

Foreword

In 2011, my office commissioned the Social Policy Research Centre to undertake a review of literature relating to multi-agency child welfare initiatives.

At this time, the NSW government was implementing significant changes to child protection services through *Keep Them Safe* that are underpinned by the notion that child protection is ‘everybody’s business’.

The report by kylie valentine and Fiona Hilferty, while taking into account the views of a number of stakeholders, including my office, represents their findings and conclusions. Their deliberate focus on initiatives that have *not* been successful brings a unique and useful perspective to a contemporary and important issue.

A common problem that has been identified through my office’s work in the child protection area has been a failure of agencies to deliver a coordinated response with a positive outcome to vulnerable families. Significant resources and efforts have been devoted to establishing *Keep Them Safe* as a system of shared responsibility between government agencies and non-government agencies. As I have previously reported to NSW Parliament, it is vital to continue to explore how the concept of shared responsibility can best be delivered in a range of contexts.

This report is an important addition to a critical discussion.

A handwritten signature in black ink, appearing to read 'B. Barbour', written in a cursive style.

Bruce Barbour

Ombudsman



Social Policy Research Centre Report Series

Never Stand Still

Faculty of Arts and Social Sciences

Why Don't Multi-Agency Child Welfare Initiatives Deliver? A Counterpoint to Best Practice Literature kylie valentine and Fiona Hilferty

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Executive Summary

This report presents the findings of a review of literature about multi-agency working within the context of providing child welfare services¹. The Social Policy Research Centre (SPRC) at the University of New South Wales (UNSW) was commissioned to undertake this research by the NSW Ombudsman to inform policy design and development.

Aims of the review

Multi-agency working has been promoted as a solution to service fragmentation within social welfare provision for more than a decade, yet there is limited research linking multi-agency activity with improved outcomes for service users (Atkinson et al, 2007). Whilst many studies of individual initiatives describe successful multi-agency partnerships and examples of promising practice, repeated inquiries into child protection services have highlighted implementation failures, and a disconnection between policy intent and policy effects. The aim of this review is to undertake an in-depth analysis of the literature to critically examine why multi-agency child welfare initiatives have not been successful in delivering improved outcomes for children. This focus is a deliberate counterpoint to the large body of best practice literature that generally describe successful initiatives and good practice in integration. Specific aims are to synthesise data to identify:

- universal lessons from the implementation of multi-agency child welfare initiatives which may inform local policy design;
- common obstacles and failures in policy design or implementation; and
- the factors and processes considered critical to the success or failure of multi-agency child welfare initiatives.

In this way, our focus is not on individual initiatives or factors that facilitate or hinder multi-agency working at the local level, but rather on highlighting shared processes, barriers and effects that can inform systems and policy learning.

Method

Our examination of multi-agency work focused on four categories of literature: practice guidelines; critical incident reports and overview analyses; evaluation reports; and research articles which synthesise understandings about multi-agency working. In order to limit the scope of the literature to analysis of obstacles and challenges, we excluded studies that focused on success stories or descriptions of good practice. We identified relevant literature by searching for reports of key initiatives as well as policy reviews (e.g. serious case reviews). We supplemented this

¹ Child welfare services are defined broadly as those designed to protect children from harm and foster their development. These include universal and generalist services; targeted early intervention or secondary prevention services; and tertiary or statutory child protection responses.

literature by searching social policy and social science databases, as well as Google Scholar.

Key findings

The review highlights a number of key findings. Multi-agency working is increasingly common within child welfare initiatives in recognition of the fact that family problems often require complex solutions that cross system and service boundaries. However, despite the growth of this approach, the literature is yet to demonstrate a strong connection between multi-agency initiatives and improved outcomes for service users.

There is much agreement within the literature on the factors that hinder multi-agency working as this descriptive approach dominates evaluation research and critical incident reports. The persistence with which some barriers are identified suggests that they are systemic problems that require policy responses rather than change at the individual agency level. Methodological differences between serious case reviews and program evaluations examined for this review mean that it is difficult to attribute common concerns between child protection and program initiatives. Notwithstanding this, a number of obstacles to effective design and implementation recur across both fields. This includes communication difficulties; problems associated with role demarcation and responsibility; and staff 'compliance', or the take-up and use of systems and structures such as new committees, referral pathways, guidelines and training. Evaluation research also indicates that the difficulties faced by attempts to improve multi-agency working not only relate to implementation challenges, but also to the theoretical and conceptual bases of programs and program design.

The analysis of overview Serious Case Review (SCR) reports provides important information about policy and practice barriers to successful multi-agency working as part of a statutory response. The current methodological approach of SCRs sustains this focus, however, we argue that a systems theory approach would provide complementary information, important for an examination of multi-agency working. This is because a systems methodology enables consideration of the embeddedness of individual actions and events in larger operating systems, and an examination of patterns of practice rather than individual mistakes or failures.

This review offers recommendations to inform future policy development and direction. Policy structures that support multi-agency working such as practice and legislative guidelines are multiple and diverse, yet the effectiveness of these rests upon practitioners knowing about and enacting them. Analysis of serious case reviews which highlight the consistency of the failure of multi-agency working indicates that this goal is often unmet – as staff repeatedly showed ignorance of policy or procedures, or simply failed to follow them. While some authors propose broad practitioner training as a means of ensuring the success of policy goals, the frequency of multi-agency failings suggests that other barriers are also at play. The literature suggests that attitudinal barriers – or the reluctance of some practitioners to take increased responsibility for child protection, particularly when they are aware of service system limitations – need to be addressed. For many practitioners

this will involve confronting an inherent tension in providing family support and surveillance.

Finally, the review suggests the need for policy supporting multi-agency activity to make clear statements of purpose so as not to conflate policy goals with aspirational rhetoric or unrealistic expectations. Integrated service delivery cannot remedy entrenched social problems, nor solve institutional ones such as limited system capacity, ineffective services, and inadequate funding. It is a strategy which requires policy and resource support, implementation planning, and practitioner commitment to overcome barriers to success.

1 Introduction

This report presents the findings of a review of literature about multi-agency child welfare initiatives. Within this context, multi-agency activity generally refers to a range of professionals (most commonly health, education, and community service practitioners) working together in an integrated way to promote positive outcomes for children and their families (DfES, 2003). The Social Policy Research Centre (SPRC) at the University of New South Wales (UNSW) was commissioned to undertake this research by the NSW Ombudsman to inform policy design and development. Throughout the report, child welfare services are defined broadly, in recognition of the range of services that are designed to protect children from harm and foster their development: universal and generalist services including schools and health services; targeted early intervention and secondary prevention services; and tertiary prevention services and statutory child protection systems. Although there are important differences between the service systems under review, and between the initiatives that have been designed to improve service delivery and child outcomes, there are also important shared concerns between them. These shared concerns include attempts to improve interagency collaboration and integrated service delivery, multi-sectoral or holistic approaches to child welfare and families, and a focus on the ecology of child development, or the child's place in families, neighbourhoods and communities.

The focus of this review is on identifying generalisable lessons from studies of multi-agency child welfare initiatives that have been less successful than anticipated in improving outcomes for children. This paper is not a systematic review of multi-agency initiatives, but is designed to synthesise findings from studies of initiatives and reforms that have not been successful. This focus was chosen to contain the scope of the paper and to provide a deliberate counterpoint to the large body of best practice literature that generally describe successful initiatives and good practice in integration (Belsky et al., 2007; Homel et al., 2006; Soriano et al., 2008; valentine et al., 2007). We suggest that some of this literature (such as those cited above) should be read in conjunction with this report so that readers access a complete account of the implementation and effect of multi-agency initiatives.

Multi-agency working has been a social welfare policy priority here and overseas for more than a decade, often promoted as a solution to existing service failures. Yet despite many local initiatives that have resulted in successful individual partnerships, repeated inquiries into child protection services have highlighted implementation and systems failures. In this review we critically examine multi-agency working through literature, evaluation reports, and critical incident reviews to identify common practice barriers, and to synthesise learning to inform policy design and implementation.

The review addresses the following key questions:

- What generalisable lessons have been learnt from the implementation of multi-agency child welfare initiatives?

- Are there common obstacles and failures in policy design or implementation?
- What factors and processes are identified as critical to the success or otherwise of initiatives? Of these, which are most important?

Our focus is not on individual initiatives or factors that facilitate or hinder multi-agency working at the local level, but rather on highlighting shared processes, barriers and effects that can inform systems and policy learning.

2 Method

Four categories of literature comprise this review:

- Practice guidelines which typically set out requirements for agencies and staff to work in partnership with others to improve the outcomes for vulnerable or at risk children and their families. Examples include New South Wales' *Interagency Guidelines for Child Protection Intervention* (NSW Department of Community Services, 2006) and the UK's *Working Together to Safeguard Children* (Department for Children, Schools and Families, 2010).
- Critical incident documents. These include child protection inquiry reports and child death reports from Australia (examples include the Wood Report and the death of Dean Shillingworth report, 2009); and individual serious case reviews and synthesised 'lessons learnt' reports from the UK.
- Evaluation reports which include commentary on multi-agency working within the context of child welfare, child protection and/or early intervention programs.
- Research articles which synthesise understandings about multi-agency working to build the evidence base about what works and what doesn't.

We supplemented our existing knowledge of key initiatives (e.g. the Comprehensive Child Development Program, Sure Start, the Fort Bragg initiative) and policy reviews (e.g. serious case reviews) with citation chasing and Google Scholar searches. In addition, we searched the Social Sciences Citation Index from 1980 with the search terms 'interagency OR multi-agency OR collaborative AND evaluation AND child', and manually read the abstracts of the 179 articles produced by that search to assess their relevance. We excluded articles that focused on provision of specialist therapeutic services to children who had experienced abuse; studies that only reviewed success stories or described interagency activities; and studies that described interagency working as a general contributor to failure without further analysis. All other articles were included in the analysis.

We made particular efforts to review material with direct application to the Australian context. The bulk of the literature is sourced from the UK and the US as these countries have experienced similar changes in child protection policy and practice, and include collaboration and multi-agency working as a major policy goal in human services.

We discuss integration in the context of statutory child protection and integration in the context of early intervention/secondary prevention separately. This was

primarily a methodological decision, as most of our sources for child protection were serious case reviews and inquiry reports; and most of our material on early intervention came from evaluations and systematic reviews. We synthesise the lessons for policy and practice derived from each of these sources in Sections 7 and 8.

3 Defining terms and review scope

Central to any investigation of multi-agency working is an understanding of the key terms. Multi-agency activity takes many forms and the terminology used to describe it varies. Examples include joined up working, partnership working, multi, cross and inter – agency working, multi-professional and multi-disciplinary working, integration, networking, collaboration and coordination. While these terms are related, they do not always share the same meaning. One key difference is that some terms (such as coordination projects and joined-up thinking) generally relate to policy change, others (such as partnership working) relate to strategic level activities, while others (such as multi-agency working) have greater resonance for operational service delivery.

The literature highlights a diversity of definitions, however most commonly within child welfare, multi-agency working refers to increased collaboration between different areas within government (most commonly health, education and child protection agencies); between child protection services and the non-government sector; and most recently between state and territory governments and the Australian Government (Bromfield & Holzer, 2008). Within these domains a continuum of multi-agency activity occurs, ranging from relatively minimal cooperative relationships through to active collaboration. All forms of activity involve crossing occupational boundaries, through the interaction of practitioners and professionals with different knowledge, values, power, and aims. Ambiguity remains however because multi-agency initiatives often seek to achieve multiple goals beyond service integration such as improved accessibility for clients, administrative efficiency, better accountability to clients or government funders, and improved communication amongst service providers. Janet Weiss (1981) argues that this proliferation of purposes blurs the meaning and results in multi-agency activity being used as a generic term for system reform.

Attempts to categorise different types of multi-agency activity are identified within the literature. Typically, a continuum or hierarchy relationship is posed, with loose coalitions at one end, progressing to cooperation, coordination, collaboration and finally integration (Darlington and Feeney, 2008; see also Horwath and Morrison, 2007). Atkinson et al (2007) maintain that three principal dimensions underlie all models: organisation (in particular organisational structures which support multi-agency activity); joint investment (the extent to which participant organisations or agencies share a common vision or goal); and integration (the degree to which practice is integrated). These dimensions encompass a range of factors that challenge or facilitate effective multi-agency activity such as role demarcation, commitment, and funding (Atkinson et al, 2007).

When examined specifically in relation to the wellbeing of children, multi-agency activity is promoted as a mechanism for ensuring a holistic, efficient, multi-dimensional response to children in need. The model of support offered to children and families within Australia is based upon a public health approach comprising three different levels of support:

- universal services to enhance the wellbeing of all families and children, including infant and maternal health nurses, universal health services, early education and care (child care and preschool) and schools;
- secondary or early intervention services targeted to vulnerable families with children at risk of harm, including family support and parent training programs;
- statutory child protection services, especially intensive therapeutic programs and out-of-home care.

This review focuses largely on multi-agency activity within the secondary and statutory child welfare sectors. This decision was taken to contain the scope of the paper, however, in both sections we discuss the interface between more specialist service providers and practitioners from universal services. We acknowledge that practitioners working in universal services such as childcare centres and schools have an important role to play in identifying vulnerability, if not in responding to it with required support. Indeed, the finding within Brandon et al's (2010) overview analysis of serious case reviews that approximately half of the children were not known to children's social care at the time of their death or injury underlines the responsibility of universal service providers such as GPs, midwives and early childhood practitioners. The development of common assessment tools for use within universal services both here and overseas—for example the Common Assessment Framework in England, and the Common Approach to Assessment, Referral and Support, currently being trialled in Australia (ARACY, 2010)—indicate an increasing responsibility on universal service providers to recognise early indicators of need and engage with appropriate support systems to ensure that help is provided.

4 Multi-agency working as a problematic policy priority

Multi-agency working as an organising principle for the delivery of services dates from the early 1970s. In the UK the first coordinated effort to integrate services was implemented as a response to the proliferation of separate but overlapping programs with distinct administering departments which, according to the secretary of Health, Education and Welfare (HEW), resulted in a 'bureaucratic labyrinth' (Waldfoegel, 1997). To address system fragmentation, the secretary of HEW implemented widespread reforms consisting of organisational restructuring, as well as increased autonomy and flexibility in the use of federal funds by service providers. Later evaluations of this first wave of reforms highlighted disappointing results with evaluators concluding that many programs and initiatives had not coordinated service responses (Waldfoegel, 1997).

The second wave of integration reforms began in the mid to late 1980s and differed from earlier system oriented efforts to reform inefficient organisational structures.

This time around, service integration focused on targeting efforts to more modest populations or problems (Hassett & Austin, 1997). Meeting the needs of families with multiple problems through accessible, coordinated and comprehensive services was the new goal. Evaluating the extent to which service integration achieved these aims proved problematic given a lack of suitable outcomes data, yet despite poor results, service integration still remains a favoured policy response to problems in human services. Janet Weiss (1981) argued more than 30 years ago that this is due to the symbolic value of system integration which has the ability to simplify complex problems and intuitively appeals to people's notion of common sense:

The hodge-podge of diverse services, clients, and regulations makes it difficult to understand what is happening beyond the bounds of any one agency or one level of government. A reform strategy that claims to bring order out of chaos becomes very appealing (p. 39).

Within the domain of child welfare, service integration remains a major policy priority in much of the Western world, despite limited research linking multi-agency working with improved outcomes for service users (Atkinson et al, 2007). This development relates to the historical development of service integration as a human service concept, but has also arisen as a result of broader changes. Within the area of child protection policy, there has been a gradual shift in focus from protection services to early intervention and universal service provision (Morris & Barnes, 2008). In turn, this has meant that governments have devolved increasing responsibility to child and family services to work with other agencies and professionals to reduce and prevent risk factors in vulnerable families (O'Brien & Woodruff, 2005). Simultaneously, there is a growing recognition that families and children face complex and interrelated problems which require holistic and coordinated responses (Horwarth & Morrison, 2007; O'Brien & Woodruff, 2005). This has been supported by a burgeoning body of literature and frequent government inquiries which have consistently advocated for better service coordination and collaboration.

Fragmentation and duplication of services, failures to co-operate, and agency specialisations or limitations that lead to gaps in support, have been consistently identified as problems in human service delivery (O'Looney, 1993; Page, 2004; Provan and Milward, 1995). Child and family services in particular have been the focus of sustained commentary on these problems. This depth of attention emerges in part from investigations of failures in child protection, as described in Section 5, and in part from efforts to construct integrated child welfare systems of primary, secondary and tertiary support. Yet while it is clear that fragmentation results in poor, even catastrophic, outcomes, attempts to correct this have met with many challenges. Among them is the lack of empirical evidence that integration improves outcomes. That is, numerous reviews and original research projects have demonstrated that fragmentation leads to poor outcomes. However, there is little to suggest that the apparent logical implication of this, that reducing fragmentation leads to good outcomes, is also true.

A second challenge is that achieving changes to service integration and multi-agency working has proved very difficult to achieve in almost all cases that have been subject to sustained investigation. It is also notable that very few initiatives have had appropriate evaluability criteria for sustained investigation: a recent systematic review of interagency health initiatives found no studies met the usual criteria for inclusion (Hayes et al., 2011). Improving integration and reducing fragmentation makes intuitive sense, and has been circulating as an aspiration for decades. Yet achieving this has turned out to be far more complex than anticipated. Marcia Meyers (1993: 548) conducted a review of organisation theory and case literature to address this conundrum: 'Given the difficulties created by fragmentation, and the apparent support for service coordination, a puzzling question arises: if everyone thinks the coordination of children's services is such a good idea, why has it been so difficult to accomplish?' The answer is that different theoretical approaches suggest different obstacles to collaboration, and that the evidence from policy and practice is that all of these obstacles have been encountered in some form.

The dilemmas of coordination can therefore be set out in a series of connected statements:

- Fragmentation and the absence of coordination is undesirable
- However, attempts to improve coordination are beset with multiple difficulties
- Moreover, improved coordination has not been shown to improve outcomes

Therefore, although the statement 'the absence of integration is undesirable' is certainly true; its corollary, 'the presence of integration is desirable' may not be true, or is not true in all circumstances, or is true only if weighted with caveats and conditions.

5 Statutory Child Protection

5.1 Introduction

Statutory child protection refers to the services provided by agencies or departments legally mandated to intervene to protect children where parents or carers are unable or unwilling to do so. The threshold for statutory intervention in the lives of children and families varies across countries and jurisdictions. In Australia, child protection has historically been the responsibility of states and territories, but an emergent national focus was asserted with the release of the first national child protection policy framework. The *National Framework for Protecting Australia's Children 2009-2020* (COAG, 2009), represents the child protection system in a pyramid shaped model that reflects the shifting policy focus towards providing universal and preventive services, and a greater emphasis on assisting families early enough to prevent abuse and neglect occurring. Government recognition that cross-systemic and multi-agency responses are required to redress the problems that contribute to children being placed at risk of harm is evident in the framework's classification of child protection as 'everyone's responsibility' (COAG, 2009). The relationship between child protection services and other elements of the service system, particularly specialist mental health, domestic violence and alcohol and other drug

treatment services, has long been identified as problematic (O'Donnell et al., 2008). The national child protection framework (COAG, 2009) plans a whole of government approach, with services to be provided through an increasing amount of partnerships between government and non-government community service agencies. These reforms represent new efforts to better integrate different policy approaches to protecting vulnerable families.

This model is similarly supported within NSW's policy for reforming child protection, *Keep Them Safe* (DPC, 2009). This policy was released as a response to the Report of the Special Commission of Inquiry into Child Protection Services in NSW (Wood, 2008) which argued for improved co-ordination and system integration to deliver services more effectively to children at risk. Collaboration is stated as a core component of the policy's reform strategy (DPC, 2009: 23). A new program currently being trialled in eight sites within NSW as part of the *Keep Them Safe* reforms is assessing the effectiveness of multi-agency working with families frequently encountered by child protection authorities. Family Case Management is an integrated case management response for families who frequently come into contact with multiple government agencies and non-government organisations. As part of this program there is a focus on improving multi-agency collaboration so that procedural, policy, and system barriers do not prevent frontline staff from effectively helping families.

Keep Them Safe frames collaboration as an agency issue more than one involving the crossing of inter-professional boundaries. Thus, successful collaboration is assumed to be dependent on the government's ability to lead a cultural and systemic change within organisations more so than on the capacity of practitioners to work together. The report states for example that 'We recognise that cultural change will occur most effectively when the Government's own agencies lead the way. Therefore the Government is committed to ensuring that agencies work together to better share information, resources and decision-making processes to develop open and genuine partnerships with NGOs' (DPC, 2009, p.43).

Keep Them Safe promotes a number of supporting structures which facilitate inter-professional partnerships. These changes extend and place renewed emphasis on multi-agency initiatives that have been implemented in recent decades in NSW: the most significant of these have been the Inter-agency School Community Centres Pilot Project, the Early Childhood Intervention Coordination Program, Families First/Families NSW and Brighter Futures. The policy recognises that the success of the reform will rely on effective co-ordination, information sharing and referral processes across agencies so that children and families are linked to the right services (DPC, 2009: 23). To support this, a common assessment framework and data system (WellNet) has been developed to improve the exchange of information between the four core human service agencies that have established Child Wellbeing Units (NSW Health, Department of Education and Training, Police, and Department of Human Services) (DPC, 2009: 23, 26). Amendments to the *Children and Young Persons (Care and Protection) Act 1998* introduced in 2009 allow for greater exchange of information between government agencies and non-government organisations, where information relates to the safety and wellbeing of children.

Child Wellbeing Units have been established to act as change agents to reshape agency cultures and drive co-ordination (DPC, 2009: 23). The policy also states that the government and NGO sector will jointly develop a capacity building plan which will define clear roles and lines of responsibility and accountability (DPC, 2009: 42). To assist in this process, the government has released guidelines for interagency collaboration in child protection work. The *Child Wellbeing and Child Protection – NSW Interagency Guidelines* are based on the *NSW Interagency Guidelines for Child Protection Intervention* (NSW Department of Community Services, 2006). The new guidelines are intended to assist professionals and practitioners work together across agency boundaries when responding to child protection concerns.

Child welfare services within the UK similarly operate within a policy and structural environment aimed at producing collaborative responses to the multi-dimensional problems of social exclusion. Supportive structures include the government's Social Exclusion Unit, the Green Paper *Every Child Matters* (DfES, 2003), and the subsequent *Children Act* (DfES, 2004), which together set out an agenda for more responsive multi-agency work. Further, the need for practitioners to be able to understand the totality of a child's life circumstances has led to major reconfigurations of children's services in local authorities in England. This has meant the merging of education and social care services under single directorates in English local authorities (Edwards et al, 2009). Yet despite the multitude of facilitative structures, government inquiries and serious case reviews continue to identify multi-agency failures as impairing effective practice.

In a recent review of the Child Protection System in the UK, Munro (2011) argues for the removal of much bureaucratic regulation and prescription that has built up as a result of multiple reform efforts. Munro (2011) points out that these systemic restrictions often reproduce the conditions policy makers were attempting to ameliorate. She argues, for example, that overly prescriptive statutory guidance documents can contribute to the deprofessionalisation of child protection workers who feel obliged to rely upon detailed procedures rather than their own professional judgement. In her review, Munro (2011) stresses the importance of simple, clearly understood procedures for multi-agency working. Like Lord Laming (2009) before her, Munro (2011) recommends the revision of the statutory guidance, *Working Together to Safeguard Children* (DCSF, 2010) which she maintains has become too long and prescriptive to be practically useful for practitioners. Instead, Munro (2011) argues that professional guidance is best formulated as practice principles that professionals may apply intelligently in individual situations.

As well as wanting to deconstruct much of the bureaucracy and prescription associated with child protection work in the UK, Munro (2011) argues for increased research—particularly in relation to multi-agency working, and the impact of health reform on effective partnership arrangements related to child protection. Munro (2011) is also critical of what she believes is a prescriptive approach to practice evident within serious case reviews, and recommends a 'fundamental rethink of how to learn about professional practice through the SCR process' (2011, p. 60). Yet despite this critique—and the identified limitations of serious case reviews—our analysis of all overview reports reveals generalisable lessons about multi-agency working. These are presented in the following section.

5.2 Lessons learnt

This section comprises an examination of multi-agency working through an analysis of UK serious case reviews. Serious case reviews (SCRs) are local investigations into the death or serious injury of a child where abuse or neglect is known or suspected. Overview analyses of all SCRs conducted throughout England within a certain time period (most commonly every two years) are regularly undertaken to draw out themes and trends so that lessons learnt from these cases can inform policy and practice. To date, nine overview analyses of individual serious case reviews have been undertaken (Brandon et al., 2010; Brandon et al., 2008; Brandon et al., 2003; Ofsted, 2008; Ofsted, 2009; Ofsted, 2010; Ofsted, 2011; Rose and Barnes, 2008; Sinclair and Bullock, 2002). All of these reports, which together cover a total of 894 individual SCRs have been included for analysis. As overview reports do not include specific information on individual serious case reviews, it is not possible to report statistically on multi-agency failings, or connect failings to specific cases and family characteristics. Rather, this section identifies failures of multi-agency working which were consistently identified as problematic in overview reports. Three factors related to multi-agency working emerged as central: communicating and exchanging information; role demarcation; and the importance of universal service providers.

Communication

Problems in communicating and exchanging information within and across service providers and agencies, were the most frequently identified factors regarding multi-agency failings in cases of child death or severe injury in England. Clear and regular communication is an essential component of effective multi-agency working (Atkinson et al, 2007), however, it was clear from SCRs that there are multiple barriers to achieving this. When serious incidents occurred, weaknesses were found in the systems used by agencies to communicate information at key points in children's lives, such as the transfer of information from the GP to the midwifery service. In many individual SCR cases, information on families and children was held separately by professionals and so no single agency held a complete picture of the family, and concerns tended to be viewed as separate events rather than as cumulative risks (Office for Standards in Education, Children's Services and Skills, 2008). As stated in one overview report:

The result was that for most families a great deal of information was known but it was not coordinated and evaluated until the SCR was completed (Office for Standards in Education, Children's Services and Skills, 2008, p. 22).

Poor communication within and across agencies was particularly problematic in cases when families or children moved between council areas and information was either not passed on, or was not acted upon in the receiving area. In addition, there were often concerns about poor communication between specialist adult and children's services, and universal services. SCRs found that some parents were receiving support from agencies in their own right, including from services for adult social care, adult mental health, substance misuse, housing and probation, yet the

important information about the family held by these agencies was often not shared, or not shared early enough to protect children.

Role demarcation

The literature identifies role demarcation, or clarity over the role of each agency or practitioner, as a facilitator of multi-agency working (Atkinson et al, 2007). Having clear role boundaries and an understanding of other's boundaries is reported to lead to more effective working relationships. Within the SCR overview reports however, role ambiguity was frequently identified as a contributing factor in child deaths or injuries.

Role ambiguity exists when practitioners and professionals do not understand each other's responsibilities in an integrated system. Moreover, because training and socialisation vary, different professional groups may define the same set of client problems in different ways and therefore see the need for different forms of intervention. As a consequence, practitioners have a tendency towards 'silo practice' where they work within the comfort zone of their own specialism and neglect the family or child's needs that may fall outside their own specific brief (Brandon et al, 2009). Joint child protection training is recommended in overview reports as a strategy for countering 'silo practice'.

SCR analysis reveals many cases when the responsibility for providing support or intervention to vulnerable children and families was evaded. This was a particular issue with families near a threshold for intervention:

Many of the [SCR] cases over the last six years clustered just below the threshold for services from children's social care and also at the boundary between 'children in need' and 'child protection'. There was often a hesitancy about whether or not this was a 'child protection case' and a preoccupation with thresholds and which professional group was 'responsible' for the child (Brandon et al, 2010).

As stated, families whose needs fell between the thresholds for intensive and secondary intervention often remained peripheral to the service system. This circumstance is a consequence of a service gap between secondary and tertiary child protection intervention, and hence these families are often referred to as 'gap families'.

In addition, SCRs indicated that assumptions were frequently made that other professionals were responding to referrals and had taken charge of the case and were visiting the family and/or child (Brandon et al, 2009):

When no one was really sure what was happening... everyone seemed to be frozen into inactivity. In this context of uncertainty and diffidence, clear decision making and action does not take place, and children remain unprotected.

In these cases, practitioners often believed that ‘someone else’ was keeping in contact with the family and the child.

The role of universal services

A key message from the SCR reports is that the expertise provided by universal services is critical to the safety of children – and that associated practitioners and professionals need to recognise the important role that they play in safeguarding children (Ofsted, 2010). Approximately half of all children at the centre of a SCR undertaken between 2007 and 2009 were not known to statutory agencies (Brandon et al, 2010). This proportion was higher for children under the age of five and so the role of GPs and midwives for this vulnerable group is crucial.

SCRs identified three areas where universal services play a key role in protecting children. These are: preventing children being abused; identifying early signs and symptoms of abuse; and recording incidents, issues and concerns over time. The need for additional staff training to ensure their ability to undertake their safeguarding role was a recommendation in most SCR overview reports (Ofsted, 2008), as evidence suggests that many universal service providers lacked basic awareness of signs and symptoms of abuse, and were unsure about thresholds for intervention and when to make a referral. This circumstance is particularly concerning given the current policy focus on early intervention.

Key findings

What is particularly concerning from this examination of all SCR overview reports, is the consistency of the failure of multi-agency working within England, which has a well-developed infrastructure to support collaborative activity. An important finding to emerge is that failings of multi-agency activity are rarely about the existence or adequacy of procedures or policies. What is clear is that it is usually staff’s ignorance of procedures or policies, or their failure to follow them that are reported on in SCRs (Office for Standards in Education, Children’s Services and Skills, 2008):

In spite of copious procedural guidance, practitioners and managers were often unclear about what they could or could not do, or should or should not do (Brandon et al, 2009, p. 45).

Some insight into this finding is provided by Ball (1997: 270), who points out that the enactment of policy is characterised by unpredictability as it establishes possibilities rather than a specific course of action:

Policies do not normally tell you what to do; they create circumstances in which the range of options available in deciding what to do is narrowed or changed or particular goals or outcomes are set. A response must still be put together, constructed in context, offset against or balanced by other expectations. All of this involves creative social action of some kind.

As discussed in Section 6, the inaction taken by caseworkers and other practitioners described in some SCRs may relate to individual’s genuine concern about the

outcomes of intervention. However, the finding that some workers were ignorant about specific policies and procedures suggests that training across the entire workforce is required to ensure that a broad range of professionals and practitioners know and understand what they are required to do. As about half of the children subject to SCRs were not known to social care services, it is important that training programmes include universal service providers - although staff failure to adhere to existing procedures was most usually the case in relation to social care staff (Ofsted, 2008). This type of training should also include how to identify and report signs of abuse, as well as how to apply basic policies and procedures.

This review, like many about multi-agency activity, highlights a number of challenges in implementation. Core challenges discussed here include poor communication and processes for exchanging information, blurred role demarcation and associated questions of responsibility, and the need to work cooperatively with universal service providers. These challenges, which appear common across the continuum of child welfare services, underpin the need for a supporting structure of policy and procedures. Much research to date has focused on implementation barriers and SCRs similarly follow this format. This focus corresponds with the methodological approach of SCRs, which comprise a forensic analysis of individual cases to identify a causal chain of events that have resulted in child death or injury. A limitation of this methodology for a specific analysis of multi-agency working is that it overlooks a systems theory approach that takes a more encompassing view of integration and multi-agency activity. A system theory approach would complement the fine detail provided by the current methodology by enabling consideration of the embeddedness of individual actions and events in larger operating systems. The Munro (2011) review similarly advocates for a system approach and suggests that the focus of SCR and overview analyses should be on patterns of professional practice rather than an assessment of particular children or families. Munro (2011) further maintains that a systems theory approach should be implemented by reviewers trained in the rigorous application of qualitative methods of data collection and analysis.

6 Early Intervention and Secondary Prevention

6.1 Introduction

Pressures on the statutory system as evidenced in NSW by increasing reports to the Helpline, has created an impetus to develop ways of diverting children from statutory child protection. Early intervention and secondary programs offer an alternative path for families whose problems may be escalating. However, families with complex needs are often inadequately supported by early intervention programs, which are not designed to meet intersecting, accumulating problems. Research with early intervention and secondary support agencies shows that families with multiple, complex and entrenched problems require intensive, therapeutic intervention that draws upon the expertise and assistance of practitioners across the child and family, health, housing and education sectors (Hilferty et al., 2010). These families generally live in disadvantaged circumstances characterised by unstable housing, poverty, poor education, unemployment, and social isolation (Bromfield et al., 2010). Children within these families are at increased risk due to the chronic adverse family circumstances in which they live, and not from a specific episode of harm. Early intervention programs generally focus on providing parenting education and case management, despite the fact that the priority needs of these families relate to chronic personal problems or illnesses that diminish their capacity to parent well (Bromfield et al., 2010; Hilferty et al., 2010).

As discussed throughout this review, many of the difficulties associated with increased collaborative activity identified from the literature relate to implementation, that is, to the obstacles faced by agencies and governments in making the changes to practice that were intended. Other difficulties relate to the conceptual basis of the intended changes, or significant problems with program design. It is important to note, however, that the distinction between implementation and program design is somewhat artificial. In almost all cases the difficulties faced by attempts to improve multi-agency working relate to challenges in balancing the costs of change with its benefits, and the systemic, ideological challenges of providing support to families whose children are at risk of poor developmental outcomes, abuse or neglect.

6.2 Lessons learnt: Implementation difficulties

Cumulative, intersecting challenges to implementation

In most cases under review, practitioners and agencies experienced several difficulties with collaboration and it was not always possible for evaluators to disentangle them or identify which, if any, was the most important. We have included synthesis reviews of the field and evaluations of individual initiatives in this section, as many of the issues described recur throughout both types of study.

The evaluation of nine comprehensive community-based child abuse and neglect prevention programs (United States) attributed implementation difficulties to multiple factors, including declining interest and involvement, resistance from sectors in becoming involved, high staff turnover and poor organisational

management (CSR Incorporated, 1996). Similarly, one state's attempt to mandate the establishment of formal multidisciplinary committees to handle serious child abuse cases (Georgia, United States) foundered, according to the evaluators, because of a number of reasons, including reluctance of the agencies to work together, confidentiality issues, frequent turnover of committee members, time constraints, personality conflicts and unsustainable workload - some counties reported having too few cases of abuse to warrant committee action, others were overwhelmed with the scope and breadth of their caseloads (Doss and Idleman, 1994). An Australian state-wide survey of statutory child protection workers, adult mental health workers, and child mental health workers in Queensland found support for collaboration but a number of difficulties in achieving it. These occurred especially when the nature of parental mental illness or the need for child protection intervention was in dispute. Difficulties included communication, role clarity and competing priorities (Darlington et al., 2004). Supporting these findings from empirical research and evaluation studies, surveys of the literature by Worrall-Davies and Cottrell (2009) and Morrison (1996) identify several barriers to collaboration, including:

- Structural difficulties in bringing together agencies with different roles, histories, cultures, powers, and priorities;
- Differences in agencies' standards of accountability, supervision, and responsibility for decision making (see also Byles, 1985);
- Communication difficulties and priorities: 'what seems essential to communicate for one may seem a breach of confidentiality or peripheral to another' (Morrison, 1996: 130);
- Differences in status and power—employment contracts and conditions, professional training, occupational status and power, gender, race, class, language, and public image of the occupation; and
- The impact of any history of conflict between individuals and organisations.

In summary, implementation studies show that initiatives typically encounter many challenges, and many of these are common to most initiatives. Establishing community partnerships can be difficult, and maintaining enthusiasm and commitment even more so. Communication, accountability, power differentials, and power struggles are the most commonly reported difficulties. Turf battles and conflicting agency priorities may be seen as causing these difficulties (Hall and Slembrouck, 2009; Williams, 2009), or existing alongside and compounding them (CSR Incorporated, 1996). As Morrison (1996) points out, collaborative attempts often involve practitioners whose core business is child protection, such as social workers and representatives from statutory agencies, and others, including teachers and GPs, who encounter child protection concerns only occasionally.

The literature also identifies conditions that are amenable to collaboration, which are generally those in which the cited difficulties have been addressed. However, the persistence of these difficulties across locations and over time indicates that they are systemic, rather than idiosyncratic to individual agencies or sites. One approach to

these difficulties is to address them as practical, specific problems to be overcome; another account is that differences in professional ethics and specialisations are at the heart of any attempt at collaboration in children's services (we return to this point in Section 6.5). However they are conceptualised, it is clear that attempts at multi-agency working have many challenges, which require resources and specific strategies to address. This requirement in turn raises more challenges, as we will discuss in the following section.

Resources

One of the anticipated benefits of improved collaboration is that of reduced expenses. The elimination of redundant and duplicated data collection and data systems; more efficient processes of assessment and communication; and better systems of planning and delivering services, are implicitly (or explicitly) expected to result in cost savings. However, the evidence from the conceptual literature and case examples is the opposite: integration efforts require more resources, which are specifically directed at collaboration. The evaluations of attempts at reform undertaken without the provision of extra resources found that they were implemented extremely patchily and did not result in positive outcomes (Doss and Idleman, 1994). Similar results were found when specific collaboration activities, such as communication sharing or improving data collection, were insufficiently resourced (Carrilio, 2008; Horwath and Morrison, 2007).

The need for resources can compound the difficulties that initiatives are already experiencing. Aside from the general scarcity of resources in delivering children's services, which is described almost without exception as characteristic of the field, the dedication of specific resources to interagency collaboration generates dilemmas for participants. Improved collaboration is designed to foster improved outcomes for children and families, rather than being an end in itself, so the allocation of resources to collaboration can cause confusion. For example, it can result in the perception that it is a new agency competing with existing service agencies, which can in turn lead to reduced participation (CSR Incorporated, 1996). As we discuss in Section 6.3, the dedication of time and other resources to collaborative working can also come at the cost of dedicating resources to service quality.

Workforce

Turnover and training are significant issues in the human services workforce generally, so it is unsurprising that these issues are also important in efforts to improve collaboration in children's services. As noted, the structure and professionalisation of different participating agencies has an impact on the relationships between them. In addition, recruiting and retaining qualified staff for collaboration initiatives can be challenging (CSR Incorporated, 1996; Denniston et al., 2009). The effects of increased collaboration can also be detrimental, as it exposes practitioners to greater surveillance of their work from different professions and agencies. Whilst this may lead to a reluctance to participate to avoid increased scrutiny (Byles, 1985), research also indicates that professionals generally enjoy multi-agency working (Atkinson et al, 2007).

Program fidelity

Program fidelity is the term used to describe the extent to which programs are delivered as they were designed. The balance between fidelity and adaptation is complex across the human services (Katz et al., 2006). Programs need to be adapted to the extent that they fit local environments and serve local needs, but not to the extent that the effective components are diluted. This is challenging for single agencies, and may be even more so for multi-agency initiatives, which need to make adaptations for local service networks and relationships as well as the communities they serve. The literature suggests that fidelity may be more important than adaptation for service integration. This is somewhat counter-intuitive, as it could be anticipated that successful changes to the way people and agencies work together would emphasise adjusting programs to respond to existing practices. However, implementation difficulties do not seem to be especially alleviated by program adaptation (CSR Incorporated, 1996; Glisson and Hemmelgarn, 1998), the process of adaptation can make implementation even more difficult (Byles, 1985), and there is some evidence that proficiency in implementing one component of a program may be associated with proficiency in implementing the remainder of the program and with positive outcomes for children and families (Melhuish et al., 2007). The evaluators of Sure Start argue that fidelity and outcomes are probably connected because 'it matters not only what services are implemented but that they are proficiently delivered. This requires a clear vision, cogent means of communicating that vision and a welcoming ethos' (Melhuish et al., 2007: 548).

Participation and compliance

Just as the balance between fidelity and adaptation can be difficult to achieve, the balance between mandated and voluntary participation seems to be critical. The experience of programs where participation was voluntary, or interpreted to be so, is that agencies may not participate (Glisson and Hemmelgarn, 1998). However, mandating participation is no guarantee of success due to the 'many subtle and sometimes delinquent ways in which coordination can be undermined if the reasons for collaboration are unclear, the perceived costs of so doing outweigh the perceived benefits, or there are insufficient resources to support agencies working together' (Morrison, 1996: 130).

6.3 Lessons learnt: Program design and theoretical underpinnings

There are very few comprehensive outcomes evaluations of initiatives whose central elements are collaboration or interagency working. Although Sure Start (UK) (Melhuish et al., 2007) is a multi-agency, whole-of-government initiative, it also introduced new services and structures, so the success of the initiative cannot be attributed wholly to collaboration. A systematic review of interventions to remove barriers to interagency working (Lyne et al., 2000) found no studies that met the Cochrane Collaboration's criteria for inclusion: as noted previously, similar results were found more recently by Hayes et al (2011). There are a number of reasons for the lack of strong evidence on the effectiveness of interagency collaborations. First, as we described in Section 6.2, implementation of these initiatives has proved to be very difficult, and intended evaluations of impact have in some cases become studies

of implementation failure (Byles, 1985). Second, the most highly regarded evaluation methodologies and frameworks, such as those prescribed by the Cochrane Collaboration, are not easily used to study the impact of initiatives that focus on changes to practice (Page, 2004; Schorr, 2003). Third, most initiatives that are designed to improve interagency collaboration also contain a number of other elements as well, typically new services or changes to the delivery of existing services. It would be technically possible to disentangle the effects of integration from the effects of new services, but evaluation methodologies are not typically constructed in such a way to achieve this.

Three evaluations of integrated service initiatives stand out in this field, because they provide comprehensive (although contested, see Section 6.4) findings that the initiatives were implemented as intended, but did not produce the anticipated results. We will summarise the programs and evaluation findings, before discussing the implications of these and other studies.

CCDP

The Comprehensive Child Development Program (CCDP) (United States) was a case-management program designed to build, for the most part, on existing services (McCall et al., 2003; St Pierre et al., 1999). Families were assigned a case manager, generally a local paraprofessional, who conducted bi-weekly home visits and fulfilled a number of tasks: assess the goals and service needs of individual family members and family as a whole; develop a service plan; refer families to services; monitor and record receipt of services; and provide counselling and support to family members, especially mothers. To be eligible, families needed to (1) be in receipt of income below the Federal Poverty guidelines, (2) include a pregnant woman or a child aged less than one year old, and (3) agree to participate in the initiative for five years. The aims of the initiative were similar to other community-based early intervention programs:

- Intervene as early as possible in children's lives;
- Involve the entire family;
- Ensure the delivery of comprehensive social services to address the intellectual, social, emotional and physical needs of infants and young children in the household;
- Ensure the delivery of services to enhance parents' ability to contribute to the overall development of their children and achieve economic and social self-sufficiency;
- Ensure continuous services until children started school.

The evaluation (St Pierre et al., 1999) was conducted in 21 of the 24 project sites and had a total sample of 4,410 families: 2,213 assigned to the CCDP and 2,197 to the control group. It found little in the way of positive benefits. Although employment participation of mothers increased and children's cognitive skills were steady or improved over the intervention (in contrast to the developmental declines usually found for children in very low-income families), there were no statistically significant

impacts on the economic self-sufficiency of mothers, and no substantive impact on the cognitive or social-emotional development or health of participating children. Although there were some improvements for participating families, the control group also experienced improvements, and there were only small differences between the two groups.

AIMS

The AIMS program (Tennessee, United States) was designed to improve children's services by reconfiguring the inter-organisational mechanisms used to coordinate services. The program formed new, autonomous case management teams to coordinate services from multiple systems to children entering out-of-home care in twelve sites. The evaluation (Glisson and Hemmelgarn, 1998) matched 12 control sites with the intervention sites, and it measured changes over time in children's outcome measures (n=250); caseworker-reported organisational climate and interrelationships in the 32 offices that had responsibility for the children (n=260); service outcomes; service quality; and service coordination. It used intensive data collection methods in addition to questionnaires, with weekly visits to the pilot teams over a three-year period and direct data collection from parents, teachers, caseworkers and other service providers.

Findings from the evaluation were that the relationship between service coordination and quality was the opposite to what was intended: 'Although service coordination has the largest effect on service quality, increased service coordination is related to reduced service quality [...] and positive organisational climates are associated with higher service quality and better service outcomes' (Glisson and Hemmelgarn, 1998: 415). Instead of finding that integrated services and coordination improved quality and outcomes, the evaluation found that coordination *reduced* quality, and that the organisational environment of individual agencies was more important in determining outcomes.

Fort Bragg

The Fort Bragg Demonstration Project was designed to deliver integrated and comprehensive systems of care for improving availability and delivery of mental health services for children. The program operated through a clinic which delivered its own services in-house or contracting with community providers; and developed intermediate-level services including in-home therapy, after-school group services, day treatment services, therapeutic homes, specialised group homes, and 24-hour crisis management teams. Intensive and intermediate service users were assigned a case manager who coordinated services with the other child-serving agencies and practitioners in the community. The evaluation (Bickman, 1997; Bickman et al., 2000) found that short-term outcomes and outcomes over five years were no better for the treatment than comparison group.

Key findings

The findings from these evaluation studies, and from systematic reviews (Hayes et al., 2011; Lyne et al., 2000), indicate that the challenges of coordination and

integration are not only to do with the difficulties of implementing changes to practice, significant though these difficulties are. Rather, they relate also to the theoretical and conceptual bases of programs, and to program design. The key issues identified in the literature are service quality and service models.

Service quality

Integration of services does not improve outcomes if the services themselves do not meet families' needs. Efforts to increase integration may result in worse outcomes. The evaluators of the AIMS program argued that a focus on process-oriented job requirements to meet quality standards (Glisson and Hemmelgarn, 1998: 416) came at the expense of flexible, responsive services to children and parents, and that increased integration reduced caseworkers' sense of responsibility for service quality: 'the more pronounced and visible the role of service coordination in a given area, the less responsibility caseworkers in an area assumed [...] The important point is that this reduction in personal responsibility is not complemented by a comparable assumption of responsibility by service coordinating teams' (Glisson and Hemmelgarn, 1998: 417). The evaluators of the Fort Bragg Demonstration Project, which had a similar model of case management to the CCDP and also found very few positive outcomes, concluded that although there are benefits to improving service systems, such as improving access and service retention, these benefits cannot resolve the 'fundamental problem of ineffective services' (Bickman, 1997: 564).

Service models

The effectiveness of different service models is a central question to the entire field of children's services, and unsurprisingly recurs in the literature on integration. The assumption behind many programs is that parents do not have the resources or knowledge to find appropriate services, an assumption questioned by the evaluators of the CCDP (St Pierre et al., 1999), AIMS (Glisson and Hemmelgarn, 1998) and a systematic review of family support programs (Layzer et al., 2001). The provision of services directly to children rather than via their parents, via high quality early childhood education and care, is broadly accepted as one of the most effective and efficient of all human services interventions (Hertzman and Wiens, 1996; Irwin et al., 2007). The CCDP and other programs hypothesised that improving parents' ability to educate their children would improve children's cognitive and developmental outcomes, which turned out not to be the case. In contrast, the results of Sure Start and family support programs indicate that programs that focus on parents' skills as effective adults *do* have large effects on parent outcomes, family functioning and maternal acceptance (Layzer et al., 2001; Melhuish et al., 2007). In other words, the best way to improve parent outcomes seems to be work with parents, and the best way to improve child outcomes is to work with children—with the important caveat that improving parent outcomes may have indirect, long-term benefits for children.

6.4 Evaluation and measurement

As noted in Section 6.3, there are very few robust evaluations of multi-agency initiatives and those that have been conclusive have found few positive results in most cases. However, the difficulties with evaluation should also be borne in mind as

caveats to the confidence with which the evaluation results can be regarded. The null or negative results of the CCDP (McCall et al., 2003) and Fort Bragg evaluations (Behar, 1997) have been questioned, and many of these criticisms seem non-trivial. For example, the unit of randomisation for the CCDP was individuals rather than communities, with the consequence that many members of the study group were friends and relatives of members of the control group. It is plausible that study participants passed on the knowledge of services and support that they had learned from their case managers to the control group, and that some of the improvements in the control group can be attributed to that (McCall et al., 2003).

Moreover, just as negative findings have important caveats, so too the failure of many initiatives to show positive results may be partly an artefact of the measurements used. Measuring changes in communities, as opposed to individuals, is extremely difficult (CSR Incorporated, 1996), and it has also been difficult for evaluators to select instruments, collect data and implement evaluations thoroughly (Denniston et al., 2009; McCall et al., 2003). Most evaluations have been conducted before programs have had time to 'settle' (Horwath and Morrison, 2007; McCall et al., 2003). The implementation of programs tends to take much longer than anticipated, and positive outcomes take even longer to be detected (Melhuish et al., 2007). Improvements in practices may be relatively modest, and improvements in child and family outcomes similarly modest, but modest benefits may be worth the time and resources invested. The expectations for improved interagency working have tended to be enormous, and almost certainly unrealistic in the context of both the groups of people for whom they are delivered and the benefits delivered by most human services. This point relates to our final finding from early intervention integration efforts.

6.5 Bringing the state back in

Fragmentation and lack of integration recurs with remarkable consistency in the literature on failures in child protection and the shortcomings of early intervention and secondary services. They are central to so many criticisms that it may seem as though reducing fragmentation would correct all the problems with child and family services. Yet this is surely untrue. Just because some failures are associated with fragmentation, this does not mean that failures occur only because of fragmentation, or that fragmentation is a unitary phenomenon, or that the conditions that bring about fragmentation are not important for other reasons as well.

Integration has borne a weight of expectation for decades. These expectations seem to be increasing despite, or perhaps because of, the repeated attempts to achieve it and the patchy results of those attempts. Meyers (1993: 556) notes that in the face of 'huge problems and limited resources, interagency coordination has repeatedly been sold as a sort of magic bullet for solving institutional and social problems'. Compounding this, significant integration attempts have often been the direct result of royal commissions or serious case reviews, which tend to identify fragmentation and lack of integration as core problems. The experience of these initiatives suggest that 'fixing' fragmentation is much more difficult than identifying it, and that while

attempts to address fragmentation need to be extremely sophisticated and inclusive to succeed, they often are not. Horwath and Morrison's (2007: 65) review of the literature found that there are particular risks when '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'. They identified a series of problems that recur in these circumstances, including failures to properly address the anxiety provoked by change; inadequate analysis of the problem and proposed solutions; an over-focus on structural and procedural solutions; attempts for quick fixes and 'short-termism'; and premature declarations of success.

It is important to account for the causes of fragmentation, and while fragmentation is often most visible at the individual level (a caseworker fails to make a telephone call to another agency, or to reveal crucial information) the causes of fragmentation and the reasons for its persistence are systemic and ideological. There are two key points to note here, on specialisation and the rule of optimism.

The benefits of specialisation

The barriers to facilitation are often described as the failure to reach a common language, reluctance to collaborate, and a desire to maintain professional boundaries. Yet these are not simply barriers to collaboration that serve no purpose. There are benefits to specialisation and professional autonomy, such as clarity of purpose, and costs when the boundaries between roles are blurred. It is perhaps not surprising that a focus on integration comes at the cost of service quality, as integrating services often means the roles and goals of individual agencies are unclear. The evaluators of the *AIMS* program characterise successful casework as dependent on 'consideration of each child's unique needs, the caseworkers' responses to unexpected problems, and their tenacity in navigating bureaucratic and judicial hurdles to achieve the best placement and most needed services for each child' (Glisson and Hemmelgarn, 1998: 415). In turn, they argue, this requires role clarity, personalisation, and job satisfaction, each of which is more likely to be threatened than strengthened by significant changes to the role and responsibility of agencies.

The rule of optimism

This phrase, which at the practice level refers to reluctance among practitioners to make negative professional judgements about a parent, is now typically used as a criticism of the attitude of caseworkers, who are similarly criticised for 'starting over syndrome' (see for example Brandon et al, 2010). However, the original meaning of the phrase was as a description of the fundamental contradictions inherent in the function of child protection social workers to intervene in the private sphere of the family, when the family is ideologically constituted as sovereign and children regarded as the property of their parents: 'the "rule of optimism" is therefore seen as one technique whereby this fundamental conflict about the relationship between families and the residual state is resolved in practice' (Parton, 1986: 518). Fragmentation may be best understood as a result of these contradictions, and

therefore much more complex than its usual representation as an attitudinal, technical or organisational problem.

In the context of child protection legislation, practitioners such as family support workers, GPs and early education and care workers have dual roles. They are mandatory reporters, but this is not their primary role, and their primary role generally involves working with families in a relationship of trust, support and implicit faith in the capacity of parents to change and care for their children. There are contradictions and tensions inherent in this dual responsibility of both surveillance and support (Tompsett et al., 2009), and evidence suggests that the requirement for agencies to work together can compound rather than alleviate these tensions. Advocates for a public health approach to child protection have long argued that policies should provide a continuum of support and involvement, rather than focusing surveillance only on families in identified risk categories (Scott, 2009). This is the logic of service integration, but the tensions at the core of statutory child protection have yet to be significantly addressed by integration efforts.

7 Implications for policy design and implementation

The literature reviewed in this report provides some clear messages for the development of policy and programs. As shown, the structures that support multi-agency working in Australia and abroad are multiple and diverse. The effectiveness of these structures that support multi-agency working also rests on practitioners knowing about them and using them, however, the analysis presented herein indicates that these goals are often unmet. The literature suggests that policy and related procedural supports are likely to have limited effect without additional funding to ensure broad complementary training centred on understanding and implementing new policies and procedures. Such training was most recently undertaken in NSW following the change in threshold for mandatory reporting (from risk of harm to risk of significant harm).

The frequency with which practitioners fail to act on concerns suggests however that training alone is unlikely to have a significant impact on multi-agency working, at least in contexts where multi-agency working requires practitioners such as teachers, health care workers and family support workers to take on child protection roles. As evidenced throughout this review, there is a need to address attitudinal, organisational and technical barriers to this. The description of child protection as 'everyone's business', like the idea of integration and 'joined up' working has broad intuitive appeal and it would be difficult to find any sensible objections to either. However, just as integration has been difficult to achieve in practice, so the broadened responsibility for child protection has proven to be ineffective in addressing the reluctance or incapacity of practitioners to take on surveillance and investigation responsibilities. Part of this may stem from a reluctance to remove children from home and place them into out-of-home care, and an absence of any realistic alternatives to removal. Moreover, in cases where practitioners consider that the risks outweigh the costs and report the child to a statutory agency, a frequent outcome in NSW is that the case will be closed without further investigation (NSW Ombudsman, 2011; Wood, 2008a, 2008b, 2008c, 2008d). If the

child and family meet certain suitability and threshold criteria, they may be eligible to receive secondary intervention, however, in NSW the need for these services exceeds system capacity, resulting in many families receiving minimal or no support (Hilferty et al, 2010). These resource constraints are also important considerations in efforts to build multi-agency working because, as noted earlier, these efforts also require resources in order to be meaningful.

The review suggests the need for policy supporting multi-agency activity to make clear statements of purpose so as not to conflate policy goals with aspirational or political rhetoric that masks system or structural realities. The *Keep Them Safe* action plan (Department of Premier and Cabinet, 2009), for example, emphasises a strong partnership between government and non-government organisations as critical to improved child and family wellbeing, yet within the Brighter Futures program, this partnership has been based on an inequitable relationship with NGOs positioned as contracted service providers, excluded from program governance (Hilferty et al., 2010). Further, the purpose of integration needs to be clearly stated in policy documents. If the desired outcome is a greater willingness on the part of teachers and GPs to follow up on concerning cases, then interventions should be designed around this purpose, rather than the assumption that an increased number of referral pathways will increase willingness to use them.

Increased multi-agency working in the context of child protection may mean that practitioners take on roles that are difficult, unpleasant, and reduce the chances of building trust with families. The surveillance and investigation of families is at odds with the goals of many practitioners to support and assist them. It is therefore unsurprising that these practitioners are reluctant to act as child protection investigators, and that system reforms generally involve increasing the opportunities for them to pass on information rather than act on it directly. However, it is also clear that integration at the level of universal and secondary services is also difficult. The problems with integration in child protection are therefore not only about the difficulties inherent in child protection, but these difficulties are likely to make other, more universally experienced challenges, more acute.

Methodological differences between serious case reviews and program evaluations mean that it is difficult to attribute common concerns between child protection and program initiatives. Notwithstanding this, a number of obstacles to effective design and implementation recur across both fields:

- Communication difficulties
- Role definition
- ‘Compliance’, or the take-up and use of systems and structures such as new committees, referral pathways, guidelines and training

Evaluation research also indicates that the real costs of change, in terms of expense, time, and the costs to practitioners of increased scrutiny and reduced role clarity, have been consistently underestimated.

The literature indicates that attempts to change service systems to increase co-ordination across service systems have faced a range of practical and conceptual challenges, and many of these occur with remarkable consistency across time and place. Identifying these difficulties is easier than addressing them, in part because it is very difficult to identify critical success factors. It does seem clear, however, that a thoroughgoing understanding of organisational and systems theory, and industrial psychology, should underpin any attempt at systemic reform, but there is often little evidence that any of these theoretical underpinnings are in place. Human service agencies have attempted change with goodwill and energy, in the face of considerable pressure and monitoring, in many instances. That very few rewards have resulted from these attempts indicates that the common-sense appeal of improved integration is insufficient as a basis for directing change.

This highlights the importance of research. In NSW, implementation and outcomes of *Keep Them Safe*, which is based on service integration, are yet to be comprehensively examined. An evaluation framework has been developed (AIFS and SPRC, 2010) and a further implementation plan (Urbis, 2011) written to prioritise evaluation activities and key performance indicators, however, to date only small scale pilot studies on individual initiatives such as the Family Referral Service have been carried out or are being undertaken. This review indicates however that research needs to encompass and assess policy, systems and processes, rather than just practice at the program level through a focus on outcomes for service users. Indeed, the limited evidence demonstrating the impact of multi-agency working on children and families suggests that innovative research methods which do not focus on outcomes are required. Design experiments are proposed here as an alternative to randomised control trials and other conventional models of policy evaluation. Design experiments, which involve observations of interventions and assessment of their effects, are becoming increasingly influential in the development, evaluation and analysis of social policy (Askew et al, 2010; Stoker and John, 2009).

8 Conclusion

Multi-agency working has been embraced by governments here and overseas as a core strategy for supporting children and families with complex, multiple and often inter-related problems. At face value, this strategy appears reliable as fragmentation in service delivery has been consistently identified in critical incident reports and program evaluations as contributing to poor outcomes. As indicated in this review though, there is little empirical evidence to show that the opposite approach—service integration and multi-agency activity—results in good outcomes for children and families.

Further research that links models of multi-agency activity with outcomes for service users is required. It seems unlikely that initiatives of this type will be amenable to evaluation using clinical, Cochrane-style methods, and so alternative methods of robust research such as design experiments, and methodologies devised from systems theory, need to be developed or adapted for this purpose.

Integration research should also be designed to identify realistic goals for integration, rather than a narrow focus on implementation issues and challenges. Integrated service delivery cannot, for example, remedy entrenched complex social problems such as poverty and social exclusion, nor can it compensate for scarce or poor quality services, inadequate funding, or the incapacity or unwillingness of some professionals or practitioners to deal with problems that until recently have been the responsibility of statutory and social welfare agencies. Research on integration should provide robust, specific information on the circumstances in which integration can make a difference in these environments.

Within policy discourse, multi-agency activity is constructed as a solution to existing service failures and gaps. Integration is often simplistically promoted as an effective strategy for meeting a growing demand from vulnerable families with an increasing complexity of need. However, as highlighted in this review, it is a strategy that also contains costs and risks. Service duplication, over-servicing, confusion amongst service users, and an increased workload for practitioners are possible consequences of ineffective policy implementation. Moreover, implementation relies upon a substantial investment in time and effort by agencies and practitioners to establish necessary working relationships. Clearly, this investment takes resources away from front-line service delivery—an acceptable outcome as long as these costs are outweighed by the benefits of the strategy. Discussion of these issues are often absent from examinations of multi-agency activity, and are certainly absent from most policy debates.

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