

Integration – whilst operating on a shoestring



Outline

- What is integration?
- Why is it important?
- What does the evidence tell us?
- What works in achieving integration?
- Some examples of validated practice

What is Integration?

- Combining parts so that they work better together
- A coordinated, joined up approach to achieving outcomes for children and families
- Bronfenbrenner's model - an ecological 'integrated children's system' centred on the child and their family

What is integration?

Can operate on three related levels:

- Service systems level (**strategic**, macro)
- Agency-based level (**operational**, meso)
- Coordination-of-services level (**practice**, micro)

(King & Meyer, 2006)

Why is it important?

- Joined up services are widely recognised as better for children and families
- Avoiding duplication (for workers and families)
- Safeguarding – preventing children slipping through the net
- Sharing information, expertise and resources
- Getting better value

What does the evidence tell us?

- There is good evidence for ‘two generation’ or family interventions.
- Early years studies show that the integration of education and childcare is effective.
- Little hard evidence on the *impact* of integration on children and young people

Challenges

- Different goals and priorities
- History and culture
- Workforce issues
- Reluctance to 'give up' resources, control
- Lack of commitment 'collaborative inertia'

What works in achieving integration?

- Smarter working, better services
- Shared vision & focus on outcomes
- Clear understanding of needs and identification of gaps
- Time to build trust and relationships
- Clear messages to staff and families
- Leadership

What does integration look like?

- Effective commissioning
- Integrated workforce strategy
- Common Assessment Framework
- Continuum of support
- Flexibility of response

Examples

- Blackburn with Darwen Borough Council
- Hammersmith & Fulham family support team (early intervention theme) – promising practice example
- Bury Holding families (vulnerable young people, safeguarding themes)
- StC's families and schools together (supporting parents and carers theme)

Supporting Families with Multiple Problems



Families with multiple problems

- Poverty, unemployment, parenting alone, having a large family, poor or overcrowded housing, having a 'difficult child', parental illness and substance misuse, can have a negative impact on parenting - the factors are linked and mutually reinforcing (***Ghate & Hazel, 2002***).

High risk factors for families

- History of maltreatment or unstable care
- Obsessional highly controlling personalities
- Domestic abuse
- Communication difficulties
- Low social support
- Aversion to external intervention
- Poor housing and financial difficulties
- Premature or underweight births
- Siblings or family members engaged in risk taking behaviour
- Maltreated children returning home

Families with multiple problems – the impact on Children

- Children in care
- First time offenders
- School attendance and exclusion
- Those not in education employment or training
- Those living in poverty (estimated 2.9 million children in the UK)

Parental physical and mental health

- 1.7 million parents have a disability
- 50,000 young carers have a parent with a mental health problem BUT – a this is often not recorded
- 300,000 children live with a parent who has a drug problem
- 3.3 million children have a parent who binge drinks

Domestic abuse – some facts

- DV = **16% -25%** of all recorded violent crime
- For CYP experiencing DV: linked to behavioural problems, emotional trauma and mental health difficulties in adult life
- 18.4% of 11-17year olds have witnessed DV (ref: Radford et al 2011)
- Physical health costs for DV victims (inc hospital, GP, ambulance, prescriptions) is **£1,220,247,000**, i.e. 3% of total NHS budget.
- Mental health related costs (direct victims only, excl CYP) is **£176,000,000**.

Thinking parents

- Parenting is **the** major influence
- Workforce development key issue
- Disadvantage is not a block to good parenting
- Evidence based parenting programmes

Characteristics of promising approaches

- Authoritative, knowledgeable and appropriately empathetic workforce
- Case regularly reviewed and responsive interventions
- Multi-systemic team around the child
- Assessments of children's needs are holistic
- Commissioners aware of local trends and target interventions appropriately
- Interventions sustained

Parental physical and mental health – what works

- Identify and intervene early
- Provide flexible and tailored support
- Avoid stigmatisation
- Some evidence multi-systemic therapy (MST) improves outcomes
- FIPs – info-sharing and Team around Family
- Mentoring can have a modest impact

Children with disabilities – what works

- Keyworking service for children with complex needs –Ealing
- Providing benefits awareness to families with children with special needs, Devon
- Specialist Speech and Language Teaching Assistant Pilot Project, York
- Autism Flexible Learning Programme, Warwickshire

What works

- Stop that shake, babies break-
Staffordshire
- Right response, right service, right time –
early intervention/multiagency working -
Herts
- Teens and toddlers projects -B'ham and
Manchester
- Building bridges- early intervention
potential – (mental health focus)

Some key messages

- **Commissioning cost-effective** parental support requires effective needs analysis which requires accurate data
- **monitoring and evaluation** is essential to assess effectiveness of intervention on outcomes - satisfaction ratings and attendance rates are not enough
- **It's complicated** - more complex problems cannot be resolved through a single intervention or a short-term programme