



**A review of effectiveness of interagency collaboration at the  
early intervention stage**

**Leslie Boydell  
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The Centre for Effective Services  
9 Harcourt Street  
Dublin 2, Ireland  
Tel: +353 (0) 1 4160500  
Email: [office@effectiveservices.org](mailto:office@effectiveservices.org)  
[www.effectiveservices.org](http://www.effectiveservices.org)

and  
Forestview  
Purdy's Lane  
Belfast BT8 7AR  
Northern Ireland  
+44 (0) 2890 64 83 62  
Email: [nioffice@effectiveservices.org](mailto:nioffice@effectiveservices.org)

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## Executive Summary

This review of the literature on the effectiveness of interagency collaboration at the early intervention stage was commissioned by the Children and Young People's Strategic Partnership located at the Health and Social Care Board on behalf of the Early Intervention Transformation Programme. It is based on published literature from 2005 onwards, focusing particularly on reviews and large-scale evaluations of programmes based on interagency collaboration. The majority of the evidence comes from the UK and Ireland. However, international research is also included.

The lack of definition of interagency collaboration is widely referenced and given as an underlying reason why producing evidence of effectiveness is so difficult. It is recognised that interagency collaboration is highly context specific and operates at different levels, with different objectives, mechanisms and structures.

The case for early intervention is very strong. The evidence for interagency collaboration in its delivery is weak in terms of outcomes for children, young people and families. Regardless, there is consensus that it is the best model for delivering early intervention and that it will solve the problems of service fragmentation. Interagency collaboration in the provision of early intervention programmes is proposed as a way of providing early identification of vulnerable children. This is largely based on the recognition of lack of interagency collaboration and information sharing being a significant contributing factor in cases of serious harm. There is no firm evidence that interagency collaboration does in fact lead to early identification of vulnerability.

The model of Family Support Hubs in Northern Ireland is well aligned with other parts of the UK and Ireland, which operates at one end of a spectrum of integrated services for children, young people and families. Some degree of integration is common in many countries, particularly in places such as Australia, New Zealand and Canada.

From the eight reviews of interagency collaboration selected for this review, a range of benefits are identified and categorised into those for children, young people and families; those for professionals, and those for agencies. Most are what would be regarded as process measures or soft outcomes. Some would view them as interim outcome measures, which increase the likelihood of positive outcomes for children, young people and families. However, despite some 'promising' findings, there is no firm evidence of impact on long-term outcomes. The issue of sustainability of impact is raised, with positive outcomes often being short-lived. Some of the negative consequences of interagency collaboration are also described.

More detailed descriptions are provided of the National Evaluation of Sure Start Centres in England, Communities for Children in Australia and Head Start in North America, these being the most thorough and longest duration evaluations to have been carried out, including longitudinal studies of children over four to six years. This evidence indicated that promising results in the early years (three to five year olds) were not sustained to older ages. The main findings in the later stages of the evaluation included less harsh discipline by parents and a more stimulating home learning environment in Sure Start areas and fewer children in jobless households. Less harsh parenting and parents feeling more confident in their role as parents were found in the Communities for Children

areas in Australia. All three evaluations reported some negative findings which were hard to explain. The lack of sustained impact was thought to result from children in comparison sites catching up as a result of other services being introduced into their areas, the variability between sites within each country and the dynamic environment in which these evaluations were taking place. The research teams emphasise the many complexities of evaluating early intervention based on interagency working.

The following conclusions are proposed:

- In the overall absence of evidence of impact, interagency collaboration should be of as high quality as possible, since some evidence indicates that those with the best quality implementation produce the best results.
- The focus should be on providing evidence-based and evidence-informed programmes within Family Support Hubs.
- There should be efforts invested in gathering robust data on outcomes to identify both positive and negative consequences.
- Collaboration with local community organisations and families is necessary to ensure responsiveness to need and provides an opportunity to build on and strengthen community capacity, a significant feature of Strengthening Communities in Australia.
- Consistent and sustainable funding is required not only to enable Family Support Hubs to plan further ahead and retain staff, but also to allow for more robust evaluation.

## Section 1: Introduction

This literature review was commissioned by the Health and Social Care Board on behalf of the Children and Young People's Strategic Partnership (CYPSP), as part of the Technical Support for the Early Intervention Transformation Programme.

### 1.1 Purpose of review

The brief for the review was to provide:

- A description of the context for family support/early intervention collaborations between the statutory, voluntary and community sectors, from across the UK, Ireland and further afield
- The theoretical basis or rationale for early intervention collaboration
- An outline of the different perspectives on interagency collaboration at the early intervention stage
- An outline of how the Family Support Hubs in Northern Ireland fit within the existing body of knowledge around early intervention collaborations globally
- A discussion of the interface between early intervention collaboration and safeguarding
- A summary of the evidence on effectiveness, such as whether early intervention collaborations have an impact on lessening the need for more intensive support services.

This briefing paper is intended for policymakers, service commissioners and practitioners, both those working within Family Support Hubs in Northern Ireland and for those working with them.

### 1.2 Description of Family Support Hubs in Northern Ireland

The Northern Ireland Children and Young People's Plan 2011-2014 identified the need for a network of Family Support Hubs in all the Outcomes Group areas across Northern Ireland, as an important part of delivering on the strategic theme of early intervention. The five Outcomes Groups (Western, Northern, Southern, South Eastern and Belfast) are responsible for the integrated planning and commissioning of services at a geographic level that is coterminous with each of the Health and Social Care Trusts in Northern Ireland. Membership includes representatives from statutory agencies and the community and voluntary sectors. The CYPSP believes family support services are best delivered in a collaborative and coordinated way in order to share expertise and knowledge, and make best use of existing resources. It also recognises that families may need the help of more than one agency.

Family Support Hubs were therefore established in Northern Ireland to provide early intervention, family support services to vulnerable families and children/young people aged up to 18 years. These Hubs are multiagency networks of statutory, community and voluntary organisations that either provide early intervention services or work with families who need early intervention services. The Hubs aim to improve the coordination of early intervention family support services by creating a collaborative network of community, voluntary and statutory sector providers, and also to improve awareness of such services. Each Hub has a lead body that coordinates the Hub and receives referrals of families who require early intervention family support. Hubs are intended to be open access and referrals are received from a range of agencies, as well as directly from families themselves. The

network uses its knowledge of local service providers and the Family Support Database to signpost families with specific needs to appropriate services.

Hub participants are usually determined by local need and the availability of organisations to respond. Hubs typically include representatives from education; Health and Social Care Trusts (Health Visiting, Social Care, and Child and Adolescent Mental Health Services); community and voluntary sector organisations; Youth Justice Agency; PSNI; local councils; Neighbourhood Renewal; and Child Maintenance Enforcement Division. There is no single organisational form for Hubs. For example, they may be led by staff from statutory agencies, the community or voluntary sectors or jointly in combination. There are currently 24 Family Support Hubs in operation across Northern Ireland. While some Hubs have attached services, this is separate from their main function, which is to coordinate existing statutory, community and voluntary sector services.

According to the CYPSP, 1174 families were referred to Family Support Hubs between April and September 2014, of which 1144 were accepted and signposted. Of these referrals, some 40% were for five to ten year olds. The key reasons for referral included support for pre-school, primary and post-primary school children with emotional and behavioural difficulties; parenting programmes or parenting support; financial support; adult mental health issues; and child care support. The top five referral sources for this time period were Gateway, health visitors, self-referral, single point of entry, and allied professionals. Virtually all (99%) of the families who engaged and completed an intervention with a service between April and September 2014 had a positive outcome. One parent described the support received through the Hub as *“exactly what we needed when I didn’t know where to turn”*.

## Section 2: Methodology

### 2.1 Search strategy

The strategy for sourcing relevant articles and reports for this review was chosen to maximise the likelihood of identifying material that would be useful in the context of reviewing the effectiveness of interagency collaboration at the early intervention stage. The review called for several different types of information, such as *descriptive information* on the context of family support or early intervention collaborations in the statutory, voluntary and community sectors across the UK and further afield, and the rationale or theoretical basis for early intervention collaborations; and *evaluative information* about outcomes and effectiveness of early intervention collaboration.

The following combination of methods was used to identify material for inclusion in the review:

- **Searches of bibliographic databases and Internet search engines** such as Social Care Online, International Bibliography of Social Sciences (IBSS), EBSCO, Google and Google Scholar. Search terms included 'interagency working', 'integrated working', 'multiagency working', 'joint working', 'collaboration', and 'family support', combined with 'families' and 'outcomes'. Searches of bibliographic databases were restricted to information published in English in 2005 or later.
- **Browsing of relevant Government, agency and research centre websites** in Ireland, the UK, USA, New Zealand, Canada and Australia. Research dissemination websites were also searched, such as Research in Practice in England and the National Quality Improvement Centre in the USA, as well as websites specific to particular programmes, such as the National Evaluation of Sure Start (England) and the High and Complex Needs (HCN) Interagency Strategy (New Zealand).

### 2.2 Inclusion criteria

The criteria for including material in the review were as follows:

- Published in English in 2005 or later
- Relevant to the Northern Ireland context
- Contained information on outcomes and effectiveness of early intervention collaborations for children, young people and families (or in the case of general reviews of interagency collaboration, on clients served), services or agencies
- Based on published research studies, reviews or large-scale evaluations (peer-reviewed as far as possible) of interagency work.

### 2.3 Evidence selected for review

From a very large number of documents and articles identified from the initial searches, around 50 were selected for inclusion in this review. Just under one third of these were literature reviews and syntheses of research evidence, some in the form of briefing documents. A further group of 17 papers related to evaluations of national or regional programmes; the remaining papers included original research, guidance, inspection reports, policy documents and discussion papers. The majority of the evidence came from the UK (all four regions). However, evidence is also included from Ireland, Australia, New Zealand, and a range of other countries (through the international reviews).

### Section 3: Definitions

The field of interagency collaboration is beset with problems of definition – there is no common or accepted definition of collaboration and many terms are used interchangeably to describe interorganisational relationships, such as partnership, integration or coordination. Such relationships may be referred to as interagency, multiagency, multisectoral and so on (Statham, 2011; Williams, 2012).

Despite the many definitions of collaboration, key features include joint working between agencies, with the purpose of increasing public value, creating synergy, and with an emphasis on negotiated process (Williams, 2012). For the purposes of a recent literature review carried out by Statham (2011), interagency working was defined as more than one agency working together in a planned and formal way. In this report, levels of working, originally described by Frost (2005) are presented, ranging from:

- Cooperation: services working together towards consistent goals and complementary services, while maintaining their independence
- Collaboration: services planned together and addressing issues of duplication and gaps in provision, towards common outcomes
- Coordination: services working together in a planned and systematic way towards agreed and shared goals
- Integration: different services becoming one organisation in order to enhance service delivery.

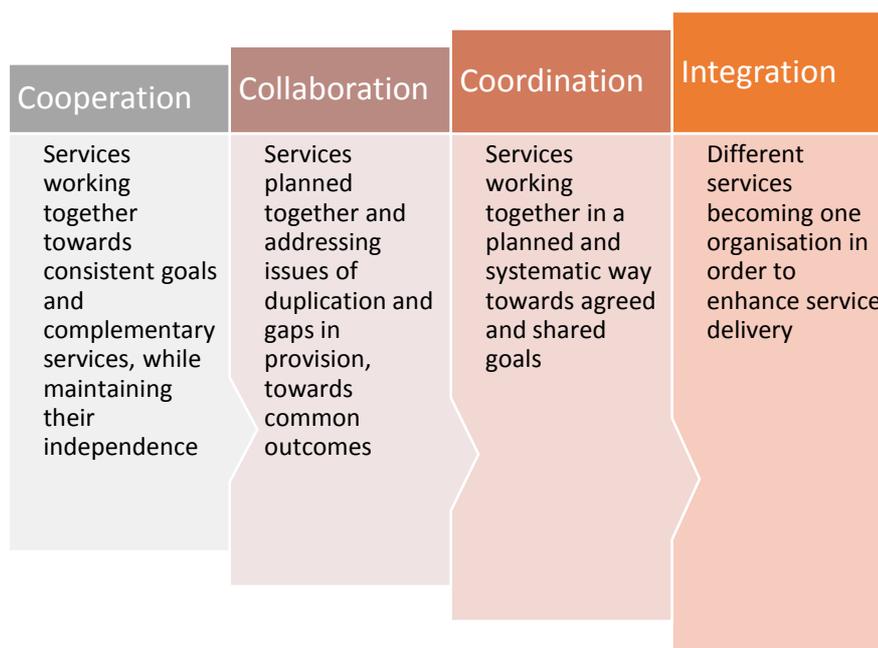


Figure 1 Levels of Interagency Working. Frost 2006

Using this framework, Family Support Hubs are most likely to follow a model that includes cooperation, collaboration and coordination with particular emphasis on collaboration rather than full integration.

Interagency working can also occur at different levels of service: for example, strategically in determining policy or service planning and commissioning; operationally for delivery of an integrated service, or at the level of individual clients. Interagency working also occurs across many fields of human endeavour and with a focus on different issues, populations or client groups. In the absence of clarity, gathering and synthesising evidence and establishing benefits is particularly difficult (Brown and White, 2006; Oliver et al., 2010).

In view of what Duggan and Corrigan (2009) refer to as “slippage in terminology”, it needs to be recognised that interagency working is determined by the context in which it takes place and they suggest that defining different types of interagency approaches is more useful than attempting to define the term per se. Firstly, they suggest that there needs to be a distinction between decision-making and service delivery and between different service contexts, for example between child protection services and preventive service for children. Such different contexts and goals for interagency working will require different structures, mechanisms and processes. Clearly all of this has implications not only for reviewing the literature on interagency collaboration but also for the feasibility of evaluating its effectiveness. Nylén (2007), in a review of interagency working, comments that much of the research on effectiveness of interagency collaboration fails to recognise that collaboration can be organised in multiple ways and that it rarely follows a single organisational form. She suggests that both formalisation of the relationship between agencies and the intensity (i.e. level of contact between agencies) needs to be considered.

Taking these difficulties into account, it has been necessary to be selective in the potentially vast range of literature that could be included in this review. Therefore the focus has been largely on reviews of the literature related to services for children and young people and a limited number of generic reports on interagency working. This has been combined with research reports of evaluations of major national and regional programmes for family support and/or integrated services for early years and early intervention.

## Section 4: Rationale for early intervention collaboration

Michael Marmot (2010) and Graham Allen (2011) have played an important role in bringing the importance of early intervention to the forefront of policy-making – their focus is on 0-3 year olds and their rationale is based on robust scientific knowledge about the early development of the brain. Allen states:

“The rationale is simple: many of the costly and damaging social problems in society are created because we are not giving children the right type of support in their earliest years, when they should achieve their most rapid development. If we do not provide that help early enough, then it is often too late.”

The Early Intervention Foundation broadens the definition:

“Early intervention involves taking action as soon as possible to tackle problems that have already emerged. Although an early intervention approach could be used at any time of life, it is usually adopted by services aimed at 0–18 year olds. Its purpose is to reduce the likelihood of poor long-term outcomes for children, their families—as well as society at large—whilst being cost-effective.” (Early Intervention Foundation).

The CYPSP (2011) adopted the following definition:

Early intervention is ‘intervening early and as soon as possible to tackle problems emerging for children, young people and their families or with a population at risk of developing problems. Early intervention may occur at any point in a child’s life’.

Allen (2011) makes a strong case for the role of community and voluntary sector organisations as partners in supporting and delivering early intervention programmes. He states that they bring an understanding of the needs of their communities and have an important contribution to make to designing the right early intervention policies for their areas. In addition, they need to be given the opportunity to deliver effective services locally; working across agencies is needed to tackle shared problems and to ensure services are coordinated at the point of delivery.

The emphasis for interagency collaboration in early intervention is part of a strong policy drive for partnership working across government departments, their agencies, and with the community and voluntary sectors, to tackle complex problems. This policy drive was stimulated in the UK when the Labour Government came to power in 1997 (Boydell, 2007; Williams, 2012). “It is difficult to find a contemporary policy document or set of good practice guidelines that does not have collaboration as the central strategy for the delivery of welfare” (Dowling et al., 2004).

The need for integration in children’s service is reflected internationally (CfBT Education Trust, 2010), based on a belief that interagency working leads to collaborative advantage in dealing with intractable and complex problems (Duggan and Corrigan, 2009). Collaborative advantage is defined as *the creation of synergy between collaborating organisations* and refers to something creative being achieved that no one organisation could achieve on its own (Huxham and Vangen, 2005). Interagency working is generally considered to be a good thing, despite the paucity of evidence of impact.

In 1998, the Audit Commission explored the reasons which require agencies to work together and popularised the term “wicked issues”, originally coined by Stewart (1991, in Newman 2001:59). Wicked issues are defined as problems which are complex, interdependent and which cross organisational, professional and sectoral boundaries, and are not capable of being managed by single agencies acting independently.

These reasons are evident in early intervention. However, with the lack of evidence of impact, it is hard to provide a robust theoretical rationale for interagency working in its delivery. Several authors, arguing for better integration of children’s services, refer to lack of integration as an important contributory factor to poor outcomes for children, particularly in relation to child protection (Brown and White, 2006; Oliver, 2010; Statham, 2011).

In summary, interagency collaboration is expected to solve the problems of service fragmentation and to lead to a more efficient and effective service for children, young people and their families.

## **Section 5: Interagency collaboration for early intervention and family support internationally**

Globally there has been a strong policy shift towards early intervention and providing support for families. EUROCHILD (2012) carried out a review of practices across 12 European case studies of early intervention and prevention in family and parenting support. All of these case studies worked with parents, families and communities to provide a positive environment for young people; sought to provide timely and appropriate measures for children, young people or families when vulnerable; aimed to do this in a participatory and strengths-based way with services that are non-judgmental and non-stigmatising; and most importantly in the context of this report, demonstrate inter-service collaboration.

In all 12 cases reviewed, the need for services to be integrated to meet the needs of children and parents was seen as an essential component of each model, requiring collaboration between a range of agencies. The services provided by case studies most readily comparable to Northern Ireland were those in Belgium, Netherlands, Sweden, Germany, and to some extent France. All provided universally accessible services for children and their families, with an emphasis on parenting support; most were centre-based; all had quality standards, and all provided multidisciplinary services. None however, could provide hard evidence of outcomes although some presented promising results.

In 2010, CfBT published an extensive review of the approach to integrated children's services across 54 national and subnational jurisdictions, in comparison to the approach in England as put forward in Every Child Matters (ECM)(Department of Education, 2003). The review found that 34 of these showed some degree of integrated working but that only a small minority could be said to be adopting a broadly similar approach to ECM, in which integration was seen as central to policy and its delivery. Northern Ireland, Scotland and Wales were found to have policies very similar to England and to be working towards similar outcomes. Other countries included Canada (Alberta), Malta, Norway, USA (Maryland) (particularly in relation to early years), and Australia (again particularly in relation to better outcomes for children aged 0-5 years and their families). They found a wide variation in approaches taken to assess effectiveness with more of an emphasis on process than outcomes. They found limited evidence of benefit, the most promising being in relation to an integrated approach to early years. Clearly, this report is focusing on integration of children's services as a whole, rather than for early intervention specifically and the relative emphasis on this in each country is not consistently described.

Over the past five years (and since the above report was published), the establishment of Children's and Young People's Services Committees has been taking place in Ireland. These are key structures identified in Government policy to plan and coordinate services for children and young people in every county in Ireland. The committees are interagency and include all relevant statutory service providers as well as appropriate community and voluntary sector organisations (not unlike Outcomes Groups in Northern Ireland). One of the priorities for Children's and Young People's Services Committees is the provision of parenting support with an emphasis on delivery of evidence-based programmes, such as Triple P, Incredible Years, and Strengthening Families. These are still in the process of development and counties are at different stages in the establishment of the committees

and in planning and implementing their programmes and initiatives (Children and Young People's Services Committees (CYPSC), 2015).

There are a number of well-established national programmes which provide universal services for early years and early intervention and which include family support, such as Sure Start Children's Centres in England, Communities for Children in Australia, Early Years Service Hubs in New Zealand and Head Start in the US. These will be described in more detail in the section on evidence of effectiveness.

Thus it seems that there is a spectrum of integration with UK countries and Ireland being at one end, with a very strong focus on integration along with a number of other countries with similar emphasis. There is also a number of countries which have similar developments in terms of family support, although there is wide variation in how these are focused, structured and organised.

## Section 6: The interface between early intervention collaboration and safeguarding

Interagency collaboration in the provision of early intervention programmes is proposed as a way of providing early identification of vulnerable children, offering the possibility of preventing an escalation of problems to a level where safeguarding is required. In fact, lack of interagency collaboration has been cited as a key factor contributing to a failure to protect children in a number of well-publicised cases where children have been harmed (Department of Education, 2011).

“A theme in Serious Case Reviews is that a lack of information sharing between the many agencies involved in supporting some children and families often contributes to inaccurate risk assessments.” (ibid. p148)

On the other hand, concern about sharing sensitive information between staff working for different agencies is sometimes given as a reason for reluctance to share information that might lead to early identification of risk.

In 2011, the Department of Education in England published an independent review of child protection in England, carried out on their behalf by Professor Eileen Munro of the London School of Economics and Political Science (ibid). The Munro report highlighted the need for all organisations, including professional bodies, voluntary and private sector providers and government departments, to have a clear set of rules to follow regarding children considered at risk and to be clear on their respective roles and responsibilities for protecting children from harm.

“The number of agencies and professions required to work together well in order to build an accurate understanding of what is happening in the child’s life and to provide help is part of the inherent challenge in building an effective child protection system. Clear lines of accountability and roles ... are very important.” (ibid. p52)

Munro makes strong recommendations for interagency collaboration, which is predicated on evidence of the benefits of early intervention services:

“Since preventative services do more to reduce abuse and neglect than reactive services, this review considers attention to coordinating services... as essential. This is both to maximise the efficient use of resources and to effectively safeguard and promote the welfare of local children and young people.... With so many providers involved, often working with members of the same family, coordination of help is important to reduce confusion, inefficiency and ineffectiveness in service provision. Evidence to the review indicates that many working with children, young people and families are unclear about how to manage and share information, how to make decisions about what early help to offer, or how to safely identify those children and young people who may be suffering or likely to suffer harm.” (ibid. p77)

The rationale for early intervention provided by Munro's review is based on three premises:

- There is a moral argument for minimising adverse experiences of children and young people endorsed by the Human Rights Act.
- There is evidence of how difficult it is to reverse damage to children and young people's early development as they grow older, referred to as the 'now or never' argument.
- Early intervention is cost-effective when the costs of early intervention (which are relatively modest) are compared with estimated expenditure of dealing with problems that develop later.

The review concludes that children and young people who are suffering or likely to suffer harm from abuse or neglect and need help, are more likely to be identified early and that preventative services do more to reduce abuse and neglect than reactive services. However, she does not provide specific evidence to support this recommendation.

Some limited evidence of early impact on referral for child protection has been found in evaluations of national programmes. According to evidence presented by the National Audit Office (2006), between 2001 and 2004, Sure Start Children's Centres reduced the re-registration of children aged zero to three years by 27% (surpassing the national target) (National Audit Office, 2006). Evaluation of the Scottish 'Getting It Right for Every Child' (GIRFEC) Highlands Pathfinder, carried out between 2004/05 and 2008/09, found that registrations on the child protection register halved from 3 per thousand 0-15 year olds to 1.5 per thousand and the rate of child protection referrals fell steadily. While early intervention was a core principle of this pathfinder and the overall programme was led by an inclusive interagency committee, it was implementing the full range of integrated services for children and was not limited to early intervention. The authors argue that the trends reported "are in the direction that one might anticipate if professionals in the universal services and in social work are alerted to intervene earlier, share information and monitor developments" (GIRFEC 2009, p98).

In the light of fears that practitioners may have about sharing their concerns about children without consent, because of the possibility of breaching the Data Protection Act, the Information Commissioner's Office (ICO) has advised that practitioners' fears about sharing genuine concerns – without consent – about a child's or young person's wellbeing are misplaced (GIRFEC, 2014). In recent guidance, the Assistant Information Commissioner for Scotland & Northern Ireland said: "Practitioners often ask us whether they can share professional concerns about clients or patients and if so, what level of information may be shared." (ibid. p1) With regard to early intervention, he stated that the Data Protection Act may have been seen as a barrier to sharing where a practitioner is concerned about a child or young person's wellbeing, but is also aware that circumstances have not yet reached the child protection trigger. However, he says that a risk to wellbeing can be a strong indication that a child or young person could be at risk of harm if the immediate matter is not addressed. "While it is important to protect the rights of individuals, it is equally important to ensure that children are protected from risk of harm." (ibid. p1) The message is clear: "Where a practitioner believes, in their professional opinion, that there is risk to a child or young person that may lead to harm, proportionate sharing of information is unlikely to constitute a breach of the Act in such circumstances." (ibid. p1) It is essential that the decision, and the reasoning behind it, is formally recorded.

## Section 7: Summary of evidence on effectiveness of early intervention collaboration

The information in the first part of this section is based on published reviews of the literature on the impacts of integration and interagency collaboration in children's services. The second part describes the results of evaluations of national programmes of support for early years/early intervention in England, Australia and New Zealand.

### 7.1 Review of published literature reviews

Key reviews used for this section are shown below. All consider national and international evidence for interagency/integrated/multidisciplinary collaboration. All highlight the difficulties of definition and the lack of hard evidence on outcomes.

Author	Date	Title	Relevance
Statham	2011	A review of international evidence on interagency working, to inform the development of Children's Services Committees in Ireland	Undertaken by Thomas Coram Research Unit, University of London, on behalf of the Centre for Effective Services. Provides the most up-to-date review of interagency working relevant to services for children
Oliver and Mooney, with Statham	2010	Integrated working: a review of the evidence	Undertaken by Thomas Coram Research Unit on behalf of the Children's Workforce Development Council to inform their work supporting integrated working in England
Duggan and Corrigan	2009	A literature review of interagency work with a particular focus on children's services	Undertaken on behalf of the Children Acts Advisory Board in Ireland to inform guidance on interagency working in Ireland
Siraj-Blatchford and Siraj-Blatchford	2009	Improving development outcomes for children through effective practice in integrating early years services	Undertaken by the Institute of Education, University of London, on behalf of the Centre for Excellence and Outcomes in Children and Young People's Services (C4EO) in England

Robinson, Atkinson and Downing	2008	Integrated children's services: enablers, challenges and impact	Based on a review carried out by National Foundation for Education Research, this summarises relevant literature to inform children's services work of Local Authorities in England
Atkinson, Jones and Lamont	2007	Multiagency working and its implications for practice: a review of the literature	Undertaken by National Foundation for Education Research for CfBT Education Trust to inform the development of Children's Trusts in England
Atkinson	2007	Better at working together: interagency collaboration	Commissioned by the High and Complex Needs Unit in New Zealand to inform their interagency strategy
Brown and White	2006	Exploring the evidence base for integrated children's services	Undertaken on behalf of the Scottish Executive Education Department to inform their integrated community schooling policy

## 7.2 Difficulties in assessing impact

The evidence of improved outcomes resulting from interagency collaboration for children, young people and their families, is weak. It has been argued that it is easier to identify the harms arising from breakdown in communication between agencies than to demonstrate that interagency collaboration prevents such harm (Oliver et al., 2010). The evaluation of impact of interagency collaboration is beset by many difficulties, some mentioned previously. In summary, these are:

- Lack of clarity of definition of interagency collaboration
- Linking outcomes to interagency collaboration
- Variation in models and intensity of interagency collaboration
- The context specific nature of interagency collaboration and the dynamic environment in which it takes place
- Variations in quality of implementation.

Much of the review literature focuses on processes rather than outcomes; on enabling factors and barriers for interagency collaboration; and on professional views of impact rather than hard evidence.

Statham (2011) points out that it takes time for interagency collaborations to become established and that many collaborative initiatives are expected to be able to demonstrate impact before they

have had sufficient time to bed down. Therefore early evaluations have tended to focus on the processes of collaboration and professional or users' views of outcomes for children and their families. In view of this tendency to expect early evidence of impact, Statham discusses the importance of considering interim outcomes and how interagency working has impacted on these, for example, on service accessibility and uptake, on staff knowledge and skills, or on the introduction of evidence-based services. However, changes in these do not necessarily demonstrate service effectiveness or lead to the desired outcomes (Oliver et al., 2010).

There seems to be a broad consensus that interagency collaboration will be more effective than efforts planned and carried out by agencies operating independently, despite the lack of evidence of impact (Boydell, 2007; Duggan and Corrigan, 2009). Some researchers have raised concerns about whether collaboration does add value, suggesting that it may lead to governance failure and increased costs (Davies, 2002; Downing, 2004; Williams, 2012).

### **7.3 Evidence of impact**

All the reviews selected have found limited evidence for the effectiveness of interagency collaboration or integrated services on outcomes for children, young people and families. Where promising results have been shown for service users, little attention has been paid to sustainability of impact and some research has shown that benefits are short-lived (Duggan and Corrigan, 2009). In addition, where outcomes are demonstrated, it is difficult to distinguish whether they have arisen as a result of collaboration or of projects initiated by collaboration. Atkinson (2007) refers to the literature on collaboration as being largely based on 'wisdom' (p. 69), case studies and learning from the field.

Impacts of interagency collaboration can be categorised into those for children, young people and families, for agencies, for professionals, and for service users (Oliver et al. 2010; Statham 2011). These are summarised below, indicated positive benefits, followed by negative impacts.

#### **For children, young people and families:**

- Improved access to services including a speedier response
- Referral to more appropriate services
- Better information and communication with professionals
- Greater involvement in planning their care
- A more seamless service
- Reduced stigma attached to accessing services
- Weak evidence of positive outcomes from some studies, for example on integrated working within schools, youth services and children with disabilities leading to ability to remain in the community and better educational attainment.

Furthermore, parents are generally positive about integrated working and believe that it is beneficial for them and their children.

**For professionals:**

- Enjoyable and rewarding with improved job satisfaction
- Better knowledge and understanding of other professionals' roles
- Better understanding of the needs of children and families
- Greater awareness and understanding of the services available from other agencies
- Personal and career development and acquisition of skills, particularly in how to engage in interagency working, which may then be applied to other areas of work
- Improved interactions between professionals, better relationships and trust, including improved information sharing and communication
- More potential for innovation, problem-solving and improved outcomes.

**For agencies:**

- Greater involvement of service users and the community in services
- Better identification of need and of service gaps
- Improved understanding within organisations of the expertise and function of other organisations
- Shared responsibility between agencies
- The ability to harness the resources of partners
- Less fragmentation of services and less duplication (although the potential for increased duplication is also raised)
- Greater efficiency and savings
- Improved capacity to solve problems
- Greater focus on prevention and early intervention with less use of specialist services
- A greater reliance on evidence-based practice.

Virtually all the reviews also point out the negative impacts of interagency collaboration such as:

- Increasing workloads and demands on staff and agencies
- Difficulty in engaging with some agencies
- Confusion and challenges to professional identities and roles
- Lack of clarity about accountability
- Increased costs.

Some of these disadvantages are directly opposed to suggested benefits. In relation to interorganisational working in general, Williams (2012) lists the following potential disadvantages:

- Loss of status and legitimacy for some partners
- Loss of control, stability and autonomy
- Loss of clarity for service users on who is responsible for a particular service
- Loss of funding for some organisations
- Lack of clarity in accountability
- Lengthy and tortuous decision-making processes and delays in taking action, particularly where there is conflict over areas of responsibilities, purpose and methods
- For individual organisations, being linked to failure and the implications of this for their reputations.

#### **7.4 Survey of Family Support Hubs in Northern Ireland**

In April/May 2015, the Health and Social Care Board carried out a survey of service providers in the 24 Family Support Hubs in Northern Ireland. There were 180 respondents. Questions covered the benefits for agencies, professionals and children and families as well as some of the disadvantages for agencies. The results are presented in the Appendix. They are based on the perception of those involved in the networks and are overwhelmingly positive, while also confirming some of the disadvantages of interagency collaboration.

## Section 8: Evaluations of National Programmes

### 8.1 Sure Start Children's Centres, England

Sure Start was introduced into very poor areas of England in 1999 (Eisenstadt, 2013). In 2004, the Government promised that Sure Start Children's Centres would be established in every area providing access for all families and young children up to the age of five years. In 2010, the emphasis moved away from universalism to improving outcomes for the most disadvantaged children and their families. When Sure Start was originally set up, there was very little prescription about what it should offer and centres had extensive local autonomy. Later, more guidance was developed about what should be offered and how.

The National Evaluation of Sure Start began in 2001 (Melhuish, 2013). It included a longitudinal study of children and their families, comparing Sure Start areas with similar non-Sure Start areas at age nine months, three, five and seven years. At three years, children in Sure Start areas showed better social development, more positive social behaviour, and greater independence and self-regulation, partly associated with less negative parenting and less chaotic and more cognitively stimulating home learning environments. Families in Sure Start areas used more services, children had fewer accidents and were more likely to be immunised.

By age five (NESS, 2010), mothers in Sure Start areas reported greater life satisfaction, provided less harsh discipline and a less chaotic and more cognitively stimulating home learning environment for their children. Their children were less likely to be overweight and were physically healthier. However, the benefits for child social development were no longer evident. The research team suggests that this was because, by this time, almost all children were exposed to pre-school education, which may have allowed for catch-up in non-Sure Start area children.

By age seven (NESS, 2012), mothers in Sure Start areas reported engaging in less harsh discipline and providing a more stimulating home learning environment for their children. In addition, mothers in Sure Start areas reported providing a less chaotic home environment for boys. Lone-parent and workless households reported better life satisfaction, suggesting that the programmes were successful in reaching vulnerable groups. No consistent effects for child development emerged for Sure Start Centres at this age. Throughout the period of this research, Sure Start Centres were continually changing and evolving; this may have reduced the possibility of the evaluation demonstrating impact.

Further research was published in 2014 on the extent to which Sure Start Children's Centres reach eligible families (Smith et al., 2014). In general, the researchers found very high levels of registration for 0-4 year-olds, which they state means that most eligible families have the option to engage with services and the evidence indicates that the majority of them do so. In addition, different ethnic groups seem to be represented in proportion to their presence within the population. The largest group of users were children under one year old. The majority of users made relatively light use of the services while a small proportion were heavy users.

## 8.2 Communities for Children, Australia

Communities for Children (CfC) is a major area-based intervention which was designed to enhance the development of children in 45 disadvantaged sites across Australia, established in 2006. Its aim was to improve coordination of services for children from birth to five years and their families; to identify and provide services to address unmet need; to build community capacity to engage in service delivery; and to improve the community context in which children grow up (Muir et al., 2010). A key feature is the appointment of Facilitating Partners in each site, to consult community stakeholders and to lead the development and implementation of a “whole-of-community” approach to enhancing child development. Coordination of services is seen to be crucial. The type of services offered depends on local needs and typically includes: home visiting; programmes on early learning, child nutrition and literacy; parenting and family support services; and community events (Edwards et al., 2014). In 2009, the CfC initiative was extended to include services for children from birth to twelve years.

An initial evaluation published in 2009 (Muir et al., 2009; Muir et al., 2010), found evidence that CfC had a positive impact in that:

- Fewer children were living in a jobless household
- Parents reported less hostile or harsh parenting practices
- Parents felt more effective in their role as parents.

On the less positive side, parents also reported lower levels of child functioning. However, a number of explanations for this are offered, such as the possibility that CfC programmes may have brought these children to the attention of professionals. The estimated impacts tended not to be statistically significant; however, the period for which the programmes had been in place when the study was carried out was short and the authors also point out that they studied impact on all children living in the area, regardless of whether they had received services. However, they argue that the pattern of results is towards positive impact.

In terms of service impacts, the research found that CfC had increased the number of services available and improved collaboration and coordination. This was accompanied by improved recruitment and engagement of families, particularly those classed as hard-to-reach.

Further research published in 2014 (Edwards et al.) found a number of positive (and a few negative) effects of the CfC initiative; however most of these were not durable and faded out by the time children started school. Overall the size of the CfC effects was small. The research team discusses many factors which make demonstrating impact challenging and why early effects could not be shown to be sustained into older age groups. They point out the similarities in size and timing of effects to the English Sure Start evaluation. They tentatively conclude that the most effective approach to early years/early intervention would be to provide evidence-based interventions within the context of a community level intervention.

### 8.3 Headstart, USA

Beginning in 1965, Head Start's role has been to boost the school readiness of low-income children between three to five years old. In 1995, Early Head Start was introduced for children from birth to three years old to nurture early attachment. Priorities include:

- School readiness
- Promoting standardised assessment to track progress over time
- Strengthening early childhood workforce
- Supporting effective family engagement in programmes and communities
- Supporting partnership between agencies and with communities to improve service continuity
- Promoting effective teacher-child interactions.

Head Start's mandate is to improve educational and developmental outcomes for children from economically disadvantaged families. It is based on a 'Whole Child' model, so it provides comprehensive services that include pre-school education, medical, dental and mental health care, nutritional services and efforts to help parents foster their child's development. The services provided by Head Start are designed to be responsive to the child and family's ethnic, cultural and linguistic heritage.

This is one of the longest running family support programmes and could therefore be assumed to provide the greatest opportunity to demonstrate impact. In 2010, the Department of Health and Human Services of the US Government published the final report of the Head Start Impact Study (Puma et al., 2010). The study involved follow up of two cohorts of children aged three years and four years old respectively.

Providing access to Head Start was found to have a positive impact on children's exposure to high-quality early care and education environments. However, by the end of first grade, only a single cognitive impact was found for each cohort of children. Four year olds in the Head Start group children did significantly better than their peers on the vocabulary measures and three year olds scored better for comprehension.

With regard to social-emotional outcomes, by the end of first grade there was some evidence that the three year old cohort had closer and more positive relationships with their parents. For the four year old cohort, there was no significant impact on parenting practices found.

Follow up at the end of third grade found very few impacts for either cohort in any of the four domains of cognitive, social-emotional, health and parenting practices. The few impacts that were found did not show a clear pattern of favourable or unfavourable impacts for children. These findings reflect those of other studies in which initial positive impacts have been found to dissipate as children progress through early elementary school. Researchers suggest that the variation in quality across Head Start sites may have contributed to the lack of statistically significant findings.

Some studies have shown positive effects later in adulthood. Garces et al. (2000) reported evidence of long-term improvement for some groups of Head Start participants on outcomes such as school

attainment, earnings and crime reduction. Moreover, Gelber and Isen (2011) reported that parents of children assigned to Head Start were more involved with them in a variety of activities both during Head Start enrolment and the early elementary years. They suggested that increased parent involvement may mediate long-term impacts on child outcomes. Gibbs et al. (2011) have argued that such delayed effects may occur because of the benefits of Head Start in the area of children's social and emotional development, essentially that, improved socialisation and emotional strength may have later school-related payoffs.

#### **8.4 Early Years Services Hubs, New Zealand**

In 2006, the New Zealand Government provided funding over three years for the establishment of seven Early Years Service Hubs. The Hubs were to provide a mechanism for the integration and coordination of services for families with young children from pre-birth to six years of age, particularly those that are hard-to-reach. The emphasis was on assisting communities to develop locally responsive services. A further six Hubs were funded in 2007/8. An evaluation of the initial seven Hubs was published in 2009 (Ministry of Social Development). There does not appear to have been any further evaluations published. The findings of the evaluation are therefore based on a short period of implementation and largely relate to process.

The primary focus of the Hubs was on networking with early years services to improve coordination, access and use. There was considerable variation in how the Hubs worked. For example, at one end of the spectrum, one Hub Coordinator did not work directly with families except to identify the most appropriate services and advise on how to access them. Their main focus was on supporting services to improve their delivery and increase their knowledge of services offered by other agencies as well as networking between services. At the other end of the spectrum, another Hub Coordinator worked directly with families to engage them with the Hub and to support them in identifying and meeting their children's needs, and in developing her relationships with services. Overall, the evaluation found that the Hub Coordinators were increasing awareness and understanding of early years services, both between service providers and for families. There was also evidence of increasing service engagement by families, especially those considered hard-to-reach. They suggested that longer-term investment was required to enable the Hubs to become established and to have an impact.

## Section 9: Summary

This review of the effectiveness of interagency collaboration at the early intervention stage is based on published literature from 2005 onwards, focusing particularly on reviews and large-scale evaluations of programmes based on interagency collaboration. The majority of the evidence comes from the UK and Ireland. However, international research is also included.

The lack of definition of interagency collaboration is widely referenced and given as an underlying reason why producing evidence of effectiveness is so difficult. It is recognised that interagency collaboration is highly context specific, operates at different levels, with different objectives, mechanisms and structures.

The case for early intervention is very strong. The evidence for interagency collaboration in the delivery of early intervention is weak in terms of outcomes for children, young people and families. Regardless, there is consensus that it is the best model for delivering early intervention, that it will solve the problems of service fragmentation, and prevent problems from escalating.

The model of Family Support Hubs in Northern Ireland is well aligned with other regions of the UK and Ireland, which operates at one end of a spectrum of integrated services for children, young people and families. Some degree of integration is common in many countries, some more so than others, such as Australia, New Zealand and Canada.

Interagency collaboration in the provision of early intervention programmes is proposed as a way of providing early identification of vulnerable children, largely based on the recognition of lack of interagency collaboration and information sharing being a significant contributing factor in cases of serious harm. There is no firm evidence that interagency collaboration does in fact lead to early identification.

From the eight reviews of interagency collaboration selected for this review, a range of benefits are identified and categorised into those for children, young people and families; those for professionals; and those for agencies. Most are what would be regarded as process measures or soft outcomes. Some would view them as interim outcome measures, which increase the likelihood of positive outcomes for children, young people and families. However, despite some 'promising' findings, there is no firm evidence of impact on long-term outcomes. The issue of sustainability of impact is raised, with positive outcomes often being short-lived. Some of the negative consequences of interagency collaboration are also described.

More detailed descriptions of the National Evaluation of Sure Start Centres in England, Communities for Children in Australia and Head Start in North America, are provided, these being the most thorough and longest duration evaluations to have been carried out, including longitudinal studies of children over six years. Promising results in the early years (three to five year olds) were not sustained to older ages. The main findings in the later stages of the evaluation were less harsh discipline by parents and a more stimulating home learning environment in Sure Start areas. Fewer children in jobless households, less harsh parenting and parents feeling more confident in their role as parents were reported in the Communities for Children areas in Australia. All three evaluations

reported some negative findings which were hard to explain. The lack of sustained impact was thought to result from children in comparison sites catching up as a result of other services being introduced into their areas. This highlights the dynamic environment in which these evaluations are taking place. Both research teams emphasised the many complexities of evaluating early intervention based on interagency working.

## Section 10: Conclusions

- In the overall absence of evidence of impact, interagency collaboration should be of as high quality as possible, since some evidence indicates that those with the best quality implementation produce the best results.
- The focus should be on providing evidence-based and evidence-informed programmes within Family Support Hubs.
- There should be efforts invested in gathering robust data on outcomes to identify both positive and negative consequences.
- Collaboration with local community organisations and families is necessary to ensure responsiveness to need and provides an opportunity to build on and strengthen community capacity, a significant feature of Strengthening Communities in Australia.
- Consistent and sustainable funding is required not only to enable Family Support Hubs to plan further ahead and retain staff, but also to allow for more robust evaluation.

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## Appendix 1: Results of Family Support Hub survey on impact of interagency collaboration

This table summarises the results of a survey on the impact on interagency collaboration, sent to service providers in 24 Northern Ireland Family Support Hubs, carried out by the Health and Social Care Board in April/May 2015 (180 respondents)

Question	Yes	No	No response
Has being part of the Hub network increased the focus on early intervention and prevention in your local area?	76% (137)	7% (12)	18% (32)
Has being part of the Hub network increased the use of all the resources available in your local area?	68% (123)	14% (26)	18% (32)
Has being part of the Hub network increased demands on your agency?	45% (81)	37% (67)	18% (32)
Has the Hub network helped to identify service gaps in your local area?	74% (133)	8% (15)	18% (32)
Has the Hub network reduced the likelihood of duplication of service provision in your area?	61% (110)	21% (38)	18% (32)
Has the Hub network had difficulty engaging the range of service providers in your area?	21% (38)	61% (111)	18% (32)
Has being part of the hub network required on increased demand on your service to support interagency cooperation and collaboration?	47% (85)	35% (63)	18% (32)
Has the Hub network led to greater involvement of service users and the wider community in addressing family support needs?	65% (116)	17% (32)	18% (32)
Has being a member of a Family Support Hub enhanced your knowledge and understanding of other workers' roles?	72% (130)	5% (8)	23% (42)
Has being a member of a Family Support Hub given you a greater understanding of the needs of children and families?	59% (117)	18% (31)	23% (42)
Has being part of a Family Support Hub increased your knowledge of the availability of services in your local area?	71% (128)	6% (11)	23% (42)
Has being part of a Family Support Hub improved information sharing, communication and trust across the organisations in your local area?	70% (126)	7% (13)	23% (42)
Has being part of a Family Support Hub increased cooperation and collaboration across organisations in your local area?	70% (126)	7% (13)	23% (42)

Have Family Support Hubs increased the likelihood of improved outcomes for children and families?	71% (128)	6% (11)	23% (42)
Has being part of a Family Support Hub provided families with a more holistic approach to meeting needs?	71% (127)	6% (12)	23% (42)
Has being part of a Family Support Hub increased your personal satisfaction in providing a service to families within a wider network?	67% (121)	10% (18)	23% (42)