scoping and review process is provided in our subnstantive review (Siraj-Blatchford and Siraj-Blatchford, 2009). Given the paucity of hard evidence related to this theme new studies and sources were identified by the authors, and by the Thematic Advisory Group at every stage of the review process. New searches were also carried out in extending the review beyond early childhood settings to early childhood services in general. An iterative approach was taken in the subsequent searches using a wide range of bibliographic databases and Google. The new search terms introduced at this stage included (but were not restricted to): Care coordination; Case management ; Children's Trusts; Common Assessment Framework; Interagency; Integrated Children's System; Key worker systems; Lead Professional; Multidisciplinary; Service co-ordination; Service integration. Few sources met the standards for relevance and rigour that were envisaged in the original scoping exercise (Lord *et al* 2008). The final review drew upon a total of 110 academic sources including 36 published research reports, 44 peer reviewed academic papers, 22 books and 8 conference papers. The full review also includes references to a great many additional policy papers and web sources.

The bulk of the research so far carried out has focused attention more on the organisational difficulties of achieving inter-agency collaboration than on any benefits accrued. Warmington *et al* (2004, p 19) suggest that current policy on 'joined-up working' is perhaps 'running ahead of the conceptualisations of inter-agency collaboration and learning required to effect new forms of practice'.The term 'integration' is a complex one and does not mean the same to everyone. Marsh (2006, p 157) considers the subject 'at best muddled, and at worst over-rhetorical'. Some authors (such as Percy-Smith 2006) prefer the alternative term 'partnership'.

In our previous review of the research literature (Siraj-Blatchford and Siraj-Blatchford 2009b) we adopted King and Meyer's (2006 p 478) typology to discriminate between three distinct yet overlapping levels of integration, essentially grounded in concerns at the level of *systems*, *administration* or *the client*:

1. **Service integration** (macro-level) is aimed at the formation of a unified and comprehensive range of services in a geographical area, where the intent is to enhance the effectiveness of the delivery of services and optimise the use of limited resources

2. **Organisation (or agency)- based service integration** (meso-level) is focused on the administration and delivery (including gate-keeping, needs identification and information management) of services across a programme by a particular organisation or agency

3.   **Service coordination** (micro-level) is a client-directed service. It is aimed at helping individual families locate and access to services and resources appropriate to their needs.

Children's trusts are seen by King and Meyer (2006) as an exemplar of a systems-based 'service integration' (macro) approach. They contrast this with service coordination, which they argue is essentially a clinical function that brings 'different services into an efficient relationship for a given client/family, thus enabling them to navigate the system and obtain services they need' (p 480). They suggest that attention to all three approaches to integration is needed if children and families are to benefit. This is an assumption reflected frequently (if often implicitly) throughout the literature that we reviewed.

In our consideration of the approaches taken to achieve integration in Chapter 5, we focus especially closely upon integration at level 1 (service integration) and level 3 (service coordination). In our report of user and provider views on service integration (Chapter 4), particular problems associated with level 2 – organisation- and agency-based integration – are identified, and these are discussed further in Chapter 6.

4. What people using services and service providers have told us about what works

Views from people using services

The experiences of parents and carers and those providing services to children and their families have much to add to our knowledge of 'what works' in family- based support for early learning. However, it is important to remember that this chapter is drawn from group discussions with parents and carers and, separately, with local service providers to discuss key issues affecting children's learning in the early years. It is therefore based on their experiences and opinions rather than on the research evidence on which the rest of the review is based.

Feedback on the review findings from the Parents' and Carers' Panel was generally very positive. People who had attended courses on childcare especially appreciated their value to parenting, and they made specific suggestions regarding the desirability of a publicity campaign about the benefits of early interaction. One father also suggested:

> *There is a stigma attached to parenting classes … they are only offered if there is a problem.… More needs to be done to make them the norm e.g. offering a class every year on a child's birthday would be of more use than the Child Trust Fund.*
>
> (Father, Parents and carers panel)

For many parents and carers, the parent and family partnership and the integration of services is simply common sense. They felt that information could be better shared between different agencies as parents often had to give the same information many times over and were often passed from "pillar to post", particularly if their child had additional needs:

> *Every time you meet a professional you have to repeat yourself.*
>
> (Mother, Yorkshire)

Health visitors were seen to be a key support in the early years and it was felt that they should work more closely with other agencies, such as schools, children's centres and voluntary organisations, to share information and direct parents to other support services. The information received by parents at birth was identified as particularly variable. Some parents received good information while others received none. Some parents were not aware of what services were on offer in their area. This suggests a further need for information networks and a national body responsible for proactively providing information for parents.

The Parents' and Carers' Panel members stressed the importance of different agencies sharing information and were concerned that data protection laws might act as a barrier to effective integration.

When asked what kinds of support parents and carers would find useful, many of the responses emphasised the need for improved access to information, the need for well-trained professionals to allow more time for consultation with parents and the need for the provision of early support:

> *People need to work together, and talk to each other, for the good of the child.*
> (Mother, South East England)

> *… so that a child's or family's needs can be met rapidly and within a true spirit of partnership.*
> (Father, Eastern England)

Specific reference was made to recent positive applications of the Common Assessment Framework assessments, the identification of key workers and the use of a multi-agency team to look at the whole family situation. It was felt, however, that there was still a need for further training for integrated working:

> *I've come across education officers who have no idea about individual budgets or social care and other staff have no idea about health issues. It needs to cross over and that horizontal training is so central.*
> (Father, Eastern England)

> *There needs to be an effective key worker who is accountable to services and can't just say 'that's not my field'. If they work in education they need to be trained in health issues.*
> (Mother, West Midlands)

> *I personally have had a career based on home visiting in many different jobs. Also being a parent of two children. The power of the advice given by someone you trust and build a relationship with in your own home is powerful – some parents never analyse their part in their child's development and learning.*
> (Mother, South East England)

Parents and carers expressed strong support for the emphasis placed on the importance of children's home learning environment:

> *The level of engagement changes when children go to primary school, from learning at home and nursery to learning at school backed up by work at home….The review does not mention partnerships with private organisations – e.g. private nurseries – how do they engage with home learning environments – or mention partnerships with commercial companies (e.g. toy manufacturers that make educational toys).*
> (Father, London)

Many of the parents and carers made specific reference to the variability in the quality of services being offered in different areas:

> *I think overall that there are quite a wide range of services out there, but it can be patchy, and the postcode lottery certainly still exists in a big county.*
> (Mother, South East England)

This parent also had ongoing concerns regarding sustainability and maintenance of funding streams:

> *All services in our local area are, however, not fully staffed due to funding issues, and this has a detrimental effect on waiting lists – very frustrating. The funding needs to be ringfenced, and there needs to be a much bigger push to recruit staff and ensure they stay. It is not all unusual for families to have had three or four case workers in the space of a year, for example. This does not make it easy to build up a relationship of trust and knowledge.*
>
> (Mother, South East England)

Sure Start children's centres were identified as a positive service for early years services. Children's centres attached to nursery and school provision were particularly favoured as this was seen to offer important continuity for children and families. One parent of a disabled child also felt that linking child development centres with children's centres had benefits for children and parents alike:

> *In [my local authority] now, child development centres are being sited with children's centres and that integration makes parents' lives a lot easier rather than being segregated.*
>
> (Mother, West Midlands)

Concerns were expressed by parents and carers living outside cities and urban areas regarding the additional problems they experienced in accessing support services. Fathers in the group also reported feeling less comfortable in initially accessing early years services within children's centres. They felt that most groups at children's centres were targeted at mothers and mainly involved female staff. Some fathers also needed flexible support around working hours such as at the weekends or in the evenings. A number of members of the panel were also parents and carers of disabled children. Some felt that their needs had been picked up early by multi-agency support services, particularly those who cared for physically disabled children. If children were at special schools at an early age, there was felt to be full and wide-ranging support. A few felt that there was a stigma around accessing special support within children's centres and suggested that some children's centres did not know how to handle disability. Face-to-face befriending was seen as vital for parents of disabled children.

Views from service providers

Participants in the early years knowledge workshops were strongly supportive of the Every Child Matters agenda, but recognised the need for more work to 'win over hearts and minds' and achieve the cultural changes required of 'integrated thinking'. They emphasised that the development of a shared professional language, and of common goals and targets, required time. The need to develop an holistic approach to integration was referred to with interdisciplinary working encouraged through, for example, the integration of training, and development workshops. Three other key elements were identified as essential to the development of effective integration:

- effective communication systems and information sharing
- reliable datasets and the identification of needs
- partnership with parents.

Issues of system transparency and equity were also raised and it was felt that pay scales and different qualifications, professional status and terms and conditions continued to pose huge challenges. In the main, the tensions and barriers to integration that were identified were the converse of those identified as key elements for its achievement. But particular concerns were expressed regarding the difficulties of securing sustainable funding. It was felt that many of the uncertainties regarding funding might be avoided if there was greater integration at the level of commissioning.

Concerns were also expressed regarding the need to gain further involvement and partnerships with third sector agencies and organisations, and with the perceived need to identify the impact of integration. Several participants reported developments that had led to effective integration in practice. However, they suggested that middle managers were less comfortable with change than front-line or strategic managers:

> *Integrating at a strategic level is not that difficult – the hard bit is the middle bit. There are professional identities at stake and no direct family involvement.*

While there were some discussions focused around the issue of co-location of services, conclusions were unclear, with some participants strongly favouring co-located services and others concerned about the possibilities of 'disintegrating' existing working partnerships such as that between health visitors and GPs.

5. What approaches are there to integrating services?

Three distinct yet overlapping levels of integration were identified in our previous review of the research literature (Siraj-Blatchford and Siraj-Blatchford 2009a) and were noted in Chapter 3 of the present report. It was also argued that successful service integration required progress being made at all three levels. As we have noted, many of the senior managers involved in the knowledge workshops held the same view, and also expressed concerns that developments at the middle management, agency and organisational level might be trailing behind developments at both the macro, and the front-line micro, service integration levels. In this chapter we consider the approaches that are being taken in service integration, and in the front-line integration achieved through service coordination. The issues surrounding agency and organisational integration are explored further in Chapter 6.

Service integration

Service integration is best understood as an ecological Integrated Children's System that is centred on the child and their family, served through service coordination, and supported through integrated organisations and agencies.

Harbin and Terry (1991) identified service integration models in the USA that were implemented through a *lead agency* model, through the *lead agency as ringmaster* model or as a separate *inter-agency* unit.

Lead agency – provides most of the services commissioning inter-agency agreements on an individual and *ad hoc* basis as required.

Lead agency as ringmaster – where the lead agency defines the need and provides leadership and coordination for collaborative planning.
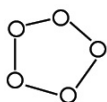
Inter-agency unit – with its own budget and staff.

Each service integration model differs in the boundaries set for its integration efforts. These may be defined in terms of the client population, the service(s) or aspect of a service to be integrated and/or the geographical area. Models can be very broad in their attempts to develop an integrated system of services as 'an efficient, equitable, and seamless system of care involving all services in a large geographical region for a broad population of clients' (King and Meyer 2006, p 485).

Some insight into the current realities of service commissioning have been provided by SHM (2009) who conducted case study investigations in six different local authority areas. The sample included two-tier county councils, metropolitan councils, borough councils and unitary authorities. The study looked at the dynamics of commissioning and the ways in which the perspectives of the key players interact to increase or diminish the effectiveness of commissioning:

> *The baggage left over from authorities' historical roles as providers is something that all local authorities are wrestling with, to a greater or lesser extent. Staff members within local authorities are used to describing activities, not outcomes. They are used to developing their own action plans because they feel like the experts in how a service should be provided."* (SHM 2009 p 5)

The study shows that commissioning practices remain at different stages of development and in many cases the key partners are still not confident in the mutual benefit of investing together and working together (p 13). Some children's trusts are working effectively with aligned budgets and others have yet to get to a stage where the statutory partners are fully signed up to investing mainstream budgets together.

Cameron *et al* (2009) argue that effective working together calls for awareness of the different purposes required for different forms of integrated working. The goals and objectives of any integration initiative need to be defined if success is to be adequately measured (Cameron *et al* 2009; SHM 2009).

Service coordination

Service coordination is aimed at assisting families to locate and access the services, resources and supports they need and then liaising with service providers (King and Meyer 2006). In the main review it was argued that:

- service coordination has brought recognised benefits to families in some Early Support Pathfinders programmes, but achieving seamless working between agencies remains a continuing challenge (Young *et al* 2006)

- different models of service coordination are being applied dependent on the qualifications, specialism and role of the key worker or lead professional. There has also been considerable confusion regarding precise definitions of 'key worker' and 'lead professional' (Brandon *et al* 2006).

New evidence provided by Blewett (2009) evaluating the delivery of targeted family support has found that intensive support can make a positive difference to the lives of children and their families in even the most challenging circumstances and that:

> *In terms of the family support workforce, workers with a wide range of skills and professional backgrounds were employed in the projects and demonstrated that they can work together to deliver a high quality service. However, a common feature of the four projects was that intensive family support based on sustained professional relationships was particularly effective in cases of neglect.* (Blewett 2009, p 1)

Practitioners have identified the need for greater clarification of the roles and responsibilities associated with role of 'lead professional' and 'key worker'. The review notes that both of these roles exemplify 'service coordination', which is most significantly aimed at assisting individual families to locate and gain access to the services and resources that they require.

In practice, the role of the lead professional has most clearly been defined in the assessment and planning process and this has most significantly been instituted through the application of the Common Assessment Framework. The Common Assessment Framework provides a pre-assessment checklist and standard form, which can be used from before birth to age 18, and covers aspects of the child's development, their parents and carers, and the family and environment. Evaluations of these new approaches suggest notable enthusiasm among practitioners despite continuing challenges (Brandon *et al* 2006; Pithouse 2006).

In many ways, the difficulties faced in achieving rapid change in reforming the workforce are graphically illustrated by the experience of implementing the budget-holding lead professional pilots between 2006 and 2008. The budget-holding lead professionals working with children and young people with additional needs were intended to hold budgets and commission services tailored to each child's needs:

> *The Government believed that LPs' [lead professionals'] capacity to deliver better-integrated packages of services would be enhanced by enabling them to commission services directly from providers in the statutory, private and voluntary sectors. In addition, BHLPs [budget-holding lead professionals] should be able to identify gaps in services and contribute to the wider commissioning process, thereby tackling the wide variation in expenditure on services between different geographical areas that, in the past, has been unrelated to need.* (Walker *et al* 2009, p 6)

The national evaluation of budget-holding lead professionals found that only a minority managed to achieve a step-change in their practice and begun to realise that being a budget-holder opened up the possibility of providing better services 'once they had begun to "think outside the box" ' (Walker *et al 2009,* p 242).

Unfortunately, most of the pilots struggled to realise the vision of budget-holding set out by the government, and only a few practitioners took on a distinctly different role as budget-holding lead professionals. Apparently, most pilots had not fully understood the extent to which practitioners were expected to take responsibility for significant budgets and work in partnership with families. Most lead professionals were not provided with significant budgets but were only allowed to access additional funding drawn directly from the pump-priming funds provided by the DCSF. In the summer of 2007, the DCSF encouraged pilots to refocus their activities to move closer to the policy intent, and a small number of practitioners in seven pilots took on this task and became known as established budget-holding lead professionals. While they only had six months to demonstrate a shift in practice, the national evaluators reported some improvements in family functioning and positive changes in children's behaviour (Walker *et al* 2009, p ix).

The budget-holding lead professional evaluation recommendations echo many of the themes identified in our research review and apply beyond the budget-holding lead professional to the more general contexts of achieving integration:

1. When establishing pilots, the policy intent needs to be clearly articulated and understood, roles need to be defined, training needs to be provided and sufficient time needs to be given to setting up new procedures and robust evaluations.

2. In order to promote BHLP practice, all the essential building blocks, such as Common Assessment Frameworks, the team around the child, and commissioning and budget-pooling arrangements, need to be in place; the target populations need to be defined; and the desired outcomes and ways of measuring them should be specified at the start.

3. Radical cultural and organisational changes in social care need to be implemented incrementally if the policy intent is to promote personalisation and user empowerment.

4. By challenging mainstream services to be needs-led and breaking down the traditional barriers between practitioners in different sectors, budget-holding lead professionals would have the potential to challenge existing thresholds for social care and preventative services, and adopt more innovative professional relationships between themselves and with families, which allow children and families to personalise and shape their own support package and prioritise budget expenditure accordingly.

Some research has also been carried out to find how different practitioner groups assess parenting support needs and how this process is influenced by both family and practitioner diversity. A qualitative study conducted for the Joseph Rowntree Foundation (Kellett and Apps 2009) presented the findings from 54 interviews with practitioners drawn from four professional groups in two geographic areas of England. The groups represented were: health visitors, family support workers, paediatricians and nursery/infant teachers. The study found that:

*   Teachers lacked confidence in their assessment and support of families and express anxieties about 'damaging' their relationships with parents. Greater support and guidelines may therefore be required to support professionals in assessing the relevance of diversity to parenting and the family, and in incorporating this into their assessments and interventions.

*   Paediatricians and teachers had received the least training in parenting styles and assessment and the majority expressed an interest in learning more about parenting support and assessment in general.

*   Some practitioners also expressed a lack of confidence with regard to cultural and ethnic differences, in particular in relation to physical punishment and discipline. The importance of adequate supervision and peer support was emphasised.

Glenny and Roaf's (2008) seven-year study of effective communication systems in professional practice with children found that multiprofessional teamwork was difficult to achieve and to maintain, and that there was often no sense of a team effort built on a

consensus related to working on behalf of children and their families. Cameron *et al* (2009, p 2) also argue that:

> *To achieve the broad goals represented in the Every Child Matters outcomes, there may be a need in England to go beyond re-modelling (i.e. new configurations of existing players) to re-structuring and re-conceptualising (i.e. introducing new professional identities and roles).*

Cameron (2009, p 1) has also suggested that:

> *Integration of children's services into effective teams, further encouraged through the policy injunction to co-locate services within schools, is likely to be dogged by what Glenny and Roaf call 'collaborative inertia' unless attention is paid to the essence of collaborative activity: purposeful communication about particular pieces of work ensuring the patchwork of individual effort in relation to a particular family makes sense.*

A 'Common Core' of skills and knowledge for the children's workforce has been defined by the DCSF to support integrated working. The Common Core provides a common language and sets out the basic skills and knowledge needed by all those people whose work brings them into regular contact with children, young people and families. Deakin and Kelly's (2006) baseline survey of 1,091 workers in 26 different job-types involved in delivering services for children and young people found that most workers were either not aware of, or had little knowledge of, this Common Core:

> *Among the better informed workers were Educational Welfare Officers, Educational Psychologists and Children's Social Workers, but Schools and Childcare staff had particularly low levels of awareness and knowledge.* (Deakin and Kelly 2006 p 11)

In fact, only 79% of respondents were aware of Every Child Matters. The study also found that only 74% of Educational Welfare Officers were aware of the Common Assessment Framework, and all other categories of the early childhood workforce were even less aware, with those working in schools again at the lower end of the awareness scale:

> *More than half of those aware of Every Child Matters thought they did not know enough about it for doing their current job, and two thirds said they would welcome more information.* (Deakin and Kelly 2006 p 12)

> Perhaps the most worrying aspect of the Deakin and Kelly study was that only 26 per cent of the respondents thought that services for children and young people were 'more joined up' than they had been, 40 per cent said 'a little more joined up' and a further 22 per cent said there was 'no difference'. Only two per cent thought that services had become less joined up, although 10 per cent did not know.

6. What do we know about organisation (or agency)-based service integration?

At the middle level of management and commissioning, Cameron *et al* (2009) identify four types of inter-professional practice in their study of selected multi-purpose children's sites in England and Sweden:

- **parallel working** – where agencies are co-located but little inter-professional work takes place

- **multi-agency case work** – where agencies work together around individual cases (the most common type in England)

- **project teams** – where agencies come together for a limited time on particular projects

- **work groups** – where inter-professional teams work together, in face-to-face practice with children (only seen in Sweden).

The SHM (2009) study referred to in Chapter 5 has drawn attention to ways in which particular histories of partnership dynamics (particularly between councils and primary care trusts) continue to have an effect on commissioning practices:

> Our investigation across local areas has led us to conclude that the challenge of commissioning is largely a challenge about visionary and aligned leadership. There is a palpable difference between local areas where the senior leadership merely accept the need for children's commissioning and Children's Trusts, and those areas where the senior leaders actively embrace the opportunity to work together on children's commissioning. (SHM 2009 p 14)

These factors have a direct influence on the capacity of the Children's Trust to engage in strategic decision-making and to commission jointly. Cameron *et al* (2009) draw attention to the significant differences between the hierarchical management structures that apply in England and those supporting more integrated practices in Sweden. The SHM study found that assistant directors and other middle managers were often in a position to either obstruct or enable the commissioning agenda depending on the dynamics between themselves and their director of children's services.

A key challenge identified by the SHM (2009) study has been around achieving the buy-in and engagement of the relevant partners and professionals at locality level. This has involved changing mindsets and cultures within a workforce that is used to working within the boundaries of particular professions and institutions. In some areas the relationship between schools and the council has historically been very distant, and a huge effort is now needed to get them engaged:

> *The philosophy of commissioning is well understood at the leadership level, but the day-to-day implementation of this philosophy will only be possible if the cultural conditions are created for it to take root as a way of working. Ultimately, this means*

that a shift needs to take place so the key players are all aligned around outcomes for children and families, rather than focussing on their individual organisational or departmental concerns. (SHM 2009, p 19)

Many of the concerns associated with securing continued funding and security of employment at the local agency and organisations level might be considered the inevitable consequence of a lack of joined-up strategic thinking at the level of commissioning. In recent months, many of the established Sure Start children's centres operating in areas of disadvantage have expressed significant concern in this respect. However, it is noted that the Pre-Budget Report 2009 HM Treasury (2009) committed to maintaining spending on Sure Start children's centres in line with inflation.

The Effective Pre-school and Primary Education research (Sylva *et al* 2008) found that the highest-quality pre-school settings were integrated centres and nursery schools. As well as being the most expensive, they tended to have the highest levels of qualified staff from both education and social services and a good combination of education and social care. Successful integrated nursery centres 'borrowed' best practice management ideas from both education and social services. They offered staff regular supervision, support and training. Because staff were in contact with many different agencies, they tended to have a better understanding of each others' roles and contributions.

Early excellence centres were the main precursors to the Sure Start children's centres and were set up to provide 'joined-up thinking' and 'one-stop shops' for families and children, through integrated care and education delivered by partnerships. In their third evaluation, Bertram *et al* (2003) identified issues that at that time 'remained a challenge' in the early excellence centres' development:

- **Achieving inclusiveness** and equality of access – both of which were important aims for an integrated centre. A policy emphasising inclusion was clearly important in all the centres, but achieving inclusiveness was something many were still working at.

- **Poor communication** within the centres – members of staff reported problems when they did not know what was happening, when there were insufficient staff meetings to disseminate information and when staff were not kept up to date with changes.

- **Low staff morale** – high staff morale led to successful integrated practice, and consequently poor morale inhibited this. Centre staff needed to be flexible, to have many different skills and to be willing to cope with whatever was demanded of them.

- **Poor pay and conditions** of employment and lack of attention paid to the retention and recruitment of quality staff – not helped by a varied, partial and unsustainable funding situation (Bertram *et al* 2003 pp 11–12). At that time, many early learning centres were struggling to set up a hybrid model of integration, as this required a shared commitment and support from their lead agencies and funders.

More recent research suggests that, despite many service improvements for some settings, these challenges remain significant. The need for agreed working and pay structures in multi-agency teams has also been highlighted by Needham (2007) and was noted earlier in the responses from the C4EO knowledge workshops.

Family centres (some of which are now children's centres), which traditionally worked in an integrated way, have also been shown to deliver value to families. Tunstill *et al* (2007), from the National Evaluation of Sure Start team, evaluated their contribution and found that families were generally very positive about the work of such centres and their impact on children and families under stress. However, there were also some barriers identified to multi-agency working, including increased pressures on staff and the complexity of solving some family problems when other agencies, outside the centre, were involved. For instance, if the centre did not have regular access to a social worker, initial assessments of cases could not be undertaken quickly.

The authors (Tunstill *et al* 2007) recommend a collective approach to service provision where local authority services plan together. The different aspects of 'collective' working together are described as four models of services: commissioned, collaborative, complementary and integrated, where 'commissioned' is the most common. They argue that family centres offer a good model of linking families with other services, providing access to good, clear information and the support to use this for families under stress. But clearly a wider understanding of their work and appropriate linkages with children's centres and local authority services require planning and coordination.

There is a need for a collective approach to organisation-based service integration where services can plan and work together, not least because there is considerable overlap between children's social, educational and health needs. Having a shared assessment method, like the Common Assessment Framework, which profiles children from birth, has helped professionals from different agencies to work together. But the overwhelming message from the research is that peer support and training in particular is crucial. One successful initiative illustrates how support from key staff helped to improve breastfeeding rates:

Increasing breastfeeding rates

Training was considered critical in Blackpool's successful initiative to improve breastfeeding practices.

Breastfeeding initiation rates in Blackpool increased from 42 per cent in 2006/07 to 49.4 per cent in 2007/08 and 56 per cent in 2008/09. The 'golden threads' identified as leading directly to the effective practice included breastfeeding training for all the children centre staff to ensure that they were committed and dedicated in supporting breastfeeding. The authority also introduced a centre manager training log to ensure that all new staff received information about the breastfeeding policy and had received training on how to complete the infant feeding workbook as part of their induction.

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7. What is the evidence that these integrated approaches contribute to positive outcomes for children, families and services?

There is currently no direct and definitive evidence of the effectiveness of service integration on outcomes for children and families at a systemic, organisational or service coordination level, but there is some indirect evidence:

- There is robust evidence that suggests that the adoption of combined ('two-generation' or family) approaches to intervention is effective and this may be considered to provide indirect evidence of effective integration.

- There is strong evidence to suggest that high-quality pre-school provision that integrates childcare and education benefits children in terms of cognitive and behavioural outcomes up to the age of 11.

Indirect evidence of the effectiveness of service integration may be drawn from studies that have shown that tackling concurrent family problems such as marital conflict and parental depression, in addition to child behaviour problems, has resulted in improved child outcomes (Sanders *et al* 2000). Egeland and Bosquet (2001) show that interventions with high-risk families are more successful when they address not only the parent–child relationship, but also the other problems parents face, such as poverty, unemployment, poor housing and substance abuse.

The National Evaluation of Sure Start (NESS 2006) report on outreach and home visiting services also argue that it is essential that health services, midwifery and health visiting be integrated into the outreach and home visiting programme and be accommodated in the Sure Start approach. This finding has now been reinforced by Blewitt Blewett 2009 p 22, quoting from Tunstill *et al* (2009, who argue that 'There is a clear association between proactively visiting families in the community at the time of referral and their engagement with the centre-based services'.

In fact, there is a strong case for arguing that each of the major service agencies has a major role to play in contributing to the Every Child Matters agenda. Feinstein (2003) has shown that for low-socio-economic status children who show promising early signs of cognitive development, social inequalities dominate and significantly limit their continued development. Feinstein *et al* (2004) have also been able to demonstrate that the inter-generational transmission of educational success is a key aspect in the reproduction of inequality. They show, and this is strongly supported by evidence from the Effective Pre-school and Primary Education study (Sylva *et al* 2008), that there are important benefits of education to individuals and society in what education enables parents to pass on to their children. The authors argue that the most important socio-demographic, family-level distal (or distant) influences on children's attainment are income and parents' education. Health, occupational status and family size are also important. Risk factors such as family structure and teenage motherhood can have important indirect effects if they occur in combination with other factors, but are not major influences in themselves. Similarly,

maternal employment is not a key factor provided high-quality pre-schools are available (Sylva *et al* 2008). Pre-schooling apart, Feinstein *et al* (2004) and Sylva *et al* (2008) are also able to show that neighbourhoods and schooling can influence attainment. These can mitigate or offset the impact of family-level factors in a substantial way.

Some characteristics of families, including parental beliefs, values, aspirations and attitudes (termed by them as 'cognitions') and parental wellbeing, are also seen to have an independent effect on attainment (Feinstein *et al* 2004). The authors also show how these factors interact and, in part, channel the effect of education. Feinstein *et al* (2004) also identify the proximal interactions between parents and children, which mediate the effects of the factors mentioned above. Parenting skills, their warmth and discipline and educational behaviours are all important factors in the formation of school success. These factors can offset or exacerbate the influences of family characteristics and circumstances.

While there is clearly a need for more robust research evidence, an increasing number of successful initiatives are identifying integrated practice as a key feature of their success. To take a notable recent example, Somerset Local Authority achieved an increase of seven percentage points in its Early Years Outcomes Duty Threshold Score in 2008, accompanied by a three per cent decrease in the gap. The reported improvements have been identified as due in part to the impact of closer, collaborative multi-agency working, which has both improved the quality of Early Years Foundation Stage provision and supported the early identification of children with additional needs (DCSF 2009).

The interim evaluation of the first 10 demonstration sites to test the Family–Nurse Partnership model of home visiting[2] (Barnes *et al* 2009) identified considerable challenges in integrating the initiative with other children's services and noted that: 'Integration of FNP [Family–Nurse Partnership] with children's centre services was variable' (p 5). Particular issues identified as barriers to integration included: a lack of understanding of the programme on behalf of primary care trust commissioners, local authority commissioners and children's centre managers; difficulties in fitting such a 'targeted' service into a model of universal services; a lack of information-sharing among staff from different services; and some instances of professional rivalry.

However, the study reported an example of an excellent relationship developed with the primary care trust by a manager (from a health background) managing four children's centres. In this case, the family nurse is employed by the primary care trust but based at one of the centres.

> *She is part of the team. She fills us in at the team meeting on a Monday with where she is going to be and what she is going to be doing, how she is going to be contactable because obviously if any calls come through from clients or the team we know where she is going to be.* (Barnes *et al* 2009, p 67)

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[2] Family–Nurse Partnership is an adaptation of a programme originally developed in the USA. It is designed to improve the health, wellbeing and self-sufficiency of young first-time parents and their children.

In this area, details of all mothers who register a pregnancy are entered into a database, which is accessible to the children's centre staff, so that they can let pregnant women know about the services available to them. General practitioner records have also now been added to this database: this is a level of collaboration that, the evaluators suggest, will be envied by children's centre managers all over England.

The Family–Nurse Partnership evaluation noted some positive indications of impact, with clients (young mothers) rating the support highly and reporting reduced smoking during pregnancy, higher than expected rates of breastfeeding and improved interactions with their child. However, these findings are largely based on self-report data and, as the authors point out, a different research design (a randomised controlled trial) is needed to establish the extent to which the initiative has had the desired impact on children and families. A randomised controlled trial has been established to evaluate the impact of the Family–Nurse Partnership in England and the first results should be available in early 2013.

Ofsted (2009) recently conducted an inspection focused on the impact of integrated services in 20 Sure Start children's centres providing the 'full core offer' (see Appendix 5) that includes Early Years Foundation Stage provisions. The report identified positive impacts in over half of the centres visited, with three centres being judged as making an outstanding difference. The evaluation found that parents strongly favoured the single site, 'one-stop-shop' children's centre model. It found that the centres were successful in involving many aspiring and motivated parents from minority ethnic groups, but were often less successful in gaining the confidence of White British families in disadvantaged communities. Weaknesses identified in the level of integration were related to the inadequate engagement of primary schools and with Jobcentre Plus.

In terms of Jobcentre Plus, significant efforts are now being made to help lift lone parents out of poverty by supporting them back into work through joint initiatives between children's centres and Jobcentre Plus such as the Work Focused Pilots in children's centres.

A pilot initiative focused on reducing child poverty by integrating work-focused services into children's centres and multi-agency working was introduced in October 2008. According to the evaluators (Marangozov 2009) a great deal of the success of the pilot will hinge upon the role and the skills of the individual Jobcentre Plus personal advisers and the support they receive from children's centre staff: 'This is particularly the case in the task of engaging parents, promoting work-focused services and facilitating multiagency working' (p 3).

For the financial year 2009/10, the DCSF allocated additional funding for all local authorities/Children's Trusts for this purpose. While it remains too early to provide evidence of its effectiveness, a promising report from one local authority describes the development of a new electronic referral system that has been established:

Supporting lone parents and helping them find work

In Blackburn with Darwen Borough Council, a Lone Parent Adviser invites parents to an informal session at the children's centres or in their home, to discuss the services on offer and plan the next steps.

Senior Family Information Service Officers work through the children's centres and within the local communities, providing intensive one-to-one support to encourage non-working parents to consider training. They provide advice and support through a multi-agency approach, all coordinated by themselves. The Senior Family Information Service Officer provides a hand-holding service, offering regular contact with the parent, accompanying them to training sessions, assisting with form completion and helping them with any issues they may have. They build up trust and a rapport with the parent, encouraging them to use all available provision. This reduces the likelihood of the parent disengaging with the training through a problem arising, as it has been resolvable through the assistance of the adviser.

The referral system has increased the take-up of children's centre services. Almost 300 referrals were made to one children's centre in the first few months of implementing the initiative, with high levels of referrals made to the majority of centres in the area. The following nine months saw 154 referrals across the borough for lone parents.

Cameron *et al* (2009) argue that effective working together calls for awareness of the different purposes required for different forms of integrated working. Yet the main reason why there is no conclusive evidence for the effectiveness of service integration is because there is a lack of consensus regarding which indicators or outcomes are valid measures.

There is a continued need for more mixed-methodology and longer-term studies of integrated service delivery. But even these may find it difficult to provide direct evidence of effective outcomes.

8. Conclusions and main messages

Much of the research reported in the research review for this theme (Siraj-Blatchford and Siraj-Blatchford 2009b) shows that there is still some way to go before practitioners and stakeholders develop a clear understanding of integrated services. Before integration can be fully achieved at a practical level, there is a need for all of those involved to understand how the work of each of the services contributes to the overall enterprise. The review continues to show that there is some way to go before all practitioners and stakeholders develop a clear understanding of the aims, objectives and effective delivery of integrated services. This principle applies at every level and further studies have now been identified that reinforce this message (SHM 2009).

Service integration is best understood as an ecological Integrated Children's System that is centred on the child and their family, served through service coordination, and supported through integrated organisations and agencies. The model may be developed further to identify more closely the rationale and principles for integration, perhaps through a more sophisticated multi-level analysis.

Further training at all levels has clearly been required to develop leadership for integrated services and for the shared philosophy and vision of the Every Child Matters agenda. It is intended that, in providing a broad account of the risks to children's development and the possibilities for intervention, the C4EO review of family-based support for early learning will contribute towards these efforts (Siraj-Blatchford and Siraj-Blatchford 2009a).

The impact of service integration

There is no definitive evidence that integrating services have a positive impact on outcomes, but there is some indirect evidence:

- There is currently no direct and definitive evidence of the effectiveness of service integration on outcomes for children and families at a systemic, organisational or service coordination level. What evidence there is also provides contradictory messages.

- There is robust evidence that suggests that the adoption of combined ('two-generation' or family) approaches to intervention is effective and this may be considered to provide indirect evidence of effective integration.

- There is strong evidence to suggest that high-quality pre-school provision that integrates childcare and education benefits children in terms of cognitive and behavioural outcomes up to the age of 11.

Pointers towards effective service integration

The evidence base suggests several pointers towards effective service integration:

- The *quality* rather than the *type* of integration is what matters in terms of improving outcomes. We therefore need to have clear, shared understandings of what we mean by 'quality' in integrated delivery of early years services and ensure that services adopt agreed quality standards.

- Leadership training has been found to be a characteristic of successful collaborations in a number of studies.

- Several studies have shown that the participatory planning processes and the participation of stakeholders are features of successful collaborations.

Workforce issues associated with service integration

The literature identifies a number of workforce issues that need to be resolved in order to achieve successful integrated service provision:

- All levels of staff managing and delivering integrated services need specific training on the implications of service integration.

- Some stakeholders believe that there needs to be agreed working and pay structures in multi-agency teams, and greater clarification on the sources of continued funding for service integration.

- Stakeholders feel that the full potential of integration can only be achieved when staffing levels match caseload demands.

- Practitioners and professionals at the operational level have identified the need for greater clarification of the roles and responsibilities associated with role of 'lead professional' and 'key worker'. The review notes that *both* of these roles exemplify 'service coordination'.

The review findings indicate that the development of multi-disciplinary and inter-disciplinary approaches to delivery should be considered a high priority. Based on the evidence to date, the following needs are identified:

- clarification of the objectives of integrated working for all those involved in service management and delivery

- development of an approach to service assessment and intervention that provides a common language and greater agreement on service thresholds and tiers of need

- involvement of people using services in the planning and delivery of services

- training at all levels to develop:
  – leadership for integrated services
  – a shared philosophy and vision
  – better communication systems
  – a clear staff review and supervision system

– a shared understanding of roles

- training of service coordinators to ensure that they have an adequate knowledge of the full range of services available in supporting the Every Child Matters agenda.

Data annexe

Introduction

The main focus of this priority is on outcomes related to the provision of effective practice in integrated early years services. At this stage, relatively few studies (with the exception of EPPE) appear to have produced robust, reliable evidence that demonstrates a link between integrated early years provision and outcomes for children. On the whole, the large-scale government-based datasets that are available – nationally, regionally or locally – focus either on provision (such as the Childcare and Early Years Providers' Survey) or on outcomes (as in the Early Years Foundation Stage Profile). The extent to which the datasets have been analysed to explore links between integrated early years services and the five Every Child Matters outcomes, for example, appears to be limited, at least in terms of the data that is currently available in the public domain.

This data annexe, therefore, provides an outline of currently available information on outcomes for young children, set against the national indicators and also against the Every Child Matters outcomes, and data on provision for early years (again in the context of the national indicators). It provides:

- a brief commentary on the availability of data and any gaps that have been identified
- an overview of the nature and scope of the data that was found

A summary table of the data sources of readily accessible, published and comparable data for early years at national, regional and/or local authority level is provided in Appendix 4. This has been set against the relevant national indicators for each priority and has been divided according to the five Every Child Matters outcomes.

Search strategy

There are a number of archival databases in the UK, such as the National Digital Archive of Datasets (NDAD) and the UK data archive, some of which have services that facilitate searching or access to macro- and micro-datasets (including ESDS International). Even so, searching for current and recently published data cannot yet be conducted in the same way as searching for published research findings. Access to newly published data is not supported by comprehensive searchable databases in the same way that literature searches are supported. The strategy that was used to obtain data for the Data Annexe used a combination of methods, including online access to known Government publications (such as the Statistical First Releases from the DCSF and DIUS); access to data published by the Office of National Statistics, the Home Office and other government departments; data published by the NHS and other national, regional and local bodies; and online searches following leads emerging from these publications, research funding council summaries and other literature searches. It should be noted that links to statistical sources that were live at the time of searching may not remain live by the time of publication.

Availability of data

Data appears to be available on physical health issues (such as infant mortality, obesity and tooth decay) and child safety (rate of homicides and hospitalisation), though there is very little on mental health issues in early years. Published data on cognitive, social and emotional development is confined largely to older children in the early years group (those in Foundation Stage in school). Data on economic well-being (such as aspects of children in poverty) are available in relation to a number of specific variables, such as poor living conditions or unsafe housing, but the impact of integrated provision of early years services on such outcomes is not yet readily apparent in the data.

It should be noted that, even though data may be collected by local authority or regionally, it is not always presented or available at this level. Equally, some data is accessible at local authority level, but comparisons between the local data and national or regional data are not always possible because the data are often aggregated by different age groups. Childhood obesity data from the Health Profile of England, for example, is available for children in reception classes at local authority level, but at national and regional is aggregated and presented for children aged two to 10. In other cases, the sample size for the early years cohorts is too small to be analysed or to provide a statistically reliable measure.

The data that is currently available, therefore, provides few immediate insights into the extent to which effective practice in integrating early years services has improved development outcomes for children. Further thought needs to be given to ways in which data on practice and provision in early years settings can be linked to data on outcomes in order to assess the role of integration in changing outcomes for young children.

Nature and scope of the data

The data sources that have been explored are of three main types.

- Robust, recent and publicly accessible data for the whole of England (or wider). This includes:
  - information published in DCSF Statistical First Releases and Statistical Volumes
  - data from the Office of National Statistics
  - data from other Government offices, including the Home Office and Department of Health.

- Information gathered from other national longitudinal datasets and the research publications based on these, including:
  - EPPE (Effective Pre-school and Primary Education)
  - NESS (National Evaluation of Sure Start)
  - MCS (Millennium Cohort Study).

- Relevant information, where possible, from other periodic or *ad hoc* survey datasets, including:

- Childcare and Early Years Providers' Survey
- Early Years Statistical Profile (Ofsted)
- Health Survey of England.

Other relevant surveys, such as ALSPAC (the Avon Longitudinal Study of Parents and Children) and FACS (the Families and Children Study) were identified, but, to date, we have not been able to identify any specific published data from these surveys, in relation to early years, that can be broken down by region and local authority without further secondary analysis.

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Appendix 1: Searching results and search strategy

The first stage in the scoping study process was for the Theme Lead to set the key review questions and search parameters and agree them with the NFER scoping team (see Appendix 1 for the full set of parameters). The list of databases and sources to be searched was also agreed with the Theme Lead. Sets of keywords were selected from the British Education Index (BEI) and were supplemented with free text phrases. The keywords comprised an early years set covering a range of concepts equating to the early years 'stage'; and a set of terms relating to integrated services and health. The keywords were adhered to as far as possible for all bibliographic databases, with closest alternatives selected where necessary. Web-based databases were searched using a more limited number of terms enabling a simultaneous search across the three priority areas within the early years theme.

A list of websites considered relevant to the search was compiled by the NFER team and supplemented by key organisations identified in the National Children's Bureau (NCB) organisations database, the British Education Internet Resource Catalogue (BEIRC) and by others identified in the course of the bibliographic database searches. Current research was specifically searched for in the CERUK Plus (education and children's services research) database, in the Research Register for Social Care and on the websites of key organisations. Members of the Theme Advisory Group were invited to suggest relevant documents, networks and websites.

The next stage in the process was to carry out searching across the specified databases. The database and web searches were conducted by information specialists. Initial screening was done at this stage to ensure the results conformed to the search parameters. The records selected from the searches were then loaded into a Reference Manager database and the data 'cleaned'. This included removing duplicates, checking citations and sourcing missing abstracts. The data was then transferred to an Excel spreadsheet. The scoping team members used information from the abstract and/or the full document to assess the relevance of each piece of literature in addressing the key questions for the review. They also noted the characteristics of the text, such as the type of literature, country of origin and relevance to the research question. A ten per cent sample was selected at random and checked for accuracy by another member of staff.

The numbers of items found by the initial search, and subsequently selected, can be found in the following table. The three columns represent:
- items found in the initial searches
- items selected for further consideration (i.e. those complying with the search parameters after the removal of duplicates)
- items considered relevant to the study by a researcher who had read the abstract and/or accessed the full document.

Table 1. Overview of searches

Source	Items found[3]	Items selected for consideration	Items identified as relevant to this study
Databases			
Applied Social Sciences Index and Abstracts (ASSIA)	120	4	0
Australian Education Index (AEI)	97	13	2
British Education Index (BEI)	49	16	0
ChildData	88	53	11
Education Resources Information Center (ERIC)	1,054	82	8
Internet databases/portals			
British Education Internet Resource Catalogue (BEIRC)	118	2	4
CERUK Plus	183	1	0
Educational Evidence Portal (EEP)	250	5	0
Making Research Count	n/a	1	0
Research in Practice	n/a	2	0
Research Register for Social Care	27	1	0
Social Care Online	273	12	4
Social Policy and Practice	712	27	5
Other source			1
Organisations	47	10	0

[2] Where n/a is indicated, this is because these resources were browsed rather than searched.

Search strategy

The following section provides information on the keywords and search strategy for each database and web source searched as part of the scoping study. All searches were conducted by information specialists at NFER, with the exception of ChildData, which was searched by an information specialist at the National Children's Bureau. The keywords used in the searches, together with a brief description of each of the databases searched, are outlined below. Keywords were not exploded due to time limitations, although narrower terms were used wherever possible and have been listed in the search strategy. The following conventions have been used: (ft) denotes that free-text search terms were used and * denotes a truncation of terms.

Further searching of health and psychological databases will be carried out for the main review. Author searches and reference 'harvesting' (following up references cited in texts) were not undertaken, due to time limitations. These will also be carried out for the main review.

Applied Social Sciences Index and Abstracts (ASSIA)
(searched via CSA 18/07/08)

ASSIA is an index of articles from over 500 international English language social science journals.

#1 early years (ft)	#13 #1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 or #10 or #11 or #12
#2 under fives (ft)	#14 health services
#3 childrens cent* (ft)	#15 integrated services
#4 foundation stage (ft)	#16 integrated working
#5 day nurseries	#17 multiagency
#6 early childhood education	#18 multiprofessional
#7 kindergartens	#19 agency cooperation
#8 nurseries	#20 health program
#9 nursery schools	#21 school health
#10 playgroups	#22 #14 or #15 or #16 or #17 or #18 or #19 or #20 or #21
#11 preschool children	#23 #22 and #13
#12 preschools	

Australian Education Index (AEI)
(searched via Dialog 21/07/08)

AEI is Australia's largest source of education information covering reports, books, journal articles, online resources, conference papers and book chapters.

#1 early years (ft)	#14 integrated working (ft)
#2 under fives (ft)	#15 multiagency (ft)
#3 young children	#16 multiagency working (ft)
#4 playgroups	#17 multiprofessional (ft)
#5 preschools or preschool-children or preschool-curriculum or preschool-education	#18 agency cooperation
	#19 cooperative planning
	#20 cooperative programs
#6 kindergarten or kindergarten children	#21 health services
#7 nursery schools	#22 school health services
#8 play groups (ft)	#23 health programs
#9 childcare	#24 #12 or #13 or #14 or #15 or #16 or #17 or #18 or #19 or #20 or #21 or #22 or #23
#10 childrens centres (ft)	
#11 #1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 or #10	#25 #11 and #24
#12 integration (ft)	
#13 integrated services	

British Education Index (BEI)
(searched via Dialog 21/07/08)

BEI provides information on research, policy and practice in education and training in the UK. Sources include over 300 journals, mostly published in the UK, plus other material including reports, series and conference papers.

#1	early childhood education	#18	#1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 or #10 or #11 or #12 or #13 or #14 or #15 or #16 #17
#2	early years (ft)		
#3	under fives (ft)		
#4	young children	#19	integration (ft)
#5	preschool education	#20	integrated services (ft)
#6	preschool children	#21	integrated working (ft)
#7	preschool playgroups (ft)	#22	multiagency (ft)
#8	nursery schools	#23	multiagency working (ft)
#9	nursery school curriculum	#24	multiprofessional (ft)
#10	nursery school education	#25	agency cooperation
#11	nursery classes	#26	cooperative planning
#12	kindergarten	#27	cooperative programmes
#13	kindergarten children	#28	health services
#14	childcare	#29	school health services
#15	playgroups	#30	health programmes
#16	day care centres	#31	#19 or #20 or #21 or #22 or #23 or #24 or #25 or #26 or #27 or #28 or #29 or #30
#17	foundation stage (ft)		
		#32	#18 and #31

British Education Internet Resource Catalogue (BEIRC)
(searched 09/07/08)

The British Education Internet Resource catalogue is a freely accessible database of information about professionally evaluated and described internet sites which support educational research, policy and practice.

#1   early childhood education or preschool education or daycare centres or kindergarten or nursery schools or nursery school curriculum or play groups or primary education or young children

CERUK Plus
(searched 22/07/08)

The CERUK Plus database provides access to information about current and recently completed research, PhD level work and practitioner research in the field of education and children's services.

#1   early childhood education or early childhood education and care or preschool education or preschool children

ChildData
(search completed 30/07/08)

ChildData is the National Children's Bureau database, containing details of around 35,000 books, reports and journal articles about children and young people.

pre-school set

Note: searches #12 to #17 were repeated replacing multiagency with multidisciplinary

#1	preschool children
#2	preschool education
#3	day care
#4	early childhood care and education
#5	early childhood services
# 6	early primary school age
#7	children's centres
#8	nursery schools
#9	nursery classes
#10	educare (ft)
#11	#1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 or #10

#12	multiagency and preschool set
#13	(integration (ft) or integrated care or integrated (ft) services) and preschool set
#14	multiagency and preschool set and outcomes
#15	multiagency and preschool set and evaluation
#16	multiagency and preschool set and effects
#17	multiagency and preschool set and health services

Author searches
#1	Penn, H.
#2	Moss, P.
#3	Pascal, C.
#4	Tunstill, J.
#5	Smith, A.
#6	Smith, T.

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Education Resources Information Center (ERIC)
(searched via Dialog 18/07/08)

ERIC is sponsored by the United States Department of Education and is the largest education database in the world. Coverage includes research documents, journal articles, technical reports, program descriptions and evaluations and curricula material.

#1	early childhood education
#2	early years (ft)
#3	under fives (ft)
#4	young children
#5	preschool education
#6	preschool children
#7	preschool playgroups (ft)
#8	nursery schools
#9	kindergarten
#10	child-care

#11	child-care-centers
#12	primary schools
#13	#1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 or #10 or #11 or #12
#14	integration
#15	integrated services
#16	integrated working
#17	multiagency
#18	multiagency working
#19	multiprofessional

#20	agency cooperation	#24	#14 or #15 or #16 or #17 or #18 or #19 or #20 or #21 or #22 or #23
#21	cooperative planning		
#22	health services	#25	#13 and #24
#23	health programs		

Educational Evidence Portal (EEP)
(searched 13/07/08)

EEP enables users to search for educational evidence from a range of reputable sources via a single search.

    #1   Early years

Making Research Count
(browsed 13/07/08)

Making Research Count is a collaborative national research dissemination network based regionally in the social work departments of nine UK universities. *Research News*, a newsletter that highlights recent or current research undertaken in Making Research Count network, was browsed.

Research in Practice
(browsed 13/07/08)

Research in Practice is the largest children and families research implementation project in England and Wales. It is a department of the Dartington Hall Trust run in collaboration with the Association of Directors of Children's Services, the University of Sheffield and a network of over 100 participating agencies in the UK. The EvidenceBank and publications section were browsed.

Research Register for Social Care (RRSC)
(searched 13/07/08)

The RRSC provides access to information about ongoing and completed social care research that has been subject to independent ethical and scientific review.

#1	pre-school children or early years (ft)	#3	integrated services
#2	childcare (ft)		

NB Student research excluded.

Social Care Online
(searched 13/07/08)

Social Care Online is the Social Care Institute for Excellence's database covering an extensive range of information and research on all aspects of social care. Content is drawn from a range of sources including journal articles, websites, research reviews, legislation and government documents and service user knowledge.

#1   pre-school children

#2   integrated services and early years (ft)

#3   early years (ft) and health

Social Policy and Practice
(searched via Silverplatter 21/07/08)

Social Policy and Practice is a bibliographic database with abstracts covering evidence-based social policy, public health, social services, and mental and community health. Content is drawn mainly from the UK, with some material from the USA and Europe.

#1   early years
#2   preschool education
#3   early childhood education
#4   kindergarten
#5   nursery
#6   childcare
#7   childrens centres
#8   #1 or #2 or #3 or #4 or #5 or #6 or #7
#9   integration
#10   integrated services
#11   multiagency
#12   health services
#13   #9 or #10 or #11 or #12
#14   #8 and #

Organisations

The following websites were browsed for additional sources not already found in the database searches. This entailed browsing through the publications and/or research and policy sections.

Table 2. Additional information sources

Organisation	URL	Records selected
Alliance for Childhood	www.allianceforchildhood.org	0
Australian Council for Educational Research	www.acer.edu.au	0
Australian Department of Education, Employment and Workplace Relations	www.dest.gov.au	0
Bernard van Leer Foundation (found via DECET)	www.bernardvanleer.org	0
British Association for Early Childhood Education	www.early-education.org.uk	0
British Educational Research Association (BERA)	www.bera.ac.uk/	0
British Medical Association (BMA)	www.bma.org.uk	1
Centre for Analysis of Social Exclusion (CASE) at LSE	http://sticerd.lse.ac.uk/case	0
Centre for Economic and Social Inclusion (CESI)	www.cesi.org.uk/	0
Centre for Equity and Innovation in Early Childhood http://www.edfac.unimelb.edu.au/ceiec(found via Alliance for Childhood)	www.edfac.unimelb.edu.au/ceiec	0
Centre for Research in Early Childhood (CREC)	www.crec.co.uk	0
Centre for Research in Social Policy (Loughborough)	www.crsp.ac.uk	0
Children's Commissioner for England	www.11million.org.uk	0
Children in Scotland	www.childreninscotland.org.uk	0
Children in Wales	www.childreninwales.org.uk	0
Daycare Trust	www.daycaretrust.org.uk	0
Department for Children, Schools and Families (DCSF) research pages	www.dcsf.gov.uk/research	0
Department of Education NI	www.deni.gov.uk	0
DOH research pages (for health in early years settings)	www.dh.gov.uk/en/Researchanddevelopment/ Researchanddevelopmentpublications/index.htm	0
Diversity in Early Childhood Education and Training (DECET)	www.decet.org/	0
Department for Work and Pensions (DWP) research pages	www.dwp.gov.uk/asd/asd5	0

Effective Provision of Pre-School Education (EPPE) Project	http://k1.ioe.ac.uk/schools/ecpe/eppe/index.htm	0
EPPI Centre Early Years Review Group	http://eppi.ioe.ac.uk/cms	2
Evidence Network	http://evidencenetwork.org	0
Families, Children and Childcare Study	www.familieschildrenchildcare.org/fccc_frames_home.html	0
Families, Early Learning and Literacy research group (FELL)	www.education.ox.ac.uk/research/resgroup/fell/index.php	1
Family and Parenting Institute	www.familyandparenting.org.uk	0
Joseph Rowntree Foundation	www.jrf.org.uk	0
Learning and Teaching Scotland link pages to early years research	www.ltscotland.org.uk/earlyyears/resources/publications/resourcesresearch/index.asp	1
Literacy Trust	www.literacytrust.org.uk	0
National Association for Primary Education	www.nape.org.uk	0
National Campaign for Real Nursery Education	www.ncne.co.uk	0
National Centre for Social Research	www.natcen.ac.uk	0
National Children's Bureau. Early Childhood Forum	www.ncb.org.uk/ecf	0
National Institute for Health and Clinical Excellence	www.nice.org.uk	0
New Zealand Council for Educational Research	www.nzcer.org.nz	0
New Zealand Ministry of Education	www.minedu.govt.nz	1
National Foundation for Educational Research (NFER)	www.nfer.ac.uk	1
NSPCC	www.nspcc.org.uk	0
Peers Early Education Partnership	www.peep.org.uk	0
Preschool Learning Alliance	www.pre-school.org.uk	0
Scottish Educational Research Association – Early Years Network	www.sera.ac.uk/sitepages/earlyyearsnetwork.htm	0
Scottish Government	www.scotland.gov.uk/Topics/Research	3
Social Exclusion Task Force	www.cabinetoffice.gov.uk/social_exclusion_task_force	0
Social Policy Research Unit (York)	www.york.ac.uk/inst/spru	0
Surestart Research	www.surestart.gov.uk/research	0
Welsh Assembly	www.wales.gov.uk	0

Appendix 2: Review parameters

This appendix contains the parameters for the scoping study, set by the Theme Advisory Group.

Brief description of priority

Rationale: improved integration of services is a central theme in Government policy and is recognised by early years practitioners as a making a significant contribution to improved practice. Findings from the EPPE study show integrated centres with specific features to be more likely than other settings to improve outcomes for young children across all areas including cognitive, social emotional and physical development. The current Children's Centres development programme reflects this understanding but the practice of integration varies widely, both within that programme and within the wider early years environment. There is a plethora of initiatives, strategies and guidance for local authorities and practitioners which relates to this.

This strand of work would cover all types of provision, in the maintained and private, voluntary and independent (PVI) sectors, rural and urban locations., It would identify and disseminate effective practice in integrated working including, but not limited to, integration across health, care, education and family support. Strands of current policy and practice development which relate directly to this priority include the aim to create an integrated workforce for children's services.

Main (research) questions to be answered and issues to be covered

1. The EPPE study showed that centres which had a specific approach to the integration of what had previously been seen as separate childcare and nursery education were able to produce improved outcomes for children's learning. What other evidence is there for this and what specific features of integration have been shown to make a difference?

2. What evidence is there for effective ways of integrating health services into early years settings?

Are there any cross-cutting issues to be included?

- Child poverty
- Workforce development
- Leadership.

What is the likely geographical scope of the searches?

England	Wales
Scotland	N Ireland

Republic of Ireland   Australia/New Zealand
USA/Canada   Other countries (*please specify*)

Age range

Birth to five years.

Literature search dates

Start year**:** 1996.

What type of literature do you wish to include?

Which key words should be used for searching the literature?

Integrated services set: Integration, Integrated services, Integrated working, Multiagency, Multiagency working, Multiprofessional, Agency cooperation, Cooperative planning,

☒ **Published research studies (books and journal articles)**

☒ **Conference reports; committee papers; unpublished reports**
  ('grey literature')

☒ **Policy documents**

☐ **Practice descriptions and guides**

☒ **Other types of literature -**

please name Information on current research

Cooperative programmes, Health services, Health programmes

Early childhood set: Early childhood education, Early years, Under fives, Young children, Preschool education, Preschool children, Preschool playgroups, Nurseries, Nursery schools, Nursery school curriculum, Nursery school education, Nursery classes, Kindergarten, Kindergarten children, Young children, Childcare, Playgroups, Day nurseries, Children's Centres, Foundation stage, Primary schools, Primary education

Websites, databases and networks to be searched or included as key sources?

(None suggested).

Key texts/books/seminal works suggested by the Theme Advisory Group

(None suggested initially)

Appendix 3: Validated local practice process and assessment criteria

What is validated local practice?

Validated local practice examples describe how local authorities and their partners have successfully tackled key challenges and improved outcomes for children and young people. Their success in achieving improved outcomes has been assessed as being sufficiently well evidenced to merit inclusion within the review.

Collection methods

C4EO collected practice examples by sending invitations to local authorities and trusts to submit promising or proven practice examples to C4EO that were relevant to each theme after the knowledge workshops. A call for practice examples was also placed on the C4EO website and publicised through various publications. Members of the Thematic Advisory Groups were also asked to use their own contacts and networks to publicise the call for practice examples. Respondents submitted examples in hard copy or via email.

Validation process

Local authorities and their partners were asked to submit their practice examples in a form that was designed to encourage them to fully describe their practice and to provide evidence of how it had improved outcomes. The forms were then assessed by a validation panel made up of a small group of sector specialists – professionals drawn from across the children's sector who have an expertise and a track record of achievement in early years. Two sector specialists assessed each example against the following validation criteria:

- **Adequacy of the information supplied**. Is there enough to apply the validation process? If not, and if the practice has potential, NFER will request more information; we will try to do this at the screening stage.

- **Strength of the rationale**. Was the intervention/practice fit for purpose and based on a clear and sound rationale? Was it based on prior and good-quality evidence of need and what works in similar contexts?

- **Sufficiency of impact and outcome evidence**. Is there sufficient external and/or internal evaluation evidence that the practice/intervention has made a difference and led to improved outcomes? Are there good practitioner, service user and other stakeholder views? Do others implementing the same or similar practice or strategy changes or interventions report similar findings?

- **Evidence of what has/has not worked and why**. Is there some good guidance here which will be useful to others? What are the golden threads for what works? What barriers and ways of overcoming these have been documented?

- **Actual or potential for replication or transfer to other contexts and settings**. What evidence is there that the practice has already been successfully transferred to different settings, or has the potential for replication? Which elements are especially transferable? Which elements are non-negotiable, and which are open to adaptation

to suit other contexts? What do people need to put in place to transfer the practice, without substantial loss of effect?

Where two sector specialists assessed an example as being strongly supported by practice experience and evidence, or describing promising practice along with a good rationale for the intervention and some evidence of success and potential to be replicated, the theme lead was asked to review the assessment. Only examples that were endorsed by the theme lead were validated.

This review has only drawn on validated practice examples.

Appendix 4: National indicators and key data sources

Relevant national indicators and data sources for Early Years theme 'Effective practice in integrating early years services'

ECM outcome	National indicator (NI)	NI detail	Data source (published information)	Scale (published information)	Links to data source
Enjoy and achieve	NI72	Achievement of at least 72 points across the Early Years FS with at least 6 in each of the scales in PSED and CLL	DCSF: Foundation Stage Profile	National, regional and local authority level	www.dcsf.gov.uk/rsgateway/DB/SFR/s000879/index.shtml
	NI92	Narrowing the gap between the lowest achieving 20% in the Early Years FS Profile and the rest	Foundation Stage Profile	National, regional and local authority level	www.dcsf.gov.uk/rsgateway/DB/SFR/s000752/SFR32-2007.pdf
	NI103	Special educational needs – statements issued within 26 weeks	Nothing identified yet for early years		

Appendix 5: The core offer for Sure Start children's centres

The DCSF guidance on children's centres (DCSF 2007 p 5) includes the following list of universal services that must be provided:

- outreach services for isolated parents/carers and children at risk of social exclusion

- health visitors linked with the centre, underpinned with good information and data about families in the local area

- information and advice to fathers and mothers/carers on a range of subjects including: local childcare, looking after babies and young children and local education services for three- and four-year-olds

- support to childminders via a quality-assured, coordinated network, but also to other childminders in the area, for example by providing shared training opportunities, by providing loans of toys and equipment and by hosting drop-in sessions

- activities for children and mothers and fathers/carers at the centre, for example play groups, stay and play, parent groups, drop-in sessions and crèches in the centre itself; these could be existing services which the children's centre is being built around

- links with Jobcentre Plus, to encourage and support labour market participation by parents/carers who wish to consider training and employment. The nature of the links will be negotiated locally in light of community needs and local circumstances but could consist of one or more of the following: up-to-date vacancy boards in the centre, internet access, warm phones, Jobcentre Plus advisers offering one-to-one or group support, drop-in or regular opportunities to consult personal advisers for advice on the financial impact of starting work, a named 'link adviser' at the Jobcentre providing a direct contact point for parents, leaflets and posters advertising Jobcentre Plus services

- access to community health services (including antenatal services and the Child Health Promotion Programme, led and delivered by health visiting teams tailored to meet different levels of risk and need) and access to specialist services – in particular for children with special needs and disabilities.

Early Years provision (integrated early learning and day care) is a key part of the offer in children's centres serving the most disadvantaged communities and is optional elsewhere.

For further information, see DCSF (2007, Chapter 2).

In the 30 per cent most disadvantaged areas, children's centres' core provisions must include:

- good-quality Early Years Foundation Stage provision (minimum 10 hours a day, five days a week, 48 weeks a year)
- good-quality input from a children's centre teacher to lead the development of learning within the centre
- child and family health services, including antenatal services
- parental outreach
- family support services
- a base for a childminder network
- support for children and parents with learning difficulties and/or disabilities
- effective links with Jobcentre Plus to support parents/carers who wish to consider training or employment.

In more advantaged areas and in rural areas, local authorities have greater flexibility in providing services to meet local needs. Sure Start children's centres in these areas will offer:

- appropriate support and outreach services to parents/carers and children who have been identified as in need of them
- information and advice to parents/carers on a range of subjects, including local childcare, looking after babies and young children, and local Early Years Foundation Stage provision for three- and four-year-olds
- support to childminders
- drop-in sessions and other activities for children and parents/carers at the centre
- links to Jobcentre Plus services.

For a full description, see DfES (2006, Chapter 3).

MARCH 2010

Improving development outcomes for children through effective practice in integrating early years services

This knowledge review tells us what works in integrating early years services. It is based on a rapid review of the research literature involving systematic searching, analysis of key data, validated local practice examples and views from people using services and providers. It summarises the best available evidence that will help service providers to improve services and, ultimately, outcomes for children, young people and their families.

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