What Works

Social Policy Evaluation and Research Unit

Integrated social services for vulnerable people

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Provision of integrated social services is not new. It is however, increasingly being seen as key to addressing service fragmentation and inefficiencies. But what do we know about how well social service integration works to improve outcomes for vulnerable groups of people, in New Zealand and internationally? This *What Works* brings together information on the effectiveness of integrated social services, including what is known about how, when, and for whom integrated social services are most effective. We also identify several factors to consider when deciding whether to implement integrated social services.

About *What Works*

Superu's *What Works* series synthesises what we do and don't know about a specific social sector topic. We draw on international and New Zealand research to identify what does and doesn't work to address the topic at hand. Our aim is to inform decisions and investment in the social sector.

What we found

Evidence on the effectiveness of integrated social services for vulnerable groups is emerging

- Integrated social services have been developed to provide holistic services to vulnerable individuals, families and whānau who have multiple needs.
- There are few rigorous quantitative outcome evaluations of integrated services, and we have been unable to identify any quantitative evaluations in New Zealand. Evidence of effectiveness for vulnerable groups is emerging and mixed.
- Although there is limited research on the outcomes of integrated social services, fragmented services are associated with poor outcomes, especially for children and young people.
- With whānau, integrated services are best delivered as part of a whānau-centred approach. This includes focusing on whānau wellbeing, greater collaboration between state agencies and stronger relationships between government, communities and providers.

Implementation factors play a critical role in the success of integrated social services

- Factors that facilitate effective implementation include: sufficient funding and time for detailed planning and implementation; strong leadership; excellent communication; and, flexibility of service design.

Integrated social services are one option available to decision-makers but may not always be the best approach

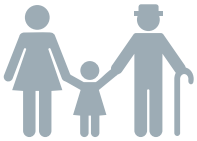
- Integrated social services may be appropriate when providing services to people with multiple and complex needs, and when integration is likely to reduce service duplication.
- Consideration needs to be given to the optimal extent of integration needed to meet the particular needs of the target group and for the community or location.
- Multiple social service integration initiatives within one location need to be carefully managed to avoid service fragmentation and inefficiencies.
- Further evaluations are needed so we can be confident that integrated social services improve outcomes for vulnerable people.

Introduction

Solving complex social problems involves addressing a wide range of issues. It is widely acknowledged that dealing with individual problems in isolation from each other is inefficient and potentially counter-productive. The wide-ranging factors that contribute to a person's vulnerability cut across agency and sector boundaries. Achieving positive outcomes for vulnerable groups therefore requires a coordinated approach across government agencies and within communities to ensure that individuals, families, and whānau receive the support and services that they need [1, 2, 3].

Dealing with needs in isolation has led to people simultaneously engaging with multiple agencies – the 'multiple cars up the drive' scenario. This kind of fragmented approach may lead to duplication of services, inefficiencies, poorly aligned services, and, most significantly, poor client outcomes, especially for children and young people [1, 4]. The 2015 New Zealand Productivity Commission report, *More effective social services* includes a chapter on integrated social services and raises the concern that "without integration, a high risk exists that services are ineffective and poor outcomes will persist" [5, p.253]. Fragmentation can lead to service duplication and people with complex needs may move from service to service without their needs being resolved.

Integrated social services are a logical response to complex problems, particularly for people with complex or interrelated issues. Vulnerable groups are defined here as children, young people, adults, families and whānau who are experiencing multiple risk factors (e.g., family violence, unemployment or social isolation)[a]. For these groups services can be 'hard to reach'. Social service integration is a model in which government agencies and non-government organisations providing different services work together[b] to address a vulnerable person or family's needs. Although integrated social service delivery is not a new concept, interest has increased in recent years in response to the need to improve the efficiency and effectiveness of social services, in a context of constrained resourcing. It is commonly assumed that delivery of integrated services improves outcomes for people and families with multiple and complex needs [3, 6]. The move to integrate may be motivated by efficiency savings as well as by a desire to design services around the needs of service users in order to improve outcomes.



Integrated social services may be defined as: "Joined-up social services, for the benefit of service users and to improve efficiency in delivery by providers" [6, p1]

The New Zealand Productivity Commission defines social services as those intended to enhance "people's economic and social wellbeing by helping them lead more stable, healthy, self-sufficient and fulfilling lives" [5, p.16]. There is no universal definition of 'integrated services' and concepts such as coordination, collaboration and integration are often vaguely defined and used interchangeably in the literature. We use the OECD description of integrated services as "joined-up social services, for the benefit of service users and to improve efficiency in delivery by providers" [6, p.16]. From a user perspective, integrated social services can potentially offer seamless and convenient access to services, increased uptake of services, better user experiences, holistic and individualised support, faster response times and, most importantly, better outcomes for individuals, families and whānau [5,6]. Social services include a wide range of social, health, education, training, justice, employment and community services [5].

The Social Sector Board has noted the need for more accessible information on social service integration [2]. This *What Works* paper directly responds to this by reviewing relevant evidence about:

- the effectiveness of integrated social services
- enablers and barriers to successful implementation of integrated social services
- for whom integrated social services are most effective
- factors that need to be taken into account when considering implementing integrated social services.

This *What Works* paper summarises the available evidence on the circumstances in which integrated social services for vulnerable groups are effective to guide decision-making on their use. It also contributes to Superu's suite of work on families with multiple and complex needs. We focus on the extent to which horizontal integration between services within the social sector, and between the social and education, health and justice sectors, improves outcomes for vulnerable people using these services.

a For further reading on vulnerability, risk and resilience see Superu's publication, In Focus: Family resilience. Wellington (2015).
b This can be agency to agency, agency to community organisation or community organisation to community organisation, for example.

Our approach

- We reviewed selected international literature on outcomes of integrated social services. Peer-reviewed evaluations with a control or comparison group published since 2005 were in scope.
- Broader inclusion criteria were used for New Zealand literature because of a lack of rigorous outcome evaluations of integrated social services in New Zealand.
- Integration search terms included collaboration, integrated, services, outcomes, cross-sector partnerships, whānau-centred, joined-up, inter-agency, and multi-disciplinary.

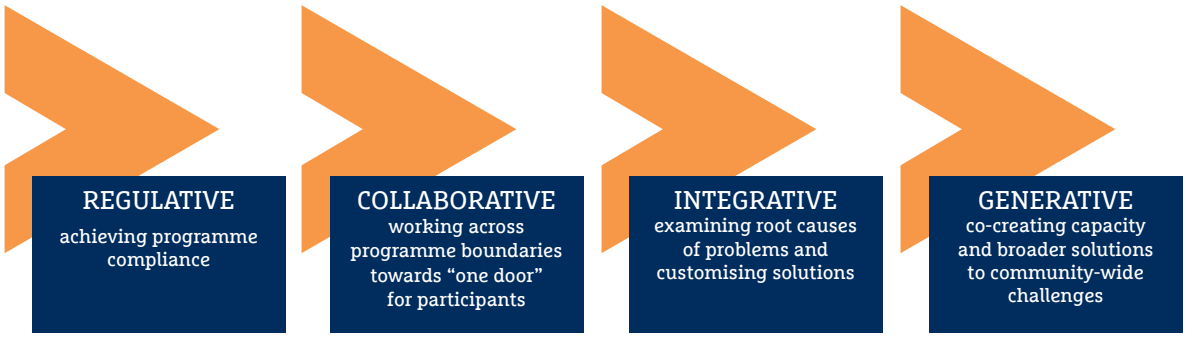
The concept of integrated social services is multi-faceted and encompasses a range of models, processes and perspectives

Integrated social services may be thought of as a continuum of organisational relationships from single services provided by individual agencies to meet one need for service users through to a group of agencies who jointly provide a range of services to meet multiple needs of service users [3]. Somewhere along this continuum services can be said to be integrated [4]. Most models describe the *extent* of integration and typologies have been developed to describe the progression towards multi-agency working. The concepts of coordination, collaboration and cooperation describe steps along the way to becoming integrated [7,8,9].

The Human Services Value Curve Model from the United States describes four stages as social service provision moves progressively towards greater integration and improved efficiency and effectiveness in achieving outcomes:

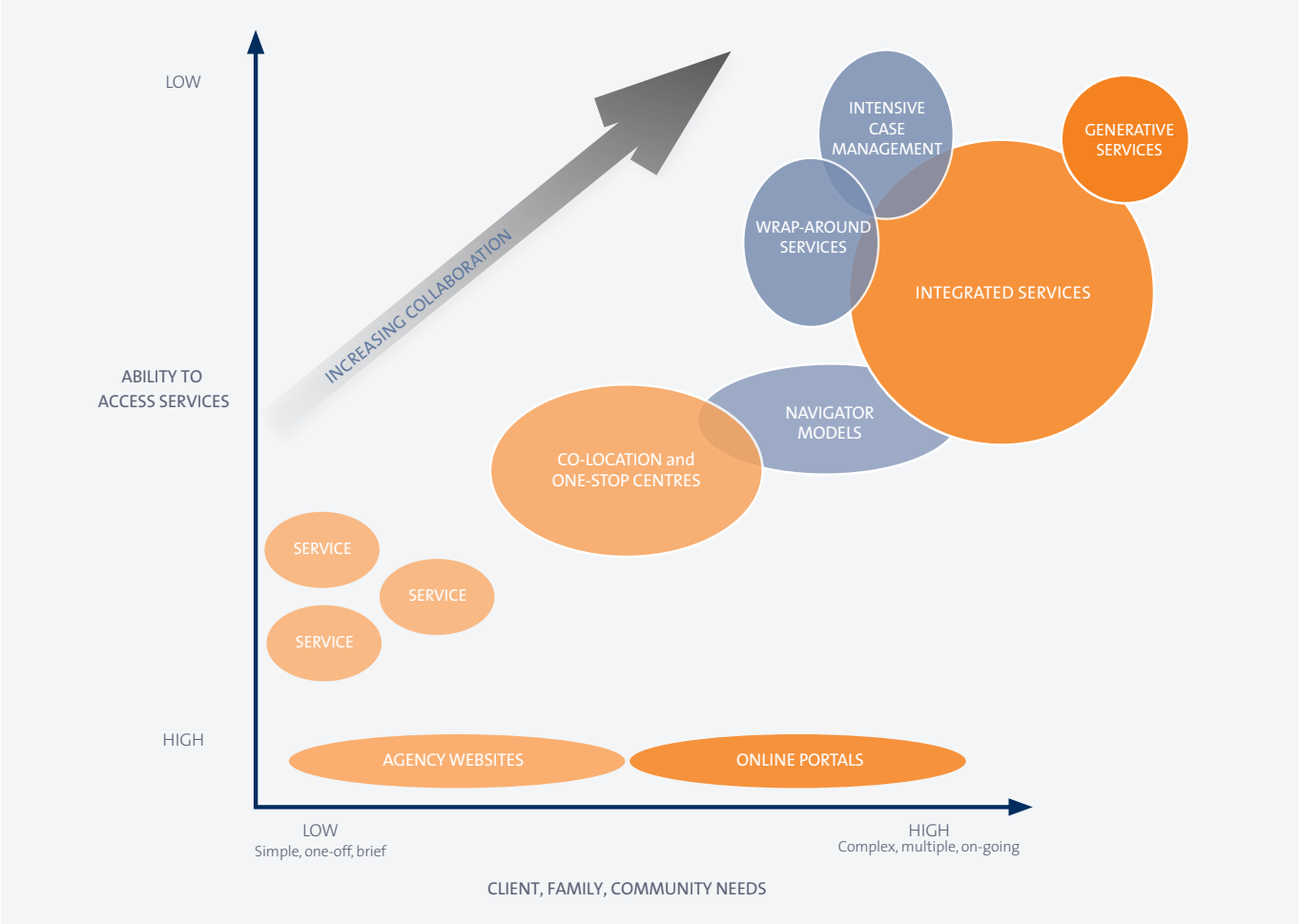
- **Regulative** services are delivered within the confines of a single agency
- **Collaborative** services work across agency boundaries to provide a mix of services
- **Integrative** services organise and coordinate services around client needs
- And finally, **generative** services involve agencies working together with vulnerable groups to identify and address the underlying determinants of community health and wellbeing [10].

Figure 1: The Human Services Value Curve Model of Integration [10]



Social service integration initiatives commonly include elements of integrated case management (where the combination of services is designed around client needs), integration of frontline service delivery (access to multiple services through one door), integration of back-office operations (e.g., pooled budgets and integrated databases) and co-location (e.g., of practitioners, services).

Figure 2: Types of service provision by need and support to access services [c]



Generally, social services operate in isolation. This is adequate to meet the needs of most people who can access services independently as required. Alternative models have been developed for the small proportion who need support to access services and to coordinate the range of services that they need. These models include the co-location of social services for ease of access, navigator models that link people with the services that they need, and more comprehensive integrated services.

Figure 2 illustrates the broader context in which integrated services are situated. There are a large number of service designs and service delivery models in operation designed to meet the needs and access requirements of the population. Integrated social services require greater collaboration in service delivery.

Collaboration can occur in the delivery of separate services, but they are not designed for collaborative delivery. Similarly, co-location of social services can promote collaboration, but it is not a guaranteed outcome. Collaboration is, however, central to integrated social services. Generative services go beyond integrated social services to include co-development of services between communities and providers.

Integrated social service designs often sit alongside service delivery models such as individualised funding, wraparound services, intensive case management and navigator models. These are shown in Figure 2 and describe ways in which clients interact with services. They are often packaged together so that, for example, a navigator may support a client with their individualised budget. Integrated services often include these elements in the mode of delivery, but alone they do not meet the OECD definition of integrated services. In the OECD definition the services themselves are joined-up, rather than navigated between.

c This diagram provides a visual depiction of the relationship between integrated social services and other models. The size and shape of the elements in the diagram do not represent the size or significance of each model.

Intensive case management or **navigator** models are an important component of many integrated services. They involve assessing a person's or family's needs, and coordinating services to meet those needs [11]. A New Zealand example is Intensive Case Workers for Teen Parents [12].

Wraparound services involve assessing a vulnerable person's needs and providing comprehensive services to meet those needs. The Intensive Wraparound Service for children and young people in schools is a New Zealand example [13].

Co-location in its most basic form is where agencies are housed in one building, but do not necessarily provide coordinated services. Although co-location can facilitate collaboration, it does not guarantee it [11]. The Early Years Service Hubs [14] and Youth One Stop Shops [15] are New Zealand examples of co-location.

Individualised funding enables people to select and coordinate their own services. The Ministry of Health Individualised Funding programme [16] and Enabling Good Lives [17] which enable people with disabilities to purchase home and personal care and other services are New Zealand examples of this approach.

Integrated social services align well with a whānau-centred approach to service delivery

Whānau-centred approaches to social service delivery have long been advocated by those involved in working with Māori families, including whānau themselves, hapū, iwi, Māori researchers, policy developers and service providers. Whānau refers to "a collective of people connected through a common ancestor (whakapapa) or as the result of a common purpose (kaupapa)" [18, p.40]. A whānau-centred approach to service delivery has been derived from well-established holistic Māori models of health and wellbeing, for example, Te Whare Tapa Whā [19] and Te Wheke [20], and bought together in the Taskforce on Whānau-Centred Initiatives report [21].

Integrated services are integral to supporting whānau-centred delivery. Principles underpinning whānau-centred delivery:

- incorporate a Māori kaupapa (values and beliefs)
- foster connectedness for whānau to engage with their communities and their people
- measure service delivery interventions in terms of the capacity for whānau to determine their own wellbeing
- establish a unified, coherent service delivery based on whānau needs
- acknowledge whānau integrity, accountability, innovation and dignity for wellbeing
- recognise the need for competent and innovative service provision to achieve whānau empowerment and positive outcomes
- allocate resources to attain best results, including indicators to measure outcomes of effective resourcing [21].

Importantly, the principles underpinning whānau-centred delivery should be implemented at every stage – from provider collectives and service delivery right through to the way wellbeing is measured and defined in programme evaluations, and how whānau outcomes are reported. The principles are supported through key elements of effective service delivery. These include: whānau, hapū and iwi leadership; whānau action and engagement; whānau-centred design and delivery of services; and, active and responsive government. Whānau Ora is an example of a whānau-centred service delivery and is discussed later in this paper.

International evidence on the effectiveness of integrated social services for vulnerable groups is emerging

The benefits of integrated service delivery are largely long-term and evidence of effectiveness is not immediate, making measurement of integrated service outcomes challenging. There is a lack of evidence on, and long-term evaluations of, the effectiveness of integrated social services for vulnerable groups in New Zealand [22].

There have been few rigorous outcome evaluations of integrated social services

Although integrated social services have the potential to improve outcomes for vulnerable groups, there is little research on their effectiveness so far. Measurement difficulties are commonly cited as the reason for the lack of outcome evaluations. Evaluations have often been limited, focused on process, or conducted over too short a timeframe to identify whether there has been an impact on wellbeing. Working out the added-value of integrated services is all the more difficult because of their complexity – an integration programme can involve significant financial inputs, and organisational and structural changes in financing, management and practice [2, 6, 23]. For example, the cost-benefit ratio of integrated services is likely to vary according to a number of factors, including the levels of needs that the service users have and the type and extent of service integration [22].

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International evaluations of integrated services show mixed, but promising, results

Four quantitative evaluations of international integrated social services are reported in this paper, three of which involved multiple sites. One of the four evaluations found no evidence of effectiveness of integrated services. One multi-site evaluation found mixed results, another showed promising but statistically insignificant results, and the remaining evaluation showed that the integrated services were effective. Where reasons were given for the failure of integrated service programmes to demonstrate an impact, they were: the outcomes for service users depended on the quality of the individual services, not integration; the programme was poorly resourced; or not enough attention had been given to programme design.

The participants in these initiatives included families with young children and on low incomes, adults with severe mental health issues and families where children had multiple and severe needs and were receiving services from at least two social service departments. These programmes included integrated case management, multi-disciplinary teams, information sharing and joined-up assessment and referral processes as part of their integrated service delivery models.

Effectiveness Assessment Criteria

Effective: Integration of social services in this initiative significantly improved outcomes for the programme group when compared to outcomes for a control/comparison group.

Promising: The evidence suggests that integrated social services improve outcomes in this initiative, but the results are not statistically significant.

Mixed: There is evidence of both effectiveness and ineffectiveness of the integration initiative in terms of improving outcomes.

Not effective: Integration of social services in this initiative did not improve outcomes for the programme group when compared to a contol/comparision group.

Unknown: This initiative has not been evaluated.

International initiative	Population of interest	Description	Evidence of effectiveness
Individual Placement and Support Programme (IPS), Worldwide (currently operating)	Adults with severe mental health issues.	This programme integrated vocational services and community mental health services. The integrated programme incorporated vocational specialists into the community mental health teams at a number of sites. IPS is available in parts of New Zealand.	**Effective:** IPS has been established as one of the most robust interventions available for people with severe mental health issues. More than 20 randomised control trials have consistently shown this programme to be effective across a range of countries and contexts [24]. A review of random control design studies examining longitudinal competitive employment outcomes, with comparison groups who received either services as usual or another form of vocational rehabilitation, found IPS to be effective. Across these studies the competitive employment rate was 61% for IPS participants compared to 23% for control group participants [25]. Similarly, a more recent review of 15 randomised control trials found a difference of 36% between employment outcomes for IPS participants (higher) and control group participants (lower) [26].
Partnership for Family Success, USA (currently operating - founded in 2003)	Families with multiple and severe needs. They include families with children, receiving services from at least two social service departments, with low incomes, and who are failing to make progress with current services. Families with multiple severe needs (e.g., financial instability, child welfare concerns, mental and physical health issues).	The programme provides a range of integrated services. Case managers, supported by programme staff who represent a range of agencies, assess and refer the families to services.	**Promising:** A matched comparison group evaluation found that the programme group (n = 66) did better in terms of child welfare and education outcomes compared with families in the comparison group who received standard service delivery, but these improvements did not achieve statistical significance. The evaluators suggested that the results could have been statistically significant had the sample size been larger [27].
Children's Trusts Pathfinders Programme, UK (operated from 2004-2006)	Children, with some centres focusing on vulnerable groups such as 'looked after' children.	The UK Children's Trusts Pathfinders was a 35 site programme that supported the implementation of integrated services, using multi-disciplinary teams, key workers, joint training, and information sharing among agencies. Social, educational, and health services were involved.	**Mixed:** Quantitative analysis of local authority administrative data showed no consistent evidence for better outcomes in more integrated areas compared to those without the programme (being healthy, staying safe, enjoying and achieving, and making a positive contribution). However, qualitative surveys and interviews with managers, professionals, children, parents and carers found generally positive outcomes and experiences with 25 of the 35 sites reporting specific examples of positive change, such as improved educational outcomes [28, 29 30].

International initiative	Population of interest	Description	Evidence of effectiveness
Comprehensive Child Development Program, USA (operated from 1990-1996)	Families that include a pregnant mother or child under the age of one and have low incomes.	The programme provided families with a case manager who assisted them to engage the range of services they needed, and conducted on-going visiting, assessment and counselling. This is a case management approach, but the evaluators commented on a degree of collaboration among the agencies, making this a form of integrated services.	**Not effective:** The programme did not improve developmental outcomes for low-income children, the economic self-sufficiency of parents, or any other relevant outcomes associated with their mental or physical health or behaviour when compared with families in the control group. Case management did not appear to be effective in linking programme families with significantly more services than families in the control group. However, one of the 21 sites was successful and this was attributed to the quality of the staff, the strength of the collaboration among local agencies, and the support provided at the state level. The evaluation employed a randomised, quasi-experimental design across 21 sites and 4,410 vulnerable families with complex needs [7, 31].

An example of large-scale social service integration:

Name: Health and Social Care, UK

Participants: Adults transitioning between acute, primary and social care, predominantly older people with dementia, adults with mental health issues or intellectual disabilities and those at risk of social exclusion.

Description: Multiple integrated activities in the general area of health and social care [32, 33]. Includes integration between service sectors such as local authorities and primary care services; between professions, settings, and organisation types; and, between types of care. One example with older people and people with mental health difficulties is the establishment of multi-agency teams, for example Community Mental Health Teams (CMHTs).

Promising effectiveness: Improvements in quality of life, health, wellbeing and coping with everyday life for older adults were evidenced in studies evaluating specialist multi-agency teams (e.g., Croydon Memory Service Model) [34]. This was conducted in a borough of South London using mixed methodology, including a 6-month follow-up of a cohort of 290 consecutive referrals. In terms of the CMHTs, a longitudinal (six month follow-up) quantitative study examining four CMHTs with 266 service users at Time 1, and 232 at Time 2, found few differences between integrated and discrete services, but service users in integrated districts experienced more socialisation and had improved service access [35].

There is also emerging evidence from studies that do not include a comparison group in their design. One such study found that 16 out of 25 families with a disabled child with complex health care needs felt that their lives had improved since their services had been delivered by an integrated multi-agency health, social services and education team [36]. Findings suggested that the services had made a difference to the health care needs of disabled children but were less able to meet the wider needs of the child and family – particularly in relation to social and emotional needs. Another example of promising, but mixed, evidence without a strict randomised control trial design is the large-scale Health and Social Care programme in the United Kingdom (see box on previous page).

The evidence of effectiveness of integrated health and social care services is generally mixed. High-quality, large-scale studies that measure integrated social service effectiveness are lacking. Integrating services alone is not a guarantee of positive outcomes for vulnerable people. To be successful, we need to look to the quality of services, staff-client relationships and implementation factors. Successful service integration depends in part on the quality of the services being integrated, although service integration may also increase service quality [37].

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Integrated social services are not new to New Zealand

A number of initiatives and programmes in New Zealand provide integrated social services to vulnerable people and the table below provides examples of these [d].

There is little evidence on the long-term effectiveness of integrated service delivery approaches in New Zealand and the extent to which they achieve improved social outcomes for individuals and families. This is because social outcomes are difficult to measure, and evaluation is often limited, focused on process, and conducted over too short a timeframe to identify long-term changes [5, 23].

The four examples shown in the table are of family initiatives that target children, parents or the family collectively. Strengthening Families targets families facing multiple challenges such as housing and relationship issues; Children's Teams target vulnerable children under the threshold of Child, Youth and Family notification; the Family Violence Inter-agency Response Team targets families or people experiencing abuse; and, Incredible Years is a parenting programme.

These New Zealand examples share an integrated case-management approach. Joint assessment and referral processes, followed up with multi-agency meetings and teams, are common to most of the initiatives. Also common to the initiatives, is a lack of robust evidence on the outcomes for their participants. The findings that are available appear promising, such as positive outcomes for victims and offenders through effective management of family violence notifications in the Family Violence Inter-agency Response Team.

However, robust evidence would enable us to be more confident about the positive effect that integrated services may have on outcomes for vulnerable groups.

d This is not intended to be a complete list and there are likely to be other examples of integrated social services.

New Zealand initiative	Population of interest	Description	Evidence of effectiveness
Strengthening Families	Strengthening Families can be accessed by any family or whānau in New Zealand with a child, children or young person(s) in their care who needs support from more than one agency.	Strengthening Families is a community-based process to enable families and whānau to come together with multiple organisations to plan and coordinate the delivery of services. Eleven government agencies are actively involved with Strengthening Families, along with hundreds of community-based providers.	**Promising:** While there has been no external evaluation of outcomes for whānau and partner agencies, a 2015 review to better understand the effectiveness of Strengthening Families found the programme is meeting its objectives to improve social, health and education outcomes for children, young people and whānau. 91% of 990 whānau survey responses received in 2014/15 agreed that the programme has improved their family life [38].
Family Violence Inter-agency Response Team (FVIARS)	Families or people in domestic relationships experiencing violence including physical, sexual, and/or psychological abuse. Abuse includes children witnessing the abuse of a person with whom that child has a domestic relationship.	Introduced nationally in 2006 and operates throughout New Zealand. It was designed to provide wrap-around services focused on family violence prevention, using assessment, a designated lead agency, and case management.	**Promising:** A summary of an evaluation was published in 2010. Elements of process and outcome evaluation methodology were used, but the specific methods are unclear. Improved relationships between agencies were found, along with efficient use of agency resources, a more accurate picture of individual cases and the possible risks of further violence. There were indications that notifications of family violence were better managed, and that there were positive outcomes for adult and child victims, and for offenders [39].
Incredible Years Hawke's Bay	Parenting programme for parents of children aged 3 to 8 years.	Incredible Years is a widely implemented and evidence-based parenting programme to improve outcomes for children aged 3-8 years by strengthening parenting skills. The Hawke's Bay programme is delivered collaboratively by seven government and non-government agencies. This collaboration is supported by an interagency accord, and operates at all levels from referral and facilitation to governance, resourcing, workforce development, and evaluation.	**Promising:** An evaluation of the programme was published in 2013. Selected providers were interviewed to examine programme implementation, and showed support for the collaborative nature of the programme. Outcomes for local programme participants were compared to national averages. The Hawke's Bay programme had a higher parent retention rate, higher post-programme child behaviour scores, and similar social competency scores [40].
Children's Teams	Vulnerable children whose issues do not meet the intervention threshold of Child, Youth and Family Services.	An integrated social services initiative for protecting and supporting vulnerable children established in 2013; 10 teams are planned to be in operation by the end of 2015. They provide coordinated case management of social services to meet a range of needs of vulnerable children and their families. The Children's Teams designate a lead professional to link with the family and the social services agencies, who make up the child's action team.	**Unknown:** This initiative is still in the early stages of implementation. The Government plans to evaluate the Children's Teams with a formative evaluation currently underway and case-study and quasi-experimental evaluations planned between 2016 and 2020 [41, 42].

Evidence of effectiveness with Māori is best demonstrated through Māori-responsive research

Social service effectiveness with Māori is best interpreted through research and evaluation methods that are culturally responsive to whānau [e, 43].

A whānau-centred approach to wellbeing is about whānau empowerment, participation, autonomy, leadership, and a secure cultural identity. Mainstream models of wellbeing tend to focus on the individual's capability to achieve personal outcomes as opposed to whānau-level outcomes. These models can be deficit-focused not strengths-focused, and can be less effective with whānau. This paper includes research and evaluation that have adopted a whānau-centred approach or are culturally responsive.

In 2014, the new Zealand Government noted that:

> *"Effectiveness is in part linked to an agency's ability to engage successfully with Māori in a way that is meaningful, viewed as an opportunity to better understand the needs of Māori and to ensure that outcomes for Māori are fully maximised. It is also linked to the ability of an agency to put in place interventions that are more holistic in nature, whānau-focused and address multiple needs"* [44, p.4].

Whānau Ora is the most well-known and widespread whānau-centred initiative

Whānau Ora is a government initiative launched in 2010, underpinned by whānau-centred principles and the Whānau Ora framework (see Figure 3). By the end of Phase One in 2015, there were 34 provider collectives made up of 180 providers. Provider collectives refer whānau from one service to another where appropriate. At the point of service delivery, navigators, as a component of integrated services, work with whānau on plans to achieve aspirations, and provide support.

Figure 3: Whānau Ora framework [44]

In a recent monitoring report, participating whānau were found to have achieved two-thirds of the goals set in whānau plans between 2012 and 2014. These were: meeting safety goals (76%); whānau relationships leadership and capability goals (75%); and life personal skills goals (72%). Gaining knowledge about how to access services was the biggest improvement cited by provider collectives [45].

To achieve better wellbeing outcomes for whānau, a holistic whānau-centred approach to service delivery is crucial.

e Previous Families Commission publications have discussed effectiveness with Māori in detail. For further information refer to: Families Commission (Superu) *What works with Māori: What the people said* Wellington (2013).

Other examples of integrated services with whānau have been evaluated

As shown below, Kaitoko Whānau [45] is a whānau-centred integrated social service grounded in kaupapa Māori. This service uses strengths-based measures of whānau engagement, aspirations and achievement in their monitoring and reporting.

The Community Cancer Support Service [46] is an integrated service that has been adapted to deliver culturally responsive services to Māori. Both examples predominantly use a navigator to coordinate services.

Initiative	Description	Evidence of effectiveness
Kaitoko Whānau (whānau navigators)	Reducing social dislocation within participating whānau; increasing access to and coordination of social assistance; improving resilience and mobility (i.e., access to transport) in Māori communities and access to quality education, employment, health services and housing opportunities.	Kaitoko Whānau was effective for removing barriers to services. Whānau developed trusted relationships with Kaitoko Whānau while moving out of crisis. Whānau successfully developed and achieved their goals and experienced coordination of, and access to, social assistance. Whānau were therefore less stressed and gained confidence. Eleven organisations that hosted the Kaitoko Whānau were selected and key informants and whānau were either interviewed or were part of a focus group [45].
Community Cancer Support Services	Three pilots to reduce the barriers to access and care for Māori in Rotorua and Auckland. The aims were to: • deliver patient navigation through primary/ community or secondary health and social services. • facilitate links with health care specialists, social service providers, NGOs, PHO based programmes and community based support services. A larger proportion of users (62%) were Māori.	Support teams successfully provided coordinated access to financial support, transport assistance, food, accommodation, childcare, psychosocial and emotional support, advocacy, information support, cultural support, whānau support and support along the continuum of care. Whānau were very satisfied with navigators coordinating services, especially efficiency of service delivery by support staff, flexibility in the ways that support staff worked with whānau, quality of relationships, with service users reporting they were treated as a complete person, not only as a cancer patient. Process and impact evaluations were conducted alongside the projects. Key stakeholders were consulted using mixed methods. These findings were supplemented with a review of service data [46].

In terms of effectiveness with whānau, integrated services need to be part of a wider whānau-centred initiative using strengths-based measures of whānau engagement, aspirations and achievement in their monitoring, reporting and evaluation. In particular, the importance of a whānau navigator, well-versed in and respected for their knowledge of tikanga and te reo Māori and with extensive community knowledge, is a unique role. The role of the navigator is a success factor, especially with vulnerable whānau who, for a range of reasons, may be disconnected from social service delivery.

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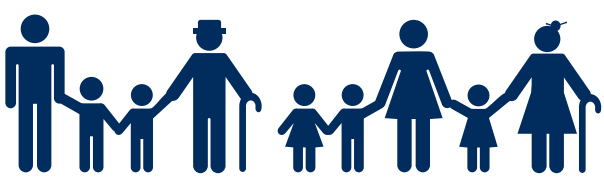

Implementation factors, including effective partnerships and collaboration, are critical to the success of integrated social services

There is an emerging consensus about what works best in implementing integrated services [9, 27]. These factors do not guarantee that integrated services will be effective, but poor implementation can undermine effectiveness. Careful planning and resourcing of any service integration initiative is vital to maximise its chances of success.

Several factors that support successful implementation of integrated services have been identified

- strong leadership to forge a new way of working [7, 8, 9]
- time to plan and implement integration [4, 48, 49]
- fully funded to meet additional start-up, and on-going, costs [3, 7]
- a shared understanding of the purposes and expected outcomes of integration [4, 8, 9]
- trusting relationships among agencies [6, 9, 48]
- good communication and information sharing [3, 4, 7]
- joint staff training [3, 50]
- a shared needs assessment framework [51]
- full commitment to integrate [3, 8, 50]
- realistic goals within given resources [8]
- clear roles, procedures and protocols [4, 7, 9]
- flexibility to adapt [8, 23]
- inclusion of a key worker or navigator [4, 7, 8]
- working in partnership with people using the services [7, 52]
- approaches that are culturally responsive to Māori [47].

Barriers to integrating services include complexity and a lack of information sharing

There are serious and systemic challenges to effective integration [48]. Barriers can include:

- complexity of integration processes, funding and relationships [3, 4]
- different organisational or professional cultures and procedures among agencies [6, 7]
- inability or unwillingness to share confidential information [3, 8, 28]
- potential to increase staff workloads [7, 53]
- multiple integration initiatives targeting the same people or groups [5].

The Taskforce on Whānau-Centred Initiatives, that led to Whānau Ora, noted in 2010 that:

> *...lack of coherence between sectors, and even within sectors, has led to multiple separate contracts, each with different reporting requirements and expectations that have precluded an integrated approach to service delivery [21, p.19].*

Moreover, the siloed nature of many government agencies, narrowly specified budget lines, data silos and organisational cultures can all be barriers to integrated approaches.

Decisions about integrated social services should consider evaluation needs, overlapping initiatives, implementation and the needs of vulnerable groups of people

Despite inconclusive evidence of effectiveness, due both to a lack of robust outcome evaluations and mixed results from those that have been conducted, there is an emphasis on integrating social services. In 2003 the Ministry of Social Development recommended considering integrated services when:

- vulnerable individuals and families are receiving a range of services from different agencies
- agencies are committed to common outcomes and it is clear what each agency can contribute to common outcomes [54].

As the New Zealand Productivity Commission report highlights, these recommendations are still relevant today. Larger initiatives, such as Whānau Ora, have whānau-centred service delivery frameworks that build whānau capabilities. The Productivity Commission report proposes two models to service integration that take a system-wide approach and involve both vertical and horizontal integration.

Further evaluations are needed so we can be confident that integrated social services improve outcomes for vulnerable groups

Evidence on the effectiveness of integrated services is mixed and emerging. Some individual examples of initiatives show potential, such as the widely implemented Individual Placement and Support Programme. Evidence on whānau-centred integration initiatives in New Zealand is promising, although further rigorous outcome evaluations are needed. However, attributing any improvements in outcomes to integration, rather than to the programme or to other factors, is difficult. Findings need to be interpreted and acted on with caution, particularly as some outcome evaluations have found no evidence of improvements through integration.

To better understand the potential of integrating social services to improve outcomes, evaluations need to be built in to new initiatives. Findings need to be shared to help build a knowledge base about the effectiveness of service integration in New Zealand.

Measuring the cost-effectiveness of integrated services is challenging, and there have been few rigorous studies. The higher establishment and operational costs of integrated services may be off-set against short to medium term savings because social services are being used more efficiently. The main potential for savings is from improved outcomes for service users and a reduced need for services in the longer term. These savings are particularly difficult to measure.

To better understand the potential of integrating social services to improve outcomes, evaluations need to be built in to new initiatives.

Integrated services should be designed around the needs of specific vulnerable groups

Social service integration is likely to be most effective for those who use the most services [22]. Integration should be considered where service users have multiple and complex needs, where addressing one need in isolation is unlikely to be effective [23]. For example, poor health, poverty, and substandard housing might be more effectively addressed together than separately. Integrated services should also be considered when delivering services using a whānau-centred approach. For example, Whānau Ora includes integrated services as one of seven principles of a whānau-centred approach. Specific information about what works for different groups of vulnerable people and how well integrated social services meet their needs should be a key component of future evaluations.

The importance of adequate planning and resourcing to implement integrated social services should not be underestimated

Systemic problems with current and past integration implementation have been reported, from problems with communication among agencies and service workers to role definitions and compliance with integration processes [48]. Integration programmes need careful planning and resourcing to maximise their effectiveness. Integrated social services need to be monitored and evaluated rigorously – particularly in terms of outcomes for vulnerable groups. This will help maintain a focus on the ultimate aims of service integration:

> *"While the process involved in integrating working should not be dismissed, there is a danger that it can detract from focusing on the principle purpose of integrating services, which is for public services to achieve better outcomes."* [4, p.10]

Service integration initiatives need to be coordinated so that siloed decision-making does not become a barrier to integrated service delivery. Implementing overlapping social service integration initiatives in the same location has the potential for confusion, frustration and strain on scarce resources. Decision-makers need to consider the place of any proposed integration initiative in the existing mix of services and integration initiatives [4].

Evaluation of integrated social services

When a new programme of integrated social services starts up, there can be opportunities for natural experiments, when it is being implemented in some areas and not in others. Alternatively, the programme can be implemented in a staggered way in order to create the opportunity for evaluations in which service users receiving integrated services can be compared with those receiving the standard services. This would provide a good indication of the effectiveness of integration programmes, and for whom they work best.

There are opportunities beyond integration of social services

As identified in the Value Curve Model of Integration, integration is not the end of the story. Integrative services lead on to generative services in which identifying and addressing underlying determinants of community health and wellbeing are carried out collaboratively. There are examples of initiatives in New Zealand that have elements of this generative approach.

One example is Lifehack, where young people design technology-based innovations to promote positive mental health for other young people. Another New Zealand example is Enabling Good Lives, in which school-leavers with disabilities have individualised budgets and choice about how to use that funding to enable them to have a 'good life'. Innovations in this area are developing and attention should be paid to collecting evidence on the extent to which they are achieving an improvement in outcomes for participants.

Conclusion

Some say that 'we have taken collaboration about as far as we can for this group' [5, p.26] [disadvantaged people in New Zealand]

But, before definitive conclusions can be drawn, there is more to understand, and the potential to act on what we do know already. We know a lot about the enablers and barriers to successful implementation of integrated social services. We also know that there are some promising, yet mixed, findings about how successful these initiatives are at improving outcomes for vulnerable groups. Improved outcomes as a result of integrated services are most likely for people accessing multiple and inter-related services. An on-going commitment to further evaluation of integrated social services will enable a greater understanding of what works for vulnerable groups of people in a New Zealand context.

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