

COMPLEXITY AND INTEGRATED CHILDREN'S SERVICES IN THE UK

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Abstract

Children's services in the UK have been reorganised in recent years in order to focus more effectively on the needs of children and families. New models of integrated services, such as children's centres and extended schools, aim to strengthen families through a multi-agency response to problems in early childhood. This paper explains the context of integrated services in the UK, explores the research on integration and discusses the implications for collaboration between professionals.

It is argued that a particular challenge for integrated services is presented by so-called 'complex cases', e.g. children at risk of abuse, who need a range of professionals to work closely together. Nonetheless, the evidence suggests that collaboration is very difficult to achieve in situations of high complexity and risk. The policy response so far has been to emphasise IT-based case management systems, reinforced by tighter managerial and procedural controls. However, this may be ignoring an opportunity to pool the expertise of professionals in order to find innovative joint solutions.

Key Words: *integrated services, interprofessional working, child protection*

JEL Classification: I39

1. INTRODUCTION

Every Child Matters, a government policy document published in 2003, set out a new direction for the development of children's services in the UK (DfES, 2003). Subsequent legislation and statutory guidance pushed for greater integration of the services provided to children, on the principle that professional support should be organised around the needs of children and families, rather than services being determined by agency or professional boundaries (DCSF, 2007). The 2004 Children Act mandated cooperative arrangements on a local level in the form of Children's Trusts, while also cementing organizational ties between local authority education departments and children's social services. Strategic partnerships maintained by Children's Trusts have been accompanied by a slew of initiatives to promote multi-agency working: children's centres and extended schools, IT-based information-sharing, assessment and case-management systems, and plans for an integrated qualifications route for the children's workforce (DCSF, 2008).

Behind these reforms lie a range of policy drivers. Recent years have seen social policy dominated by a government strategy to tackle poverty and social exclusion by investing in resources to identify prevent problems in early childhood (Spratt, 2009). At the same, media-fuelled public outrage about deaths from child abuse have also spurred efforts to improve systems for safeguarding children (Parton, 2004). Evidence from public inquiries tells us that multi-agency

collaboration can sometimes be at its least effective when it is needed the most (Laming, 2003). Nevertheless, the policy of integrating services has put an ever greater premium on such collaboration. Researchers have found consistent challenges and barriers to collaboration, along with indications about what can facilitate joint working (Sloper, 2004; Robinson et al., 2008). On the other hand, there is insufficient empirical evidence that integrated working actually improves outcomes for service users (Brown and White, 2006).

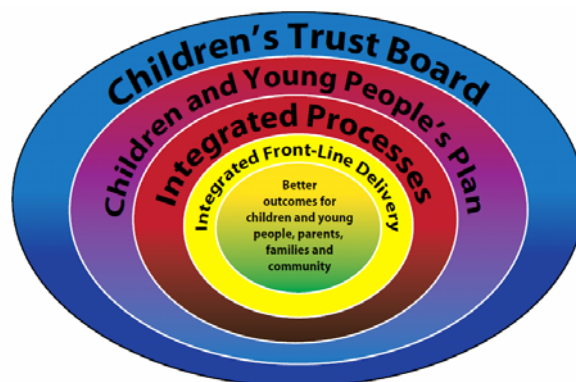
Policy guidance on children's services has avoided stipulating models of frontline delivery, opting instead for flexibility in local arrangements. A generic approach is the 'team around the child' model (Limbrick, 2004), based on the idea of a continuum of needs and services. According to this model, networks of professionals, who are employed by separate agencies, will collaborate around particular cases of need, supported by new integrated procedures and specified 'lead professional' or key worker roles. The response to greater levels of need is to add specialist input from other agencies into the team around the child. However, this model of integrated working raises the question as to whether the increasing complexity and difficulty of cases might affect the ability of professionals to collaborate as a team. This paper will explore some of research findings around these issues and explore their implications for the team around the child model and the interagency response to complex cases.

2. WHAT ARE INTEGRATED SERVICES?

2.1. Children's Trusts

Government guidance defines Children's Trusts as 'the sum total of co-operation arrangements and partnerships between organisations with a role in improving outcomes for children and young people' (DCSF, 2010: 7). These partnerships are not separate legal entities but are maintained by the local authority through a statutory planning body called the Children's Trust Board, which is responsible for drawing up a local Children and Young People's Plan in order to 'drive forward better integrated working across services to improve outcomes for children and young people' (DCSF, 2010: 9). The aim is for the partner organizations involved in Children's Trusts to cooperate on every organizational level, from strategic planning to frontline services, as illustrated below:

Figure-1: Cooperative arrangements under Children's Trusts



Source: DCSF, 2010: 8

2.2. The Team Around the Child

The 'team around the child' model lies at the heart of government guidance on integrated working in children's services (DCSF, 2008). Originally developed in early years settings as a key worker model of family support around babies and young children with disabilities (Limbrick, 2004), the concept is now being used to bind together different models of multi-agency team working into a coherent framework of needs-led service delivery. The underlying principle is that of a continuum of needs and services. At one end, universal services such as schools cater for all children, including those with no additional needs. Other services are available to provide extra support to children, after their needs have been evaluated through a common assessment framework (CAF).

For most additional needs, this will lead to targeted support, e.g. from an education psychologist, or speech therapist. However, there may be other needs that cannot be met by one service alone and in this case a 'team around the child' is formed, coordinated by a 'lead professional'. At the furthest end of the scale, the most complex or 'acute' needs might require specialist or statutory services to be brought in. In this case, the statutory agency usually takes over as lead professional in order to coordinate multi-agency assessment and intervention. This model of integrated working is illustrated below:

Figure-2: The team around the child (TAC)



Source: DCSF, 2008: 48

It is interesting to note that with an increasing level of need, the team around the child may well become less, not more integrated – due to the increase in number of professionals, as well as the type of specialist agencies that may become involved. For example, a young child may initially be seen at a children's centre, where a range of practitioners form part of an permanent multi-agency team. If necessary, staff will contact and work together with professionals who are managed and employed by other agencies. Child protection concerns may require the expertise of statutory social workers, who will also involve police and paediatricians as required. The complexity of the service response therefore is likely to rise along with the complexity of the problems that have been identified. Before returning to this issue, it will be helpful to explore some of the messages arising from research into this type of integrated service.

3. KEY MESSAGES FROM RESEARCH

3.1. Does integration lead to better outcomes?

Reviews of the literature on integrated working have concluded that there is not enough evidence to confirm that integrating services definitely leads to better outcomes for children (Brown and White, 2006; Sloper, 2004). As noted earlier, public inquiries into child deaths have concluded that negative outcomes have resulted from agencies failing to work together, hence the need for closer integration (Stanley and Manthorpe, 2004). Some studies have suggested benefits to service users from closer collaboration between agencies and professionals (Webb and Villumany, 2001; Robinson et al., 2008) but evidence of success is often dependent on a number of contingent factors, as well as on professional perceptions of what has worked (Bachmann et al., 2009). It has been also been pointed out that looking for evidence of change in short-term outcomes may be inconsistent with achieving longer-term impact in terms of life outcomes (Stewart et al, 2003). In a well-known study, Glisson and Hemmelgarn (1998) found that the internal culture and climate of organisations is more important for outcomes than how well agencies cooperate with each other.

3.2 Barriers and facilitators to joint working

In contrast to the sparse evidence base on outcomes, there is a significant body of research devoted to the processes of collaboration, with consistent messages about the factors which hinder and promote interprofessional working (Robinson et al., 2008; Anning et al., 2006; Cameron and Lart, 2003; Atkinson et al., 2002; Stewart et al., 2003). Factors facilitating joint working have been found to include: shared vision and commitment; strong and effective leadership; agreed strategic objectives and core aims; clear lines of accountability; supportive management; clearly defined roles and responsibilities; ongoing support for professional development; opportunities for joint training, and many others. Barriers to integration are oppositely related to the facilitators, along with other factors such as financial uncertainty and conflicts between agency ideologies or professional cultures.

Most of these studies adopt the model of integrated services illustrated earlier, which resembles an ecological system of care (Bonfenbrenner, 1979) with agencies and professionals forming the outer layers and service users at the centre. Although interactions in such systems are two-way, the focus has tended to be on how professionals and organizations can function together in order to produce given 'outcomes', i.e. changes in the lives of service users. A different approach is to examine how interactions at the heart of the system, i.e. service users themselves, can affect the nature of collaborative relationships between professionals. From a psychodynamic perspective, it has been seen that defensive coping mechanisms, originating in factors in the family and feeding into the interaction between clients and professionals, can problematise interprofessional working (Menzies Lyth, 1988; Woodhouse and Pengelly, 1991). Likewise, the literature on child protection makes it clear that the emotional and psychological effects of the work can affect practitioners' judgement and decision-making, particularly in complex and anxiety-provoking situations (Munro, 1996). This recalls the idea mentioned earlier, namely that complexity is itself a significant factor affecting integration.

4. COMPLEXITY AND INTEGRATION

4.1 Perspectives on complexity

Government guidance on integrated working suggests that children with complex needs are the most likely to require an integrated, multi-agency response. This is because complex problems have many sources and therefore require multiple professional interventions to achieve positive outcomes. From this perspective, complexity is a characteristic of the spectrum of increasing need, demarcating a subset of problems and solutions that are necessarily interlinked. The more complex the problems experienced by a child or family, the more agencies will have to collaborate in order fully to understand and address the situation. At the same time, the involvement of so many different professionals can itself present an obstacle. Children in state care or with complex health needs may have contact with an average of ten or more different professionals, which without proper coordination can amount to a recipe for confusion, duplication and conflict (Boddy et al., 2006; Sloper, 2004). This is the kind of complexity alluded to by the research studies discussed earlier.

From a different perspective, complexity can be seen as a characteristic ascribed by professionals and their agencies to particular clients, e.g. through their categorization as 'complex cases'. Professionals are known to construct categories such as abuse and neglect via 'processes of identification, confirmation and disposal' rather than simply identifying characteristics that are 'inherent in a child's presenting condition' (Dingwall et al., 1983). Such issues might seem beyond the skills and remit of any one professional or agency, therefore needing a referral to bring on board other specialisms and resources, but the referring agency may also hope to disperse or reallocate responsibility for perceived risks and concerns about a child's welfare. Alternatively, from a practitioner's point of view, complexity might also be about coping with the turbulence of families' lives, or about struggling to reach decisions in unpredictable and emotionally charged circumstances (Munro, 1996).

4.2. Wicked problems and tame solutions

The difficulties confronted by professionals in this type of case are likened by Devaney and Spratt (2009) to Rittel and Webber's (1973) concept of 'wicked problems', which have many interconnected elements and therefore are difficult to define exactly or resolve unambiguously. Trying to reduce a wicked problem to its component parts, in order to address each in turn, is unlikely to succeed because attempts to change one characteristic of the problem can have unexpected effects or result in the appearance of new or unanticipated issues. In addition, the task of professionals attempting to combine their efforts is often hampered by the complex dynamics of social interaction and communication. In contrast, 'tame problems' are those which may be complicated from a technical point of view, but are amenable to a linear, rational approach to their definition and resolution (Conklin, 2006).

Devaney and Spratt (2009) go on to argue that the policies shaping the UK's child protection system in recent decades have encouraged an overly mechanistic and reductionist approach to complexity, by counterproductively treating wicked problems as if they were 'tame'. Similar views have been echoed in relation to some of the procedures and tools designed to facilitate effective collaboration, such as the common assessment and the integrated children's system (e.g.

White et al., 2009). These have been seen as reinforcing a shift away from reflexive professional judgement and towards rationalized forms of decision-making, often using information designed primarily for databases (Parton, 2008).

5. CONCLUSION

The literature shows that great efforts have been made to overcome the difficulties, conflicts and misunderstandings that arise when professionals from different disciplines work more closely together. The move towards integrated working has offered an opportunity to move away from rigid models of diagnosis and intervention and towards a more flexible search for joint solutions. In theory, this should offer professionals an opportunity to think critically and creatively together about complex problems. In practice, however, it seems that the current model of integration has not dealt adequately with the implications of complexity in professionals' work with children and families. In cases of complex or acute need, where change is unpredictable and anxieties about risk are high, functionalist models of professional intervention are likely to be ineffective. Assessment and decision-making in such situations above all requires critical thinking and reflective practice, and new ways must be found to facilitate these processes in an interprofessional context.

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