The quality of integrated social service delivery experienced by families in poverty: a theoretical framework[1]

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Introduction

The central concept of this research project is network integration and alignment of social service provision in the context of combating child poverty. The movement towards integration and networking may take various forms with different nuances, for example the local networks aiming to combat child poverty and the 'Huizen van het Kind'. When discussing "integration" we mean the networking among social welfare organizations as well as the integration of provision into a single organization participating in local networking, as well as more hybrid forms of such alignment and integration strategies. In this paper, we introduce insights from social work literature, complementing the existing sociological literature on network governance that focuses on effectiveness and efficiency within network integration. We will focus on the quality of social service delivery being perceived as the experiences of families in poverty of being supported by social services. First, the very issue of combating child poverty needs some critical reflection, in order to understand what the alleged aims of network integration may be.

Therefore, we will first discuss the construction of the concept of child poverty and argue that poor children are always children of poor families and thus need a systemic approach. The needs of the child as well as the needs of the family as a whole have to be taken into account (in order to improve child well-being). In what follows, we illustrate that social services are organized and delivered in fragmented and categorical ways, and, as such, are not in synk with the complex phenomenon of poverty. As a result, there is an increasing attention by both policy makers and scholars for an integration of social services in many European countries and beyond. The creation of integrated and holistic answers to poverty is believed to be more responsive to the needs of families living in poverty. Several societal drivers and rationales are found that shape these network policies, as, despite the international concurrence on integration, there is no commonly accepted meaning for the integration of services. We demonstrate this by revealing different terminologies, different dimensions and different levels used looking at integration of services. In the next section of this paper, we analyse two approaches of integrated working: one focusing on *effectiveness and efficiency*; and one that focuses on *quality* of

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integrated services. We then examine the latter approach more extensively. Finally, we discuss some possible benefits and pitfalls of integrated service delivery.

1. Child poverty

Child poverty is a complex and multi-dimensional problem, and consists of a lack of both material and immaterial resources (Lister, 2004). As McKeown, Haase & Pratschke (2014, 17) argue, *"child poverty means lacking any of the resources necessary for the child development which are social and cultural as well as material".*

In the discourse concerning child poverty and equal opportunities, policies currently rely predominantly on social investment programs that focus on the development of the child (later outcomes, academic achievement, etc.) to break the cycle of poverty (Gray, 2013). Empirical evidence has registered the negative and long-lasting impact of child poverty on health, emotional, cognitive and social outcomes of children (Sell, Zlotnick, Noonan & Rubin, 2010; Moore, Redd, Burkhauser, Mbwana, & Collins, 2009). The economic argument for investing in young and disadvantaged children mainly rests on the return on investment at the level of the broader society (Lister, 2003). Some policies or programs also view caregivers and parents as targets of intervention in order to improve the economic self-sufficiency of their children in the long run, assuming that this will ameliorate the situation of the child and the whole family (Anthony, King & Austin, 2011; Huston, Duncan, McLoyd, Crosby, Ripke, Weisner & Elred, 2005)**.** This focus on early interventions is often preferred over more structural dimensions of inequality, as political consensus is more easily gained for policies in the early years rather than for redistributive or protective measures (Morabito, Vandenbroeck & Roose, 2013). It is to be noted that the social investment paradigm tends to see the child as isolated from the rest of the family and the living environment.

Combatting child poverty can, nevertheless, only be significant when it is embedded in a broader social welfare approach (McKeown, Haase & Pratschke, 2014). In Western societies, children are always economically dependent on adults in the economic unit of the household in which they live (Lister, 2006). For example, the family income is an important factor shaping the living conditions of both parents and children in different domains and each domain has a role in shaping the general and subjective well-being of the child (Main, 2014). Having a low income is very stressful for parents and it can subvert the potential effects of support. Programs that are designed for low-income families to improve the quality of parenting and well-being may also need to look at domains such as meaningful employment (Bakermans-Kranenburg, Van Ijzendoorn & Bradley, 2005). Therefore both employment and redistributive policies are necessary, including the knowledge that work is often not enough to escape poverty, considering the growing numbers of working poor (Sutherland & Piachaud, 2001). Poverty cannot be reduced to an individual problem, but is also a structural societal problem that asks for structural, societal policies, including housing, healthcare and education.

As such, the well-being of children is dependent on the well-being of the family as a whole, and it is crucial to understand that poor children are always children of poor families (Mestrum, 2011). Therefore a shift is necessary from reducing child poverty as a single goal to favoring overall child and family well-being (Anthony, King & Austin, 2011; Smith et al., 2008), because the family's recourses have an influence on the well-being of the child (McKeown, Haase & Pratschke, 2014). As welfare rights are interdependent, structural and integrated policies – including a broad scope of domains – are necessary.

Next to redistributive policies and employment, ensuring a *high quality* of provision *for both parents and children* is crucial to alleviate the negative effects of poverty (Vandenbroeck, 2013). Across Europe, for example, emphasis is put on high quality early childhood education and care (Lazzari, 2014; Rochford, Doherty & Owens, 2014; Sylva, Melhuish, Sammons, Siraj-Blatchford & Taggart, 2004). In that vein, the fragmentation of social service provision is deeply problematic as we show in the next section.

2. From fragmentation to integration?

As mentioned above, (child) poverty is a complex and multi-faceted problem. Therefore one of the main challenges in combating poverty and striving for high quality of social service provision is the fragmentation of services (Allen, 2003; Provan & Sebastian, 1998). This is not only the case for families in poverty, but fragmentation of services also affects all families. Several dimensions mark this fragmentation:

- **Sectorial** segregation: services often specialise in one single area (education, parent support, child care, financial problems, housing,…), yet families do not necessarily perceive these areas as separate 'needs' especially in the case of families living in poverty. Although specialist services can add to the quality of provision, it has to be acknowledged that needs related to health, housing, employment etc. are interlinked (Lister, 2004; Broadhead, Meleady, & Delgado, 2008).
- **Age** segregation: in some case services for 0 to 3 are distinct from services in the school age. Also needs and wants from adults are often considered as separate and different from children's needs and rights, resulting in separately designed services which reinforces sectoral segregation.
- **Subgroup** or **target group** segregation: results in the creation of services that address specific subgroups, such as single mothers, migrants, families in poverty, families with a child with special needs, etc. (see Mkandawire, 2005) and assumes that certain demographic characteristics correspond with certain needs. Empirical evidence seems to question this assumption as a largescale study dismisses that needs are largely effected by demographic variables (Vandenbroeck, Bouverne-De Bie & Bradt, 2010).
- **Policy** segregation: services can be governed at local, regional and state levels, making cooperation between services that are governed on different levels a real challenge (Statham, 2011). The segregation of policy levels, like OCMW/CPAS and other local (social) policy makers, contribute to the fragmentation of services and support related to child poverty.
- **Organisational** segregation: in some regions services are separated in government-led provision, NGO's or faith-based organisations and voluntary or community led services and integration may mean collaboration between private and public partners (OECD, 2001).

In response to this segregation, accompanied by broader socio-economical and socio-political drivers (e.g. Rochford, Doherty, & Owens, 2014; Messenger, 2012; Roets, Roose, Schiettecat, & Vandenbroeck, 2014), many countries have initiated a countermovement of integration and networking in response to the demands of local communities in contexts of diversity (Vandenbroeck & Lazarri, 2014). Although the origins of networking of social services can be traced back to the 1930's (Freeman, 2004), the policy interest for integration in Europe gained momentum since the 1990's and even more so in the new Millennium (OECD, 2001; European Commission, 2013). In the next section we explain

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that there is now a general consensus that partnerships among social, educational, health and other services may warrant more sustainable answers to poor and migrant families' needs.

3. Creating integrated answers

The historical and actual fragmentation of policies and services is perceived as deeply problematic, and the trend towards integrated working is currently proposed by policy and research as a relevant answer to this problem. In the last decade, several programs are developed to address multiple dimensions of child poverty by integrating several social policy domains. These policies aim to create a cumulative effect by filling the gaps in service provision and by addressing barriers to service delivery through promoting effective coordination (Anthony, King & Austin, 2011). Multi-component programs can, besides their focus on more than one area of need, be characterized by a variety of methods, manners and materials in delivering social services (Moran, Ghate & Van der Merwe, 2004). Research indicates that comprehensive programs better serve the needs and well-being of the child (Anthony & Stone, 2010; Lou, Anthony, Stone, Vu, & Austin, 2008) and are more likely to succeed than uni-modal programs (Moran, Ghate & Van der Merwe, 2004). Early results on positive outcomes of holistic approaches suggest that categorical services should be integrated at the level of public social services, that are beneficial to the prevention and elimination of negative consequences of childhood poverty (Anthony, King & Austin, 2011). The focus on the child in the wider context (including many aspects of a child's life) is crucial for orchestrating responses to child poverty (Smith et al., 2008).

Holistic approaches that cope with the child, its family and neighborhood hold the promise of tackling long-term child poverty (Anthony, King & Austin, 2011). The implementation of services that embrace this broader view is difficult due to the separate nature of social services (Gardner, 1994). Research on users perspectives of social work services found that they prefer approaches that acknowledge the multidimensional nature of poverty instead of formulating a response in line with traditional segmentation (Beresford & Croft, 2001). Categorical services are less responsive to the needs of the child and the family all together (Anthony, King & Austin, 2011). This can be explained by the fact that families and children in poverty need help from more than one agency or provision, and providing help that is governed by separate services and demands is more difficult. In a categorical offer of services, clients have to be labeled based on their need of a specific program, which suggests a deficit approach (Gardner, 1994). This also seems to be the case in evidence-based programs, who tend to have many eligible criteria for people to enter and as a consequence leads to a more modulated organization of public services. Integrated working aims to address complexity in helping agencies and professionals overcome obstacles in collaboration in a way that they can better meet the complex needs of families in poverty (Hood, 2014).

4. Drivers and rationales of integration

Despite the observed general tendency towards integration of services and networking, the rationales for this evolution may significantly differ from one country to another, leading inevitably to different understandings of what integration may mean (and to whom it may mean something), as well as to different forms the integration may take. We briefly sketch some of the main rationales, yet it needs to be clear that integration of services not necessarily means that all these goals are met in daily practice.

The socio-political drivers or rationales towards integrated working assume increased usefulness, increased efficiency and effectiveness (including cost effectiveness), and include:

- A reduction of complexity of governance and/or improvement of governance by increased coordination of action (Hood, 2014; OECD, 2001)
- Economic efficiency by saving overhead costs (Tsui & Cheung in: Roets, Roose, Schiettecat, & Vandenbroeck, forthcoming). It is assumed that the integration at least does not generate additional costs (OECD, 2001)
- Stimulating the use of measures that correspond to shared priorities (OECD, 2001)
- Strengthen communities and build stronger partnerships at the local level (Moore & Fry, 2011)
- Helping to adapt programmes to local needs and conditions (OECD, 2001)
- Identifying and drawing on synergies between government programmes and local initiatives that can enhance their mutual impact (OECD, 2001)
- Contributing to service quality e.g. taking advantage of the knowledge of different partners and sharing expertise (OECD, 2001; Oliver, Mooney, & Statham, 2010; Rochford, Doherty & Owens, 2014)

With regard to the improvement of public services, several other drivers can be distinguished in order to better care for families, such as:

- Improving the communication and coordination in order to provide a seamless or continue provision of services (Allen, 2003; Anthony, King, & Austin, 2011; Moore & Fry, 2011; Messenger, 2012; Raeymaekers & Dierckx, 2012; Statham, 2011) aiming at 'closing the gap' and avoiding 'overlaps' (DfE, 2013a; Kalland, 2012; McKeown, Haase & Pratschke, 2014; Rolfgaard, 2012, Moore & Fry, 2011) in order to better serve local needs, with a focus on children 'at risk'. There is for instance robust evidence that children are better off in areas with Sure Start, an integrated centre for family support in England, than in comparable areas without (Melhuish, Belsky, Leyland, & Barnes, 2008)
- Responding effectively to complex needs of families, communities and the social problems confronting societies, considering that problems are now thought as more complex and therefore ask for joined-up approaches (Moore & Fry, 2011).
- Increase accessibility for clients, especially for 'hard to reach' families (Raeymaekers & Dierckx, 2012). It should be noted that accessibility also includes understandability and usefulness from the standpoint of the client.
- Improving social inclusion and social capital for families (Martin, 2010; Gilchrist In: Broadhead, Meleady, & Delgado, 2008)
- Helping to support key life transitions, e.g. the transition from an early years service to primary school (Rochford, Doherty & Owens, 2014)

One example of diverging rationales comes to the fore when comparing Swedish and English integrated systems. From a socio-political view, integrated centres in Scandinavian countries can be seen as an integral part of the social welfare system (Ahnquist, 2012), in order to better serve local needs of all families in a context of rapidly changing societies (Johansson, 2012; Kekkonen, Montonen & Viitala, 2012; Sehier, 2006). On the other hand, English integrated provision are more often associated with a social investment and a preventive approach, and can be considered as a way to safeguard and protect families, especially at-risk families with children, associated with legislation driven by critical events such as the tragic death of Victoria Climbié or baby Peter Connelly (Broadhead, Melaedy & Delgado, 2008; Messenger, 2012). In regions with a standing tradition of universal services (typically the Scandinavian countries for instance, but also Belgium, The Netherlands etc.), the integration will more

often be guided by the concern of seamless transitions between services in previously existing provision, and by enhancing service quality through joined knowledge and experience. In regions with a tradition of targeted services and/or with a shortage of universally accessible early years provision (e.g. England in the 1990's and 2000's), the integration seems to be more often driven by critical events that shape the political will for an area-based approach, not necessarily targeting poor families but often geographically located in poorer areas.

From a governance point of view, it is therefore important to make a distinction between a policy that drives the integration of *existing* services (often with proportionate universalism as a guiding principle such as in Belgium, The Netherlands, Scandinavia, France, Germany, etc.) on the one hand; and a policy driving the creation of *new* integrated centres (such as Sure Start in England) on the other hand.

5. Diverse interpretations of the integration concept

The integration of services is a complex phenomenon. There is no commonly accepted meaning for the 'integration' of services.

5.1. Diverse terminologies of integrated services

Due to the blurred and ambiguous ways in which the terminology is used in policy, practice and research (Walker, Labat & Choi, Schmittdiel, Steward & Grumbach, 2013), different terms are interchangeably used and it is not always clear what is meant by networking and integrated working (Frost, 2005; Statham, 2011). For instance concepts such as joined up-working (Warin, 2007), multi-agency working (Atkinson, Jones & Lamont, 2007), partnership working (Asthana, Richardson & Halliday, 2002), interagency working (Statham, 2011), integrated working (Oliver, Mooney & Statham, 2010), etc. (Statham, 2011:6, Owens, 2010:7) may have very different meanings. We are aware that any overview is an inevitable reduction of the diversity of terms and their use in policy and research literature. Neverteheless, we try to give a concise overview:

- **Multi-agency working:** more than one agency working with a client but not necessarily jointly. Multi-agency working may be prompted by joint planning (the usual sense in which this term is used) or simply be a form of replication, whereby several agencies work in a more or less unplanned way with the same client or client group. As with interagency working, it may be concurrent or sequential. The terms 'interagency' and 'multi-agency' (in its planned sense) working are often used interchangeably. (Owens, 2010, 9)

- **Interagency working:** is usually defined as more than one agency working together in a planned and formal way and so is closer to a collaborative rather than an integrated model of working (see Frost (2005) explained in 5.2). Can occur in many different contexts; various dimensions: at different service levels, different client groups, different levels of need, different age groups. It is considered a vitally important part of improving outcomes for children and their families, by means of its potential to improve all the front-line services that support them (Statham, 2011).

- **Joined-up working:** deliberately conceptualised and coordinated planning, which takes account of multiple policies and varying agency practices. It concerns networks or partnerships, through which they seek the cooperation of partners from the private sector and civil society in the pursuit of various objectives (OECD, 2001). Joined-up working attempts to avoid gaps and overlaps in

provision. Partnerships in public services mean that professionals from different agencies and professions work together (Roets, Roose, Schiettecat & Vandenbroeck, 2014; Rose, 2011).

- **Integrated working**: is achieved through formalised collaboration and coordination between agencies (that may retain their own separate identities), at all levels, across services, in both single and multi-agency settings. It requires commitment to common goals, strong leadership and management and is facilitated by the adoption of common service delivery tools and processes (Owens, 2010, 9). When integrated working is well implemented, it can achieve changes in the manner that organisations work, coordinate and share information, which can create a more supportive and functioning environment and transcends a 'silo' approach (Rochford, Doherty & Owens, 2014).

- **Partnership working:** tries to establish, strengthen and sustain local partnerships between different stakeholders involved, aiming to achieve shared principles, knowledge and understanding (Asthana, Richardson & Halliday, 2002) and even shared actions. Partnerships can be seen as the result of a close collaboration and joint processes, meant to go beyond existing boundaries (Lymbery, 2006).

Two other terms are important in considering the integration of provision for family support.

The first term refers to **wraparound** or **case-management**. This approach implies that different services collaborate (not necessarily in a structural way) in order to serve the needs of one particular client or family. This term is used in the Netherlands and US parent support programs and is implemented most often in the case of multi-problem families where support and care are combined (Colijn & Schamhart, 2012; Walter & Petr, 2011). The wraparound approach and its person and family centred orientation can be linked with case management, as it is mentioned as an important tool for the coordination of integrated care for clients with complex needs over discipline, setting and time (Kodner, 2009).

The second approach wherein the integration of services can appear is called **area-based working**, commonly used in the UK. A small and social cohesive geographical territory is targeted. This area is characterised by having a local identity, a sense of belonging, common needs and expectations can form a target area for policy implementation. The central aim is usually to reduce the risks of social exclusion for families in disadvantaged areas (Attree, 2004) (DfE, 2014; Smith, 1999). Often in area-based working top-down structural reforms imply that the organization and delivery of social services is devolved to the community partnerships (CES, 2013).

5.2 Different dimensions of integrated working

These different terms also refer to different realities and configurations of working together (Oliver, Mooney & Statham, 2010). According to Frost (2005, 13), collaboration of services can be placed on a continuum, bearing different dimensions to the concept:

- **Coperation***:* services work together toward consistent goals and complementary services, while maintaining their independence.
- **Collaboration***:* services plan together and address issues of overlap, duplication and gaps in service provision towards common outcomes.
- **Coordination**: services work together in a planned and systematic manner towards shared and agreed goals.
- **Integration***:* different services become one organisation in order to enhance service delivery

Networking does not always mean that services melt together, but diverse types of partnerships are emerging in the movement towards integrated working. This can, for example, be noted in policy developments in the Flemish community of Belgium, where the coordinating minster of poverty as the funded local networks of welfare organizations to combat child poverty, while the Minister of family and Welfare took legal initiatives to integrate preventive health care and various parent support initiatives in integrated early childhood services, called 'Huizen van het Kind' (Children's Houses). These two developments of local network integration are currently intertwined in Flanders, and in many occasions the 'Huizen van het Kind' participate as one of the network partners in local networks aiming at combating child poverty. In order to serve a comprehensive network to combat child poverty, the different actors in the network could be widened and supplemented with actors that bring along structural and material aspects such as housing, income, employment, etc. The way in which these networks are brought together and function in Flanders, is also situated within the autonomy of local governments. This creates a considerable variety and diversity between municipalities. It should also be noted that the integration movement within any municipality is not necessary characterized by one specific type of integration or collaboration. Some services will establish more integrated bonds than other. In bringing together partners of the network, it is of great significance to look at who is asked and who is eventually involved. Participating professionals and sectors determine the scope of the network.

As the trend of integration is global, we illustrate this with examples of recent evolutions (roughly since the 1990's) in diverse EU countries. These examples show the diversity of forms that integration of services may take on.

Family Centres in the Nordic countries

The Family Centres in Sweden ('Familjecentral') offer a complete range of services which are based in the same location, covering maternal healthcare, child healthcare, open early childhood education and care (= places where parents and children come together) and preventive work performed by the social services. The family centres are universal, meaning intended for *all* families with children and represent a low-risk strategy, as they are aimed at all future and new parents and their children aged 0-5 years (Abrahamsson, Bing & Löfström, 2009; Bing, 2012).

In Finland, these family centres ('Familjecenter') may be more oriented towards prevention and based on indications and aiming at offering both peer and professional support at an early stage, when the own resources of the family still are reasonably sufficient (Linnosmaa, Vaisanen, Siljander & Makela, 2012). The family centre work is organized in a cross-sectoral and cooperative manner and sector-specific legislation concerning services for children and families have been renewed in a family-oriented way (Viitala, Kekkonen & Halme, 2012). The aim to work in a more health-promoting an preventive way is pursued by a multi-professional approach (Backman & Nordstrom, 2012).

In Norway, the Family Houses ('Familiens Hus') offer a complete range of services based under the same roof with a health centre that offers antenatal care, preventive child welfare services, educational-psychological services and open daycare for children (Kekkoken, Montonen & Viitala, 2012). The service users may include all children, adolescents and their guardians, as well as children and families who have distinct concerns, pronounced mental or physical challenges, difficulties or illnesses, and children and adolescents with needs of a legal nature (Nergard, 2012). The family house coordinates municipal services that offer parents and children comprehensive and readily available support as an entity (Adolfsen, Martinussen, Thyrhaug & Vedeler, 2012) and is directed at lowering the threshold of

municipal and specialized provision. The availability is increased by concentrating all services at one location and by improving the coordination of services (Morch, 2012).

Sure start, Children's centres, Early Excellence centres in England

Since 1997 Early Excellence Centres were launched in deprived areas in several English cities, inspired by comprehensive centres such as Penn Green and Sheffield Children's Centre (Broadhead, Melaedy & Delgado, 2008). Subsequent legislative changes have altered their labelling and to some extent their functioning in what today are called Sure Start Children's Centres (Whalley, 2007). The network configuration is gradually changing; single centre configurations (one-stop-shops) tend to move towards a configuration of multiple main sites or main sites with satellites (DfE, 2013a).

The Centres incorporate Sure Start local programs, neighbourhood nurseries, early excellence centres, maintained nursery schools, schools, family centres, community centres, health centres, voluntary and private centres (CES, 2013). Employment, like Jobcentre Plus can also be part of the integrated service provision of the centres (DfE, 2013b). The aim is that all young children and families are served in the centres' catchment area and in particular to improve the most disadvantaged children's chances of later success by reducing inequalities in child development and school readiness (DfE, 2012a, 2012b). This is pursued by supporting the child's personal, social and emotional development, by improving parenting aspirations and skills, through assuring access to good and early education and also by addressing family health and life chances (DfE, 2012a).

Réseaux d'écoute, d'appui et d'accompagnement des parents (REAAP) in France

The REAAP, created in 1999, are a partnership approach or joined-up working (rather than an integrated service). Different services of parent support are expected to collaborate and to network. Wraparound working (or case management) is also expected (Neyrand, 2012; Roussille & Nosmas, 2004).. The practice of REAAP is not standardized and changes considerably from one region to another. Most REAAP strive for proportionate universalism (a universal approach combined with prioritizing specific populations) (Martin, 2010). The structure forms a network of proximity based on a generalist approach. The role and the strengths of parents are reinforced and valorised, whereby parents are seen as actors who are actively engaged in the network (Sehier, 2006).

Familienzentren in Germany

The Familienzentren often include a childcare centre, combined with other services for parents and children including early education, adult education and parent support. It is a cluster of services supported by several other institutions such as schools, cultural-, counselling- and health services, rather than integration under a single roof. Centres are particularly present in Nordrhein-Westfalen (Familienzentrum NRW, n.d.). The conceptual framework of the Familienzentrum is based on the early excellence centre in England (Engelhardt, 2011). The aim of the centre is to improve access for parents so that can find their way around. The idea of network integration is to ensure transfers of knowledge, to improve/encourage structural and resource-oriented collaboration, to formulate an answer that fits the parents' needs, to create an optimal use of existing resources, a longitudinal cost reduction for the social system, bringing together different disciplines and fields in order to create socio-spatial networks (Familienzentren Hannover, 2009).

Huizen van het Kind in the Flemish Community of Belgium

Since the legislation on preventive family support of 2014, these centres are expected to emerge in all municipalities. A universal and accessible provision, bringing together different services related to

preventive family support in the pursuit of making an efficient and integrated offer that fits the needs of people and adapted to the local reality. This arrangement stimulating local networks combines prenatal care, infant consultation schemes, maternal health care and parent support often including places where parents and children can meet (social support). In areas with high levels of poor and migrant families, these centres closely collaborate with targeted provisions of support for these families. In the poorest municipalities, they also support "child poverty coordinators" cherishing the concept of progressive universalism (a universal offer with additional services for families with additional needs). The networks that shape the 'Huizen van het Kind' aim to enhance the broad support and skills of parents, strengthen social networks and reinforce education opportunities to improve early development (Vlaams Parlement, 2013).

Maison de l'enfance in the French Community of Belgium

To support an integrated and coordinated policy of childhood on a local scale, the « Office National de l'Enfance, O.N.E. » gradually develops places of dialogue, "Maisons de l'enfance", which envisage more globally all the aspects of a policy of the childhood. The concept of "house of the childhood" was defined within the framework of the Gouvernemental order of the French Community of June 9th, 2004 carrying reform of the consultations for children. A house of the childhood joins all or part of the following activities: consultation for children, prenatal consultation, environment of childcare of the early childhood, childcare spare time, places of meeting parents - children and any other initiatives in favour of the children and of their families, supported by other public authorities.

Parent and Child Centres (PCC's) in the Netherlands

The Parent and Child Centres involve multidisciplinary teams sited in neighbourhood-based centres. These centres integrated several professions such as doctors, nurses, midwives, maternity help professionals and educationists. The PCC's perform a gatekeeper function and form the first contact that new parents have with the supporting health and social care system. This innovative centre of integrated care is designed to strengthen and support parenting, to diagnose social and health risks at an early stage and to intervene early regarding problematic situations with developments or parenting of children. If new parents are in need of support in relation to parenthood, medical and psychosocial care and family affairs, they get identified and facilitated with appropriate help (Busch, Van Stel, De Leeuw, Melhuish & Schrijvers, 2013).

5.3 Different levels of integrated working

Working in integrated ways, can occur at different levels. Moore & Fry (2011) for example, distinguish four levels of integration:

- government/policy level,
- regional and local planning level,
- service delivery level,
- interdisciplinary teamwork level.

Graham & Machin (2009) discern, in their onion model of integrated service delivery, integration at the following levels:

- inter-agency governance,
- strategy,
- processes,
- front line delivery.

Illustrating that the movement towards integration is situated at different levels contributes to the complexity of this trend. Buck et al. (2011) explicitly bring in the level of the client and state that network integration and effectiveness should be looked at and evaluated at the level of the system (organizational level) as well as at the level of the service user. At the level of the system, it points to the way diverse social services and specialized departments are connected with each other and are brought together in a certain 'unit of action' in the provision of services for families in poverty. On the other hand is it also important to look at what is experienced as helpful at the level of the client. Provan (1997) for instance, notes that integration at the level of client services can occur formally, but also informally which may bring about public services who do not have a formal obligation or mandate to work in an integrated way, but still do so. The opposite can also be true; public services that are formally organised in order to work in an integrated way, but do not implement this in practice. He argues that formalised integration mainly focuses on administrative issues, while informal integration may have more potential to benefit client services (Provan, 1997). It could be meaningful to recognize these informal networks in order to obtain a broad level of support by overheads or policy staff.

6. Approaches of integration: governance and quality

There are different approaches to the study of integrated working to be found in the scholarly literature in this field: studies focusing on effectiveness and efficiency; and studies focusing on the quality of social services.

One element of the evaluation of integration and networking is the measuring and conceptualizing effectiveness and efficiency of the integration and networking of social services in which outcomes are more broadly defined by policy makers (cost-effectiveness, evidence-based predefined outcomes, reach, …). This governance perspective, often to be found in sociological literature, preferably looks at the system or organisational level. It focuses on how integrated networks are organized or coordinated, and analyses interactions between organisations and actors involved in the network. In this approach network governance is considered as an essential instrument to reinforce the integration and quality of a network. Research in this vein labels the degree of integration and collaboration, often using a scale on which effectiveness can be expressed, assuming that effective integration will translate in more effective social services (Raeymaeckers & Dierckx, 2012; Rosenheck, 1998; Provan & Milward, 1995).

Another element concerns the quality of social services, due to their integration and networking, including the perspective of families in poverty. Here, the users' voices are taken into account in the conversation about the meaning of integrated care (Walker et al., 2013; Selby, Beal & Frank, 2012). Quality refers to responsiveness of the public services to the concerns of families, including families in poverty. This means that quality has to be constructed in dialogue with families and their children (Roets, Roose, Schiettecat & Vandenbroeck, 2014).

> *"Rather than following an underlying logic of effectiveness, in which child and family services are pre-structured, we argue that social work should learn to embrace a logic of desirability of social services for children and their parents, referring to the extent to which they experience social work as supportive (Roose, 2006)"* (Roets, Roose, Schiettecat & Vandenbroeck, 2014, 13)

Even when services are available, several thresholds may emerge in the use of services that deal with child poverty. The debate about quality faces the danger to be narrowed down to a question of

accessibility of services. This brings a risk that if problems remain unresolved, this will be attributed to the responsibility of the individual and non-use is then seen as a problem that needs to be remediated. This reasoning in terms of access is to be noticed in the ways barriers are formulated by policy as well as by research: lack of awareness of services; cultural barriers, language barriers; lack of transportation; administrative difficulties; knowledge gaps; inadequate information; confusing eligibility criteria; etc. (Stuber, Maloy, Rosenbaum & Jones, 2000; Kenney & Haley, 2001). Obviously, these issues are crucial to deal with, yet they bring along the risk of assuming that clients wil automatically benefit once they have accessed services.

Indicating that merely pursuing accessibility can be problematic, a high-quality supply of social services needs to be provided by the welfare state that is *made usable* for all citizens (Roose & De Bie, 2003). This implies that the welfare state should develop a differentiated supply of social services that offers all its citizens, in a diversity of situations (including situations of poverty and social exclusion), a scope to develop their full potential (Roose & De Bie, 2003). According to a theoretical frame of reference, five interrelated quality features need to be constructed as leverages for (more) equality:

- *Availability* refers to the existence of a supply and to the fact that social services can be called upon for matters that do not relate directly to the assessed problem.
- *Accessibility* refers to the (lack of) thresholds when care is needed, for instance an inadequate knowledge of the supply.
- *Affordability* refers to financial and other costs that clients may encounter, for instance giving up one's privacy or negative social and psychological consequences of an intervention.
- *Comprehensibility* refers to the extent to which clients are aware of the reasons for the intervention and the way in which the problem should be approached.
- *Desirability* refers to the extent to which the client experiences the care as supportive. (Roose & De Bie, 2003: 477-478).

Participation of families plays an important role to realize high quality of provision (Beresford et al. in Beresford & Croft, 2001). When people are involved in defining, developing and in the evaluation of services and interventions, participation is meaningful and should imply that the experience of families in poverty of being supported are taken into account.

The interpretation of what quality means need to be examined at the level of services and networks as well as at the level of the user. Despite the current emphasis on partnership building in provision for families and the attention given to the service users' voices, empirical research from this perspective is scarce (Atkinson, Jones & Lamont, 2007). Literature remains limited to the research about availability, accessibility and affordability (Peyton, Jacobs, O'Brien & Roy, 2001). As a consequence, literature on comprehensibility and desirability of services for families stays underexplored. Schiettecat (2013) showed that also in the case of Flanders, data on availability, accessibility and affordability are rather readily available for many services for families, yet data on comprehensibility and desirability are most often lacking.

7. Potential benefits and pitfalls of integration

> *"Integration is designed to create coherence and synergy between various parts of the healthcare enterprises in order to enhance system efficiency, quality of care, quality of life and consumer satisfaction, especially for complex and multi-problem patients or clients. In essence, integrated care can be seen as a demand-driven response to what generally ails modern-day*

healthcare: access concerns, fragmented services, disjointed care, less-than-optimal quality, system inefficiencies and difficult-to-control costs." (Kodner, 2009, 7)

According to Kodner (2009) integration should be the key of the improvement of services and forms the best answer to the needs of poor families. According to Oliver, Mooney & Statham (2010) there is no possibility to show a causal relationship between positive outcomes for families and children and the provision of integrated services. Benefits are identified and generally parents report to be satisfied and positive about integrated services. They argue that integrated services are beneficial for them and their children (Oliver, Mooney & Statham, 2010). Still, there is no causality. In order to get a sense of how integration can or cannot be helpful to parents, we need to find out what contributes to these perceived benefits and what does not.

Sharing information

Sharing information is mentioned as an essential aspect of integration, as it can be an aim as well as an outcome (Oliver, Mooney & Statham, 2010). Some clients want providers to know their history and care plan without having to repeat information (Walker et al., 2013). They indicate that it prevents receiving conflicting information, that often brings frustration and duplication of effort as a result. People do notice if information is not shared with other providers (Walker et al., 2013). On the other hand, people are not always aware of the fact that personal information is shared. Difficulties arise when networks are established in sharing information of clients. Multidisciplinary procedures and dialogues often lack ethical and privacy related legislation (Busch, Van Stel, De Leeuw, Melhuish & Schrijvers, 2013). Professionals are constrained to share important client information with other professionals while it remains unclear who is in charge of and responsible for confidential information, and this influences the quality of multi-disciplinary practices (Busch et al., 2013). The exchange of information takes place in formal procedures as well as informally (Frost, 2005). The way in which information is shared and reported is an important issue to consider as the flux of information can be difficult to control, especially in a movement towards integration. Do parents still have the possibility to tell their story to different agencies themselves or is their story told for them?

The network as a panopticon

The formation of a network in order to work in a joined-up way can arise from different drivers as mentioned earlier in this paper. According to Allen (2003) there are two dominant drivers in policy and practice, namely the pursuit of filling the gaps and reducing the overlaps in welfare provision resulting from a lack of coordination and overcoming a separate (sectoral) approach to multidimensional problems. Clients appreciate that providers help to facilitate additional support and make connections with other services and with alternative resources, based in the broader community (e.g. transportation) (Walker et al., 2013). The integration of services tends to lower the threshold for parents towards other services, especially when they are located under the same roof. Professionals indicate that clients disappear less quickly from the radar (Busch et al., 2013). The finding that people stay more easily under the supervision of services is important to acknowledge. Allen (2003) warns, however, that a joined-up approach can imply that a holistic practice can become very controlling. A better coordination between actors means a narrower monitoring of people, which can result in a reduction of freedom. An integrated approach may limit parent's choices in shopping around services (Jeffs & Smith, 2002; Allen 2003). From a governance perspective this may be effective, but this is not necessarily the case from a parent's perspective, as it can imply that service users cannot dissociate themselves from the web that is formed by the network. Is integration perceived as enhanced control and a loss of autonomy?

Continuity

An important aspect of integrating care is continuity, the sense of continuous familiarity involving in a longitudinal relationship, over time and setting. It is desirable that the network of services is responsive to the clients' preferences and needs. Professionals conform that multidisciplinary working promotes the continuity of care (Busch et al., 2013). Besides continuity over services, continuity over time is an important concept in the strive to integration and in formulating an appropriate response to poverty. When children grow up, they experience several transitions during their lives. The transition from home to childcare, from childcare to pre-school, from pre-school to primary school and next to transitions during the educational trajectories, also transitions to the workforce and adulthood. The transition of young children starting school is of great importance. Transitions represent risks but also opportunities as they are periods of change. It is important to work with the different actors (parents, caregivers, schools,…) that are involved in these periods and that these transitions are supported (Rochford, Doherty & Owens, 2014).

Even if services are supposed to integrate, some continue to act and think as detached and lack the sense of working together within a higher multidisciplinary structure. Professional tasks and competences may be adjusted in order to be responsive to the client's needs and serve an integrated answer. Social workers from the Parent and Child Centres (PCC's) in Amsterdam indicate their fear that if this multidisciplinary structure expands to much, it will establish a new fragmentation of services (Busch et al., 2013). It is also more likely that workload will rise, although there is mixed evidence on the impact of integrated working (Oliver, Mooney & Statham, 2010). Abbot et al. (2005) point out that several authors believe that multi-agency working generates better coordination of existing provision, but on the other hand generates no new services that can be more responsive to the family's needs.

Forming connections

The complex relation between the needs of parents and the compliance of professionals is important to consider in constructing a vision on the delivery of services (Abrahamsson & Samarasinghe, 2013). Not only is the quality of interactions between parents and staff important, this also applies to children and staff. Children made more progress when the staff was responsive to their needs (Sylva, Melhuish, Sammons, Siraj-Blatchford & Taggart, 2004). Parents indicate that it is of importance that the family is seen and treated as a unit and not as separate individuals with separate needs (Abbott, Watson & Townsley, 2005). It is therefore important that services offered by different organizations are tuned well.

Research on the professional discourse shows that there is a consensus that integrated working can lead to greater understanding of different roles of different partners, but also brings a greater confusion about identities (Atkinson et al., 2007). Successful clustering of many health and social care services across different sectors creates a mutual goal and vision that reflects the commitment of different participating organizations (Curry et al., 2013). This can be helpful in shaping one's own role and profile as an actor in the network. Does an integrated service also create integrated responsibilities and an integrated commitment concerning a family's situation?

Capturing complexity

To target better outcomes for vulnerable children and families there are some conflicting tendencies that integrated working needs to accommodate. These tendencies derive from the bureaucratic urge to rationalize and predict versus the refusal of complex social problems and realities being rationalized (Hood, 2014). Both tendencies will not exclude each other and a balance need to be found in policy and practice. The recognition and awareness that this tension will be specific to all acts of the concerned stakeholders is import for dealing with this conflicting trends.

> "*The current approach to integration in children's services, driven by managerial models and concerned primarily with risk and accountability has arguably given too little thought to the unpredictable dynamics that beset complex casework. In doing so, many of the so-called 'integrated' processes and tools in use today may be hindering professional expertise just when it is needed the most."* (Hood, 2014, 39).

When managing complexity we can question if this in practice refers to managing the organizational level (structure) or managing the individual level (client) or both. What are the possible drivers of this and to whom or what is complexity attributed? What can networks grasp that could not be grasped if we did not work in an integrated way? When provision is renewed and restructured to get a better answer to this complexity, does this also mean that the offer better fits the social reality of the client and will be more responsive?

Considering the broad diversity that integration of services and networking may include, it is relevant to examine how local actors actually shape local networks against child poverty. We will try to find out if these local network constructions contribute to the quality of social service delivery experienced by families in poverty. This could be explored by including different aspects that may capture quality, namely availability, accessibility, affordability, comprehensibility and desirability of social services. We can look at these to find out what parents credit to the integration of services and how it affects their parenting conditions from their perspective.

In short, additional research is needed, in which the governance perspective is confronted with the meaning making of parents in general, and of parents living in precarious conditions in particular.

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