

JULY 2022

# Beyond Boundaries

Research on the integration of early years systems  
and services in London and how to work better together

Jodie Reed, Natalie Parish and Sarah Baker – Isos Partnership

# Contents

- Foreword** ..... 3
- Executive summary** ..... 4
- 1. Introduction** ..... 11
  - Early years integration: a London priority
  - An opportune moment
  - This report
- 2. Meanings and methodology** ..... 14
  - What we mean and understand by “early years integration”
  - Methodology
- 3. Why good early years integration matters** ..... 18
  - What London parents say
  - Impact on children and families’ outcomes
  - Impact on how effectively we support children and families
- 4. How integrated are we in London?** ..... 23
  - How well groups of professionals work together
  - Strategic plans and processes for integration
  - Consistency of integrated support across areas
  - Sub-regional and pan London integration
  - Impact of future developments
- 5. What’s getting in the way?** ..... 34
  - Technical blockages
  - Stretched capacity
  - Cultural barriers
  - Tensions about level
  - Shifting landscapes
  - Competing priorities
- 6. What works: enabling effective integration at the local level** ..... 45
  - Purpose and priorities
  - People and place
  - Partnership and process
- 7. Moving further beyond boundaries** ..... 65
  - Raising the bar at the local and neighbourhood level
  - Coming together across London
  - Creating a national policy environment for effective integration
- Annex A: Case study boxes – effective early years integration in London** ..... 69
- Acknowledgements** ..... 84

## Foreword

The care provided during the first years of a child's life has more influence on a child's future than at any other time in their life, with a significant effect on wellbeing and longer-term outcomes.

The range of support needs during pregnancy and the first five years of a child's life can make it challenging for families to navigate different services that they may need support from – including maternity services, health visitors, primary care teams, early education providers and many more. Where services are not joined up, it has left too many families not accessing all the help they should get – especially those with additional needs.

Well-connected and integrated early years services can help to make sure families access the right support at the right time.

We're calling on partners, local leaders within councils, in health and the community, to prioritise the development of closer working to integrate all parts of the pre-birth to five system so that the support families may receive from different services is as seamless as possible.

It is important to remember that we are not looking for one way of integrating the early years system. There are different ways to bring services together, and we will still need local decision making that responds to community needs.

Unsurprisingly, people and place are key. Integration of services relies on strong mutual understanding of joint priorities, roles and responsibilities, and the space to work together and connect. Having families involved in shaping services to better meet their needs is also crucial.

There are hurdles to tackle head on. Technical and cultural barriers as well as pressure on capacity and competing priorities are holding up more joint work.

As for local leaders, we will need to work together to make sure that the needs of families at this crucial stage are considered in decision-making at all levels.

Let us make sure we do not miss this opportunity to galvanise early years services to work together to improve support for families across London – including the many children and families who have missed out on vital early years support due to the pandemic.

**Cllr. Ian Edwards**

Executive member for Children and Young People  
London Councils

## Executive summary

### Introduction

**What does effective integration across early years systems and services look like for babies, young children and their families in London? To what extent is it in place already, and what further steps are needed to create joined-up support and ensure no child falls through the net?** Given the complexity of lives and support needs during pregnancy and the first five years of a child's life, these are universally important questions. They are especially vital to pose in a city such as London, which has a high proportion of disadvantaged children, and many families who are not confident in navigating systems of support. New needs and pressures created by the pandemic and the early stages of the cost-of-living crisis have also set the scene for an urgent look at how services can work together more effectively. The introduction nationally of new Integrated Care Systems (ICSs), with the accompanying duty on the NHS and local authorities to collaborate, makes this a good moment to think about how we progress early years integration. As does new investment in family hubs and greater national recognition of the need to join up support in the critical first 1001 days of life.

### Meanings and methodology

**Our starting point was that there is no one fixed model of 'good early years integration'.** Service integration is a means of achieving child and family-centred services, not an end in itself. There are a spectrum of options and the form and depth it takes is a matter for local areas to determine, based on local need. It is constantly evolving, the product of multiple systems with many moving parts.

**We set about exploring current forms of integration across pre-birth to 5 services in London, drawing out learning through a mixed-method approach. The local authority has been our primary lens, but we have focused equally on the integration with health and voluntary and private sectors.** We reviewed literature on integrated services, interviewed regional and national experts, surveyed all London local authorities (with an 81% response rate), and analysed national data on children's centres. And we also conducted fieldwork interviews, workshops and focus groups with senior and strategic leaders and professionals across a mixed sample of eight local authorities across the city, including looking at five areas in depth. We spoke to small groups of parents through online workshops and visiting drop-in sessions.

### Why good early years integration matters

**Well-integrated early years services and systems can transform lives and this was a clear message from London parents we spoke to.** They told us that when services are integrated effectively it helps them to access additional support that they had not realised their child needed, and find their way to specialist help more quickly. It also smoothed transitions and allowed mainstream services to better tailor responses. Conversely, when services are not joined up, this causes frustration, especially for the more vulnerable and those new to the system, including first-time parents and recent UK arrivals. Families who have high needs but are less visible to the system, and are less familiar with it, are at significant risk of falling "through the net".

**Impacts of integrated systems and services on children and families' outcomes are difficult to measure, yet over time Sure Start Children's Centres have demonstrated clear benefits.** These benefits include less parent distress, less likelihood of dysfunctional parent-child interactions and a better home learning environment. Multi-agency working was one of the characteristics of Sure Start clearly linked to better outcomes, including improvements in children's pro-social skills and non-verbal

reasoning. Several years on, economists have been able to prove that, by age 11, children in areas with greater Sure Start coverage saw fewer hospitalisations, offsetting 6% of the programme's costs.

**Past qualitative research has also demonstrated that integrated working in the earlier years has a host of positive effects on the processes that are likely to support better outcomes for children and families – and we found that these effects were evident in London too.** They include: increased understanding, trust and cooperation between services; better communication and consistent implementation of services; less duplication of processes across agencies; more user involvement in shaping services; more early identification and up-stream support; and a smoother path from universal to targeted and targeted to specialist support.

### How integrated are we in London?

**All local authorities interviewed stated that early years integration is a priority.**

**Professionals often work in a close and integrated way at a local community level.** Most local authorities told us that they had “organised multi-agency working at the local, community level across 0-5 services across the borough”. We heard multiple examples of good joined-up working among professionals within neighbourhoods, even where local authority policies and structures were not in place to support this. There are also a few community impact initiatives operating at the sub-local-authority level with external support. However, locally negotiated arrangements can be fragile, and while lockdowns provided impetus for some professionals and services to forge new links, local authorities and their partners have had to focus on addressing immediate pandemic-related pressures.

**Integration appears particularly strong at some service interfaces, although there is clearly further to go, particularly between council-led support and key health services.** Local authorities rate integration between special educational needs and disability (SEND) services, including speech and language, and other early years services as strongest. Professionals were particularly positive about the use of multi-agency panels and single pathways in speech and language. However, parents of children with emerging needs conveyed a sense that support often feels inconsistent and episodic. Many councils were positive overall about integration with private and voluntary sector childcare providers; however, the picture appears polarised across areas, and some felt that integration is becoming harder. Health visitors are considered to be relatively well integrated with local authority services but less well integrated with schools and maternity services. Councils perceive the greatest disjoints to be between council-led early years services and GPs and maternity services. This message was echoed by the parents we spoke to, who depended on GPs but did not always feel that their advice or signposting was well aligned with other sources of support.

**London local authorities and their partners vary significantly in the extent to which they have put in place the core structures and processes to support integrated working.** Just over a quarter (27%) of those who answered our survey said they have a clearly articulated shared vision for how different services and agencies should work together in response to local maternity and early years needs. Similarly, a quarter to a third of local authorities reported having key strategic mechanisms for effective integrated working firmly in place. The largest proportions say they are just starting to put in place a shared vision and key mechanisms, but others lack any of the basic structures for integrated working or, more often, have them but do not feel they are embedded. For example, of those with joint information-sharing protocols across health and council-run services, around half said they were “not consistent/active/influential”.

**Differences in levels of funding and integration across areas mean that children and families in London often feel they face a postcode lottery in accessing early years services.** Unlike with hospitals

and schools, families are usually restricted to early years and family support provision within borough boundaries. Where a strong, locally integrated offer exists, much of it appears to reflect the presence or legacy of children's centres. Our analysis suggests that these have been preserved slightly better on average in London than nationally. However, variation is again substantial: one borough had seen a reduction of 20 centres, while four boroughs had not lost any at all.

**The general absence of systematic integration of support and information systems across local authority boundaries also causes significant problems for families.** Sometimes the services that families living near local authority boundaries are entitled to access are not clear, even to professionals, causing delays in getting support. Where the offer across boundaries is clear, it does not always appear to take account of the practical needs of parents, who value services within pram-pushing distance. The lack of integrated cross-boundary, cross-service information systems is also problematic. Professionals feel concerned about losing track of many vulnerable families who move beyond boroughs. Parents typically acquire information about how to access support from a variety of formal and informal sources. Navigating this is especially hard for parents who have recently arrived in the UK, are poor English speakers, have poor literacy or limited internet access.

**There are a variety of collaborative forums that support early years at a sub-regional and pan-London level, but currently no sense of a single, clear, coordinated approach beyond boroughs.** Senior leaders tended to consider that there is potential to work more closely to develop common principles and joint solutions on shared early years challenges across London, and within sub-regions. In coming together, some felt that London local authorities could provide a strong and common voice on early years.

**There is a sense that both family hubs and Integrated Care Systems (ICSs) are already acting as catalysts for progressing integrated working around the early years, but do not offer a panacea.** At the local and neighbourhood level, the process of bidding for family hubs funding has begun to bring local partners together to think about how they can deliver more integrated provision. However, hubs have been funded in fewer than half of London boroughs, and we observed a risk that pressure to focus on different ages could mean that some do not include a clear and holistic focus on children from pre-birth to 5. Within ICSs, greater recognition of babies and children required in legislation, has the potential to improve consistency of focus, but it will not automatically advance sub-regional working on early years in the face of financial pressures on acute care, nor will it necessarily address cross-boundary issues not related to health.

### What's getting in the way?

We have identified six broad types of challenge to progressing early years integration in London.

**First, technical blockages due to mismatched legal rules and national frameworks.** Rules around information-sharing and mismatched IT systems were most frequently cited as obstacles to integration in our local authority survey, and this was echoed by a range of partners. Inflexibility around the use of ring-fenced budgets, differing national professional frameworks, and differing pay and conditions across local authorities and the NHS were also viewed as technical blockages beyond local control.

**Second, capacity challenges at the strategic and operational levels.** At the strategic level, lack of capacity is seen as impeding the ability of local authorities and clinical commissioning groups (CCGs) to lead and drive the change required for integration. Lack of operational and frontline capacity among key professionals is also seen as undermining the ability of services to come together around needs, to introduce new joint working practices and jointly develop solutions to problems. Capacity in health visiting and early education and childcare workforces are particular concerns.

**Third, cultural barriers across organisations, professions and sectors.** Difficulties integrating are often to do with less tangible cultural factors. Differences in types of professional language and the natural desire to protect organisational sovereignty were identified as barriers that could impede effective partnership. Professional anxiety over role and status can also feed resistance to change.

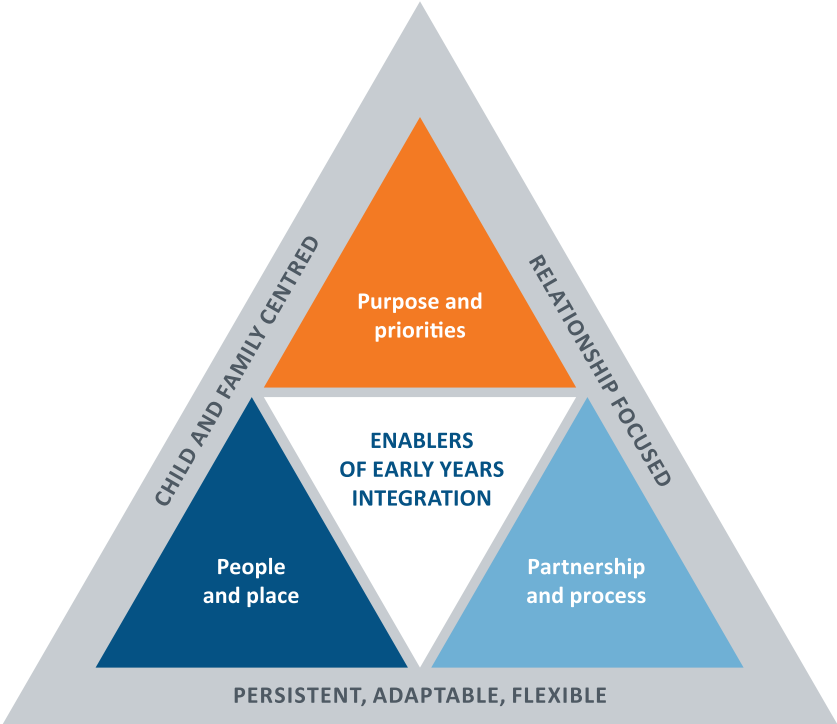
**Fourth, tensions about geographical level.** Discrepancies between local authority and commissioning health agencies' footprints can be an issue, resulting in local authorities needing to negotiate with multiple partners to align services around a clear offer or pathway. Commissioning on a wider geographical level (for example London or sub-region) is also considered to impede the ability of local services to develop locally responsive integrated approaches.

**Fifth, shifting landscapes.** With each shift in organisational structure and boundaries of responsibility, different interfaces become important for integration, corporate knowledge is lost, and new agreements and relationships must be formed. Complexities created by top-down NHS structural reforms, school academisations, the commissioning and regular recommissioning of services, demographic change, and diversification of an already complex early education and childcare market are all seen as challenges.

**Sixth, competing priorities and incentives.** The pandemic caused significant disruption for all services, and the pausing of initiatives to integrate early years services across the city – with many only just getting back on track. Longer term, lack of prioritisation of early years within policy, funding and governance forums is seen to have been exacerbated by financial pressures. This has shifted focus to statutory services. In some cases, a local focus on early intervention and early help helped to maintain ambitions around joined-up early years services but offered little in terms of goals, funding and accountability related specifically to the early years.

**What works: enabling effective integration at the local level**

Through our research, we have identified 12 common enablers of effective integration at the local authority level organised into three broad categories, with three cross cutting themes:



## The 12 enablers

### Purpose and priorities:

- Sustained, long-term senior leadership commitment to working beyond boundaries to deliver the best possible early years outcomes
- A common agenda, collective analysis and shared approach across all partners in the local authority, health service and the private, voluntary and community sector
- Joint monitoring, governance and problem-solving forums to pursue goals and objectives on early years integration
- Communicating the strategy and the rationale of early years integration to everyone in the system. When changes are being made, listening, and being able and willing adapt

### People and place:

- Strong mutual understandings of roles, responsibilities, priorities and pressures across the early childhood workforce
- A core of working practices that bring a wide range of staff together on a day-to-day basis to build relationships and respond to needs
- Aligned locality-based organisation that is 'of' and responsive to the community
- Presenting as a single, cohesive early years service to families, with consistent messaging about the offer and clear entry points – no wrong door

### Partnership and process:

- Effective information-sharing with partners – taking a purposeful, clear and positive approach
- Establishing shared goals and constructive, open dialogue with delivery partners – including commissioned partners and those not directly commissioned
- Valuing families and the community as partners in shaping and delivering integrated early years support
- "Do, review, reform" – embedding a cycle of continuous improvement as a joint endeavour

A series of short London case studies at **Annex A** illustrate these enablers in practice.

## Moving further beyond boundaries

Some recurrent values, principles and priorities have emerged from our research, which the system needs to take into greater account in order to create environments that allow integrated early years services and systems to genuinely thrive. These can be summarised as:

- **put the lived experiences of children and families front and centre** – recognising the complexities of the journey from pre-birth to 5 and the fact that families do not live their lives within administrative boundaries



- **foster a culture of human connection across boundaries** – create the space to forge strong vertical relationships from the frontline to strategic roles, and horizontal bonds across different parts of the workforce and wider partners
- **take into account the interconnectedness of integration at different levels** – and the trickle-down effects of integrated (or unintegrated) ways of working at national, regional and local levels, and within organisations and agencies
- **address high levels of variability in standards of support and integration head on** – while also valuing local decision-making that reflects community needs and optimising place-based approaches
- **identify and address the “early years and baby blind spot”** – ensuring that the needs of families at this critical stage are fully factored into decision-making at all levels, and that services are invested in fairly and valued equally, so that they have the true capacity to integrate.

## In practice this means...

### Raising the bar through actions at the local level

1. Local system leaders within councils, and in health services and the community, should learn from the most effective, coordinated and unified models of early years integration in London, and set a vision and plans locally to match this.
2. Local leaders should use family hubs as an opportunity and lever to explicitly strengthen the integration of the pre-birth to 5 offer, even where they are facilitated in schools or other community settings. And continue to harness the potential of children’s centres.
3. Local leaders should prioritise collaborative work beyond their geographical boundaries, including with neighbouring local authorities, to jointly take account of those families who move around or need to access services across borough borders.

### Coming together across London – regional and sub-regional recommendations

1. London Councils, existing pan-London leadership groups and communities of practice should share experiences and knowledge around achieving effective early years integration on a more systematic basis.
2. Strategic leaders across London local authorities should come together to establish a common set of early years service principles and standards for London, broker joint solutions to shared challenges and speak with a more coherent voice to partners in health services and government. Potential for a common early years pathway could be explored.
3. Partners should make full use of the new opportunities for collective planning and strategy afforded by Integrated Care Partnerships, to prioritise the development of more joined-up working across council-led early years services and critical early years health support services. Partners should also build on current opportunities to explore better links between GPs and council early years services via social prescribing.

## Creating a national policy environment for effective integration

1. The government should build on positive initiatives, including rolling out support for family hubs to more areas, ensuring that all hubs include an explicit integrated offer across the pre-birth to 5 period, and providing multi-agency 'drop-in' services at a local venue for parents with children in the early years, where they can get direct support and referral to more specialist services.
2. Government departments and national agencies should systematically address the six common challenges to integration highlighted in this report when designing and reviewing policies. Applying this approach we recommend:
  - Government and the Department for Health and Social Care should develop a consistent, cross-department national outcomes framework across the pre-birth to 5 period for the whole system, shaped around the lived experiences of babies, children and their families.
  - Government and the NHS should seek to create an enabling environment for early years integration through better practical guidance on information sharing, and renewed exploration of how unique identifiers, such as NHS numbers, might be used across transitions and when families move.
  - National government departments should prioritise investment in frontline capacity in key mainstream early years services, developing a long-term integrated strategy for the whole early years workforce – planning for 'one workforce'.
  - Government and national agencies should take a more active approach to aligning priorities, expectations and language used by different professional groups, and in different national frameworks.
  - The NHS, the Office for Health Improvements and Disparities and relevant government departments should closely monitor the impact of changing commissioning arrangements under new Integrated Care Systems to ensure early years services are sufficiently prioritised, locally responsive and integrated with local authority services.



## Chapter 1: Introduction

The purpose of this research, commissioned by London Councils, is to explore effective models of service integration to support babies, children and their families from pre-birth to 5 in London. As some of the damaging effects of the pandemic and successive lockdowns on the youngest children have emerged, London Councils identified the need for research that would empower local authorities and their partners in health and the wider community to reflect on how they work together, and create a solid foundation to progress joined-up support and more holistic experiences for London children and families in the future. This research draws on the existing evidence base on early years service integration, and develops new insights gathered through interviews and workshops with early years leaders and professionals across the city, as well as conversations with London parents and a survey of local authorities. This report brings together our findings and suggests how London local authorities and their partners might further promote early years integration beyond boundaries.

### Early years integration: a London priority

**“Anything I can think of around informed children’s policy is fundamentally around integration, bringing down structural boundaries and delivering services in an agile and fluid way to families.”**

Director of Public Health

The principle that services must work in a close and integrated way to deliver the best possible support to babies and children in the early years, and their families, is not new. Integration has been a key tenet of early years public policy nationally for more than two decades, and enshrined in law since 2006<sup>1</sup>. Since long before that, system leaders and professionals from across the early years workforce have recognised the need for health, local authorities and the private, voluntary and community sectors to join up and collaborate, putting children at the centre. The complexity of lives and support needs during the journey through pregnancy, birth and the first five years, especially for the most vulnerable, highlights the value of networks of services working in an aligned and integrated way. No single service or agency can deliver a holistic response to a family’s needs. Without integration, families at this critical life stage are thus at risk of not being able to access the right support at the right time, or, worse, becoming lost between different services and not accessing any support at all. This can mean missed opportunities to prevent issues and inequalities emerging, with long-term consequences for individual life chances and for society.

This is particularly true in a city such as London. While the percentage of children achieving a ‘good level of development’ in national assessments at age 5 is above average across the capital, needs are also particularly great. Child poverty rates in London remain among the highest (and most varied) nationally, with families who have children aged 0 to 4 most likely of all to be living in poverty, and many black and Asian ethnic minority groups over-represented.<sup>2</sup> As a city with incredible diversity and many migrants, lack of familiarity with the system, language barriers, high transience and cultural factors also contribute to challenges for many parents navigating support and to low access and participation

---

1. The principle of synergy between local partners on the practical arrangements for delivering support to families in the early years was enshrined in national policy through the Childcare Act 2006, which provides two duties:

- “Duty on local authorities to make arrangements to secure that early childhood services in their area are provided in an integrated manner in order to facilitate access and maximise the benefits of those services to young children and their parents.”
- “Duty on commissioners of local health services and Jobcentre Plus (as ‘relevant partners’) to work together with local authorities in their arrangements for improving the well-being of young children and securing integrated early childhood services.”

2. Joseph Rowntree Foundation (2022) [UK Poverty 2022: The essential guide to understanding poverty in the UK](#).

rates in relation to important key services. London has, for example, long held some of the lowest take-up rates nationally of free early education and childcare entitlement places for 2-, 3- and 4-year-olds. And while London families are more likely to receive a new birth visit from a health visitor than those in most other regions, they are among the least likely nationally to receive their 8-week or 12-month review.<sup>3</sup>

The pandemic and cost-of-living crisis have set the scene for a more urgent look at how early years systems and services can work together more effectively. Many services already feel stretched, and there is strong and growing evidence of an increase in longer-term support needs across a generation of babies and young children, especially in relation to speech and language and personal, social and emotional development.<sup>4</sup>

The risk of babies and young children in London being “invisible” to services is also likely to have grown substantially compared with the period before the pandemic, due to a combination of factors, including: increased transience, family and parent support services being slow to recover, and an increased reticence among some families to engage or re-engage. The latest figures, for example, show that over a third of London families with 2-year-olds are not taking up their targeted free early education entitlement – significantly up from before the pandemic.<sup>5</sup> Just under half of babies in London did not receive their 12-month health visitor review within the first year in the period to May 2022.<sup>6</sup>

**“The pandemic has had a big impact. We are now starting to see referrals coming in from children who’ve lived their whole lives in the pandemic. We’re starting to see higher and more complex needs. There’s a generation who’ve missed large chunks of nursery and everything else.”** Speech and language therapy manager

### An opportune moment

A number of new opportunities make this a timely moment to undertake a project to progress early years integration. There is evidence nationally of new and evolving relationships between early years services at neighbourhood and local level, with new partnerships and ways of working together forged in lockdown, and a strong appetite at the frontline for building on this.<sup>7</sup> This was echoed by a number of leaders and professionals we heard from in London..

**“Some things have got better in the pandemic. For example, we set up alongside maternity services. Once families are discharged from midwifery to health visiting now, they will have already had contact from infant feeding team.”** Health visitor

**“During Covid period we’ve done more integrated working. We had foodbanks in all our children’s centres and we had a massive baby bank so people in the community were also involved. All of the services – social care, health visiting – were coming to us and we were helping get families that support through food drop-offs, infant feeding formula and baby clothes. We embraced other services during Covid.”** Children’s centre manager

---

3. Office for Health Improvement and Disparities (2022) [Health visitor service delivery metrics experimental statistics: quarterly data for 2021 to 2022](#).

4. Ofsted (2022) [Education Recovery in Early Years Providers: Spring 2022](#).

5. Greater London Authority (2021) [London Education Report](#).

6. Office for Health Improvement Disparities (2022) Ibid.

7. Reed and Parish (2021) [Working for babies: lockdown lessons from local systems](#), Isos Partnership/First 1001 Days Movement; Reed and Hogg (2021) Working for babies: listening to local voices for a better recovery, Isos Partnership/LGA/First 1001 Days Movement.

**“Through the pandemic, children centres were a key community response and we have developed strong working relationships with the voluntary sector during this time to provide much needed wrap-around support to our most vulnerable families.”** Local authority survey response

Integration has become the prime focus of a great deal of national policy, partly in recognition of the opportunities and challenges provided by the pandemic. The Health and Care Bill creates a new duty on the NHS and local authorities to cooperate through 42 Integrated Care Systems (ICSs). This could open the door to greater collaboration between health services and local authorities at a regional, sub-regional and place-based level within London’s five ICS regions. Integrated Care Boards (ICBs), which sit within each ICS, will all be required to nominate an executive children’s lead, ensuring leadership for babies, children and young people. In parallel, the autumn 2021 budget has seen significant investment in Andrea Leadsom’s Start for Life proposals, which will increase perinatal mental health and parenting support for families with children aged 0 to 2, as well as new funding to establish family hubs in some areas, 14 of which are local authorities in London. Although family hubs will have a broader 0 to 19 remit, they are expected to have a significant Start for Life element and include multi-agency boards, co-designed services and pooled budgets. Alongside this, funding for Supporting Families – formerly the Troubled Families Programme – has also been increased. This is to encourage agencies to develop integrated early intervention targeting and support for at-risk families, including many with children in the early years.

## **This report**

This report brings together what we have found in our research for London Councils. We set out our starting point in terms of methodology and what we mean and understand by early years integration (**Chapter 2**). We go on to summarise evidence on why integration matters (**Chapter 3**) and our learning and observations on how integrated early years services in London currently are (**Chapter 4**). The following chapters delve into the factors that both inhibit and enable integration across the city (**Chapter 5** and **Chapter 6** and the bank of short case studies at **Annex A**). This analysis informs a set of recommendations at the sub-regional, pan-London and national level that seek to promote an environment in which partners are more able and inclined to think and collaborate beyond service and geographical boundaries (**Chapter 7**). It also provides a framework for thinking about progressing integration at the local authority level which, at the time of writing, we are co-developing with colleagues across London into a tool for early years integration and self-evaluation and reflection.

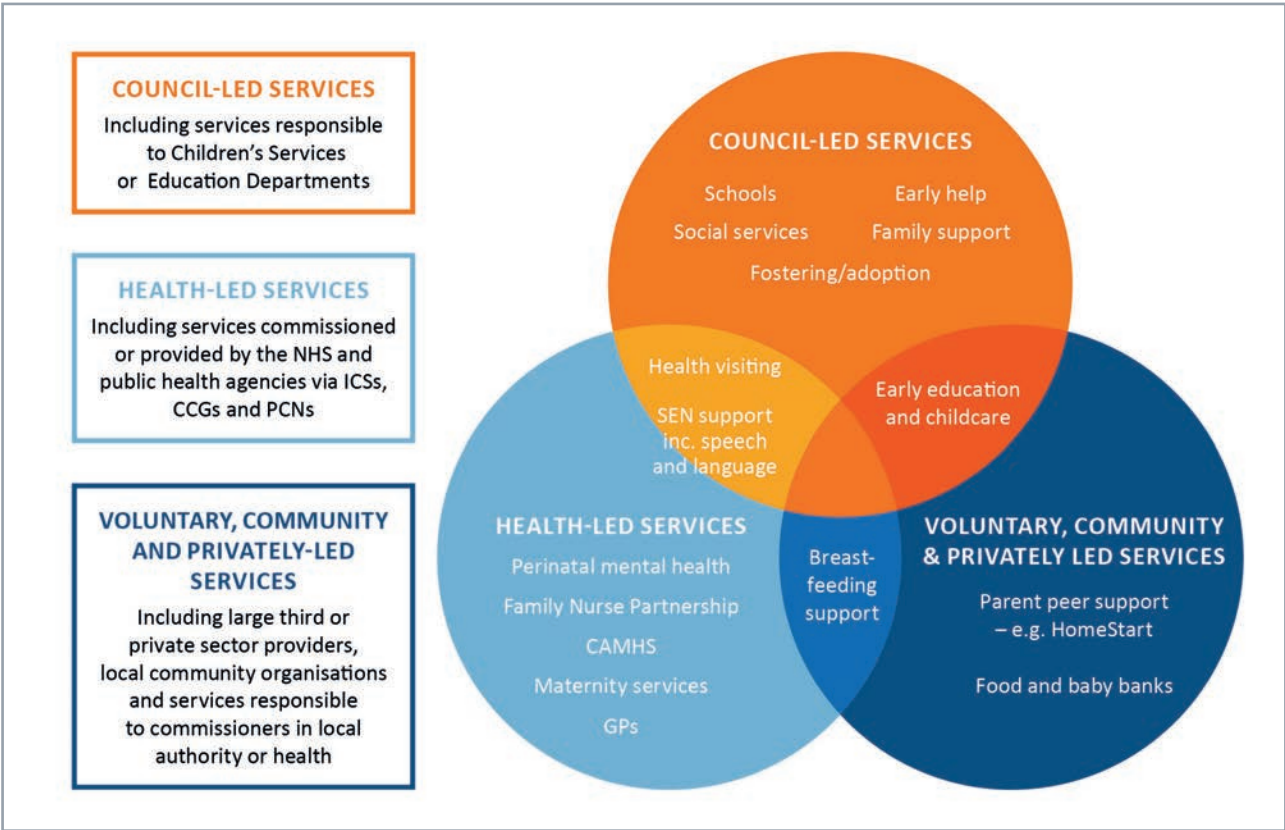
## Chapter 2. Meanings and methodology

This chapter sets out our starting point in terms of what we mean and understand by “early years integration”, and the methodology we have used to investigate early years integration in London.

### What we mean and understand by “early years integration”?

“Early years integration” is a broad concept used to describe services across a system working together to improve outcomes for babies, young children and their families. It is a means of creating more effective and family-centred support – not an end in its own right. National statutory guidance states, “Integrated working is where everyone supporting children works together effectively to put the child at the centre, meet their needs and improve their lives.”<sup>8</sup> Academics tend to emphasise the “network” element, for example: “a network of services working together within one system ... In relation to early years, integration primarily concerns a coordinated policy for children under which different sectors such as social welfare, health, education and employment services work together in integrated networks.”<sup>9</sup> The Early Intervention Foundation has previously framed it as “bringing together and merging different systems relevant to the early years, primarily across health and local authorities, to create coherent family services”, describing the main aspects as including local partnerships, governance arrangements, information-sharing and leadership, through to frontline service delivery across health visiting, maternity services and early years services such as children’s centres.<sup>10</sup>

Figure 1: Local systems of early years support



8. Department for Education (2013) [Sure Start Children’s Centre Statutory Guidance](#).  
 9. Pascal, Bertram and Peckham (2019) [Integrated Early Years Systems: A Review of the national evidence](#), Wales Centre for Public Policy.  
 10. Messenger and Mallow (2014) [Getting it right for families: a review of integrated systems and promising practice in the early years](#), Early Intervention Foundation.

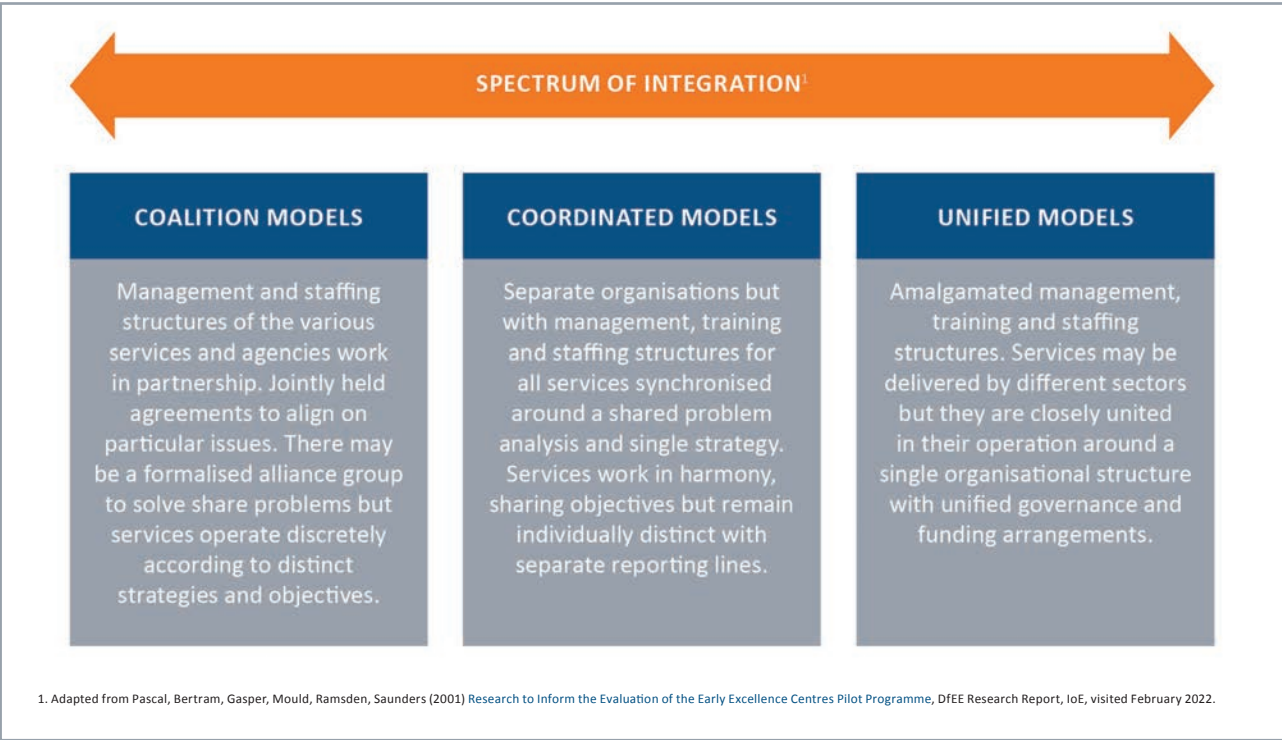
In this report we are **concerned with the coming together of a full range of services that support children and their families on their journey from pre-birth to 5, including council-led, health-led and voluntary and community sector-led services**, and the many services that could be said to be more than one of these things (See **Figure 1** for an illustrative diagram). We have engaged with individuals from across sectors and agencies, although, as a project for London Councils, the local authority has been our primary focus.

**“Integration” happens at a national, regional, sub-regional, local and community level, and all of these were part of the initial project brief.** It is very clear from studying past initiatives to join up services that extent to which aligned and joined-up approaches are taken at national or regional levels often frames what is, and is not, possible to achieve and sustain through working together locally. Local and neighbourhood approaches can also feed upwards as pilots to influence broader policy design and thinking about integration.

Critically, while we have sought to identify “what works”, **it has not been our objective to specify a particular model of integration.** We have found no consensus across the literature, or across any of the experts we spoke to, for a single optimal model of early years integration. There is consensus instead that **the level and shape of integration you are trying to achieve, and to a significant degree how you get there, is a matter for local definition.** And the extent or “depth” of integration is best thought of as a continuum that spans join-up and alignment of very separate entities to full unification. We have adapted a model below to illustrate this (See **Figure 2**). The key point is that ambitions will rightly vary depending on local need, the existing landscape of support and the appetite of all local partners – or, in other words, the problem that needs fixing.

**“There is no such thing as an integrated system that we are all heading for ... There are all these incredibly clever (stroke simple) theories about how people can work together – but none of them provide a simple solution.”** Senior national expert

**Figure 2: Spectrum of integration**



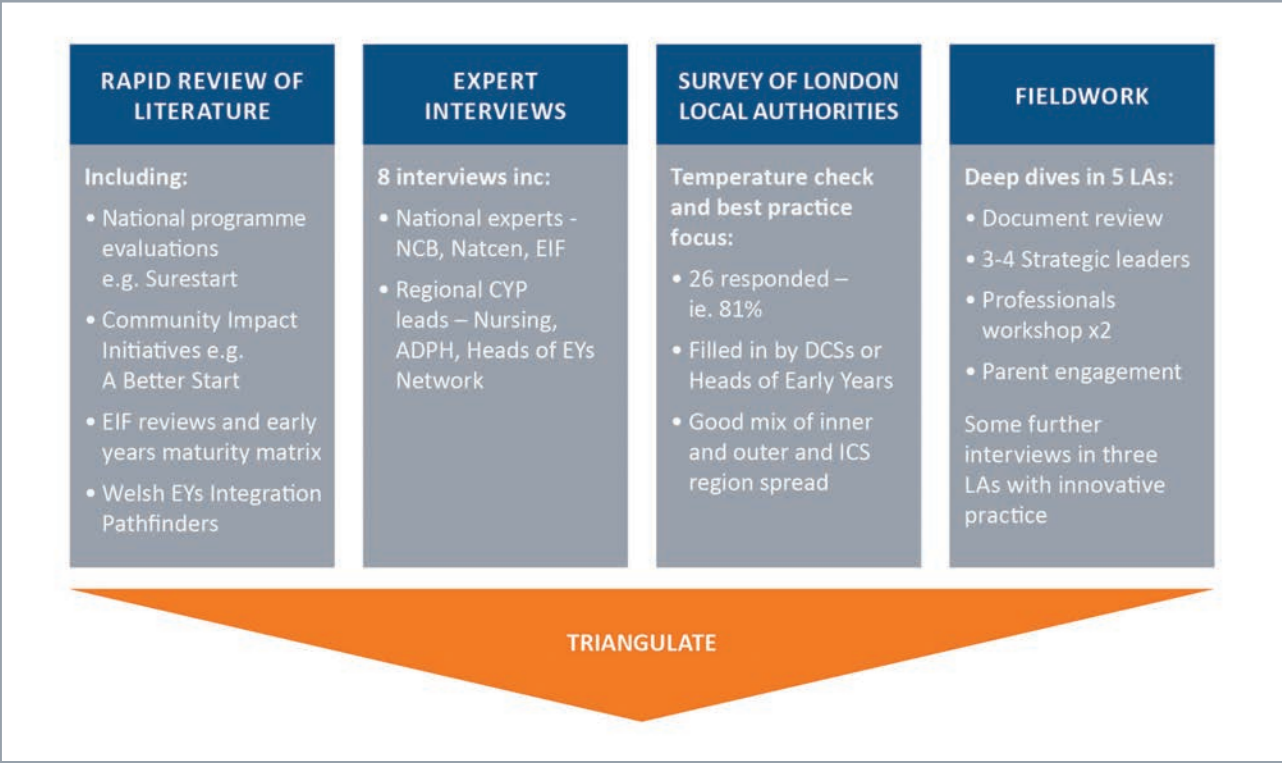
Early years integration is also not fixed, in the sense that it is a **continuous change process across multiple people and moving parts of a system. It is about people and culture and thus progress is often not linear and there is not a definitive “end point”**. This is well articulated in a lot of the US literature on collective impact initiatives, which emphasise the critical role of relational working.<sup>11</sup> It was also articulated in different ways by several of the strategic leaders we spoke to.

**“We are 5 years into the journey and there have been points during that time we’ve been incredibly depressed about. You’ve got to bring your workforce with you. You can’t do everything at once. We talk about change now like its one big change and there are some things like that but generally it’s not like that.”** Head of Commissioning

**Methodology**

We used a combination of research methods between February and May 2022 to explore the questions posed by this research. These are summarised at **Figure 3** and consisted of a rapid review of the literature, interviews with eight national and regional experts, a survey of London local authorities (completed by over 80 percent of local authorities in London), and fieldwork interviews, workshops and focus groups across eight London local authorities. We focused our more in-depth fieldwork on five local authorities that had positive service and outcomes data. These were carefully selected to represent a balance of child deprivation levels and inner- and outer-London boroughs, and to be representative of each of London’s 5 Integrated Care System (ICS) regions. In each of these areas, we sought to review key documents and interview strategic leaders (including Lead Members, Directors of Children’s Services, Directors of Public Health, commissioners and Heads of Early Years). We also held

**Figure 3: Methodology**



11. In the last 30 years there has been a trend in the US for ‘collective impact initiatives’ – and this has spread more recently to the UK, including London. Collective impact initiatives are largely borne out of third sector efforts to bring together local public and not-for-profit services within distinct neighbourhoods, taking an evidenced approach to improving life chances across the community.



online multi-professional workshops, where we engaged a wide range of commissioned providers, operational leaders and managers, including from the voluntary sector, in discussion and tested their thinking on early emerging hypotheses. We spoke to parents – in most cases [Parent Champions](#) – through a combination of online focus groups and engagement at local drop-in sessions. In the other three local authorities, our focus was on more specific innovative practice.

In the final stage, we analysed the material thematically, triangulated findings, and tested key messages with our project steering group and in small group discussions with Directors of Children’s Services, commissioners and Heads of Early Years. We then wove the findings together into this single report narrative.

Please note, the quotes threaded throughout this report are all directly from the interviews, workshops and survey we conducted in London as part of the research. Individuals and local authorities have not been named. Where possible, we have sought to include job roles. In few instances this has not been possible, and we just provide the clarifying information “interviewee” or “workshop participant”.



## Chapter 3. Why good early years integration matters

On the journey from pregnancy to 5, families will always need to draw on a wide spectrum of support, relying at some point on the help of maternity services, health visitors, primary care teams, early education and childcare providers and finally schools. Many will also need to draw on targeted and specialist services, depending on family circumstances and their particular child's needs – whether this is child and perinatal mental health support, family and parenting help, speech and language services, financial advice, social services or something else. The argument that achieving join-up across all these services so that every child's needs are understood holistically and responded to sufficiently early makes a lot of sense. But what does the evidence say?

In this chapter we share some of the reflections we have heard from London parents about the difference it can make to their lives when services are well joined up and integrated – and how it feels when they are not. We go on to summarise what we know from past research about the impact of integrated working across the early years in terms of direct impact on child and family outcomes and “indirect” impacts. We include some examples from our London fieldwork.

### What London parents say

Not all facets of service integration are visible to parents – they are not privy to many background processes and, arguably, successful integration provides for access and transition that are so smooth that they are of no note at all. Yet through more in-depth discussion, **a number of the parents in our focus groups provided powerful testimony that well-integrated early years services and systems can transform the lives and experiences of families and their children.** Common themes that parents described included how well-connected services with open channels of communication had led to them accessing support and advice that they had not realised their child needed, enabled them to find their way to specialist support more swiftly, smoothed transitions and allowed mainstream services to better understand their child's needs and tailor responses. A number of parents particularly emphasised the importance of open access support in children's centres, and gave examples of how, in the past, centres had provided a safe and easy-to-access local place with holistic and meaningful support from professionals and peers. The benefits of integrated working were noted by parents in a variety of circumstances, but especially by those from families facing specific challenges.

**“The health visitors have really helped me with my SEN child. One came to visit when he was two. I thought his behaviour was normal but she referred to CAMHS [child and adolescent mental health services] and they helped and then got me an extra 15 hours for my other child. I've got her phone number and email and I know I can still call her.”** Parent of child with SEN

**“Honestly that [children's centre] was my absolute saving grace. Before, I didn't realise at the time, but I was going through postnatal depression and there was a group for young mums that I was able to join on to and create friendships, and do food groups and so many different groups that I was able to get out to and really involve myself and learn about the services that were there that I didn't know were there. It's something that really progressed my life.”** Former young mum

**“Finding the nursery that he went to was transformational ... When I arrived with my son, they took all the speech and language reports from all the different people he'd seen, they prepped them all. We had a meeting before he joined, they had a SENCO [special educational needs**

coordinator] of the nursery school and she worked with the teacher and his key person in his class to tailor everything to where he was at and support his language development... The SENCO then had a handover meeting in the summer – bearing in mind this is still pandemic and it was hard to do these things – with the primary school he was going to ... She knew how important that would be for him getting settled in and it led to a really positive start at reception despite a lot of language issues.” Parent of child with SEN

“When I take [my daughters aged 1 and 4] to stay and play they are supported. When I first took the oldest one, there was a speech therapist there, which was great because we really needed some help with that. And all the other workers are there from different areas giving advice ... It’s easy because there you have all the information.” Parent of 1- and 4-year-old

“When I arrived my eldest had problems with food. My GP sent me in the right direction to the nutritionist. I got really good advice from them at the clinic and they encouraged me to do the Family Kitchen programme at the children’s centre.” Parent recently arrived in UK

Parents seemed clearer about the problems it causes when services do not work in a joined-up or integrated way. Commonly this caused general frustration, but again the most pronounced effects related to the most vulnerable. **Families with higher needs** who require a greater range of support often expressed a feeling of falling between gaps and not being able to access the support they need at the right time for their child, and said that the support offered could feel episodic in nature. Those **new to the system**, such as first-time parents, but especially recent arrivals to the UK, relayed experiences of trying to navigate the support services independently and finding it hard to see a way in. These groups, plus those **less visible to mainstream services and professionals**, for example due to moving home frequently or not regularly accessing early education and childcare, were also highlighted in our local authority survey as being at particular risk of “falling between the net” (see **Box 1**). It is notable that some groups, such as new migrants or asylum-seeking families, are likely to fall into all three of these categories.

“[My son] has accessed some really good support but sometimes you feel the episodic nature of it and the in and out and re-referral – you feel like ‘oh god have to go out to the back of the waiting list’ even though you know you he’s going to need extra support going on to school age. Sometimes you feel like: couldn’t you just tell me we’ll book you in again for 6 months or a year ... Maybe he would have got more speech and language support when he first needed it if he’d gone to a nursery earlier, but that wasn’t possible for us.” Parent of child with SEN

“When I left hospital there was a mix-up with my address because I’d moved when I was pregnant and they couldn’t find me. ... I did see the health visitor that one time but then didn’t see them again. So I tried to navigate that myself ... When they did eventually contact me, I was quite unhappy that it was made to be something on me but if they’d actually checked my records they would have seen that I’d moved.” Young mum

“With my first child who was born [abroad] I didn’t know at all about the children’s centres or anything – just the GP. I felt very on my own. With my second, thanks to the health visitor, I knew more.” Parent recently arrived in UK

“You have to tell the same information to all professionals.” New mother

**Box 1: “Is there any particular group with children aged 0-5 you are concerned are at risk of “slipping through the net between services?” Local authority survey responses:**

- Children with undiagnosed Special Educational Need
- Children whose needs are not identified at initial assessment but emerge over time
- Children with complex needs
- Families who opt-out or who do not trust support services
- Certain ethnic minority groups
- Asylum seeking children
- Families where parents do not speak good English – especially recent arrivals
- Transient families, including those in temporary accommodation
- Those not accessing formal childcare or children’s centres
- Digitally excluded families
- Children in families where there is domestic abuse or neglect
- Children with parents with mental health issues
- Children from families with pandemic related anxiety and in isolation
- Babies born just before and during the pandemic

### Impact on children and families’ outcomes

While the testimony of parents is strong, a variety of literature highlights the challenges of “proving” the impact of integrated early years systems on the outcomes of children or their families. Difficulties in proving impact come down to a few common issues.

- 1. Inconsistent definitions and approaches to early years integration.** The Early Intervention Foundation highlights the lack of precision in terms such as “integration” and “coordinated working”, which are commonly used to describe multi-agency working. Since national guidance on children’s centres has become more permissive, local areas have diversified, leading to a lack of a common language to distinguish approaches, and lack of consistent metrics or evaluation designs.<sup>12</sup>
- 2. Long-term nature of early childhood interventions.** The impact of early childhood interventions on outcomes takes years to emerge, with the economic impact not fully emerging until at least 15 years after the intervention begins.<sup>13</sup> Initiatives such as the National Lottery’s A Better Start programme, and the Early Years Transformation Pathfinders in Wales, have been in operation for several years and have much positive to show, but they are yet to prove direct benefits in terms of outcomes.
- 3. Knowing ‘who’ is and isn’t benefiting and identifying control groups.** This is a common problem for area-based and system-wide initiatives and was an issue in the original Sure Start evaluation,

12. Lewing et al (2022) [Leading and Delivering Early Childhood Services: 10 insights from 20 places across England and Wales](#), Early Intervention Foundation.

13. National Evaluation of Sure Start Team (2011) [National Evaluation of Sure Start local programmes: An economic perspective](#), Department for Education.

where knowing which families were and were not accessing Sure Start support became difficult. Porous geographical boundaries and the multiple public services involved make evaluation, and controlling for other factors, difficult.

4. **Lack of scale** – While there are some good local initiative-specific evaluations, particularly relating to place-based “collective impact initiatives”, it can be hard to disentangle evidence of the impact of integrated working at this neighbourhood level from the effects of wider policy and area inputs. This was an issue, for example, in the initial evaluation of the now-famous Harlem Children’s Zone.

In spite of these challenges, the national **Sure Start Children’s Centre initiative has, over time, been proven to have some very clear positive effects on children and families’ outcomes.** The main evaluation of Sure Start Children’s Centres showed beneficial effects in the shorter term for children’s outcomes and even more for family functioning, especially for highly disadvantaged families. Those using children’s centres more showed less parental distress, less likelihood of dysfunctional parent-child interactions and more signs of a better home learning environment. Some specific characteristics of children’s centres were also identified in that evaluation as clearly linked to better outcomes. Multi-agency working (defined as mixed leadership and partner-agency resourcing) was one of these and was specifically found to be beneficial for children’s pro-social skills and non-verbal reasoning, as well as reducing parental distress and poor parent-child interactions.<sup>14</sup>

Some efforts have also been made to capture costs and benefits. Early reports from the National Evaluation of Sure Start Local Programmes estimated economic benefits of between £279 and £557 per eligible child from parents moving into paid work more quickly.<sup>15</sup> More recent research by economists at the Institute for Fiscal Studies has been able to show costs and benefits from a longer-term perspective, concluding that Sure Start led to significantly reduced hospitalisations of children by the time they finished primary school, especially of those in disadvantaged areas. This analysis has shown that positive and protective effects build over time; there is no significant effect at age 5, but by age 11, children living in areas with greater Sure Start coverage (one more centre per thousand children aged 0 to 4) saw around 5,500 fewer hospitalisations per year. This alone offsets around 6 percent of the programme’s costs. Furthermore, the analysts point out that the full benefits are likely to be much higher, as this figure does not capture the wider savings that are likely to result from other long-term effects of Sure Start, such as improvements in academic and behavioural outcomes, and a consequent reduction in the demand for social care, or increased skills, work and productivity over course of the individual’s life.<sup>16</sup>

### Impact on how effectively we support children and families

While the direct impact of early years integration on outcomes often proves elusive, qualitative research has been much more successful in highlighting a host of positive effects on the processes that are likely to support those better child and family outcomes. A previous review has summarised these “process” benefits as:

- Increased understanding, trust and cooperation between services
- Better communication and consistent implementation of services

---

14. Salmons et al (2015) [The impact of children’s centres: studying the effects of children’s centres in promoting better outcomes for young children and their families](#), Department for Education/University of Oxford.

15. National Evaluation of Sure Start Team (2011) [National Evaluation of Sure Start local programmes: An economic perspective](#), Department for Education.

16. Cattan et al (2019) [The health effects of Sure Start 2](#), Institute of Fiscal Studies.

- Less duplication of processes across agencies
- More user involvement in the shaping of services
- More early identification and upstream support
- A smoother path from universal to targeted support, and from targeted to specialist support.<sup>17</sup>

Comments made during our own research echo each of these points.

Across our survey and fieldwork, early years professionals and leaders gave multiple examples of perceived tangible improvements in services and support to children and families that had been achieved through more integrated ways of working. For example, increased understanding, trust and cooperation were consistently reported as a benefit of close joint working. Where this had occurred, firmly formed connections had often led to agreements and compromises between professionals about changes and the development of more appropriate solutions for families. This in turn could increase professionals' sense of agency and motivation, as they realised they were able to address problems jointly that they had felt were beyond their control to grasp in isolation. We found examples of different groups of professionals working together to rationalise processes and strip out duplication, making services less confusing and more logical for families. We heard how the focus on working together across boundaries to deliver better outcomes often motivated professionals to look beyond internal organisational priorities and processes, and to engage more with the lived experience of babies, young children and their families. And we heard, multiple times, how, through closely aligned or integrated working, they were able to identify the particular needs of families and children earlier and were more likely to put in place appropriate support at the right time.

**“Greater communication between ourselves and maternity over recent years has improved consistency of support.”** Health visitor

**“Joint assessments with therapy teams have cut down on the number of appointments.”**  
Workshop participant

**“Since the pandemic, we have seen the proportion of our families registered with GPs go up. That is as a result of the link we brokered to notifications of birth data with health colleagues.”**  
Director of Children’s Services

**“The development of a multi-agency triage for children aged 2 to 2 and a half where concerns have been identified has ensured swift access to support to prevent escalation of need.”** Local authority, survey response

**“School nurses traditionally don’t know the needs of new reception pupils until they arrive in September. But now, because school health and pupil services sit next to each other and work closely, they are able to send assessments to parents in April when they get allocated their places. So school nurses will get more information in advance and be able to prepare for that.”**  
Head of Early Years

**“Speech and language attending our stay and play groups allows parents to have a head start in how to help develop their children’s language and also to pick up those children who need early intervention.”** Family support worker

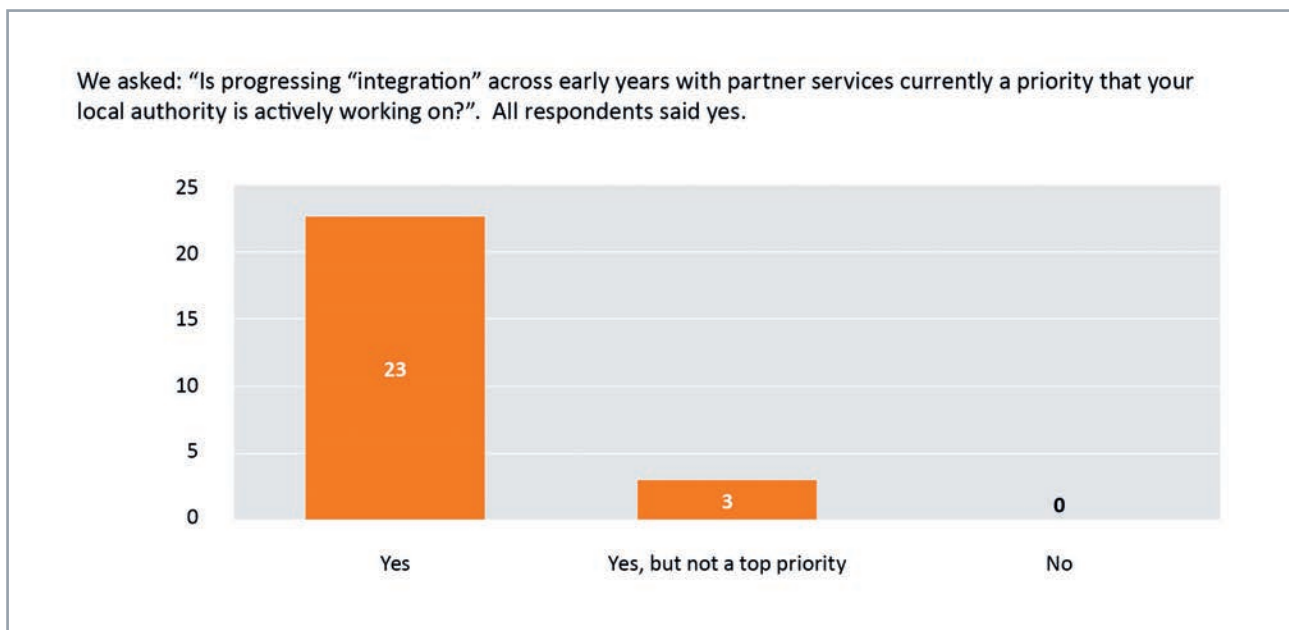
---

17. Messenger and Malloy (2014) [Getting it right for families: a review of integrated systems and promising practice in the early years](#), Early Intervention Foundation.

## Chapter 4. How integrated are we?

When we asked local authorities, “Is progressing integration across early years with partner services currently a priority that your local authority is actively working on?” all 26 respondents said that it is, with the vast majority indicating that it is a top priority (see **Figure 4**). A similar level of commitment was reflected across our fieldwork. For example, in all nine of our multi-professional workshops, participants agreed with the statement: “Aligned processes such as single early years pathways, integrated data systems, and joint/aligned commissioning are all hard but achievable and worth prioritising.”

**Figure 4: Early Years integration – a priority across London**



But to what extent is this apparent commitment to integration across early years services in London reflected in current practice? In this chapter we bring together our findings to give a high-level picture of the extent of integration across early years systems and services in London. This overview draws largely on our local authority survey and parent feedback, but also includes new analysis of government data on children’s centres and insights from some of the wider policy literature. We look at:

1. How well different groups of professionals work together at a local level to support children aged 0 to 5 and their families.
2. The extent to which local areas have the strategic plans and processes in place to support integrated working.
3. The consistency of access to an integrated early years offer between different areas within London.
4. The effectiveness of sub-regional and pan-London integration arrangements.
5. How future policy developments may affect the extent of integrated working for early years in London.

## How well groups of professionals work together

**At a neighbourhood and community level we found much to suggest that there is a great deal of integrated working across the pre-birth to 5 space, with collaboration thriving in many localities, though not every one.**

Multi-agency working is a common feature across London, according to local authorities. In our survey we asked local authorities if they had, “Organised multi-agency working at the local community level across 0 to 5 services across the borough (e.g. via multi-agency locality teams or services coordinated around children’s centre hubs).” Most of the 26 who responded said they did, with nearly half (46%) giving an unequivocal “yes”, a further quarter (27%) saying “yes – but not influential/consistent” and only a small minority (15%) saying they had nothing in place along these lines. This was the most positive response to any of the indicators of integrated working across early years services that we asked about.

This message was also strongly echoed by the practitioners and parents. Many professionals emphasised that service **integration occurs at a local level even where local authority policies and structures are not necessarily in place to support it, instigated by frontline professionals.** However, they also stressed that, where structures and processes at a strategic level were not aligned to support integrated working, deeper collaboration at the frontline was less likely and more fragile, with arrangements prone to dissolving when an individual or group of individuals moved on.

**“Yes we want at a higher level all to be on the same page and understanding each other’s services – but a lot of us are managing joint working and integration already without there being a joint process.”** Head of children’s centre

In addition to council-led and more organic integrated neighbourhood-level initiatives, there are also a few examples of clearly formalised and well-funded individual community-level “collective impact initiatives”. These include Lambeth Early Action Partnership ([LEAP](#)), which has been supporting children aged 0 to 3 and their families within an area of Lambeth since 2015. It is part of the National Lottery’s [A Better Start](#) programme and the [Reach Children’s Hub](#) in Feltham (which, together with the local academy school, delivers a “cradle to career” model, with a heavy emphasis on pre-birth to 5, including an early learning community, perinatal support, early years workforce development and parenting support).

The experience of frontline professionals working together in an integrated, multi-agency way has been heavily influenced by recent experiences of the Covid 19 pandemic. In some areas, the pandemic has led services to become more inward-focused, in response to constraints on capacity and service pressures. Conversely, in other areas, the pandemic had provided the impetus for services and groups of professionals to think differently and creatively about how they could join up to provide better support for young children and their families, in the context of new and extreme pressures.

**“The pandemic meant that many of the services withdrew from shared delivery models and worked within their own service delivery models and trying to get these back into an integrated model has been slow and challenging.”** Local authority, survey response

**“The pandemic made [new integrated working models] even more difficult, as different partners had different rules regarding face-to-face work.”** Workshop participant



**“The greatest success has been the number of childcare providers remaining and re-opening to offer services to the most vulnerable children in our community. They have continued to maintain high-quality services and offer wide and varied activities whilst supporting families and children to adjust to the ever-changing and challenging world that was and continues to be the pandemic and post-pandemic. This has been encouraged and supported by the Early Education and Childcare service, which has adapted its delivery of the services to these providers, in response to the changing needs and circumstances.”** Local authority, survey response

Responses to our survey provide an insight into how well different groups of professionals engaged in supporting children and families in the early years work together (see **Figure 5**). **The most effective integration was reported by local authorities as being at the interface between SEND services, including speech and language support and other early years services.** This was closely followed by integration within various early years services in the council and integration with private and voluntary sector childcare providers and other early years services. Integration between health visiting and other local authority services was also rated strongly. **Local authorities rated integration as weakest in relation to key health services, with GP and maternity services most likely to be considered as working in isolation from council-led early years support.** In general, they rated integration between early years services and other council-led services, including schools, housing and childcare, as middling. However, a closer look at the survey results and our fieldwork, and in particular feedback received from parents, provides a slightly more nuanced view of integration.

- **SEND and speech and language support were considered to be well integrated by professionals – but not parents.** In our survey, services for SEND, including speech and language support, and other early years services were rated within our LA survey as most effectively integrated and least siloed. Professionals in our fieldwork echoed this, especially highlighting the value of multi-agency SEND-related panels. In recent years, many LAs have also developed integrated speech and language pathways, with speech and language professionals engaged from early on and working closely with other frontline professionals. The strong regulatory regime around SEND was cited by some as a key driver. Yet this was often not the experience of parents of children with SEN. They, and voluntary sector providers that support them, often reported a feeling that support was sometimes good but often episodic – not consistent or timely. There was a frequent sense of being ‘out in the cold’ and caught between professionals, especially while waiting for some types of diagnosis. The wait could feel very long.
- **Private and voluntary sector childcare integrates well with council-led early years services overall, although the picture is polarised across areas.** In our survey, integration between private and voluntary sector nurseries and childcare providers and other early years services was rated very highly on average, although there was a distinct split in views between those local authorities who rated work across this interface as strongly integrated, and those who did not feel this was the case. A message from our fieldwork is that this relationship had, in some cases, strengthened over the course of the pandemic, as councils came to depend on and value providers for the unique relationships they have with families, and providers found that they needed to connect and signpost more to council-run services. This is echoed in our past research about the impact of lockdown, which found that some councils had made increased efforts to engage their private, voluntary and independent (PVI) sector at a strategic level as well as supporting it operationally.<sup>18</sup> However, in some areas council workers indicated that providers were now under too much pressure, and facing too high vacancy rates to engage much with them. The amount of business support offered by councils also varies across areas.

---

18. Reed and Hogg (2021) [Working for Babies: Listening to local voices for a better recovery](#), Isos Partnership/LGA/First 1001Days Movement.

- **Health visitors are generally considered to be well integrated with local authority services, although less so with maternity services and schools** In our survey, integration of health visiting with other early years services was rated very highly on average. In spite of capacity pressures faced by many health visitors, some interviewees reflected that health visiting has become more intrinsic to early years support in recent years – helpfully bridging health and council support. It is very common to have health visitors co-located with family support services in children’s centres. However, they are viewed as less embedded in some areas and ensuring that health visitors continue to have sufficient late pregnancy/pre-delivery contact is widely reported as a common challenge. Local authorities rated integration between health visitors and maternity services as fairly low, and integration between health visitors and schools as still lower.
- **Integration between GPs and Primary Care Networks and other early years services was an area where there was substantial variation and challenge.** Local authorities rated GPs as the most isolated from other early years services by a considerable distance, although some were seeking to address this through better alignment with PCNs. Among the parents to whom we spoke, GPs were often seen as the most recognised service but also sometimes the least connected to broader forms of support. Those parents who were recent migrants to London especially valued GPs as their first and only obvious entry point to services and support. Yet often, since the pandemic, they were perceived to be difficult to contact, and sometimes parents remarked that their advice did not always feel aligned with that of health visitors and maternity services. Where GP practices were well integrated, parents explained the importance of them signposting and making referrals to wider community health and family support services, but this was not a consistent picture. The limited scale of our research in relation to GP practices means that this is an area that requires further investigation.

**“GPs need access to health visitor information so they both give the same advice, as sometimes they say the opposite.”** New mother

- **Maternity services and perinatal and parental mental health services were rated in our survey of local authorities as being among the least well integrated with other early years services (after GPs).** Several local authorities remarked that they find it harder to achieve effective integration with maternity services that are commissioned through the CCG or ICS. Some of the most integrated local authorities were particularly frustrated that this meant the pre-birth/birth phase could not easily be brought into their single vision for an early years pathway, and that integrated working across maternity services and health visiting was not as strong as it could be. A significant part of the frustration was discrepancies between the local authority and commissioning health agencies’ geographical footprints and a sense that they were not always responsive to the specific needs within the community. This issue of maternity service integration did not come up as spontaneously with parents, although when probed mothers clearly felt midwifery hospital services and health visiting services were separate entities and there was little if no information-sharing that they were aware of. A vulnerable mother recounted how this had led to her details being lost when she moved soon after birth, and as a result she received no health visitor visits.

**“We need to improve more in our work with maternity services – it’s good, it’s getting there but it’s not as developed as other areas.”** Local authority early years locality lead

**“Aligned commissioning with maternity is complex – the geography does not support this. There are 3 maternity units commonly used by families in [this borough], and many other hospitals with small numbers of births [from here], but these units are not exclusively providing maternity services for [this borough’s] residents. [One large hospital] in particular delivers around 60% of babies born to families here, but [this borough] forms only around 10% of their maternity unit’s birth.”** Local authority, survey response

**Figure 5: Ranking of integration across different interfaces – local authority responses**

"To what degree are the following organisations/services effectively integrated or aligned so as to deliver the best possible support? Ranked order based on collated scores against 1-5 scale.		
1.	Services for SEND, including speech and language support and other early years service	3.95
2.	Early years services delivered by the local authority	3.71
3.	Private/voluntary sector nurseries and childcare providers and other early years service	3.7
4.	Health visiting and other local authority early years services	3.57
5.	Local authority early years services and wider council provided family and adult services, e.g. housing and social care	3.4
6.	Schools and other early years services	3.33
7.	Early education and childcare providers (all types) and schools	3.29
8.	Health visiting and maternity services	3.27
9.	Perinatal and parental mental health services and other early years services	3.05
10.	Health visiting and schools	2.79
11.	Maternity services and other early years services	2.73
12.	GPs and other early years services	2.19

**Strategic plans and processes for integration**

There is significant variation in the extent to which local authorities and their partners have put in place the core structures and processes to support integrated working at a local level. **Our research indicates that between a quarter and a third of local authorities in London have strategic mechanisms for effective integrated working firmly in place to support families in the early years.** In our fieldwork we saw several examples of deliberate and embedded “whole systems” approaches, including health and private and voluntary sector partners, which had been developed over many years. Through our survey, we tested the extent to which the hallmarks of good integration set out in the Early Intervention Foundation’s [Maternity and Early Years Maturity Matrix](#) were considered to be in place by local authorities. Of the 26 local authorities that responded:

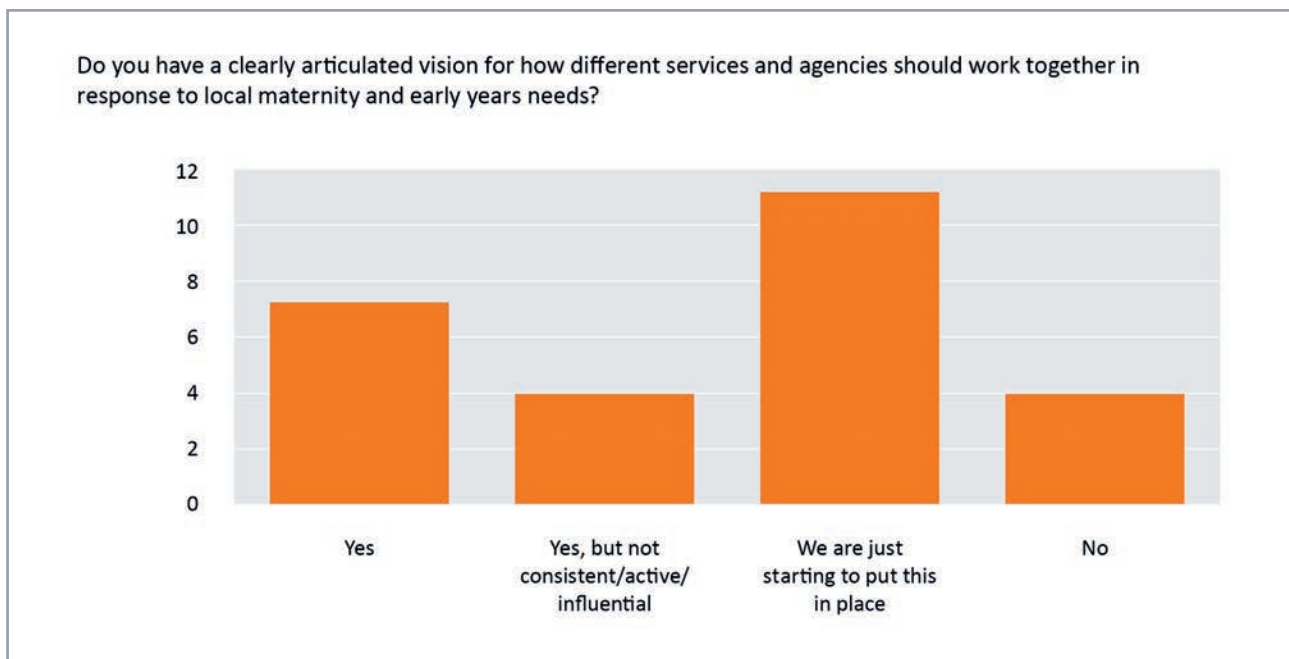
- 27% said they have “a clearly articulated vision for how different services and agencies should work together in response to local maternity and early years needs”
- 35% said they clearly have “a broad senior partnership group in place responsible for a strategy to deliver maternity and early years goals, including local authority, health and private/voluntary sector representatives”
- 23% say they have “joint or closely aligned commissioning processes for maternity and early years services across NHS and local authority partners”
- 19% say they have “a single, integrated multi-service pre-birth to 5 pathway or ‘offer’, explicitly clarifying what support families in the borough are entitled to across services for families of varying levels of need”
- 32% say they have “joint information-sharing protocols across health and council-run services” in place and in use

- 28% say they have “some common training and processes which are delivered across all elements of the early childhood workforce”

Beyond this, **many local authorities reported that they were putting in place the mechanisms that would support effective early years integration in the near future.** Nearly half of our survey respondents said that their local authority was starting to put in place: a clearly articulated vision for how different services and agencies should work together (42%); broad senior partnership groups to oversee early years strategy (44%); aligned or joint commissioning (44%); and single pre-birth to 5 pathways (44%). A quarter (24%) also said that they are starting to put in place joint training and shared information-sharing protocols. In our fieldwork we found that joint training was typically on discrete topics (for example, speech and language support, domestic conflict responses and early help assessment).

However, **the extent to which formal mechanisms for integration are embedded at the local authority level varies hugely. While a significant proportion do take a strongly integrated approach, and a large number of others are starting to put these mechanisms in place, there are others who lack the basic structures for integrated working.** A small minority of local authorities, ranging from two to eight depending on the indicator tested, reported not having the key mechanisms of integration discussed above in place at all, and this may be an underestimate given that seven local authorities did not reply to the survey. For many others, these were present but not embedded. For example, of those who had “joint information-sharing protocols across health and council-run services”, around half did not feel that these were “consistent/active/influential”. When we asked about the extent to which local authorities have “a clearly articulated vision for how different services and agencies should work together in response to local maternity and early years needs (see **Figure 6**), the range of answers was significant.

**Figure 6: A high degree of variation across local authorities**



## Consistency of integrated support across areas

The variation across London in terms of the existence of integrated processes and interfaces across sectors and professionals has been addressed above. But how does access to integrated services differ for families? We found that at a neighbourhood and local authority level, **differences in levels of funding and integration mean that many families face a postcode lottery in accessing children’s centres, health visitors, and funded childcare provision.** Professionals in one inner-London local authority described having to fend off constant requests for support and services from families from a neighbouring outer-London borough where early years services were known to be less well funded. There is a sense that this has been exacerbated over time, as differences in the funding of non-statutory services have widened. We found that these differences are strongly noticed and felt as arbitrary by parents, and unlike with hospitals and schools, families’ only option to address this can be to move home.

**“I didn’t want to move when I had my second child. We don’t really have much space now but you find parents from other boroughs don’t have access to the same support.”** Parent of two

**“I have sat on (fostering/adoption) panels before that absolutely do take into consideration all 33 boroughs and one of the things that you hear is that depending on where one child is placed you can have a totally different service. Some boroughs have got the money in place to provide the best for any child and other boroughs are cash strapped and can’t.”** Parent Champion

**Where a strong locally integrated offer exists, much of it appears to reflect the presence or legacy of children’s centres.** Parents consistently said that children’s centres and family hubs offered a lifeline by providing access to support from a range of professionals working together – especially up until the start of the pandemic. It appears very common to have health visitors situated alongside family support workers in these settings, with maternity services sometimes delivering outreach support there too. A number of local authorities we heard from were also proud to share how they had maintained and built on the Sure Start concept.

**“Our most successful story in promoting early years integration has been to capitalise on the Sure Start philosophy, through the delivery of our multi-agency, multi-disciplinary children’s centres, predicated on integrated service delivery with our health partners, wider services and the voluntary sector.”** Local authority, survey response

Nationally, we know that funding for children’s centres has fallen by over two-thirds in the period since 2010.<sup>19</sup> However, our analysis of government figures supports a view that, **while the number of children’s centres in London has declined, services have been preserved slightly better on average in the capital than elsewhere.**<sup>20</sup> Recognising that the number of centres is only an indicator of the general health of provision (it is what you *do* with the centres as much as how many there are), we found that:

- All London local authorities (other than City of London) had at least five children’s centres and “children’s centre linked sites”, and the average was over 14.
- Preservation of children’s centres appears to have been slightly stronger in London boroughs than nationally, with an average reduction of seven designated children’s centres per London borough in the period from 2010 to 2019 (in contrast to an average loss of 8.5 per local authority nationally).

---

19. Cattan et al (2019) [The health effects of Sure Start](#), Institute for Fiscal Studies.

20. Based on [figures provided by local authorities to the Department for Education in January 2020](#) and published in response to a parliamentary question, accessed April 2022.

- The difference including children’s centre linked sites shows a similar pattern, with an average drop per London authority of three centres or linked sites in this period (in contrast to an average drop of four per local authority nationally).

Nonetheless, **the variation in the extent to which children’s centres have been protected across local authorities in London – as in other parts of the country – is very significant.** Our analysis of the number of children’s centres in London found that, in the period from 2010 to 2019, one local authority had seen a reduction of 20 centres, and four boroughs had not lost any at all. The figures including linked sites again echoed this, with 12 London boroughs reporting no reduction at all and three reporting losing 10 or more centres. A significant variation in the offer to families from the centres that continue to operate was also reported to us, with some providing a comprehensive range of services and others described as “hollowed out”. This again reflects the evidence we found on the broad national picture.<sup>21</sup> Parents in some areas with older children said that this reduction in provision is very evident.

**“What I noticed from my first to my second was that there wasn’t us much there as before. The Sure Start centres had closed. And that’s the reoccurring thing I’m hearing now [as a Parent Champion] from families with older children who are saying when I had my first child there was all of this there and now there’s hardly anything there and I don’t know where to go and there’s no-one to speak to.”** Parent Champion, mother of two

The lack of consistency between individual boroughs in the extent to which families have access to a secure and integrated early years offer was felt particularly acutely by those living near borough boundaries. **A general absence of systematic integration of support and information systems across local authority boundaries causes problems for families and professionals.** Common frustrations for parents in families living near borough boundaries were not knowing where to go for some types of support, and a lack of good advice from professionals in these situations about who to call on. This impacted on families with greater needs most, leading to significant delays in accessing services they required support from. Even where the offer across boundaries is clear, differences do not always feel fair or take account of the practical needs of parents with young children, who strongly value services within pram-pushing distance of where they live.

**“Borders do cause problems. Sometimes you try to open up this line of discussion with another professional and they too shrug their shoulders because no-one’s quite sure. With things like this, we can’t afford not to be sure.”** Parent of child with SEN

**“I was told I couldn’t get any CAHMS for my son when he was 3 in my borough because our GP is in the next-door borough and that GP said it wasn’t possible. He was having some really difficult behavioural problems. In the end he got the help from the children’s centre in the borough next-door but it took lots of phone-calls and time to work that out.”** Parent

**“The baby I fostered was two months in May when I got him and I didn’t see anyone for 4-5 months in September. The problem that I had was that I’m based in [Borough A] but the doctor I had was in [Borough B] because I live on the borders. [Borough A] wouldn’t see him – they said I had to wait for [Borough B]. [Borough B] had a new system and just was not in contact with anyone. That made it a real issue for me ... When you’re on the border it causes so much conflict – you don’t know which services to use.”** Foster parent

---

21. Lewing, Stanford and Redmond (2020) Planning early childhood services in 2020: Learning from practice and research on children’s centres and family hubs, Early Intervention Foundation available at <https://www.eif.org.uk/report/planning-early-childhood-services-in-2020-learning-from-practice-and-research-on-childrens-centres-and-family-hubs>

**“I live near a boundary. There were at least three council-run nurseries within 10 minutes’ walk on the other side, but they told me that because I was from a different borough I’d have to pay the top rate ... The closest in my borough was nearly half an hour walk.”** Parent

**“[Local authority A] staff have no idea what services are available in [Local authority B].”** Mother, recently given birth

In spite of the good work of a number of Family Information Services, **some parents, especially first-time parents and recent arrivals to London not familiar with the system, reported not knowing how to ‘get in’ to access the support they need within and beyond their borough.** There is a diversity of information, but generally no single reliable place to turn to for up-to-date information and advice. Parents instead rely on a combination of councils’ websites, word-of-mouth and social media. This is considered more of a problem for some parents than others. Several parents with older children talked about how they valued open-access services such as drop-ins and stay and play sessions in children’s centres for the ease of access to information that they provided. For those with poor literacy or digital exclusion, physical places where a variety of information could be accessed were regarded as particularly essential. But, since the pandemic, these have been less available and the extent to which services have re-opened in their previous form again appears variable. Professionals in some boroughs felt similarly that they lacked information about the wider service offer and this prevents them from making effective connections and referrals.

### **Sub-regional and pan-London integration**

Within London, there is **already a degree of health-focused sub-regional joint working around early years within the five Integrated Care Services (ICS) regions: North West London, North Central London, North East London, South East London and South West London.** Senior strategic leaders engaged in this research stressed that, up to this point, London’s five ICSs have all operated very differently, with differing degrees of integrated working with local authorities, differing powers and responsibilities in relation to CCGs and differing levels of focus on early years. Yet there are some strong and notable examples of collaboration and joint problem-solving happening at this level. For example, local authority commissioners and Directors of Children’s Services within ICS sub-regional areas meet regularly to discuss early years issues, and maternity services are commissioned at the ICS level in more than one region. The Children and Young People’s Transformation Boards in north-east London and north-central London proactively address issues relating to maternity and the 1001 days of life, bringing local authorities and partners together on the wider issues of health promotion and health protection. And NHS England (London Region) Children and Young People’s team has commissioned the Institute for Healthcare Improvement to run a Babies, Children and Young People’s Improvement Collaborative Programme to progress integrated models of care, for example between primary and secondary care, health and social care or physical and mental health. This will support a number of test sites in each of the five ICS regions to develop and spread models of integration for children and young people in London. However, generally the ICS focus on pre-birth to five has not been consistent across the board. Furthermore, the sub-regional structures currently in place have not yet had an impact on addressing the challenges of cross-boundary working, highlighted above.

**At a pan-London level there are emerging opportunities for partners across the city to develop a coordinated and strategic approach to improving outcomes for young children and their families, but at present these are somewhat piecemeal.** Several senior-level strategic groups focusing on children and young people regularly discuss and address early years issues, sometimes co-commissioning specific projects and pieces of work. Some of these have specific appointed early years leads, such as the Association of London Directors of Children’s Services. Active pan-London communities of practice

also include the Heads of Early Years Network, the London Health Visitor and School Nurse networks and the more recently formed London Region Family Hub Community of Practice. Those we interviewed often highlighted that participation and relationships across these forums have strengthened since the pandemic, as greater value has been placed on learning from other parts of the city, and virtual technology has made coming together easier. An array of joint projects and initiatives have arisen from these, including, for example, the Health Visitor and School Nurse Network's sector-led improvement project, which has delivered a range of tools and frameworks to assess and promote good practice.

**In spite of the range of forums and networks operating at the pan-London level, and some excellent collaborative projects, in general, partnerships at this level appear soft-edged – not collectively adding up to a clear “coordinated” approach, or delivering sustained change.** This was not a pressing concern that all local leaders we spoke to raised spontaneously. Yet several senior leaders pointed to missed potential for collective problem-solving or joint working on shared early years challenges. More than one senior leader we spoke to suggested that there could be opportunities to further align approaches and agree common standards. Some of the other shared challenges highlighted in this chapter can, arguably, only be resolved through a more strongly coordinated approach. These include making standards of provision more consistent and addressing the “postcode lottery”; agreeing principles and protocols to enable families who live near boundaries to access clear and consistent local support; and keeping track of and maintaining services for those families who move boroughs. The latter is a problem highlighted in practice reviews over time, and a growing concern for many, in the light of increasingly transient populations who are often non-English speaking, new to systems and services and unaware of what they are entitled to. Some also expressed a desire to see London local authorities coming together to speak with a strong and common voice in discussion with government or health partners in respect of shared challenges.

**“It’s always seemed odd to me how little cross-borough work there is in London. One thing I observed was when I joined I went to [neighbouring borough] and I said ‘aren’t we doing just the same to them? Shouldn’t we do it together and save money’ ...”** Lead Member

**“Providers work a lot across boundaries. But in terms of strategically joint relationships we have, there aren’t any ...We’ll be developing a set of principles about what we want family hubs to do and that could be done together.”** Head of Commissioning

### Impact of future developments

Looking forward, there are two key areas of future policy development that leaders we spoke to flagged most often as likely to affect the extent and quality of integrated working for early years: the development of family hubs and the further evolution of Integrated Care Systems (ICS).

Although it is early days, our fieldwork suggests that the **focus on family hubs has begun to increase interest in a locally integrated early years offer in some boroughs.** We found that the process of bidding for funds has, in some places, led London local authorities and their partners to come together and think more systematically about how they can embed more integrated approaches at a neighbourhood level within some or all parts of the borough. In one area that already has a strong children’s centre offer, it was seen as an opportunity to extend this to a more holistic whole-family approach. In another, it was described as a chance to revive existing children’s centres. Others were still considering whether primary schools with co-located nurseries and/or children’s centres might provide a natural home for future hubs.



**“We’ve still got children’s centres and they don’t do the things they should do in terms of integration with health visitors, it’s a reflection of services being hollowed out ... but we’re hoping to address that with family hubs.”** Lead Member

**“We see family hubs as full and proper integration.”** Head of Commissioning

**“We want to use [family hubs] to develop a similar offer for school age as we have already for under 5s.”** Director, Early Support

However, **family hubs are unlikely to be a panacea. Less than half of London local authorities have, to date, been awarded family hub funds.** For many, especially less disadvantaged and outer-London boroughs where funds are less likely to have been awarded, the policy in its current form may not have an impact at all. This risks exacerbating the perception of a postcode lottery, described above. Even in the areas that are included in the family hubs programme, funding is unlikely to enable integrated community provision to match previous levels. And feedback we heard from strategic leaders suggests that some hubs may end up being orientated more towards services for older children, albeit with some early years services bolted on. Pressure on London schools in the face of declining pupil numbers is one factor in this. Ultimately, the priority afforded to early years locally as part of family hubs will depend on the extent to which the government sets out explicit expectations for a clear and holistic pre-birth to 5 focus and the incentives that support this.

**“Somewhere like [here] it’s going to be a land grab – children’s centres are wanting the funding to rebuild their services then schools also want to deliver them because, due to declining numbers, they’ve got the space and need the money. The problem is it’s been defined as such a broad thing.”** Head of Children and Young People’s Commissioning

**We can also expect the ways in which partners interact on early years health issues to alter quite significantly as more expansive and powerful ICSs come into play through the Health and Care Act, which places a new duty on local authorities and the NHS to collaborate.** Commissioning of health services that were previously commissioned by CCGs, often including maternity services, are being consolidated under Integrated Care Boards (ICBs) operating as part of ICSs from July 2022. ICBs will include members nominated by local authorities as well as NHS trusts and primary care, bringing all players more clearly and formally together on a sub-regional basis. Alongside ICBs, Integrated Care Partnerships (which already exist in some form across most of London) will bring leaders together to develop and lead strategy. This theoretically opens the door to greater and more consistent alignment and join-up between council and health-led services on the ICS footprint.

However, **it is not clear that ICSs will automatically remove obstacles to integration at the sub-regional level. In our conversations we found a good degree of scepticism within London councils, including among Directors of Public Health, about the extent to which ICS reform will impact on integration in relation to early years.** Interviewees emphasised that ICSs will not automatically advance sub-regional working in the many early years service areas beyond health, as they have no commissioning role in these matters. Even within health, early years integration may not be a priority for ICSs. It is a development that has arisen more from a desire to improve the join-up across health and adult social care, and there was a common view that pressures to fulfil and prioritise acute care obligations within the NHS will not be altered by new partnership arrangements. However, an amendment achieved by the House of Lords means that primary legislation will stipulate that “babies, children and young people” will need to be an explicit ICS priority, with an executive lead for children on every ICB. This sets the scene for a potentially more focused approach to furthering integrated working at this level.

## Chapter 5. What's getting in the way?

Across the research, a wide variety of obstacles to progressing the effective integration of early years services and systems have emerged. These can be summarised as **six** key types of challenge: **1. Technical blockages**, **2. Stretched capacity**, **3. Cultural barriers**, **4. Tensions about geographical level**, **5. Shifting landscapes** and **6. Competing priorities** (see **Figure 7**). In this chapter we briefly unpack each of these areas, including with reference to recent policy developments.

While some of the challenges highlighted are, to a degree, within the gift of local system leaders to address (and in **Chapter 6** we talk much more about the steps that might be taken locally to bolster integration), many are beyond the control of individual leaders within the local authority or health systems. This highlights the need to think more in whole-system terms about how to create a national environment that supports and encourages integrated working across the early years (which we will come to in **Chapter 7**).

**Figure 7: Six common types of challenge**



### Technical blockages due to mismatched legal rules and national frameworks

In our survey of local authorities, **rules around information-sharing and mis-matched IT systems were most frequently identified challenge or obstacle to successful integration of early years systems**. 19 of our 26 responses flagged this issue as one of their top three challenges. It was also a strongly repeated theme across our interviews and workshops (See **Figure 8**). Specifically, fully integrated management information systems about children and families that work seamlessly across NHS and local authority teams have proved impossible to develop, due to both legal and technological

constraints. There are multiple examples of local authorities and their partners expending a lot of time trying to resolve this through data-sharing agreements and alignment – only to come up against barriers related to the General Data Protection Regulation (GDPR), and requirements for expensive IT transformation that cannot be delivered for budgetary reasons. In some cases, local partners have been able to make useful progress, but in other instances there was a sense that a lot of time and effort had been wasted on such endeavours. Greater success has often been achieved in sharing population-level data, which does not identify individuals, for strategic planning and targeting of resources, and drawing on multiple sources to identify risk. However, we found that supporting arrangements can also be hard to negotiate, especially when they involve the local authority drawing information from NHS data systems. Similar frustrations lie within the NHS, for example in relation to not being able to access immunisation data or health visiting information.

**The government’s plans to alleviate data-sharing challenges in the early years through a digitalised personal child health record (or red book), due to be launched in 2023, may help to some extent,** hopefully reducing the burden on parents of repeating information to multiple professionals. But digital child health records will not provide a case management system or automatically allow professionals from a range of backgrounds or geographical areas a single overview of a child or family, their needs and the input they have had from a range of agencies. In parallel, through family hubs, work is underway nationally on a digital product to improve information sharing between education and children’s services and the community sector, although plans do not currently extend to exchanging information on individual families, or including key health professionals. Previous attempts to address this nationally (via Contact Point) were abandoned due to privacy concerns.

**“We would like to establish a clear pregnancy to 5 pathway for families but the challenges of sharing information and managing a complex system where boundaries are inconsistent make this very hard.”** Local authority, survey response

**“Although we have internally delivered health visiting services, they are still using the external RIO site which causes GDPR and IT challenges. We still do not have shared recording in place.”** Local authority, survey response

**“The early start team and I have access to one system, and the social care team have access to another system and because we don’t have access to the same we are unable to assess a child’s needs. At the moment we are failing him.”** Speech and language therapist

**“We’ve tried to share new birth data with children’s centres but there are issues due to NHS data sharing agreements which require our children’s centre provider to buy new software and licensing which was too expensive, and you’d still require consent from parents too.”** Head of Integrated Commissioning

**“Confidentiality and information sharing can be a boundary – as much we trust our colleagues. ...when people work with a health visitor we are still representing the health service. It’s really important we respect people’s rights for confidentiality.”** Perinatal mental health professional

**Inflexibility around the use of ring-fenced budgets, or specific pots of money for named pilots or programmes, was a second area identified by research participants as a technical barrier to integration.** The impact of ring-fenced budgets on reducing the latitude of local decision-makers to pool resources in the best interests of children was rated as a top challenge/obstacle by 7 of our local authority survey respondents and also came up in some fieldwork interviews at a more operational level. Some specifically cited the 2021 Best Start for Life budget announcements which, while welcome, include a number of very specific pots of funding. A further area of concern was the **lack of alignment**

**between national frameworks and national expectations of different groups of professionals that are not possible to reconcile.** This was emphasised as a particular stumbling block in the interface between health and education, and was considered to have contributed significantly to the perceived failure of the nationally driven integrated review for 2-year-olds to embed successfully in the majority of local authorities.

**“As services are funded through different streams and priorities for the separate organisations this at times brings challenges.”** Local authority, survey response

**“The sovereign nature of budgets is a block.”** Local authority, survey response

**“Any changes are really hard, especially given the restrictions of funding. If there was more of an umbrella that looked at all services that would be a better approach. Focused more on children’s outcomes.”** Speech and Language Therapy, Head of Service

**“Currently the EYFS [early years foundation stage] and health visiting 27-month check don’t align in national approach or timescales for reviews but are expected to align at a local level.”** Local authority, survey response

We also identified technical barriers related to staff terms and conditions within the local authority and health sectors, which had made it difficult to operate successful integrated ‘in-house’ services within local authorities. We spoke to two boroughs that had brought their health visitors “in-house” and, for both, differentials in pay scales across the NHS and local authorities had proved to be a challenge, leading to difficulties in recruiting and retaining health visitors, especially at the senior level.

**“For us, bringing my NHS contracts in-house wouldn’t be a good thing for integration because there are various data-sharing things that would still be an issue with the NHS, for example around sharing patient records. And it would be a risk in term of staffing. Where services are brought in-house, staff leave because they want to be on NHS contracts with NHS pensions.”** Head of Commissioning, Children and Young People

**“In my view it doesn’t help that health visiting comes under the local authority here rather than NHS – if you joined under the borough there are issues with annual leave, working week, holidays so in my opinion [this borough] is less attractive.”** Health visitor

### **Stretched capacity at the strategic and operational levels**

When we asked local authorities in our survey what the biggest obstacles and challenges to integrated working were, in their view, over half of respondent (14) flagged “capacity issues”, making it the second most popular answer. This concern was also reflected strongly in our fieldwork and interviews. Digging beneath the surface, there are distinct strategic and operational capacity issues.

**Lack of strategic workforce capacity is seen as a major barrier, limiting the ability of individuals in local authorities and CCGs to invest time in leading and driving change.** Long-standing pressure on local authorities has led to a reduction in central capacity, including performance management experts, transformation experts, money experts and dedicated capacity for data analysis. We saw more than one example of those charged with leading and driving forward change at a strategic level also being required to manage operational issues with families alongside this. A strong message across our expert interviews and survey was that the removal of some of the central functions has, thus, undermined the ability of the system to manage change.

**“Local authorities and CCG should lead and provide the enablers for this change at a strategic level, but this requires additional resource that is not readily available.”** Local authority, survey response

**“No dedicated budget resource to drive change. Lack of capacity at operational and strategic level.”** Local authority, survey response

**“Capacity to engage in strategic change while dealing with operational demands [is the most significant obstacle].”** Local authority survey response

**“There is an appetite for greater synergy and integration across the system, but with more capacity in some areas, than in others, to lead change.”** Local authority response

In parallel to this, a repeated theme across our research was that high levels of pressure on operational and frontline capacity undermined integration efforts. While successful integrated working may save time for the system and deliver greater efficiency in the longer run, many we spoke to said that it requires an up-front investment from professionals at the operational level to invest time in understanding one another’s roles and services, come together in response to families’ needs, understand and introduce new joint working practices, and reflect on issues and find new and creative solutions to problems. Multi-professional forums, for example, are only as good as the attendees who are present – when a key professional cannot make it, the whole exercise can be undermined. The shift to virtual working has theoretically reduced the time pressures of such meetings, but ensuring that all professionals are in attendance and fully focused can be just as difficult.

Health visitors and early education and childcare professionals were repeatedly mentioned as key sectors where the workforce in London is under a great deal of pressure, and seem less able in the current climate to engage effectively in activities to support integration. Unique market pressures in London’s childcare market, resulting from declining take-up and population, with significant repercussions for the nursery sector, and a widely perceived recruitment and retention crisis are seen to be having limiting effects. Lack of capacity is also an issue seen to be preventing good engagement from a range of other early childhood professionals, including GPs, midwives, community nurses, speech and language professionals, social workers, and educational psychologists.

**“One of the things that’s come out is everyone is working at capacity and that can stifle creativity. If there was more capacity, you’d have the freedom to test ways of working together that might lead to better outcomes, rather than fire-fighting all the time.”** Health visiting lead

**“Increased capacity would make the biggest difference – facilitating working together and freedom to test/pilot ideas.”** Workshop participant

**“Finding time to attend Team Around the Family meetings can be really hard – even online. We’re doing it on Teams and the social worker dictates time.”** Family support worker

**“The thing that holds us back is capacity and resources. Not being able to find the time to work together. And that leaves us in isolation.”** Clinical service lead, speech and language

**“Within midwifery and health visiting we have also faced significant challenges with workforce levels, which has impacted on the ability to develop more comprehensive system working.”** Local authority, survey response

In certain parts of the early childhood workforce, **long-running capacity issues and feelings of not being valued appear to have developed into the ‘perfect storm’ when the pandemic hit.** Professional burnout, covering for colleagues in the context of high vacancy rates and the substantially increased needs of many of the babies and young children they are dealing with daily were cited frequently. Meanwhile, more than one voluntary sector workshop participant emphasised the short-term financial frameworks in which they frequently operate, and how this can make it hard to invest significant time in system improvement work alongside public sector workers.

**“From the policy perspective the planets are aligned ... but our workforce is burnt out – they’re suffering from the re-deployment in the pandemic on top of the chronic recruitment issues.”**

Director of Public Health, interviewee

**“We piloted joint two-year-old checks in a small number of PVI, which led to greater early identification of needs and therefore better early intervention. However, the health provider is unable to expand the pilot due to competing pressures and lack of resources.”** Local authority, survey response

**“The [childcare] sector is falling apart. People are leaving to work in Aldi and Lidl because there’s less responsibility and they get paid more. Those left behind don’t have time to work with us on joining things up. We need to recognise the importance of the work.”** Head of Early Years

**“In perinatal mental health everyone was working in silos so we formed a network to build those relationships. It was going really well before Covid but since Covid people just don’t have the time to attend and I’m struggling with the time to organise because we’re working with 70% workforce. There’s a national shortage of nurses, we just can’t recruit...”** Perinatal mental health professional

**“I’ll work with anybody but there has to be funding available for us to give up our time because we are a not-for-profit business.”** Play charity manager

## Cultural barriers across organisations, professions and sectors

Achieving integration and alignment across sectors, organisations and professions that see themselves as independent entities is challenging by its very nature. This may be to do with tangible differences (for example differing goals, objectives, incentives and funding cycles) – but the message we heard across our research is that **difficulties integrating are often, at least in part, also to do with how well these differences are understood and less definable cultural factors.**

One marked area of challenge is **differences in the types of language** and meaning attached to terms across the NHS, local authorities and some clinical language. The term “school readiness”, for example, can be used to refer to readiness to move from home or nursery into reception (largely personal and social skills), or to refer to the meeting of a “good level of development” at the end of reception in preparation for the more formal curriculum of year 1, depending on the professional who is talking.

**“I’ve been part of different integrated approaches and we’ve always got stuck on language.”**  
Workshop participant

**“We have for a long time tried to pilot an integrated 2yo check but haven’t yet found a model – I don’t know of an LA who have. ... In the beginning it was very much about different vocabularies.**

**Often talking about the same thing in different ways. Health feels very outcomes driven, a lot of tick-boxes, about numbers. Whereas early years education [is] about the child not the numbers.”**

Head of Early Years, interviewee

A natural desire to protect **organisational or professional sovereignty** can also be a barrier. Some senior leaders who had overseen significant change processes to move local systems towards more integrated models described how gaining support or buy-in to this could be very difficult where new ways of working were not very obviously seen by professionals to support the objectives or performance indicators of individual sectors or organisations. Some perceived changes as a distraction, or worse a threat, reflecting other recent research.<sup>22</sup> This can be further reinforced by policy and messaging from national agencies and government departments, which seem to put sectors at odds about what they can and should expect from one another, for example around information-sharing.

**“We have faced some challenges around information-sharing aligned to professional cultures. We have found this has been reinforced by the CQC, who are negative about the idea of an integrated IT system between children’s centres/non-traditional NHS provision and nursing/clinical services such as health visiting. This negativity from CQC then reinforces a position amongst some health visitors that they shouldn’t share information.”** Local authority, survey response

**“Ignore competing demands of organisation sovereignty versus integrated working at your peril!”** Senior local authority leader

**“Getting services to come together and coalesce around an issue or a challenge can be a challenge in itself, due to differing priorities.”** Local authority, survey response

**“Initially, professional boundaries, lack of trust and respect and the uncertainty of/resistance to change were significant barriers.”** Local authority, survey response

**“Different organisational priorities can come in the way of progressing agendas such as this, especially where individual agencies have different pressure points that need immediate attention and this often becomes a lower level priority.”** Local authority, survey response

Where there is an element of professional insecurity, this issue appeared to be magnified. **In the case of health visitors, stretched capacity has combined, for some, with a professional anxiety about loss of identity and skills related to the devolving of budgets from the NHS in 2015 and ongoing national discussion about reform of the role.** In our fieldwork, a number of people reflected that some health visitors are anxious not to lose their status as a “health professional” and felt this was leading to some pockets of resistance to new and necessary models of integrated working that change the nature of their role and bring them closer to local authority colleagues. With additional escalating pressures since Covid, this had led some local leaders to decide this was not the right moment to push forward with more integrated working.

**“The new world [for health visitors] has to be about mixed skillset, moving away from not sharing caseloads of children with other professionals because you feel that another pro can’t handle them. You maybe can’t hand them off completely but you could get an early help visitor in.... We haven’t tried to do this re-casting of health visitors yet because of Covid – and the vision needs to come from them.”** Director of Public Health

---

22. Lewing et al (2022) Leading and Delivering Early Childhood Services, Early Intervention Foundation.

**“There’s a tendency in health visiting to be territorial... they’ve had to cope with a lot of demand and change in recent years... Some were fearful around losing their identity as NHS, losing their links with GPs and the move to a local authority identity.”** Head of Early Years

**“With some of our health visitors it’s a lack of trust – they’re saying ‘what if my job doesn’t exist anymore? Or someone else starts doing the work I do? Or my professional integrity is compromised?’... There are a small minority of [health visitor] colleagues that are still resistant in co-delivering services and still talking to parents as an ‘us and them’.”** Head of Early Years

**“We’re working with health visiting colleagues on skills mix to deliver different elements of the offer due to low staffing levels. However, we have faced some concern from some Health Visitors that this will lead to watering down the profession.”** Local authority, survey response

### **Tensions about geographical level**

As explained in **Chapter 4**, London local authorities remarked that they find it hardest to achieve effective integration with maternity services, which are commissioned through the NHS. This relates, in part at least, to **geographical fault lines arising from discrepancies between the local authority and commissioning health agencies’ footprints**. Until now, local authorities have had to engage in multiple negotiations with different CCGs in order to develop a clear early years pathway and get services delivered in a way that makes sense to parents in their areas, for example to get agreement to situate midwives within children’s centres.

**“Aligned commissioning with maternity is complex – the geography does not support this. There are three maternity units commonly used by families [in this borough], and many other hospitals with small numbers of births [from here], but these units are not exclusively providing maternity services for [this borough’s] residents. [One large hospital] in particular delivers around 60% of babies born to families here, but [this borough] forms only around 10% of their maternity unit’s birth.”** Local authority, survey response

**“Maternity services are provided by hospital trusts. There are currently 3 trusts who provide care for the majority of women [in this borough] but they also provide for women from across London and beyond. It is therefore very difficult to establish an integrated service in one borough.”** Local authority, survey response

**Frustrations can also arise from perceived tensions between services delivered or commissioned over a larger geographical area (for example across London or a sub-region of London) versus ‘close to the ground’ commissioning and delivery at the borough or neighbourhood level.** We heard concerns that services commissioned or delivered across multiple local authorities could be less responsive to local needs and voices, and could potentially get in the way of successful local collaboration. This issue has been highlighted by some in relation to large providers of community health services who straddle many local authorities and were perceived to follow a one-size-fits-all or blanket model. It also came up in relation to maternity services, especially where they were already commissioned at a sub-regional level. Generally, there was a lot of support for services that were integrated and commissioned at the neighbourhood and community level, especially where these responded very directly and inclusively to the particular needs of underprivileged or black and Asian ethnic minority communities. However, this could also create tensions where it led to very different levels of provision within a small geographical area.



**“Maternity have typically been delivered on an ICS basis for a while. In one sense its good because we don’t have to get involved with core business of hospital contracting. But on the other hand, it means services feel a long way away and we don’t have many levers to make it work for our families ... It’s been managed at [subregional] level for last 5 years but we’re not sure it’s meeting [this borough’s] needs.”** Commissioner of early years services

**“I’m very signed up to working in larger geographies where that’s appropriate but there’s a challenge about knowing your area. We can’t have a one-size fits all because it literally doesn’t. We’re so different to [neighbouring borough]. There’s something about local nuance in meeting the needs of most vulnerable.”** Commissioner, children and young people

**“Bigger providers dictate what they can deliver – smaller can be more amenable to local discussions and joint planning – although can also lack corporate capacity ... But too many different providers – creates difficulties and inconsistencies across boundaries.”** Senior nurse

The consolidation of CCGs into fewer ICBs could potentially remove some of the geographical misalignment, leaving local authorities less likely to have to negotiate with multiple maternity commissioning agencies. However, while legislation is supportive of place-based approaches to commissioning and allows for local-decision making on the level at which integration happens, **some senior public health and local authority leaders remained concerned about the extent to which there remains scope for local differentiation and how this will be negotiated.**

The perceived risk is that in consolidating at a wider geographical level, the ICS systems will standardise offers across regions and create further distance and make locally negotiated agreements harder. We came across at least one example where an agreement negotiated between CCGs and the local authority to put in place and fund an integrated support offer for a group of children had been paused by health decision-makers at the ICS level because they were concerned about the funding implications of applying the same approach across the sub-region. Another local area voiced a concern about whether it would be possible in future, under new ICS commissioning arrangements, to recommission services at a local level if a delivery partner was not meeting the needs of families in an integrated way.

**“ICSs change some of the dynamic because you’re not talking about one-to-one commissioning relationships with NHS but you are one council amongst many.”** Director of Public Health

**“One of the challenges I’ve found with the ICS agenda is that it is focused on a much wider geographical level, so balancing that against the increasingly localised working in family hubs to meet the needs of their community can be quite hard.”** Head of Transformation

## **Shifting landscapes**

With each shift in organisational structure and boundaries of responsibility, new and different interfaces become important for integration, corporate knowledge is lost, and new agreements and relationships must be formed. This was a consistent theme across the research. Typically, these changes result from national policy or demographic shifts, and are therefore beyond the control of individuals leading or working in local systems.

At times, strategic leaders referenced the **complexities created by top-down NHS structural reforms (including the introduction of CCGs and Primary Care Networks), school academisation, the commissioning and regular recommissioning of services and the diversification of an already**

**complex early education and childcare sector.** All of these were at times considered “disrupters” of integration, increasing the churn of players within the system and number of interfaces to be managed across pre-birth to 5 services. One interviewee noted how in recent decades the NHS has seen major structural reform every four years.

**Population shifts within London are another key consideration.** As mentioned, a decline in the number of young children is already having implications for nurseries and the sustainability of the market, but also schools and other support services. This can impact their geographical focus. Shifts in population are also a major factor driving ward boundary changes across London. This can impact how integrated systems of support are organised at a locality level.

**“There is something about taking responsibility and the stake you have. If too much is in flux the whole time, it undermines people’s willingness to implement change.”** National expert

**“The biggest change was shifting localities and aligning teams. People get used to working together. Then we shifted to accommodate and reflect [Primary Care Networks] and that meant building new relationships. With ward boundaries changing we’re having to do some of that again. People need a sense of place and sense of belonging – it’s how you maintain that.”** Head of Early Years

**“Continuous reforms have disrupted focus and undermined earlier wins.”** Local authority, survey respondent

## Competing priorities and incentives

For any organisation to achieve improvements in the way it works, focus and prioritisation are required. In the case of system integration, stars must align so that multiple organisations are able to give it the required focus and prioritisation. Yet a consistent theme we have heard across London (likely reflective of a national picture) is that competing pressures and incentives on both the health and local authority side have made this hard to achieve.

Perhaps **the starkest example of competing priorities is the pandemic.** As set out in the previous chapter, the pandemic has led to the pausing of many initiatives to integrate across the city – half of the local authorities who responded to our survey cited it as a significant obstacle to integration. Although emergency measures stimulated new ways of thinking and relationships in many cases, very often existing relationships were tested as organisations developed different rules and responses. We have written previously about how responses in lockdown varied depending on the maturity of the organisational partnership.<sup>23</sup> At the time we conducted our survey, March 2022, it was clear that projects to integrate in some areas were only just getting back on track and finding it difficult to do so.

**“The pandemic has impacted due to resources, restrictions and the restructure taking place whilst this was happening. This has resulted in limited staffing levels, a need to be reactive due to changing requirements/guidance/ circumstances rather than being able to be proactive, planning and implementing.”** Local authority, survey response

**“The pandemic made [new integrated working models] even more difficult, as different partners had different rules regarding face-to-face work.”** Workshop participant

---

23. Reed and Parish (2021) Working for Babies, First 1001 Days Movement.

**“We had a big push on integrated working about 3 years ago with the formation of a partnership board and lots of work done with health colleagues. This was disrupted by COVID and we are only just now able to pick it back up again. However, we now have far less capacity to do so.”** Local authority, survey response

**“The pandemic meant that many of the services withdrew from shared delivery models and worked within their own service delivery models and trying to get these back into an integrated model has been slow and challenging.”** Local authority, survey response

There are of course other competing priorities that pre-date the pandemic that serve to distract from early years integrated working, and these were also highlighted within our research. It is well documented that, on the local authority side, financial pressures and a lack of regulatory focus on early years have led to a shift in prioritisation over time to later interventions and statutory services.<sup>24</sup> Within the health sector, since the publication of the [Ockendon report](#), many maternity services have been under pressure to focus on acute care. More generally, acute and elderly care will always be a priority, particularly in a post-pandemic context. **The feeling that “competing pressures” and the existence of an “early years and baby blind spot” had prevented progress on early years integration** was frequently highlighted in our local authority survey and our multi-professional workshops.

A common view was that policy and governance forums do not sufficiently prioritise early years, as they are focused on integration. The 0 to 5 age group are seen to lose out doubly by being part of the children’s brief and the part of the children’s brief that can be overlooked. Furthermore, this lack of prioritisation feeds into an underfunded system and a workforce that, in many parts, is low paid, undervalued and lacking capacity to engage in integration – as discussed above.

**“Under 5s are invisible to many. We talk a lot about children and young people but if we started talking about infants, children and young people that would go a long way.”** Workshop participant

**“Often [Directors of Public Health] are not engaged in early years – to them it’s all about safeguarding and things that seem quite unsexy.”** Senior nurse

**“The pressures on the NHS currently mean that the children’s agenda is a Cinderella because of the spend. Everyone wants to tick the safeguarding box and once you’ve ticked that the big incentive is to move on.”** Director of Public Health

**“Local authorities are under immense political pressure, which defines success largely around social care.”** Local authority, survey response

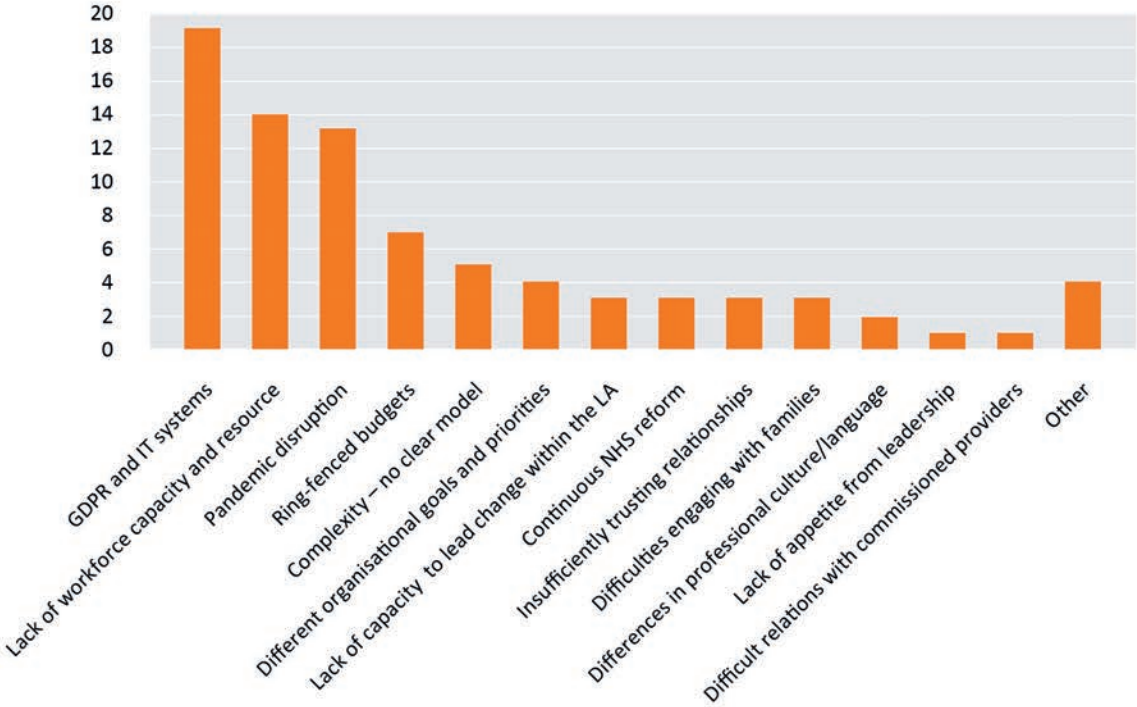
In some cases, the recent national and local focus on **early intervention and early help was felt to have redressed the balance to some extent, providing an obvious framework through which to revisit and re-anchor ambitions around the success and integration of early years services and systems.** The vast majority of professionals we spoke to supported the case for incorporating early years into a wider “whole family” approach – and family hubs were very broadly welcomed on account of this. However, we also came across instances where this was not taking place. There could sometimes be an underlying assumption among local strategic leaders that early years is ‘covered off’ by early intervention or early help strategies, but in actuality these strategies often offered little in terms of goals, direction, accountability or narrative related specifically to the early years, and little targeted investment.

---

24. Royal Foundation Centre for Early Childhood (2021) [Big Change Starts Small](#), Royal Foundation.

**Figure 8: Top challenges according to local authorities**

What have the three biggest challenges or obstacles to the successful integration of early years services been in your view? Tick three boxes.

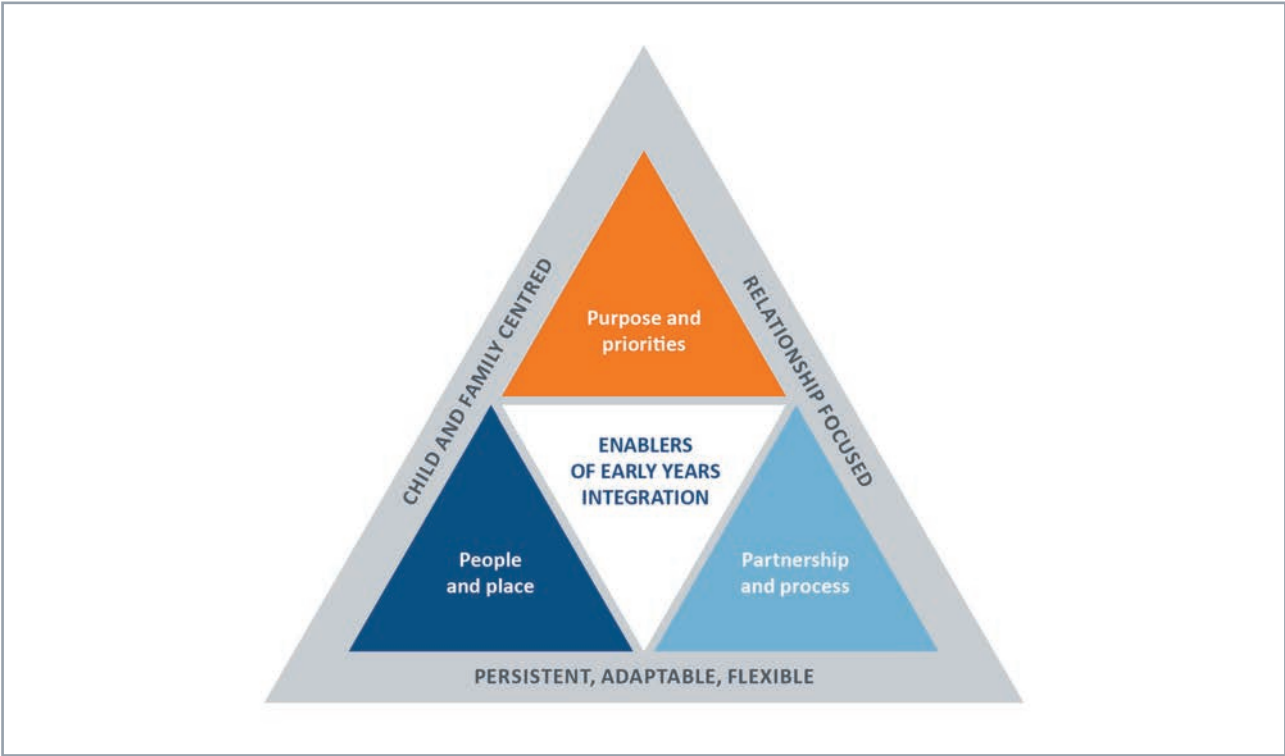


## Chapter 6. What works: enabling effective integration locally

In this chapter, we bring together findings from our fieldwork in London, framed at points by the wider literature,<sup>25</sup> on “what works” in delivering integrated early years services and systems at the local authority level. As stated, our starting point is that there is no fixed model for success – the form of early years integration, and the pathway there, is a matter for local determination. Our intention here is thus not to provide a “recipe”, but to highlight common enablers and “conditions for success” that can help to inform those seeking to increase integration across local early years systems to reflect constructively on their own journeys, pose useful questions and take some inspiration.

The messages we have heard fall into three interrelated categories: **I. Purpose and priorities**, **II. People and place** and **III. Partnership and process**. Themes that run consistently across all three categories are: a child and family-centred focus, strong vertical and horizontal relationships, and persistence, adaptability and flexibility.<sup>26</sup> We use this as a conceptual framework, setting out 12 key enablers or “conditions for success” across these headings (see **Figure 9** and **Figure 10**). In the text, we take each of these 12 in turn, summarising *why* they are important and then what we have learned about how they might be promoted or achieved. This is supported by bank of short case study exemplars at **Annex A**, which are also cross-referenced at relevant points in the text.

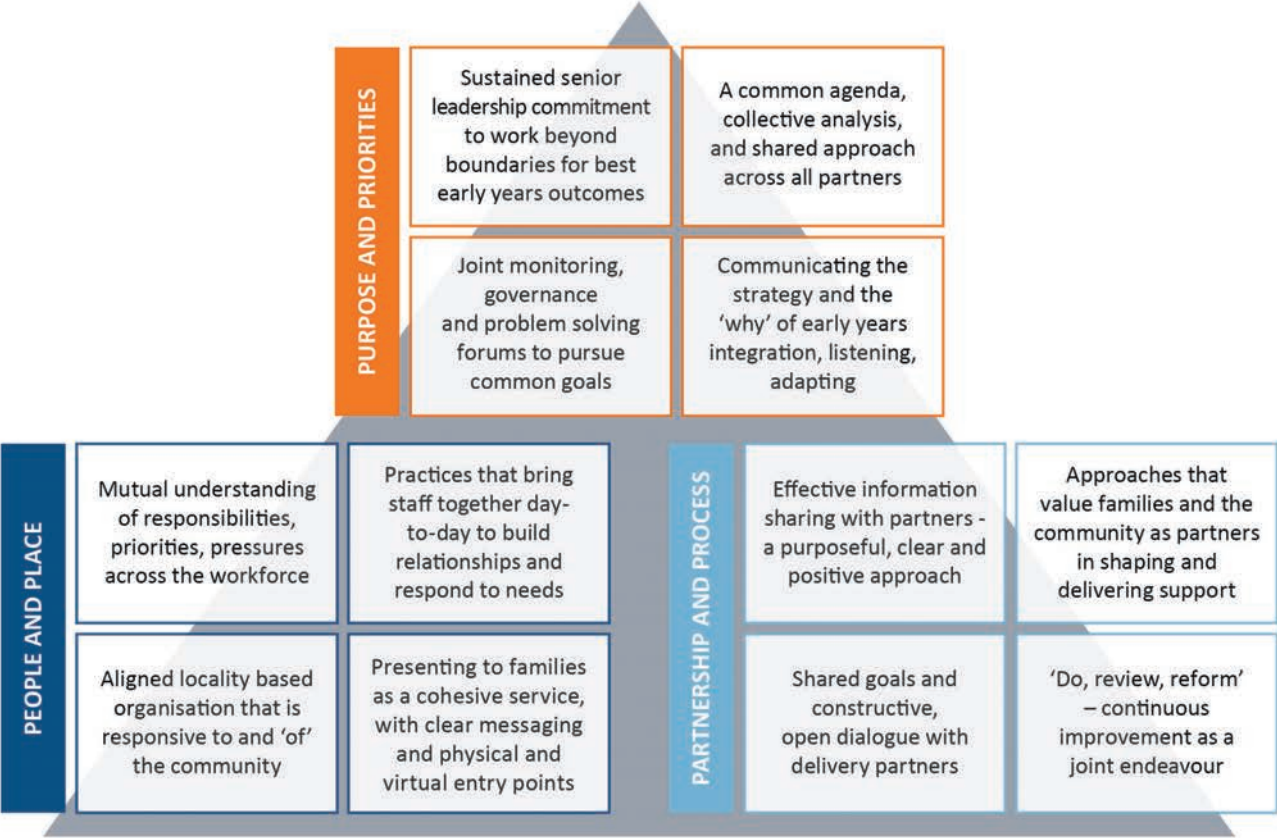
**Figure 9: A conceptual framework for what matters for early years integration**



25. Sources that have informed our thinking and helped frame our understanding of messages from the fieldwork include: Kania and Kramer (2011) ‘Collective Impact’ in Stanford Social Innovation Review, Winter 2011; Milligan, Zerda and Kania (2022) The Relational Work of Systems Change in Stanford Review; Lewing, Griffiths, Asmussen and Tulloch (2020) Early Intervention Foundation Maturity Matrix: Maternity and Early Years, Early Intervention Foundation; Lewing et al (2022) [Leading and delivering early childhood services: 10 insights from 20 places across England and Wales](#), Early Intervention Foundation; Miller Research (2022) Evaluation of the Early Years Integration Transformation Programme Final Report, Welsh Government;

26. The framework can be aligned to the London Health and Social Care Partnership’s “5 Ps” framework set out in its report: [Accelerating integration, building on the lessons of the pandemic “If not now when...?”](#), London Councils

Figure 10: Twelve enablers of early years integration



**I. Purpose and priorities – leading early years integration, change and transformation**

**1. Sustained, long-term senior leadership commitment to working beyond boundaries to deliver the best possible early years outcomes**

A consistent message from the research is that integration and alignment across organisations that support early years happens over a long period of time – typically 3 to 5 years for a big 'change' – but there is never a clear end-point. It is a process of trial and error, requiring persistence as well as up-front investment, engagement of the whole system, and the careful and aligned use of resources on an ongoing basis. This makes sustained senior leadership commitment, at political, officer and professional level, critical.

We found that, where there was felt to be a strong and long-term leadership commitment present from both the children’s services and public health, people across the system described a broader culture and commitment to working together to meet early years needs. Where efficiencies were required, for example, there was a strong imperative to apply these in a way that protected or even enhanced the service. In contrast, in scenarios where this kind of senior commitment was not present at leadership level across all partners, momentum for change was sometimes not sustained through difficult patches. Projects around sharing data commonly stalled. Policies and approaches that related to working in a joined-up or integrated way seemed likely to be described as inactive. Often initiatives to integrate that were halted during the pandemic had not been restarted.

**“Fundamentally there’s been a shared commitment between the partners from a senior level – it seeps into the DNA of how you do things.”** Director of Public Health

**“We had to make savings but [the Leader of the Council] wanted us to use the opportunity to reduce duplication and non-essentials and create better support for families. So we had to be creative.”** Director of Early Intervention and Prevention

**“Without senior leadership buy-in, commitment and enthusiasm, integrated services would not be possible.”** Local authority, survey response

**“The long-standing commitment to children centres has been strong [here] and this has supported the focus and priorities within early years.”** Local authority, survey response

There are no easy answers to the question of how to engender this kind of leadership commitment in a highly pressurised environment. Fieldwork participants often reflected that to a large degree it can depend on the personal perspective, understanding and outlook an individual brings, as well as the relationships between individuals at the very senior level. But they also consistently emphasised that the most important thing was **leadership drive and commitment to working flexibly and pragmatically to deliver services and support in a way that works for children and their families**, rather than a focus on “integration” processes per se.

**“It depends if they are interested. If you get a DPH [Director of Public Health] who is interested and understands families and the challenges they face, then that makes difference...”** Senior nurse

**“In a way it’s almost the simplicity of the idea – there are some documents about structure and governance which I’ve read in the past that I couldn’t make head nor tail of ... Ultimately it comes down to a simple impulse: what we really want is a good local offer for individuals, households and the community accessible in places and settings that work best for them.”** Director of Public Health

However, certain types of argument and evidence are regarded as particularly likely to carry sway with leaders. Those mentioned across our fieldwork included: **engaging leaders and key decision-makers in the lived experiences of children and families (and how and why services are or are not meeting their needs), articulating the potential longer-term financial benefits of integration and alignment of services, and making the connections to broader community benefits**. Where there is an opportunity for local champions to communicate these points to leaders, they may prove compelling. It is hoped that some of the evidence presented across this report may provide a helpful reference point in some of these regards.

## **2. A common agenda for early years integration, including a collective analysis of the problems and a shared approach across all partners**

*“If you want to change the system, get the system in the room”<sup>27</sup>* – this is a common maxim across collective impact initiative leaders, and was a theme in our fieldwork too. Without a shared understanding of the problem that needs fixing locally, and an agreed approach to addressing it, it can be very hard to secure long-term partnership-wide buy-in or engagement. Partners who have successfully built this kind of collective clarity of purpose and direction also appear less at risk of over-fixation on processes, or developing imprecisely targeted approaches.

---

27. Milligan, Zerda and Kania (2022) Ibid.

**“The critical thing is for everyone to be on the same page on the ‘why’. You can’t make a change happen involving multiple people and multiple agencies if you’re not all on the same page on that.”** Operational leader

**“Integration is a means to an end. You need to be concrete about what you want to integrate and for what reason. It doesn’t necessarily follow that we need to put all our staff together, or budgets in a specific way.”** Director of Public Health

**“If we want to create similar services for families, everyone has to be involved in the planning of those ... It makes no sense to be in isolation and compete with each other.”** Early years locality lead

A key message from our research is that it is critical that **partners make the time and space to work closely together to develop a shared understanding of the gaps and challenges for families, and how well services are working together to meet need.** Without doing this first, it is hard to develop a genuinely shared vision or clearly articulated joint strategy for change. Sometimes this sort of **cross-system engagement is attempted through a single consultation or conversation** – the Early Intervention Foundation [Early Years Maturity Matrix](#) has become a popular and very useful tool for local authorities in London and nationally to work with partners to self-evaluate and “base-line” where they are, and come to a common understanding of where they go next in their journey together as a system. The Matrix includes, for example, some markers for rating the maturity of existing “multi-agency working”, but also markers which relate to good practice in more general terms which often relate to integration, such as joined-up leadership, aligned budgets, and joint commissioning. However, for those seeking significant progress, a self-assessment against the Matrix is generally only the beginning of a process.

We found that ambitious local partners have taken more in-depth and extensive approaches to building a common story about what the problem is and what needs fixing. This often involved engaging in **deeper exchanges across a broad set of voices over a more sustained period, and a significant focus on collectively gathering the right data on population needs and financial analysis to inform this.** Commissioners tended to play a key role in this process, for example **working to map use of pre-birth to 5 resources from across the full range of services used by families and using this to identify and agree opportunities** to shift or prioritise investment. Those with integrated commissioning have some advantage in already having oversight of a number of those budgets and pooled resources, and greater freedoms to re-allocate. However, few commissioners have oversight of all relevant budgets and, for health services and the local authority, the very act of coming together to develop aligned maps and analysis and to plan jointly can be a powerful catalyst for change.

Within two London local authorities, the [Early Years Transformation Academy](#) provided a framework for this conversation and the independent facilitation to create **an environment in which all partners feel safe to engage in a frank and honest way** (see example at **Box A**). Other local authorities are attempting to employ similar strategies independently as part of their family hubs planning, with the help of tools provided.<sup>28</sup> Typically, this type of process needs to be spearheaded by senior strategic leaders across partner organisations, but with **strong vertical and horizontal engagement across all elements of the early years system**, including:

- All strategic partners involved in the planning of services for 0 to 5s – including CCGs, ICSs and local authority education departments

---

28. Guidance published by the Anna Freud Centre for Family Hubs offers specific advice on establishing a common agenda for hubs, including the collation of data on local systems and population needs <https://www.nationalcentreforfamilyhubs.org.uk/toolkits/the-family-hub-development-process>.



- Key delivery partners for 0 to 5 services, including large and small commissioned private, voluntary and community sector organisations
- Key frontline and operational staff across the services for 0 to 5s, classically childcare providers, health visitors, family support workers and maternity staff, but also “specialists” who offer more targeted health, mental health and social support
- Representatives from wider services that support families, such as GPs, housing and social work.

**Listening to local parents and children, and developing a shared understanding of their needs and how they experience support** is a core part of this process. We came across examples in our London fieldwork of where partners had dedicated time to engaging with families and, through this, building a collective understanding of the pre-birth to 5 **‘user journey’ of various vulnerable groups**, to pinpoint where the issues and problems lie. The benefits are reflected in learning from other early years integration initiatives (such as the [Early Years Integration Transformation Pathfinders in Wales](#)), which show that this is a powerful way to develop a shared narrative and mission, and can become a golden thread that unifies different parts of the sector.<sup>29</sup> There are various ways to achieve this engagement. Those who spearhead models of integrated practice nationally increasingly consider it critical to put in place a very proactive ‘co-production’ model that not only recognises the importance of parents and young children as assets who can use their valuable personal experience and knowledge to critique current systems, but actively builds and harnesses the skills of parents to co-develop and design service solutions.<sup>30</sup> This is discussed on page 63 in relation to approaches that value family and the community as partners.

**“You’ve got different cultures that are having to work together, learn together and the journey is very much about what each of us sees as the priority – it will be very different, and so aligning that and putting children and families at the heart is the priority.”** Service manager

**“Currently we are developing the Partnership early years strategy. This has so far successfully integrated LA and local partners to develop a steering group. In addition, we have successfully sought and received the views of relevant stakeholders, including providers and parents and carers. This will be used to further develop the strategy.”** Local authority, survey respondent

The format or written document through which an early years strategy might come to life appears to vary across areas. Our fieldwork – like other recent analysis<sup>31</sup> – suggests that, while an “early years strategy” can provide a powerfully visible mandate,<sup>32</sup> it is not as important to have a “strategy” per se as to have the core components (ambitions, approach, goals, timings) clearly articulated and agreed between partners. A variety of vehicles can be used to bring this together. Across our fieldwork, we found examples of London boroughs using **pre-birth to 5 pathways, single early years outcomes service plans** (bringing together priorities from health, public health and children’s centres), and explicit **“early years” stories with distinct aims and key performance indicators (KPIs) around early years services within early intervention, early help and family hub strategies.**

---

29. GMiller Research (2022) [Evaluation of the Early Years Integration Transformation Programme Final Report](#), Welsh Government.

30. For example, see [guidance from the National Lottery’s A Better Start programme](#) and the [toolkit provided by the Anna Freud Centre’s National Centre for Family Hubs](#).

31. Lewing et al (2022) Ibid.

32. Documents and resources to support the development of an early years strategy can be downloaded from the Local Government Association’s LGA Early Years Knowledge Hub group. Access can be obtained by request by emailing [Elizabeth.hodgman@local.gov.uk](mailto:Elizabeth.hodgman@local.gov.uk).

### 3. Joint monitoring, governance and problem-solving forums to pursue collective goals and objectives

Successful execution of any plan or strategy typically requires good monitoring and governance, as a means to drive progress, investigate problems and develop new solutions. Where the plan is to bring multiple sectors and agencies together to collectively improve outcomes for children and families, it follows that monitoring and governance, in order to understand and address emerging issues, must be developed in a way that fully involves all those partners and is built into their own priorities.

We found that it is essential to have a **senior group of strategic and operational leaders from across agencies whose core focus is to be explicitly responsible for making a reality of the early years plan on an ongoing basis** (in whatever form that may take). In one local authority we visited, for example, the pre-birth to 5 Senior Operations Group, with representatives from the local authority, public health and the CCG, meets weekly and makes decisions collectively. Underneath this sits an “outcomes group”, which engages the next tier down of operational leaders. Budgets are not formally pooled, but this is not seen as a problem because decision-making is so fully aligned (see **Box B**). Aside from driving improvement across a partnership, these kinds of groups can be beneficial in developing a shared language and close working relationships across leaders in different agencies and **modelling integrated behaviour to others across the system**.

**“When I first attended [the strategic leaders meeting], I didn’t understand the language, half of what is being said. But sharing vision and the data and KPIs and looking at how one service can impact on another really helps.”** Practice lead

**“There’s an awful lot that goes into integration and that can’t be done overnight. You come together with a shared vision and as you’re going along you might need to tweak things. The main thing is you come together as a partnership, but how you do that you agree on the way.”** Children’s centre lead

**We have an Early Years Operational group that comprises of the local authority, health, portage and early help service that meet fortnightly to plan a pathway of support for the children, families and settings. Constant monitoring allows us to plan for the children’s needs across the borough.”** Health visitor

**Integrated or closely aligned commissioners with a very clear and holistic pre-birth to 5 early years remit and a proactive approach** can also be instrumental here. Where this was in place, it was evident that commissioners could play a key role in ensuring that the right connections were being made and integrated efforts were kept on track; in some instances where this way of working was not in place, it was explicitly identified as a gap that led to a lack of prioritisation or momentum around plans. Where commissioners had an integrated role and managed pooled budgets, some key benefits were observed; for example, they were more often present to make the right connections and had regular oversight of a broader set of information (see **Box C**). However, there were also examples of strong results being achieved through closely aligned and relational working across commissioning bodies. And commissioners within integrated systems did not seem to feel that full integration was the only solution.

**“[Our biggest success story is] the set up and development of Children and Family centres through joint commissioning, as it has enabled an integrated approach, offering a one-stop shop for parents and their families, parents have in feedback described it as a lifeline. Agencies have bought in to the vision and have a shared understanding of the outcomes to be achieved.”** Local authority, survey response

**“We need someone who’s got that commissioning pot and can drive [a joined-up strategy] forward. At the moment it’s very fragmented – some comes from early education, some from health. We do have an early years commissioner but her role is different to that.”** Senior health visitor

**“As long as families see it as a single offer it doesn’t matter how the contracting is done.”**  
Integrated commissioner

#### **4. Clear communication of the rationale and the “strategy” to everyone, listening and being willing to adapt**

As we have emphasised, system integration is a long-term cultural change. It is therefore not something that can ever be assumed to be “done” once the strategy is in place. Leaders we heard from within some of the more integrated systems strongly emphasised this point. Continuously communicating and iterating the aims, objectives and approach across the wider system is essential for creating sufficient momentum at all levels to overcome the inevitable hurdles and build a sense of “collective endeavour”.

**Communicating the rationale and the “why” widely** is crucial for any successful system change, and in all the examples we saw where there had been significant structural change to bring services closer together, leaders emphasised the importance of doing this before changes were made and on an ongoing basis (for example **Box D**). Operational staff at our workshops often reflected that they supported changing processes and structures where this would clearly allow them to do their job better, and enhance their ability to provide families with the right support at the right time. While there can be a tendency to be sceptical of any change, there was broad consensus that integration cannot be achieved just through the efforts of individuals at the frontline. Changes to structures and processes are often needed to show staff the way, provide “permission” to work differently across professional boundaries and lock in integrated working that may otherwise crumble when committed members of staff move on. Based on our conversations, these are all types of argument for change to which operational staff across a range of levels are likely to be receptive.

**“If you’ve got good, robust systems in place, you know what the expectations are. So there’s no excuses for not knowing who to turn to or where to contact or signpost, because the systems are there.”** SEN lead

**“Structures hold up the relationship. You can start up with a relationship but if you don’t have the structure to maintain it, it probably won’t last.”** Head of children’s centre

Another message we heard is that **middle leaders who buy into the vision for integration are essential champions, supporting major transitions in workforce roles and responsibilities**. Communication about the vision and purpose therefore really needs to target this group, listening to and addressing their concerns about changes and adapting the model where needed. In one borough where health visitors had been asked to align their work within local authority teams, we learned how, several years into the change process, there remained a small minority still resisting the new model. This could be traced directly back to the misgivings of specific team leaders.

**“We saw that where there is that resistance it’s because historically there was team leadership that installed that kind of mistrust ... where the operational leadership was resistant that has had a massive impact on everyone else.”** Senior strategist, public health

In local systems where they had introduced significantly more integrated models of working, leaders

we spoke to also emphasised the importance of **being clear from the centre that you are actively listening to the workforce and prepared to make adaptations**, and giving staff the latitude to develop solutions. Setting the frame of the conversation so that professionals are not feeling “done to”, providing genuine vertical feedback loops, and valuing the views and insights of staff on the ground were all seen as important. Examples were given of where strong, integrated systems actively build in processes that empower operational and frontline staff to identify problems together and come up with and implement joint solutions (again, see **Box B**).

**“There is a lot which is done to us. You can’t bring change just by telling people to change. It’s not going to happen.”** Operational manager

**“It’s really important to recognise that it does take time. You are taking two different professions and workforces and that takes time, communication and respect. You have to identify gaps and find the common ground in order to move forward.”** Clinical service lead, speech and language

**“The project-based work with different professionals helps – pilot projects in relatively focused areas. For example, we’ve had ones on early bookings, co-location, and the first 21 months. This shows the staff value, helps relationships, and also identifies the ‘pioneers’ who are on board with what we’re trying to do.”** Senior strategist, public health

## II. People and place – building an integrated service rooted in human connection

### 1. Strong mutual understandings of roles, responsibilities, priorities, pressures and paradigms across the early childhood workforce

A workforce with an excellent understanding of the roles and responsibilities of other professionals is essential to integrated working. At the most basic level it enables effective referrals, advice-seeking and signposting for families. More profoundly, a developed understanding of others’ priorities, pressures and professional paradigms provides a foundation for good communication, joint problem-solving and evolving and renegotiating roles and responsibilities in a way that best meets families’ needs. This was a clear message from our workshops.

**“There needs to be some compromise from every service in order to come together. But there also needs to be something about understanding what different services do – in order to come to a compromise you need to understand what other services do and what they might be bound by.”** SEN professional

**“I don’t need to have access to the childcare data system, or the healthcare system. But I need to know who to go to, to say: is there any information about that child that I have consent to know and would help me to deliver what I need to be delivering?”** Children’s centre manager

**“A directory of services and what they do, including a pathway of how they integrate together is the one thing that would make the biggest difference.”** Workshop participant

The development of **pre-birth to 5 early years pathways** that describe how families are supported across different services, plus the routes and trigger points for referral from universal to targeted and specialist support, is one formal way to address this. In their best forms, these pathways offer a more child/family-centred approach than traditional referral routes **by mapping, from a user’s perspective, all the different service entitlements and assessment points, and the roles that different services and**

**professionals play** in relation to each of these. They are becoming more widely used in early years in London (as highlighted in **Chapter 4**), and are often appreciated for providing clarity in a very complex system. Some local systems have moved beyond mapping pathways related to specific vulnerable groups or types or need, and taken on the more ambitious task of developing the maternity and early years journey across the whole pre-birth to 5 population (see **Box A**). Some of the professionals we spoke to, however, highlighted that, although the process of co-developing the pathways can be enlightening, over time they can become just a paper reference point. For them to be a useful tool for embedding a strong mutual understanding of roles across the workforce (one of their potential benefits), they need to be **widely shared and utilised across services**. This has also been identified as an issue in national research.<sup>33</sup>

**“Pre-pandemic we spent a lot of time with a lot of people overlaying how everyone’s services sit to develop an early years pathway. As a result of that we built up a clear picture and now we’ve got a really complex diagram shared by everyone which shows that overlay.”** Head of Children’s Commissioning

A mutual understanding of roles and responsibilities and how others work can also be built through working alongside one another. Some of those we heard from emphasised that, **where services are co-located, professionals have the opportunity to observe one another over a period of time, and a deeper understanding of roles, priorities and language can develop organically** as practitioners get good visibility of each other’s ways of working and pressures on a daily basis. However, this was not seen as the only way. Professionals in our workshops also said that their experiences of **joint training** and **participating in multi-agency panels** that meet regularly to discuss the needs of children with SEND or other vulnerable groups helped them to build a better understanding of the roles, priorities and incentives of other parts of the workforce, and to develop more holistic child and family-centred responses in the moment.

**“We are rolling out Team Around the Family. Although this work is in its infancy, we are already starting to see greater alignment of priorities across partner agencies; a greater understanding of language in use and identifying opportunities for children/families to not have to repeat their stories and receive a joined-up approach.”** Local authority, survey response

**“I personally don’t think that you get to a place of mutual respect and understanding if you haven’t worked side-by-side. I’ve got to walk in their shoes and they’ve got to walk in mine. You just don’t get it if you’re not seeing on a day-to-day basis what is happening. I don’t have to resolve the issues that the health visitor might be dealing with, but I have to understand what the health visitor is going through in order to make this the best centre for children.”** Children’s centre executive manager

Beyond working together or side-by-side, having **first-hand experience of working in different roles across the early childhood workforce** is valued as being a very powerful way to broaden perspective and understanding across different sectors, agencies and roles. Individuals who had previously worked in other roles or parts of the sector frequently referred to these jobs and the viewpoints and insights they had provided. It was clear that they often felt that this had enhanced their ability to work effectively and empathetically with other parts of the system and to identify more clearly where the opportunities and barriers to effective integrated working might be. Some felt this should be more actively recognised and systematically encouraged.

---

33. Lewing et al (2022) Ibid.

**“One of the reasons [our transformation programme] worked well is that I had a clinical background and had been a commissioner of the service before, and also a public health strategist, and had worked in voluntary sector heading a social enterprise in [this borough]. I live in [this borough], have children here. I fit into every stakeholder group!”** Head of Children’s Health and Head Start Service

**“There are a number of shared competencies and skills across the early years workforce, and movement between the two would lead to better understanding between systems.”** Local authority, survey response

## **2. A core of working practices that bring staff together on a day-to-day basis across professions and agencies, to build relationships and collectively respond to needs**

The unique value of professionals across different professions and agencies **knowing each other on a personal basis, and regularly communicating with confidence and ease** was a very strong theme throughout our fieldwork – and was equally relevant at the senior strategic level and the frontline operational level. People described often how these types of regular and familiar relationships and working friendships opened the door to informal conversations and swift collective responses to families’ needs, especially in the lockdown period, as has been highlighted in other research<sup>34</sup> They also helped to build a sense of trust and empathy that is a vital foundation for ‘relational working’.<sup>35</sup>

**“We have relationships so we speak freely on how we can adapt, how to approach and how we offer services.”** Workshop participant

**“It’s about having great relationships to embed the integration to start with. Compromise is also important because we all have our own way of doing things. So where you get that level of trust you can compromise to adjust how services are provided.”** Operational lead, workshop participant

**“There needs to be some clear pathways but if there’s not a relationship there, then the process won’t work and the set pathways can cause more hostility. We’ve had a lot of discussion about early intervention panels in [this borough]. Previously they just became allocation panels, as in passing the buck rather than working together to think how you’re going to help.”** Health visitor

**“If there’s not a relationship there the processes won’t work and they can cause more hostility because you don’t have that relationship. Previously we had panels and they just became allocation panels as in passing the buck rather than working together to think how you’re going to help.”** Operational manager

Systems that encourage regular **day-to-day working together and interactions between individuals** were seen by many as essential for building these kinds of bonds. In our research we heard examples of how relational working can be promoted through the culture of an organisation by **explicitly encouraging professionals to embrace informal communication, make themselves available and “pick up the phone” in order to reach out to others from beyond their own team or organisation. Where senior leaders modelled strong relational working**, for example (Box B), this was considered to set a tone and culture that encouraged others to work in a similarly close way on a day-to-day basis with colleagues from other parts of the early years workforce.

---

34. Reed and Parish (2021) Ibid.

35. E.g. Milligan et al (2022) Ibid.

**“I think it is based on building trust, making communication easy, not too formal and being positive and respectful when you speak to people and then others are likely to bring issues to you.”** Perinatal mental health professional, workshop participant

**“We have regular liaison on a one-to-one basis. For example, reaching out to early years SEND advisers or the nursery independently. It’s ad hoc and professionally led. Professionals here know that they can reach out to all the other services and know that liaison is important and crucial.”** Workshop participant

**“The leadership team must have an honest reflection of what is going well and not as well in children’s centres, and they themselves need to model the integrated behaviour for staff.”** Strategic manager of children’s centres, workshop participant

A range of **child and family-centred multi-agency practice models that bring people together regularly** – whether in person or virtually – can also strengthen individual relationships and help to normalise a culture of personal interactions between professionals. **Team Around the Child or Family, Team Around the Setting, and having named professionals linked to certain settings and locality-based teams (discussed further below)** were all often cited as types of practice that play an invaluable role in helping professionals to pool thinking and coordinate plans to support individual children and families. They can also help to build relationships, including with parents, which can lead to further connections and the joint development of solutions over time.

**“It is much better when everyone knows each other. Conversations can happen ad-hoc. Health visitors come into stay and play or oral health sessions. If a need is identified you can speak to them and get support.”** Family support worker

**“The relationship between the early years education sector (PVI, school, childminders) and our health visiting colleagues is our greatest asset. There has been joint training and professional development, the instigation of a named health visitor for each setting and the re-forming of a cross-agency group to move this forward.”** Local authority, survey response

**“Team Around the Family meetings enable parents to hear all perspectives and have knowledge of who is doing what and by when. Ultimate outcome: the child receives timely appropriate intervention not duplication.”** Workshop participant

We found that the pandemic has changed perspectives on the extent to which it is believed that meeting regularly in person (as opposed to online) is required to build professional relationships in the context of early years services.

On the one hand, **working alongside one another in the same venues on a daily basis is still very widely seen as providing unique opportunities**, such as the ability to get to know one another over time, ‘pop your head around the corner’ and ‘sort something out there and then’. Professionals easily give many examples of where co-location has facilitated closer and more effective working relationships and made it easier to build trust between individuals. More than one local service leader also highlighted the risk posed by the slow ebbing away of connection over time, where contact between different types of professionals is fully restricted to virtual interactions. One key thinker on relational working in the public sector articulates the subtleties of how this can happen: “Zoom offers a very different form of tonal frequency: silences are harder, the signals of body language are less perceptible, chance encounters and observations are removed”.<sup>36</sup>

---

36. Cottom H (2021) [The Radical Way: Shifting the Social Paradigm](#).

In these scenarios, people highlighted the **importance of proactively bringing professionals working across a community together in person from time to time** to build and solidify relationships.

**“During the pandemic we lost some culture and relationships that we now need to rebuild. We need human contact – how do we connect with families if we can’t connect?”** Locality lead, workshop participant

**However, co-location is not seen as the only way to facilitate meaningful inter-professional relationships in the way it perhaps once was.** Having the desire to work together was generally regarded as more important than the physical form that takes. Some interviewees and workshop participants drew a contrast between co-locational working and the more “intentional” meetings and conversations that occur virtually with colleagues they do not see in person daily. Others, particularly voluntary sector partners, stressed that uneven development of relationships can occur when co-location is seen as very fixed, which can create a tendency by some to put less effort into nurturing connections with colleagues ‘outside the building’. And the potential to harness the opportunities provided by virtual working to facilitate more frequent inter-agency discussions are widely acknowledged – we came across examples of virtual cross-agency or profession meetings taking place more regularly, where in the past in-person meetings had been considered logistically too difficult, or to require too much sacrifice of time.

**“The pandemic if anything has taught us we can find ways of reaching out and building relationships with other services quite easily – there are advantages to co-location but it’s not the be all and end all.”** Workshop participant

**“With Home-Start we’ve only met in person twice, but we’ve still managed to build a relationship between the two services. Relationships come about from understanding and taking the time, having the willingness to try things. We all prefer seeing each other in person because everyone’s got death by computer screens but we don’t need it.”** Children’s centres lead

**“Locality isn’t everything. It is about that relationship and being able to communicate. It should be on a needs basis. However, from a professional point of view I think there is great benefit in terms of learning from others when you are co-located.”** Operational manager

**“Co-locality working can be terribly helpful, but it can also become an in-club and not flexible and fluid enough with other services.”** Service lead for Home-Start

**“I’ve worked in services where they have been co-located and it has strengthened that because you can have conversations easily, but you don’t necessarily need to be in the same space if you’ve got a clear vision and relationships and clarity on how we’re working together.”** Locality manager

**“Yes in an ideal world if everyone was in the same place all the time – but that’s not real life. So it’s about keeping those lines of communication open.”** Perinatal mental health worker

**“I’ve worked at a place where we had loads of services in one building – GPs, social workers, and loads of other services and we were the one health visiting team. You could literally work around the corner. In that sense it was brilliant. But I agree you can build up those relationships without that and virtual platforms have helped.”** Health visitor



### 3. Aligned locality-based organisation that is responsive to and 'of' the community

It is easiest to know a community when embedded within it. We found that locality models, whereby services are organised around sub-areas within the local authority, are considered to be beneficial in providing a better scale of “place” around which integrated services can usefully organise. Benefits include a more manageable basis for working closely with the community itself, such as incorporating parents’ voices as part of service design, delivery and oversight, and making it more realistic and feasible for professionals to get to grips collectively with a knowable set of local needs, issues and dynamics (and even individual families). These arguments are supported and expanded on by a significant literature on place-based integrated working. This includes from influential US-based neighbourhood-level “collective impact initiatives”,<sup>37</sup> and of course Sure Start. They are also increasingly encouraged in government policy and tools to promote more holistic responses to families’ needs, for example via family hubs and early help systems.<sup>38</sup>

**“We all need to know our patch. It’s not to say there isn’t crossover between all the localities and everybody works extremely well together ... If we went to a whole borough approach I feel like we’d lose children. I don’t think we’d be as robust in having that understanding and oversight of what’s going on in children’s lives.”** Executive children’s centre manager

**“I would really advocate the locality team working for children’s centres, midwives, health visitors – because you know the families you have and it’s a shared ethos. It is much more joined-up in a locality, it’s easier to drill down than at the local authority level when you’ve got all the practitioners working together for the same cause.”** Head of Early Years

**“The locality is just a way of making it manageable.”** Workshop participant

As noted in **Chapter 4**, there are a wide variety of practices around locality-level integrated working in early years in London. In their less-structured form, locality models have developed organically, for example where **professionals naturally orbit around a children’s centre or family facility** in a particular community and become collectively organised. However, such arrangements can be very relationship and funding dependent.

At their most cohesive and comprehensive, we found that locality models are **driven through a clear borough-level plan developed with key strategic partners in health**. This enables plans to be constructed in a way that ensures locality boundaries across health and council-led services are aligned so that operational staff can build relationships, share information formally and informally, and operate effectively as an entity under a single local leadership. Accountability is clear when reporting is through to a central strategic leadership team that is also integrated and multi-agency (See **Box B**). In the examples we have seen in London, most locality leaders are council-employed, but there are examples from other parts of the country where locality leads are employed by the NHS Foundation Trust or by the local authority.<sup>39</sup>

Decisions about the appropriate shape and scale of localities will depend on area need and local geography. However, our observation is that London boroughs taking this cohesive route **typically divide into around three to six geographical areas**. One Director of Public Health we spoke to remarked

---

37. Such as [Harlem Children’s Zone](#).

38. See Department for Levelling UP, Housing and Communities and Department for Education (2022) Ibid.

39. For example, in Start Well Stockport, which is part of the Stockport Family Model, locality leads can be either NHS or local authority employees. Information available via the [Early Intervention Foundation website](#).

that this sort of number and scale, while encompassing more than one “community”, enabled them to secure a small group of talented individuals to lead each locality area and contribute as part of a cross-borough team. A key principle with any sub local authority level organisation is that the additional boundaries are there for management and organisational purposes but are not relevant to families who are trying to access services.

#### **4. Presenting as a single, cohesive early years service to families, with consistent messaging about the offer and clear entry points**

Knowing what support is available and how to access it is hard, and parents of young children do not come equipped with a natural intelligence about how to navigate the multiple sources of advice and support on which they rely. One of the most consistent messages across our conversations with parents was the value of presenting as a single, cohesive early years service to families, with consistent messaging about the range of support on offer, and clear multi-agency virtual and neighbourhood entry points.

A number of local authorities have sought or are seeking to address this through investing in **strong, multi-service information portals that go beyond standard Family Information Service requirements**. For example, in Ealing, the Family Information Service website and materials provide a fully integrated source of information for parents and carers of early years children. The Ealing Children and Families Directory provides a portal for accessing information about childcare and early learning, children’s centres, schools, activities, young people, health and wellbeing, family support matters, training, volunteering and employment, and money matters and benefits. It also integrates with the local offer for children and young people with SEND. The team is accessible by phone and email and responds to around 800 requests per month from parents.

Another key focus is **ensuring that the professionals that families encounter provide a consistent set of messages**, irrespective of where in the system they sit. Some of the boroughs most focused on this have sought to establish a sense of all parts of the pre-birth to 5 workforce being part of **one single workforce**. This includes developing through a well-communicated **core common universal offer and pathways of support**, a broad **common training programme, uniform communication and a sense of shared identity** (see Box E).

**“Creating a joint brand has worked well. It is not a service but an umbrella brand for all 0-5 community services in the borough. Parents recognise and trust the brand, and it has helped to provide a sense of unity across services. Branding has to follow rather than lead delivery, but it is now part of the glue that holds it all together!”** Director of Early Intervention

**“You’re all seeing the same information at the same time and that’s key to helping people to be able to work together.”** Children’s centre manager

Having a **very local physical space – children’s centre or family hub – where parents feel confident they can go to access basic information and professional advice, get on track for more targeted and specialist support and meet other parents** was frequently described in our fieldwork as providing a vital lifeline. This was a particularly strong message in our conversations with parents relatively new to the UK or with poor English, who were often unfamiliar with what might be available. However, the value of such services was also emphasised by and for parents from other backgrounds who felt under pressure, in need of help or not confident in navigating written and online information.

**“My first pregnancy was quite difficult because I didn’t know that much plus because of the barriers of the culture and when you speak different language sometimes you find some difficulties. The**

**beginning was quite difficult but I didn't have that much information or support. I asked friends and they told me what to do and what to ask. And after I find GPs and they gave me some information and after midwives, and a few months from having my daughter I found out about the children's centre and from them I get on track and knew what to do next."** Parent Champion

Both professionals and parents we heard from described much of the value of children's centres and family hubs as arising from having **a wide variety of professionals, from maternity services onward, tied in and opportunities for young families to 'drop-in' and get direct support as well as assessment and referral.** This echoes findings from the National Sure Start Evaluation, which found that two of the three most popular services were forms of drop-in: stay and play and health visitor/maternity drop-in sessions.<sup>40</sup> Relative to organised activities for babies and children (the other popular activity), these were much more likely to be taken up by low and middle income families. The strongest examples of drop-in services that have been shared with us (for example see **Box F**) are **deliberately crafted as part of a broader whole-family/early intervention approach, with a clear, agreed model that has been co-designed with or at least bought into by partner agencies, with sufficient funding and set up allow its impact to be monitored.** They typically include midwives, health visitors, family support and outreach workers, specialist workers such as Family Nurse Partnerships, perinatal mental health workers, speech and language therapists and social workers. Voluntary and community sector services such as Home Start may also be involved. While permanent co-location of services is not necessary, this form of effectively managed multi-agency drop-in is thus unlikely to arise, or prove effective and sustainable, without being part of a broader strategic approach.

**"It takes time to build up trust with a family and they can be resistant to receiving support. It is another barrier if you have to send them somewhere else. It makes a big difference if they can be seen on site, in a safe non-threatening environment."** Workshop participant

**"Sometimes when you've just done a full day of paid work or you've just handed baby over its hard ... Having local places, drop-ins, where you can in person just talk a bit."** Parent of toddler

### III. Partnership and process – designing in systems that support collaboration

#### 1. Information sharing with partners – a positive approach

The ultimate wish of many professionals working across the early years system would be the development of fully integrated data systems that allow synchronisation of services and a full view of the needs and histories of children and families, accessible to all those professionals involved in their lives. However, while there are a growing number of examples of successful platforms for sharing anonymised information for strategic planning purposes, attempts to make data systems interoperable have a mixed record of success in London and are often perceived as being too costly or difficult. Where local authorities bring community health services in-house, this can open some significant doors, but it is a major undertaking with wider implications, and not an automatic fix or a panacea to all concerns around GDPR and IT (see **Box D**). Our research has more generally highlighted the progress that can be made towards more effective and integrated use of data when **partners and professionals take a pragmatic, 'can do' approach, focusing on where children and families have most to gain.**

40. Salmons et al (2015) [The impact of children's centres: studying the effects of children's centres in promoting better outcomes for young children and their families](#), Department for Education/Oxford University

**Information-sharing agreements and protocols are widely regarded as the starting point for agencies or services wishing to share information.** We found that, where partner agencies have not prioritised these and they do not exist, this is often considered to hamper progress towards integrated working. Sometimes this can happen where partners aspire to a whole-system data agreement (for example that allows sharing for multiple purposes and across multiple services), but the complexities of negotiation stalls progress. In other instances, the lack of data-sharing agreements is considered to reflect a lack of alignment at senior level.

**“[We need] shared vision and purpose at a high level that allows for greater information sharing.”**  
Workshop participant

Where agreements and protocols have been reached, very often they are not considered active or influential – as reported in **Chapter 4. We found that impactful information-sharing agreements and protocols tended to be developed and established with a clear and shared vision and purpose in mind.** This might be done as part of a wider system change, such as the establishment of family hubs. Or it could be to facilitate a more specific objective, such as supporting an effective multi-agency panel to address the needs of a disadvantaged group, or enable the sharing of new birth data across agencies and professionals (see **Box F**).

The **most effective information-sharing at an operational level happened where there had been careful thought and planning to put in place the right systems of delivery and work around practical challenges.** In the absence of a single unified database, most do not regard it as useful for professional groups to simply agree to open access to each other’s systems. Recognising the importance of proper delivery mechanisms to enable effective information-sharing at the community level, one London borough had, for example, employed and trained locality-based integrated business support officers. These individuals were able to draw on data sets across health and local authority systems to provide a holistic view of individual families, as well as make links across locality population data to inform commissioning (see **Box G**). In another example, staff within localities were granted read-only access to other databases, which facilitated a more in-depth and shared understanding of individual families, and helped to support development of an integrated two-year review pathway.

**“A data-sharing agreement between health visiting services and early years has ensured support for new mothers is in place from the earliest days.”** Local authority, survey response

**“One of the systems we have is we collectively review all children on a child protection plan every month and look at all the information the three systems hold. So if that child is out of a nursery we can pick up on that and find someone with a place quite quickly. It also helps us make sure they have assessed their needs.”** Children’s centre manager

GDPR is frequently regarded as a block, but it was not perceived as an insurmountable obstacle everywhere. Often services work together to share sign-up forms, for example ensuring health visitors take information and sign-up forms with them on their mandatory checks. We also came across several examples of local partner agencies **asking parents at key moments for consent to share their information – or being clear about the purpose of information-sharing and actively giving parents the option to opt out.** In a number of areas across London, a request for parents’ consent is used to support the sharing of critical information on new-born babies from hospitals with family support and early help services (see again example at **Box F**). This has been hugely empowering to services, helping them track families and target provision and in some cases informing their strategic planning. A number of those we spoke to within local authorities remarked on how having the ability to access this

information was invaluable during lockdown, when birth registrations stopped and new parents were not able to physically attend family support services.

**“We’re currently working with the health visitors, whereby when they go in to see new parents, they are able to get the information form to them so they are able to get signed up to the library and the same with the CCs. They get that data and they share it with us ... we’ve had an increased take-up.”** Librarian

**The rules around what cannot and what can be shared also need to be communicated clearly across the workforce.** Across our workshops, frontline professionals sometimes described not being quite sure what is and is not allowed – and there was a sense of this leading some people to take a conservative approach to sharing, even when what was requested was allowable and justified within the law. Where individuals understood the rules better, they appeared to feel more confident in navigating their way around information-sharing challenges more effectively for families, for example by sharing information verbally that might not require full disclosure of data. This was a really valued approach. Some local authorities we engaged with have recognised this issue, and are taking proactive approaches to clarifying rules and myth-busting. One, for example, brings all early years staff together for joint learning sessions on information-sharing, which allows multi-professional groups to work through and debate scenarios.

**“We’ve all been through that whole thing of ‘wouldn’t it be great if we could just all have one single systems and check everything, wouldn’t that be great?’ but actually its quite good for partnership working when you’re having to check everything. You might have a different set of eyes or a different perspective. Knowing who holds that information and being clear about why you need it is vital ...”** Workshop participant

**“In some scenarios you get told ‘I can’t share that information with you, I don’t have the right to share that, however, I do know the child and immediately you get there’s a bigger picture you need to understand to help that child.”** Workshop participant

**“It takes a long time for people to understand what the information-sharing is.”** Head of Early Years

**“It still does sometimes does surprise me how much angst there is about information and data sharing – the protocols are really clear ... it should be okay.”** Lead Member, CYP

## **2. Shared goals and constructive, open dialogue with delivery partners**

Building **constructive relationships with provider partners and other agencies involved in the delivery of services** is a critical foundation to good collaboration around the needs of families and children. We found that those areas that had established “mature” partnerships of this kind were more able to work together constructively, less likely to re-trench to silos at difficult times and more resilient to some of the challenges presented by Covid. This echoes findings in some of our earlier research.<sup>41</sup>

The **potential to use the commissioning process to find the right provider pairing was highly valued by some local leaders**, particularly in relation to those providers responsible for significant amounts of provision, such as community health providers. As set out in **Chapter 5**, this can prove a difficult

---

41. Reed and Parish (2021) Ibid.

relationship, especially where larger providers are seen to be more orientated towards their own business priorities or needs across a wider geographical area. In one local authority they had sought to make the most of their commissioning process to find a partner that could genuinely share the local vision and align on approach and delivery principals. This had required significant time investment and organisational self-reflection up-front to develop a vision, a clear data-driven picture of needs and priorities. This laid the ground for a stringent commissioning process, including a specification that was very precise in terms of deliverables and desired working relationships, and led to good and searching conversations within the eventually successful health provider organisation (see **Box J**).

**“Getting the right health provider on board who is really partnering and up for integration is a game changer.”** Director of Children’s

Commissioners who felt they were getting the best out of their provider partnerships over time were also very clear that this came about through establishing a relationship of equals. They emphasised the importance of creating a **positive and consensual dynamic for finding solutions to shared problems and a level of trust that made the free flow of data more likely**. Roles remain distinct and exchanges might be challenging at times but do not, for example, involve detailed micro-managing of interim targets. This was often described as “moving beyond the traditional provider/commissioner split”.

**“It works based on the relationships. We have been building positive relationships over a number of years at both the operational and strategic level with [the NHS provider]. When we’ve needed to take money out, we’ve worked with them to do that in a way that supports transformational change. We’ve done it in a consensual and collegiate way which breaks down the traditional provider/ commission split.”** Head of CYP Commissioning,

**“We tell you the outcomes, you meet them – as long as you do that we don’t care. We don’t haul over the coals for qualitative data. We’re more facilitative. We see our providers as experts. It’s a more mature relationship – less hitting them over the head.”** Head of CYP Commissioning

**“For me the relationships have been a really key thing. They are so important for creating change. Previously the relationship wasn’t as good with Trust – now it’s better – more transparent, open, flexible. That means we get things provided to us more easily. ... Its gradually changed over time. People seeing commissioners are not just there to punish and measure targets.”** Integrated commissioner, public health and maternity

**Ensuring ongoing positive relations with delivery partners who are not directly commissioned providers also needs to be very explicitly considered.** We found, for example, that where services had been moved in-house there could still be tensions and differences between influential agencies. These might not be discussed, or even recognised, at strategic level but they created challenges further down that professionals on the ground could sometimes struggle to reconcile. Those local authorities working in the most integrated ways had also thought strategically about how best to align with GPs and wider community services, and create a space for conversations and feedback loops about where interfaces were and were not working well. A local authority that had aligned locality boundaries with Primary Care Networks and brought them into strategic forums regarded this as having been helpful, but leaders there also emphasised that it was the relationships rather than the structures that had enabled them to resolve difficult issues, for example around ICT interfaces not working. These relationships were described as “organic, negotiated, pragmatic”. The general message is the need to **think in broad terms about who key delivery partners are, value those relationships and ensure there is a clear space to identify any conflicts and have dialogue to resolve potential mixed direction or messaging**. This needs to happen even where the natural space of a commissioner/provider conversation does not exist readily.

“Our service has been brought in-house but sometimes we feel pulled between [the CCG] and [the borough]. I’m employed by one but have to clear things with another. Are we the NHS? Are we the local authority? We don’t really know. I’m trying to write an infant feeding policy – I’m trying to influence a borough policy on returning to work but it has to go through [the CCG]. The problem is when you’re employed by the borough but your policies come from a different organisation.” Health visitor

### 3. Valuing families and the community as equal partners

We have already touched on the critical importance of working with families and the community closely in understanding the issues that need fixing and developing a meaningful consensus for change, as part of our discussion on purpose and priorities. But effective integrated practice also involves **recognising the positive value that parents, families and the community bring on an ongoing basis and seeking to harness that by working with them actively as equal partners**. Much has been written about this in the past in terms of “asset-based approaches” to family services, which seek to redress the balance between meeting needs and nurturing the strengths and resources of people and communities.<sup>42</sup> We do not seek to repeat all of this here, but again draw out some key emerging points from our research in London.

The local authorities that prioritised working in partnership with parents and the community had **built co-production and co-design into strategic processes and engagement and decision-making forums, both at a neighbourhood level and across the wider local area**. At the neighbourhood level, examples included **consistently seeking active and diverse parent and community representation on family hub and children’s centre boards and outreach roles appointed with a specific purpose and remit to work collaboratively with local community organisations** to understand families and put effective responses in place. In areas with a significant amount of commissioning devolved to the locality/ neighbourhood level, local managers reflected how, through their closeness to the community, they were able to bring in locally relevant and representative voluntary sector organisations to support the needs of families in that community.

At the wider geographical level, there was evidence that in local areas where the role of parents and community as partners was strongly valued, **the principles of co-design and co-production were embedded at the strategic level**. This included **senior decision-makers making space for regular and in-depth engagement with parents themselves**, for example hearing from Parent Carer Forums and Maternity Voice Partnerships, and clear mechanisms for ensuring that emerging views and perspectives could be fed upwards. There were also examples of very **proactive engagement of Parent Champions, not only to spread information and increase take-up of formal services, but to lead and facilitate peer support and gather insights from the community to inform decisions and understanding** about where services are working effectively or need adaptation. In terms of strategic engagement with the community more widely, many leaders and managers emphasised the importance of **providing a place at the table in early years strategic groups for key local organisations – whether voluntary or private – and ensuring the community offer is fully embedded in any pathways or plans**. Returning to the themes at the start of this chapter, effective examples of this involved engaging groups such as Home-Start from the beginning in the development of a shared vision, priorities and plan. In one local authority, a shared outcomes framework and service plan has been developed with clear opportunities to work with the voluntary and community sector. This allows work to be supported by different partners across sectors and a high level of service commissioning from voluntary and community

---

42. For example, in relation to health: Local Government Association (2020) [A glass half full: 10 years on review](#) and [A Better Start \(2021\) A Better Start through better systems: Parent, family and community engagement](#), National Lottery Community Fund

sector partners. When other grant or funding opportunities come up, it is possible for community partners to integrate them seamlessly with the strategy and be more discerning in knowing which opportunities to pursue.

**“Strength comes from bringing in community and private sector partners – they bring a different dimension and a diversity of thought and perspective.”** Director of Children’s Services

Some of the most powerful examples of parent and community engagement we came across saw **local authorities investing in building the confidence and skills of parents, especially those from disadvantaged communities, so that they are more able to join the early years workforce**, bringing with them their important perspective as parents. Children’s centres have played a role in this in the past, but there are many other innovative examples, including building on the relationships established through Parent Champions (see **Box I**).

**“Through the Parent Champion scheme, I developed great communicating skills and not to mention the confidence that I gained after a 5 year mum-break.”** Parent Champion

**“... I just want to emphasise the importance of children’s centres and the impact they can have not only on a child but on a parent. I’ve seen they’ve been able to develop parents further for them to volunteer and develop the skills to put forward in the workplace and change their circumstances and their lives.”** Parent Champion

#### **4. ‘Do, review, reform’ – embedding a cycle of continuous improvement as a joint endeavour**

Successfully integrated systems are not static entities. A key message from leaders we spoke to throughout our research was that, **even after the “hump” of any integration change or reform process has been passed, there must be a process of continuous reflection and improvement**. Because of the relational nature of integration, and the many organisational priorities and trajectories involved, often systems and processes which look like they “should” work either fail to take root or can start to falter after a period of time, as personnel, culture and pressures evolve.

Leaders within systems that had been working to integrate over a long period of time emphasised that, where roles are changing, the question of professional boundaries will need to be reviewed and revisited several times. This requires **strategic decision-makers to come together and listen to operational and frontline views, and not assume that more joined-up working and holistic provision to families will automatically flow from structural changes**. Where vertical feedback loops can be embedded, so that leaders across a partnership can jointly reflect on a balanced picture of evidence of the benefits and challenges that are resulting from changes being made, they will be in a better position to adapt services. Tiered joint leadership forums at different levels with clear connections and avenues for reporting between them (for example **Box B**) provide well for this.

Finally, we found that partners managing change toward more integrated services and systems in the early years remained focused on integration as a means of delivering more family-centred services, and not as an end in itself. This led them to value ways of measuring the impact of services, and changes in services, on children and families on an ongoing basis – as opposed to just a one-stop check. The richest approaches seek to understand how families experience services, including how and why their satisfaction is shaped by their own motivations, pressures and lifestyles, as opposed to a narrow focus just on, for example, take-up rates (for example **Box L**).

**“What’s good is that in every decision children are at the centre – that’s the common ground.”**  
Director of Early Years and Early Help



## Chapter 7: Moving further beyond boundaries

Throughout our research we have seen how strongly leaders and professionals across London value integrated working that joins up early childhood services and systems effectively. Although this is not easy to achieve, some are leading the way. Many others are taking advantage of new opportunities afforded by national policy to establish integrated approaches that secure more responsive support and better outcomes for babies, young children and their families.

The question now is: what can we do at local, regional and national levels to accelerate that journey? Specifically, how can we secure more consistently joined-up services across London that enable every baby and young child in the capital to get the right support at the right time irrespective of their level of need, regardless of how well their parents know and understand the system, and wherever in the city they live?

The ability to meet this challenge is clearly tied to how good services for babies, young children and families are in London. Has funding been invested in the right way? Are services high-quality and responsive? Are services evidence-based? Beyond the quality of individual services, this research identifies specific values, principles and priorities that the system needs to take better into account to allow integration to thrive and become more effective. The learning from our research suggests that, to improve early years integration in London, local government and key partners in health and education need to consistently:

- **put the lived experiences of children and families front and centre** – recognising the complexities of the journey from pre-birth to five and the fact that families do not live their lives within administrative boundaries
- **foster a culture of human connection across boundaries** – creating the space to forge strong vertical relationships from the frontline to strategic roles, and horizontal bonds across different parts of the workforce and wider partners
- **take into account the interconnectedness of integration at different levels** – and the “trickle-down” effects of integrated (or unintegrated) ways of working across national, regional and local levels, and within organisations and agencies
- **address high levels of variability in standards of support and integration head on** – while also valuing local decision-making that reflects community needs and optimising place-based approaches
- **identify and address the “early years and baby blind spot”** – ensuring that the needs of families at this critical stage are fully factored into decision-making at all levels, and that services are invested in fairly and equally valued so that they have the true capacity to integrate. Early intervention starts before birth.

What does this mean in practice? Below we consider this, setting out a vision for more effectively integrated services across London through a series of proposals at the local and neighbourhood level, at the sub-regional and pan-London level, and nationally.

### Raising the bar at the local and neighbourhood level – recommendations for local government and its partners

- **Local system leaders within councils, and their partners in health and the community, should learn from the most effective, coordinated and unified models of early years integration in London, and set a vision and plans locally to match this.** The key enabling factors of early years integration

presented within this report, and our forthcoming linked self-evaluation tool which will draw on the research here, provide a common starting point and basis for self-reflection.<sup>43</sup>

- **Local leaders should use family hubs as an opportunity and lever to strengthen the integration of the pre-birth to 5 offer and continue to harness the potential of children’s centres to deliver integrated services that meet the needs of London’s many families and young children.** This should be the case irrespective of whether hubs are facilitated in schools or other community settings.
- **Local leaders should prioritise collaborative work with partners beyond their geographical boundaries, to jointly take account of those families who move around or simply do not live their lives within borough borders.** This might include mapping access to services and developing protocols so that all families can consistently access key early years support services within pram-pushing distance of their homes and providing greater clarity for professionals and families about what support families are entitled to across local boundaries.

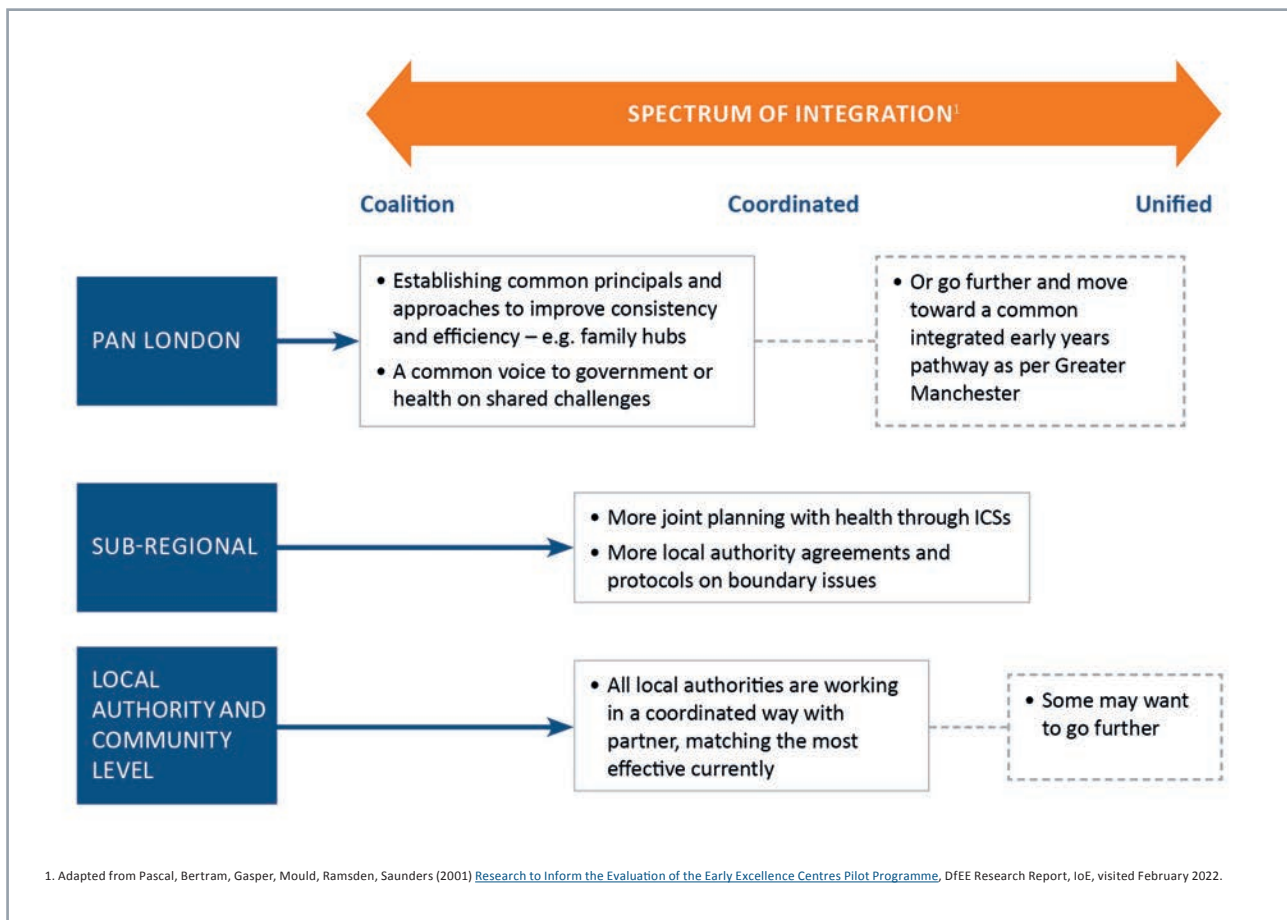
### Coming together across London – recommendations at a regional and sub-regional level

- **London councils, existing pan-London leadership groups and communities of practice should share experiences and knowledge around achieving effective early years integration on a more systematic basis.** This could include developing an early years integration toolkit to bring together detailed good practice from across the city to facilitate deeper dialogue about what works and how to overcome common challenges.
- **Strategic leaders across London should come together to establish common early years service principles and standards for London, broker joint solutions to shared challenges and speak with a more coherent voice to partners in health and government.** This has the potential to deliver a clearer “coalition” across the city on key issues and unlock powerful collective approaches to major cross-city challenges that impede effective early years integration such as early years workforce capacity.
- **Strategic leaders in London should consider collectively undertaking a process similar to the [Early Years Transformation Academy](#) at the pan-London level.** This would enable councils to work together over a sustained period with independent support and agree where consistency and joined-up solutions could be achieved and how.
- **Leaders of early years services and their partners in London should further explore the potential for developing a more common integrated early years pathway across the region,** learning from examples like the [Greater Manchester Early Years Delivery Model](#), which involves all 10 councils working to deliver a consistent, universal and targeted pre-birth to 5 pathway based on a common integrated assessment framework at key stages of development.
- **Partners should make full use of the new opportunities for collective planning and strategy afforded by Integrated Care Partnerships, to prioritise the development of closer and more joined-up working across council-led early years support services and critical early years health support services.** They should focus particularly on building better alignment at the interfaces between council-led early years support and general practice, and between council-led services and perinatal mental health and maternity services. Within the Institute of Healthcare Improvement test sites across the five ICS regions (see page 31), there are opportunities to pick up integration between primary care and wider council-led early years support, for example through social prescribing.

---

43. Our early years integration tool will be complementary to excellent tools such as the Early Intervention Foundation’s [Maternity and Early Year Maturity Matrix](#) (2021) and the Department for Levelling Up, Housing and Communities’ [Early Help System Guide](#) (2022).

Figure 11: A possible future vision for early years integration in London



### Creating a national policy environment for effective integration – recommendations for national government and agencies

- **National government should build on existing positive initiatives by rolling out support for family hubs to more areas, and ensuring that all hubs include a very explicit plan to deliver a high-quality, integrated offer in the critical pre-birth to 5 period.** Guidance by the Department for Education should draw fully on lessons from the Sure Start programme, including providing opportunities for all families with children from pregnancy to age 5 to ‘drop in’ to a local venue and get direct support and assessment and referral to more specialist services. There is also an opportunity for the Department of Health and Social Care and NHS England to work with the Department for Education to consider how they might support primary care to engage effectively through family hubs. The recent Fuller Report makes the case for primary care to take a more proactive role in creating health communities, including working more closely with local authorities and the voluntary sector, and delivering support in ways and places that support different parts of the community.<sup>44</sup>
- **Government departments and national agencies should actively and systematically address the common challenges to early years integration set out in Chapter 5 when designing new policies, and reviewing existing ones.** This will ensure fuller attention is given to interconnected risks, knock-on impacts and there is less inclination for regular structural and system redesign altogether. The

44. Fuller (2022) [Next Steps for Integrating Primary Care: Fuller Stocktake Report](#), May 2022, commissioned from NHS England and NHS Improvement from Dr Claire Fuller.

six challenge types set out in **Chapter 5** could provide a working ‘checklist’ for those designing new policies, and reviewing existing ones. A series of areas for national action arise from this approach:

- **Addressing competing priorities:** Government and the Department for Health and Social Care should develop a consistent, cross-department national outcomes framework across the pre-birth to 5 period for the whole system, which is shaped around the lived experiences of babies, children and their families. The Start for Life review made a strong case for this in relation to the first 1001 days. This could be used as the basis for a more common, integrated inspection or peer review framework for the early years.
- **Addressing technical challenges:** Government and the NHS should seek to create an enabling environment for early years integration through better practical guidance on the circumstances in which information can be shared, and renewed exploration of how unique identifiers, such as NHS numbers, might be used to ensure that 0 to 5 services for families are joined up across key transition points, or when families move across borders. Government departments should also work together to achieve full alignment between the digital red book and digital products being developed as part of family hubs.
- **Addressing stretched capacity:** National government departments should prioritise investment in frontline capacity in key mainstream early years services, developing a long-term integrated strategy for the whole early years workforce – planning more for ‘one workforce’, as some local authorities in London are attempting to do. This could involve addressing workforce modelling, status, career structure and qualifications collectively across different parts of the sector, and potentially seeking to align terms and conditions across the NHS and local authorities.
- **Addressing cultural barriers:** Government and national agencies should take a more active approach to aligning priorities, expectations and language used by different professional groups, and in different national frameworks, to facilitate progress on practical initiatives such as rolling out the integrated two-year-old check.
- **Addressing tensions about level and shifting landscapes:** The NHS, the Office for Health Improvements and Disparities and relevant government departments should closely monitor the impact of changing commissioning arrangements under the new Integrated Care Systems and whether services for the early years are sufficiently prioritised, locally responsive and integrated with local authority services.

## Annex A

### Examples of effective integrated early years working in London



## Case study index

Title	Issues included	Where?
<b>Box A:</b> Collective problem analysis and an integrated pathway	<ul style="list-style-type: none"> <li>• Developing a common agenda</li> <li>• Creating a single early years pathway</li> <li>• Establishing shared goals with partners</li> </ul>	Bi-borough
<b>Box B:</b> Integrated leadership – a model of relational working	<ul style="list-style-type: none"> <li>• Joint monitoring and problem-solving forums</li> <li>• Bringing staff together day-to-day</li> <li>• Locality-based organisation</li> </ul>	Islington
<b>Box C:</b> Integrated and pro-active early years commissioning	<ul style="list-style-type: none"> <li>• Joint monitoring and problem-solving forums</li> <li>• Integrated commissioning</li> <li>• Working constructively with delivery partners</li> </ul>	Lewisham
<b>Box D:</b> Bringing health services in-house – a change journey	<ul style="list-style-type: none"> <li>• Unifying services in one structure</li> <li>• Sharing and aligning data</li> </ul>	Newham
<b>Box E:</b> Creating a sense of one early years service	<ul style="list-style-type: none"> <li>• Creating ‘one workforce’</li> <li>• Presenting a single cohesive service</li> </ul>	Islington and Ealing
<b>Box F:</b> Integrated one-stop-shops for families	<ul style="list-style-type: none"> <li>• Presenting a single cohesive service</li> <li>• Clear entry points for families</li> <li>• Multi-agency hubs and drop-ins</li> </ul>	Greenwich and Bromley
<b>Box G:</b> Sharing birth data	<ul style="list-style-type: none"> <li>• Information sharing agreements</li> <li>• Sharing information with parents consent</li> </ul>	Bi-borough
<b>Box H:</b> Effective data sharing through Integrated Business Support Officers	<ul style="list-style-type: none"> <li>• Delivery systems to support information sharing</li> <li>• Measuring impacts of integrated services on an ongoing basis</li> </ul>	Islington
<b>Box I:</b> Parent Champions and apprentices	<ul style="list-style-type: none"> <li>• Valuing families and the community as partners</li> </ul>	Lewisham
<b>Box J:</b> Providers as partners – commissioning community health	<ul style="list-style-type: none"> <li>• Constructive relations with delivery partners</li> <li>• Developing a common agenda</li> <li>• Locality-based organisation</li> </ul>	Ealing
<b>Box K:</b> Working with the childcare sector as partners	<ul style="list-style-type: none"> <li>• Open dialogue with delivery partners</li> <li>• Bringing staff together day-to-day</li> </ul>	Havering and Lewisham
<b>Box L:</b> Working with partners and parents to integrate services	<ul style="list-style-type: none"> <li>• Developing a common agenda</li> <li>• Shared evaluation frameworks</li> <li>• Valuing families and the community as partners</li> </ul>	Sutton

## Box A: Collective problem analysis and an integrated pathway in the Bi-Borough

In the Bi-Borough of Kensington and Chelsea and Westminster, the **Early Intervention Foundation's Early Years Transformation Academy (EYTA)** brought all professionals from different disciplines together to focus on developing a pre-birth to 5s pathway. The Head of Early Years says: *"We all got together in a room, did the planning together, jointly agreed what would make a difference"*. The process took over eight months, was interactive and involved all services. Alongside this, we worked with the Design Council to engage frontline professionals from schools, social care, libraries, health – including the commissioned healthcare provider – and all services that interact with families, as well as a significant element of co-design work with representatives from family groups. **"Independent facilitation meant people felt they wouldn't be criticised and created good dynamics – it took us to a place where we were identifying common priorities using common language."**

Senior strategic leaders created a set of priorities and targets that reflected the conversation. These included clear KPIs and a set of success measures that were agreed by all partners. An Early Years Transformation Board, including representatives from health and the local authority, has been introduced to review the targets regularly and address issues that come up. **"Everyone reports every six weeks on an agreed set of agreed indicators ... because of the work we've done to get here, people feel they can be honest and open. We have lots of working groups."**

**Progress has been achieved across a variety of areas as a result. This includes:**

- **Single coherent story for professionals and families** – This is represented through a pre-birth to 5s pathway and a new under-5s strategy. A communication hub website for families and professionals has also been launched. New whole-system approaches have been introduced around specific areas, for example around speech and language.
- **Better working across partners** – Closer working with health going forward and voluntary and community sector partners will become a core part of the integrated offer. There will be joint leadership within the family hub and integrated teams across early help and health visiting based at the family hub building, with the aim of creating "one workforce". The two boroughs are already working together better, and felt very much "in it together" during their recent SEND inspection.
- **More integrated interventions that respond better to families' needs as part of the pathway**

**The refreshed universal pathway will include:**

- **Improved health reviews**, which use a digital Ages and Stages Questionnaire that can be conducted before the meeting
- **Group development checks**, where appropriate, to develop peer support networks.
- **Health checks integrated into ongoing community support** and held in community locations.
- A refreshed community and drop-in offer that includes both virtual and face-to face support.
- **New digital tools** to enable families to have appropriate appointments based on their level of need.
- Aligned development checks with early years settings.
- Midwives more connected with postnatal services, co-located where possible.

**The refreshed targeted whole family offer for those with higher needs will include:**

- A one-year programme of intensive support from the 0 to 19 targeted team for families, including support from a health visitor for younger children as well as support for older children.
- One practitioner having ownership of the whole family's needs, working with different specialists as necessary.

A full set of case studies on the Early Years Transformation Academy is available on the EIF [website](#).

## Box B: Integrated leadership – a model of relational working in Islington

In Islington, pre-birth to 5 services come together under Bright Start. This is described as an ‘umbrella brand’ rather than a formal structure – for example, budgets are not pooled and commissioning is described as aligned, not integrated. It is supported by a strong relational model of working, with leaders from health and the local authority working together at every level. The model initially emerged in 2015, when a core strategic group was set up, instigated by the then Director of Public Health. At the time, the borough was faced with making major efficiencies, and senior strategic leaders at political and officer level were ambitious about wanting to work smartly around this challenge and build an even better service for families.

**“We have group boards but not some of the formal hallmarks of integrated structure and governance. Yet we’re the most integrated borough. That relational aspect is a fundamental driver.”** Director of Public Health

**“You don’t need a single financial structure. Integration can be highly effective where individuals work well together, have trust and commitment and service leads fully support the ambition.”** Director of Early Intervention

### Integrated leadership model:

- The Senior Operations Team meets monthly. This consists of the council’s Director of Early Intervention and Prevention, a Public Health Senior Strategist, Head of Children and Young People (CYP) at Whittington Health Trust, the borough’s Head of Bright Start and the Trust’s operational lead of Universal CYP services. They have come to know and trust each other very well. Together they project a strong sense of shared vision and direction and take a very pragmatic approach to fixing problems, thinking about resources in the round and working around organisational boundaries as needed. As one team member said: **“It’s a safe space for discussions. It’s a ‘can do’ senior group.”**
- Day-to-day operational issues across the borough are jointly led and overseen by the council’s Head of Bright Start and the Operational Lead for Universal CYP services from Whittington Health NHS Trust. Sometimes they face separate pressures from within their individual organisations, but they see themselves as a team. **“I would regard myself as an equal partner.” Health Trust Early Childhood Operational Lead; “One of the things that has helped is we make decisions jointly. She can have direct conversations with my area leads and vice versa, that’s normal.”** Head of Bright Start
- The two operational leads report into a cross-agency Outcomes Group, which is chaired by area leads/ locality managers on a rotating basis and includes wide representation (from the umbrella services within Bright Start). This group meets every six to eight weeks and its purpose is to monitor an agreed set of outcome indicators on an ongoing basis, share good practice and talk about challenges and barriers. The group regularly initiates “task and finish” groups on specific issues, where individuals from different agencies will go off to investigate or solve a problem together and report back, and main meetings are thematic enabling close up focus on different areas. The fact that the council’s health visiting commissioner (Public Health) is also present on the group means that, from the perspective of frontline colleagues: **“She is physically hearing all those conversations about struggles and is hearing where the gaps and challenges are and can help us address those.”**
- Across the borough, locality-based delivery is organised around three areas: north, central and south. There is a health visiting and early years’ practitioner lead for each locality. This duo work very closely together within each area and lead a joint team beneath them. Health visiting locality managers report to the trust’s operational lead, and early childhood area leads report to the Head of Bright Start – however, all meet every 6 weeks as an integrated management group and the two senior managers in each locality are encouraged to work as a team to plan and deliver local services. Localities are also aligned with ward boundaries (which helps with reporting) and with PCN boundaries so there is a natural synergy. Every locality has an Early Childhood Area Partnership Group, chaired by parents and attended by families, community groups and professionals, including nursery managers and partners in speech and language therapy, and community learning.



## Box C: Integrated and pro-active early years commissioning in Lewisham

Lewisham has had joint commissioning with the CCG in place since 2010, supported by a Section 75 agreement. Commissioning is managed through an integrated Children and Young People's Joint Commissioning Team, including a single commissioner overseeing maternity and health visiting services. They are responsible for procurement and contract monitoring, including holding contracts for each of the services, receiving information, holding quarterly meetings with providers and trouble-shooting when challenges come up. Yet they take a very proactive approach and see their commissioner role as going well beyond this, making the most of their integrated position across health and local authority services to drive forward strategic developments across these areas.

**“Our approach to commissioning is a mix of commissioning, strategy and service improvement.”**  
Commissioner for 0 to 19 health and maternity

**“We probably get more involved than traditional commissioners ... Having the joint commissioning team does help. If we were a single commissioning team you wouldn't have same access to whole child.”** Commissioner for SEN and complex needs

Commissioners work closely with local authority and CCG departments, including the Head of Early Years, and with the local network of providers, helping to drive integration, including through:

**Strategic development work across partnerships** – Commissioners play a lead role in supporting the 0 to 19 Service Development Plan, which is part of the contract monitoring for health visiting and school nursing, and delivered as a collaboration between the commissioner and provider. This is largely focused on service integration, with strong early years elements.

**Coordinating integrated pathways** – The 0 to 19 health and maternity commissioner chairs the new Best Start in Speech, Language and Communication Board, which is overseeing development of an integrated early years pathway. The Board has wide representation, including early years settings, health visitors, children and family centres, and speech and language therapists. **“The commissioner role here is to bring everyone together, facilitate the discussion and provide support and resources where it is needed.”**

**Working with others to improve service interfaces** – Commissioners are planning to start work with the maternity and health visiting service to review and improve the care continuity between services, in line with the new Healthy Child Programme guidance. The aim is to ensure a “warm handover” between community midwives and health visitors, ensuring continuity for families and that key concerns are not missed.

**Supporting new pilots operating at service interfaces** – The Health Visiting Service is about to start piloting additional developmental assessment and support for children aged 3 to 4 and their families, with the aim of improving school readiness and identifying any emerging concerns. This will be delivered by nurses and piloted in two early years settings initially. Commissioners have also been involved in coordinating pilots around the integrated 2-year-old check and integrated health visitor and school nursery delivery models.

**Linking and managing support for vulnerable children** – The lead SEND and community health commissioner attends panels and sometimes plays a direct coordination role with high risk families. **“It's very different from other areas where it's just commissioning. You're very involved in supporting various families with complex care needs, and do the strategic planning and commissioning.”**

**Helping establish emergency integrated responses** – For example, an integrated package of support is being put in place for refugee families at a local accommodation centre, including support from health visitors, school nurses, midwives, the special needs nursing team and children and family centres.

**Engaging and seeking feedback from the wider community** – Lewisham has an active Maternity Voices Partnership, led by service users, with representation from midwifery leads, health visiting leads and children and family centres. Commissioners are part of this, and facilitate engagement with the group, lead on certain project areas, and follow up service users' concerns with providers.

## Box D: Bringing health services in-house – a change journey in Newham

In 2015, the Cabinet in Newham made a decision not to commission out school nursing, and later in 2016 health visiting and the Family Nurse Partnership. The School Health and Children's Health 0-19 Service was formally brought into the council in 2017. It now sits within the Brighter Futures Directorate, which includes Children's Health 0-19, the HeadStart service, early help, children's centres and early years settings (although this is led by commissioning), as well as youth empowerment and youth safety. In parallel, the council's Children and Young People's service oversees social care, education and the youth justice team. The Head of Children's Health and HeadStart Service describes the transformation in three stages.

1. **Transfer** – transfer of 200 health professionals onto the council's staff. The focus in this phase was largely on the practical issues involved with having a clinical service in a local authority environment, managing clinical risks and maintaining clinical governance.
2. **Transition** – from NHS culture to local authority culture, while ensuring NHS values were upheld. "The challenge was systems, language, culture – all those things you imagine if you descend an alien into a particular space ... maintaining clinical effectiveness, standards, learning who to engage with, forming forums, spaces and practices and operational models for that to happen naturally."
3. **Transformation** – Embedding new processes and staff roles that meet health and LA priorities. Also embedding integrated practice across a preventative directorate. **"The journey hasn't actually stopped – we normalised into the council in the sense that you don't hear 'I'm NHS' etc anymore, but we're still in a space with a new directorate and colleagues taking it even further toward a robust preventative services model"**.

Although the process is ongoing, there have been multiple benefits from both the removal of some technical and organisational boundaries, and the more holistic thinking and delivery across the service that has resulted. In general terms, the focus has changed to collaborative prevention. One particular benefit has been around access to data. Being within the local authority has provided health visitors and school nurses with access to more services and systems. All professionals can see hospital and primary care information (brought together in the East London Patient Record), as well as local authority data from social care and education. **"When we deliver health promotion we have a wider set of data to review in terms of targeting specific programmes. For example, we currently deliver school holiday programmes targeted at children and young people on free school meals, as we have access to data to identify those at risk of holiday hunger. School nurses have access to 4-year-olds commencing primary school as soon as places are allocated in April. With the help of health visitors they can send an assessment to parents then to get an understanding of need, rather than waiting until September."**

However, the bringing of health services in-house was not a 'magic wand' that automatically opened all doors – a lot of work was invested. Key challenges have been:

- Developing shared language – directly addressing differences across professionals stemming from NHS language and LA language, for example terms such as "school readiness" may have a different meaning and focus across different professional groups
- Establishing rules of engagement for new joint practices across professionals – asking "where do I stop and you come in?" and respecting professional boundaries
- Setting up delivery within particular spaces – questions include what workers are there, whose business is it, how matching are agendas, is this appropriate to clinical delivery and confidentiality
- Aligning IT and making data-sharing agreements – although they are officially "one organisation", from a clinical perspective, professionals maintain their own record-keeping systems. A lot of time and thought was invested in information governance, agreeing what is and is not appropriate to share from a client confidentiality and ethical perspective.
- Building clinical governance and quality oversight – a unique challenge from bringing health in-house was establishing very robust clinical governance and quality oversight as a non-clinical organisation. The local authority put in place a quality assurance framework and board, with specialist clinical external members, and service user and public health representation to oversee this function. The Care Quality Commission inspection rated the service 'Good with outstanding features' in 2019, and this rating has remained.

## Box E: Creating a sense of one early years service in Islington and Ealing

### Bright Start in Islington

The Bright Start umbrella model in Islington (described in Box B) is used to project a sense of one service among all those working with under 5s and their families across Islington. Health visitors, family support and early education and childcare are at its core. A partnership of practitioners and professionals from a wide range of services and organisations were involved in developing the Bright Start vision, which revolves around building resilience and reducing stress factors, and includes a clear message that services and organisations must work together to give every Islington child the best start in life.

There is a single webpage and all staff are sent a twice-weekly Bright Start newsletter (this increased to four times a week in the first lockdown) – this includes those employed by the council, working to NHS providers, childcare and the voluntary sector. In addition, Bright Start, Bright Ideas, an e-newsletter, is sent to subscribing parents and professionals. It suggests ideas and tips on how to support early health and development for home learning on themes such as reading, outdoor play, eating and sleeping. Tips include activities and links to Bright Start services and fun places to visit. There is also an annual conference and a core training offer with a number of modules attended by mixed groups, including on perinatal mental health, infant feeding and speech, language and communication.

Strategic leaders are keen to emphasise that Bright Start is an umbrella brand rather than a fixed legal entity, and as such has permeable boundaries. This makes it easier for wider partners and other parts of the early years workforce to opt in and be included within this umbrella when it is helpful for them to do so. One explained: “we don’t demand belonging”. Islington are now exploring how they might apply a similar method to the Bright Start brand model in relation to services for other age groups.

### Early Start in Ealing

In Ealing, the concept of “one service” is strongly embedded in the Early Start teams and children’s centres. This is reinforced through a shared practice model, based on the Team Around the Family (TAF), common pathways and a multi-agency training and development programme, created and monitored by the cross-service training and development focus group that meets every two months. They have also looked at the priorities across community health, public health, education and children’s centres to create a shared outcomes framework that underpins a single service plan. This ensures that all staff are working together to achieve the same ends.

**“All early years settings have a link to an Early Start worker. It operates as one service. Children’s centres are always feeding into the Early Start team. There is a constant flow of information. It is easier to contact professionals when you need them, and it is much better that everyone knows each other. Conversations can happen ad-hoc. Health visitors come into stay and play. If you identify a need you can speak to them and get support.”** Head of a children’s centre and nursery

## Box F: Integrated one-stop-shops for families in Greenwich and Bromley

### Integrated therapy drop-ins in Greenwich

Across the Royal Borough of Greenwich, the Children's Integrated Therapies Service ran integrated drop-in screening sessions at four children's centres across the borough. Speech and language therapists, occupational therapists and physiotherapists offered screening appointments in the same location at the same time once a week. The health visitor clinic was timed to coincide with this. A speech and language only drop-in also occurred a further three times weekly due to greater demand. The integrated drop-ins emerged following a recommissioning process, which brought together a range of different commissioned therapy provision into a single local authority and CCG-funded contract. Oxleas NHS Foundation Trust co-produced the sessions together with local children with disabilities and the parent/carer forum as part of the development on the newly commissioned service.

**The scheme has had positive feedback from primary care colleagues. Specific benefits are report as:**

- A reduction in the time taken for families to access therapist advice
- A reduction in assessment time
- Flexibility for families in terms of choosing the most convenient time, day and location
- Rapid reassurance, resolving many concerns quickly. No further follow-up was required for 55% of families seen by physiotherapy, 25% for speech and language therapy and 30% for occupational therapy
- An increase in skills and understanding of the different therapies for both therapists and children's centre staff
- Closer and more effective, and productive, working relationships for professionals involved
- A more convenient and faster approach for referrers

### Harry's experience at the drop in

Harry attended his 2-year check with the health visitor at a children's centre. His mother, Lucy, raised concerns about his talking. The health visitor directed Lucy to the therapies admin team in reception, who were able to book Harry in to be seen by a speech and language therapist (SLT) that morning. The SLT concluded that Harry's talking was a little behind for his age and gave Lucy recommendations on how to help at home. The SLT offered Lucy a place on a language development workshop. Lucy returned to the admin team in reception and was informed of the dates of the upcoming workshops. She selected one in two weeks' time at the same children's centre. Lucy attended the workshop and, on completion, felt she had enough information to continue to help Harry at home. No further intervention from the SLT was required.

### Family hub model in Bromley

In Bromley, children and family centres moved towards integration and creating a 'one-stop-shop' for parents and carers and their children. There is a strong focus on children aged 0 to 5, but they support those with children and young people of all ages. As a result, they have been able to deliver services in the communities that families are living in, rather than expecting the families to travel to the service. These services include a wide range of support:

- Health-related services, such as health visiting, midwifery, speech and language, dietetic, occupational therapy and physiotherapy

- Early years advice on funded free childcare entitlement places for 2, 3 and 4 years old, settings advice and information, quality play sessions
- Mental health support, such as perinatal mental health, domestic abuse support, front door to both CAMHS and AMHS, self-esteem courses and craft /group activities allowing for peer support
- Birth registrations
- Parenting offer including evidence-based parenting interventions, drop-ins, a helpline, courses and seminars, providing generic parenting advice and guidance to help those with children with specific needs
- Hidden Harm services for parents who are struggling
- Support to return to the workplace, job skills, self-esteem and confidence, life skills such as cooking, crafting, playing with your children, exploring volunteering and how to enter the work arena in alternative ways.

**“We developed the Children and Family Centres to be a one-stop-shop for families. This removed any worries and concerns about attending a specific venue delivering only one service – the anonymity of attending a venue offering a huge range of services means you could be attending any activity, so removing any perceived stigma which might prevent attendance.”** Head of Early Intervention and Family Support

## **Box G: Sharing birth data in Westminster and Kensington and Chelsea**

In the Bi-Borough of Westminster and Kensington and Chelsea, as elsewhere, data is compiled by hospitals on all live births and sent to health visiting teams. Health visitors in the Bi-Borough then share it with the family hubs to which they are affiliated. The data is processed in terms of postcodes and wards and geographical deprivation indicators. This means family hub staff are able to use it to target information and help directly, for example sending out welcome packs. This information provides the data that outreach workers across Westminster and Kensington and Chelsea need in order to provide additional support to families who may be more vulnerable.

This process is underpinned by a long-standing data-sharing agreement, which has been in place for well over a decade and was set up around the Family Hub Partnership. Recognising the need to comply with GDPR, the health visiting team informs parents that there is the intention to share this information in this way by letter, and parents are given the opportunity to object. Few ever do.

During the pandemic, and especially in lockdown, hospital birth information was used to contact new parents with wellbeing calls. In normal circumstances, most new parents would have come into family hubs in order to register a new birth and been signposted to other services. The use of birth data in this way during the pandemic was particularly effective and has resulted in a huge rise in the proportion of children registered on the council's children's centre database, and a rise in the numbers registered with GPs.

In future, some service managers would like to explore making still better use of hospital birth registration data, for example following the progress of those babies and using information to predict need for places for 2 year-olds. Alongside other boroughs in the North West London Integrated Care System, the bi-borough are also hoping children can benefit from a new initiative joining up health and social care databases. The project already has the support of GPs, acute trusts and adult social care locally. If extended to children, it would allow identifiable and non-identifiable data to be shared, supporting practitioners to complete assessments and helping to inform planning and strategies to address inequalities in children's outcomes.

## Box H: Effective data-sharing through integrated business support officers in Islington

Within Islington, integrated business support officers (IBSOs) are appointed to each of the three locality areas. These are posts funded jointly by the council and Whittington Health Trust, and have access to both council and NHS databases.

To create this post, strategic leaders in the council and health service had to agree an initial job description. The job evaluation took place on each side, but did not come out at the same grade. Not wanting this to be an obstacle, it was agreed that IBSOs would be employed by the council but hold an honorary contract with Whittington Health Trust. An information-sharing protocol was then put in place to support the role and the job advertisement went out.

Once the position was established, it took time for all partners to work out how to make best use of it. Initially IBSOs tended to spend most time on Islington council tasks, reflecting their employment contracts and the fact that there was less demand from colleagues in community health, who were less used to using administrative support. Managers took collective action to actively address this, through moving to joint supervisions and better and more systematic identification of shared tasks.

The slowest thing to get right was the joint reporting, because each IBSO had to learn how to use the health database (Rio) and be trained on that. However, success in doing this has enabled them to take on a number of key pieces of work, for example processing the Department for Work and Pensions' eligible 2 year-olds list to see if they are already known to any of the Bright Start services.

**“We are now in a great position. We’ve really been able to pin down what helps – the integrated business support officer does all the ordering of supplies, keeping a check on inserts on health information we need, and critically coordinates monthly reporting, sharing that data with each locality manager and area lead.... It has taken 4 years to automatically register every child at UCL and Whittington [hospitals] – we have to be clear about that – but the IBSO has had a crucial role bringing the services together. They are a linchpin.”** Head of Bright Start

## Box I: Parent Champions and parent apprentices in Lewisham

Lewisham started implementation of the Parent Champions programme in 2018. Champions now volunteer across the borough, giving a few hours a week to talk to other parents about the local services available to families. Parent Champions form part of a national network supported by the Coram Family and Childcare Trust. Within Lewisham, increasing take-up of entitlements was a priority, so the council's original focus was to share information about the range of early entitlements and to help parents access childcare. Elements of the initial Parent Champion training and the ongoing support provided by co-ordinators are also focused on helping parents back into work, and the councils recognised this as an opportunity to bolster services supporting early years.

**“It made complete sense to use this as an opportunity to increase the capacity within the service. We wanted to create something that helped both us as a local authority, and the participants.”** Head of Early Years

By using the council apprenticeship levy, Lewisham created two parent apprentice posts within the Family Information Service and Early Years Business Support Team. To date, they are on their second round of apprentices. Both the original apprentices now have permanent roles within the service.

**“I feel this approach provides a complete and natural cycle. The chance to volunteer develops skills which in turn builds confidence. The increased levels of confidence support the champions back into work and our apprenticeship pathway provides the opportunity.”** Head of Early Years

**“I started as a Parent Champion volunteer in 2018, I was unemployed by choice as I left my job due to childcare cost issues. I related so much with the scheme, that I made it my mission to help as many parents as possible. I was able to help hard to reach families who miss out on vital information, and helped them understand what childcare benefits are available to them and signposted them to access local family services. Volunteering helped me develop my confidence and understanding of families' needs through outreach, which we fed back to the local authority to improve the services offered. I was able to apply for an apprenticeship through the Lewisham Mayor's Apprenticeship programme in 2019 as a Trainee Parent Champion Coordinator under the Family Information Service. I had the opportunity to earn and learn at the same time, despite I'm a middle-aged mum of 4. I had achieved a NVQ Level 3 in Operational Delivery within my 18 months contract. With support and guidance from my line manager, I was able to improve my work skills, expand my knowledge of services, gain amazing colleagues and further my knowledge of stakeholders and delivery of the service. I felt confident to apply when the officer post was opened for recruitment in 2021. All the learning and experience while being a volunteer, an apprentice and being part of FIS, allowed me to have a smooth transition when I moved into my current permanent role as Family Information Service Outreach Project Officer.”**  
Former Parent Apprentice



## Box J: Providers as partners – commissioning community health in Ealing

In Ealing the political leadership was passionate about the concept of integration and committed to investing in and supporting the early years of a child's life. At the same time, feedback from families for years had been consistent – that they wanted to tell their story once, to receive a coordinated response and to experience no hand-offs. This provided the impetus to work and act differently. At the time, relationships with the previous provider of community health services in the borough were strained, and Ealing was among the lowest performing local authorities on key performance indicators, such as mandated 2-year-old health checks. The first stage in the journey towards better and deeper integration of early years services was therefore recommissioning community health services.

The borough started by setting out its service specification. Many of those who took part in this research saw the specification as critical to the future success of the model. The specification was based on a clear vision, driven by honest self-reflection. It was very detailed and precise in setting out what was expected of a delivery partner. Most importantly it set the expectation, from the outset, that services would be delivered in an integrated fashion. The commissioning process itself was described as “stringent”, “fierce” and “intense”. As one senior leader described it, **“We really tested the mettle of the organisation.”**

At the end of the commissioning process, Ealing had secured a future delivery partner who completely shared their vision for early years services and were committed to working in an integrated way. The provider organisation recognised that integrated service needs may have to come ahead of individual organisational needs. This set the foundations for creating Early Start Ealing, which is an integrated service for families – pregnant mothers, expectant fathers, parents, babies, and children and young people up to the age of 19.

**“We wanted to do it to address political and financial challenges. An integrated model is the only solution to make sure you are using resources as well as possible, and it is more costly without integration. The strategic leads for children's centres and the 0-19 early start service work hand in hand. Covid has given us an opportunity to grapple with joint issues. We haven't reverted to organisational sovereignty.”**  
Senior leader in community health provider

The service is delivered in three localities across Ealing and works out of five children's centre hubs. The focus is on prevention, promotion and early intervention. Early Start Ealing integrated teams include: health visitors and assistants; community nursery nurses; community school nursing; family support and family outreach workers; specialist workers, including nurses from the Family Nurse Partnership (who offer support to young mothers having their first baby), speech and language therapists, occupational therapists and social workers. Early Start Ealing teams then work with GPs, midwives, schools, and family support services.

There are also Early Start SEND Inclusion workers based within Early Start, who offer targeted or specialist support to families of children with additional needs, including children with social and communication differences. This can be at home, at the child's early years setting or both. There is an integrated outcomes framework for early years that all practitioners work towards. The benefits of establishing the integrated Early Start service underpinned by this close provider partnership have been significant. Leaders and practitioners report that the model:

- creates opportunities for families to receive support and services in a familiar and safe community environment
- provides the environment for professionals to talk to each other more – with specialists easily accessible and on-site, and able to drop into stay and play sessions or other children's centre activities
- enables faster and more joined-up support when a family presents with significant needs or vulnerabilities, with a much deeper understanding of the issues and challenges that a family faces
- enables the most efficient use of resources
- has started to lead to better measurable outcomes for young children.

## Box K: Working with the childcare sector as partners in Havering and Lewisham

### Havering – Early Years Provider Reference Group

In Havering there has been a strong emphasis on ensuring that early years remains a key priority in the council's and partners' strategy. Two years ago, the partnership reset its strategic vision for education, and reviewed it again six months ago. "A good start for every child" is the number one priority. Part of the way in which Havering has managed to keep early years at the forefront of its strategy is through the Early Years Providers (EYP) Reference Group. This is a group which is made up of early years practitioners, including many leading PVI nurseries. The EYP reference group sends representatives to key partnership and decision-making boards, such as the SEND board, the Early Help Partnership Board and the Education Strategic Partnership to ensure that the voice and concerns of children under 5 and their families are reflected. This is bearing dividends; for example, the Early Help focus on the first 1001 days has been led by early years practitioners.

The EYP reference group also acts as a mutual support mechanism and offers an environment in which early years providers can talk freely and pull together as a sector. This was a particularly valuable network during Covid, which also brought nurseries and schools much closer together. The EYP reference group has also worked productively with the EY team in the local authority to develop better practice on common challenges. A recent focus has been developing better transitions from the early years into school. Joint work has focused on co-producing a common one-page profile that is produced for every child making the transition from nursery to primary school in Havering. This has enabled clearer and more transparent information to be made available to schools, has reduced the workload for early years practitioners, and has proved more accessible and less daunting for parents.

### Lewisham work with childcare providers

Within Lewisham, private, voluntary and independent sector early education and childcare providers (PVI) are seen as just as integral a part of the offer to families as council-run provision, and are supported strongly by the local authority. This includes business support and the same access to training and support from the councils' quality and inclusion team as council provided provision. A particularly strong emphasis is put on supporting childminders and private and voluntary sector nurseries with children who have emerging or diagnosed SEND – despite being unlucky in a bid to secure funding for SENCOs within PVIs, they have made it a priority and found the funding to do it anyway.

As Lewisham seeks to strengthen approaches to early help and early intervention and improve longer-term outcomes for young people, the role of PVI providers is also considered central. PVIs sit on and participate actively in Lewisham's IThrive Partnership, which brings all key agencies supporting children and young people together to plan and monitor early intervention. As the daily frontline service for many families, PVIs are also helping to embed new approaches to early intervention, such as the Early Years Mental Health First Aid Champions programme. This involves the council supporting the training of a Champion in each early years setting, so that there is always a professional who has the confidence to open sensitive conversations with parents about things that may be concerning them and able to signpost them to the appropriate services.

More generally, PVI settings are increasingly connecting with wider council services. A process has been put in place to enable them to sign up to provide dedicated places for children in need. Where this happens, the providers have responsibility to support and watch attendance, contribute to monitoring, and inform social work conferences. Although providers are currently facing some considerable capacity challenges due to recruitment and retention, there is a sense that, in general, they will help wherever they can.

**"Willingness is one of the greatest strengths across childcare professionals and the wider partnership."**  
Head of Early Years

## Box L: Working with partners and parents to integrate services in Sutton

In Sutton, the 0 to 19 service and safeguarding team were brought in-house in 2019. The health visitors are now London Borough of Sutton employees, although Epsom & St Helier still host the service and therefore provide clinical governance and clinical IT, and they are part of a wider alliance that includes GPs. One of the reasons for this development was the desire to join up with early help, health visiting and therapy teams.

One of the first steps they took once this happened was to begin a joint Children's Review. This aimed to move beyond a focus on individual services to allow education, health and social care to challenge, collaborate and redesign pathways to improve outcomes for children and young people, with a focus on children aged 0 to 5 having the best start in life. The initial process involved data analysis, information gathering and high-level service mapping with stakeholders. Parents had significant input, including through a series of events, an electronic survey, engagement at drop-in sessions at children's centres and discussions with the Parent Carer Forum. In summer 2020, multi-agency design groups were then established to develop root cause analysis and problem statements, and identify potential solutions. A Children's Delivery Board was also established, involving both directors and senior service leads across agencies and chaired by a director.

This has led to a significant programme of integrated changes and pilots, which have been embedded into the existing Children's Delivery plan and are now being turned into action. These include a new integrated parenting offer, supported by new parenting leads in each children's centre, a multi-agency review of speech and language screening, and development of a new tool, the appointment of named advisors for each Primary Care Network area for Playwise, Home-Start, speech and language support and a joined-up communication and engagement plan supported by increased capacity within the Family Information Service.

Leaders reflect that, while there is more to do in term of joining up the pathways and overcoming some of the practical and cultural challenges to joined-up working, significant strides have been made. They reflect that this has been a real achievement in the context of the pandemic and pressures on recruitment and retention in key areas. Practitioners in Sutton also conveyed exceptionally strong levels of commitment to working together in an integrated way, close working relationships and good understanding of each other's roles.

**“At a high level we've been able to create an infrastructure where senior service leads can come together through the Children's Delivery Board. Professionals can talk about shared issues like parent help, and do blue skies thinking. ... it is a reflective group and has a learning culture.”** Head of children's health and early intervention services

Going forward, there is a clear, shared evaluation framework in place to measure the impact of changes. As well as evaluations of new pilots against pre-agreed indicators and ongoing feedback from parents, this includes a longitudinal study of families conducted through a survey. This will be a chance to monitor impact over time through the real stories and lived experiences of parents and carers in Sutton in relation to key services, including health visiting, school nursing and children centre services. The evaluation involves 20 families who had a new baby at the start of this work. They are contacted every 6 months and will continue to be until child reaches 5 years old. They are given small shopping vouchers as a thank you for being part of the follow-up at each contact.

The opportunities for joined up working and using resources more creatively has only been possible through the 0 to 19 service becoming part of public health and then integrating with children's centres and early intervention services.

## Acknowledgements

With sincere thanks to the many exceptionally busy yet thoughtful experts, professionals and parents in London who gave time to engage with this project and share their views. All sources in the main report are anonymised so we are unfortunately unable to name those who took part but thank you.

Thanks also to Samira Islam and Caroline Dawes and colleagues at London Councils who commissioned this project and have been engaged and supportive throughout. And to the project steering group for their many rich contributions, both within the group and individually – these are: Sarah Newman, Dagmar Zeunar, Iraklis Kolkotronis, Nicky Brown, Clive Grimshaw, Sara Nelson and Vhenekayi Nyambayo.

And finally, thanks to White Halo Design and Caroline McLaughlin for their great work on the production of the report.

**Research undertaken by Isos Partnership, commissioned by London Councils.**

Isos Partnership are a research and advisory company that supports the public sector to improve outcomes, working at every stage of the policy-making and delivery process.

You can find out more about our work at:

**[isospartnership.com](https://www.isospartnership.com)**

