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Integrated Care and Support for Children
ESN’s 2018 Working Group

Analysis of practices

Report prepared by Mary Baginsky, King’s College London
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SECTION 1: BACKGROUND

1.1 The Integrated Care and Support Working Group

This group has been set up by the European Social Network (ESN) to run between 2018 and 2021. The working group will enable professionals working in social services across Europe to share experiences on advancing integrated care and support for people with multiple needs. This is in recognition of the importance of closer cooperation between social services and other sectors such as education, employment, health, police and housing in addressing the complex issues facing society, with the intention of improving both outcomes for people using services and efficiency of the services they use.

A previous report, *Integrated Social Services in Europe* (Montero et al., 2016) identified how social services can work with agencies such as education, employment and health to provide integrated support, and the report *Investing in Children’s Services, Improving Outcomes* (Montero, 2016) provided a comprehensive analysis of children’s services in Europe. As both reports show, there has been increasing recognition that improved outcomes for children are more likely through improved coordination across services and sectors in relation to planning, assessments and service provision.

The working group will meet once a year and, on each occasion, will focus on a different target group across the life cycle, from children and youth to adults in difficult housing situations to older people with chronic conditions. In 2018, the focus was on children and their families. This includes the coordination of social, education, health and other services that focus on providing services to address the problems families and professionals face. In the long term such support could prevent children from being taken into care or support the development of more effective interagency plans for children already in care.

In order to obtain a clearer picture of how integrated working was being put into operation across Europe, ESN members were asked to complete a survey for each working group meeting.

The survey covered three key areas:

1. information on the organisation responding to the survey, e.g. the type of services they provide for children)
2. reports on their experience of integrated care and support for children (e.g. how it is managed and funded, and key success factors)

3. description of a specific practice designed to provide integrated care and support.

By the end of September 2018, ESN had received 29 responses from members in 15 countries. Twenty-three members provided details of specific practices. Twelve of these 23 members were asked by ESN to submit more detailed descriptions of their practice using a template document. These were practices judged by ESN to represent the most relevant and innovative examples with an element of coordination across sectors. These 12 practices are summarised in section 6.

Details of the countries from which survey responses were received and practice descriptions are summarised in Table 1.

1.2 The respondents to the survey

Most of the 29 responses to the survey came from local (n=10), national (n=9) and regional (n=8) authorities. The remaining three were from the academic (n=1) or private (n=1) sectors. The majority were in agencies where the primary focus was on children or their families more generally. Two-thirds of respondents had child protection as a high priority and around half also had family support, early childhood and disabled children as a sole or equally important priority. Fewer respondents focused on the other groups identified in the survey instrument – early school leavers and children whose families were in need of social housing. Four respondents worked directly with professionals, supporting their practice through training. Although the survey was targeted on services for children and their families rather than on children and young people, there was at least one service that worked exclusively with young people and there were others where the practices also included an older age group.
Table 1 Survey responses and practice descriptions

<table>
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<th>Practice outlined</th>
<th>Further detailed information on the practice</th>
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1.3 Meeting of the Working Group on Integrated Care and Support for Children

The 2018 meeting of the working group which took place in Lisbon on 29 and 30 November involved 20 participants from ten countries\(^1\) as well as four members of ESN’s staff. Survey responses and practice details had been received from eight of the ten countries represented: Belgium, Finland, Hungary, Malta, Portugal, Spain, Sweden and the UK. Participants outlined practices in place in their countries and the initial findings from the survey were also presented. There were also round table discussions providing opportunities to share experiences and identify effective approaches.

1.4 The report

This report presents details of the survey, practices, and the Lisbon meeting. It draws on data from the survey and the more detailed descriptions of the 12 practices to provide examples of how some countries are approaching the provision of integrated care and support to children and families. It is important to recognise that data was received from 15 countries and 29 ESN members. There are many more examples from across the membership, as well as from outside the membership, so the data presented in this report is not fully representative of what is in place. However, it provides an overview of relevant principles, initiatives and practices.

One of the difficulties encountered in analysing the responses was the fact that some were linked with overall strategies while others referred to the delivery of specific services. While the distinction was not always clear, a judgement has been made on the basis of context and descriptions. Another difficulty was the variability in the quality of information provided by projects in their survey returns. This is not unusual when dealing with qualitative comments made in surveys. As a result, it was not always possible to understand the full purpose of some connections or other aspects of their work. Every effort was made to gain additional clarification on some projects but where this was not possible, details have been omitted. Despite these limitations the survey responses and practices represent interesting examples of the breadth of work being undertaken in this area.

\(^1\) Belgium, Finland, Germany, Hungary, Malta, Norway, Portugal, Spain, Sweden and UK
SECTION 2: INTEGRATED WORKING IN CHILDREN’S SERVICES IN PRACTICE

2.1 Defining integrated working

Not surprisingly there is no universally accepted definition of integration and there are a multitude of models. The literature points to the lack of clarity about what it actually means, as well as the wide variety of terms used to describe it (see, for example, Sloper, 2004; Atkinson et al., 2007). These terms include partnership working, joint working, multidisciplinary and interdisciplinary working, which are often used interchangeably and without explanation (Oliver et al., 2010). Atkinson et al. (2002) concluded that ‘there might be value in refining descriptors and vocabulary associated with inter-agency activity to advance general awareness and understanding of its processes and outcomes’ (p.225), but little progress has been made in that direction. The difficulties in the language have implications for evidencing the impact of integration. Without a shared definition and understanding it is not possible to establish whether integration has happened and how, if at all, it links with outcomes. Despite this lack of clarity and an absence of consistent evidence on effectiveness, integrated working has become a key policy area across Europe (Barnes and Melhuish, 2017). In this report ‘integrated working’ is taken as a catch-all phrase for different situations where professionals from different sectors are working together to provide services to children and their families and ‘integration’ is the combination of processes, methods and tools that facilitate this.

The reality is that integrated working takes many different forms. There is not one template for establishing or implementing similar models (Cameron et al., 2008) and there are different visions for what the way forward should be. It can be between organisations or different services within departments. It can be ‘vertical’, joining up different levels of provision within one service, such as preventative and statutory sections of social care or ‘horizontal’, involving, for example, multidisciplinary teams, with professionals drawn from health and social care. Integration may involve services collaborating but may also involve commissioners when budgets are pooled (Curry and Ham, 2010).

On the basis of an extensive literature review, Robinson et al. (2008) actually concluded that research showed that a full integration of services was not necessarily the way forward: ‘Rather, a
looser arrangement allowing the right people to work together at the right time to deal with the right issues, was felt to be more powerful’ (p.3). Percy-Smith (2005) and Townsley et al. (2004) have suggested viewing integration on a continuum, working from a model where organisations work autonomously within their own boundaries at one end and full integration at the other. It was evident from the responses to the survey and discussions in the meeting that, in line with what is known from research, the activities described as ‘integrated’ covered the spectrum from ‘agencies working together on a project’, through collaboration and cooperation to fuller integration, involving a combination of shared management, co-location, multidisciplinary teams and, more rarely, shared IT systems.

2.2 What drives integrated working

There are many instances where poor communication between agencies has been blamed for tragedies, such as the death of Victoria Climbié in 2000 in England (Laming, 2003) and Savanna in 2004 in The Netherlands (see Bruning, 2007). These cases and many others have been used to support calls for more integration to encourage services to work together more effectively (see Laming, 2003; Kuijvenhoven and Kortleven, 2010). It is now widely accepted that families with complex, multi-layered problems require an integrated package of support (Platt, 2012; Ward, et al., 2014). However, while many projects and agencies capture service users’ feedback on aspects of the service they have received, very little research has been conducted that captures service users views of the benefits that they might attach to integrated working (Cameron et al., 2014).

Integrated working seems particularly suited to the early identification and management of risk, improved information sharing, and shared decision-making and it has been more widely adopted by preventative and early intervention services (Siraj-Blatchford and Siraj-Blatchford, 2009). Integrated working practices are seen to have the potential to address the multidimensional nature of many problems faced by families by allowing access to the expertise of more than a single profession.

In line with what is known from research, the main driver for change in nearly all the responses to the survey and in descriptions of the practices was the desire to establish preventative approaches and, in turn, achieve improved outcomes for children and families by avoiding the most intrusive interventions such as removing a child from their family’s care. In some cases, this meant new services had been established, for example the work of the National Association of Social Workers in
Italy which has been involved in the establishment of reception centres for unaccompanied minors seeking asylum.

Policy and legislative changes were also significant when attempting to do things differently. While there were references to specific pieces of legislation to mandate integration, such as the Italian Law 328 (2000) and the Children and Young People (Scotland) Act 2014, there were far more explanations of how legislation covering aspects of child and family life has supported the development of greater integration. In Hungary, for example, there is no one piece of legislation, but various laws relating to child social care, health and education contain elements that support the provision of integrated support. In Scotland, Children’s Services are responsible for social work with children and families, as well as services for early years, young offenders and education services. It developed different ways of working with a range of agencies – police, prisons, courts and the voluntary sector – to provide focused support for vulnerable families. The work was supported by an Integrated Children’s Services Plan for 2013–16, *Reach for a Better Future*, which set out how multiagency services would allow professionals more opportunity to work together to improve outcomes for children, young people and their families.\(^2\) It only focused on services provided on a multiagency basis, and services provided by individual services and agencies were set out in separate plans.

Even without legislation or policy directives some professionals and agencies had decided that the only practical way to improve service delivery was through greater collaboration. The Rainbow Project in Arad, Romania brings together a range of professionals to provide support for families who are at risk of having their children taken into care or who might otherwise abandon their children. It offers, amongst other things, childcare, education, counselling, recreational activities and independent life skills.

Integration may also be a way of making the most effective use of resources. In recent years this has been another powerful driver. As many countries have faced the reality of declining resources for public services, agencies have adopted new ways of working which, in turn, have frequently involved

adopting more integrated approaches to service delivery (see Solar and Smith, 2016; Barnes et al., 2018). In a few instances the need to achieve savings and deal with pressures on services were mentioned, as was the need to break down barriers and provide more seamless services. Ghent Public Centre for Social Welfare (OCMW), Belgium has worked to demolish the traditional divides between professions. The Flemish government has done much to encourage greater collaboration and Ghent has designed a service to allow the early detection of families in need by placing social workers in schools and allowing appropriate support plans to be developed. The collaboration is judged to work well and be leading to families receiving earlier and more sustainable help.

2.3 Level of cooperation

Agencies may seek to achieve a more integrated response by working together in different ways such as:

- **strategically** where joint planning and decision-making take place
- applying **case-management schemes** where a professional has responsibility for ensuring coordination and access to the services to meet a family’s needs
- adopting **placement schemes** where, for example, social workers work in schools or in primary care divisions
- introducing **centre-based service delivery** where professionals from different agencies work together on one site
- reorganising into **multiagency teams** where professionals from different agencies work together as a team.³

There are many literature reviews and research reports on integrated working, many of which contain different typologies (see, for example, Frost, 2005; Duggan and Corrigan, 2009). It is only possible to cover a small number in this report.

³ See Brown and White (2006) for further details of this and similar typologies.
Gaster et al. (1999) developed the ladder of partnership, a hierarchical typology, which consists of steps towards multiagency working. These steps are:

- **Information exchange**: involving mutual learning, knowledge of what each partner does and could do, openness about decision-making processes, new methods of access to information.

  The Directorate-General for Social Affairs and Child Protection, Hungary has established a working group involving the DG for Social Affairs and Child Protection, Education, Health, Police, Justice, Churches and non-governmental service providers in social and child care. This working group was set up to improve the understanding of the different roles and methods of coordination between services when working with children at risk that require referral to child protection services. It meets twice a month and members maintain contact with each other in between. They have been invited to each other’s training courses and can access each other’s professional materials, etc. Ambassadors have been appointed within the different services. They receive training from child protection services and can disseminate the signs of risks for children within their own services.

- **Planning action**: identifying local and service needs where cross-boundary working is needed and could be effective – debating local needs and priorities, agreeing different partners’ contributions, deciding actions and processes and identifying any need for new partners.

  The Region of Lazio in Italy is a participating member in the National Action Plan for the Prevention of Institutionalisation (PIPPI). This project started in 2010 as a collaboration between the national Ministry of Labour and Social Policies, the University of Padua and social services in local authorities. The aim of the project is to promote effective interventions which can prevent children being taken into care measures and putting the emphasis on a child-centred approach where the concerns of parents and children are taken into consideration. A local reference group including professionals and scientific experts oversees the project, including the planning, monitoring and evaluation. Multidisciplinary
teams (including a case manager, professionals, and representatives of the healthcare and education services) implement the programme.\(^4\)

**Implementing projects and service plans:** undertake joint or separate action on agreed plans, identify monitoring methods and review processes, and provide mutual feedback on successes and failures.

The Regional Government of Galicia has introduced a protocol between health, education and social services which establishes a system whereby education and social services can refer children who may have a developmental disorder to a paediatrician who would be responsible for decisions relating to the child. The project is guided by a working group involving health, education, and social services. A case management tool is being developed to enable joint evaluations of the outcomes for children.

**Coordinating and cooperating** – a coordinator knows what is happening and draws on each partner as appropriate.

Mechelen Public Centre for Social Welfare (OCMW), Belgium provides integrated support for families by having one case manager through the Go Team project. A unit within the PCSW has more time to provide intensive support to families when necessary. At the beginning of the contact a questionnaire is completed by both the family members and the counsellor, which collects information on finances, health, housing, work and school. A plan and relevant objectives are drafted and agreed by the family. The case manager monitors the plan to make sure that the relevant services are engaged.

**Collaboration and full partnership:** Involving separate and distinct roles but shared values and a common agenda – pooled resources and blurred boundaries continuously develop to meet changing needs.

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\(^4\) For more information on the P.I.P.P.I programme see ESN’s Peer Review (2014) *Innovative practices with marginalised families at risk of having their children taken into care*
There were no examples of this level of integration provided by survey respondents or those contributing information on practices or in discussions at the meeting in Lisbon.

Interagency working may also be happening at a national, local and service user level, as described by Miller and McNicholl (2003):

- **Service user level** where children and families are able to access information and advice, have more complex needs assessed and get a coordinated response.

  *In the family centres in the Häme region of Finland* social services, health services and NGO service providers are brought together within one building, making it easier for families to access a range of different services.

- **Local level** where teams of frontline staff across different agencies work together to provide an integrated service to children and their families.

  *The Institute for Research on Population and Social Policies (IRPPS-CNR)* has supported a cross-sectoral network involving professionals from education, health and social services to address early detection and intervention with children with developmental disorders. Multidisciplinary work units develop a personalised action plan for children deemed to be at risk by virtue of their families being defined as ‘fragile’.

- **Whole system level** where different sectors plan, commission and manage services to achieve integration. At a national level this involves strategies designed to improve the lives of children and their families by coordinating support around the needs of children.

  *The Scottish policy Getting it Right for Every Child (GIRFEC)* provides a framework for organisations to plan and provide a consistent approach. This involves examining all their processes and procedures, as well as their cultures to identify what is in line with the policy and what needs to be adapted or changed. At a local level, agencies then plan, commission and manage services to create integrated services so that service users – individual children and their families – are able to receive a coordinated response.

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5 www.gov.scot/policies/girfec
It is also possible to examine the degree to which agencies are involved with each other and three models particularly are worth further examination. In the UK, the Audit Commission (1998) identified different models that ranged from large-scale strategic partnerships to small, local community partnerships. The former involved the formation of a separate legal entity – where agencies come together to form a new organisation with an identity separate from that of any of the partners, or a virtual organisation where a separate organisation is formed but without establishing a legal identity. At the next level, staff from partner organisations are co-located but are still employed by their own agency. The final model involved partners forming a steering group that does not have its own resources, and implementation of decisions is left to the partner agencies.

Although there are many typologies developed since that developed by the Audit Commission it is still significant, particularly for highlighting that it is not necessary to achieve organisational integration and that contractual integration through commissioning of services may be the most appropriate route for agencies to take.

However, of all the typologies of integration the author examined, the one devised by Atkinson et al. (2001, 2005), which identifies five models, proved the most helpful in analysing and exploring the data provided by participants. As their roles often involved planning, procurement and provision of services, with a significant level of involvement in regulation, accreditation, inspection and research, it is not surprising that where information was provided about levels of cooperation across services it was most frequently linked with strategic and operational planning. The five models distinguished by Atkinson et al. are:

- Decision making groups that provided the opportunity for professionals from different agencies to discuss issues and make decisions.

In Sweden the County of Kronoberg is implementing a strategy similar to the Getting it Right for Every Child (GIRFEC) model in Scotland. The Best for Every Child focuses on improved coordination between social services, health services, education and police. A group of directors representing the four services meets twice per semester to set out the strategic direction and take decisions for implementing a more integrated approach for children. This forms part of a goal to move towards making care more child centred, focusing on their needs rather than the organisational priorities of the services.
• **Consultation and training** for the professionals from one agency to support others by providing consultation and/or training for them.

**The Janusz Korczak Pedagogical University in Warsaw** trains representatives of various services so that they have similar competences and qualifications and can cooperate with each other to combat violence within the family.

**The Regional Government of Galicia** has developed a training plan for professionals in the different services in Galicia. The aim of this training is to enable staff in different services to be more aware of each other’s work, to promote methods for coordination between them and to understand the benefits of early intervention for children with developmental disorders.

**The Directorate-General for Social Affairs and Child Protection, Hungary** brought together a range of agencies to define their different competences in connection to the child to inform joint and separate training, as well as resources for professionals.

**The Swedish National Agency for Education and Socialstyrelsen (the National Board of Health and Welfare)** has developed a programme to promote early intervention and integrated approaches to support children and their families by adopting more preventative approaches, with the intention of reducing the number of children taken into state care. The work was commissioned by the Swedish government. Forty possible projects were identified. Sixteen were selected for specific activities, including a university-based course designed to support more integrated and preventative approaches. The other 24 projects were provided with other support, including a digital platform that enables greater collaboration between sectors. Five networks have also been established across Sweden to facilitate communication between local projects and enable professionals to attend regional conferences to share their knowledge and experiences.

• **Centre-based activity** which gathers a range of professionals in one place to offer a more coordinated and comprehensive service

**Family Centres in the region of Håme** in Finland are part of a national initiative to embed a new model of social and health care in services for children and families. In this instance
services are brought together in one location, improving the access of children and families
to a range of services required for addressing multiple needs.

**The Rainbow Complex in Arad, Romania** is a day-care centre offering child protection
services in the broadest sense to prevent children coming into state care by providing
educational and recreational activities for children, as well as support and education for
parents and carers.

- **Coordinated delivery** seeks to offer a more coordinated response but not from one location.

**The INTESYS project in Lisbon, Portugal** focuses on the integration of early childhood
education and care (ECEC) services between different sectors. Its activities include mapping
services, adopting a holistic vision of children and families, developing shared indicators and
integrated plans.

- **Operational team delivery** for professionals from different agencies to work together on a
day-to-day basis and to form a cohesive multiagency team that delivers services directly to
clients.

**The Regional Government of Navarra, Spain will implement the project Early Detection
and Intervention for Children.** The project brings together professionals connected to a
child from social, health and education services so that they can create personalised family
preservation plans. By carrying out joint work in teams a shared work frame is created with
the family, preventing fragmented responses by different professionals.

There were also examples of initiatives designed to support a future development, such as the work
undertaken by Ajuntament de Viladecavalls in Catalonia Spain, to support the development of
networks and open channels of communication to facilitate information sharing. Similarly, projects
were also described which had been developed with the intention of achieving higher levels of
consistency and coordination across a number of agencies which focused on information sharing,
joint case management and multi-professional teams.
2.4 Professions and agencies involved

While caution is needed in interpreting ‘integration’ it is worth examining the extent to which different professions and agencies were involved in the projects for which details were provided. Those participating in the survey were asked to identify the role which six agencies – housing, police, health, education, employment and justice – were involved in cooperating to provide integrated support. While there were exceptions, housing and employment were most active in raising families’ awareness of services and signposting them to information on how to access them. Justice, education and health were most engaged in working to provide a coordinated response. There were fewer mentions of agencies’ involvement in integrated teams but where this was the case, health was most frequently identified, although all the agencies, with the exception of the police, were mentioned to some extent. However, when all the data are computed and the examples that were provided examined, health, education and police were most involved in the closest working collaborations.

Linkages between social care and health were designed to address identified health needs of specific populations such as high-risk families or those coping with specific issues such as mental health disorders or children’s developmental delay.

The Regional Government of Navarra in Spain is introducing a service that will target families where children are at risk. In order to address the problem of uncoordinated responses by different professionals, the project will facilitate the development of Family Preservation Plans, with contributions from health, social and educational professionals working together.

It was also common for respondents to mention services jointly coordinated for specific purposes, including assessment and case management.

The Mechelen Public Centre for Social Welfare (OCMW), Belgium houses the GO team that works with families experiencing domestic violence. The team consists of a number of social workers who address the multiple problems faced by families, helping them to access services such as benefits and health care, and, if necessary, support if they have to attend court. Social workers in the GO team have lower caseloads so they can provide intensive support to vulnerable families, for example through weekly visits. People are referred to the
team by the youth and family department of the police, student counselling centres, schools and government institutions. The team focuses on working with very young children and even pregnant women, because of the recognition of the importance of the very early years for a child’s future development.

There were a number of examples where social workers were based in other agencies, such as in Ghent where they work from a school base and Malta where they work in various agencies including schools and agencies working with individuals with drug and alcohol problems.

**The Children First Practice in Ghent in Belgium** places social workers in schools. Although they are embedded in schools, they are still employed by the social welfare agency, Public Centre for Social Welfare (OCMW). This allows schools to work closely with PCSW to allow more integrated support for children and families.

In **Malta the Foundation for Social Welfare Services (FSWS)** is implementing a strong shift in policy towards providing more integrated support to children. This is supported by strategic alliances and activities but also in practice. For example, social workers with child protection experience have been placed in specialist alcohol and drug services, enabling a broader view to be taken by these agencies when working with families. Similarly, every school now has a child protection social worker to help identify and support children who may be at risk.

The least intensive form of ‘integrated’ working identified involved increasing awareness and improving understanding of other services so as to provide help to children and their families in the most efficient and effective ways.

**The Medical Pedagogic Centre in the Children’s Hospital in Athens** brings together specialists including psychologists and various therapists, as well as specialists in autism and Asperger syndrome. While the professionals do not work together as a team they are able to draw on expertise and share information.

Despite the fact that housing was involved in some examples of the integrated approach to service provision overall it was the agency which was involved to the least extent. However, as discussions at the event in Lisbon confirmed, a lack of enough suitable social housing in many European countries aggravates the level of social problems across societies and is one which social workers often have little power to influence.
2.5 Involvement of children and families in the planning and delivery of more integrated support

There are few studies that reflect on the views of children and families on integrated services. An exception is Sloper’s (2004) review of facilitators and barriers in interagency working in children’s services. She concludes that:

The demands placed on families by having to deal with many different professionals and agencies have been well documented ... as have the difficulties in obtaining information about the roles of different services, the problems of conflicting advice and the likelihood that the children’s and families’ needs will fall into gaps between different agencies’ provisions. (p.572)

Nearly all the projects were committed to involving children and/or their families in the development of their services. In most cases this was through consultative exercises, including those that collected feedback on services and those that contributed to planning decisions. Unfortunately, the descriptions provided of how this happened did not always differentiate between children and families as users of the services and their wider role in participating in decisions on planning or delivery. A very small number reported having worked with families to co-design a whole service or at least some aspects but few details were provided.

2.6 Financial arrangements

Tomlinson (2003) and Serrano (2003) speculate that where economies of scale have been achieved through integration, the public purse may benefit. However, these aspirations have not been confirmed by subsequent research (Brown and White, 2006; Nolte and Pitchford, 2014; National Audit Office, 2017). Half of respondents reported that the moves which they had taken to closer integration had been funded through existing resources within agencies, while the rest explained that it had been supported by additional funding from one or two agencies or, more unusually, by support from government or an independent organisation.

2.7 Management arrangements
The management of integrated services was usually by one of the agencies involved or jointly across a number of these agencies. Very occasionally it was managed either by an independent organisation and there was even one reference to no management structure being in place. Overall very few details were provided on the mechanisms of management. It would have been interesting to understand these arrangements in more detail, particularly as there is very little research on the relative effectiveness of different forms of organisational integration on operation or outcomes (Auschra, 2018).

**SECTION 3: FACTORS FACILITATING OR IMPEDING INTEGRATED WORKING**

**3.1 Facilitators**

Integration can be difficult to operationalise. Not only does it require a commitment from all those involved, it also depends on an ability to address structural impediments embedded in organisational cultures. The literature is replete with factors that both support and hinder integrated working. Amongst those most commonly mentioned is the importance of clarity over both aims and objectives and roles and responsibilities. Of equal importance is the commitment of senior managers, effective leadership, training and support for staff, and robust structures around planning, financing and commissioning, alongside secure funding arrangements. (For further details on these factors see Rushmer and Pallis, 2002; Atkinson et al., 2002 and 2007; Cameron and Lart, 2003; Sammons et al., 2003; Stewart et al., 2003; Coles et al., 2004; Craig et al., 2004; Sloper, 2004; Percy-Smith, 2005.) Although training and learning opportunities and resources were considered to be very important by many responding to the survey and taking part in the meeting, the commitment of stakeholders and effective leadership at every level were reported to be the key factors in supporting the delivery of integrated services. The reasons suggested for this often revolved around the complexity of initiatives and the need to overcome entrenched agency-based systems that had built up over time:

*In the absence of systemic solutions, local leaders are most important for developing integrated support. (Janusz Korczak Pedagogical University, Poland)*
A good leader is needed to coordinate between organisations and is necessary to ensure agreements at a higher level, e.g. who is going to finance what, which mandate do the individual organisations have, who takes which decisions. These matters need to be well-attuned, so that basic workers can work without disquiet in an integrated team. (Ghent Public Centre for Social Welfare (OCMW), Belgium)

Strong and solid political leadership is essential for breaking the inertia of working in rigid silos and for facilitating the coordination and integration of services. (Regional Government of Galicia, Spain)

Alongside committed leaders, stakeholder engagement was seen to be an essential requisite for establishing a receptive environment for integration:

Commitment of stakeholders is the base of all activities. Working out and testing new, efficient models is essential to keep permanent development and adaptation to needs. For all that sufficient resources are needed. The attitude of leaders determines achievement-oriented work and the process of implementation. The leader is the key person to motivate employees. (Directorate-General for Social Affairs and Child Protection, Hungary)

In responding to the survey, many also pointed out that leadership and stakeholder commitment had to be accompanied by learning opportunities aligned with new ways of working, as well as sufficient resources to sustain these. There was particular interest in the practice example from Finland which was provided at the meeting. All professionals working in primary healthcare services for children, irrespective of their professional backgrounds, receive dedicated training in working and communicating in a ‘joined-up way’. This took on special significance amidst reports from many participants about the pressures under which staff currently operate in agencies that make up the children’s workforce. It highlighted the attention which needs to be paid to the infrastructure required to support a shift towards integrated working to avoid staff defaulting to former working practices.

There was also a consensus amongst those participating in the Lisbon meeting that an important starting point was the commitment of staff to any new way of working. This, in turn, depended on embedding a shared understanding of how and why things were changing as well as providing, as far as possible, assurances that this would continue to be a priority. In discussions during the Lisbon meeting participants agreed that successful implementation of integration depended on the extent
to which there was a positive and receptive climate across the organisations involved. Johnson et al. (2003) examined the role of organisational climate in relation to integrated working and found a positive relationship between organisations that encouraged teamwork and flexibility with increased levels of integration. Huxley et al. (2011) found that secure professional identity within multidisciplinary teams was associated with higher levels of perceived integration and Gardner (2003) identified a positive relationship between organisational identity and staff confidence in the working practices.

As the discussions continued over the two days in Lisbon there were various references to the synergy between the relationship between the employer and employee and between the professional and clients. Both were judged to rest on trust which needed to be nurtured, particularly at times of change. Just as it is vital to be completely transparent with staff, it was considered to be as important to achieve this with families. A number of participants referred to the distance, and frequent antipathy, that existed between some parents and the agencies that worked with them, particularly social services who were often viewed as a threat and even as ‘the enemy’. Good communication was considered to be key to success. Domian et al. (2010) examined factors that influenced the abilities of mothers who were perceived to be at the highest risk for child maltreatment in a home visiting programme. They found that practitioners felt that better communication and information sharing were needed to improve multiagency practice and that this would be helped by the adoption of a common language that would be used with families. The introduction of new arrangements provided an opportunity to reshape this relationship and open new dialogues with families, particularly as many were designed to offer more intensive support than had previously been available in an attempt to route families away from more disruptive interventions.

While not all research has confirmed the benefits of co-location (Cameron and Lart, 2003; White and Featherstone, 2005) others have argued that co-location is an essential component of integrated working (see, for example, Park and Turnbull, 2003; Memon and Kinder, 2016). There are subject-specific studies that indicate the benefits of co-location. For example, McNaughton and Paskell (2014) found that professionals reported that co-location was effective in improving the identification of boys and young men at risk of sexual exploitation. Those attending the meeting in Lisbon were overwhelmingly positive about the advantages of co-location in opening up the possibility of meeting and addressing specific needs in one place, even though there was very little experience of it in practice.
3.2 Impediments to integration

While authors such as Johnson et al. (2003), Huxley et al. (2011) and Gardner (2003) identified a positive relationship between organisational climate and successful integration, it is worth noting that Glisson and Hemmelgarn (1997) found that improving the organisational climate of agencies—the behaviours, attitudes and feelings prevalent in an organisation—was more significant for children’s outcomes than improving organisational coordination. A number of studies have also pointed to the crucial importance of the capacity of individuals to be able to support integration (Brown and White, 2006; Akehurst et al., 2017). Staff shortages and high caseloads have been found to threaten initiatives if professionals are forced to prioritise immediate concerns. Similarly, scale and pace of change have been found to undermine planned integration (Humphries and Curry, 2011). In Lisbon many participants shared their concerns that the extent and frequency of reorganisations, as well as the frequency with which initiatives were introduced, had led to cynicism across the workforce. This, in turn, encouraged an attitude that if staff did not comply with changes the initiatives would eventually be abandoned.

They were also concerned that staff confidence would be undermined if there was a lack of clarity, particularly about the distinct roles and responsibilities of the respective agencies and individuals. This included establishing the means by which agencies and individuals communicate, the sources of single agency and integrated professional support and the means to address the different risk thresholds, styles and cultures that exist. These concerns reflect research which has found that tensions and differences between professions may be barriers, particularly where there is a lack of clarity around roles and responsibilities (Rushmer and Pallis, 2002; Craig et al., 2004; McEvoy et al. 2011).

One of the most frequently identified barriers to closer and sustained integration is the difficulty of sharing information between agencies about families. Atkinson et al. (2007) and Statham (2011) point to the need for clear procedures for sharing information in order to conduct comprehensive assessments of need. There have been attempts to legislate for better information sharing but they have not necessarily addressed the problem. So, for example, in England Lord Laming found that health, police and social services missed 12 opportunities to save Victoria Climbié, often because of a failure of agencies to share information they held (Laming, 2003). In response to this failure, Section 11 of the Children Act 2004 places a duty on a range of organisations, agencies and individuals to ensure that their functions, and any services they contract out to others, are
discharged when it comes to the need to safeguard and promote the welfare of children. However, agencies still report that they are encountering difficulties, either because of a failure to have a shared understanding of key information that must be shared or of the existence of agency-specific IT systems that are not accessible to professionals in other agencies in the same locality (Baginsky et al., forthcoming). Many of those at the Lisbon meeting reported similar frustrations, which some said had recently intensified because of misinterpretations of the General Data Protection Regulation (GDPR). While this provides a framework to ensure that personal information about living individuals is shared appropriately it should not be a barrier to agencies sharing information where and when necessary, but in some circumstances misunderstanding of its requirements has aggravated an already difficult issue.
SECTION 4: OUTCOMES, EVALUATION, SUSTAINABILITY AND TRANSFERABILITY

4.1 Outcomes of integrated working

The range and differing intensity of practice contained under the umbrella term ‘integrated working’, alongside an absence of robust evaluations, have limited the level of evidence that exists. Much of the research and evaluation evidence focuses on facilitators and barriers to integrated working and there is very little on identifying the relative merits of different approaches (Duggan and Corrigan, 2009).

However, there is more evidence of outcomes for professionals and agencies than there is for its impact on children and families. Atkinson (2002) summarises the benefits of integration for agencies and professionals as:

- increased understanding of other agencies
- improved relationships across agencies
- raised profile with other agencies and professions
- improved access to other services or expertise, potentially leading to earlier identification and intervention.

Others have pointed to improvements in enjoyment of work and wellbeing (Oliver et al., 2010), understanding of other professional roles (Atkinson et al. 2001, 2002; Sammons et al., 2003), opportunities for training and development (Stewart et al., 2003; Gilburt, 2016), and the potential for improved levels of information sharing and coordination (Brown et al., 2003; Oliver et al., 2010). There is, however, no evidence that it leads to reduced workloads (Gilburt, 2016) and very limited evidence for cost effectiveness (Brown and White, 2006; Nolte and Pitchford, 2014; National Audit Office, 2017). Potential disadvantages have also been identified for both agencies and individuals, in terms of the danger of loss of professional identity.
As far as children and their families are concerned there has been very little exploration of actual benefits and improved outcomes. Where evidence does exist, it is in relation to earlier identification of need, improvements in pre-school provision (Sylva et al., 2004), and measurable benefits attached to school-based services in terms of academic attainment, attendance and engagement (Dryfoos, 1996). Although, as Brown and White (2006) point out, even this limited evidence has been contested by some authors such as Smith (2004) and Gardner (2003) who concluded that there was insufficient evidence to support the argument that greater collaboration between services will necessarily produce better outcomes for all children and families. While the conventional wisdom is that integrated working is a good thing, as Stewart et al. (2003) argue, while the processes of integrated working might be helpful, it will continue to be hard to address the difficulties that are involved in achieving it unless there is sustained focus on demonstrating the outcomes that result.

There was general agreement at the meeting in Lisbon that, even without robust evidence, it leads to improved outcomes and integrated working is the preferred option. It was widely recognised that professional and agency collaboration is essential if children and their families are to receive appropriate support to meet what are often multiple and complex needs that cannot be addressed by one service. Much of what was discussed reflected the factors that have emerged from research.

4.2 Evaluating integrated working

The survey also explored whether or not projects were being evaluated. It is important to contextualise what is meant by evaluation. A service evaluation should be designed to assess the extent to which a service is achieving its intended aims. The bottom line is that an evaluation needs to record if an initiative achieves its aims and objectives and, if so, how and why. One of the best and most succinct definitions of an evaluation comes from Evaluation Works: evaluations can focus on ‘implementation and learning (formative evaluation), how a service works (process evaluation) and whether it has worked (outcome/summative evaluation) – or all of these aspects over the life cycle of a project’. An evaluation goes beyond the processes associated with an audit, where measuring overall performance of a service in relation to its key performance indicators and

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6 www.nhsevaluationtoolkit.net/what-is-evaluation
collecting feedback from participants are central. The intention is to allow judgements to be made and, if necessary, improve its effectiveness, and also to inform decision-making (see Patton, 1987).

Only three pilots reported not conducting an evaluation of any sort. Four projects had commissioned external evaluation teams. In at least one case it had been conducted some time previously and it was not clear how it had been used. The others had either recently been commissioned or were about to be. The majority of respondents conducting internal evaluations were doing so either by monitoring key indicators or by asking participants to provide feedback. While these would not conform to the definition of an evaluation discussed above, they may be what was required. Many of the projects were in their early stage of formation and in the literature there is some debate about the value of undertaking outcome evaluations before integrated working is fully embedded (UEA and NCB, 2007).

The quality of information provided on outcomes in general and evaluation findings specifically was very variable. In many instances they were reported in terms of increased levels of engagement or participation in particular aspects of the services, but sometimes responses merely reported perceptions or stated what outcomes could be expected. The outcome measures carrying most credibility are those where it is possible to measure some measurable aspect of people’s lives and in this respect the information was not specific enough in some cases.

**The Medical-Pedagogic Centre in the Children’s Hospital in Athens** provides training for parents on how to deal with difficult behaviours displayed by their children. The pre and post measures show significant improvement in family function, a decrease in parental anxiety, and improved academic performance of their children.

**The Go Team in Mechelen** uses an evaluation method that includes qualitative interviews with families and professionals, alongside quantitative analysis of each case. The situation of each family is measured against nine criteria (such as health of the family, housing quality, and income levels) at the point when support from the Go Team starts and ends. The results show that 45 per cent of the families had not been in contact with social services prior to their involvement with the Go Team. Subsequently the study indicated that 88 per cent of families experienced an improvement on at least one criterion, whilst 53 per cent improved on at least three criteria.
4.3 Sustainability

Twenty-two respondents provided an opinion on their practices’ sustainability, with the majority (20) confident that they would continue. In most cases this was because their programme was part of a national plan supported by specific budgets or had been shown to be cost effective. Two projects that were likely to close were dependent on short-term funding. The uncertainty that surrounds funding beyond a pilot stage is always a major challenge (Kessler and Bach, 2007) but it is widely recognised that without sustainable resourcing it is difficult to maintain the confidence and commitment of partners (Williams and Sullivan, 2009; Erens et al., 2016). For this reason, financial uncertainty has often been cited as a barrier to integrated working (Cameron and Lart, 2003; Sammons et al., 2003; Wilkin et al., 2003).

4.4 Transferability

There is very little guidance on how to transfer practice, either within a country or across national borders (Brown, 2019) and what there is indicates just how difficult it is to achieve (Robertson et al., 2014). Given the differences in histories, populations and social contexts, a model that works in one country may or may not when transferred to another. There was great interest in the Getting it Right for Every Child initiative, which was developed in Scotland for countrywide application and which had been transported to a municipality in Kronoberg County in southern Sweden. Given that so little is known about the conditions and adaptations needed for transfer, the fact that an ESN member has been engaged in such an enterprise provides an excellent opportunity to add to what is known about such transfers.

Twenty-one respondents thought their practices were transferable. In most cases (15) plans were already in place to do so and in one instance this had already happened. In Belgium the work model applied in the Go Team in Mechelen, where social workers work with a range of agencies to ensure support is provided to vulnerable families, had been transferred to support other groups, specifically those with poor mental health living in poverty, homeless people and those threatened with eviction. The remaining five practices were judged, in theory, to be transferrable, but no plans had yet been made to do so. For example, the P.U.E.R.I. programme working with unaccompanied children was judged to be extremely transferable across national borders:
The practice, consisting of professional reception services and working with local services networks, could be replicated in other European countries with high numbers of unaccompanied children.
SECTION 5: KEY FINDINGS AND MESSAGES

5.1 Overview

The survey data and the descriptions of the practices, supported by the discussion at the Lisbon meeting, not only provide examples and contacts which members of the European Social Network and others may choose to follow up, but they confirm many of the findings of previous studies.

It is now accepted that support for children and their families, especially those experiencing multiple and complex difficulties, requires coordinated support from a range of services rather than fragmented responses. All too frequently there has been a lack of coordination and a tendency to focus on one issue while failing to take into account the wider problems faced by families.

The method of cooperation and sectors involved varies when it comes to integrated working. The responses and practices show that social services most often cooperate with health, education, and police when supporting children, whilst cooperation is weakest with housing.

When it came to the type of cooperation, strategic and operational planning was the most common, with examples from county, regional, and national level of different services coordinating their operations through working groups. Multi-disciplinary teams were also common, enabling more holistic assessments where the skills of different professionals can be drawn on to create one unified plan for a family.

The responses and discussions show the importance of gaining the commitment of staff while establishing clear descriptions and distinctions between roles and responsibilities. The practices that were described indicate the importance of both the commitment of senior leadership and an integrated approach to professional support, as well as enhanced communication between agencies and professionals working together.

While the responses indicated a commitment to the involvement of families and children, in many instances there was little information about how this was done and more work was needed to translate it into practice.

As far as evaluation was concerned very few external studies had been commissioned. Although the information provided on practices indicated evaluations were in progress there was only limited
information on outcomes. This is not surprising. It was apparent from reviewing the literature on integrating services, that the majority of studies focus on the process of integrated working rather than evaluating subsequent operation or examining outcomes. Fortunately, the majority of projects had secured their futures, but uncertainty and change exist in every area of public services, and robust mechanisms for evaluating projects and evidencing their outcomes should be a priority for all.
5.2 Key factors for supporting integrated working

- Commitment from senior leadership
- Clear distinctions between roles and responsibilities of staff
- Enhanced communication between agencies and professionals
- Integrated approaches to staff development and support
- Secure funding to move from implementation to embedded practice.

5.3 The outcomes of providing integrated care in children’s services

- The literature points to positive outcomes for agencies in relation to increased understanding of other services and access to relevant expertise from other sectors.
- There is evidence that professionals benefit from enhanced wellbeing and enjoyment in their work.
- Practices show that more early intervention was made possible through more integrated working.
- There is a lack of information from literature and our Working Group on evidence of outcomes for children and families.

5.4 Key questions to explore

- What evaluation methods can social services use to evidence the outcomes of their integrated practices, and their impact on children and families?
- How can data privacy and the need to share information between professionals be balanced?
• How can social services coordinate with housing services to provide care and support for children and families?

• What are some examples of how children and families can be more meaningfully involved in the planning of integrated support?

• How effective are different management structures for managing integrated care and support?

• What methodologies can be used for transferring practices between countries?

5.5 Next steps for the Working Group

This report combines practices on integrated care and support for children with the findings from literature and the meeting discussions. It has revealed important considerations and possible strategies for social services across Europe looking to implement more integrated ways of working.

The discussions in Lisbon highlighted a number of issues in relation to integrated working which would benefit from further consideration. Terminology came under scrutiny given the varied definitions and terms that were in use and it was suggested that it would be useful to attempt to establish some consistency across ESN members by clearly articulating what is meant by integration in children’s services. The discussions opened into a wider exploration of how learning from the meeting could be disseminated. On a practical level there were toolkits and manuals from the programmes explored that could potentially be used in other situations. There was also the question of how to use the deliverables of the working group to stimulate further dialogue and exploration and a suggestion to represent the findings in a video that could potentially reach a wider audience.

The Working Group will next meet in Autumn 2019, when participants will discuss their practices for providing more integrated care and support for young people leaving care.
**SECTION 6: INTEGRATED CARE AND SUPPORT FOR CHILDREN**

### 6.1 Practices

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Title</th>
<th>Description</th>
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<tbody>
<tr>
<td>Foundation for Social Welfare Services (FSWS) – Malta</td>
<td><strong>Integrated Care and Support for Children in Malta</strong></td>
<td>More integrated support for children that promotes their best interest is being implemented by closer coordination between child protection and other services.</td>
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<tr>
<td>Directorate-General for Social Affairs and Child Protection – Hungary</td>
<td><strong>Inter-sectoral Working Group</strong></td>
<td>This Inter-sectoral Working Group operates at national level to embed a sense of shared responsibility and better understanding of roles between different sectors who work with children.</td>
</tr>
<tr>
<td>National Board for Health and Welfare (Socialstyrelsen) – Sweden</td>
<td><strong>Early and coordinated support for children and youth</strong></td>
<td>This programme started at national level supports bottom-up approaches to integrated support for children by encouraging knowledge sharing between different local projects and by providing educational opportunities to staff in those local projects.</td>
</tr>
<tr>
<td>Association of Directors of Social Welfare Services (FSS) – Sweden</td>
<td><strong>The Best for Every Child!</strong></td>
<td>The Best for Every Child model implements a structure for improved coordination between social services, health services, education, and police. It is based on the transfer of principles of Getting it Right for Every Child in Scotland.</td>
</tr>
<tr>
<td>Gulbenkian Foundation - Portugal</td>
<td><strong>INTESYS Project</strong></td>
<td>This project aims to promote better coordination between childcare and other children's services, to ensure a smooth transition for families from antenatal services to school.</td>
</tr>
<tr>
<td>Regional Government of Lazio - Italy</td>
<td><strong>Action Plan for the Prevention of Institutionalisation (PIPPi)</strong></td>
<td>This national plan involves a preventative and integrated approach to working with children at risk through multi-disciplinary teams, and is implemented by local authorities.</td>
</tr>
<tr>
<td>National Council of Social Workers (CNOAS) – Italy</td>
<td><strong>P.U.E.R.I. Project</strong></td>
<td>The P.U.E.R.I project implements a personalised reception system for unaccompanied children. It includes a multi-disciplinary team and has helped to prevent the disappearance of children from reception centres.</td>
</tr>
<tr>
<td>Regional Government of Häme - Finland</td>
<td><strong>The Family Centre Model</strong></td>
<td>The family centre model creates local networks for child and family services so that professionals respond together to the needs of each family, rather than making families seek out each service separately.</td>
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<tr>
<td>Organisation</td>
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<tr>
<td>Regional Government of Navarra - Spain</td>
<td>Early Detection and Intervention for Children</td>
<td>More coordinated responses to children will be enabled by bringing together health, social, and education professionals. They will jointly create family plans, have shared understanding of when a child is at risk, and receive training on working with vulnerable families.</td>
</tr>
<tr>
<td>Regional Government of Galicia - Spain</td>
<td>Early attention network</td>
<td>Earlier identification and cooperation in cases where children have developmental disorders is enabled through a coordination protocol between education, health, and social services.</td>
</tr>
<tr>
<td>Mechelen Public Centre for Social Welfare (OCMW) - Belgium</td>
<td>Go Team</td>
<td>The Go Team includes social workers who work intensively with vulnerable families in an integrated way by addressing their multiple issues and supporting their access to different services.</td>
</tr>
<tr>
<td>Ghent Public Centre for Social Welfare (OCMW) - Belgium</td>
<td>Children First</td>
<td>By placing social workers in schools the identification of vulnerable children is improved and more integrated support can be provided to families.</td>
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BIBLIOGRAPHY


