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Supporting Children and Families with Complex Needs: An Exploration of the Risks and Benefits of Voluntary Sector Service Provision as an Alternative to Statutory Services

Butler, M., McLaughlin, A., Hayes, D., & Percy, A. (2019). *Supporting Children and Families with Complex Needs: An Exploration of the Risks and Benefits of Voluntary Sector Service Provision as an Alternative to Statutory Services*. Queen's University Belfast.

Document Version:

Publisher's PDF, also known as Version of record

Queen's University Belfast - Research Portal:

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Supporting Children and Families with Complex Needs: An Exploration of the Risks and Benefits of Voluntary Sector Service Provision as an Alternative to Statutory Services

January 2019

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EVIDENCE BRIEF

WHY DID WE START?

The Early Intervention Transformation Programme was established to improve outcomes for children and young people across Northern Ireland through embedding evidence based early intervention approaches within services for children and families with complex needs. As part of the Delivering Social Change/Atlantic Philanthropies Signature Programme, Early Intervention Transformation Programme funded a range of voluntary and statutory organisations to deliver early intervention services to children and families in Northern Ireland. In addition, evaluations of the commissioned projects were undertaken (called ‘learning reviews’) to capture insights and learning into their commissioning, operation and outcomes.

As part of this focus on using evidence based approaches to commissioning and delivering services, this research was also commissioned under the Early Intervention Transformation Programme to examine the research evidence on the use of the voluntary sector to provide services and supports to families with complex needs and investigate the extent to which this international research was applicable to Northern Ireland. This study addressed four core questions

1. What are the main issues with the commissioning, governance and delivery of services by the voluntary sector?
2. What is currently known about how services provided by the voluntary sector can influence family outcomes and does this differ depending on the model of delivery and/or governance used?
3. Does the voluntary sector supplement, hinder or substitute statutory social work services?
4. Are there gaps in our knowledge, policies and/or data collection which may need to be addressed in order to develop an effective, efficient and economical model of service provision in this area?

WHAT DID WE DO?

The research was undertaken in three stages:

- *Rapid reviews of the international literature* (January-October 2017) on the use of the voluntary sector in the delivery of services to children and families with complex needs.
- *Knowledge exchange* (October-November 2017) to rapidly disseminate the findings of the rapid reviews to those employed to undertake the learning reviews of the voluntary organisations funded to deliver services and supports to families and children with complex needs by the Early Intervention Transformation Programme.
- *Final review and consolidation* (July 2018 – October 2018) in which the learning reviews of the services were examined to identify and collate strategic level (i.e. cross project) learning and investigate the extent to which the findings emerging from the rapid reviews were applicable to a Northern Ireland context.

WHAT ANSWER DID WE GET?

The rapid reviews highlighted a number of significant themes, particularly in relation to commissioning services, outcomes for children and families, service delivery models and gaps in the research knowledge base.

Commissioning voluntary sector agencies to provide services to children and families with complex needs appears to be largely beneficial, given the potential within the voluntary sector for independence, innovation and flexibility, reducing stigma, reaching hard to access population and responding to local situations and complexities. However, service commissioning (in particular poorly constructed competitive tendering and inappropriate performance indicators) can often undermine the independence of the voluntary sector, reduce its flexibility, contribute to a more fragmented, short-term provision and hinder the development of effective interagency cooperation and engagement.

No consistent differences in outcomes and/or the experience of accessing services was found between different types of service providers. Instead, the culture and working practices of each individual service provider was found to be more important in shaping the outcomes and experiences of children and families with complex needs. Effective interagency collaboration was also found to be key to improving the outcomes experienced by children and families with complex needs.

In jurisdictions that had experienced conflict, particularly when service users were not willing to engage with statutory social work service providers, the voluntary sector could substitute statutory social work service provision. However, in the majority of cases, voluntary sector services supplemented rather than substituted these statutory services. Hindrances to using the voluntary sector as service providers to children and families with complex needs tended not to be associated with the nature of voluntary sector organisations per se, but rather linked to the wider challenges involved in developing effective interagency collaboration that can result in multiple service providers working towards different outcomes, across different funding streams.

Most research assessed during the rapid review was qualitative in nature, based on a small sample sizes, focused on the perspective and experiences of staff, lacking a multi-disciplinary perspective, with little consideration of longer-term outcomes. As a result, more research is required with a particular focus on the experiences and perspectives of children and families, using larger sample sizes, assessing outcomes, as well as combining quantitative, qualitative and administrative data.

The services provided by voluntary organisations to children and families with complex needs funded as part of the Early Intervention Transformation Programme were generally viewed as having a beneficial impact on children and families with complex needs, supplementing rather than hindering or substituting statutory social work services. No evidence was found of an adverse impact of local commissioning. Voluntary services established under the Early Intervention Transformation Programme were perceived as being non-stigmatising in nature, offered quick referrals, case coordinators, and were provided in an easily accessible format found to encourage engagement. However, some weaknesses in interagency working were identified, as were concerns about the long-term viability and sustainability of current provision. Moreover, local studies tended to be of a similar nature to those examined in the rapid review so there was a need for larger, mixed methods studies, assessing outcomes over a longer timeframe.

WHAT SHOULD BE DONE NOW?

On the basis of the reviews of the international evidence base and the reading of the learning reviews undertaken in Northern Ireland, we have identified a number of conclusions in relation to maximising the potential of the voluntary sector towards meeting the needs of children and families with complex needs. These are outlined below:

1. While concerns emerging internationally about the potential for the adoption of an outcomes-based model of accountability to undermine the positives associated with voluntary sector service provision were not yet evident in Northern Ireland, further research is required to examine if this will begin to change as an outcomes-based model of accountability becomes more embedded in Northern Ireland. From the research, it is evident that current commissioning and governance requirements will play a significant role in influencing the future shape and function of voluntary sector service provision and the experience of children and families using these services. In particular, it is important that Northern Ireland learns from the problems that larger jurisdictions have experienced in their commissioning and governance processes to avoid the potential negative impact commissioning and governance arrangements can have on voluntary sector service provision, family outcomes and the experience of those with complex needs accessing services.
2. It was evident from the international literature that the complexities of service commissioning may significantly impact on the quality of services delivered and, consequently, their ability to engage and improve outcomes for families and children with complex needs. For this reason, it is important that the commissioning process in Northern Ireland continues to involve an ongoing dialogue between commissioners, service providers and service users about what services are required, how these services should be delivered and how their success/performance should be measured so as to avoid some of the difficulties encountered internationally.
3. Moreover, while monitoring and evaluation can be highly effective for improving the quality of services provided, depending on the extent to which these monitoring and oversight procedures are 'fit for purpose', they may have a neutral or even negative effect on service provision. In this regard, Northern Ireland was found to be no different to other jurisdictions as concerns were raised over the appropriateness of some of the current performance measures/targets used. Performance measures/targets need to be grounded in the service's logic model (theory of change) if they are to accurately reflect how the service is supposed to affect families and their outcomes. Further, adequate monitoring arrangements and alternative service providers need to be in place if the potential benefits of using an outcomes-based model of accountability are to be achieved.
4. Interagency relationships, communication and trust lie at the heart of successful service development and examples of effective interagency collaboration and communication were evident in Northern Ireland. In order to build on this and side step some of the significant problems encountered in this area in other jurisdictions, it would be useful to ensure that sufficient time is given in Northern Ireland commissioning processes for the development of collaborative working arrangements before service providers are expected to roll out services, and that performance measures accessing interagency relationships, communication and trust are used.
5. Voluntary organisations can be especially suited to work with "hard to reach" families and those who may be reluctant to engage with statutory agencies. Yet, it is important that the commissioning process should strive to harness the unique benefits provided by the voluntary sector and not diminish them. If this is to be achieved it is important that a balance is achieved between "top-down" planning based on population needs assessment data and standardised service delivery, with "bottom-up" planning in which services are refined based on front line experience, local knowledge and understanding of the established relationships with local communities and service users.
6. Families with complex needs are likely to access multiple services across a mix of voluntary and statutory agencies. As a result, local services need to coordinate at an individual case level

to ensure integrated service delivery. Families with complex needs require coordinated service provision between the statutory and voluntary sectors if their outcomes are to be improved and they are to avoid 'falling through the cracks'. This must be borne in mind when commissioning and designing service delivery.

7. This review also revealed that there are fundamental weaknesses within the existing knowledge base regarding the benefits and risks of using the voluntary sector as an alternative to statutory services. In particular, the views and experiences of service users were often overshadowed by the voices, views and experiences of professionals. These weaknesses limit our ability to draw conclusions from these studies and highlight the need for more rigorous research to be undertaken in this area.

BACKGROUND

Voluntary organisations play an important and rapidly expanding role in health and social care provision in the UK and beyond (Hardwick et al., 2015; Northern Bridge, 2018; Dickinson et al., 2012). Historically, long before the advent of the 'contract culture' that started to emerge in the 1980's, voluntary organisations were involved in the delivery of what would be defined today as social care service provision (Dickinson et al., 2012). Indeed, under Article 17(5) of the Children's Order 1989, there is a legal requirement on UK authorities to facilitate voluntary sector service provision. However, following the 2010 election in the UK, the UK government made it clear that voluntary organisations would be expected to perform an increasing amount of the social and cultural functions which previously had been the role of the statutory sector to provide and many voluntary organisations now receive government commissions to provide services on the government's behalf (Northern Bridge, 2018). This has been promoted by politicians and policymakers as a means of diversifying provision, promoting innovation and improving efficiency; it has also been embraced by some voluntary organisations as a way of expanding their mission and increasing their income (Alcock, 2012). These developments have created new opportunities for the voluntary sector to expand their role in providing social welfare services, increased government interactions with the voluntary sector and strengthened the ability of the voluntary sector to influence social welfare policy and service provision (Hogg & Barnes, 2011).

The utilisation of the voluntary sector in social care service provision is believed to provide a number of benefits over statutory social services. These benefits are believed to include a greater understanding of the needs of service users and local communities, flexibility to adapt services to the specific needs of individual service users, as well as an ability to engage 'hard to reach' populations (e.g. Acheson, 2001; Appleton, 2005; Bell, 2007; Buchbinder & Shoob, 2013; Collins, 2006). Some have also suggested that voluntary organisations may be able to deliver outcomes that statutory social services find hard to deliver on their own and are good at developing innovative solutions to delivering services and driving performance (NAO, 2018). In addition, voluntary organisations often seek to bring about policy change/long-term systemic change via research, public campaigns (by highlighting service user needs to the general public), lobbying or advocacy on behalf of service users (Northern Bridge, 2018). Yet, despite these perceived benefits, few studies have sought to review the extent to which these perceptions of the benefits of the voluntary sector over statutory services are backed up by international research.

Moreover, voluntary sector social services are currently being provided against a background of a devolved welfare policy context with new demands, funding arrangements, accountability structures and neoliberal policies emphasising the role of the free market in providing more efficient and economical services (Alcock, 2012; Henriksen et al., 2015; Hogg & Barnes, 2011). However, this changed policy context creates a number of practical challenges/concerns for voluntary sector organisations. In particular, concerns have been expressed that delivering services under these new contractual arrangements may compromise the independence of voluntary organisations, contribute to 'mission drift', potentially reduce responsiveness to the needs of service users, as well as increase competition and polarisation within the sector (Macmillan & Rees, 2012). Of particular concern is whether voluntary sector organisations will become substitutes for statutory social work services and if a focus on winning contracts will result in voluntary organisations adapting their services to pursue 'quick wins' and avoid 'difficult cases' when contracts promote a payment by results model (Macmillan & Rees, 2012). While studies have investigated these issues, there has been little attempt to review the international research in this area to identify common challenges that can be experienced in the commissioning, governance and delivery of services by the voluntary sector and whether these services supplement, hinder or substitute statutory social work services.

Despite the dominance of the voluntary sector in delivering social services, there is a lack of robust research into the role of the voluntary sector in meeting the needs of families and children with complex needs and how this compares with available social work services (see Dickinson et al. 2012; Rees et al. 2012). A review by Rummery (2009) suggests that patient/user involvement and outcomes may at best be unaffected, and at worst be negatively compromised by shifts towards increasing partnership working in health and social care. 'Complex needs' is a term used to refer to multiple, interlocking needs that span health and social issues and can imply both breadth of need (i.e. more than one need, with multiple needs interconnected) and depth of need (i.e. profound, severe, serious or intense needs) (Rankin and Regan, 2004). Examples of complex needs may include learning disability, mental health problems, substance abuse, poverty, exclusion, deprivation, insufficient access to meaningful daily activity and housing problems (see Rankin and Regan, 2004).

When providing services to children and families with complex needs, Allen (2011a, 2011b) has presented a convincing social and economic argument for the need to invest in early intervention to reduce the long-term negative consequences that these children and families can experience. Allen (2011a, 2011b) and others (e.g. Independent Commission on Youth Crime and Antisocial Behaviour, 2010) have argued that a failure to provide such early interventions is damaging and costly to our society as it contributes to a long-term cycle of generational problems, contributing to crime, violence, poor employment, health and educational outcomes, leading to these children growing up to experience further poverty, exclusion and alienation as adults. Allen (2011b) recommended that priority was given to early interventions with government departments, philanthropic organisations and private institutional investors coming together to invest in early investment programmes driven by local needs and subject to outcome-based contracts.

With this in mind, the Early Intervention Transformation Programme, part of the Delivering Social Change Atlantic Philanthropies Signature Programme in Northern Ireland (CYPSP, 2018), aimed to improve outcomes for children and young people across Northern Ireland by embedding early intervention approaches to working with children and families with complex needs. Collectively funded over a three-year period by the Atlantic Philanthropies, Office for the First Minister and Deputy First Minister (now the Executive Office), Department of Health, Department of Education, Department of Justice, Department for Communities and Department for the Economy, the Early Intervention Transformation Programme sought to transform services to children and families in order to deliver a long-term legacy of improved outcomes (CYPSP, 2018). The Early Intervention Transformation Programme strived to achieve this goal by working with the Northern Ireland government to embed the use of early intervention services with these children and families, as well as an evidence based approach to commissioning and delivering services to improve outcomes for children and families in Northern Ireland (CYPSP, 2018). Accordingly, the Early Intervention Transformation Programme funded a range of services provided by both voluntary and statutory organisations to deliver early intervention services to children and families in Northern Ireland, as well as research into the operation of these services (called 'learning reviews') and use of evidence based approaches to commissioning and delivering services. As part of this focus on using evidence based approaches to commissioning and delivering services, this research was funded by the Early Intervention Transformation Programme to examine the international research evidence on the use of the voluntary sector to provide services and supports to families with complex needs and investigate the extent to which this international research was applicable to Northern Ireland.

AIMS AND OBJECTIVES

The present research was funded under work stream three of the Early Intervention Transformation Programme and sought to examine the potential risks and benefits of using the voluntary sector to deliver services to children and families with complex needs. A review of existing research evidence on the use of the voluntary sector to provide services to children and families with complex needs and how this compared to existing statutory social work services was conducted to identify key findings emerging internationally in this field. These international findings were then compared to studies examining the role of voluntary organisations in providing services to children and families with complex needs as part of the Early Intervention Transformation Programme in Northern Ireland. Comparing the findings emerging from the international literature review with those studies investigating the experiences of voluntary sector service provision in Northern Ireland allowed an assessment to be undertaken regarding the extent to which these international findings were applicable to Northern Ireland. In particular, the present research sought to address gaps in knowledge by answering the following four questions:

Research Questions:

1. What are the main issues with the commissioning, governance and delivery of services by the voluntary sector?
2. What is currently known about how services provided by the voluntary sector can influence family outcomes and does this differ depending on the model of delivery and/or governance used?
3. Does the voluntary sector supplement, hinder or substitute statutory social work services?
4. Are there gaps in our knowledge, policies and/or data collection which may need to be addressed in order to develop an effective, efficient and economical model of service provision in this area?

Consequently, this research aims to make a significant contribution to the work of government departments, policymakers and commissioners by examining the available evidence for the use, governance and commissioning of the voluntary sector in providing services to families with complex needs. The risks and benefits of using the voluntary sector to improve outcomes for children and families with complex needs are reviewed and compared to existing statutory social work services. In addition, the potential differences associated with using various models to deliver these services are examined, to identify if different modes of delivery influence the potential benefits, risk and outcomes experienced. In this way, the research can inform the design, delivery and resourcing of interventions which are transformative, sustainable and have demonstrated positive outcomes for children and families, in line with the emphasis placed in the Early Intervention Transformation Programme on using evidence based approaches to commissioning and delivering services to improve outcomes for children and families with complex needs.

The remainder of this report is divided into four chapters. The next chapter outlines the methodology that was used to undertake this research. Following on from this, the findings emerging from the international literature are reviewed, before moving on to present the findings emerging from the analysis of the learning reviews conducted on the services provided by the voluntary sector organisations funded under the Early Intervention Transformation Programme in Northern Ireland. Lastly, a brief conclusions chapter outlines some recommendations based on the findings emerging from this research.

METHODOLOGY

The methodology for this research project consisted of three stages; a rapid review of the international literature (January-October 2017), knowledge exchange stage (October-November 2017) and final review and consolidation stage (July 2018 – October 2018):

- Stage one involved conducting a rapid review of the international research literature on the use of the voluntary sector to deliver services to children and families with complex needs. Rapid reviews have emerged as a streamlined approach to synthesising evidence which are typically used for informing emergent decisions faced by decision makers in health care settings (Khangura et al., 2012). Rapid reviews do not vary greatly from systematic reviews (which typically provide greater depth of information) (NCCMT, 2010). A rapid review was used in this research project as it was deemed to be the most effective method of reviewing the international research literature given the limited time and resources available.
- Stage two consisted of a knowledge exchange stage. The purpose of this stage of the research was to rapidly disseminate the findings of the rapid reviews to those employed to undertake the learning reviews of the voluntary organisations funded by the Early Intervention Transformation Programme. The objective here was to effectively communicate the key findings emerging from the international research literature to those undertaking the learning reviews, so they could consider whether or not these issues were relevant to the services provided by voluntary organisations in Northern Ireland.
- Stage three comprised a final review and consolidation stage in which the learning reviews of the services provided by the voluntary organisations in the Early Intervention Transformation Programme were examined to identify and collate strategic level (i.e. cross project) learning and investigate the extent to which the findings emerging from the rapid reviews are applicable to Northern Ireland.

Further information on each of these stages is provided below.

STAGE ONE: RAPID REVIEW OF THE INTERNATIONAL RESEARCH LITERATURE

Two rapid reviews of the available literature were conducted with a focus on the use of the voluntary sector to deliver social services to families with complex needs. The rationale for choosing a rapid review methodology was driven by the limited time and resources available to synthesise the evidence and, as such, a rapid review was deemed the most effective method of reviewing the current evidence base. While rapid reviews differ from systematic reviews in their duration, range of resources used and rigor, research comparing the use of rapid and systematic reviews has found that their essential conclusions do not differ greatly from those of systematic reviews (NCCMT, 2010; Watt et al. 2008). As policymakers, decision-makers and other stakeholders often require a swift, succinct and meticulous approach to synthesising research evidence, rapid reviews have evolved to fill this need (Khangura et al., 2012). Rapid reviews involve adopting a streamlined approach to analysing existing research evidence and summarising the key themes to emerge in a concise manner (Khangura et al., 2012).

In order to address the four research questions in this project, two separate rapid reviews were conducted.

- The first rapid review focused on the available literature on the commissioning, governance and delivery of services by the voluntary sector to families and children with complex needs.
- The second rapid review examined the available literature on voluntary sector service provision and its influence on family outcomes. If family outcomes differed depending on the model of delivery or governance used was also explored.
- Research questions three and four were addressed by drawing on both of these rapid reviews to examine whether voluntary sector service provision supplemented, hindered or substituted statutory social work services and what gaps in our knowledge needed to be addressed in order to develop a more effective, efficient and economical model of service delivery in this area.

SEARCH STRATEGY AND ELIGIBILITY CRITERIA

Decisions around the number of rapid reviews to be conducted and search strategies to be developed were discussed and reviewed in consultation with the project advisory group (see Public and Personal Involvement section). The project advisory group advised on the inclusion of grey literature, the relevance of material to Northern Ireland and reviewed the strategies to ensure all key words, terminology, etc. were included in the search strategies used. The advisory group were also asked to identify any key policy/practice documents that may not have been identified by database searches. A definition of complex needs was discussed and agreed with the project advisory group while developing and refining the search strategies. It was decided that the definition of complex needs provided by Rankin and Regan (2004) was the most suitable definition and this definition of complex needs was used to guide the screening process on the inclusion/exclusion of papers emerging from the rapid reviews.

A combination of medical subject headings and free text terms relating to the 'voluntary sector,' 'social work services,' 'complex needs' and 'children and families' were used. A detailed search strategy for each database, index and website, grey literature was also developed, which accounted for differences in controlled vocabulary and syntax rules and search strategies were amended/adapted for each database, index and website. Prior to piloting, the search strategies were reviewed by a Cochrane Trial Search Coordinator/Information Specialist with expertise in developing search strategies. Appendix A and B outline the exemplar search strategies used for the two rapid reviews. The databases, indexes and websites which were included in our searches, as they were known to contain literature relevant to this topic area, are outlined in Table 1. In line with recommendations for conducting rapid reviews, date (from 2000 onwards) and language restrictions (English only) were applied (see NCCMT, 2010). The results from all database searches were uploaded to Endnote and all duplicates were removed prior to screening.

Table 1: Resources used to conduct the rapid reviews

Databases and Indexes	Websites
The Cochrane Central Register of Controlled Trials (CENTRAL) (Cochrane library)	Social Science Research Network.
MEDLINE (ovid)	Google scholar
EMBASE (ovid)	SCIE
PsycINFO (ovid)	
Cumulative Index to Nursing and Allied Health Literature (CINAHL) (EbscoHOST)	
International Bibliography of Social Sciences (IBSS),	
Sociological Abstracts	
Web of Science ISI	
Criminal Justice Abstracts	
Wiley online library	
Social Services Abstracts	
Proquest Dissertations & Theses: UK & Ireland	

Titles and abstracts were screened independently by two members of the research team. At the *'title and abstract stage'* of screening, studies were simply classified as included, excluded or unclear (with rationale for decisions documented). Full text copies of papers/reports were retrieved for all included and unclear papers which warranted further scrutiny. Papers were only included in the study if they met the following eligibility criteria:

- Adhered to Rankin and Regan's (2004) definition of complex needs, such that papers that did not focus on children and families with at least two separate but interrelated needs were excluded from the analysis.
- Discussed voluntary and social work service provision to children (up to 18 years) and families with complex needs.
- Were relevant to the research questions.

See Figure 1 and 2 for a flowchart detailing the number of papers included and excluded at each stage of the process.

Full text papers were retrieved if the paper was deemed eligible for inclusion based on the information contained in its abstract/summary. Full text papers were also retrieved for papers which had an 'unclear' decision and required further scrutiny via full text. This screening process resulted in a final sample size of 161 for the first rapid review and 71 for the second rapid review (see Figures 1 and 2).

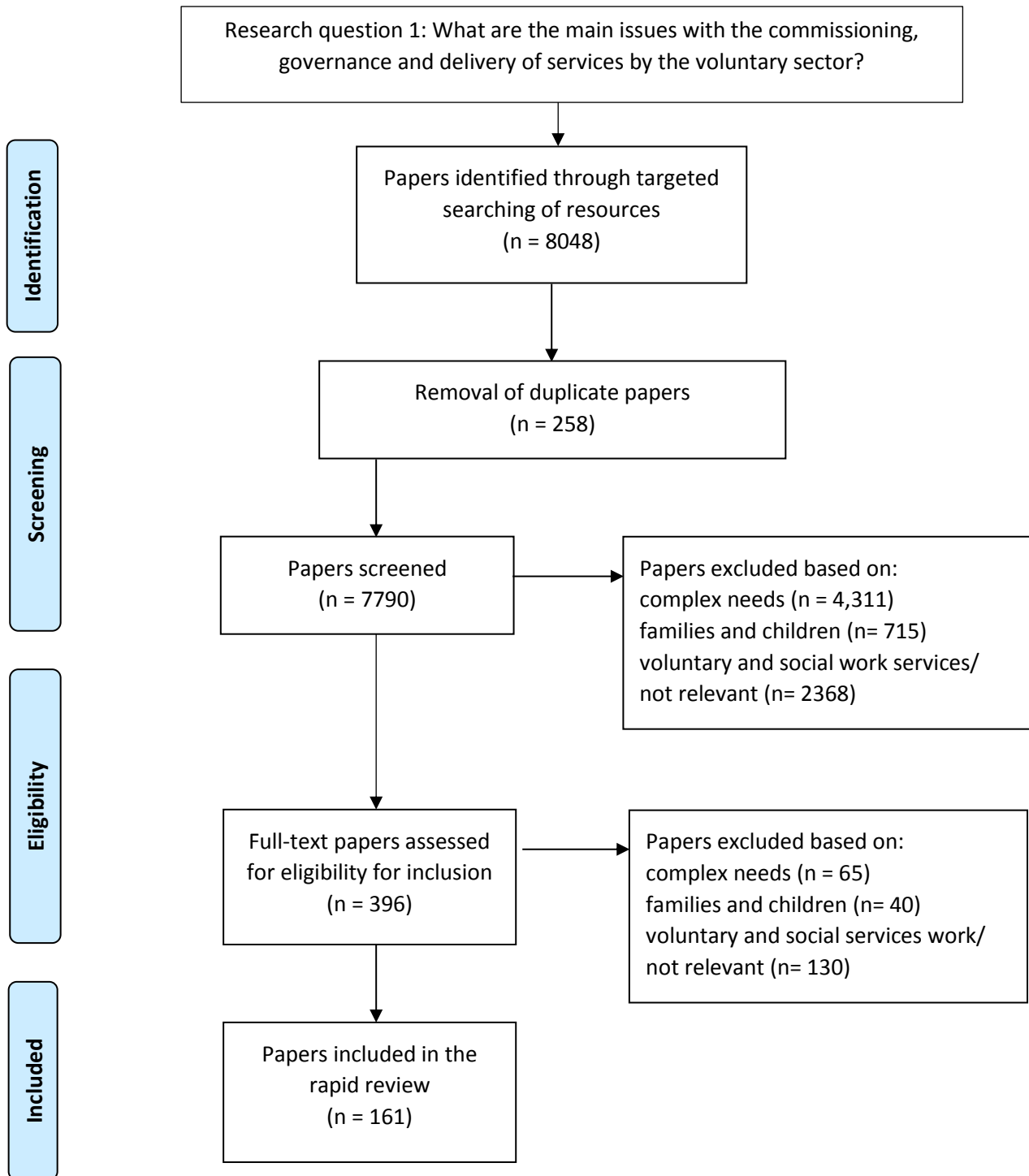


Figure 1: Flowchart outlining the process for the first rapid review examining the commissioning, governance and delivery of services by the voluntary sector

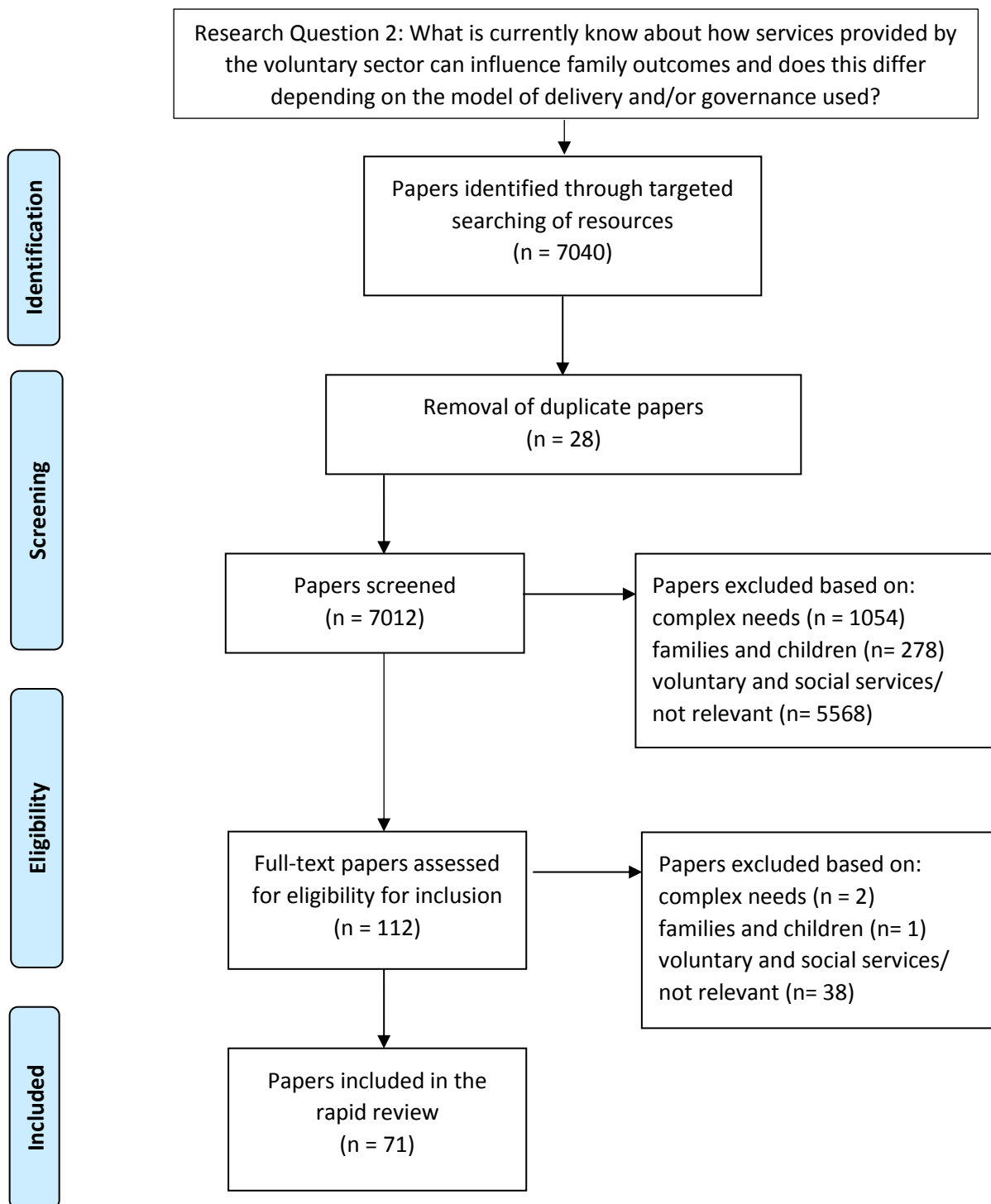


Figure 2: Flowchart outlining the process for the second rapid review focusing on voluntary sector service provision and family outcomes

DATA EXTRACTION AND ANALYSIS/SYNTHESIS

A data extraction tool was developed by the research team and informed by the project advisory group. The data extraction tool was pilot tested by the research team on a representative sample of studies to identify any data that were missing from the form or any superfluous information. Data were extracted by two review members of the research team who met regularly to discuss progress and to ensure consistency in use of the data collection forms. Any disagreements which could not be resolved were discussed with the wider research team.

The data extraction tool captured the following information:

- Author
- Title
- Year
- Country
- Background/intervention/service
- Methods
- Sample size
- Definition of complex need
- Key results/findings.

Thematic analysis was used to map the range of issues outlined in the papers and identify areas for future research. The findings are presented as a narrative summary providing an overview of the breadth of the literature, the main findings emerging, as well as an analysis of the strength of the evidence base and gaps/weaknesses in existing knowledge.

SAMPLE CHARACTERISTICS

The final sample of the first rapid review consisted of 161 papers, mostly drawn from the USA and the UK (see Table 2). However, a number of papers from a variety of countries throughout the rest of the world were also included (see Table 2).

Table 2: Country of origin of the papers reviewed in the first rapid review

Country	Number
USA	74
UK (only one paper focused on Northern Ireland)	50
Australia	8
Canada	7
China	4
Norway	4
New Zealand	4
South Korea	2
France	1
Republic of Moldova	1
Tanzania	1
Portugal	1
Germany	1
UK & Canada	1
Italy & The Netherlands	1
UK, Republic of Ireland, Sweden, Germany, France, Italy, Belgium, Norway, Denmark, Austria, Greece, Portugal, Spain, Luxemburg, Finland & Iceland.	1

There were 427 different types of needs referred to in these papers, resulting in an average of 2.6 different types of needs referred to per paper. The majority of these papers focused on family support, child protection, mental health and poverty/marginalisation (see Figure 3).

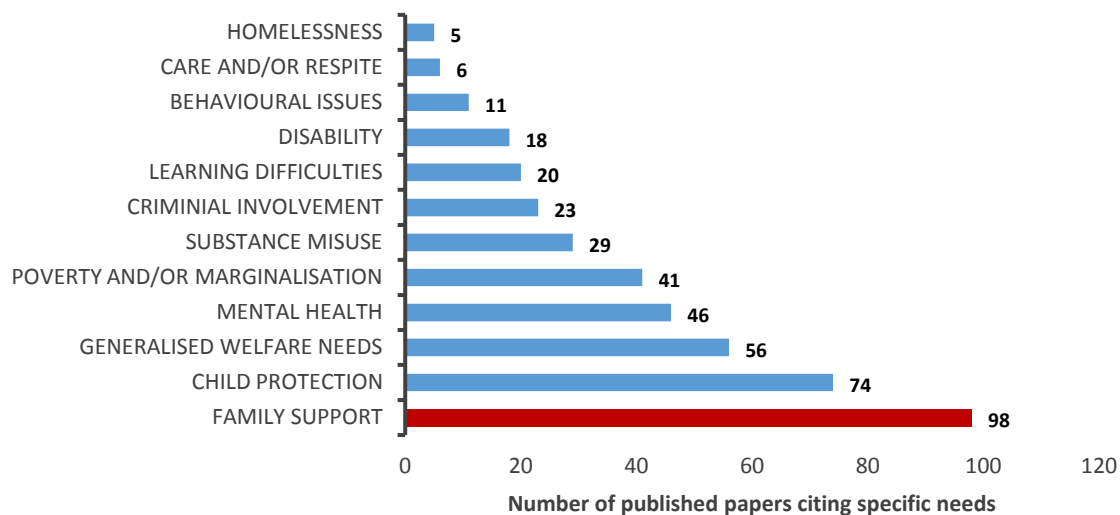


Figure 3: Variety of needs referred to in the first rapid review

A summary of the range of methods used in the papers reviewed, sample size range and nature of the participants taking part in the research is provided below (see Table 4). However, no formal quality assessment was undertaken on these papers due to time constraints.

Table 4: Summary of the methodologies used in the papers reviewed in the first rapid review

Methodology	Number	Sample Size Range	Participants
Qualitative approach (includes interviews, focus groups, observations, review of case files and policy documents)	47	<p>Interview sample size ranged from 5 to 161.</p> <p>Focus group sample size ranged from 7 to 79.</p> <p>Number of case files reviewed varied from 11 to 50.</p> <p>Number of documents reviewed was only provided in one study (n=50), with nine studies not stating the number of documents reviewed.</p> <p>Observations ranged from one day to two months.</p> <p>Six studies did not provide any details on the size of their sample.</p>	<p>Participants were mostly frontline staff providing social welfare services (including staff from a range of voluntary and community, private and statutory organisations), service managers, contract administrators, service commissioners, carers and service users. Only nine studies included service users and/or carers in their sample and one study did not provide any participant details.</p>
Quantitative approach (includes surveys and use of administrative data)	40	<p>Survey sample size ranged from 26 to 4890.</p> <p>Sample size for administrative data ranged from 35 cases to 6061.</p>	<p>Participants included frontline staff providing social welfare services (from voluntary and community, private and statutory organisations), service managers, contract administrators, service commissioners and service users. Only eight studies included service users and five studies did not provide any participant details.</p>
Theoretical overview	39	Not applicable	Not applicable
Mixed methods combining a qualitative and a quantitative approach	25	<p>Survey sample size ranged from 16 to 1782.</p> <p>Interview sample size ranged from 2 to 223.</p> <p>Focus group sample size ranged from 11 to 450.</p> <p>Number of case files reviewed ranged from 45 to 1800.</p> <p>Sample size for administrative data ranged from 84 cases to 28831.</p>	<p>The majority of participants consisted of frontline staff providing social welfare services (from voluntary and community, private and statutory organisations), service managers, contract managers, commissioner of services and service users. Seven studies involved service users as participants and no participant details were provided in one study.</p>
Self-reflective paper	8	Not applicable	<p>The authors included those involved in commissioning, designing, managing and implementing social welfare service delivery systems, as well as academics reflecting on the lessons learned from previous action research projects they had been involved in.</p>
Systematic review	2	Number of articles reviewed ranged from 7 to 76.	Not applicable

The second rapid review consisted of a final sample of 71 papers and again the majority of papers originated from the USA and the UK, although there were a number of papers drawn from other countries throughout the world (see Table 5).

Table 5: Country of origin of the papers reviewed in the second rapid review

Country	Number of Studies
USA	32
UK (only three papers focused on Northern Ireland)	15
Australia	3
Canada	3
Israel	2
Italy	2
Sweden	2
Norway	1
Germany	1
New Zealand	1
South Africa	1
China	1
Republic of Singapore	1
Republic of Ireland, Spain, Greece, Italy, Poland, Estonia, Hungry, France, Germany, Sweden & UK	1
UK, Republic of Ireland, Sweden, Germany, France, Italy, Belgium, Norway, Denmark, Austria & Greece	1
Sweden, Norway, Denmark, Austria & Germany	1
UK, France & Germany	1
USA & New Zealand	1
Not specified	1

In the papers included in the second rapid review, there were 230 different types of needs referred to, resulting in an average of 3.2 different types of needs being referred to in each paper. The majority of these papers focused on child protection, family support, mental health and substance misuse needs (see Figure 4).

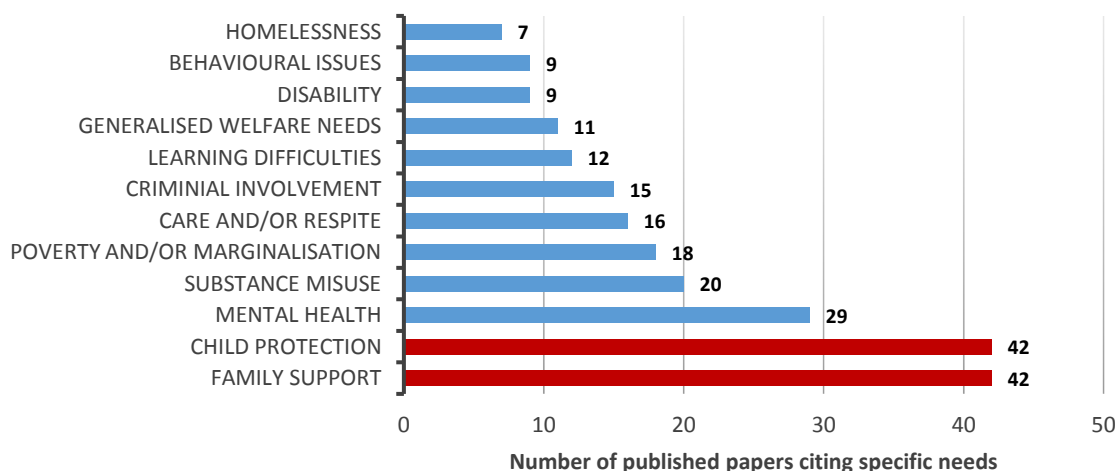


Figure 4: Variety of needs referred to in the second rapid review

A summary of the range of methods used in the papers reviewed in the second rapid review, sample size range and nature of the participants taking part in the research is provided below (see Table 6). However, no formal quality assessment was undertaken on these papers due to time constraints.

Table 6: Summary of the methodologies used in the papers reviewed in the second rapid review

Methodology	Number	Sample Size Range	Participants
Qualitative approach (includes interviews, focus groups, observations, review of case files and review of policy documents)	20	Interview sample size ranged from 9 to 188. Focus group sample size ranged from 5 to 64. No details provided on number of policy documents reviewed. Five studies did not provide any details on the size of their sample.	Participants were predominately frontline staff providing social welfare services (including voluntary and community, private and statutory organisations), service managers, contract administrators, service commissioners and service users. Only four studies included service users as their participants and two studies did not provide any participant details.
Theoretical overview	17	Not applicable	Not applicable
Mixed methods combining a qualitative and a quantitative approach	14	Survey sample size ranged from 26 to 442. Interview sample size ranged from 3 to 125. Focus group sample size ranged from 10 to 150. Case file review sample size ranged from 11 to 201	Participants included frontline staff providing social welfare services (from voluntary and community, private and statutory organisations), service managers, contract managers, commissioner of services and service users. Only three studies included service users as participants and one study did not provide any participant details.
Quantitative approach (includes surveys and use of administrative data)	13	Survey sample size ranged from 25 to 11,931. Sample size for administrative data ranged from 9 cases to 80.	The majority of participants consisted of frontline staff providing social welfare services (from voluntary and community, private and statutory organisations), service managers, contract managers, commissioner of services and service users. Only three studies involved service users as participants.
Self-reflective article on working in this area	6	Not applicable	The authors included those involved in commissioning, designing and managing social welfare service delivery systems, as well as academics reflecting on the lessons learned from action research projects.
Systematic review of available literature	1	103 articles were reviewed.	Not applicable

STAGE TWO: KNOWLEDGE EXCHANGE

After conducting the rapid reviews, the next stage of the research project consisted of stage two, the knowledge exchange stage. As highlighted earlier in this report, the Early Intervention Transformation Programme funded a range of services provided by both voluntary and statutory organisations to children and families with complex needs. Given the focus on adopting an evidence based approach to commissioning and delivering services in the Early Intervention Transformation Programme, learning reviews were also funded so that the effect of providing each of these services was investigated, as well as the experience of commissioning and delivering each of these services in Northern Ireland. The purpose of this stage of the research project was to disseminate the findings of the rapid reviews to those employed in undertaking the learning reviews of services provided by the voluntary organisations in the Early Intervention Transformation Programme.

There were three services provided by voluntary organisations funded by the Early Intervention Transformation Programme to work with children and families with complex needs. These three services included:

- **The Edges Project:** This service was funded under work stream 3 of the Early Intervention Transformation Programme. The Edges project is an early intervention service which was piloted/delivered by Start360 and aimed to prevent young people (aged 13-17 years) from coming into formal statutory systems (e.g. the care system or the criminal justice system). Key elements of the project as it was originally proposed included a rapid response to referrals; individual work with young people and their families using a systemic family approach; intensive, regular face-to-face interactions to build relationships with young person; tailoring of support services to meet the specific needs of young people (e.g. drug and alcohol misuse); provision of support outside normal working hours; and a 'time out' facility. The Edges project became operational in April 2015 and was co-funded for 36 months by the Northern Ireland government and Atlantic Philanthropies as part of the Early Intervention Transformation Programme.
- **The Six in Ten Project:** This pilot project was also funded under work stream 3 of the Early Intervention Transformation Programme. It provided co-ordinated pre and post release support to fathers aged 18 to 24 who were serving custodial sentences in Hydebank Wood Secure College. This project sought to build parenting skills, strengthen family relationships and increase employability among young fathers so as to break the intergenerational transmission of crime and reduce the probability of their children becoming involved in crime or the criminal justice system. There were three different components to this programme with Barnardo's NI providing parenting classes in Hydebank Wood Secure College pre-release to enhance fathers' parenting skills and strengthen family relationships. Upon their release, fathers were then potentially offered a 12-month employment contract in a social enterprise specifically established for the project (called the Thinking Cup Café and Book Reserve). Lastly, post-release support was provided by Bryson Care as they sought to help fathers as they resettled back into the community and with their families. The Six in Ten project was supposed to be funded for 3 years by the Northern Ireland government and Atlantic Philanthropies.
- **The Early Intervention Support Service Project:** This project was funded under work stream 2 of the Early Intervention Transformation Project and was originally designed to prevent social care problems escalating to the point where statutory social services were required. This project was included in the current study as it involved services provided by the voluntary sector. The project was piloted in five different areas, one in each of the Health and Social

Care Trust areas in Northern Ireland and it delivered a range of therapeutic and practical support to families and children, mainly within the family home. As with the other services, this project was funded by the Northern Ireland government and Atlantic Philanthropies for 3 years.

Due to the delays with the commissioning process and the issuing of a start certificate to begin this research project, it was not possible to organise and hold workshops to feedback the findings of the rapid reviews to those undertaking the learning reviews as envisaged in the original research proposal. However, the research team individually briefed those undertaking the learning reviews on the findings emerging from the rapid reviews. In-depth discussions were held with those undertaking these learning reviews to explain the findings emerging from the rapid reviews and obtain their thoughts, feedback and experiences regarding the extent to which the findings emerging from the rapid reviews were applicable to the particular voluntary organisation service that they were reviewing. In addition, how the findings of the rapid reviews could be incorporated into ongoing and/or future learning reviews was also discussed. The aim of this stage of the research project was to provide those undertaking the learning reviews with a clear understanding of the findings of the rapid reviews, facilitate the rapid translation of the review findings to the specific Northern Ireland policy/practice context and equip those undertaking the learning reviews with the knowledge to fully utilise the findings from the rapid review.

Following the presentation of the rapid review findings to the project advisory group and the research team receiving feedback on these findings, the rapid review findings were finalised in October 2017, representing the end of stage one of this project. Stage two commenced immediately, with the research team individually contacting those undertaking the learning reviews between October 2017 and November 2017. During this time, the research team verbally briefed those undertaking the learning reviews on the rapid review findings and shared the written report outlining the rapid review findings with them. Discussions were held about the extent to which these rapid review findings were applicable to the services that were being reviewed and how these findings could be used to inform ongoing and/or future learning reviews. The research team also ensured that they were available to answer any questions that those undertaking the learning reviews had about the rapid reviews, the rapid review findings or how these findings could be incorporated into ongoing and/or future learning reviews.

Stage two of the research was completed by the end of November 2017. However, stage three of the research did not begin until July 2018 to ensure that all learning reviews that were going to be undertaken of the voluntary sector services funded by the Early Intervention Transformation Programme were finalised and published before stage three of the project commenced.

STAGE THREE: FINAL REVIEW AND CONSOLIDATION

This final stage of the research sought to examine the extent to which the findings emerging from the rapid reviews were relevant to Northern Ireland. The learning reviews that were undertaken of the three voluntary sector services funded by the Early Intervention Transformation Programme were reviewed to identify and collate strategic level (i.e. cross project) learning. As each learning review only focused on the experiences of one service, stage three of this research project identified commonalities across the three voluntary sector services and compared them with the findings emerging from the rapid reviews conducted in stage one of the research project. In this way, the key

themes emerging from this research were synthesised to provide an overview of the international research in this area, as well as provide insights into the extent to which these international findings are applicable to the Northern Ireland context.

Six learning reviews were examined and the breakdown of these reviews are provided in Table 7. The number, length and depth of the learning reviews varied between each of the three voluntary sector services funded by the Early Intervention Transformation Programme.

Table 7: Breakdown of learning reviews examined

Service	Number of Learning Reviews	Length
The Edges Project	3 (baseline, mid-term and final review)	11-26 pages
The Six-in-Ten Project	2 (baseline and mid-term review)	7-25 pages
The Early Intervention Support Service Project	1 (final review)	159 pages

An initial coding framework was constructed in NVivo drawing on the themes/sub-themes which emerged from the rapid reviews. Two members of the research team read and coded the reports. The reports were coded using thematic analysis. Thematic analysis is a qualitative methodology used to identify, analyse and report patterns or themes in a dataset (Braun and Clarke, 2006). This method of analysis was used to identify recurring patterns in the learning reviews and collate the cross project learning and commonalities occurring in these learning reviews.

PERSONAL AND PUBLIC INVOLVEMENT

Key stakeholders were involved in the planning, design and application of this research project through the project advisory group. There was an open call for service users and members of the public to join the project advisory group via social media. Emails were also sent to commissioners, policymakers, voluntary and statutory organisations to recruit professionals working in this area to participate in the project advisory group. Seven participants agreed to be members of the project advisory group, with the membership of the project advisory group consisting of the following key stakeholders: policymakers, commissioners, practitioners and service users. During stage one of the research project, the project advisory group assisted the research team by advising them on the project's research questions, aims of the rapid reviews, establishing the search parameters, as well as advising on the key terms, definitions, inclusion and exclusion criteria used. The project advisory group also provided advice on the key policy and practice documents that should be included in the rapid reviews, as well as provided feedback on the findings emerging from the rapid reviews. In addition, the project advisory group assisted the project team with identifying the key findings and actionable messages emerging from the rapid reviews that were communicated to those undertaking the learning reviews of the voluntary sector services in stage two of the research project. During stage two of the research project, those undertaking the learning reviews also fed into the project by providing their views and insights into how the findings emerging from the rapid reviews could be used to inform ongoing and/future learning reviews, as well as offering their thoughts and insights into the applicability of the rapid review findings to Northern Ireland. Finally, in stage three of the research project, the project advisory group again provided insights and advice regarding the cross

project findings emerging from the analysis of the learning reviews and how they compared to the rapid review findings. Their feedback on the key priority messages that should be disseminated from the research, comments on the final project report and views regarding the best mechanisms for disseminating the key priority messages to the wider public and interested stakeholders were also obtained. In this way, this research project sought to take on board the views of key stakeholders throughout the research process and ensure that these views informed the planning, design, application and dissemination of the research.

POTENTIAL ETHICAL ISSUES

The research sought advice from the Health and Social Care Trusts and Queen's University Belfast Research Governance Department regarding whether ethical approval was required to conduct this research. However, no ethical approval was required as the research project did not involve direct human subject research, was not conducted on Health and Social Care Trust property and did not involve Health and Social Care Trust staff as participants. Instead, it involved accessing documents that were in the public domain and therefore did not raise any ethical issues that required the ethical approval of these organisations.

Next the findings are presented in two sections. The findings emerging from the rapid reviews are presented first so as to provide an overview of the main findings arising from the international experience of using voluntary sector organisations to provide services and supports to children and families with complex needs. Following that, the findings specific to the Northern Ireland experience of using voluntary sector organisations to provide services and supports to children and families with complex needs is outlined.

FINDINGS FROM THE INTERNATIONAL LITERATURE

In the following sections, the findings from the two rapid reviews are presented in a narrative summary. The findings are divided into four subsections, corresponding to each of the four research questions this project sought to address. The first subsection summaries the key themes to emerge from the first rapid review and examines the issues surrounding the commissioning, governance and delivery of services by the voluntary sector to families and children with complex needs. The second subsection explores how voluntary sector service provision can affect family outcomes and how these outcomes may differ depending on the model of delivery and governance used. This section draws on the findings of the second rapid review. The third subsection examines the extent to which voluntary sector services can supplement, hinder or substitute statutory social work services, while the fourth subsection identifies gaps in our knowledge and/or data collection which must be addressed in order to develop an effective, efficient and economical model of service provision in this area. The third and fourth subsections draw on the findings emerging from both rapid reviews. The advisory group provided feedback on these findings and this feedback has been incorporated into this report.

COMMISSIONING, GOVERNANCE AND DELIVERY OF SERVICES

Key points

- Commissioning the voluntary sector to provide services to children and families with complex needs was largely beneficial, as services were delivered in ways that better matched service user needs and the political sway of the voluntary sector increased, allowing the voluntary sector to be a more successful advocate for these groups.
- However, there were common drawbacks associated with how the commissioning process was designed and implemented that could negatively impact on service delivery, hinder effective interagency collaboration, distort service provision and limit its ability to result in more accountable, cost-effective service provision.
- Of particular concern was that the design of the commissioning process could undermine the independence of the voluntary sector, reduce its flexibility to adopt an individualised approach, contribute to a more fragmented, short-term approach to service provision and hinder the development of trusting relationships, which are key to developing effective interagency cooperation and engagement.
- Moreover, how the commissioning process was implemented could affect its ability to achieve more accountable, efficient and cost-effective services. For example, the cost of service provision was frequently underestimated by government officials, governance of contracts was often lacking and/or inadequate, or there were limited alternative providers that could be used, restricting the ability of government officials to hold service providers to account for poor service provision. In addition, insufficient attention was paid to ensuring that structures to promote interagency collaboration were built into the commissioning process to combat service fragmentation and the appropriateness of performance measures and how they may impact on service provision was not always considered.
- Consequently, unless these issues were addressed, a competitive tendering process of commissioning services did not result in a more cost-effective or efficient service provision, compared to the use of a non-competitive process, and could make the achievement of effective interagency collaboration more difficult.

Overall, there was a concern that changes to how services were being commissioned and governed by the government was resulting in the reconstruction of the voluntary sector and its relationship with State agencies (e.g. Craig et al., 2000; Cunningham, 2013; Fink et al., 2011; Gibbs, 2001; Milbourne & Cushman, 2015; Vallender, 2006). In particular, concerns were expressed about the funding model used in the commissioning process and the extent to which reliance on State funding may undermine the independence of the voluntary sector, overly determine its service provision and affect its advocacy activities (e.g. Craig et al., 2000; Cunningham et al., 2013; Fink et al., 2011; Milbourne & Cushman, 2015; Rees, Miller & Buckingham, 2017; Watson, 2012). Worries were also expressed about the suitability of the measures that were being used to assess performance and if the use of performance-based contracts could actually hinder the effective delivery of services to families and children with complex needs (e.g. Herzog-Evans, 2004; Kearney et al., 2010; McBeath & Meezan, 2008).

FEARS ABOUT THE COMMISSIONING PROCESS

A number of benefits associated with the commissioning process were highlighted. For example, it could provide voluntary organisations with an opportunity to expand their services and grow their revenue sources (e.g. Ryan et al., 2013). It also increased the role of voluntary organisations in providing services and supports to families and children with complex needs, the engagement between State agencies, government officials and policymakers with the voluntary sector, as well as the extent to which policymakers and decision-makers consulted with the voluntary sector about the needs of those with complex needs and how best to deliver services to this group (e.g. Jennings, 2013; Watson, 2012). It was argued that these benefits could enhance outcomes for those with complex needs as more services were provided to support them, services were being delivered in a way which better matched their needs and as the political sway of the voluntary sector increased, allowing this sector to more successfully advocate for the needs of this group (e.g. Boardman & Vinning, 2012; Chen & Graddy, 2010).

However, within the literature, more negatives were expressed about the commissioning process than positives. To begin with, the promotion of a 'contract culture' and shift away from providing grants to the voluntary sector was viewed by some as potentially inhibiting the campaigning, developmental and advocacy roles of the voluntary sector, as well as being overly deterministic in specifying what services should be provided and how they should be delivered (e.g. Craig et al., 2000; Gibbs, 2001; Haslag et al., 2012). It was argued that as part of the commissioning process, what services and how they were supposed to be delivered could be predetermined, leaving little room for flexibility in engaging families or the methods used to address their needs (e.g. Haslag et al. 2012). Whilst it was recognised that this high degree of specificity was often linked to an attempt to improve outcomes for families and children by standardising programme delivery, it was felt that it could hinder the ability of organisations to meet the individualised needs of service users (e.g. McBeath & Meezan, 2008; Vennard & Hedderman, 2009; Willumsen & Hallberg, 2003). Moreover, if the possibility of receiving State funding was only associated with providing certain types of services to particular groups of individuals, there was a fear that this could lead the voluntary sector to reduce their services/focus on those for whom government funding was not available (Cunningham et al., 2013; Jennings, 2013; Kim, 2013). Austin and Prince (2003) referred to this as "categorical funding", where funds were made available only for highly specific and prescribed services. As a result, they fear that in cases of complex and cross-over need, no one single agency may have overall responsibility for ensuring that all needs are met and that multiple targeted and focused services may not provide the breadth of support required. Having said that, statutory agencies only tend to fund services when there is a legal and/or policy basis for doing so and, as a result, these issues may have existed previously but became more apparent under a 'contract culture'. Further, some examples of joint

funding can be found to address multi-faceted problems, enabling statutory organisations to pool budgets.

In addition, as voluntary organisations are generally funded by the government to provide services in conjunction with State agencies, there was a perception that the independence of the voluntary sector from government policies, systems and officials was being undermined as the voluntary sector was steadily becoming a part of this system through its cooperation with State agencies and involvement in service delivery for these agencies (e.g. Gibbs, 2001; Jennings, 2013; Levine, 2009; Milbourne & Cushman, 2015; Vennard & Hedderman, 2009). Questions about the extent to which voluntary organisations could unreservedly criticise government policies and processes, if they were also involved in these processes were raised, especially if doing so would jeopardise future government funding (Kim, 2013; Milbourne & Cushman, 2015; Osbourne, 2000; Ware & Todd, 2002).

With regards to how much the government and State agencies were paying the voluntary sector to deliver these services, there was often criticism expressed about the tendency for government officials and State agencies to under-estimate the cost of this service provision and to place all the financial risks associated with providing these services on the service provider (e.g. Craig et al., 2000; Fink et al., 2011; Rees et al., 2017; Watson, 2012). The under-estimation of the costs associated with service provision can negatively affect service delivery and/or quality, unless voluntary organisations are in a position to be able to supplement State funding with other sources of revenue (e.g. Abramovitz & Zelnick, 2015; Cunningham, 2010; Foster & Meinhard, 2005; Jennings, 2013; Ware et al., 2001). By increasing competition in the social work service provision market, policymakers and government officials are attempting to reduce the cost of providing these services (e.g. Lamothe, 2015; Rees et al., 2017). However, as few acceptable service providers tend to bid for these contracts, this limits the potential for cost savings to be achieved, as it can reduce the power of government officials to negotiate over price as there are few acceptable alternative providers to choose from (see Lamothe, 2015). In addition, as contracts are frequently rolled over without adequate scrutiny of the extent to which service providers have adequately achieved their performance targets, the use of these contracts has not resulted in the delivery of a more cost-effective and efficient service (e.g. Lamothe, 2015; Rees et al., 2017; Stanley et al., 2013). The use of funding contracts for short durations is also problematic for a number of reasons (e.g. Abramovitz & Zelnick, 2015; Collins et al., 2012; Gibson et al., 2007; Milbourne, 2009; Ryan et al., 2001). Firstly, a longer timeframe is required to develop meaningful relationships and engage those with complex needs in programmes (e.g. Milbourne, 2009; Rees et al., 2017; Ryan et al., 2001). Secondly, due to the nature of their complex needs, it is unlikely that improvements will become evident after only a short period of service delivery (e.g. Meagher & Healy, 2003; Munford & Sanders, 2001; Samples et al., 2013). Thirdly, other organisations are reluctant to engage with service providers or refer families to them if their long-term viability is in question (e.g. Ware et al., 2001). Fourthly, the lack of job security could contribute to the loss of talented staff, hindering the development of trusting relationships between frontline staff and service users (e.g. Cunningham, 2008, 2010; Cunningham et al., 2013; Jayaratne & Faller, 2009). Fifthly, the need to re-apply for funding could draw staff away from working directly with families and children due to the administrative burden involved in these applications (e.g. Levine, 2009). Lastly, it could create a fragmented system in which service provision is developed in a piecemeal fashion, with different services delivered by different providers for different purposes at different times, with different funding streams, requirements, procedures, eligibility criteria and philosophies (e.g. Papin & Houck, 2005). Public sector funding cuts imposed on the voluntary sector could also result in programme closures, resulting in less services and supports for families and children with complex needs (e.g. Craig et al., 2000; Fink et al., 2011).

Other difficulties identified with the commissioning process centred on how the commissioning process was conducted and the impact this could have on service delivery. For instance, State agencies

could sometimes experience difficulties in accurately identifying the prevalence of needs, resulting in a potential mismatch between service need and what services were being commissioned for delivery (e.g. Fyfe & Milligan, 2003; Milbourne, 2009; Ryan et al., 2001). While there was greater consultation with the voluntary sector over the identification of need and the model of service delivery required, there continued to be inconsistent involvement of the voluntary sector in the reviewing, planning and analysis stage of commissioning (e.g. Rees et al., 2017). Inconsistent approaches taken by government officials and State agencies in advertising tenders, delays in decision-making and payment for services, u-turns and unexplained termination of processes was also frustrating for the voluntary sector and could sometimes result in extra administrative costs, which were generally expected to be absorbed by voluntary organisations, further reducing the amount of money they had available for service delivery (e.g. Craig et al., 2000; Rees, et al., 2017). Once tendered, there can be difficulties getting contracts finalised, adding to perceptions of the commissioning process as complex, confusing and time-consuming, while making forward financial planning and management more difficult (see Rees et al., 2017). Moreover, the process of awarding contracts and setting performance targets for projects in isolation could undermine service integration and drive an artificial wedge between programmes, creating competition over referrals and resources rather than cooperation (e.g. Levine, 2009; Vallender, 2006).

Further, the commissioning process tended to favour larger organisations with the infrastructure, capacity and skills to successfully compete for and deliver these contracts (see Lamothe, 2015; Rees et al., 2017; Ware et al, 2001). This could disadvantage voluntary sector organisations in comparison to other private sector providers, and especially disadvantage smaller voluntary organisations, as they tended to lack employees with the skills needed to successfully develop bids for competitive tenders and/or the capacity to delivery services across a wide geographical area (e.g. Lamothe, 2015; Rees et al., 2017; Ware et al., 2001). Stanley and colleagues (2013) found that the lack of skilled staff in writing competitive tenders can result in non-profit organisations losing tender bids because they have not presented themselves well in the tendering documentation, despite delivering a good service and, in some cases, a better service than those who ultimately won the tendering process. Relationships with commissioners can also be an issue. Rees and colleagues (2017) reported some organisations were particularly successful in obtaining funding outside the commissioning process due to their relationships with key government officials and/or politicians. Such incidents could undermine transparency and contribute to competitive tensions with other organisations providing similar services, decreasing trust and interagency collaboration (see Rees et al., 2017). Concerns were also expressed about how insufficient governance could impact on service delivery as action was not always taken to address shortcomings in service provision and when poorly performing service providers could continue to win tenders despite their poor performance (e.g. Carson et al., 2012; Grohs, 2014; Van Slyke, 2007).

CONCERNS ABOUT GOVERNANCE

From the literature, governance mechanisms were frequently a key component of the contracts governing service provision to families and children with complex needs but it was questionable whether adequate use of these governance mechanisms were made to improve performance and if the most appropriate performance measures were always used. Generally, there were two main types of performance measures used. One focusing on service delivery examining 'how much had been done' and a second focusing on service effectiveness and/or service user outcomes. While service delivery is generally within the control of the service provider, service effectiveness and user outcomes can be affected by a range of factors outside of the control of the service provider (e.g. Cohen, 2002; Colvin, 2017; Holosko et al., 2009; Munford & Sanders, 2001; Stanley et al. 2013). Adequate distinction is not always made between these different measures, affecting the extent to

which governance mechanisms can properly hold the voluntary sector to account for performance that is truly within their control to deliver.

Increasingly, organisations delivering community-based health and social care are under pressure to prove the quality of and value of their service delivery (e.g. Boon et al., 2017). This has led to a growth in the popularity of performance-based contracts but often these contracts were being developed with little empirically guided information about what performance measures are most likely to result in improved services and outcomes (e.g. Chuang et al., 2011; Kearney et al., 2010). In many cases, performance measures can be chosen based on their ease of measurement rather than because of their links with improved service delivery and outcomes. For example, measures of programme/service activity (e.g. number of referrals, programme interviews conducted and number of successful programme completions) can be used to measure performance, despite these measures revealing little about the quality of service provided or how well this service is helping those with complex needs (e.g. Chaidez-Gutierrez & Fischer, 2013; Flaherty et al., 2008; Rees et al., 2017). Moreover, contracts could sometimes be awarded to service providers without these providers being clear on what measures were going to be used to measure their performance before commencing service delivery (see Carson et al., 2012). Indeed, in some cases, fears have been raised that the use of these performance measures can actually reduce the quality of service received by those with complex needs as organisations seek to prioritise the achievement of performance targets (e.g. Herzog-Evans, 2004; Kearney et al., 2010; McBeath & Meezan, 2008). This issue is discussed in more depth in the outcomes and governance subsection (see page 36).

Additionally, governance mechanisms will be of little use if they are not monitored and action taken to address poor performance. In many cases, studies found that officials overseeing the commissioning process had limited expertise in preparing tenders, managing contracts, interpreting performance data or knowledge of how to impose sanctions on service providers for poor performance (e.g. Carson et al., 2012; Grohs, 2014; Van Slyke, 2007). Considerable variation was evident in how government and State officials managed contracts, the amount of performance data service providers were asked to provide and the extent to which this performance data was being actively monitored and assessed (e.g. Carson et al., 2012; Chaidez-Gutierrez & Fischer, 2013; Herzog-Evans, 2014; Stanley et al., 2013). There also appeared to be a lack of acknowledgement by government and State officials that differences in performance measures may not indicate variation in service quality but may instead reflect differences in the characteristics of the service users availing of these services (see Kearney et al., 2010). As previously stated, services working with those with complex needs require more time to encourage engagement and evidence improvements in outcomes due to the complexity of their needs (e.g. Meagher & Healy, 2003; Milbourne, 2009; Mumford & Sanders, 2001; Rees et al., 2017; Ryan et al., 2001; Samples et al., 2013). This must be taken into account when deciding on the performance measures used, in order to avoid a situation developing whereby those with the most complex of needs are being passed over due to the difficulties involved in engaging these individuals, their increased tendency to drop out of programmes before completion and the longer time required before improvements in outcomes are demonstrable (e.g. Anderson, 2004; Redmond et al., 2009; Tan, 2009). For a fuller discussion of this point, please read the outcomes and governance subsection on page 36.

Accordingly, due to these governance challenges, it does not appear that the service providers commissioned through a competitive tendering process have been held to a higher standard than those funded through a non-competitive process (see Lamothe & Lamothe, 2009; Stanley et al., 2013; Rees et al., 2017). In addition, the lack of a range of suitable alternative service providers to choose from also hinders the ability of commissioners to impose sanctions or terminate contracts with poorly performing service providers (e.g. Carson et al., 2012; Grohs, 2014; Van Slyke, 2007). This raises fundamental questions about the underlying rationale behind the adoption of a system built around

the competitive tendering of services and use of performance-based contracts if in reality how this system is being implemented is not resulting in an improved standard of service delivery.

IMPACT ON SERVICE DELIVERY

Legislative changes compelling organisations to improve interagency collaboration and to focus on overall outcomes rather than specific programme/service related outcomes can have a positive impact on service delivery (see Zlotnik et al., 2015). However, without interagency collaboration being enhanced and clear agreement on an overall set of outcomes that all service providers are working towards, there appears to be little improvement in service delivery. Indeed, in many cases, service delivery became more fragmented and disjointed due to the range of different service providers working with those with complex needs to achieve differing outcomes (e.g. Boardman et al., 2012; Chen & Graddy, 2010; Cottrel et al., 2000; Farrell et al., 2004; Kaehne, 2013; Lee et al., 2012; Papin & Houck, 2005). Unless a system for promoting collaboration and coordination was provided, increasing the range of service providers and adding to uncertainty about their long-term sustainability (through the provision of short-term funding) could add to system instability and hinder effective service provision by exacerbating existing barriers to interagency collaboration (e.g. Drabble, 2007; Edgley & Avis, 2007; Parrish et al., 2013; Ryan et al., 2001; Willumsen & Hallberg, 2003).

As different agencies view problems differently and approach the provision of services differently, this increased the challenges involved in attempting to find a common approach to facilitate interagency collaboration (e.g. Papin & Houck, 2005; Ryan et al., 2001). Differing approaches by service providers resulted in varying risk management procedures and views regarding what behaviours warranted intervention, as well as differing beliefs regarding how service provision should be prioritised (e.g. Drabble, 2007; Lester et al., 2008). Government policies encouraging service providers to compete over service provision contracts could also dampen interagency collaboration and the development of open, trusting relationships, which were found to be key to successful interagency collaboration (e.g. King & Meyer, 2006; Levine, 2009; Milbourne, 2009; Xu & Morgan, 2012; Zlotnik, et al. 2015). While the voluntary sector (and other organisations) could simultaneously hold both cooperative and competitive relationships with each other (see Bunger et al., 2014), the competition over funding meant that professionals had a vested interest in protecting their own organisation to ensure their organisation's continuation and their own job security (e.g. McBeath et al., 2012; Mulroy, 2000; Rees, et al., 2017; Ryan et al., 2001). This can lead to professionals seeking to protect their own 'turf', influencing how referrals are made between service providers who are in competition with each other, hindering collaboration (e.g. Herzog-Evans, 2014; King & Meyer, 2006; Ryan et al., 2001).

Other studies indicated that organisational systems and the commissioning process were not structured in a way which allowed sufficient time for frontline workers to build up collaborations with other service providers or allowed sufficient research to be conducted to assess the service's effectiveness (e.g. Lester et al, 2008; Ryan et al., 2001). Increasingly workloads and reducing budgets restricted the time available to build up these types of relationships or to become familiar with the wide range of services provided by alternative providers (e.g. Lester et al, 2008; Ryan et al., 2001). Yet, according to Fernandez and colleagues (2015), in order for successful collaborations to be developed, it is important that staff and organisations break out of their silo working practices. Lack of clarity over the different eligibility criteria used by service providers, where divisions of responsibility lay and agreeing information sharing protocols were also problematic and negatively impacted on service delivery (e.g. Collins-Camargo et al., 2011; Corcoran & Fox, 2013; Gannon-Leary et al. 2006; Moran et al., 2007; Stanley et al., 2013; Willumsen, 2008; Zlotnik et al., 2015). Therefore, a system of commissioning and delivering services which is designed to promote diversity and turnover in service providers (as a means of improving cost-effectiveness, outcomes and service delivery), must build in

structures, protocols and time for interagency collaboration to occur, if the proposed benefits of such a system are to be realised. Moreover, if services are only funded for a short period of time, this limits the amount of time available to continue research to enhance our understanding of what works well and what does not work when delivering services to those with complex needs.

OUTCOMES FOR CHILDREN AND FAMILIES WITH COMPLEX NEEDS

Key points

- Children and families with complex needs can be hard to engage. One of the key strengths of using the voluntary sector to deliver services is its ability to engage hard to reach groups and those who feel disenfranchised from the State, especially in jurisdictions affected by conflict. This is important as outcomes are unlikely to be improved unless families and children engage with services.
- While children and families with complex needs value the more personalised service provided by the voluntary sector, no consistent differences in outcomes and/or the experience of accessing services was found between different types of service providers. Instead, the culture and working practices of each individual service provider was found to be more important in shaping the outcomes and experiences of children and families with complex needs than whether these services were provided by a voluntary organisation, State agency, other non-profit organisation or private provider.
- Effective interagency collaboration was key to improving the outcomes experienced by children and families with complex needs. Factors that were linked to effective interagency collaboration included the co-location of services, sharing of resources between different service providers, basing services in local communities, providing 'drop-in' services without a prior appointment, involving service users in decision-making, sharing information and referral systems, positive interagency staff relations, shared decision-making and using combined funding streams.
- How the commissioning process was designed and implemented could hinder effective interagency collaboration and negatively impact on the outcomes children and families with complex needs experienced. A commissioning process which made effective interagency collaboration more difficult, used inappropriate performance measures and had insufficient governance mechanisms negatively impacted on outcomes and caused significant disruption to service provision. Consequently, there was a tension between the potential cost-savings that may be achieved by encouraging service providers to compete over service delivery and the negative impact this could have on the outcomes experienced by children and families, as well as their experiences of accessing these services.
- If multiple different service providers are involved in providing services to children and families with complex needs, the use of case coordinators to ensure a smooth transition between different service providers can help to improve outcomes.

The extent to which the current process of commissioning the voluntary sector to deliver services to families and children with complex needs can improve outcomes for these families and children is explored next. More specifically, what is known about how services provided by the voluntary sector can influence outcomes and whether this differs depending on the model of delivery and governance used is examined.

BENEFITS OF VOLUNTARY SECTOR SERVICE PROVISION

A number of studies emphasised the positive role voluntary organisations can play in improving family outcomes. To begin with, the voluntary sector is credited with being better able to engage hard to reach groups who are not known to the State or engaging with State agencies (e.g. Appleton, 2005; Bell, 2007; Collins, 2006). Through their community connections, these organisations can identify those in need of help but are not engaging with existing State services (e.g. Acheson, 2001; Appleton, 2005; Buchbinder & Shoob, 2013; Collins, 2006). They are also able to engage those who feel disenfranchised from the State and/or stigmatised through their interactions with government officials (e.g. Acheson, 2001; Bell, 2006; Collins, 2006). Families and children report feeling less stigma when accessing services through the voluntary sector and the perceived independence of this sector from government departments, alongside their esteemed reputation for providing services to vulnerable groups, are attributed with encouraging greater programme engagement and programme completion (e.g. Artaraz et al., 2007; Bell, 2007). Voluntary sector workers have also been found to be committed to the altruistic aims of their organisations and are more likely than government officials to believe that the goals of their employer align with their individual career goals and aspirations (e.g. Freund, 2005). This alignment between altruistic organisational goals and individual aspirations is believed to strengthen the commitment of the voluntary sector to providing services to those in need, even when government funding is either unavailable or insufficient (e.g. Henriksen et al., 2015). It is this personal and organisational commitment to altruism, as well as the ability of the voluntary sector to engage hard to reach families, which has led some to argue that the voluntary sector is a better service provider compared to for-profit organisations, especially during times of diminishing public resources (e.g. Henriksen et al., 2015).

In addition, voluntary organisations are believed to be more attuned to the needs of families' due to their closer working relationships with people in local communities and greater appreciation for the challenges they face (e.g. Appleton, 2005). Research indicates that involvement in services provided by the voluntary sector can result in improved self-esteem, sense of belonging, confidence, wellbeing, empowerment, social support, increased employability, decreased anti-social behaviour and reduced stress (e.g. Collins, 2006; Dillenburger et al., 2008; Owen, et al., 2015; Tan, 2009). Participation in these services can represent value for money for government departments as one study found that involvement in a social enterprise saved the State \$1.77 for every \$1 invested (see Owen et al., 2015). However, many of the claims regarding the benefits of the voluntary sector as service providers are based on small scale qualitative studies. Larger studies indicate that while families and children tend to perceive these organisations as providing a more personalised service (which they greatly value), no differences were found in how service users ultimately rated worker accessibility, responsiveness, relationship quality or satisfaction between frontline staff working in State agencies and non-profit service providers (e.g. Larkins et al., 2013; Stanley et al., 2013). Similarly, no difference in the work ethic or self-rated job performance of staff working in State agencies, the for-profit and non-profit sectors have been found (see Freund, 2005). Rather than differences emerging between State agencies and the non-profit sector, significant variability among different State agencies and non-profit organisations has been uncovered (e.g. Carson et al., 2012; Larkins et al., 2013; Stanley et al., 2013). This suggests that individual organisational culture and work practices may be more important in shaping the experiences and outcomes of families and children, rather than whether these services are provided by a State agency, voluntary organisation or other type of private sector provider.

Having said this, in jurisdictions that have been affected by conflict, there are some particular benefits associated with using the voluntary sector to deliver services to those with complex needs (e.g. Acheson, 2001; Buchbinder & Shoob, 2013; Freund, 2005; Mubangizi & Gray, 2011). For example,

involving community organisations in service delivery can help to reduce the probability of conflict and unrest occurring, as well as assist with legitimating State officials as they work with voluntary organisations to deliver services (e.g. Buchbinder & Shoob, 2013; Mubangizi & Gray, 2011). Voluntary organisations can help to reduce the hostility government officials may encounter when approaching families who feel disenfranchised by State agencies and the involvement of voluntary organisations may encourage greater engagement and cooperation among these families (e.g. Buchbinder & Shoob, 2013; Mubangizi & Gray, 2011). Conflict can also affect the capacity of State agencies to deliver services to families and children, resulting in a greater reliance on the voluntary sector to provide these services in the absence of the State (e.g. Mubangizi & Gray, 2011). The political, financial and social upheavals State agencies experience during conflict can contribute to the restructuring of service provision, such that voluntary organisations are commissioned to deliver services under State agency supervision (e.g. Freund, 2005). Moreover, a history of conflict can result in a greater emphasis being placed on the involvement of voluntary and community organisations in policy development, in comparison to other jurisdictions (e.g. Acheson, 2001). For instance, in Northern Ireland consulting and collaborating with the voluntary and community sector is important not only for providing cost-effective services that can engage hard to reach groups but also for maintaining peace and providing a means for disadvantaged communities to assume a greater degree of ownership and control over policies, planning and decision-making (e.g. Acheson, 2001). In Northern Ireland, voluntary and community organisations can represent the interests of their service users to decision-makers, actively helping to shape public policies and the planning of service provision (e.g. Acheson, 2001). Yet, as the funding and influence of voluntary organisations can also be linked to political objectives and connections, it is not always the case that the organisations that can provide the best service receive the most funding (e.g. Appleton, 2005; Shang et al., 2005).

The funding of voluntary organisations can be influenced by their political connections and how well the activities of these organisations align with the political objectives and values of political parties (e.g. Appleton, 2005; Rees et al., 2017; Shang et al., 2005). Voluntary and other non-profit organisations whose activities and focus are in agreement with the ideology of the ruling political party may receive more funding to provide services to children and families, even though other organisations may provide a better service (e.g. Appleton, 2005). Political connections and hidden agendas can continue to influence which organisations receive funding, despite efforts to introduce a more competitive tendering system (e.g. Bode, 2006; Rees et al. 2017). Political ideologies can also shape how State agencies frame social problems, which in turn affects what services are commissioned to help families and children with complex needs and how the performance of these service providers is assessed (e.g. Appleton, 2005; Gray, 2013; Holosko et al., 2009; Katz & Hetherington, 2006; Morrison, 2000; Rees et al., 2017; Shang et al., 2005). These political ideologies can have a significant impact on the lives of families and children with complex needs and their outcomes by determining the quantity and quality of the services they can access (e.g. Gray, 2013; Shang et al. 2005). Gray (2013) states that many jurisdictions have attempted to depoliticise the needs of those with complex needs by framing their needs in terms of individualistic characteristics rather than the wider socio-political policies being pursued by governments. As a consequence of this framing, Gray (2013) argues that there is an emphasis on commissioning services which tend to be focused on working with individuals and/or their families rather than addressing wider socio-political issues which can exacerbate their needs. Gray (2013) concludes that family outcomes will not improve until these wider socio-political issues are addressed. This depoliticisation of needs allows governments to attribute poor outcomes to particular services, service providers and/or families/children rather than failings in government policies and/or actions (Gray, 2013).

Concerns have also been raised about the potential ability of voluntary organisations to advocate for families and children with complex needs given the dominant role State agencies play in funding the voluntary and non-profit sector (e.g. Abramovitz & Zelnick, 2015; Bode, 2006). The potential for

voluntary and other non-profits to compromise their campaigning and advocacy roles during the pursuit of State funding can risk worsening the outcomes for families and children and distorting the original goals of these organisations (e.g. Abramovitz & Zelnick, 2015; Bode, 2006; Neilson, 2009). While some argue that voluntary organisations can continue to offer a critical voice, despite being predominately funded by government departments (e.g. Appleton, 2005), others have found evidence of voluntary and other non-profit organisations changing their practices and beginning to behave in a similar manner as for-profit organisations, by prioritising work with groups likely to be viewed favourably in future funding bids (e.g. Borzaga & Fazzi, 2014; Carson et al., 2012; Corcoran & Fox, 2013). Corcoran and Fox (2013) argue that the differences between State agencies, non-profit and for-profit organisations is becoming less pronounced as all organisations seek to adapt to neoliberal policies and commissioning processes which promote competition and impose similar requirements and constraints as part of the commissioning process, regardless of which sector organisations originate from. There is, therefore, a concern that the policies and practices governing the commissioning of services by government departments and State agencies may begin to undermine the distinctiveness of the voluntary sector and the services they provide (e.g. Abramovitz & Zelnick, 2015; Bode, 2006; Borzaga & Fazzi, 2014; Carson et al., 2012; Corcoran & Fox, 2013; Neilson, 2009).

In this review, there was little quantitative evidence for consistent differences in outcomes depending on whether the service provider was a State agency, non-profit or for-profit organisation (e.g. Carson et al., 2012; Larkins et al., 2013; Longo et al. 2015; Stanley et al., 2013). There appeared to be a number of reasons for this finding. Firstly, significant variation was evident among different State agencies, for-profit and non-profit organisations, stressing the importance of individual organisational culture and work practices in shaping family outcomes over and above whether the service is provided by State agency, voluntary organisation, other type of non-profit provider or for-profit organisation (e.g. McBeath, 2006; McBeath & Meezan, 2006; Stanley et al. 2013). Secondly, given the range of needs demonstrated by those with complex needs, interagency collaboration was key to improving family outcomes but the extent of interagency collaboration varied within and between State, for-profit and non-profit service providers (e.g. Anderson et al. 2002; Amirkhanyan et al. 2012; Chen & Graddy, 2010; Harris & Allen, 2011; Ryan et al. 2001). Thirdly, how the commissioning process was conducted influenced outcomes. For instance, the ability of State agencies to accurately identify the prevalence of needs, the amount and quality of available service providers to choose from, the implementation time allowed following the awarding of contracts, the duration of funding contracts, the payment formula used in contracts, the performance measures used and the extent to which service providers are properly monitored and held to account, played a bigger role in influencing outcomes than if the service provider was a State agency, for-profit or non-profit organisation (e.g. Abramovitz & Zelnick, 2015; Carson et al. 2012; Hatfield et al. 2007; Johnston & Romzek, 2008; McBeath, 2006; Munford & Sanders, 2001; Samples et al. 2013; Van Slyke, 2007). Fourthly, the interconnectedness between different service providers limits the extent to which outcomes can be attributed to any one service provider as families and children with complex needs work simultaneously with a range of different providers, making it difficult to disentangle and identify the individual effects of any one programme/service provider (e.g. Cohen, 2002; Colvin, 2017; Holosko et al., 2009; Munford & Sanders, 2001; Stanley et al. 2013).

These findings imply that each organisation should be judged on their own performance rather than relying on generalised claims about the merits of particular types of service providers. In addition, the findings stress that the most effective model of service delivery is one based on effective interagency collaboration and the appropriate use of governance mechanisms.

Outcomes for families and children were improved when effective interagency collaborations were developed between all service providers, including State agencies and the voluntary sector (e.g. Allen et al., 2002; Amirkhanyan et al., 2012; Anderson et al., 2002; Anderson-Butcher & Ashton, 2004; Anderson-Butcher et al., 2002; Cameron & Freymond, 2015; Chen & Graddy, 2010; Chance et al., 2010; Chenven, 2010; Harris & Allen, 2011; Katz & Hetherington, 2006; Morrison, 2000; Purcal et al., 2011; Redmond et al. 2009). Effective interagency collaboration between all service providers involved in providing services to those with complex needs could improve family and child satisfaction with (and trust in) service providers, reduce recidivism, anti-social behaviour and substance misuse, as well as increase wellbeing, coping, clinical functioning and academic achievement (e.g. Amirkhanyan et al., 2012; Anderson et al., 2002; Cameron & Freymond, 2015; Harris & Allen, 2011; Purcal et al., 2011) Katz & Hetherington, 2006; Redmond et al., 2009). Effective interagency collaboration between all service providers could also lessen the stigma associated with accessing services, reduce time spent in residential care, decrease the costs associated with service provision, rebuild family relationships, increase the agency of service users and improve outcomes for caregivers (e.g. Allen et al., 2002; Anderson et al., 2002; Chance et al., 2010; Chenven, 2010; Purcal et al., 2011). Collaborative working between different service providers can also be successfully utilised to foster a broad cultural shift in working practices across agencies in response to challenging and complex needs (e.g. families experiencing child maltreatment and domestic violence) (e.g. Banks et al., 2008a, 2008b). In addition, effective interagency collaboration across all service providers improved communication, coordination and referrals between different service providers, reduced service duplication, enhanced capacity to resolve problems and encouraged a multidisciplinary, family centred, strengths based approach to addressing needs (e.g. Allen, et al., 2002; Anderson-Butcher & Ashton, 2004; Anderson-Butcher et al., 2002; Harris & Allen, 2011; Katz & Hetherington, 2006).

Factors that were linked to developing an effective interagency collaboration between different service providers, such as State agencies and the voluntary sector, included: the co-location of different service providers in the same office, as well as the sharing of resources, funding, training and a common vision (e.g. Anderson et al., 2002; Cameron & Freymond, 2015; Chen & Graddy, 2010; Georgeson, 2009); the establishment of offices in local areas close to service users and encouraging service users to visit offices without appointments (e.g. Cameron & Fremond, 2015); involving service users in decision-making (Anderson et al., 2002; Chenven, 2010); using an inter-organisational coordination mechanism (e.g. committees) to make decisions and coordinate service delivery (e.g. Chen & Graddy, 2010; Friedman et al., 2007); and clear systems of management finance and accountability (e.g. Bachmann et al 2009). Positive relationships between interagency staff, staff, families and children, as well as a combined funding stream are also important for developing effective interagency collaborations (e.g. Anderson et al., 2002; Friedmand et al., 2007; Morrison, 2000; Ryan et al., 2001). A combined funding stream avoids service fragmentation and duplication across different funding streams (e.g. Anderson et al., 2002; Friedman et al., 2007; Morrison, 2000); Ryan et al., 2001). The creation of agreed protocols for sharing information and referring service users between different providers is also necessary (e.g. Anderson et al., 2002; Ryan et al. 2001). Furthermore, organisations must recognise that effective interagency collaboration takes time to develop and can result in significant increases in the workload of frontline staff (e.g. Martinussen et al., 2012). However, the benefits for staff can be considerable, particularly in terms of increased knowledge and understanding of other agencies roles and responsibilities (roles expansion) and the impact that this may have for improved services for children and families (e.g. Abbott et al., 2005). Accordingly, senior management should seek to develop a supportive culture for interagency collaboration, recognising the increased workload this may result in for staff and reflect on how their own organisational policies, practices and procedures may hinder interagency collaboration (e.g. Anderson et al., 2002; Martinussen et al., 2012; Ryan et al., 2001). Without the structural support, time and funding required to develop

effective interagency collaboration, efforts to compel interagency co-operation may not be successful and will not result in improved outcomes for families and children (e.g. Bunger et al., 2014; Horwath & Morrison, 2007; Purcal et al., 2015; Zlotnik et al., 2015).

A number of common obstacles to effective interagency working across different service providers were identified from the research literature. These included: lack of trust, competitive relationships or unresolved tensions between service providers (e.g. Anderson-Butcher & Ashton, 2004; Bunger et al., 2014; Collins-Camargo et al., 2013; Harris & Allen, 2011; Holosko et al., 2009; Horwath & Morrison, 2007; Lester et al., 2008; Ryan et al., 2001; Widmark et al., 2016); lack of clarity over the roles of different providers and how they should work together, share information or refer clients (often referred to as 'role confusion' or 'role blurring') (e.g. Abbott et al., 2005; Abram & Linhorst, 2007; Coe et al., 2003; Collins-Camargo et al., 2013; Friedman et al., 2007; Horwath & Morrison, 2007; Ryan et al., 2001; Widmark et al., 2016; Zlotnik et al., 2015); not listening to service users or involving them in decision-making (e.g. Harris & Allen, 2011); inadequate resourcing (e.g. Anderson-Butcher & Ashton, 2004; Harris & Allen, 2011; Friedman et al., 2007); and structural impediments such as organisational policies, practices and procedures which hinder effective interagency collaboration (e.g. Anderson et al., 2002; Collins-Camargo et al., 2013; Friedman et al., 2007; Holosko et al., 2009; Horwath & Morrison, 2007). In particular, the policies, practices and procedures used to commission services were viewed as potentially hindering effective interagency collaboration.

Cohen (2002) states that the systems and processes designed to administer services have often been developed to meet bureaucratic needs rather than to promote the best outcomes for service users. Cohen (2002) argues that these systems and processes are frequently structured based on their function and the needs of managers rather than the experience of service users. This way of structuring service provision creates boundaries between different services and service providers, which service users are left to manage by themselves (Cohen, 2002). Austin and Prince (2003) argue that such a fragmented service may also contribute to increased redundancy and duplication of activity (e.g. multiple independent assessments of need), time consuming and bureaucratic inter-agency communication, and a loss of information when communication is not effective, leading to gaps in services and unmet needs. As a result, it is argued that those with complex needs are particularly likely to 'fall through the cracks' and experience poor outcomes as they are referred to multiple service providers to access services and are left to negotiate and coordinate their contacts with these different service providers by themselves (Cohen, 2002). However, expecting those with complex needs to negotiate and coordinate their contacts with these multiple providers by themselves is particularly problematic as the nature of their needs may hinder their ability to be able to successfully manage these contacts (Cohen, 2002).

Studies have found that outcomes for families and children with complex needs only improve if there is a case coordinator assigned to coordinate referrals and ensure a smooth transition between different service providers (e.g. Allison et al., 2007; Chuang & Lucio, 2011; Friedman et al., 2007; Steib & Blome, 2004). Without such a coordinator, the odds of children and families demonstrating any improvements in outcomes decrease (e.g. Altshuler, 2005; Chuang & Lucio, 2011; Steib & Blome, 2004). The commissioning process can aggravate this experience if a mechanism for coordinating and integrating the services provided by different service providers is not thought through and agreed as part of the commissioning process (e.g. Ensign & Metzenthin, 2017). A failure to think through how services will be integrated and coordinated can result in severe service disruptions and negatively impact on children and families (e.g. Ensign & Metzenthin, 2017). For instance, findings indicate that requiring service users to go to multiple service providers can leave families feeling overburdened and re-traumatised as they retell their stories to different service providers (e.g. Ensign & Metzenthin, 2017; Friedman et al., 2007; Johnston & Romzek, 2008). Difficulties with information sharing between service providers can also hinder families' access to services (e.g. Ensign & Metzenthin, 2017;

Friendman et al., 2007; Johnston & Romzek, 2008). Furthermore, families and children with complex needs generally require more time to build trusting relationships with service providers and these trusting relationships are key to improving outcomes, as they encourage programme participation and engagement (e.g. Harris & Allen, 2011; Katz & Hetherington, 2006; Purcal et al., 2011). Yet, changes to service providers due to contracts being won and lost can undermine the development of these trusting relationships, negatively impacting on service user outcomes, leaving families and children feeling demoralised and potentially re-traumatised (e.g. Ensign & Metzenthin, 2017; Johnston & Romzek, 2008). Consequently, there is a tension between the potential cost-savings that may be achieved by encouraging a range of service providers to compete over service provision and the impact this can have on family outcomes and their experience of accessing services (e.g. Johnston & Romzek, 2008).

Moreover, the short term nature of many of the contracts awarded, the payment formula used to estimate the costs of delivering these services, the implementation time allowed between the awarding of the contract and commencement of service provision and the lack of an overall case coordinator negatively impacted on the outcomes experienced by families and children (e.g. Abramovitz & Zelnick, 2015; Butcher & Freyens, 2011; Chuang & Lucio, 2011; Ensign & Metzenthin, 2017; Johnston & Romzek, 2008; Steib & Blome, 2004). The short-term duration of many of the contracts acted as a deterrent for referrals and interagency collaboration, as established agencies were hesitant to invest resources in cooperating with a new service which may not be in existence for long (e.g. Abramovitz & Zelnick, 2015; Corcoran & Fox, 2013; Johnston & Romzek, 2008; Ensign & Metzenthin, 2017). The payment formula used could also add to system instability as efforts to link payments to outcomes increased the probability of service providers going bankrupt or discontinuing service provision, as they were unable to absorb the operational costs involved in delivering these services until payment was received (e.g. Ensign & Metzenthin, 2017). There was also a tendency by government departments to underestimate the costs of providing services to families and children with complex needs, negatively affecting outcomes as service providers are expected to 'do more with less' and absorb the costs associated with this underestimation (e.g. Abramovitz & Zelnick, 2015; Ensign & Methzenthin, 2017; Johnston & Romzek, 2008). Frequently, there was also insufficient implementation time given between contract award and service commencement to establish the most effective service e.g. (Butcher & Freyens, 2011; Lee et al., 2012). Despite a focus on evidence based best practice, the short implementation time meant that service providers generally had insufficient time to organise programmes, hire staff, agree information sharing and referral protocols or develop effective interagency collaborations before commencing service provision (e.g. Butcher & Freyens, 2011; Lee et al., 2012). Accordingly, there are many structural issues in the commissioning process which can negatively affect service delivery and the outcomes families and children with complex needs experience.

OUTCOMES AND GOVERNANCE

Another issue that affected the outcomes experienced by families and children with complex needs was how service providers were governed. In particular, the performance measures used to evaluate service provision and the extent to which service providers were held to account for poor performance affected outcomes (e.g. Chuang et al., 2011; Carson et al., 2012; Collins & McCray, 2012; Grohs, 2014; Morrison, 2000; Samples et al., 2013; Smith, 2002; Van Slyke, 2007). Performance measures were found to be especially important for shaping staff practices and the experience of service delivery for families and children (e.g. Chuang et al., 2011). Trocmé and colleagues (2000) highlighted how the choice of performance measures used is not a neutral activity but reflects fundamental views about the objectives of service provision, which can vary across organisation, jurisdiction and time. Concerns that an organisation's failure to meet its performance measures may affect its future funding

opportunities was found to distort practices so as to emphasise the successful achievement of these measures (e.g. Collins & McCray, 2012; Morrison, 2000; Samples et al., 2013; Trocmé et al., 2000). Barnes (2006) notes that the burgeoning demands for fiscal responsibility and measurable outcomes required of many voluntary sector organisations can fundamentally alter the way such organisations operate, potentially creating a shifting away from complex and challenging cases (where the probability of success may be low) to more 'profitable' cases, as has been observed in the private sector.

In many cases, it was argued that the performance measures used could actually negatively affect outcomes for families and children as they detracted from early intervention and family preservation, did not promote a holistic approach to service provision, constrained staff practices, conflicted with other performance measures, did not take into consideration the longer timeframe required to deal with complex cases, did not acknowledge how the involvement of multiple service providers could restrict the ability to identify the effect of any one service/programme and did not pay enough attention to the need for a flexible approach to be adopted (e.g. Chuang et al., 2011; Collins & McCray, 2012; Morrison, 2000; Samples, et al., 2013; Smith, 2002). In some cases, it was argued that while contract specifications and performance measures could be used to promote the delivery of a standardised service, too much specification reduced the flexibility of service providers to meet the individualised needs of service users (e.g. Abramovitz & Zelnick, 2015; Munford & Sanders, 2001). In contrast, the lack of clear agreed upon performance measures, prior to service commencement, could also negatively affect children and families' outcomes as service providers were not clear on what they were being asked to do (e.g. Munford & Sanders, 2001). However, of particular concern was the possibility that the use of performance measures may result in reduced service provision for families and children with complex needs (e.g. Barnes, 2006; Bode, 2006; Coe et al., 2003; Samples et al., 2013).

Research has found that those with complex needs can be the most challenging to work with as they can take significantly longer to engage, their lives are not suited to participating in structured programmes (making programme recruitment difficult), they can take longer to change their behaviour and they are more likely to drop-out of programmes before completion (e.g. Anderson, 2004; Redmond et al., 2009; Tan, 2009). If the challenges involved in working with those with complex needs have not been taken into consideration when designing performance measures, this can negatively affect how a service provider's performance is judged and, consequently, may affect their willingness to continue to work with those with complex needs if it hinders their potential success in gaining future funding (e.g. Bode, 2006; Munford & Sanders, 2001; Samples et al., 2013). Indeed, research has found that organisations, including some in the voluntary sector, have changed how services are delivered and the groups they work with, in order to increase their ability to meet their performance measures and achieve future funding (e.g. Barnes, 2006; Collins & McCray, 2012; Corcoran & Fox, 2013). In some cases, those with complex needs were specifically excluded from accessing certain services or the criteria for accessing services was set so high that only a small number of families and children were eligible for these services (e.g. Coe et al., 2003; Gray, 2013). While there may be legitimate reasons for the exclusion of those with complex needs from particular services at specific times, it raises questions about how many of the available services are actually accessible to those with complex needs and if the requirements of those with complex needs may become secondary to the achievement of performance targets and outcomes, in a model of commissioning services that focuses exclusively on performance and outcomes without paying due attention to how the choice of performance measures and outcomes used can affect service delivery.

In addition, as mentioned previously, there is also a concern that family outcomes may not improve due to the failings by government departments to properly monitor service providers and take action to sanction poor performance (e.g. Carson et al., 2012; Grohs, 2014; Van Slyke, 2007). Research has found that the extent to which contracts are monitored and action taken to address poor performance

depends on the availability of other service providers, the employment of sufficient staff to be able to monitor contracts, staff expertise in analysing performance data, as well as staff knowledge in how to take action to sanction poor performance (see Van Slyke, 2007). Limited alternative service providers and a lack of government staff with the necessary skillset to monitor performance and impose sanctions can undermine the market logic behind a competitive tendering process and hinder the delivery of effective services in this area (e.g. Carson et al. 2012; Grohs, 2014; Van Skyle, 2007). Consequently, the outcomes experienced by families and children with complex needs can depend on the organisational resources governments allocate to monitoring service providers and assessing their performance, as well as the availability of alternative service providers to choose from. Service providers will not be motivated to improve their performance if they are not sanctioned for poor service delivery and/or continue to be awarded contracts due to the lack of alternative service providers.

HINDERANCE, SUBSTITUTION OR SUPPLEMENT

Key points

- The extent to which services provided by the voluntary sector to children and families with complex needs substituted or supplemented the work of statutory social work services varied depending on the wider political context and economic policies being pursued in different jurisdictions, the ability and willingness of voluntary organisations to assume sole responsibility for providing these services and the willingness of State officials to allow voluntary organisations to assume this responsibility.
- In jurisdictions that had experienced conflict, the voluntary sector could substitute statutory social work service provision, if such services were not provided by the State and/or service users were not willing to engage with statutory social work service providers. However, in the majority of cases, voluntary sector services supplemented rather than substituted these statutory services.
- No hindrances unique to using the voluntary sector as service providers to children and families with complex needs were identified. Instead, the hindrances identified were linked to the wider challenges involved in developing effective interagency collaboration in a commissioning process that encouraged multiple service providers to work towards different outcomes, across different funding streams.

The extent to which voluntary sector service provision to families and children with complex needs could substitute or supplement statutory social work service provision varied by jurisdictions and the capacity of the voluntary sector providers.

Different jurisdictions differed in the amount of statutory social work services they provided to children and families with complex needs and the extent to which they were willing to give responsibility for delivering social services to this group to the private sector (e.g. Appleton, 2005; Levine, 2009; Rees et al., 2017; Shang et al., 2005; Willumsen, 2008). For example, in the USA most, though not all (it varied from State to State) of the statutory social work services had been tendered out to private contractors, with voluntary and not-profit organisations being involved in delivering these services (e.g. Lamothe, 2015; McBeath & Meezan, 2006, 2008; Ryan et al., 2001; Watson, 2012). In this way, the voluntary sector was paid by the government to take over responsibility for delivering these services as the government sought to reduce the social work services provided by statutory agencies (e.g. McBeath & Meezan, 2006, 2008; Ryan et al., 2001; Watson, 2012). Nevertheless, statutory agencies tended to remain in charge of overseeing the work of private providers, including

voluntary organisations (though practice again differed from State to State) (e.g. McBeath & Meezan, 2006, 2008; Ryan et al., 2001; Watson, 2012). This meant that ultimately government officials remained responsible for shaping service provision to families and children with complex needs through the structure of the commissioning process, contractual agreements and their funding of these services, even if their role in delivering these services was reduced. In other countries, the extent to which statutory social work services were deemed eligible for tendering out to the private sector varied depending on the wider political and economic policies being pursued by the ruling political elite (e.g. Appleton, 2005; Rees et al., 2017; Shang et al., 2005).

In the UK, services to families and children with complex needs were increasingly being tendered out to statutory and private providers to submit competitive bids for delivering these services (e.g. Artaraz et al., 2007; Bachmann et al., 2006; Bachmann et al., 2009; Rees et al., 2017; Stanley et al., 2013). Nonetheless, there remained a reluctance to devolve all statutory social work services to private organisations and/or to give the responsibility for overseeing the budget for the delivery of all social work services to these organisations (see Stanley, et al., 2013). Likewise, private providers could also be somewhat hesitant to assume responsibility for the overall budget for the delivery of social work services or the management of very complex cases (see Morrison, 2000; Stanley et al., 2013). In many situations, this meant that services provided by the voluntary sector mostly acted to supplement existing statutory social work services rather than replace it. In addition, shortcomings within the governance of contracts awarded under this competitive tendering process (as discussed previously) meant that contracts could be rolled over, resulting in little change in the power dynamics and/or relationships between different service providers, maintaining the existing status quo (e.g. Carson et al., 2012; Grohs, 2014; Lamothe, 2015; Rees et al., 2017; Stanley et al., 2013; Van Slyke, 2007). Moreover, the size, capacity and skillset of voluntary organisations could limit the ability of these organisations to challenge statutory social work services (Lamothe, 2015; Rees et al., 2017; Stanley et al., 2013; Ware et al., 2001). As a result, the capacity of voluntary organisations, their willingness to assume responsibility for the delivery of social services from statutory organisations, the structure of the commissioning process and willingness of government officials and State agencies to allow voluntary organisations to assume this responsibility influenced the extent to which voluntary services could substitute or supplement statutory social work service provision.

The experience of conflict could also be influential. As previously mentioned, the experience of conflict could not only shape the ability of government officials and State agencies to delivery statutory social work services, it also influenced the extent to which those with complex needs may be willing to interact with statutory social work services (e.g. Acheson, 2001; Buchbinder & Shoob, 2013; Freund, 2005; Mubangizi & Gray, 2011). Depending on the specific nature of the conflict, voluntary sector service provision could either act to supplement statutory social work services or substitute these services. For instance, voluntary organisations could supplement existing statutory social work services by encouraging engagement with these services and facilitating the development of relationships between staff working in these services and families/children (e.g. Acheson, 2001; Freund, 2005). Alternatively, it can substitute these services if appropriate services are not being provided by the State, families and children cannot afford to access State services or if those with complex needs do not wish to engage with existing statutory social work services (e.g. Buchbinder & Shoob, 2013; Mubangizi & Gray, 2011).

With regards to the extent to which voluntary sector service provision could hinder statutory social work services, no hindrances unique to the voluntary sector were identified in the literature. Instead, the hindrances that were identified appeared to relate more to the challenges involved in developing effective interagency collaboration, which (as previously stated) become more pronounced in a commissioning process which encourages multiple service providers, working across different funding streams, in providing services to different people, with different eligibility criteria and working

towards different outcomes. In particular, it seemed that confusion around the referral process, changes in programme/service eligibility criteria, the knock on consequences changes to eligibility criteria can have for other service providers, difficulties sharing information between different service providers, as well as a lack of clarity over the division of roles and responsibilities could be a particular hindrance (e.g. Collins-Camargo et al., 2011; Corcoran & Fox, 2013; Gannon-Leary et al. 2006; Moran et al., 2007; Stanley et al., 2013; Willumsen, 2008; Zlotnik et al., 2015). However, please read the subsection entitled 'Improving outcomes through effective interagency collaboration' for a fuller discussion of these hindrances (see page 33).

GAPS IN KNOWLEDGE AND DATA COLLECTION

Key points

- Most research in this area is qualitative in nature, based on a small sample size, focused on the perspective and experiences of staff and lacks a multi-disciplinary perspective. As a result, more research is required with a particular focus on the experiences of children and families, using a larger sample size, incorporating a multi-disciplinary perspective, assessing outcomes and combining quantitative, qualitative and administrative data.
- Additional research is also required to understand children and families' experiences of negotiating a system of service provision that involves multiple service providers that may change, what performance measures are most likely to result in improved outcomes and how the wider political and economic context can influence the outcomes experienced, as well as service provision.

The rapid reviews also revealed a number of gaps and weaknesses in the existing international knowledgebase and data collection, which need to be addressed in order to develop an effective, efficient and economical model of service delivery.

These gaps and weaknesses include:

1. An over-reliance on research which is based on predominately qualitative studies with a small sample size, limiting the generalisability of the research findings and the extent to which reliable conclusions can be drawn.
2. The dominance of staff, managers, administrators and commissioners as research participants. The majority of studies used frontline staff, service managers, contract administrators and service commissioners as their participants. While some studies did include families and children with complex needs, these studies were outnumbered by those focusing on the views and experiences of professionals. This meant that the voices of service users and their experiences were often being overshadowed in the research by the voices, views and experiences of professionals.
3. The infrequent use of administrative data and case files to assess how changes in service delivery and/or changes in provider could impact on the outcomes experienced by families and children, as well as cost and efficiency savings.
4. Limited research examining children and families' experiences of accessing services or traversing a system which involves multiple service providers. Very few studies examined whether the potential cost and efficiency savings involved in changing providers/services outweighed the potential disruption caused.

5. Insufficient research investigating what performance measures may help to improve the experiences and outcomes experienced by families and children. While research identified the potential risks associated with existing performance measures, few alternative suggestions were offered. More research is needed to investigate what performance measures are most likely to result in improved services and outcomes for families and children with complex needs.
6. Inadequate attention to how the broader political context and economic policies (e.g. austerity, Brexit, welfare and social care reforms) can shape the commissioning process, the availability of services, the quality of existing service provision and the outcomes experienced by families and children with complex needs.
7. A lack of a multi-disciplinary perspective on the development of effective services for children and families with complex needs.

These gaps in the international knowledgebase and data collection need to be addressed to order to develop a more efficient, effective and economical model of service delivery.

FINDINGS FROM NORTHERN IRELAND

Key points

- Services provided by the voluntary sector in Northern Ireland were viewed as having a beneficial impact on children and families with complex needs, supplementing rather than hindering or substituting statutory social work services. However, studies were mostly small scale and qualitative in nature, limiting the extent to which conclusions can be drawn about potential differences between service providers and the long-term impact of voluntary sector service provision.
- With regards to the commissioning process, while no evidence was found of voluntary sector services becoming distorted, their independence being undermined or service rigidity, inaccuracies in the prevalence of need and the limited time available to build up collaborations, establish referral pathways and agree a common vision could hinder the ability of services to achieve their outcomes. Concerns about the long-term viability and sustainability of voluntary sector service provision and the disruption this may cause to children and families with complex needs were also evident.
- Nonetheless, those services which were perceived as being non-stigmatising in nature, offered quick referrals, case coordinators, and were provided in an easily accessible format were found to encourage engagement. Effective interagency coordination and communication was also found to be important for effective service delivery.
- While the use of performance measures was not found to distort the willingness of voluntary sector organisations to work with those with entrenched complex needs, anxieties were expressed about the rationale underpinning the choice of performance measures used, how these performance measures were recorded and presented, as well as the extent to which they informed decision-making. Careful consideration also needs to be given to assessing the level of needs individuals present with and how this may impact on the ability of service providers to achieve their performance measures.

Having reviewed the international literature examining the use of the voluntary sector to provide services and supports to children and families with complex needs and how this compares to statutory social work services, the experience of the voluntary organisations funded by the Early Intervention Transformation Programme in Northern Ireland was investigated. The six learning reviews of the services provided by voluntary organisations to work with children and families with complex needs under the Early Intervention Transformation Programme were reviewed and a number of key themes emerged. These themes are discussed in the following three sections: valuing voluntary sector service provision; designing effective service delivery; and effective governance and performance measurement. The first section examines the extent to which these services were believed to be beneficial to children and families with complex needs and hinder, supplement or substitute statutory social work services. The second section reviews the features of service delivery that were found to engage service users, as well as those aspects of service delivery which were found to be more challenging. The final section assesses the governance and performance measures used and some of the difficulties encountered in attempting to adopt an outcomes-based model of accountability.

VALUING VOLUNTARY SECTOR SERVICE PROVISION

Throughout the learning reviews, it was evident that children and families, as well as statutory services, valued the contribution voluntary sector organisations made to service provision, with these services being described as supplementary to, rather than a hindrance or substitute for, existing statutory social work services. Children and families with complex needs reported that they valued the services that were being provided by the voluntary sector and the manner in which voluntary sector staff engaged with them. Children and families with complex needs also described these services as having a positive impact on them as they began to see positive behavioural changes, improved family relationships, enhanced parenting and communication skills, as well as growing self-confidence, emotional development and social functioning. Often, these children and families stated that they felt the provision of these services had been beneficial, helping them to cope during difficulty times and to avoid becoming further involved in statutory services (e.g. the criminal justice system or social work services). In addition, these children and families stated that they would recommend the services provided by these voluntary organisations to others.

In particular, children and families valued the tendency by voluntary organisations to adopt a more strengths-based approach to working with them rather than the deficit-based approach they perceived statutory agencies could adopt. They valued the extent to which the voluntary sector could be more persistent in their efforts to engage them, did not give up on them when they did not progress as expected or experienced additional setbacks, took more time to listen to their individual stories and understand the underlying cause of their issues, as well as focused on developing and enhancing their strengths. In contrast, they reported often feeling frustrated with statutory agencies due to long waiting lists, lack of communication, delays obtaining a diagnosis and a tendency for statutory services to be offered in a format that was not easily accessible for them. Moreover, children and families stated that they felt that statutory services tended to focus on their weaknesses, problems or the risks they posed rather than developing their areas of strengths. Children and families appreciated the ability of voluntary organisations to be able to engage with them quickly following referral and provide services that were delivered at times and in locations that were more convenient for them and better able to meet their particular needs. Children and families also reported feeling less stigmatised and judged when engaging with voluntary sector services. Reports of feeling listened to, welcomed and being able to speak openly without fear of potential repercussions were evident, with children and families stressing the importance of having staff members that were perceived as working in partnership with them to help resolve their issues in an informal but professional manner rather than judging them on their behaviour or abilities.

These findings are similar to those that emerged from the international research literature. The learning reviews consisted of small scale, predominately qualitative studies. In the international research literature, these types of studies were found to report that children and families with complex needs were very complimentary about the services provided by voluntary organisations, with children and families valuing the more personalised, less stigmatising and judgemental services that they perceived these organisations as providing. Yet, large-scale mixed methods and quantitative studies found no consistent differences in outcomes or experiences in accessing services between voluntary and statutory service providers, suggesting that individual organisational culture and working practices were more important in influencing outcomes and experiences of service provision rather than type of service provider. Similar large-scale studies could be conducted in Northern Ireland to examine if this finding is applicable here. It was also unclear what the long-term benefits of these services were and how they may affect the outcomes experienced by children and families with

complex needs. Therefore, research which examines the long-term impact of engagement with these services and its possible impact on the outcomes experienced is also required.

While a number of benefits associated with using voluntary sector services in jurisdictions which had experienced conflict were also found in the international research literature, these benefits were not evident in the six learning reviews. This may be due to how these learning reviews were structured, as they were designed to focus on reviewing the performance of individual services rather than providing an overview of service provision in this area or comparing voluntary sector services to statutory social work service provision.

With regard to professionals working in statutory services, the learning reviews indicated that these professionals were largely positive about the services provided by the voluntary organisations, stating that these organisations met important needs for children and families with complex needs and helped to address gaps in existing statutory service provision. Moreover, statutory services were willing and motivated to work with voluntary sector services to achieve positive outcomes for children and families with complex needs. Efforts were made between statutory and voluntary sector organisations to promote interagency working and share information with each other. The commitment of voluntary sector staff to helping and supporting children and families with complex needs was also viewed as beneficial by professionals working with statutory services. Nonetheless, a number of obstacles remained to be overcome in the commissioning, governance and delivery of service provision in this area.

DESIGNING EFFECTIVE SERVICE DELIVERY

Within the learning reviews, a number of themes emerged regarding the commissioning and delivery of services to children and families with complex needs. To begin, challenges were reported with accurately identifying the prevalence, extent and nature of local need (see Percy 2000 for a more detailed discussion of the complexities involved in the assessment of needs and demands for family and child care services). Expectations about the number of service users that these services were expected to engage with were not met, with the learning reviews raising a variety of concerns about the referral processes involved and whether these services were always working with their intended audience. An ability to accurately identify prevalence of need is essential to an effective commissioning process so as to enable commissioners to accurately judge what services are required and in what locations to maximise engagement, as well as provide a cost-effective and efficient service. This experience mirrors the findings from the international research literature which found that State agencies can struggle to accurately identify the prevalence of needs, resulting in a potential mismatch between service need and what services were being commissioned for delivery. This is a complex issue that warrants further investigation. Possible explanations may include issues relating to differences between population based indicators of need and potential/actual referral rates, differing interpretations regarding the purpose and aims of service provision between central commissioners and those involved in local service delivery, as well as the potential for local service providers to be pushed to address the latest most pressing issues that emerge.

In the learning reviews, worries about the referral process predominately revolved around a lack of a clarity and common vision regarding who should be referred to the services and at what stage. Different agencies had differing interpretations regarding what prevention and early intervention meant, which significantly impacted on who they referred to these services and when they referred

these individuals to work with these services. This hindered the ability of service providers to achieve their goals as they were receiving referrals from organisations that did not match their intended audience. In some cases, this resulted in services working with individuals whose needs did not directly align with the purpose of their services or with specific needs that staff had not been trained to address. Inaccurately identifying the prevalence of needs in particular geographical locations or the number of people that would be suitable for these services also affected referral processes. In cases where there had been an over-estimation of the number of people that would be able to avail of these services, discussions were held about expanding the location of the services and/or the eligibility criteria used. However, these discussions had potential cost implications for service providers (if they were expected to provide services across a larger geographical area than was originally intended) and could affect performance measures (if they were being asked to expand their eligibility criteria to work with groups that their services had not been designed for i.e. those with more entrenched complex needs). Indeed, this was witnessed in the learning reviews as those with more entrenched complex needs were working with some of the services, limiting the ability of these services to act as an early intervention as they had originally been intended.

It was also questionable whether the commissioning process provided sufficient time for service providers to build up collaborations with each other, hire staff, agree a common vision for whom the service would benefit and develop clear referral pathways between different agencies. This experience was common internationally, as the findings from the international literature review indicated that confusions and misunderstandings over referral pathways were commonplace and a barrier to effective service delivery. A lack of clarity over roles, role confusion and communication barriers between different agencies were also evident within the learning reviews, reflecting the findings emerging from the international literature review. In an effort to combat these issues, those who are commissioning services need to provide time and resources for service providers to address these issues and should consider how these services will fit with existing service provision. Involving key stakeholders in a discussion of these issues at a very early stage of the commissioning process may also help to reduce duplication of services and ensure that the services being commissioned are addressing an existing gap in a manner that will maximise appropriate referrals and engagement.

Concerns about the long-term viability and sustainability of services were also raised. While the funding by the Early Intervention Transform Programme was welcomed, as it facilitated the development and expansion of services provided to children and families with complex needs, fears were expressed by service providers about the sustainability of these programmes once the Early Intervention Transformation Programme ended. Commissioners of the Early Intervention Transform Programme were asked to provide a sustainability strategy prior to funding being made available, with sustainability generally consisting of services continuing to receive funding if successful, or the learning acquired from the service being applied to existing service providers doing similar work. This information should have been conveyed to service providers. The wider economic climate in Northern Ireland at that time meant that continued funding of services would be challenging. While the Northern Ireland government had indicated a commitment to early intervention and prevention services, it was unclear if government resources were going to be available to continue providing these services. Indeed, one of the services was discontinued during this research project and placed in the hands of the Official Receiver's Office as it had been overly optimistic about its ability to sustain itself through trading and the funders judged that they could not fill the gap in funding required. It is argued that further thought should have been given to these issues during the commissioning process to try to develop a more stable service provision given the difficulties involved in engaging children and families with complex needs, as well as the length of time required to demonstrate improved outcomes with this group. If it is not possible to develop a more stable service provision in this area,

commissioners should consider requiring a 'winding down' stage to be included in proposals so as to ensure that all services users are transitioned onto a new service or no longer required support before funding is discontinued. Steps were taken to provide such a stage in the Early Intervention Transformation Programme when funding was no longer available. These findings reflect concerns in the international research literature regarding the funding of services, turnover in service providers and potential disruption this may cause to children and families with complex needs.

However, unlike the international research literature, some issues that did not emerge in the learning reviews were concerns about the independence of the voluntary sector being undermined, their mission being distorted or rigidity in the delivery of their services. In Northern Ireland, those commissioning services appeared to allow voluntary sector organisations some flexibility in the delivery of their services and the voluntary sector continued to be willing to work with those with entrenched complex needs, regardless of the impact this may have on their performance measures.

With regards to service delivery, the non-stigmatising nature of services encouraged engagement, as well as quick referrals, providing services in an easily accessible format and the use of case coordinators. Children and families with complex needs reported difficulties in traversing a complex system of service delivery in which they had to engage with multiple service providers in order to access the services they needed to address their complex needs. Providing case coordinators was viewed as being very beneficial to keeping these children and families engaged and ensuring they did not fall between the cracks. In this regard, the experience of Northern Ireland reflected the findings emerging from the international research literature. Moreover, providing services in areas that are geographically close to service users was found to be important for engaging and retaining this group. Ensuring good interagency communication and information sharing, as well as good communication and information sharing with service users, was also found to be important for effective service delivery. Children and families with complex needs reported becoming frustrated with communication delays, while agreeing protocols to share information between different agencies was also essential for staff attempting to engage in interagency working. A failure to agree these protocols at an early stage could dampen the potential effectiveness of interagency working, as different organisations were not kept updated on the needs and issues facing service users and, as a result, were unable to coordinate their services to maximise the possible outcomes experienced by children and families with complex needs. This emphasis on good communication and information sharing is confirmed in the international literature review as similar experiences have been reported internationally.

EFFECTIVE GOVERNANCE AND PERFORMANCE MEASUREMENT

Governance structures were established in the three services funded under the Early Intervention Transformation Programme and reference was made to these governance and accountability mechanisms throughout all six learning reviews. These structures were used to monitor the performance of the services, hold the services to account, assess the impact these services had on the outcomes experienced by service users and seek to guide the services longer term development. This move towards holding the services to account and assessing the impact these services were having on service users was in line with the Northern Ireland government's efforts to adopt an outcomes-based accountability model before the collapse of the Northern Ireland government in January 2017. Using an outcomes-based accountability model and performance measures is reminiscent of the wider movement internationally towards using performance measures to monitor service delivery and the outcomes experienced by services users, as found in the international literature review. It is thought

that ensuring services are held accountable for their performance and the delivery of improved outcomes for children and families with complex needs will improve service provision and result in a more cost-effective, efficient and effective service. However, similar to the findings emerging in the international literature review, a number of concerns were raised in the learning reviews about how performance was being measured in Northern Ireland.

For instance, concerns were expressed that the performance measures and outcomes that services were expected to achieve were not always clear when services were initially being commissioned, with a certain amount of the outcomes service providers were expected to achieve being retro-fitted onto the projects. This can be problematic if it results in service providers being uncertain of funders' expectations, as well as unsure of the tasks and activities they are expected to perform when designing, costing and conceptualising their proposed service. While some flexibility is desirable to address any potential mismatch that may occur, this can be problematic if changing expectations have negative cost implications for service providers, with funders expecting service providers to absorb any additional costs that may be incurred. While this may not have occurred in the Early Intervention Transformation Programme, it is an issue that should be borne in mind in the future. Fears were also expressed about the appropriateness of some of the performance measures used. Concerns were expressed that measures were being used with populations for which their validity and reliability had not been tested or that measures were being adapted for use in a manner which undermined their validity and reliability. A need to demonstrate outcomes may lead service providers to use such measures to demonstrate their effectiveness to commissioners, even if commissioners are not requiring the use of these particular measures. Fears were also expressed that, at times, performance measures were not measuring outcomes that the service was expected to deliver. For instance, a service being expected to improve outcomes for children but not directly assessing child outcomes. Potential weaknesses in how performance measures were being used were also identified, with suggestions being made to change how performance data was being captured and recorded to highlight change over time or client progression rather than providing a 'snapshot' of service users at a particular point in time. In some cases, it was argued that it was difficult to get a sense of how well the service was operating from the existing performance measures that were being used. Inconsistencies were also evident in how this data was being presented and the extent to which it was used to inform decision-making. Moreover, questions were raised about how performance measures were decided upon and what level of performance was deemed to be satisfactory.

In this way, the experience of Northern Ireland and the concerns raised about the use of performance measures in these learning reviews reflects that challenges that have been experienced internationally in using performance measures and adopting an outcomes-based model of accountability. As in the international literature review, the rationale for the choice of performance measures chosen is often unclear, with little empirically guided information about what performance measures are most likely to result in improved services and outcomes. As in the international literature review, performance measures generally consisted of two main types, one focusing on 'how much had been done' and a second focusing on service effectiveness and/or service user outcomes. Clarity regarding what levels of performance would be regarded as poor and how poor performance would be addressed was also needed, reflecting wider international concerns about the governance structures used in this area and the extent to which this method of delivering services could result in a more cost-effective and efficient service. However, there was no evidence in the learning reviews that the use of these performance measures were distorting voluntary sector service provision in Northern Ireland or reducing the willingness of voluntary organisations to work with those with entrenched complex needs. In the learning reviews, it was evident that voluntary organisations in Northern Ireland were continuing to work with those with complex needs, even if this made the achievement of their

performance targets/measures more difficult to achieve. Having said this, it did appear that the use of performance measures could lead service providers to extend the remit of their services to those who may not always have met their eligibility/selection criteria exactly, as they sought to meet service delivery targets. In some cases, this could result in people engaging in services who were not well placed to maximise the potential benefits and improved outcomes that could be associated with programme engagement.

Another issue to emerge in the learning reviews was how an under-estimation or over-estimation of prevalence of needs during the commissioning process could affect the referrals received and, consequently, the ability of that service to achieve its performance measures/targets. For example, if a service received referrals to work with those who were already involved with statutory agencies when it was supposed to prevent statutory service involvement, this hindered the ability of that service to achieve early intervention and prevention outcomes. Additionally, the nature of the complex needs that children and families presented with could impact on the extent to which performance measures and outcomes were achieved and if services were viewed as providing value for money. Individuals who presented with entrenched complex needs required more support and greater engagement to demonstrate improved outcomes. As a result, organisations working with those with more entrenched complex needs may often find it harder to demonstrate the same level of outcomes as those who are working with children and young people whose needs are less entrenched and/or intense. Careful consideration needs to be given to the intensity and entrenchment of the complex needs people present with and how this may impact on their ability of service providers to engage these individuals, achieve improved outcomes and demonstrate value for money to the same extent as services working with those whose complex needs are less intense and/or entrenched. In this regard, realism about what would could be achieved when working with children and young people with complex needs was required, as well as consideration for how the capacity of service users could be strengthened to reduce dependency on service providers.

CONCLUSIONS

The findings presented in this report, therefore, provide an overview of the issues emerging in the international literature on the benefits and risks of using the voluntary sector to provide services and supports to children and families with complex needs, as well as providing an examination of the extent to which these potential benefits and risks are evident in the Northern Ireland context. Reviewing the learning reviews of the voluntary sector services funded by the Early Intervention Transformation Programme in Northern Ireland, it is apparent that considerable potential exists within the local community and voluntary sector organisations in relation to the provision of quality services to children and families with complex needs. Services provided by the voluntary sector are well liked by service users and provide a valuable alternative source of support and help for children and families with complex needs, especially for those who may be reluctant to contact statutory agencies. The services provided by voluntary sector organisations can be more flexible and agile in responding to the complex needs service users present with, as well as providing a useful safety net to ensure that clients with complex needs do not fall between the gaps of existing statutory social service provision. In addition, these services can reduce the barriers to service access, as well as the stigma and labelling that often accompanies contact with statutory agencies. Their work in local communities can also help them to establish strong long-term (therapeutic) relationships with children and families with complex needs, as well as provide them with a good understanding of the needs facing local communities and insights into how best to respond to these needs and other local issues. In this way, the experience of Northern Ireland is similar to the findings emerging from the international knowledge base as it demonstrates a number of potential benefits that can be associated with voluntary sector involvement in delivering services and supports to children and families with complex needs. Accordingly, there is a strong case for the inclusion of the voluntary sector within the range and mix of service providers for families and children with complex needs.

In relation to the specific question as to whether the voluntary sector can be a direct alternative/replacement for statutory sector services (as opposed to providing more of a supplementary/complementary service), the evidence is rather more ambivalent. There are no specific risks or hindrances unique to the use of the voluntary sector within this model of service provision. There is also nothing to indicate that voluntary sector service providers are more likely to deliver more effective or less effective services than their statutory counterparts. Instead, this research found that the organisational culture of individual service providers, the structure of the commissioning and governance structures used, as well as the extent to which interagency cooperation and communication are more built into and promoted within the commissioning and governance structures is more important in determining service effectiveness than the type of service provider used.

Answers to our remaining three research questions which examined issues with the commissioning, governance and delivery of services by the voluntary sector, what is currently known about how services provided by the voluntary sector can influence family outcomes and what gaps may exist in our current knowledgebase are outlined in our conclusions below. These conclusions are drawn based on our rapid reviews of the international evidence base and analysis of the Northern Ireland learning reviews for the Early Intervention Transformation Programme.

1. Current commissioning and governance requirements will play a significant role in influencing the future shape and function of voluntary sector family and child care services.

In contrast to the international literature, the learning reviews conducted in Northern Ireland did not raise concerns about the voluntary sector's independence, its mission being distorted or its ability to be flexible in adopting an individualised approach to addressing the complex needs of its service users being undermined through the commissioning process or the adoption of an outcomes-based model of accountability. Indeed, evidence was found of voluntary sector organisations continuing to provide services to those with complex needs even if this made the achievement of some of their performance targets more challenging and/or increased the operational costs associated with service delivery. Moreover, commissioners were found to be flexible in working with voluntary sector services to adjust service provision if a mismatch existed between an estimation of service need and what services were being commissioned for delivery. This demonstration of flexibility, pragmatism and cooperation may also be partly due to the history of conflict in Northern Ireland, which has encouraged government organisations, policymakers and commissioners to work with voluntary sector organisations to resolve conflict, defuse tensions, deliver services to those who may feel disenfranchised from statutory services and/or help to improve the legitimacy of statutory services. However, Northern Ireland has only just begun to move towards an outcomes-based model of accountability so the experience of other jurisdictions may nonetheless offer a word of caution about proceeding with those models of delivery. As the availability of non-State sources of funding diminishes, the voluntary sector in Northern Ireland may become more reliant on government funding, unless voluntary organisations are in a position to supplement State funding with alternative sources of revenue. Accordingly, there is a need to think carefully about how the commissioning process and governance mechanisms used may unintentionally shape voluntary sector service provision, staff retention and their relationships and engagement with children and families with complex needs.

While commissioners in Northern Ireland currently appear to allow voluntary sector service providers more flexibility in terms of their service delivery than may be the case in other jurisdictions, further research is required to examine if this will begin to change as an outcomes-based model of accountability becomes more embedded in Northern Ireland, as has tended to be the experience internationally. If government funds were only made available to fund highly specific and prescribed services for those who present with complex needs ('categorical funding'), overall coordination and responsibility for ensuring that all complex needs are being addressed may become blurred, the flexibility and adaptability of the voluntary sector to respond to these needs may be weakened and their ability to undertake early intervention and preventative work may be reduced (if government does not also prioritise these services). The findings from the two rapid reviews demonstrate how the commissioning process and governance mechanisms used can fundamentally alter the size, shape and function of the voluntary sector, as it responds to the shifting demands of its key funding sources. While the evidence suggests that such changes can be both positive (improving governance, efficacy and effectiveness) and negative (reducing innovation, flexibility and independence), the overwhelming conclusion to be drawn is that over-reliance on State funding of the voluntary sector may allow the State to intentionally or unintentionally alter the practices and services of these voluntary sector service providers over time. The outsourcing of State services to the voluntary sector is not a neutral activity. Political ideologies can influence how social problems are framed, while political connections can influence what service providers are successful in receiving State funding. Likewise, policy rhetoric may overemphasise the role the voluntary sector can play in influencing decision-making and policies for political objectives, as government officials seek to enhance the legitimacy of their decisions and policymaking. These developments can change voluntary organisations in both the short and longer term, in relation to their core focus, the services they provide, the staff they recruit, the workforce development activities that are undertaken and how performance is monitored. Of course, this also depends on the extent to which voluntary organisations choose to go along with these developments and bid for State funding contracts.

As a result, greater consideration needs to be given to the design, implementation and the long-term consequences that may emerge from the commissioning process used in Northern Ireland. Moreover, the finding that other larger jurisdictions have not witnessed the development of more cost effective, efficient services and/or improved outcomes for families and children with complex needs after adopting a more competitive tendering process should give Northern Ireland pause for thought. Careful consideration needs to be given to whether Northern Ireland has the resources available to State agencies and the diversity of service providers necessary to overcome the challenges encountered in larger jurisdictions. Even if these obstacles can be overcome, the potential efficiency savings that may be made from adopting a more competitive tendering process must be considered against the disruption and negative impact such a model of delivering services can have on children and families with complex needs. As a result, such commissioning should be undertaken with the full acknowledgment of the potential positive and negative impact that it can have on both service providers and service users. Single service contracts cannot be seen in isolation, but must be considered within a broader commissioning strategy that includes consideration and consultation about the nature of the voluntary sector that it will shape and how it will alter the experience of accessing and using services by families and children with complex needs.

2. The complexities of service commissioning may significantly impact on the quality of the service delivered.

The design, planning and commissioning of family and child care services, particularly those targeted at families with complex and multiple needs, is a highly challenging processes. It requires in-depth intelligence on: the levels of need within local populations; the likely demand for any new service once provided (as well as an understanding of the complex relationship that exist between need and demand – see Percy, 2000); the efficacy of potential interventions to meet specified need; how referral pathways are operating to ensure needs are effectively identified and service users quickly referred to appropriate service providers; and the cost of providing such services. Such information provides the foundation on which any service agreement/contract is constructed. It provides the base on which outcomes are defined, key performance targets are specified and organisations held accountable. Errors or miscalculations in any aspects of the commissioning process (for example, an overestimation of service demand, unidentified weaknesses within referral pathways or insufficient funding to meet the complexities of needs presented) will have a significant impact on the nature and quality services provided. A number of challenges to this process were raised in the Northern Ireland learning reviews. It was queried, for example, as to whether the commissioning process had allowed enough time for voluntary sector service providers to agree a common vision regarding who the service should be targeted at and to develop clear referral pathways. There were also concerns raised about how accurately the prevalence of need, and the volume of service users that providers were expected to work with, was estimated, resulting in some services working with individuals and families whose needs did not directly match their target audience or who had specific needs that the agency's staff had not been trained to address. Given the impact that the commissioning process will have on future voluntary sector service provision and the experiences of service users (see point 1 above), it is important that the contractual arrangements are sufficiently flexible and adaptive to potential miscalculations or incorrect assumptions. In this way, changes that have occurred between the time when the potential needs of service users were identified and the service delivered, can be addressed if the contractual arrangements are sufficiently flexible to allow performance measures and targets to change to reflect the current prevalence of need at the time of service delivery. This would also allow

performance measures to be amended if, during the course of service delivery, it became apparent that these performance measures were inappropriate or unsuited to measuring change. Accordingly, ensuring that the commissioning process involves an ongoing dialogue between those commissioning services, service providers and service users about what services are required, how these services should be delivered and how their success/performance should be measured may help to avoid some of the difficulties encountered in other jurisdictions, as well as ensuring a more flexible and responsive system.

3. Monitoring and oversight procedures should be ‘fit for purpose’.

The monitoring and evaluation of commissioned services is an essential component of any outsourced contractual arrangement. While monitoring and evaluation can be highly effective instruments for improving the quality of services delivered, they can also, depending on the methods employed, have a neutral or even negative effect on service provision. Issues can arise in a number of areas. Given the competitive nature of the tendering process and the limited information that may be available to tenderers (for example, the extent of local need or the effectiveness of planned referral pathways), initial estimates of service costs can be underestimated and client through-put over estimated. Errors made at an initial bidding stage can have significant repercussions for service delivery if funded projects are held accountable to those estimates. It is also possible that selected operational targets and project outcomes do not fully index service quality. For example, measures of service engagement may not capture the full range of ways a service may engage with clients (particularly those with complex and challenging needs), may fail to recognise those engagements that are most influential in achieve positive intervention outcomes, or give undue weight to activities that are less effective. As a result, monitoring demands may skew service delivery away from effective engagement towards meeting service targets. Similarly, inappropriate performance measures or targets may also adversely influence service quality. A number of concerns about the use of performance measures were raised in the Northern Ireland learning reviews. It was, for example, suggested that the outcomes that services were expected to achieve and the performance measures to be used were not always outlined with sufficient clarity during the commissioning process. Issues were also raised about the appropriateness of some of the performance measures used including, for example, measures being used with service user populations for which their reliability and validity had not been tested or were adapted so that their reliability and validity was compromised. Concerns were also expressed that some performance measures did not actually measure the outcomes that the service was expected to achieve. If performance measures and targets are not grounded in the project’s logic model (theory of change) or if the logic model does not accurately reflect how the service actually impacts on families, subsequent performance measures may not capture successful intervention. In addition, as has been the experience in other jurisdictions, the potential benefits that can be gained from moving towards a competitive tendering process can be undermined if service providers are not properly monitored and held to account for poor performance, if government officials lack the skills necessary to monitor performance data and impose sanctions on service providers, if there is a lack of alternative service providers available to take over service provision from poorly performing service providers or if the commissioning process is constrained by political interference so as to ensure that preferred service providers do not win service contracts regardless of their performance. In this regard, Northern Ireland can learn from the experiences of other jurisdictions by ensuring that the monitoring and oversight procedures used in Northern Ireland avoid these common potential pitfalls.

4. Interagency relationships, communication and trust lie at the heart of successful service development.

The research findings underscore the importance of effective interagency collaboration for improving the outcomes of children and families with complex needs. Regardless of whether service providers are from the voluntary, statutory or for-profit sectors, effective interagency collaboration was key to the ability of service providers to improve outcomes for those with complex needs. A commissioning process which encourages direct competition between service providers may undermine effective interagency collaboration, especially during times of austerity and financial cut-backs as service providers may be concerned about ensuring their financial and job security, contributing to ‘turfism’ and a reluctance to refer service users to alternative service providers if their needs can be addressed within their organisation. While service contracts can include specific requirements for active and effective interagency collaboration and coordination to avoid breakdowns in relationships, a requirement to develop such effective interagency collaboration is unlikely to result in improvements if the time and resources to develop these collaborations is not built into the commissioning process. In particular, awarding contracts with little notice and expecting service providers to be able to develop, recruit staff and roll out service provision in a short time does not allow the service provider to develop these active collaborations or effective referral pathways. The issue of ensuring that sufficient time is built into the commissioning process to allow for effective planning and preparation is one that was highlighted in the Northern Ireland learning reviews. In such circumstances, service providers are reliant on their existing networks, contacts and relationships limiting their ability to develop new interagency relationships and develop trust with unfamiliar service providers or professionals. It also limits the extent to which commonly occurring communication barriers that hinder effective interagency working can be overcome before service delivery begins. The lack of trusting relationships developed with frontline staff in statutory bodies before services are rolled out may also explain their reluctance to transfer responsibility for managing cases to voluntary sector service providers. Northern Ireland can learn from these international experiences by ensuring that contracts are structured in ways that grant sufficient time for the development of collaborative working before services are rolled out and by ensuring that such activity is counted in performance measures and targets. In addition, when commissioning services, that factors known to encourage effective interagency collaboration can be built into the commissioning process so that case coordinators are funded as part of any system involving multiple service providers and service providers are encouraged to think about how they can co-locate their services, share training, improve information sharing protocols and develop effective interagency referral pathways. In this way, Northern Ireland could sidestep some of the significant problems encountered in other jurisdictions.

5. Commissioned services should strive to harness the unique benefits provided by the voluntary sector and should not diminish them.

Voluntary sector service provision does offer a number of distinct advantages over statutory provision. In particular, voluntary organisations appear better suited to work with “hard to reach” families, particularly those who may be reluctant to engage with statutory agencies. The Northern Ireland learning reviews, for example, highlighted positive attitudes that children and families, as well as statutory providers, expressed about the contribution that voluntary sector organisations make to service provision. It should be noted, however, that large-scale, mixed methods studies identified in the international literature review did not highlight consistent differences in outcomes or experiences in services provided by voluntary and statutory sector providers. Instead, the individual organisational culture and working practices of service providers was found to be more important in terms of

influencing outcomes/experiences than the type of organisation that delivers the service. Voluntary agencies may, however, be better attuned to local variations in need for family and child care services. Local community contacts may permit voluntary sector organisations to provide services more tailored to the identified needs of local communities than regional statutory providers. For such benefits to be harnessed, service contracts need to have a degree of flexibility to permit slight variations in services offered at the local level if local demand requires it (within the parameters of “what works”). This highlights the tension that exists between “top-down” and “bottom-up” approaches to needs based planning. While commissioning processes are largely shaped by population needs assessment data (if it exists), there needs to be opportunities to refine service development on the basis of front line experience, local knowledge and understanding and established relationships with local communities. Without such flexibility within the commissioning process, there is the potential that contracting out services to the voluntary sector may actually diminish the unique benefits of the voluntary sectors by removing some of its key functions (such as establishing strong links with marginalised groups, maintaining a campaigning and advocacy role on behalf of local residents and adapting its services to meet the individualised needs of service users).

6. Families with complex needs require coordinated service provision between the statutory and voluntary sectors.

Families with complex needs are likely to access multiple services across a mix of voluntary and statutory agencies. As a result, local services need to coordinate at an individual case level to ensure integrated service delivery. Furthermore, any newly commissioned voluntary sector service needs to be integrated within existing service provision and within local coordination and management arrangements. This should ensure the smooth transition of cases between services and facilitate the development of effective interagency referral pathways as service providers are clear on their differing roles and responsibilities, the differing eligibility criteria used by local service providers, what services the new service provider is expected to provide, how this relates to existing service provision and fills a gap in the needs of local families and children. This level of service coordination will help to avoid families and children with complex needs ‘falling through the cracks’, minimise confusion and misunderstanding among local service providers that may hinder referrals and help to reduce client drop-out.

7. There are fundamental weaknesses within the existing knowledge base regarding benefits and risks of using the voluntary sector as an alternative to statutory services.

This review has also revealed that research in this area has a tendency to be small scale, reliant on data from service managers and staff, with infrequent use of alternative data sources (administrative data etc.), insufficient examination of the experience of service users, lacking in methodological or statistical control, and focused on interagency relationships to the neglect of family outcomes and the broader political context. This limits our ability to draw conclusions from this research and highlights the need for more rigorous research to be undertaken in this area.

A WORD OF CAUTION

While there are useful insights that can be gained from the international knowledge base that can be used to inform policy, practice and decision-making in Northern Ireland, caution is also required to

avoid assuming that all of the points raised in this report will be directly applicable to the Northern Ireland context. As highlighted in the findings, the risks and benefits of using the voluntary sector to provide services to those with complex needs varies depending on the wider political context, economic policies being pursued, the design and implementation of the commissioning process used and the extent to which interagency collaboration is facilitated and/or hindered through the commissioning process. Moreover, as just under half of all the research papers reviewed in this report were conducted in the USA, the extent to which the findings emerging from the USA can be directly applied to a smaller jurisdiction like Northern Ireland, with a history of conflict and different economic and social policies, as well as different commissioning processes, compared to the USA needs to be carefully considered. In addition, some of the complex needs experienced by people in Northern Ireland may vary from other jurisdictions due to its unique political history. For instance, risk of paramilitary involvement and/or exposure to paramilitary related violence may be unique complex needs that children and families in Northern Ireland present with that differs from other jurisdictions and present unique opportunities and challenges for voluntary and statutory service providers in Northern Ireland.

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APPENDIX A

Figure 3: Search terms used for first rapid review

1. exp Voluntary Health Agencies/
2. Voluntary Programs/
3. (volunt\$ adj3 (agenc\$ or sector\$ or service\$ or organi#ation\$)).tw,kw.
4. exp Community Networks/
5. (community adj3 (agenc\$ or organi#ation\$ or network\$ or sector\$ or service\$)).tw,kw.
6. (non-government\$ adj3 (agenc\$ or organi#ation\$ or network\$ or sector\$ or service\$)).tw,kw.
7. (non-statutory\$ adj3 (agenc\$ or organi#ation\$ or network\$ or sector\$ or service\$)).tw,k
8. exp Organizations, Nonprofit/
9. (privat\$ or nonprofit or non-profit or not-for -profit).tw,kw.
10. independent sector\$.tw,kw.
11. third sector\$.tw,kw.
12. or/1-11
13. exp social welfare/
14. exp Social work/
15. (social adj2 (agenc\$ or sector\$ or work\$ or service\$)).tw,kw.
16. (welfare adj2 (agenc\$ or sector\$ or service\$ or work\$)).tw.
17. social care.tw.
18. or/13-17
19. exp child/ or exp infant/ or adolescent/
20. (famil\$ or child\$ or adolescen\$ or young people or youth\$).tw.
21. exp families/
22. 19 or 20 or 21
23. Intersectoral Collaboration/
24. exp Contract Services/
25. Public-Private Sector Partnerships/
26. Cooperative Behavior/
27. exp multi-institutional systems/
28. community-institutional relations/
29. interinstitutional relations/
30. (collaborat\$ or cooperat\$ or co-operat\$ or commission\$ or contract\$ or outsourc\$ or out-sourc\$ or partner\$ or public-private or integrat\$).tw,kw.
31. or/23-30
32. 12 and 18 and 22 and 31
33. limit 32 to yr="2000 -Current"
34. limit 33 to english language

APPENDIX B

Figure 4: Search terms used for second rapid review

1. exp Voluntary Health Agencies/
2. exp Voluntary Programs/
3. (voluntary adj3 (sector\$ or service\$ or program\$ or organisation\$ or group\$)).ti,ab.
4. (community adj3 (sector\$ or service\$)).ti,ab.
5. third sector.ti,ab.
6. exp Organizations, Nonprofit/
7. exp Community Networks/
8. independent sector.ti,ab.
9. exp Charities/
10. social enterprise.ti,ab.
11. exp Social Welfare/
12. exp Social work/
13. 1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12
14. model of delivery.ti,ab.
15. service delivery.ti,ab.
16. welfare mix.ti,ab.
17. hybrid\$.ti,ab.
18. exp public-private sector partnerships/
19. exp cooperative behavior/
20. (governance adj3 (oversight\$ or adminstrati\$ or manage\$ or accountability\$ or monitor\$)).ti,ab

21. 14 or 15 or 16 or 17 or 18 or 19 or 20
22. 13 and 21
23. exp Child/
24. exp Adolescent/
25. exp Family/
26. 23 or 24 or 25
27. 22 and 26
28. limit 27 to (english language and yr="2000 -Current")