

## Collaboration, integration and change in children's services: Critical issues and key ingredients

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### Abstract

**Background:** Government and state policy, irrespective of jurisdiction, increasingly require and indeed specify the nature of collaboration with regard to the delivery of child welfare services for maltreated children. The rationale for collaboration appears obvious in as much as it is aimed at promoting multidisciplinary practice in order to meet the needs of the vulnerable child. However, collaboration, whilst a useful and motivating concept, is in reality far from straightforward and contains complexities and ambiguities.

**Aim:** The aim of this paper is to explore these complexities and ambiguities to provide an overview of key developmental frameworks relevant to the creation and maintenance of strategic high-level multiagency partnerships.

**Commentary:** The authors begin by exploring the characteristic features of different levels of multiagency collaboration that is communication, co-operation, co-ordination, coalition, and integration. As the emphasis in a variety of jurisdictions in the Western world is on the highest levels of collaboration namely coalition and service integration this is the focus of the paper. The authors synthesize the main literature in the field to consider the critical elements for effective collaborative endeavors at this level including predisposing factors, mandate, leadership, machinery, process, and outcomes. The paper concludes by recognizing that the drive towards integrated services is occurring in a climate of continuing change. The need to identify the impact of such an environment when managing multiagency partnerships is explored using five steps to change.

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## Introduction

Two major challenges currently face the interagency community in relation to improving children's services for maltreated children irrespective of jurisdiction. First, there is the move towards strategic and higher level forms of interagency collaboration in child welfare services. In many states, this involves the development of integrated service delivery systems based on the merging of previously separate organizational and professional systems. Second, there is the challenge to move from service-led delivery to outcome-focused services. In this paper, we describe five levels of collaborative or working together arrangements, some of the major problems associated with collaboration and limitations to current research in this area. The focus of the paper is a detailed examination of the frameworks, challenges, and implications involved in the move to higher levels of collaboration, in particular the shift from coalition to integrated services for children vulnerable to abuse. We conclude with some reflections on the challenges encountered by senior managers overseeing the change process associated with the move to integrated services. We focus on change because the success of a partnership is determined largely by the way in which it is developed and maintained at a senior management level (Huxham & Vangen, 1996; Meyers, 1993; Sainsbury Centre, 2000).

Collaboration in relation to safeguarding children takes place within a variety of contexts and involves different levels of integration. Part of the complexity associated with the concept of collaboration is that the term describes a range of working together arrangements. Drawing on the literature five different levels of endeavor can be identified (Gregson, Cartlidge, & Bond, 1992; Hallett & Birchall, 1992; Huxham & Macdonald, 1992; Marrett, 1971; Miller & McNicholl, 2003; Roaf, 2002):

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

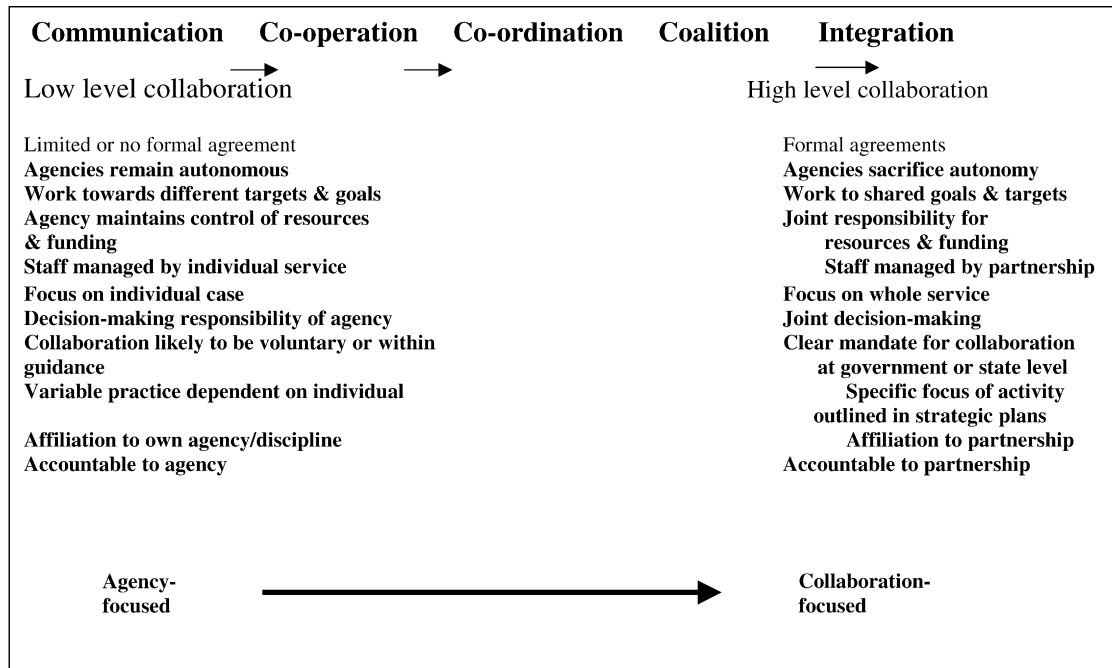
Thus collaborative partnerships exist along a continuum from informal and local collaboration to formal and whole agency collaboration illustrated in Table 1.

There are ways of distinguishing the different levels of collaboration? For example, Marrett (1971) suggests that there are four dimensions on which collaboration can be plotted: *formalization*, *intensity*, *reciprocity*, and *standardization*, and Ovretveit (1996) identifies similar dimensions focusing on multi-disciplinary teams. *Formalization* describes the agreements/contracts that relate to the degree to which agency autonomy is to be ceded in the partnership. *Intensity* refers to both the range of activities and resources, which are to be the subject of collaboration. *Reciprocity* is about the degree to which equality or power imbalance exists between partners. Finally, *standardization* is the extent to which the units exchanged are clearly delineated. Distinctions can also be made between levels and degrees of service integration (Miller & McNicholl, 2003; Waldfogel, 1997). At the simplest level, the focus is on collaboration around individual service users. The next level refers to staff working together to deliver local services. The highest degree of integration occurs when whole systems collaborate with regard to the planning, commissioning and management of services.

Increasingly governments and states are recognizing the interconnected nature of child welfare issues and advocating the highest level of collaboration as a response—*integration* of localized services (Milbourne, Macrea, & Maguire, 2003). For example, in England the Green Paper *Every Child Matters*

Table 1

The features of collaborative endeavors



(Cm [5860], 2003) and in Scotland, *For Scotland's Children* (Scottish Executive, 2001) both support service integration as a way of promoting better outcomes for children. In the USA formal collaboration, often politically mandated, has influenced the development of child welfare programs at regional and community levels for the past 10 years (Ehrle, Scarella, & Geen, 2004; Hogan & Murphy, 2002). In Australia, the state of Victoria has the *Strengthening Families* program, which advocates network coordination (Tomison, 2001).

Problems regarding interagency collaboration have beset child protection systems since the 1960s (Dale, Davies, Morrison, & Waters, 1989; Joint Chief Inspectors, 2002; Reder, Duncan, & Gray, 1993; Sanders, 1999; Stevenson, 1998). The problems are well documented (Calder & Horwath, 1999; Department of Health, 1995; Hallett, 1995; Milbourne et al., 2003; US General Accounting Office, 1992; Webb & Vulliamy, 2001). They include issues regarding lack of ownership amongst senior managers; inflexible organizational structures; conflicting professional ideologies; lack of budget control; communication problems; poor understanding of roles and responsibilities and mistrust amongst professionals.

Moreover the current research neither offers a common language to describe collaboration nor provides consistent messages as to how to address the issues (Meyers, 1993; Roaf, 2002). First, much of the research is descriptive rather than evaluative in nature, and focuses on front-line practice rather than system management (Hallett & Birchall, 1992; Hudson, Hardy, Henwood, & Wistow, 2003; Huxham, 1996; Meyers, 1993; Roaf, 2002; Sandfort, 1999; Tomison, 2001). Second, positivist assumptions that collaboration is entirely benign and desirable, dominate (Hudson et al., 2003; Morgan,

1995; Sandfort, 1999). Third, the majority of studies describe collaboration from an organizational perspective. Few studies seek to include service users as stakeholders, or locate partnership and collaboration practices within a wider context of interest group power structures and socio-political processes (Benson, 1982; Braye & Preston-Shoot, 1995; Hallett & Birchall, 1992; Huxham & Vangen, 1996). Finally, while some, perhaps the majority, of studies focus on objective, rational or structural explanations when analyzing interagency activity, fewer studies focus more on the irrational, unconscious or subjective aspects of organizational life (Morrison, 1996; Reder & Duncan, 1999; Reder et al., 1993). Yet, it is against this background of confusion that senior managers in a range of jurisdictions are expected to achieve the complex transition towards the goal of truly integrated and seamless services.

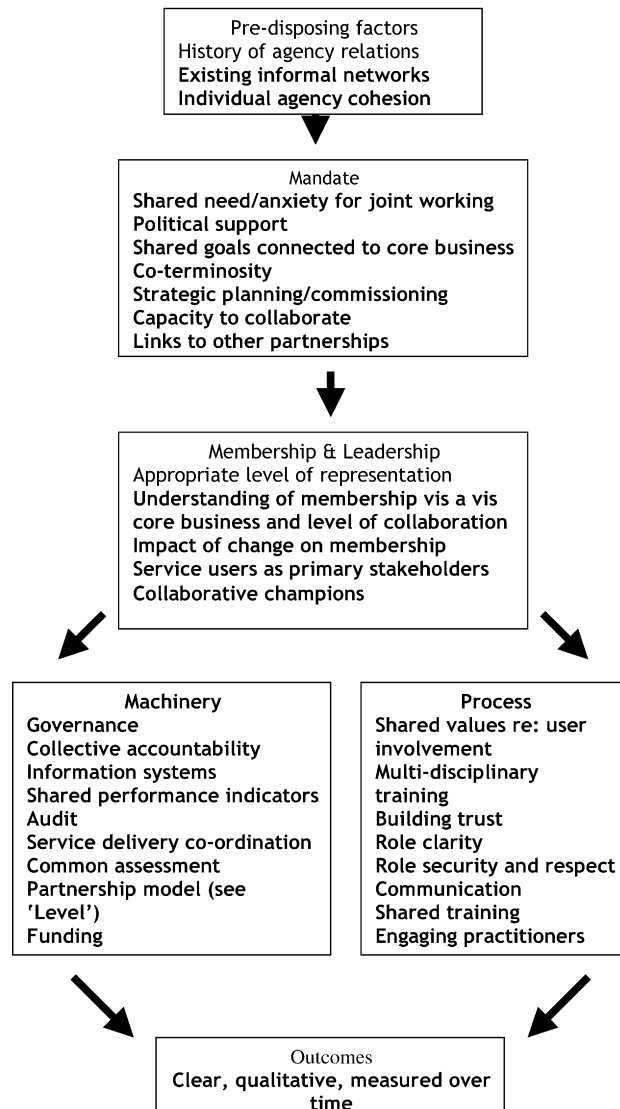
### *Ingredients and challenges in developing integrated services*

Integrated services are characterized by a unified management system, pooled funds, common governance, whole systems approach to training, information and finance, single assessment and shared targets (Hogan & Murphy, 2002; Miller & McNicholl, 2003; Roaf, 2002; Waldfogel, 1997). Partners have a shared responsibility for achieving the service goals through joint commissioning, shared prioritization, service planning and auditing. Joint commissioning can be one of the major levers for integration, service change and improving the delivery of children's services (Local Government Association, 2004). Ultimately, joint commissioning may lead to the merger of one or more agencies, who give up their individual identities for a shared new identity.

While the literature places an emphasis on the potential gains from higher levels of collaboration, there are also tensions, conflicts, and dilemmas for partnership members. For example, individual agency independence and identity can be challenged with internal working practices being affected (Barton, 2002). The emphasis in higher-level collaborations can become systems, structure and funding, with little consideration given to working relationships and outcomes (Hogan & Murphy, 2002). When lack of attention to process occurs partner agencies can become preoccupied by the factors that divide them rather than those that unite them (Ehrle et al., 2004; Hallett & Birchall, 1992; Hardy, Turrell, & Winstow, 1992; Hudson, 2000; Loxley, 1997; Morrison, 1996). The implications of this are that each collaborative venture needs to resolve a range of issues if members are to be clear, committed and possess the capacity to participate effectively.

Challis et al. (1988) offer an over-arching model of collaboration based on three key components: "machinery," "process," and "outputs." Outputs center on quantifiable measures. Up to the late 1990s collaborative partnerships tended to focus on the outputs described by Challis (Devaney, 2004; Jordan & Jordan, 2000; Milbourne et al., 2003; Mitchell & Sloper, 2003). However, more recently members of partnerships and policymakers are recognizing that measuring quality—the outcome rather than the output ensures more focus on benefits for service users (Department for Education and Skills, Department for Health, & Home Office 2003; Hogan & Murphy, 2002). For example, measuring partnership success using an output, such as the number of children receiving a service, provides little information about the benefits for service users. What is more child focused is using an outcome measure, such as collating information about the effects of the service on children using the service. Hence, the focus in this paper will be on outcomes rather than outputs. In addition, we have added two additional components to Challis' model: predisposing factors and mandate summarized in Table 2. Using a framework that build on the work of Challis et al. (1988), we describe and review the liter-

Table 2  
Ingredients for collaboration



ature on strategic level collaboration activity and identify the issues members of partnerships need to address.

### *Predisposing factors*

Few studies have explored the relationship between intra- and interagency working. Glisson and Hemmelgarten (1998) in the USA and Dyson, Lim, and Millward, (1998) found that the quality of inter-agency collaboration is highly influenced by the intra-agency environment of each constituent agency.

agencies. They provide the confidence and reassurance that is required for the kinds of innovation and risk-taking without which collaboration may add little or no value.

### *Shared goals*

Having determined the need for joint working and partnership membership, the partners must agree on shared goals (Barton, 2002; Hudson et al., 2003; Loxley, 1997; Meyers, 1993; Miller & McNicholl, 2003; Roaf, 2002; Sanders, 1999). Goals provide direction for action and a base for measuring effectiveness and motivation (Meyers, 1993). Establishing the goals for collaboration can be complex because of differences in use of language, organizational cultures and procedures (Huxham & Vaugen, 2000). Lipsky (1980) also notes the goals set by senior managers may be differently interpreted by front-line practitioners.

Huxham and Vangen (1996, p. 9) describe three different types of goals: *meta-goals*, *individual agency goals*, and *individual agency representative goals*. *Meta-goals* describe the overarching aims of the collaboration. Differences between agencies as to what these should be can lead to dilution resulting in loss of partnership direction and commitment (Byles, 1985; Ehrle et al., 2004; Hudson, 2000; Meyers, 1993). *Individual agency goals* may not be directly related to the meta-goal but will influence the contribution of the individual agencies. For example, a voluntary organization may enter the partnership to try to ensure future funding from another partner. Finally, the individual goals *of the agency representative* are likely to remain hidden but can influence collaboration. For example, the representative may consider a successful partnership will lead to further funding for her own post.

The critical importance of clear specific and shared goals is stressed across the literature on collaboration (Sainsbury Centre, 2000; Van de Ven, 1976; Whetton, 1981). However, where the mandate for joint working is external and imposed, members may fail to identify their own shared goals, on the basis that being “required” to collaborate provides sufficient motivation and clarity. However, the external requirement to collaborate does not necessarily provide clarity regarding goals. Morrison (described in Morrison & Lewis, 2005) found that in a diagnostic survey of 204 members of 16 ACPCs that while 82% of the respondents stated they had a clear understanding as *individuals* of the role of the ACPC, only 62% of the respondents believed there was a *shared* understanding across their ACPC. Without clarity about shared goals at the outset, the ability of the partnership to set interagency performance indicators and audit outcomes will be undermined.

### *Strategic planning*

Strategic planning and commissioning is crucial in translating shared goals into achievable outcomes (Local Government Association, 2004; Sainsbury Centre, 2000). However, Morrison (Morrison & Lewis, 2005) identified that the quality of planning in ACPCs was often weak with only 38% of ACPC members believing that their ACPC had a clear planning process. Poor quality planning process can lead to frustration amongst members who expend considerable time and effort on ACPC activity without seeing discernable results. One of the greatest challenges with regard to interagency planning is agreeing on a common language (Roaf, 2002). For example, agencies use different definitions for concepts such as “needs,” “planning,” and “outcomes” (Ward & Rose, 2002). In addition, the multiplicity of interagency planning mechanisms generated by the range of new joint funding initiatives have created duplication and confusion (Cm [5860], 2003), which dissipates the effectiveness of joint planning.



It appears that the more turbulent, poorly led and resourced the agency, the greater will be its difficulty in joint working (Kendrick & Fraser, 1993; Parsons, Bennis, Hailes, & Howlett, 1994; Roaf, 2002).

Moreover, a history of difficulties and conflict can influence the way in which agencies approach joint working (Ehrle et al., 2004; Waldfogel, 1997; Weiss, 1987; Wigfall & Moss, 2001). Conversely, the Sainsbury Centre (2000) found that a history of positive informal networking can be a positive influence. Milbourne et al. (2003) argues that an exploration of the quality of interagency relationships needs to take account of networks and cultural capital brought from previous experiences. The influences of class, gender and racial identities also require consideration as these will influence the partners' approach to developing shared values.

### *Mandate*

“Mandate” refers to the need, authority or requirement for collaboration. Agencies are subject to a number of constraints that will influence mandate such as legislative directives and funding specifications (Meyers, 2003). Several factors need to be considered when exploring mandates for higher-level collaborative endeavors, which are now considered in detail.

One of the recognized antecedent conditions for joint working is a shared recognition of the need for collaboration (Westerin, 1987; Whetton, 1981). Successful partnerships depend on the potential gains from the partnership for each prospective partner outweighing the time and other costs involved (Whetton, 1981). Morrison (1996) has suggested that anxiety especially in high-risk fields, such as child protection, is a powerful motivator for working together, as no single agency wants to be left alone with such a problem. However, Meyers (1993) argues that in high-risk areas concern about legal and public accountability may result in a reluctance to collaborate at the higher levels as managers lose control over staff and service decisions.

Political support and incentives for collaborative activity, such as legislative requirements, are important (Gans & Horton, 1975; Sainsbury Centre, 2000; Stubbs, 1988). However, Weiss (1987) and Challis et al. (1988) note that political or legal mandates alone do not necessarily result in member compliance. Effective implementation of mandates also depends on political consensus, systematic reinforcement of collaborative practice and shared values at partnership level. While central policies increasingly focus on integrated services, conflicting government initiatives, performance targets and funding streams may give individual agencies mixed messages regarding priorities and may hamper collaborative work (Lupton, North, & Khan, 2001; Wigfall & Moss, 2001). In addition, O'Toole and Montjoy (1984) note that mandates in complex, large partnerships can be difficult to enforce and therefore may become weak and generalized, and Milbourne et al. (2003) found differences between the agreed mandate and interpretation in practice.

Ensuring the mandate is translated into meaningful goals is likely to occur if the aims and objectives of the partnership are consistent with the legislative duties and core business of the constituent agencies (Hudson et al., 2003). The Sainsbury Centre (2000) concluded that there is a need for an accurate assessment of the capacity of the member agencies to collaborate. They refer not only to the resources required to sustain joint working, but also the “level or degree of activity or degree of change a collaborative relationship can sustain without any partner losing security in the relationship” (Hudson et al., 2003). An under-estimation of capacity can mean that collaboration is restricted to marginal tasks, while over-estimation will result in unrealistic expectations.

### *Membership and leadership*

Both Hallett and Birchall (1992) and Ovretveit (1996) stress the need for the partnership to be composed of appropriate members. This is often a challenge at the higher levels of collaboration where there might be a wide variety of agencies seeking representation, especially from the non-government sector (Huxham & Vaugen, 2000). Tensions can develop among agency representatives regarding levels of representation and participation with some members considering the collaboration to be part of their core business while others perceive it to be peripheral.

Different levels of participation among members can distort both the task and process. For example, the partnership can become dominated by the agenda of a particularly powerful or forceful agency representative. Roaf (2002, p. 40) warns that “to neglect the marginal is to lose an opportunity to think creatively about strategies which ultimately benefit everyone.” Finally, some members, particularly when mandated by statute, may be reluctant participants fearing that the partnership may damage their “market position” (Lupton et al., 2001, p. 35) or threaten organizational autonomy (Barton, 2002; Hudson et al., 2003).

Issues of status may also negatively influence partnership working; for example large statutory agencies may be perceived as having greater status and power than small voluntary agencies (Billis & Harris, 1996). Huxham and Vaugen (2000) conclude that problems regarding membership result from ambiguity, complexity and changing dynamics. Ambiguity arises from members’ different perceptions of membership, status and who is representing what interest. Complexity of structures in higher-level collaborations can lead to multiple partnerships with overlapping membership and collaborations occurring at different levels in organizations. Finally, partnerships are subject to change and shifting purpose, which in turn will lead to ever changing membership.

A critical issue for higher-level collaborations is service users involvement (Braye & Preston-Shoot, 1995; Hogan & Murphy, 2002; Huxham & Vaugen, 2000). The meaning of “user participation” varies widely between agencies. Understanding users’ experiences and expectations is crucial for identifying mandate and developing responsive services and much of the machinery that is described later (Braye & Preston-Shoot, 1995; Waldfogel, 1997). However, it remains the case that “partnership” is still seen more as a means to promote interprofessional working rather than a way of placing service users at the center of agencies’ attention, as the primary stakeholder for collaboration. This was reflected in Morrison’s survey (described in Morrison & Lewis, 2005) of over 200 English members of 16 Area Child Protection Committees (ACPCs). These were until 2006, the local coalitions established to co-ordinate the planning and delivery of interagency services to safeguard children). The survey highlighted that one of the lowest rated items, was the degree to which the ACPC had furthered engaged with engage service users in terms of determining mandate and service development.

Leadership style is critical in terms of engaging partnership members. Leadership behavior varies in the degree to which it inspires and creates a compelling narrative, which engages staff in improved ways of working together (Cigno & Gore, 1999; Local Government Association, 2004). Our own experience of interagency development work has repeatedly shown how significant the quality of leadership is to the developmental trajectory of an interagency group. Hudson et al. (2003) and Hallett and Birchall (1992) identify the importance of having a “collaborative champion.” These are committed, energized individuals who have high levels of credibility, influence, charisma and integrity, acknowledged both internally and externally by other agencies. They possess high quality interpersonal and networking skills, which enable them to negotiate the interfaces, ambiguities, tensions and turf issues, which exist between and within



### *Machinery*

“If members are unclear about the structures of the collaboration, they cannot be clear where the accountabilities lie” (Huxham & Vaugen, 2000, p. 800). Factors that need to be considered in terms of machinery for higher-level collaborative partnerships include governance, systems, and practical issues.

### *Governance*

This refers to the need to define the nature and extent of collective responsibility for which the partners will be held accountable. The Sainsbury Centre (2000) refers to the need for clear policies and lines of accountability within an interagency partnership. Specifying and holding agencies to account on a collective basis are key drivers in the UK’s government’s recent proposals for the transformation of children’s services (Cm [5860], 2003) through the creation of directors of children’s services in each local authority with a duty to ensure effective joint working. Governance might also include the setting of collective performance indicators against which the partnership is audited, thereby raising issues regarding the interface of collective and individual agency responsibility for performance management (Huxham & Vaugen, 2000).

### *Systems and structures*

Systems and structures are a vehicle for formal control between organizations to ensure desirable behavior between members (Das & Teng, 1998). One way of gaining consistency of systems is through the coordination of the pathways for case management (Ovretveit, 1996). If this is to be effective, member agencies need to compromise on different work practices and individual styles of working (Huxham & Vangen, 1996).

### *Practical issues*

Practical issues such as physical location, access to equipment, and resources influence the effectiveness of collaboration (Milbourne et al., 2003; Roaf, 2002; Sanders, 1999). For example, a key issue for governance includes establishing systems that facilitate the exchange of information between agencies (Hallett & Birchall, 1992; Miller & McNicholl, 2003). A lack of resources to support information exchange, compounded by confidentiality barriers can lead to frustration. Members of collaborative partnerships also need to pay attention to boundary issues (Roaf, 2002). Higher-level collaborations face challenges where individual agency boundaries are not coterminous with partnership boundaries. The Sainsbury Centre (2000) advises that such issues need to be resolved before partnership work can proceed. Much will depend on the internal cohesion and communication within an agency, such as the police in the UK, that relates to two or more other agencies.

### *Process*

Hallett and Birchall (1992) building on Challis et al. (1988) refers to process as being the interactional and relational component of collaboration. These include values; multidisciplinary training; trust, role clarity and communication; and managing change (Das & Teng, 1998; Loxley, 1997; Meyers, 1993; Morgan, 1995). Collaborative partnerships can be so driven by task and machinery that the members

forget about process and time is not allocated for evaluating and reflecting on the way in which partners are working together (Huxham, 1996; Milbourne et al., 2003)

### *Values*

Partners need to appreciate potential differences in terms of values and philosophies and recognize that higher-level collaboration is about blending the different organizational cultures to form an alliance while maintaining separate cultural identities (Das & Teng, 1998; Loxley, 1997; Sainsbury Centre, 2000). Bringing together agencies with different cultural norms, value systems, and approaches to practice based on different professional training can lead to tensions regarding conflicting priorities and pathways for achieving goals (Butler, Atkinson, Magnatta, & Hood, 1995; Byles, 1985; Ehrle et al., 2004; Loxley, 1997).

Government guidance (HM Government, 2005) and the literature (Charles & Hendry, 2000; Horwath & Morrison, 1999; Leathard, 2003; Sainsbury Centre, 2000) emphasize multidisciplinary training as one of the key levers in the facilitation of joint working. The English Nursing Board and the Central Council for Education and Training in Social Work (1995) lists a wide range of potential benefits, both for professionals and service users from interagency training. They include increased understanding of the knowledge and skills required to work together, developing a common language and facilitating the delivery of a more co-ordinated service. Thus, systems that facilitate multidisciplinary training are crucial to the effectiveness higher-level collaboration. While there is a general recognition of the benefits of interagency training for front line practitioners, in our experience routine training for senior and middle managers regarding coalition and integrated working is minimal. In Morrison's survey (Morrison & Lewis, 2005) of ACPCs, only 4% of the respondents reported that there was an induction process for new members.

### *Trust and communication*

Problems of interagency communication and trust have been a persistent theme in public inquiries into child deaths in England (Cm [5730], 2003; Joint Chief Inspectors, 2002; Reder et al., 1993) culminating most recently in the Victoria Climbié report (Cm [5730], 2003) Trust can be defined as a belief and expectation that members will perform a desirable action (Das & Teng, 1998). Hence Hudson et al. (2003) believe trust should be built on principled conduct. However, partnerships are rarely given sufficient time and opportunity to build up trust between individual member partners (Milbourne et al., 2003).

Effective communication is a key component for establishing trust (Das & Teng, 1998). Communication is significant at three levels: communication between members of the partnership, communication between the partnership and individual organizations, and communication between the partnership and the wider community (Huxham & Vangen, 1996). However, as Reder and Duncan (2003) point out failures in communication have complex causes including a lack of understanding of others' roles or mistrust for other professional's perspectives. Reder and Duncan (2003) argue that practical and technical remedies are only a partial solution to these problems because "communication is an interpersonal process, so that its psychological and interactional dimensions must be addressed before practical measures will work effectively" (p. 84). In other words the emotional meaning, mediated by the belief systems operating at organizational, professional and personal levels, has to be understood for any communication to be complete. For example, Menzies-Lyth (1990) and Morrison (1996) identified the role of anxiety in distort-

ing organizational behavior through the creation of unconscious social defense systems. These defense systems can reframe, minimize, and/or externalize the true nature of information and concerns creating fight, flight, defensiveness, and denial behaviors as a defensive response (Morrison, 1996). Under these conditions trust becomes impossible as professionals are drawn into an unthinking and rigid allegiance to their own agency, service or discipline in which “watching one’s back” to avoid responsibility or blame becomes the underlying driver for behavior.

## **Outcomes**

Hogan and Murphy (2002) citing the experience of Vermont have argued that outcome, rather than output, orientated intervention has a powerful effect on drawing agencies together and mobilizing both community and professional energy for change. They define outcomes as being the “condition of well being for a people in a place” (Hogan & Murphy, 2002, p. 1). Powerful outcomes are clear, emotionally elevating, positive, qualitative, and measurable over time. Integrated working will only occur when agencies share collective responsibility for both defining the nature of, and achieving shared outcomes (Devaney, 2004; Hogan & Murphy, 2002; Miller & McNicholl, 2003).

## **Facilitating interagency development and change: Lessons from experience**

The challenge is, therefore, not only to describe the nature of the destination as we have done above, but to identify, if only in brief, the staging posts for managing the change. Drawing from both the literature on change and our own extensive experience of interagency development work across a wide range of contexts and jurisdictions, three key lessons are highlighted.

1. It is important to appreciate the complexity of the change processes involved in moving from coalition to integrated services, especially in a context of rapid public sector change, organizational and political instability and fiscal uncertainty. In a survey of change across sectors in the UK, Worrall, Cooper, & Campbell (2001) found that 72% of public sector respondents, and 62% of not for profit respondents reported that they had experienced restructuring in their organization over the previous 12 months. The impacts of such change were mixed. Whilst 47% of public sector respondents reported that accountability had increased, 50% reported that key skills had been lost. There were also reported decreases in the speed of decision-making and levels of employee participation. More seriously Worrall et al. (2001, p. 78) conclude: ‘what limited business benefits would appear to have been gained [by the changes] are at the cost of dramatic decreases in managers’ loyalty, moral motivation, and job security’ particularly at middle and junior managers’ levels in the public sector.
2. Failure to address these people issues can place service users at risk. Child abuse inquiries have noted the dangers for children already at risk of harm during periods of organizational change in the multiagency network (Reder & Duncan, 1999; Reder et al., 1993). Indeed, the Local Government Association (2004) warns about maintaining safeguarding practice during change highlighting how changes designed to improve child safety can actually place children at risk of suffering harm. Particular pitfalls occur when such changes are anxiety or panic-driven, for instance in response to negative publicity about a case that has “gone wrong,” or where major change is imposed from above. Common failings include:

- not addressing the anxiety provoked;
- inadequate analysis of the problem situation;
- over-focus on structural/procedural solutions rather than attitudinal change;
- “short-termism,” and reach for a quick fix solution;
- premature declarations of success.

(Hamblin, Keep, & Ask, 2001, pp. 19–32).

3. Adapting the work of Smale (1996), five key steps should inform our approach to planning interagency development and change.
  - (i) Establish a shared analysis as to the strengths and weaknesses of the current arrangements and agreeing upon a rationale as to the reasons for change.
  - (ii) Anticipate potential winners and losers and what will be the most likely gains and losses from the change.
  - (iii) Identify how evolutionary/adoptable or radical/revolutionary the proposed change is. Changes built on pilots where there has been evidence of effectiveness are much more adoptable than ‘all or nothing ventures’ especially where the change involves major changes of attitude or culture, and or major fiscal outlay.
  - (iv) Create a powerful core coalition, shared commitment, leadership, and compelling joint narrative that creates the critical mass to drive change forward Kotter (1996).
  - (v) Plan a viable and realistic critical pathway for change with clear timescales, staging posts, and accountabilities. Successful partnerships have the tenacity and adaptiveness to persist when the going gets tough.

### Summary: The key messages

There is a powerful impetus across a range of jurisdictions to move towards more strategic levels of collaboration in order to deliver more integrated child welfare services. Too often the establishment of collaborative structure and systems are mistaken for the realization of collaborative activity. This paper has highlighted, the manner in which the process of moving towards more collaborative working is handled is as important as any of the decisions about goals, governance or structures (Hamblin et al., 2001). This suggests attention to nurturing relationships and building trusted networks becomes imperative (Hudson et al., 2003). Indeed research on failed organizational change has identified neglect of the people issues as a principle cause of failure (Hamblin et al., 2001).

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## Résumé/Resumen

French- and Spanish-language abstracts not available at time of publication.

## **Towards Integration Checklist: Tony Morrison**

**Adapted from Sainsbury Centre (2004); Integrated Care Network Guide (2004) and Partnership Work with Disability Guide (DOH) 2003**

This checklist attempts to identify issues that will need to be considered in developing an integrated service. The checklist can be completed by steering groups, individual agencies or by prospective partnership boards.

### **1. Is there a transparent shared vision and clear strategic objectives and plan for the proposed partnership?**

**Response:** Yes      Unsure      Unresolved      No

This refers to the intended outcomes for service users of the partnership rather than the processes of working together. Joint working is a means to an end and not an outcome in itself. Integration is far more likely to succeed when it is based on agreed service shifts which will improve outcomes for users and it is clear what specific services/activities will be included in the new arrangements.

### **2. Has there been a needs analysis of current services, demands, assets and gaps resulting in the identification of priorities for service improvement which can be achieved by integration?**

**Response:** Yes      Unsure      Unresolved      No

Although there are external drivers for integration it is essential that an objective identification of the priorities for integration has been established. Some issues may be better addressed through improved coordination of existing services rather than integration. It is likely that integration is most effective when focused on a specific population with more complex needs

### **3. Mandate: do the partnership objectives meet some or all of each agency's legislative requirements and its own core business?**

**Response:** Yes      Unclear      Unresolved      No

In order to legitimise partnership activity and resourcing each agency must be clear how the proposed partnership will further the attainment of the agency's own mission, values and objectives.

### **4. Are governance and shared management arrangements clear?**

**Response:** Yes      Unclear      Unresolved      No

Governance arrangements will be complex and challenging, and thus it is advisable to address these issues early in the planning process. This will need to cover: decision making; performance management; quality assurance and agreed outcome measures; accounting; and workforce employment terms and conditions. Practitioners must operate within a framework of managed quality and shared accountability eg what is 'our' business?

**5. Co-terminosity: Are the partner agencies coterminous?**

Response: Yes Unsure Unresolved Complex

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If not what joint arrangements can address the gaps in co-terminosity? Will this require legislative changes?

**6. Leadership: are key individuals who can drive the change in all the relevant agencies signed up?**

Response: Yes Unsure Unresolved No

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Are the key managers in all the agencies committed to seeing the changes through and to making it work? Are any of these in short term posts and if so who will continue to own the process? Is there clear strategic coordination of the change programme?

**7. Are there dedicated partnership development resources?**

Response: Yes Unsure Unresolved No

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The change process will require capacity in itself perhaps in the form of a project team to resource the change process.

**8. How will pooled budgets work?**

Response: Clear Unsure Unresolved No

Pooled budgets are an essential ingredient for strategic partnerships. However it is important that the criteria for funding streams, or for each agency's contribution do not conflict with the aims of the partnership. Each partner needs to be clear what their contribution will be. There also needs to be flexibility in the use of monies in order to take advantage of opportunities for expansion and innovation.

**9. Model: what model of joint working will be appropriate to the partnership objectives?**

Response: Clear Unsure Unresolved No

There needs to be clarity as to whether the intent is improved coordination or integration in order to improve services. Both can be addressed at strategic, service-wide or local levels. At the strategic level what form of commissioning and planning arrangements will exist? At the operational level different models of integration can be used such as: the hub model; multi-agency teams; etc..

**10. What is the history of inter-disciplinary relationships?**

Response: Good Unclear/Patchy Poor

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Deleted: agency

Is there a reasonable history of relationships between the agencies? What do potential partners understand and feel about each other? Do agencies appreciate the different structures, decision-making processes and cultural values of their partners? Are there stereotypes and myths which need to be challenged? To what extent does trust exist

between the partners? Does this initiative build on positive informal networking or it is being imposed by government or one particular agency? It is essential to establish a framework for dispute resolution and ways of keeping going forward even while some issues remain unresolved.

**11: User/patient focus and participation: are there common values and common language?**

Response: Yes      Unclear,      Unresolved      No

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Integration needs to be underpinned by a shared belief in person-centred care. However agencies may be at very different points, with different language and practices reflecting differences in agency cultures and values. Thus what 'participation' means to one agency may be very different in another. There will be a need to develop shared mechanisms for consulting and engaging with users at both strategic and service delivery levels. User participation is a key lever in developing joint working but will require cohesion and trust between agencies to develop.

**12. Policies roles and accountabilities: how clear are these?**

Response: Yes      Unclear      Unresolved,      No

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Clear policies and mutual role understanding are vital if agencies are to work together. As services become more integrated, and workforces become more inter-disciplinary in nature, the more essential it becomes to clarify expectations, accountabilities, standards and operating procedures. Shared clinical tools such as single assessment protocols, information sharing agreements etc. play an important role in facilitating coordination and integrated working.

**13. Service eligibility and thresholds: how clear are these?**

Response: Yes      Unclear/patchy      Unresolved,      No

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Confusion and conflicting definitions about thresholds for services will undermine the capacity of agencies to work collaboratively. Whilst initial thresholds and service criteria need to be established, threshold negotiation will need to be a continuous and inclusive process as needs, priorities, policies and resources change.

**14. How good are communications between the partner agencies?**

Response: Yes      Unclear/patchy      Unresolved      No

Openness, comprehensive information exchange and honesty are factors associated with success in partnership working. Careful attention to the use of language and a respect for the meaning of terms in different settings is vital. At the case management level issues of confidentiality can be difficult, but as long as there is a will to work towards learning how information can be shared, this should not prove to be a road block.

### 15. Shared training strategy:

Response: Yes      Under-development      Unresolved      No

Multi-disciplinary training is a powerful mechanism for developing role clarity, role confidence and collaborative working skills and processes. It is important however that each agency remains clear on its uni-disciplinary training obligations.

### 16. Engaging practitioners and operational managers in the process

Response: Engaged      Under-development      Not engaged

The engagement of front line staff is essential to the successful establishment of partnership working. All too often they are simply 'told what will happen'. All the strategic planning in the world will not overcome a failure to engage front line staff. It is front line managers/supervisors who will interpret joint protocols, negotiate thresholds, allocate resources and make clinical decisions. They can act either as models or barriers to collaborative working and front line staff take their cues from them.

## INTEGRATION PROGRESS CHART

Aspect of Integration	Agreed	Work in Progress	Needs Resolving
1. Shared aims			
2. Needs analysis			
3. Mandate			
4. Governance			
5. Co-terminosity			
6. Leadership			
7. Development capacity			
8. Pooled budgets			
9. Model of Int'n			
10. Relationships			
11. Values			
12 Policies			
13 Thresholds			
14 Communication			
15 Training			
16 Engage front line			
17.			
18.			

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